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- Women with submucous uterine fibroids may be at greater risk of excessive bleeding. Women with uterine tumors or uterine anomalies may be at increased risk of retained products of conception and extra care should be taken to make sure the endometrial cavity is clear and the abortion is complete.

- Women of Asian descent may be at increased risk of heavy bleeding. Studies have shown greater blood loss from medical abortion in these women, as compared to Caucasian women.

- African-American women have a much higher incidence of uterine fibroids than Caucasian women and may be at greater risk of retained products of conception or excessive bleeding.

- Native-American (American Indians and Alaskan Natives) and Mexican-American women have a higher incidence of diabetes than the general U.S. population and may be subject to greater risk of complications from the gastrointestinal side effects of medical abortion. Women with diabetes require careful management of fluid, electrolyte and blood glucose levels.

- Physician monitoring -- RU 486 may only be administered by a licensed physician. Patients must be monitored by a physician for at least 4-6 hours following administration of a prostaglandin analog. Because of the risks associated with this abortion method, administer the drugs only where resuscitation equipment is immediately available.

- Contraceptives -- An IUD must be removed before administering RU 486.

- Anticoagulants -- Patients taking aspirin, NSAIDs or anti coagulation drug products have an increased risk of serious bleeding with RU 486.

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- Obesity -- An increased risk of RU 486 abortion failure has been noted in women with higher body mass.

- Rh (-) -- Rhesus-negative women should receive anti-D immunoglobulin at the time of prostaglandin administration.

- Continued pregnancy -- Teratogenic effects of RU 486 have been reported in rats and rabbits. In humans, sirenomelia (fused lower extremities) has been reported in an instance of continued pregnancy following RU 486. Seventeen instances of malformation have been reported with the use of the prostaglandin analog, misoprostol.

(2) Information For Patients

- Compliance -- Full compliance with your physician's orders is required for a safe and effective abortion procedure with RU 486. RU 486 is prescribed along with a prostaglandin analog in a two-step process. Appointments for taking the drugs and follow-up visits must be set with your prescribing physician. It is important that you return for every scheduled visit. Failure to return or to follow your physician's orders may result in an incomplete abortion or continued pregnancy, a need for surgery, severe bleeding, severe pelvic pain or other dangerous complications.

- Risks of medical abortion -- Studies indicate that induced abortion is associated with an increase in the risk of developing breast cancer. Physicians prescribing this product have a professional responsibility to provide you with individualized counseling before performing an abortion. This counseling should take into consideration your individualized breast cancer risk profile. Based on the most current research, your having a family history of breast cancer (affected sister, mother, grandmother or aunt) may put you at even greater risk of developing breast cancer if

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you abort this pregnancy. Your doctor should explain how your choices affect your breast cancer risk to help you decide whether to complete this pregnancy or abort it.

e) **Adverse Reactions**

The following adverse reactions must be noted in the approved labeling and patient information brochures for the drug. For RU 486 as a single agent abortifacient, or used in combination with a prostaglandin analog:

(1) Gastrointestinal -- nausea
vomiting
diarrhea
abdominal pain

(2) Genitourinary system -- uterine cramping
pelvic pain
vaginal bleeding (excessive, prolonged)
vaginal discharge
endometritis
salpingitis
frequent urination

(3) Central nervous system -- headache
dizziness
sleep disruption/insomnia

(4) Skin -- skin rash

(5) Miscellaneous -- fatigue syndrome
loss of appetite
thirst

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For RU 486 administration with prostaglandin analogs:

- Cardiovascular -- myocardial infarction
  ventricular fibrillation
  coronary spasms
  severe hypotension
  anaphylactic
  bronchospasm

16. Dispensing Controls

a) Administration Only In Accredited Ambulatory Facilities/Hospitals

As noted previously, petitioners believe that if RU 486 is approved, use of the drug must be limited to administration by physicians only in ambulatory care facilities or hospitals that meet the standards of the Joint Commission on Accreditation of Healthcare Organizations. There is a trend in the health care industry for midwives or physician's assistants to deliver infants at home. There is also a mounting campaign to permit non-physicians to perform surgical abortions, or to teach self-induced abortions. Petitioners are concerned that, if RU 486 is approved, a similar trend may develop for medical abortion. The complications and side effects of RU 486, alone or with prostaglandin administration, make it necessary for RU 486 to be administered in an accredited ambulatory facility or hospital. Researchers have emphasized that RU 486/PG should only be used in clinics where emergency facilities are available.[138] A

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[138] UK Multicentre Trial, 1990, at 485 ("the procedure needs to be clinic based, and preferably hospital based, in view of the small but definitive risk of severe haemorrhage."); Roger, et al., 1989, at 501 ("Hospital admission . . . for four hours following prostaglandin administration is advisable."); Wu, et al., 1992, at 209 ("It should

