EXHIBIT F

The European Agency for the Evaluation of Medicinal Products

CPMP/0910/96

COMMITTEE FOR PROPRIETARY MEDICINAL PRODUCTS
EUROPEAN PUBLIC ASSESSMENT REPORT (EPAR)

NEORECORMON

International Nonproprietary Name (INN): **Epoetin beta**

Abstract

On 16 July 1997, the European Commission issued a Marketing Authorisation valid throughout the European Union for the medicinal product NeoRecormon, which contains Epoetin beta. This decision was based on the assessment report and on the favourable opinion adopted by the Committee for Proprietary Medicinal Products (CPMP) on 17 October 1996. The Marketing Authorisation Holder responsible for this medicinal product is Roche Registration Limited (United Kingdom).

The approved indications are for the treatment of i) chronic symptomatic renal anaemia, ii) prevention and treatment of anaemia in adult patients with solid tumours, treated with platinum-based chemotherapy iii) increasing the yield of autologous blood donation in patients with moderate anaemia and no iron deficiency if blood conserving procedures are not available or insufficient when a large volume of blood is required iv) prevention of the anaemia of prematurity in infants with a birth weight of 750 to 1500 g and a gestational age of less than 34 weeks. Detailed conditions for the use of this product are described in the Summary of Product Characteristics (SPC) which can be found in this EPAR and is available in all European Union official languages.

The active substance of NeoRecormon, epoetin beta, is produced by recombinant DNA technology and is found to be identical to the human erythropoietin in terms of protein sequence, biological activity and immunological reactivity. Its mechanism of action lies in the stimulation of red blood cells production (erythropoiesis).

Clinical trials investigated the efficacy of NeoRecormon in patients having the above mentioned indications. These studies showed clinical benefit in different patient populations in terms of: increase of hematocrit and reticulocyte count, increase of autologous blood availability at the time of the elective surgery, shortening the period of anaemia after blood donation and reduction of blood transfusions, prevention of anaemia in premature babies, provided that epoetin beta therapy is accompanied by oral iron treatment.

The most frequent adverse events observed during treatment were cardiovascular events (mainly hypertension), upper and lower respiratory tract infections, changes in laboratory parameters such as hyperkaliemia and increase of liver enzymes, injection site reactions. The most frequent adverse events at withdrawal in the case of patients with renal failure were hypertension and shunt thrombosis.

The CPMP, on the basis of efficacy and safety data submitted, considered that NeoRecormon showed adequate evidence of efficacy for the approved indications, as well as a satisfactory risk/benefit profile and therefore recommended that the Marketing Authorisation should be granted.

On 16 November 2000, the CPMP, on the basis of efficacy and safety data submitted, considered that NeoRecormon showed adequate evidence of efficacy for the indication: Treatment of anaemia in adult patients with multiple myeloma, low grade non-Hodgkin's lymphoma or chronic lymphocytic leukaemia, who have a relative erythropoietin deficiency and are receiving anti-tumor therapy, as well as a satisfactory risk/benefit profile and therefore recommended that the Marketing Authorisation should be extended for this indication.

7 Westferry Circus, Canary Wharf, London E14 4HB, UK
Tel. (44-20) 74 18 84 00 Fax (44-20) 74 18 85 45
E-mail: mail@emea.eu.int http://www.emea.eu.int