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SERONO S A  
Form 6-K  
November 26, 2002

SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549

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FORM 6-K

REPORT OF FOREIGN PRIVATE ISSUER  
PURSUANT TO RULE 13A-16 OR 15D-16 OF  
THE SECURITIES EXCHANGE ACT OF 1934

For the month of November, 2002

Serono S.A.

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(Registrant's Name)

15 bis, Chemin des Mines  
Case Postale 54  
CH-1211 Geneva 20  
Switzerland

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(Address of Principal Executive Offices)

1-15096

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(Commission File No.)

(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- X      FForm 40-F  
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(Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101 (b)(1).)

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(Indicate by check mark if the registrant is submitting the Form 6-K in paper as permitted by Regulation S-T Rule 101 (b)(7).)

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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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(If "Yes" is marked, indicate below the file number assigned to the registrant in connection with Rule 12g3-2(b): 82-                      )

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SERONO  
[GRAPHIC OMITTED]

PFIZER

FOR IMMEDIATE RELEASE

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MULTIPLE SCLEROSIS PATIENTS ON REBIF(R) MORE LIKELY TO REMAIN RELAPSE FREE THAN  
PATIENTS ON AVONEX(R) AT 48 WEEKS

HEAD-TO-HEAD STUDY OF INTERFERON BETA-1A TREATMENTS PUBLISHED IN NEUROLOGY

GENEVA, SWITZERLAND, ROCKLAND, MA, AND NEW YORK, NY, NOVEMBER 25, 2002-SERONO, S.A. (VIRT-X: SEO AND NYSE: SRA) AND PFIZER INC (NYSE: PFE) Serono's multiple sclerosis therapy, Rebif(R) (interferon beta-1a), was shown to be more effective than Avonex(R) (interferon beta-1a) in reducing relapses and active brain lesions in patients with relapsing remitting MS over 24 and 48 weeks, according to data published in the current edition of the journal Neurology.(1).

"Now that there are a variety of MS therapies available, it is important that patients and their physicians have data from a comparative study to help them in making informed choices," said Hillel Panitch, M.D., a University of Vermont College of Medicine researcher for the EVIDENCE Study Group. "The publication of the 48-week study results will enable the MS community to examine in detail the scientific data supporting the clinical superiority of Rebif(R) over Avonex(R) at reducing frequency of relapses."

Multiple sclerosis is a chronic, inflammatory condition of the nervous system and is the most common, non-traumatic, neurological disease in young adults. MS may affect up to two million people worldwide. While symptoms can vary, the most common symptoms of MS include blurred vision, numbness or tingling in the limbs and problems with strength and coordination. The relapsing forms of MS are the most common.

The EVIDENCE study, which involved 677 patients with relapsing remitting MS, was designed to compare the proportion of MS patients treated with either Rebif(R) or Avonex(R) who were relapse-free after 24 (primary endpoint) and 48 weeks. The data show that 75% of patients who received Rebif(R) (44 mcg administered subcutaneously, three times weekly) did not have a relapse after 24 weeks of treatment compared to 63% of patients treated with Avonex(R) (30 mcg administered intramuscularly, once weekly) (p