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home-abortion trend would most likely result in an increase in maternal mortality and morbidity.

b) Administration By Physicians Only

Because of the serious complications and side effects of the RU 486 abortion process, petitioners believe that the drug labeling must require "Administration By Physician Only," rather than "Dispensing By Physician Only." Close physician supervision is required to ensure proper administration and monitoring of the RU 486/PG procedure. Approval of the drug only for use by physicians in an accredited medical facility will reduce the occurrence of physicians delegating administration of the drug to other medical staff.

c) Dispensing/Distribution Controls

RU 486 is a unique drug. Conditions which improve its effectiveness, i.e., administration in conjunction with a prostaglandin analog, are known to increase the risk of serious complications. Thus, medical abortion with RU 486 and a prostaglandin requires several visits to an ambulatory care facility or hospital, a precise, possibly individualized dosing scheme, and close physician monitoring. Women should not be led

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be emphasized that RU-486 in combination with PG be used only in clinics where emergency facilities are available."); Brogden, et al., 1993, at 404 ("Mifepristone should be administered in an environment where suitably experienced medical personnel and resuscitation equipment are immediately available."); Thonneau, et al., 1994, at 627 ("the risk of maternal morbidity associated with sulprostone and also the risk of fetal malformations in cases of continued pregnancy indicate that this method should only be used in specialist centers."). See also note 24 *infra*.

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to believe that RU 486 abortion is a simple procedure or that it is conducive to self administration or administration by anyone other than a licensed physician. In light of this, petitioners believe it is necessary for FDA to require strict distribution and use controls, similar to those used for narcotic administration, to prevent the abuse and/or misuse of RU 486.[139]

ENVIRONMENTAL IMPACT

Petitioners believe that the actions requested herein qualify for a categorical exclusion from the requirement of issuance of an environmental assessment under 21 C.F.R. § 25.24(a)(11) (1994). In any case, petitioners do not believe that there will be any substantial environmental impact from the relief requested in this petition.

ECONOMIC IMPACT

Petitioners will provide data concerning the economic impact of this proposal if requested to do so by the Commissioner pursuant to 21 C.F.R. § 10.30(b).

139/ See Testimony Before the Subcomm. on Regulation, Business Opportunities, and Technology of the House Comm. on Small Business, 103d Cong., 2d Sess. (May 16, 1994). Petitioners also urge FDA to compare the misuse of misoprostol as an abortifacient in Brazil where its distribution is not carefully regulated with the carefully controlled distribution of RU 486 in France. See Costa & Vessey, Misoprostol And Illegal Abortion In Rio de Janeiro, Brazil, 341 Lancet 1258 (1993); Coelho, et al., Misoprostol And Illegal Abortion In Fortaleza, Brazil, 341 Lancet 1261 (1993).

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Dockets Management Branch (HFA-305)

CERTIFICATION

The undersigned certify that, to the best of his/her knowledge and belief, this petition includes all information and views on which the petition relies, and that it includes representative data and information known to the petitioners which are unfavorable to the petition.

Respectfully submitted,

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ATTACHMENT 1

REFERENCE TABLES

TABLE 1

COMPLETE ABORTION RATES FOR RU 486 ALONE

STUDY	CONDITIONS	RATE (%)
Birgerson & Odlind, 1987[1]	25 or 50 mg 2X/day for 7 days; less than 49 days from LMP	61
Cameron, et al., 1986[2]	150 mg/day for 4 days; less than 56 days amenorrhea	60
Couzinet, et al., 1986[3]	overall rate (three groups) Group 1 -- 50 mg 2X/day for 4 days Group 2 -- 50 mg 3X/day for 4 days Group 3 -- 400 mg/day for 2 days All within 10 days of expected onset of missed menstrual period	85
Haspels, 1985[4]	Group 1 -- 200 mg/day for 4 days; within 55 days amenorrhea	79
	Group 2 -- 200 mg/day for 4 days; from 56-70 days amenorrhea	33
Kovacs, et al., 1984[5]	25, 50 or 100 mg 2X/day for 4 days; within 42 days amenorrhea	61

1/ Birgerson & Odlind, Early pregnancy termination with antiprogestins: a comparative clinical study of RU 486 given in two dose regimens and epostane, 48 Fertility & Sterility 565-570 (1987).

2/ Cameron, et al., Therapeutic abortion in early pregnancy with antiprogestogen RU 486 alone or in combination with prostaglandin analogue (gemeprost), 34 Contraception 459-468 (1986).

3/ Couzinet, et al., Termination of early pregnancy by the progesterone antagonist RU 486 (mifepristone), 315 N. Engl. J. Med. 1565-1570 (1986).

4/ Haspels, Interruption of early pregnancy by an anti-progestational compound, RU 486, 20 Eur. J. Obst. & Gyn. and Reprod. Biol. 169-175 (1985).

