Something new for menopausal patients:

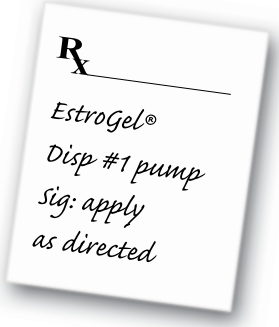
CONVENIENCE

Actual size

- **New 50-g pump**
  provides your patients with a convenient, travel-friendly size
- **New 1-month supply**
  delivers 32 metered doses
  – More suitable for managed care reimbursement
- **New lower co-pay per purchase**

Get product and patient information at

www.estrogel.com



Please see enclosed full Prescribing Information.

EstroGel is indicated in the treatment of moderate to severe vasomotor symptoms associated with menopause and in the treatment of moderate to severe symptoms of vulvar and vaginal atrophy associated with menopause. When prescribing solely for the treatment of symptoms of vulvar and vaginal atrophy, topical vaginal products should be considered.

In clinical studies, the most commonly reported adverse events for EstroGel were headache, infection, breast pain, vaginitis, abdominal pain, pain, and rash.

EstroGel® 0.06%
(estradiol gel)

One Pump. One Arm. Once A Day.

A MODERN SOLUTION TO MANAGING MENOPAUSE: *Gel*

1960s

1970s

1990s

Today

- Can fit comfortably into a woman's **active lifestyle**
- Low dose of estradiol **provides effective relief** of menopausal symptoms[1]
- Transdermal gel goes on clear and is **invisible and odorless**, once dry[1]
- **Bio-identical** to the body's own estrogen[2]
- Provides an **exact dose**—1 pump equals 1 dose, every time
- Very low incidence of skin irritation—only 0.6% incidence of application-site reaction in clinical studies[1]
- 96% of patients surveyed said they were satisfied to very satisfied with EstroGel[3]*
- More than 30 years of clinical use in Europe[3]

Once-Daily Dosing[1]

- Press to dispense 1 dose
- Apply to clean, dry, unbroken skin at the same time each day

- Apply to 1 arm from wrist to shoulder
- It is not necessary to massage or rub in EstroGel
- **Do not apply to the breasts**

EstroGel® 0.06%
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One Pump. One Arm. Once A Day.

*135 of 1298 EstroGel users responded to this survey.

IMPORTANT SAFETY INFORMATION

EstroGel is contraindicated for patients with any of the following conditions: undiagnosed abnormal genital bleeding; known, suspected, or history of breast cancer; known or suspected estrogen-dependent neoplasia; active deep vein thrombosis, pulmonary embolism, or history of these conditions; active or recent arterial thromboembolic disease; liver dysfunction or disease; known hypersensitivity to ingredients in EstroGel; known or suspected pregnancy.

Estrogens with or without progestins should not be used for the prevention of cardiovascular disease. The estrogen-alone substudy of the Women's Health Initiative (WHI) reported increased risks of stroke and deep vein thrombosis (DVT) in postmenopausal women (aged 50-79 years) during 6.8 and 7.1 years, respectively, of treatment with oral conjugated estrogens (CE 0.625 mg) per day, relative to placebo.

The estrogen-plus-progestin substudy of the WHI reported increased risks of myocardial infarction, stroke, invasive breast cancer, pulmonary emboli, and deep vein thrombosis in postmenopausal women (aged 50-79 years) during 5.6 years of treatment with oral conjugated estrogens (CE 0.625 mg) combined with medroxyprogesterone acetate (MPA 2.5 mg) per day relative to placebo.

The Women's Health Initiative Memory Study (WHIMS), a substudy of WHI, reported increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 5.2 years of treatment with CE 0.625 mg alone and during 4 years of treatment with CE 0.625 mg combined with MPA 2.5 mg, relative to placebo. It is unknown whether this finding applies to younger postmenopausal women.

Other doses of conjugated estrogens with medroxyprogesterone acetate, and other combinations and dosage forms of estrogens and progestins, were not studied in the WHI clinical trials and, in the absence of comparable data, these risks should be assumed to be similar. Because of these risks, estrogens with or without progestins should be prescribed at the lowest effective dose and for the shortest duration consistent with treatment goals and risks for the individual woman.

Because of the risk of endometrial cancer, close clinical surveillance of all women taking estrogens is important. Adequate diagnostic measures, including endometrial sampling when indicated, should be undertaken to rule out malignancy in all cases of undiagnosed persistent or recurring abnormal vaginal bleeding. There is no evidence that the use of "natural" estrogens results in a different endometrial risk profile than synthetic estrogens at equivalent estrogen doses.

In some studies, the use of estrogens and progestins by postmenopausal women has been reported to increase the risk of breast cancer.

Gallbladder disease, hypercalcemia in patients with breast cancer and bone metastases, and retinal vascular thrombosis have been reported in patients receiving estrogens.

In clinical studies, the most commonly reported adverse events for EstroGel were headache, infection, breast pain, vaginitis, abdominal pain, pain, and rash.

Please see enclosed full Prescribing Information.

REFERENCES: 1. EstroGel 0.06% [package insert]. Herndon, VA: ASCEND Therapeutics, Inc; 2007. **2.** Boothby LA, Doering PL, Kipersztok S. Bioidentical hormone therapy: a review. *Menopause.* 2004;11:356-367. **3.** Data on file, ASCEND Therapeutics, Inc.

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