News Release

THERATECHNOLOGIES LAUNCHES AWARENESS PROGRAM IN HIV-ASSOCIATED LIPODYSTROPHY AT THE EUROPEAN AIDS CONFERENCE

Additional data from its Phase 3 clinical trial at 52 weeks also discussed

Montreal, Canada – October 26, 2007 – Theratechnologies (TSX:TH) today presented its first scientific symposium in HIV-associated lipodystrophy to increase the awareness of this disease at the 11th European AIDS Conference (EACS) in Madrid, Spain. Theratechnologies also presented additional positive 52-week safety data from its tesamorelin (TH9507) Phase 3 clinical trial at EACS. The new data, presented in a late-breaker session, are in line with the safety profile of tesamorelin observed during the initial 26 weeks of treatment. Overall, tesamorelin was well tolerated by patients and signals no concerns with respect to glucose intolerance after one year of treatment.

"It is our role as a leader in HIV-associated lipodystrophy to provide the necessary information to clarify the misconceptions about this condition," said Mr. Yves Rosconi, President and Chief executive Officer of Theratechnologies. "Education about this disease is critical. Lipohypertrophy and lipoatrophy are used interchangeably to describe lipodystrophy and this is inaccurate. In addition, the metabolic component of this condition is becoming more known as previously lipodystrophy was considered as mainly a cosmetic change. This scientific symposium at the EACS is our first step to raise awareness about lipohypertrophy and, in 2008, we will begin similar efforts in North America," Mr. Rosconi noted.

Theratechnologies' Scientific Symposium: *"Body Fat Changes and Metabolic Abnormalities in HIV: Facing the Challenge"*

The Company-sponsored symposium featured four presentations from key opinion leaders in the field of HIV-lipodystrophy aimed at enhancing the understanding of the syndrome and various factors associated with it. The session was moderated by Drs. Peter Reiss, M.D., Ph.D., Associate Professor, Academic Medical Center – University of Amsterdam, Deputy Director, Dutch National AIDS Therapy Evaluation Center, Scientific Advisor, International Antiviral Therapy Evaluation Center, and François Raffi, Head, Infectious Diseases Unit – Hôtel-Dieu University Hospital, Professor, Infectious Diseases – Nantes Medical University. The symposium's scientific program included the following presentations:

- "Body Fat Changes and Metabolic Complications Associated with Antiretroviral Therapy", by Dr. Pere Domingo, Department of Internal Medicine, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain;

- "Increased Cardiovascular Risk in HIV: Contribution of the Different Risk Factors", by Dr. Jens D. Lundgren, Professor, University of Copenhagen, and Chief Physician and Head, Copenhagen HIV Program Hvidovre University Hospital, Denmark;

- "Clinical Management of Metabolic Complications", by Dr. Stefan Mauss, Co-founder, Center for HIV and Hepatogastroenterology, Düsseldorf, Germany;

- "Treatment Options and Strategies for Reducing Lipohypertrophy in HIV", by Dr. Steven Grinspoon, Associate Professor of Medicine, Harvard Medical School, Director of the Massachusetts General Hospital Program in Nutritional Metabolism, and Lead Investigator for the tesamorelin trial in the United States.

The key messages from the symposium are reviewed below. HIV-associated lipodystrophy is a serious condition associated with metabolic abnormalities that is caused by several factors including the antiviral regimen and the virus itself. Knowledge regarding the definition of lipodystrophy, and lipohypertrophy in particular continues to evolve within the scientific and medical communities. Lipoatrophy (fat loss in face, limbs and buttocks) and lipohypertrophy (abdominal visceral fat accumulation) are two separate conditions of lipodystrophy and this distinction is not widely known. What is becoming evident is that the mechanisms that cause lipoatrophy are different than those which cause lipohypertrophy and therefore it is reasonable to believe that long-term consequences and treatment strategies are likely to differ as well. Specifically lipohypertrophy may have a negative impact on glucose tolerance and lipid metabolism which could lead to cardiovascular complications for these patients. Furthermore, due to the stigmatizing morphological changes associated with lipodystrophy, patient compliance is reduced which may impact the efficacy of their antiviral regimen to control HIV.

“The data presented by Dr. Steve Grinspoon indicate that tesamorelin significantly reduces abdominal fat accumulation, while having no significant impact on glycemic control, which is an important consideration for the treated HIV patient population,” commented Chantal Desrochers, Vice President, Business Development and Commercialization at Theratechnologies. “With the product profile of tesamorelin known today, I am encouraged that we are in a good position to fill the unmet medical need described by the international HIV leaders at our symposium,” Ms. Desrochers concluded.

Additional 52-Week Phase 3 Safety Data Discussed at Late-Breaker Presentation
The late-breaker presentation, entitled “Long-Term Safety and Efficacy of Tesamorelin, a Growth Hormone-Releasing Factor Analogue, in HIV-Infected Patients with Abdominal Fat Accumulation", was made by Dr. Steve Grinspoon, Associate Professor of Medicine, Harvard Medical School, Director of the Massachusetts General Hospital Program in Nutritional Metabolism, and Lead Investigator for the tesamorelin trial in the United States.