STUDY	CONDITIONS	RATE (%)
Legarth, et al., 1991[6]	600 mg; less than 43 days amenorrhea	76
Mishell, et al., 1987[7]	Group 1 -- 100 mg/day for 7 days	73
	Group 2 -- 100 mg/day for 7 days with ergonovine on day 4	60
	Group 3 -- 50 mg/day for 7 days	50
	All groups less than 49 days from first day of LMP	
RU 486 Collaboration Group, 1990[8]	600 mg; within 7 weeks gestation	65.2
Shoupe, et al., 1986[9]	200 or 400 mg/day for 4 days; no more than 49 days pregnant	10
	100 mg/day for 7 days; no more than 49 days pregnant	72.3
Sitruk-Ware, et al., 1990[10]	Group 1 -- decremental dose regimen of 400, 300, 200 and 100 mg/day over 4 successive days	60

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5/ Kovacs, et al., Termination of very early pregnancy by RU486 - an antiprogestational compound, 29 Contraception 399-410 (1984).

6/ Legarth, et al., Mifepristone or vacuum aspiration in termination of early pregnancy, 41 Eur. J. Obst. & Gyn. and Reprod. Biol. 91-96 (1991).

7/ Mishell, et al., Termination of early gestation with the antiprogestin steroid RU 486: medium versus low dose, 35 Contraception 307-321 (1987).

8/ The RU 486 Collaboration Group, Termination of early pregnancy by RU 486 alone or in combination with prostaglandin, 25 Chinese J. Obst. & Gyn. 31-4, 62 (1990).

9/ Shoupe D., et al., Pregnancy termination with a high and a medium dosage regimen of RU 486, 33 Contraception 455-61 (1986).

STUDY	CONDITIONS	RATE (%)
	Group 2 -- 50 mg/day for 7 days	50
	Group 3 -- 100 mg/day for 7 days	86
	Group 4 -- 450 mg single dose	80
Somell & Olund, 1990[11]	600 mg; less than 42 days amenorrhea	80
Swahn, et al., 1989[12]	25 mg (2X/day for 4 days); within 49 days amenorrhea	57
Vervest & Haspels, 1985[13]	Group 1 -- 100 or 200 mg/day for 4 days; within 55 days amenorrhea	83
	Group 2 -- 200 mg/day for 4 days; from 56-70 days amenorrhea	34
Zheng Shu-rong, 1989[14]	600 mg; within 49 days amenorrhea	63.5

(Footnote continued from previous page)

10/ Sitruk-Ware, et al., The use of the antiprogestin RU 486 (mifepristone) as an abortifacient in early pregnancy - clinical and pathological findings: predictive factors for efficacy, 41 Contraception 221-243 (1990).

11/ Somell & Olund, Induction of abortion in early pregnancy with mifepristone, 29 Gyn. Obst. Invest. 13-15 (1990).

12/ Swahn, et al., Effect of oral prostaglandin E2 on uterine contractility and outcome of treatment in women receiving RU 486 (mifepristone) for termination of early pregnancy, 4 Hum. Reproduc. 21-28 (1989).

13/ Vervest & Haspels, Preliminary results with the antiprogestational compound RU-486 (mifepristone) for interruption of early pregnancy, 44 Fertility & Sterility 627-632 (1985).

14/ Zheng Shu-rong, RU 486 (mifepristone): clinical trials in China, 149 Acta Obst. Gyn. Scand. Suppl. 19-23 (1989).

TABLE 2

INCOMPLETE ABORTION RATES FOR RU 486 ALONE

STUDY	CONDITIONS	RATE (%)
Birgerson & Odlind, 1987[1]	25 or 50 mg 2X/day for 7 days; less than 49 days from LMP	7.7
Haspels, 1985[2]	Group 1 – 200 mg/day for 4 days; within 55 days amenorrhea	21
	Group 2 – 200 mg/day for 4 days; from 56-70 days amenorrhea	67
Kovacs, et al., 1984[3]	25, 50 or 100 mg 2X/day for 4 days; within 42 days amenorrhea	30.6
Legarth, et al., 1991[4]	600 mg; less than 43 days amenorrhea	24
RU 486 Collaboration Group, 1990[5]	600 mg; within 7 weeks	3.4
Somell & Olund, 1990[6]	600 mg; less than 42 days amenorrhea	3

1/ Birgerson & Odlind, Early pregnancy termination with antiprogestins: a comparative clinical study of RU 486 given in two dose regimens and epostane, 48 Fertility & Sterility 565-570 (1987).

2/ Haspels, Interruption of early pregnancy by an anti-progestational compound, RU 486, 20 Eur. J. Obst. & Gyn. and Reprod. Biol. 169-175 (1985).

3/ Kovacs, et al., Termination of very early pregnancy by RU486 - an antiprogestational compound, 29 Contraception 399-410 (1984).

