

**NEWS****FOR IMMEDIATE RELEASE**

## **Clinical Data Participates in MAb IMPACT Meeting to Improve Clinical Efficacy of Monoclonal Antibodies for Cancer Treatment**

- Focus on FCGR3A Pathway for Optimizing MAb-based Therapies  
Complements Company's Oncology Program -

NEWTON, Mass. – November 20, 2008 – PGxHealth<sup>®</sup>, a division of Clinical Data, Inc. (NASDAQ: CLDA), today announced its participation in the international mAb IMPACT meeting which is focused on IMProving ACTivation of the FCGR3A pathway for optimizing the treatment of cancer. At this meeting, funded by the French Institut National du Cancer and supported by leading academic and industry organizations including PGxHealth, experts will discuss how genetic variation in the FCGR3A pathway can be employed to improve clinical outcomes in the treatment of lymphomas, breast and colorectal cancers with rituximab, trastuzumab and cetuximab, respectively, and other recombinant monoclonal antibodies (mAbs). This effort complements PGxHealth's FCGR program, which includes its PGxPredict<sup>™</sup>:RITUXIMAB, a test for genetic variation in the FCGR3A gene that can be used to determine response to rituximab monotherapy in the treatment of follicular non-Hodgkin's lymphoma.

“The approach of applying pharmacogenetics to develop drugs and predictive tests based on a critical pathway, such as FCGR3A, offers greater opportunity for us to understand the mechanisms of action of monoclonal antibodies and to discover new and enhanced cancer therapies,” said Hervé Watier, Ph.D., Professor of Immunology, University of Tours, France, and a lead organizer of the mAb IMPACT conference. “FCGR genotyping in drug development is becoming an important tool for maximizing therapeutic benefit and we look forward to additional commercial applications and further clinical research in this area.”

FCGR3A is a gene that encodes an Fc gamma receptor that binds IgG1 antibodies, both natural and therapeutic. The FCGR3A receptor transmits signals from the membrane into the cell via tyrosine kinase activity. This signaling pathway is important to antibody-dependent cellular cytotoxicity (ADCC), a mechanism critical to the efficacy of therapeutic mAbs. The results of recent studies suggest that genotyping FCGR3A and other Fc gamma receptors may be important in predicting response to cetuximab in colorectal cancer and to trastuzumab in breast cancer<sup>1,2</sup>.

“We are pleased to be a part of this first-of-a-kind meeting focused on the Fc gamma receptor pathway and its impact on the efficacy of monoclonal antibody-based cancer therapies,” said Carol R. Reed, M.D., Chief Medical Officer of Clinical Data. “This significant undertaking by international oncology experts affirms our own strategy to develop predictive tests for cancer which are based on the Fc gamma receptor and IgG1 antibodies. We aim to contribute to advancements in this area by establishing research collaborations with thought leaders in

oncology in order to enhance our PGxPredict:RITUXIMAB test and expand our Fc gamma receptor program to include other existing and emerging mAb-based cancer therapies.”

For more information about the mAb IMPACT meeting on November 20-21, 2008 in Tours, France, please contact Hervé Watier at [herve.watier@univ-tours.fr](mailto:herve.watier@univ-tours.fr).

#### **About PGxPredict™:RITUXIMAB**

PGxHealth's PGxPredict:RITUXIMAB test detects a single nucleotide polymorphism (rs396991, 4985G>T) in FCGR3A that has been found to independently predict the response of patients with follicular non-Hodgkin's lymphoma to treatment with rituximab monotherapy. For more information, please contact 877-2-PGxHealth (877-274-9432) or visit [www.pgxhealth.com](http://www.pgxhealth.com).

#### **About PGxHealth®**

PGxHealth has extensive experience and capabilities in the development, clinical validation and delivery of genomics-based tests. Through its own know-how and resources, work conducted with some of the world's most prestigious genomics thought leaders and institutions, and use of innovative technologies, PGxHealth is focused on reducing treatment costs and improving clinical outcomes in disease states and therapeutic classes with expensive, inefficient or suboptimal treatment options. Among its tests are the *FAMILION* and the PGxPredict® brands. Visit the company's website at [www.pgxhealth.com](http://www.pgxhealth.com).

#### **About Clinical Data, Inc.**

Clinical Data is a global biotechnology company unlocking the potential of molecular discovery, From Targeted Science to Better Healthcare®. The Company's PGxHealth division is utilizing its biomarker intellectual property to develop and commercialize a broad pipeline of targeted therapeutics as well as pharmacogenetic tests that help predict drug safety and efficacy, thereby reducing health care costs. Its Cogenics® division provides genomics services to both research and regulated environments. Through these divisions, Clinical Data is leveraging advances in molecular discovery to provide tangible benefits for patients, doctors, scientists and health plans worldwide. Please visit the Company's website at [www.clda.com](http://www.clda.com) for more information.

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**SAFE HARBOR STATEMENT UNDER THE PRIVATE SECURITIES LITIGATION REFORM ACT OF 1995**

*This press release contains certain forward-looking information and statements that are intended to be covered by the safe harbor for forward looking statements provided by the Private Securities Litigation Reform Act of 1995. Forward-looking statements are statements that are not historical facts. Words such as "expect(s)", "feel(s)", "believe(s)", "will", "may", "anticipate(s)" and similar expressions are intended to identify forward-looking statements. These statements include, but are not limited to, statements about our ability to successfully integrate the operations, business, technology and intellectual property obtained in our acquisitions; our ability to obtain regulatory approval for, and successfully introduce our new products; our ability to expand our long-term business opportunities; financial projections and estimates and their underlying assumptions; and statements regarding future performance. All of such information and statements are subject to certain risks and uncertainties, the effects of which are difficult to predict and generally beyond the control of the Company, that could cause actual results to differ materially from those expressed in, or implied or projected by, the forward-looking information and statements. These risks and uncertainties include, but are not limited to, whether our PGxPredict™ tests, including but not limited to FAMILION, will gain wide acceptance in the market; the extent to which genetic markers (haplotypes) are predictive of clinical outcomes and drug efficacy and safety; the strength of our intellectual property rights; competition from pharmaceutical, biotechnology and diagnostics companies; the development of and our ability to take advantage of the market for pharmacogenetic and biomarker products and services; whether Clinical Data will be able to develop or acquire additional products and attract new business and strategic partners; and those risks identified and discussed by Clinical Data in its filings with the U.S. Securities and Exchange Commission. Readers are cautioned not to place undue reliance on these forward looking statements that speak only as of the date hereof. Clinical Data does not undertake any obligation to republish revised forward-looking statements to reflect events or circumstances after the date hereof or to reflect the occurrence of unanticipated events. Readers are also urged to carefully review and consider the various disclosures in Clinical Data's SEC periodic and interim reports, including but not limited to its Annual Report on Form 10-K for the fiscal year ended March 31, 2008, Quarterly Report on Form 10-Q for the fiscal quarter ended September 30, 2008, and Current Reports on Form 8-K filed from time to time by the Company.*

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<sup>1</sup> Zhang W et al. *Journal of Clinical Oncology*. 2007 Aug 20;25(24):3712-8.

<sup>2</sup> Musolino A et al. *Journal of Clinical Oncology*. 2008 Apr 10;26(11):1789-96.