Safety Results
The primary objective for the study was to evaluate the safety profile of tesamorelin over a 52-week period. Tesamorelin was generally well-tolerated by patients in the first 26 weeks of treatment, as presented in February 2007 at the Conference on Retroviruses and Opportunistic Infections (CROI). The safety profile observed during the 26 to 52 week treatment period is in line with the previously reported 26-week data, but with a lower incidence of adverse events. Consequently, only 3% of patients dropped out because of adverse events during the 26 to 52 week treatment period compared with 12% in the first 26 weeks. In the second treatment period, the four most commonly reported adverse events were: upper respiratory tract infections (6.5%), nasopharyngitis

(5.8%), sinusitis (5.2%), and arthralgia (3.9%). In the first 26 weeks the four most commonly reported adverse events were headache (16%), arthralgia (13%), injection site bruising (9%), and diarrhea/peripheral edema/myalgia (all reported at 8%). In addition, as was the case in the first 26 weeks, no issues related to glycemic control were observed after 52 weeks of treatment.

Hypersensitivity reactions, which are defined as skin reactions extending beyond the injection site, were experienced by 3% of treated patients for the first 26 weeks and only an additional 1% of treated patients at 52 weeks experienced such a reaction. Fifty percent of patients developed antibodies to tesamorelin at 26 weeks which remained unchanged at 52 weeks. Moreover, the presence of antibodies had no significant impact on VAT loss and IGF-1 levels.

As a summary, the safety profile of tesamorelin at 52 weeks is very satisfactory. The incidence rates for all types of adverse events were less than 10% in the 26 to 52 week treatment period and no new types of adverse events appeared. Overall, the safety profile associated with longer-term exposure is comparable to what was shown at 26 weeks.

Efficacy Results

Patients treated over 52 weeks had lost 18% of their visceral adipose tissue (VAT) at the end of the study with most VAT loss occurring within the first 26 weeks of treatment. Those patients treated with tesamorelin for the first 26 weeks and subsequently placed on placebo experienced a VAT loss of 18% at 26 weeks while completing the 52-week period with a loss of only 2%. This suggests that continuous exposure to tesamorelin is required to maintain VAT loss. There were no clinically significant differences between men and women in terms of VAT loss. Additional efficacy data will be presented, as they become available, at appropriate venues in the future.

Theratechnologies Plans Regulatory Path in Europe for Tesamorelin

Theratechnologies has been granted Small and Medium Enterprise (SME) status by the European Medicines Agency (EMEA), the agency responsible for overseeing drug approvals in the European Union. SME status provides Theratechnologies with significant cost savings and access to help from the EMEA throughout the drug approval process. With SME status, the ongoing Phase 3 clinical trial and Theratechnologies' presence at the EACS conference, the Company continues to raise its profile in Europe.

HIV-associated Lipodystrophy

HIV-associated lipodystrophy is characterized by a change in the distribution of adipose tissue (fat containing tissue), dyslipidemia and glucose intolerance. Visceral adipose tissue accumulation with its concomitant metabolic profile is known to be a risk factor for cardiovascular diseases. The changes in fat distribution include visceral fat accumulation and/or loss of subcutaneous fat, generally in the limbs and in the face. There is no treatment available for the accumulation of visceral fat found in patients with HIV-associated lipodystrophy. According to market research that was conducted by Verispan in 2005 by interviewing 100 individual physicians and 50 payers, it is estimated that approximately 250,000 HIV-infected patients in North America and Europe suffer an excessive accumulation of visceral fat.

About the European AIDS Conference
Organized by the European AIDS Clinical Society, a not-for-profit scientific society of European clinicians and researchers, the European AIDS Conference is the most comprehensive European HIV/AIDS meeting. It is held every two years in a different European city. The 12th European AIDS Conference will take place in 2009 in Cologne, Germany.

About Theratechnologies
Theratechnologies (TSX:TH) is a Canadian biopharmaceutical company that discovers innovative drug candidates in order to develop them and bring them to market. The Company targets unmet medical needs in financially attractive specialty markets. Its most advanced program is tesamorelin, which has recently completed patient randomization for its confirmatory Phase 3 clinical trial for a serious metabolic disorder known as HIV-associated lipodystrophy. Tesamorelin could be the first compound on the market to treat HIV-associated lipodystrophy. The Company also has other projects at earlier stages of development.

Forward-looking statements
This press release contains forward-looking statements regarding the effects of the results on the use of tesamorelin for a 52-week period, the treatments currently available to treat lipodystrophy and the Company's role in HIV-associated lipodystrophy. By their very nature, these statements involve uncertainties and inherent risks, both general and specific, which give rise to the possibility that the predictions will not materialize. We refer you to pages 15 to 19 of the 2006 Annual Information Form, which contain a more exhaustive analysis of the risks and uncertainties connected to the business of the Company. We have no obligation whatsoever to update forward-looking statements and we do not undertake to do so.

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