4/ Legarth, et al., Mifepristone or vacuum aspiration in termination of early pregnancy, 41 Eur. J. Obst. & Gyn. and Reprod. Biol. 91-96 (1991).

5/ The RU 486 Collaboration Group, Termination of early pregnancy by RU 486 alone or in combination with prostaglandin, 25 Chinese J. Obst. & Gyn. 31-4, 62 (1990).

STUDY	CONDITIONS	RATE (%)
Swahn, et al., 1989[7/]	25 mg (2X/day for 4 days); amenorrhea of 49 days	7
Vervest & Haspels, 1985[8/]	Group 1 -- 100 or 200 mg/day for 4 days; within 55 days amenorrhea	17
	Group 2 -- 200 mg/day for 4 days; from 56-70 days amenorrhea	66
Zheng Shu-rong, 1989[9/]	600 mg; amenorrhea of 49 days	3.4 (trials 1 & 2) 1.1 (trial 4)

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6/ Somell & Olund, Induction of abortion in early pregnancy with mifepristone, 29 Gyn. Obst. Invest. 13-15 (1990).

7/ Swahn, et al., Effect of oral prostaglandin E2 on uterine contractility and outcome of treatment in women receiving RU 486 (mifepristone) for termination of early pregnancy, 4 Hum. Reproduc. 21-28 (1989).

8/ Vervest & Haspels, Preliminary results with the antiprogestational compound RU-486 (mifepristone) for interruption of early pregnancy, 44 Fertility & Sterility 627-632 (1985).

9/ Zheng Shu-rong, RU486 (mifepristone): clinical trials in China, 149 Acta Obst. Gyn. Scand. Suppl. 19-23 (1989).

TABLE 3

RU 486/PG – INFECTION REPORTED

STUDY	RESULTS
Birth Control Trust, 1994[1]	5% patients may show signs and symptoms of infection
Hill et al., 1990[2]	9% (9 patients) -- prophylactic antibiotics 1% -- signs of pelvic infection 3 days after PG
Rodger & Baird, 1987[3]	7% (7 women) -- received antibiotics when pathogenic organisms were isolated on culture of an endocervical swab
Ulmann, et al., 1992[4]	0.71% -- infectious complications at one week post PG administration
WHO, 1991[5]	29.4% (with incomplete abortion) and 2.6% (with complete abortion) -- received antibiotics during a 6 week follow-up period for suspected genitourinary infection; both groups combined -- 3.9% received antibiotics

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1/ Birth Control Trust, Mifepristone in practice: running an early medical abortion service, Proceedings of a conference organised by the Birth Control Trust on 22 April 1993 at the Royal Society of Medicine, London 12 (1994) (relying on a leaflet entitled, "Medical termination of pregnancy with Mifegyne (mifepristone): information for health care professionals," by Rousael Laboratories Ltd.).

2/ Hill et al., The efficacy of oral mifepristone (RU 38.486) with a prostaglandin E1 analog vaginal pessary for the termination of early pregnancy: complications and patient acceptability, 162 Am. J. Obst. & Gyn. 414-417 (1990).

3/ Rodger & Baird, Induction of therapeutic abortion in early pregnancy with mifepristone in combination with prostaglandin pessary, Lancet ii: 1415-1418 (1987).

4/ Ulmann, et al., Medical termination of early pregnancy with mifepristone (RU 486) followed by a prostaglandin analogue, 71 Acta Obst. Gyn. Scand. 278-283 (1992).

STUDY	RESULTS
WHO Task Force, 1989[6]	11.8% (with incomplete abortion) and 1.3% (with complete abortion) -- received/antibiotic therapy for suspected endometritis; both groups combined -- 2.1% (5 women) received antibiotics
WHO Task Force, 1993[7]	1.4% -- received antibiotics for pelvic/upper genital tract infection

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[6] WHO Pregnancy Termination with mifepristone and gemeprost: a multicenter comparison between repeated doses and a single dose of mifepristone, 56 Fertility & Sterility 32-40 (1991).

[7] WHO Task Force on Post-Ovulatory Methods for Fertility Regulation, Termination of early human pregnancy with RU486 (mifepristone) and the prostaglandin analogue sulprostone: a multicentre randomized comparison between two treatment regimens, 4 Hum. Reproduc. 718-725 (1989).

[8] WHO Task Force on Post-ovulatory Methods of Fertility Regulation, Termination of pregnancy with reduced doses of mifepristone, 307 BMJ 532-7 (1993).

