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**CLINICAL RESEARCH RESULTS FROM THE ANNUAL MEETINGS OF THE
AMERICAN SOCIETY OF CLINICAL ONCOLOGY AND THE SOCIETY OF NUCLEAR
MEDICINE**

*Results of Studies of BEXXAR™ Therapy Show Promise as a First-Line Treatment of
Non-Hodgkin's Lymphoma*

MISSISSAUGA, ON (June 28, 2004) – Therapy with two different standard chemotherapeutic regimens, each followed by a single treatment with BEXXAR™ therapy (tositumomab and iodine I 131 tositumomab), offers a novel strategy for the initial management of advanced follicular B-cell non-Hodgkin's lymphoma, according to research presented recently at the annual meetings of the American Society of Clinical Oncology (ASCO) and the Society of Nuclear Medicine (SNM).

Principal investigators presented results of work at both meetings that show sequential administration of fludarabine followed by BEXXAR produced long-term, durable complete responses in the majority of previously untreated advanced stage patients enrolled. Investigators reported that 72 per cent of patients who received sequential therapy with fludarabine and BEXXAR achieved a complete response and remained disease free after a median follow-up of nearly four and a half years (ASCO Abstract 6518, SNM Abstract No. 650924).

Another study investigating the chemotherapy regimen CVP (cyclophosphamide, vincristine, and prednisone) followed by BEXXAR in patients with previously untreated follicular NHL, was also presented at the annual meetings for ASCO and SNM. The study showed that the BEXXAR regimen following CVP produced a complete response rate of 80 per cent, with 77 per cent of patients continuing in response after a median follow-up of 2.3 years. Results suggest that CVP/BEXXAR is a promising therapeutic regimen for patients with previously untreated advanced stage follicular NHL (ASCO Abstract 6520, SNM Abstract No. 651494).

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BEXXAR, a new radioimmunotherapy, is the only NHL treatment that is tailored to administer a patient-specific therapeutic dose. BEXXAR is not approved for use in Canada. However it is currently under priority review by Health Canada for the treatment of patients with CD20 positive, follicular, non-Hodgkin's lymphoma, with and without transformation whose disease is refractory to the antibody treatment rituximab, or relapsed or is refractory following chemotherapy. Priority review status is reserved for new drugs that have the potential ability to address serious or life-threatening conditions and unmet medical needs.

Fludarabine/BEXXAR Sequential Therapy Produced Durable Remissions

Long-term follow-up data on 35 patients who received three cycles of fludarabine followed by BEXXAR between August 1998 and June 1999 for previously untreated, advanced, low-grade non-Hodgkin's lymphoma was presented at the annual meetings of ASCO and the SNM. At the time of enrollment, 97 per cent of patients had stage III/IV disease.

Response to fludarabine was 89 per cent (9 per cent complete responses, 80 per cent partial responses). After completion of fludarabine/BEXXAR, all subjects (100 per cent) had a response, including 83 per cent with a complete response and 17 per cent with a partial response. With a median follow-up of 4.4 years, median progression-free survival has not been reached, and 72 per cent of patients (25) who achieved a complete response remained in remission.

The principal adverse event associated with the sequential therapy was significant depression of blood counts, with grade 4 neutropenia, thrombocytopenia, and anemia noted in 34 per cent, 29 per cent and 3 per cent of patients, respectively. Sixteen patients (46 per cent) received growth factors or transfusions but there were no serious infections. Four patients (12 per cent) developed elevated thyroid stimulating hormone (TSH) levels and two (6 per cent) became positive for human anti-mouse antibody (HAMA). After a median follow-up of 4.4 years, none of the patients had developed secondary cancers, such as MDS or AML.

The Majority of Patients Achieved Complete Response to CVP/BEXXAR Therapy

Data were also reported at the annual meetings of ASCO and the SNM from a Phase II, open-label, multi-center study in which 30 patients with previously untreated follicular non-Hodgkin's lymphoma received six cycles of CVP (cyclophosphamide, vincristine, and prednisone) followed by BEXXAR. Enrolled patients ranged in age from 34 to 72 years (median 52 years). Ninety-seven per cent had stage III or stage IV disease and half had a maximum tumor diameter of 5 cm or greater.

Following CVP therapy, 100 per cent of patients had a response (50 per cent complete response, 50 per cent partial response). After completion of CVP/BEXXAR, the proportion of patients achieving a complete response increased from 50 per cent to 80 per cent. With a median follow-up of 2.3 years from initiation of therapy, the median progression-free survival had not been reached and 77 per cent (23 patients) continued in response (range 0.6 to 3.4 years).

The investigators reported that following BEXXAR, grade 4 neutropenia and thrombocytopenia occurred in 33 per cent and 23 per cent of patients, respectively. There were no serious infections reported and no cases of conversion to HAMA positivity were reported. One patient developed AML.

About BEXXAR Therapy

BEXXAR pairs the targeting ability of a monoclonal antibody (tositumomab) and the therapeutic potential of radiation (iodine-131). Combined, these agents form a radiolabeled monoclonal antibody regimen that is able to bind to the target antigen CD20 found on B-cells, including normal B-cells as well as those that become cancerous in non-Hodgkin's lymphoma, thereby delivering the dose of radiation. BEXXAR, which is given in four visits over one to two weeks, is specifically dosed based on an individual's drug clearance rate, allowing the delivery of a pre-determined amount of radiation to each patient.

