

Transcript of Video Interview with Sandy Norman, SYNVISC patient*

& Dr. Teresa Stadler, MD, FACSM,
Director of Sports Medicine at Henrico Doctors' Hospital*

Sandy Norman has a successful law practice. He's also an avid cyclist, logging nearly 75,000 miles since taking it up in 1988. He was diagnosed with OA of the knee in his late sixties.

Reporter: If those aching knees aren't quite ready for surgery just yet, there is another less invasive option out there. It's a relatively new procedure that replaces knee fluid. For 68-year-old Sandy Norman it was the perfect option and it allowed him to keep up his active lifestyle.

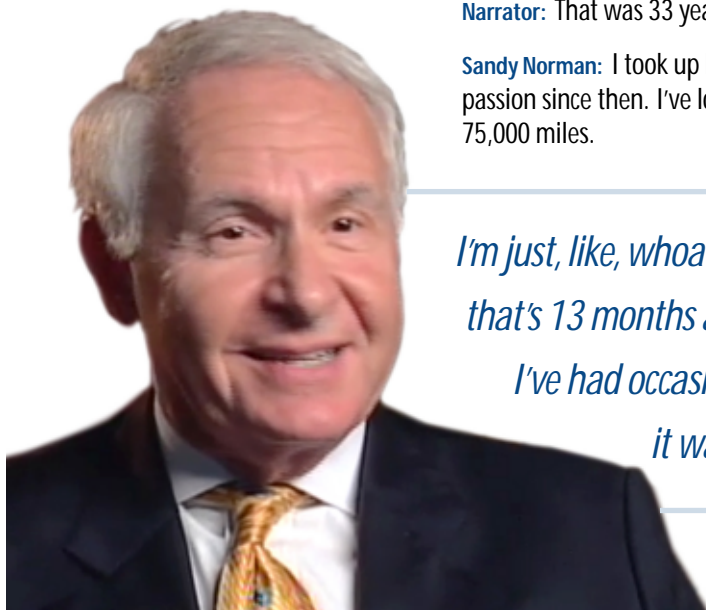
Narrator: At age 35, Sandy Norman had a thriving law practice in Richmond, Virginia. He moved with the movers and shakers of Virginia politics, but he realized he was getting a little soft around the midsection. Not all that unusual for a middle-aged lawyer, but unacceptable for Sandy, who was determined to change his ways.

Sandy Norman: I turned 35 and I said, "I do not want to be a fat middle-aged man." And so, I started running, and then I started playing tennis. What ever I do I take on as a passion.

Narrator: That was 33 years ago, and he has moved from running to another demanding sport.

Sandy Norman: I took up bicycling probably around 1987, 1988. And that has been my passion since then. I've logged my mileage on my bicycle, and at this time I am approaching 75,000 miles.

I'm just, like, whoa. I've got a 20 year-old knee again! As I say, that's 13 months ago. I would be lying if I didn't tell you that I've had occasionally a little stiffness in it, but not like it was before. Not anywhere near.



Narrator: Three times a week, when the weather cooperates, Sandy and a group of fellow cyclists meet to ride. 20 miles is the minimum, usually it is more. But as he entered his late sixties Sandy had to slow down when his right knee began to bother him.

Sandy Norman: In the morning it just started to ache when I got out of bed. I'd go take a shower and shave and start to get dressed. And then I'm having trouble getting my leg into my undershorts. And then ten minutes later, I'm having trouble getting my right leg up into my pants leg.

Narrator: His doctor, Teresa Stadler, an athlete herself, recognized the symptoms right away. Sandy had osteoarthritis.

Dr. Teresa Stadler: Arthritis symptoms start with pain and stiffness, worse first thing in the morning, better once you get moving, and much better with activity. Inactivity is the enemy of osteoarthritis. The best thing you can do for arthritis is to keep moving.

Narrator: That was all Sandy needed to hear. He took anti-inflammatory drugs and worked through the pain—weights on Monday, Wednesday, and Friday, cardio the other days. Then last year, Dr. Stadler told Sandy about a procedure approved by the FDA that might help his knee. SYNVISIC injections replace worn knee fluid and provide added cushion to the joint.

Dr. Teresa Stadler: The injection is very similar biochemically to the fluid that's found in a healthy 18 year-old's joint.

Narrator: The earlier a patient with knee pain gets to the doctor, the better chance the fluid has to work. Sandy's case of arthritis was in the early stages, so he was a great candidate. He experienced almost immediate relief.

Sandy Norman: I'm just, like, whoa. I've got a 20 year-old knee again! As I say, that's 13 months ago. I would be lying if I didn't tell you that I've had occasionally a little stiffness in it, but not like it was before. Not anywhere near.

Narrator: When those SYNVISIC injections do finally wear off, Sandy will come back for another round.

Dr. Teresa Stadler: It's safe to repeat these series of injections indefinitely, as long as it continues to benefit the patient.

Narrator: Safety is a big reason why Dr. Stadler is a proponent of SYNVISIC. Whereas certain other medications do work to relieve pain, they can also have harmful side effects.

Dr. Teresa Stadler: Unlike other osteoarthritis medicines, it doesn't have adverse effects on the kidneys and liver, or, unlike other osteoarthritis medicines, it doesn't put the patient at risk for stroke or heart attack. The treatment is administered into the knee and it affects only the knee.

Narrator: Since his round of SYNVISIC injections, Sandy Norman hasn't missed a beat. He has created what he calls a perfect lifestyle. Working half days in his law practice leaves him plenty of time to spend with his wife, visit his children out of state, and still get out on the bicycle for a leisurely 20-mile ride... or more.

Sandy Norman: Occasionally 60, 70, 80. Our big thing is what we call a century ride. That's 100 miles.

For more information about SYNVISIC, visit www.SYNVISIC.com.

*This is a testimonial of one patient's story and her experience with SYNVISIC. Individual results may vary.

Important Safety Information

SYNVISIC is used to relieve knee pain due to osteoarthritis (OA). It is for patients who do not get enough relief from simple painkillers such as acetaminophen, or from exercise and physical therapy.

SYNVISIC is generally well tolerated. However, it may not work for everyone. The side effects most commonly seen when SYNVISIC is injected into the knee were pain, swelling and/or fluid buildup around the knee. Cases where the swelling is extensive or painful should be discussed with your doctor. Other side effects such as rash have been reported rarely. Before trying SYNVISIC, tell your doctor if you are allergic to products from birds—such as feathers, eggs or poultry—or if your leg is swollen or infected. Talk to your doctor before resuming strenuous weight-bearing activities after treatment. SYNVISIC has not been tested in children, pregnant women or women who are nursing. You should tell your doctor if you think you are pregnant or if you are nursing a child.

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