TABLE 4

COMPLETE ABORTION RATES FOR RU 486/MISOPROSTOL

STUDY	CONDITIONS	RATE (%)
Aubeny & Baulieu, 1991[1]	600 mg RU 486/400 ug oral Misoprostol (48 hrs. later); within 49 days amenorrhea	95
El-Rafaey & Templeton[2]	600 mg RU 486/800 ug vaginal Misoprostal	99
McKinley, et al., 1993[3]	600 or 200 mg RU 486/600 ug oral Misoprostol (48 hrs. later); within 49 days amenorrhea	97.5
	Within 50-63 days amenorrhea	89.1
	Within 57-63 days amenorrhea	84.4
Norman, et al., 1991[4]	200 mg RU 486/200, 400 or 600 ug oral Misoprostol (48 hrs. later); within 56 days amenorrhea	85.7
Peyron, et al., 1993[5]	600 mg RU 486/400 ug oral Misoprostol (48 hrs. later); within 49 days amenorrhea	96.9

1/ Aubeny & Baulieu, Contragestion with RU 486 and an orally active prostaglandin, 312 C.R. Acad. Sci. Paris (III) 539-545 (1991).

2/ El-Refaey & Templeton, Early induction of abortion by a combination of oral mifepristone and misoprostal administered by the vaginal route, 49 Contraception 111-14 (1994).

3/ McKinley, et al., The effect of dose of mifepristone and gestation on the efficacy of medical abortion with mifepristone and misoprostol, 8 Hum. Reproduc. 1502-1505 (1993).

4/ Norman, et al., Uterine contractility and induction of abortion in early pregnancy by misoprostol and mifepristone, 338 Lancet 1233-1236 (1991).

STUDY	CONDITIONS	RATE (%)
	Optional additional 200 ug dose oral Misoprostol 4 hrs. after initial dose	98.7
Thong & Baird, 1992[6]	200 mg RU 486/600 ug oral Misoprostol (48 hrs. later); within 49 days amenorrhea (93), within 50-56 days amenorrhea (92)	93 92
Thong, et al., 1992[7]	50, 200, 400 or 600 mg RU 486/ 600 ug oral Misoprostol (48 hrs. later); within 63 days amenorrhea	94

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[5] Peyron, et al., Early termination of pregnancy with mifepristone (RU 486) and the orally active prostaglandin misoprostol, 328 N. Eng. J. Med. 1509-13 (1993).

[6] Thong & Baird, Induction of abortion with mifepristone and misoprostol in early pregnancy, 99 Br. J. Obst. Gyn. 1004-1007 (1992).

[7] Thong, et al., What do women want during medical abortion?, 46 Contraception 435-442 (1992).

TABLE 5

COMPLETE ABORTION RATES WITH RU 486 AND PROSTAGLANDINS

STUDY	CONDITIONS	RATE (%)
Aubeny, 1991[1]	600 mg RU 486/PGE2 (250 or 125 mg) intramuscularly or PGE1 (1 mg) vaginal suppository (48 hrs. later); less than 49 days amenorrhea	95.3
Birth Control Trust, 1994[2]	600 mg RU 486/1 mg gemeprost vaginal pessary (48 hrs. later); up to 49 days gestation	98
	At 50-63 days gestation	92
Cameron, et al., 1986[3]	150 mg RU 486/day for 4 days followed 48 hrs. after starting RU 486 by gemeprost (1 or 2 mg) vaginal pessary; less than 56 days amenorrhea	95
Gao, et al., 1988[4]	600 mg RU 486 followed 36-60 hrs. later by PG05 (1 mg) vaginal suppository; within 61 days amenorrhea	86.6
	Less than 41 days amenorrhea	91.3

1/ Aubeny, RU486 combined with PG analogs in voluntary termination of pregnancy, 7 Adv. Contraception 339-343 (1991).

2/ Birth Control Trust, Mifepristone in practice: running an early medical abortion service, Proceedings of a conference organised by the Birth Control Trust on 22 April 1993 at the Royal Society of Medicine, London 39 (1994).

3/ Cameron, et al., Therapeutic abortion in early pregnancy with antiprogestogen RU 486 alone or in combination with prostaglandin analogue (gemeprost), 34 Contraception 459-468 (1986).

4/ Gao, et al., Pregnancy interruption with RU 486 in combination with dl-15-methyl-prostaglandin F2alpha-methyl ester: the Chinese experience, 38 Contraception 675-683 (1988).

STUDY	CONDITIONS	RATE (%)
	More than 42 days amenorrhea	76.6
Hill et al., 1990[5]	600 mg RU 486 followed 48 hrs. later by 1 mg gemeprost; within 63 days amenorrhea	95
Hingorani, et al., 1989[6]	25 mg RU 486 (2X a day for 3 or 4 days) with 0.25 mg sulprostone (given the next day); less than 49 days amenorrhea	97.4
Indian Council Task Force, 1994[7]	200 or 600 mg RU 486 in combination with PGE2 gel (3 mg or 5 mg); within 7-14 days of missed menstrual period	79.5 to 94.5
	Within 15-28 days of missed menstrual period	75.3 to 89.6
Maria & Stampf, 1989[8]	600 mg RU 486 followed 2 days later by 10 mg meteneprost vaginal suppository; less than 49 days amenorrhea	96

5/ Hill, et al. The efficacy of oral mifepristone (RU 38, 486) with a prostaglandin E1 analog vaginal pessary for the termination of early pregnancy: complications and patient acceptability, 162 Am. J. Obst. & Gyn. 414-417 (1990).