BEXXAR has been studied for over 13 years. In a multi-center, single-arm, clinical trial in patients who had received an average of 4 prior chemotherapies and who had

rituximab-refractory disease (N=35), 63 per cent (22 of 35) responded to BEXXAR. The median duration of response was 25 months. The results of this study were supported by demonstration of durable objective responses in four single-arm studies enrolling 190 patients evaluable for efficacy with rituximab-naïve, follicular non-Hodgkin's lymphoma with or without transformation, who had relapsed following or were refractory to chemotherapy. Determination of clinical benefit of BEXXAR was based on evidence of durable responses without evidence of an effect on survival.

BEXXAR may not be for everyone. Patients who are pregnant or allergic to any components of the regimen should not receive BEXXAR. Treatment with BEXXAR resulted in very low blood counts in the majority of patients, which could be serious, for an extended period of time (about a month). Infections occurred in almost half the patients, bleeding in 1 of 8 patients, and treatment with supportive care in about 1 of 4 patients. Allergic reactions, including anaphylaxis, which may be severe, have occurred in patients receiving BEXXAR. Other less severe reactions during or following the infusion have included fever, chills, sweating, nausea, low blood pressure, shortness of breath and trouble breathing. Patients may also experience weakness, increased cough, infection, pain, rash, or headache. There is a risk of hypothyroidism following the administration of BEXXAR. Administration of BEXXAR resulted in the development of antibodies to the mouse antibody (called HAMA). Certain cancer therapies including BEXXAR have been associated with the development of a second type of blood cancer and solid tumors. Thirty-two cases (3.2 per cent) of myelodysplastic syndrome (a type of pre-leukemia) and/or leukemia and 52 cases of secondary tumors were reported in 995 patients enrolled in BEXXAR studies. After being treated with BEXXAR, less than 5 per cent of patients developed severe nausea or vomiting. Healthcare providers must be specifically trained to administer BEXXAR.

About Corixa

Corixa (Nasdaq: CRXA) is a developer of immunotherapeutics with a commitment to treating and preventing cancer and infectious diseases by understanding and directing the immune system. On June 30, 2003, Corixa announced that the FDA approved BEXXAR for the treatment of patients with CD20 positive, follicular, NHL, with and without transformation, whose disease is refractory to Rituximab and has relapsed following chemotherapy.

Corixa is focused on immunotherapeutic products and has a broad technology platform enabling both fully integrated vaccine design and the use of its separate, proprietary product components on a standalone basis. In addition to BEXXAR, Corixa currently has multiple programs in clinical development, including several product candidates that have advanced to and through late stage clinical trials. The company partners with numerous developers and marketers of pharmaceuticals, targeting products that are Powered by Corixa™ technology with the goal of making its potential products available to patients around the world. Corixa was founded in 1994 and is headquartered in Seattle, with additional operations in Hamilton, Mont., and South San Francisco. For more information, please visit Corixa's Web site at <http://www.corixa.com>.

About GlaxoSmithKline

GlaxoSmithKline Inc. – one of the world's leading research-based pharmaceutical and health-care companies – is committed to improving the quality of human life by enabling people to do more, feel better and live longer. In Canada, GlaxoSmithKline is a top 20 investor in Canadian research and development, contributing more than \$100 million annually. The company is also among the top 10 corporate charitable donors and is recognized as one of the 50 best companies to work for in Canada.

BEXXAR™ is a trademark of Corixa Corporation, used under license by GlaxoSmithKline Inc. (BEXXAR® is a registered trademark in the United States.)

ASCO/SNM Abstracts

The following ASCO and SNM abstracts highlight results of recent clinical studies investigating the sequential combination of chemotherapy and radioimmunotherapy with BEXXAR:

(ASCO Abstract No. 6518)

Leonard, J.P. et al. Durable remissions from fludarabine followed by the BEXXAR therapeutic regimen for patients with previously untreated follicular non-Hodgkin's lymphoma (NHL).

(SNM Abstract No. 650924)

Kostakoglu, L. et al. Sequential administration of fludarabine followed by radioimmunotherapy (RIT) with BEXXAR therapeutic regimen (tositumomab iodine ¹³¹I tositumomab) leads to durable remissions in untreated non-Hodgkin's lymphoma (NHL).

(ASCO Abstract No. 6520)

Link, B. et al. Phase II study of CVP followed by tositumomab and iodine I 131 tositumomab (BEXXAR therapeutic regimen) in patients with untreated follicular non-Hodgkin's lymphoma (NHL).

(SNM Abstract No. 651494)

Goldsmith, S.J. et al. Sequential chemo/radioimmunotherapy with CVP followed by tositumomab and iodine 131 tositumomab (BEXXAR therapeutic regimen) in patients with untreated follicular non-Hodgkin's lymphoma (NHL): a phase II study.

For more information or to obtain abstracts of studies referred to within this release please contact:

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