March 3, 2008

Eisai Co., Ltd.
Eisai Corporation of North America
Helsinn Healthcare SA

FOR IMMEDIATE RELEASE

FDA APPROVES ALOXI® (PALONOSETRON HCL) INJECTION FOR PREVENTION OF POSTOPERATIVE NAUSEA AND VOMITING

Eisai Co., Ltd. (Headquarters: Tokyo, President & CEO: Haruo Naito), its U.S. subsidiary Eisai Corporation of North America (Headquarters: New Jersey, United States, Chairman and CEO: Hajime Shimizu), and Helsinn Healthcare SA (Headquarters: Switzerland, CEO: Riccardo Braglia) today announced that the U.S. Food and Drug Administration (FDA) has approved Aloxi® (generic name: palonosetron hydrochloride) injection for the prevention of postoperative nausea and vomiting (PONV)for up to 24 hours following surgery. Efficacy beyond 24 hours has not been demonstrated.

Aloxi, available in the United States since 2003, is the first and only 5-hydroxytryptamine-3 ($5\text{-}HT_3$) receptor antagonist to be approved by the FDA for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately and emetogenic chemotherapy and for the prevention of acute nausea and vomiting associated with initial and repeat courses of highly emetogenic chemotherapy. MGI PHARMA, INC. (Headquarters: Minnesota, United States, President and CEO, Lonnie Moulder), a wholly-owned subsidiary of Eisai Corporation of North America, has licensed North American marketing and distribution rights for Aloxi® from Helsinn Healthcare SA.

The new indication is based on one double-blind Phase III study that evaluated the efficacy of three doses of Aloxi® compared to placebo for the prevention of PONV. In the trial, 574 patients undergoing elective gynecologic or abdominal laparoscopic surgery (predominately in the out-patient setting) were randomized to receive one of three single intravenous doses of Aloxi® (0.025 mg, 0.050 mg or 0.075 mg) or placebo prior to administration of anesthesia. The effectiveness of Aloxi® in PONV was assessed on the day of surgery (0-24 hours) and for two subsequent days (24-72 hours).

The trial successfully met its co-primary endpoint of Complete Response (CR) – defined as no emesis (vomiting) or use of rescue medication – for the 0-24-hour time period (42.8% of patients treated with the approved dose of Aloxi® 0.075 mg experienced a CR, compared to 25.9% of patients given placebo [p=0.0035]). For the co-primary endpoint of CR for the 24-72-hour postoperative period, 48.6% of patients treated with Aloxi® 0.075 mg experienced a CR, compared to 40.7% of patients given placebo (p=0.1877, not significant).

Further, Aloxi® 0.075 mg reduced the severity of nausea compared to placebo, and this was supported by Phase II PONV trial results demonstrating that Aloxi® significantly reduced the severity of nausea compared to placebo (p=0.009).

The incidence of adverse reactions was indistinguishable among all treatment groups, including placebo. The most frequently observed side effects with Aloxi® equal to or greater than 2% were electrocardiogram (ECG) QT prolongation (5%), bradycardia (4%), headache (3%), and constipation (2%).

Included in the updated label with the PONV indication are the results of a study, in 221 healthy volunteers, on the effects of Aloxi® at doses of 0.25 mg, 0.75 mg and 2.25 mg, compared to moxifloxacin, on several ECG intervals, a potential safety concern of drugs in the 5-HT_3 receptor antagonist class. The study demonstrated that Aloxi® had no significant effect on any ECG interval including QTc duration (cardiac repolarization) at doses up to 2.25 mg.

A recent study indicated that despite the use of multiple prophylactic agents, 33% of high-risk patients still require rescue therapy during the first six hours after surgery, and more than 40% suffer symptoms of PONV severe enough to warrant rescue therapy in the 24 hours after surgery.

An estimated 38 million general anesthesia procedures are performed each year in the United States (2006 figures), and 39% of these – 15 million procedures – utilize anti-emetic therapy for PONV. Of these 15 million procedures, 89%, or 13.4 million, use 5-hydroxytryptamine-3 (5-HT_3) receptor antagonists, such as Aloxi®.

In January, 2008, Eisai Co., Ltd. announced the completion of its acquisition of MGI PHARMA, INC. in order to create a base for growth with MGI PHARMA's marketed and pipeline products as well as its R&D and commercial capabilities. The new indication for Aloxi® will enable Eisai to make further contributions to increasing the benefits of patients and their families.

[Please see the following note for information regarding PONV and corporate profile of Helsinn]

Contacts:

Corporate Communications Department
Eisai Co., Ltd.
81-3-3817-5120

Notes to Editor

About Postoperative Nausea and Vomiting (PONV)
Postoperative nausea and vomiting are common consequences of anesthetic and surgical procedures, and frequently occur following the procedures. Patients undergoing abdominal, gynecological, ear/nose/throat, or optical procedures are at highest risk for PONV. Additional factors that can increase the risk for PONV include female gender, non-smoking status, prior history of PONV or motion sickness, length of surgery and the use of volatile anesthetics and opioids.

About HELSINN HEALTHCARE
HELSINN HEALTHCARE SA is a privately owned pharmaceutical group with headquarters in Switzerland and is the worldwide licensor of palonosetron. HELSINN's core business is the licensing of pharmaceuticals in therapeutic niche areas. The company's business strategy is to in-license early stage new chemical entities and complete their development from the performance of pre-clinical/clinical studies and CMC development to the attainment of market approvals in strategic markets (U.S. and Europe). HELSINN's products are eventually out-licensed to its marketing partners for distribution. The active pharmaceutical ingredients and the finished dosage forms are manufactured at HELSINN's cGMP facilities and supplied worldwide to its customers. For more information about HELSINN, please visit the company's Web site at www.helsinn.com.

###