6/ Hingorani, et. al., An antiprogestin steroid and PGE2 for an early pregnancy termination, 149 Acta Obst. Gyn. Scand. Suppl. 25-29 (1989).

7/ Indian Council of Medical Research Task Force on Hormonal Contraception, A multicentre clinical trial with RU 486 followed by 9-methylene-PGE2 vaginal gel for termination of early pregnancy: a dose finding study, 49 Contraception 87-98 (1994).

8/ Maria & Stampf, Termination of early pregnancy using mifepristone in combination with prostaglandin analogs, 149 Acta Obst. Gyn. Scand. Suppl. 31-32 (1989).

STUDY	CONDITIONS	RATE (%)
	600 mg RU 486 followed 2 days later by 0.25 mg sulprostone injection; less than 49 days amenorrhea	96
Rodger & Baird, 1987[9]	400-600 mg RU 486 followed 48 hrs. later by gemeprost (0.5 to 1 mg) vaginal pessary; less than 56 days amenorrhea	95
Rodger et al., 1989[10]	600 mg RU 486/gemeprost pessary (0.5 or 1.0 mg) (48 hrs. later); within 56 days amenorrhea	99
RU 486 Collaboration Group, 1990[11]	600 mg RU 486/PG (1 mg) suppository; within 7 weeks gestation	87.5
Swahn & Bygdeman, 1989[12]	50 or 100 mg RU 486/day for 3-6 days with 0.25 mg sulprostone on last day of RU 486; less than 49 days amenorrhea from 1st day of LMP	94
Thong et al., 1992[13]	50, 200, 400 or 600 mg RU 486/gemeprost (1 mg) (48 hrs. later); within 63 days amenorrhea	95

9/ Rodger & Baird, Induction of therapeutic abortion in early pregnancy with mifepristone in combination with a prostaglandin pessary, Lancet ii: 1415-1418 (1987).

10/ Rodger et al., Induction of early abortion with mifepristone (RU486) and two different doses of a prostaglandin pessary (gemeprost), 39 Contraception 497-502 (1989).

11/ The RU 486 Collaboration Group, Termination of early pregnancy by RU 486 alone or in combination with prostaglandin, 25 Chinese J. Obst. & Gyn. 31-4, 62 (1990).

12/ Swahn & Bygdeman, Termination of early pregnancy with RU 486 (mifepristone) in combination with a prostaglandin analogue (sulprostone), 68 Acta Obst. Gyn. Scand. 293-300 (1989).

STUDY	CONDITIONS	RATE (%)
Thonneau, et al., 1994[14]	600 mg RU 486 followed 48 hrs. later by 250 ug sulprostone; within 8 weeks amenorrhea	93.2
UK Multicentre Trial, 1990[15]	600 mg RU 486/gemeprost (1 mg) (48 hrs. later); within 49 days gestation	95
	At 50-63 days gestation	93.6
	At 63-69 days	93.3
Ulmann, et al., 1992[16]	600 mg RU 486/gemeprost (1 mg) or sulprostone (0.25 mg) (36-48 hrs. later); less than 50 days amenorrhea	95.3
WHO, 1991[17]	600 mg or 25 mg RU 486 (5X)/gemeprost (1 mg) (60 hrs. after start of RU 486); within 49 days amenorrhea	92.7

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13/ Thong, et al., What do women want during medical abortion?, 46 Contraception 435-442 (1992).

14/ Thonneau, et al., Analysis of 369 abortions conducted by mifepristone (RU 486) associated with sulprostone in a French family planning center, 61 Fertility & Sterility 627-631 (1994).

15/ UK Multicentre Trial, The efficacy and tolerance of mifepristone and prostaglandin in first trimester termination of pregnancy, 97 Br. J. Obst. Gyn. 480-86 (1990).

16/ Ulmann, et al., Medical termination of early pregnancy with mifepristone (RU 486) followed by oral misoprostol, 71 Acta Obst. Gyn. Scand. 278-283 (1992).

17/ WHO, Pregnancy termination with mifepristone and gemeprost: a multicenter comparison between repeated doses and a single dose of mifepristone, 56 Fertility & Sterility 32-40 (1991).

