DYE-TRAK\textsuperscript{TM} is a safe new method of measuring regional blood flow in experimental animals. A precision dye-release mechanism replaces the traditional radioisotope tagging of microspheres. Regional volume blood flow is quantified by spectrophotometric analysis rather than gamma emission counting.

To learn how you can accurately measure regional volume blood flow without the health concerns, disposal problems and costs associated with radioactive microspheres please contact:

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(619) 272-1451 Fax.
Toll Free in the U.S., Canada:
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*U.S. and Worldwide Patents Pending
**Circulation, Vol. 83, Num. 3, 1991, Peter Kowallik, MD; Rainer Schulz; Brian D. Guth, PhD; Andreas Schade; Wolfgang Paffhausen, PhD; Rainer Gross, MD; and Gerd Heusch, MD, FESC
Today, Significantly Reduce the Risk of Stroke.
Introducing the First Prescription Antiplatelet Agent that Significantly Reduces the Risk of Stroke

NEW Ticlid
Ticlopidine HCl 250mg Tablets bid

For patients intolerant to aspirin therapy where indicated to prevent stroke*

Proven to significantly reduce the risk of initial stroke in TIA patients

Proven to significantly reduce the risk of recurrent stroke

Proven effective in women as well as men\(^1,2,3,4\)

*Because TICLID is associated with a risk of neutropenia/agranulocytosis, which may be life threatening (see Warnings), TICLID should be reserved for patients who are intolerant to aspirin therapy where indicated to prevent stroke.

For further information, including the CBC Monitoring Program for TICLID, please call 1-800-TICLID-1.

Please see brief summary of prescribing information on last page.

SYNTEX
Significant Results in Reducing Stroke Risk Proven in Two Landmark Studies\(^1,2\)

48% reduction vs aspirin \(^1\) in risk of initial stroke in TIA patients at year 1, \((P=.0004, n=3034)\), the year of greatest risk

- 24% reduction in risk\(^4\) of initial stroke vs aspirin at year 5 \((P = .011)\)
- 27% estimate of constant reduction in risk of fatal or nonfatal stroke \((P = .011)\) for duration of trial (5.8 years)\(^3\)

33% reduction in risk\(^2,4\) of recurrent stroke (fatal or nonfatal) at year 1, \((P=.008, n=1053)\), the year of greatest risk

- 24% reduction in risk\(^4\) of recurrent stroke at year 3 \((P = .017)\)
- 34% estimate of constant reduction in risk of fatal or nonfatal stroke \((P = .017)\) for duration of trial\(^2\)

\(^1\)Because TICLID is associated with a risk of neutropenia/agranulocytosis, which may be life threatening (see Warnings), TICLID should be reserved for patients who are intolerant to aspirin therapy where indicated to prevent stroke.

\(^2\)Analysis based on all study participants, which included patients with transient ischemic attack, transient monocular blindness, reversible ischemic neurological deficit, and minor stroke.

4. Ticlid ticlopidine HCl full prescribing information.

Please see brief summary of prescribing information on last page.
Side Effects: Neutropenia

- Because TICLID is associated with a risk of neutropenia/agranulocytosis, which may be life threatening (see Warnings), TICLID should be reserved for patients who are intolerant to aspirin therapy where indicated to prevent stroke.

- Neutropenia* occurred in a total of 2.4% of patients (0.8% severe*).

- The onset of severe neutropenia occurred 3 weeks to 3 months after the start of therapy, and was not typically associated with clinical signs or symptoms.

- After the first 90 days, incidence of neutropenia was comparable to control, and was mild to moderate in nature.

- CBC monitoring (including differentials) for neutropenia is therefore essential every 2 weeks for the first 3 months of therapy.*

- In clinical trials, all cases resolved 1 to 3 weeks after discontinuing therapy.

- Overall incidence of discontinuation for neutropenia: 1.3%

Other Side Effects

- Most frequent were diarrhea (12.5%), nausea (7.0%), dyspepsia (7.0%), and rash (5.1%).

- Most occurred early in therapy, although new onset of side effects can occur after several months.

- Side effects are usually mild. In clinical trials, 21% of patients discontinued therapy due to an adverse event.

- There was an 8%-10% average increase of serum cholesterol after 1 to 4 months of therapy with TICLID. Lipid subfraction ratios, however, remained unchanged.

*Defined as < 1200 neutrophils/mm$^3$ seen in 50 of 2048 patients. Defined as < 450 neutrophils/mm$^3$ seen in 17 of 2048 patients.

*More frequent monitoring is necessary for patients whose ANC have been consistently declining or are 30% less than the baseline count.

After the first 3 months, CBCs need only be repeated for signs or symptoms suggestive of neutropenia. See Warnings section in full prescribing information.*

![Ticlid Tablets](http://example.com/ticlid-tablets.png)

Please see brief summary of prescribing information on last page.
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