

## December 11, 2007 - Frequently Asked Questions and Answers – (FAQ's)

From time to time, Investor Relations will provide FAQs on various topics of interest.

<b>Q</b>	<b>When will the ENHANCE data be presented?</b>
<b>A</b>	<p>The clinical portion of the ENHANCE study is complete, the study remains blinded. Final analysis will be analyzed once the database is locked and unblended.</p> <p>We anticipate that results of the ENHANCE study will be presented at the American College of Cardiology meeting in 2008, dependent upon acceptance by the college.</p>
<b>Q</b>	<b>What data will be presented?</b>
<b>A</b>	<p>We will present all the key results from this surrogate endpoint study, including original pre-specified primary and secondary endpoints, and safety data.</p> <p>As reported previously, during the blinded analysis, observations of variability in some of the data were detected as part of the validation/data review procedure. As a result of these findings, an independent panel of clinical and biostatistics experts recommended focusing the primary endpoint on the common carotid artery.</p> <p>MSP and the lead investigator view the expert panel's recommendation as helpful and important, and data from the common carotid artery will be submitted at the American College of Cardiology in 2008, as well as the original pre-specified primary endpoint.</p>
<b>Q</b>	<b>Have you changed the primary endpoint?</b>
<b>A</b>	<p>No. We will present the original pre-specified primary endpoint for the ENHANCE trial. We will present the key results from this surrogate endpoint study, including original pre-specified primary and secondary endpoints and safety data. The data will include the results of the common carotid artery.</p>
<b>Q</b>	<b>Why didn't you change the primary endpoint?</b>
<b>A</b>	<p>We view the expert panel's advice to focus the primary endpoint on the common carotid artery as helpful as the common carotid artery is viewed by many clinicians and experts of the IMT procedure as the most reliable, reproducible and clinically meaningful segment of the carotid artery and least subject to artifact and variability.</p> <p>In consideration of this independent expert advice and the evolving medical science, Merck/Schering-Plough and the lead investigator have had further discussions about the trial, including input from other respected clinical trialists and scientists. The companies respect and appreciate the advice of the expert panel as well as the others whose advice and input we sought. As a result, we are planning to examine closely the data from the common carotid artery, and to present that data from the pre-specified endpoints, in accordance with the study protocol and study analysis plan.</p>

<b>Q</b>	<b>Does MSP know the results of the study?</b>
<b>A</b>	As of December 11, neither the companies nor the investigators know the results of the trial. The trial remains blinded.
	<p>DISCLOSURE NOTICE: The information in this frequently asked questions document includes certain “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995, including statements relating to the ENHANCE clinical trial and its presentation. Forward-looking statements relate to expectations or forecasts of future events. Schering-Plough does not assume the obligation to update any forward-looking statement. Many factors could cause actual results to differ materially from Schering-Plough’s forward-looking statements, including market forces, economic factors, product availability, patent and other intellectual property protection, current and future branded, generic or over-the-counter competition, the regulatory process, and any developments following regulatory approval, among other uncertainties. For further details about these and other factors that may impact the forward-looking statements, see Schering-Plough’s Securities and Exchange Commission filings, including Part II, Item 1A. "Risk Factors" in the Schering-Plough's third quarter 2007 10-Q.</p>