STUDY	CONDITIONS	RATE (%)
WHO Task Force, 1989[18]	25 mg RU 486 2X/day for 3 or 4 days with 0.25 mg sulprostone on last day of RU 486; up to 49 days amenorrhea	88.8
WHO Task Force, 1993[19]	200, 400 or 600 mg RU 486/gemeprost (1 mg) (48 hrs. later); within 56 days amenorrhea	95.5
Wu et al., 1992[20]	600 mg RU 486/PG05 vaginal suppository (1 mg) (36-60 hrs. later); within 59 days amenorrhea	91.2
Zheng Shu-rong, 1989[21]	600 mg RU 486/PG (1 mg) suppository (36-60 hrs. later); within 49 days amenorrhea	94.1

18/ WHO Task Force on Post-Ovulatory Methods for Fertility Regulation, Termination of early human pregnancy with RU 486 (mifepristone) and the prostaglandin analogue sulprostone: a multicentre randomized comparison between two treatment regimens, 4 Hum. Reproduc. 718-725 (1989).

19/ WHO Task Force on Post-ovulatory Methods of Fertility Regulation, Termination of pregnancy with reduced doses of mifepristone, 307 BMJ 532-37 (1993).

20/ Wu et al., Clinical trial on termination of early pregnancy with RU486 in combination with prostaglandin, 46 Contraception 203-210 (1992).

21/ Zheng Shu-rong, RU 486 (mifepristone): clinical trials in China, 149 Acta Obst. Gyn. Scand. Suppl 19-23 (1989).

TABLE 6

RU 486/ORAL MISOPROSTOL
ABDOMINAL PAIN/ANALGESIA REPORTED

STUDY	REPORTS
McKinley, et al., 1993[1]	53.6% -- reported abdominal pain before misoprostol 79.1% -- reported abdominal pain 2 hrs. after misoprostol 46% -- some form of analgesia required 7.7% -- requested opiate analgesia
Norman, et al., 1991[2]	57.1% -- some form of analgesia required 14.3% -- opiate analgesia required
Peyron, et al., 1993[3]	80.5% -- uterine cramps Study 1: 16% received nonopiate analgesia Study 2: 12.5% received nonopiate analgesia 0.1% -- required narcotic[4] 1.2% -- "substantial but transient decrease in blood pressure (more than 30 mm Hg for the systolic pressure and 15 mm Hg for the diastolic pressure)" -- from vagal reaction secondary to painful cramps.

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1. McKinley, et al., The effect of dose of mifepristone and gestation on the efficacy of medical abortion with mifepristone and misoprostol, 8 Hum. Reproduc. 1502-1505, at 1504 (1993).

2. Norman, et al., Uterine contractility and induction of abortion in early pregnancy by misoprostol and mifepristone, 338 Lancet 1233-1236 (1991).

3. Peyron, et al., Early termination of pregnancy with mifepristone (RU 486) and the orally active prostaglandin misoprostol, 328 N. Engl. J. Med. 1509-1513 (1993).

4. The Institute of Medicine, Clinical applications of mifepristone (RU 486) and other antiprogestins 28 (1993).

STUDY	REPORTS
Thong & Baird, 1992[5]	11% -- reported abdominal pain before misoprostol 85% -- reported abdominal pain 2 hrs. after misoprostol 38% -- some form of analgesia required 3% -- opiate analgesia requested
Thong et al. 1992[6]	39.5% -- some form of analgesia required 2.3% -- requested opiate analgesia

5/ Thong & Baird, Induction of abortion with mifepristone and misoprostol in early pregnancy, 99 Br. J. Obst. Gyn. 1004-1007, at 1005 (1992).

6/ Thong, et al., What do women want during medical abortion?, 46 Contraception 435-442 (1992).

TABLE 7

RU 486/PROSTAGLANDINS: PAIN/ANALGESIA REPORTED

STUDY	RESULTS
Birth Control Trust, 1994[1]	Researcher commented that "if analgesia is needed, a narcotic is usually necessary."
Cameron, et al., 1986[2]	47% -- requested pain relief 16% -- required pethidine or diamorphine
Gao, et al., 1988[3]	78.3% -- abdominal pain 3 hrs. after PG05 8.9% -- required treatment for pain
Hill, et al., 1990[4]	52% -- required analgesia after PG (63.5% of nulliparous, 48% of multiparous) 23% -- required pethidine injection
Hingorani, et al., 1989[5]	10% -- lower abdominal pain

1/ One physician reported on his clinical experience in the treatment of pain, but it is unclear whether his comments include his experience with misoprostol or only gemeprost. He states that "[a]nalgesia is written up for each woman on admission. . . . If analgesia is needed, a narcotic is usually necessary." Birth Control Trust, Mifepristone in practice: running an early medical abortion service, Proceedings of a conference organised by the Birth Control Trust on 22 April 1993 at the Royal Society of Medicine, London 31 (1994).

2/ Cameron, et al., Therapeutic abortion in early pregnancy with antiprogestogen RU 486 alone or in combination with prostaglandin analogue (gemeprost), 34 Contraception 459-468 (1986).

3/ Gao, et al., Pregnancy interruption with RU 486 in combination with dl-15-methyl-prostaglandin-F2alpha-methyl ester: the Chinese experience, 38 Contraception 675-683 (1988).

