NOVARTIS AG
Form 6-K
May 02, 2002

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER
PURSUANT TO RULE 13a-16 or 15d-16 OF
THE SECURITIES EXCHANGE ACT OF 1934

Report on Form 6-K for the month of April 2002

Novartis AG
(Name of Registrant)

Lichtstrasse 35
4056 Basel
Switzerland

(Address of Principal Executive Offices)

Indicate by check mark whether the registrant files or will file annual reports under cover of Form 20-F or Form 40-F.

Form 20-F X Form 40-F
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Indicate by check mark whether the registrant by furnishing the information contained in this form is also thereby furnishing the information to the Commission pursuant to Rule 12g3-2(b) under the Securities Exchange Act of 1934.

Yes No X
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Enclosures:

1. Novartis publishes evidence that dipeptidyl peptidase IV (DPP IV) inhibition lowers blood glucose in type 2 diabetes patients (April 29, 2002)

2. Novartis receives positive opinion from CPMP for Zometa(R)for the treatment of cancer-related bone complications (April 26, 2002)

3. Novartis' life-saving malaria treatment Coartem(R)added to the WHO Essential Medicines List (April 24, 2002)

4. Alzheimer's patients who fail on Aricept(R)(Donepezil) may benefit from Exelon(R)(Rivastigmine) (April 24, 2002)

5. Early detection is key to maximizing vision outcomes in age related macular degeneration (April 23, 2002)

6. Novartis and QLT file new drug application in Japan, for Visudyne(R)(April 23, 2002)

7. Exciting data suggest that adding entacapone from the first dose of levodopa therapy may delay the emergence of dyskinesia in Parkinson's disease (April 19, 2002)

8. Novartis addresses ethical challenges of stem cell research (April 18, 2002)

9. Novartis drug Glivec(R)now also approved in Switzerland for treatment of life-threatening kind of gastrointestinal cancer (April 15, 2002)

10. New immunosuppressant CerticanTM addresses a key risk factor in late graft loss - First ever clinical data for an immunosuppressant to show a significant reduction in vasculopathy (April 12, 2002)

11. Novartis researchers honored by American Association for Cancer Research for discovery work on Glivec(R) (April 9, 2002)

12. Novartis launches world's smallest ERT patch in Germany - its first major European market (April 9, 2002)

13. Studies show long-term benefits of Exelon(R)(rivastigmine) in Alzheimer's disease (April 5, 2002)

14. Study shows Elidel(R)Cream 1% significantly improves eczema signs and symptoms in patients with mild to moderate disease (April 2, 2002)

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MEDIA RELEASE o COMMUNIQUE AUX MEDIAS o MEDIENMITTEILUNG

Novartis publishes evidence that dipeptidyl peptidase IV (DPP IV) inhibition lowers blood glucose in type 2 diabetes patients

Proof-of-concept published in 'Diabetes Care' could pave the way to development of new class of diabetes treatment

Basel, Switzerland, 29 April - Evidence that a new pharmacological strategy may be a useful treatment for type 2 diabetes is being published in the May issue of Diabetes Care. Initial findings from a study in patients with type 2 diabetes show that inhibition of the enzyme dipeptidyl peptidase IV (DPP IV) improves glucose tolerance and insulin response to oral glucose in patients with type 2 diabetes.

"These encouraging results strongly support further pharmacological development of DPP IV inhibition in the treatment of type 2 diabetes. We are looking at potential development candidates in this field, the most advanced being LAF 237A, which is currently in Phase II of clinical development" said James Shannon, worldwide Head of Clinical Development at Novartis Pharma AG, who sponsored the study. "Novartis is committed to exploring innovative treatments for this disease, which continues to affect a ever-increasing number of people around the world."

The study sought to determine whether DPP IV inhibition could improve blood sugar control in patients with type 2 diabetes by inhibiting the breakdown of the naturally-occurring hormone GLP-1 (glucagon-like peptide-1). GLP-1 is released into the gut after food is eaten and results in increased insulin secretion, delayed glucose absorption and reduced glucose output from the liver, all of which help to control blood glucose. However, GLP-1 circulates in the body for just a few minutes before it is broken down by the naturally-occurring DPP IV enzyme. The inhibition of DPP IV thus raises levels and prolongs the availability of GLP-1.

In the double-blind, multicenter study, men and women (n=141) with a history of type 2 diabetes (HbA1c 7.4%) were randomized evenly to receive either placebo or an orally active and highly selective DPP IV inhibitor, at 100 mg three times daily or 150 mg twice daily.

After a 4-week treatment period, mean 24-hour glucose levels, fasting glucose levels, and prandial glucose excursions (increases in glucose levels after eating) were reduced in the group of patients who received the experimental drug.

The reduction in the 24-hour mean glucose was -1.0 mmol/l (95% Cl -1.4, -0.7 mmol/l; p