4/ Hill, et al., The efficacy of oral mifepristone (RU 38,486) with a prostaglandin E1 analog vaginal pessary for the termination of early pregnancy: complications and patient acceptability, 162 Am. J. Obst. & Gyn. 414-417 (1990).

5/ Hingorani, et al., An antiprogestin steroid and PGE2 for an early pregnancy termination, 149 Acta Obst. Gyn. Scand. Suppl. 25-29 (1989).

STUDY	RESULTS
Indian Council Task Force, 1994[6]	6.8% -- severe abdominal pain
Mann & Stampf, 1989[7]	40% -- severe uterine cramps after meteneprost requiring antispasmodic agent 35% -- uterine pain after sulprostone (16% of parous, 40% of nulliparous women)
Norman, et al., 1992[8]	55% -- given some form of analgesia 21% -- required opiate analgesia
Rodger & Baird, 1987[9]	94% -- reported pain 44% -- received oral analgesia after gemeprost 9% -- required pethidine/diamorphine (opiates)
Rodger, et al., 1989[10]	61% -- required some form of analgesia 19% -- requested opiate analgesia (10% of group receiving 1/2 pessary; 29% of group receiving whole pessary)
Swahn & Bygdeman, 1989[11]	16% -- required injection pethidine hcl (75-100 mg) for intense uterine pain 20.2% -- required morphine for severe uterine pain

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6/ Indian Council of Medical Research Task Force on Hormonal Contraception, A multicentre clinical trial with RU 486 followed by 9-methylene-PGE2 vaginal gel for termination of early pregnancy, a dose-finding study, 49 Contraception 87-98 (1994).

7/ Mann & Stampf, Termination of early pregnancy using mifepristone in combination with prostaglandin analogs, 149 Acta Obst. Gyn. Scand. Suppl. 31-32 (1989).

8/ Norman, et al., Medical abortion in women of less than or equal to 56 days amenorrhoea: a comparison between gemeprost (a PGE1 analogue) alone and mifepristone and gemeprost, 99 Br. J. Obst. Gyn. 601-606 (1992).

9/ Rodger & Baird, Induction of therapeutic abortion in early pregnancy with mifepristone in combination with prostaglandin pessary, Lancet ii: 1415-1418 (1987).

10/ Rodger, et al., Induction of early abortion with mifepristone (RU 486) and two different doses of prostaglandin pessary (gemeprost), 39 Contraception 497-502 (1989).

STUDY	RESULTS
Thong, et al., 1992[12]	55.3% -- required some form of analgesia 18.1% -- requested opiate analgesia
U.K. Multicentre Trial, 1990[13]	48% reported pain 24-48 hrs. after RU 486 84% -- reported pain 2 hrs. after gemeprost 5% -- still complained of severe pain 2 days after 59.7% -- required some form of analgesia 28% -- required narcotic analgesia (37% of nulliparous women; and 13% of parous women)
WHO, 1991[14]	86.6% -- lower abdominal pain after gemeprost 15.8% --required some form of pain reliever 6.0% -- given narcotic analgesia
WHO Task Force, 1989[15]	88.5% -- lower abdominal pain 4 hrs. after PG 7.6% -- narcotic given 3.6% -- paracetamol given
WHO Task Force, 1993[16]	94.1% -- abdominal pain after PG 24% -- required some form of analgesia 12.9% -- given opiate analgesia

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[illegible] Swahn & Bygdeman, Termination of early pregnancy with RU 486 (mifepristone) in combination with a prostaglandin analogue (sulprostone), 68 Acta Obst. Gyn. Scand. 293-300 (1989).

[illegible] Thong, et al., What do women want during medical abortion?, 46 Contraception 435-442 (1992) (RU 486/gemeprost).

[illegible] U.K. Multicentre Trial, The efficacy and tolerance of mifepristone and prostaglandin in first trimester termination of pregnancy, 97 Br. J. Obst. & Gyn. 480-86 (1990) (RU 486/gemeprost) (among centers, there was a wide range of narcotic use reported, between 8-50% of patients).

[illegible] WHO, Pregnancy termination with mifepristone and gemeprost: a multicenter comparison between vaginal and oral routes of a single dose of mifepristone, 56 Fertility & Sterility 32-40 (July 1991).

[illegible] WHO Task Force on Post-Ovulatory Methods for Fertility Regulation, Termination of early human pregnancy with RU 486 (mifepristone) and the prostaglandin analogue sulprostone: a multicentre randomized comparison between two treatment regimens, 4 Hum. Reproduc. 718-725 (1989).

STUDY	RESULTS
Wu et al. 1992[17/]	10.2% -- abdominal pain
Zheng Shu-rong, 1989[18/]	4.2% -- abdominal pain with RU 486 compare 15.5% -- with RU 486/PG 2.1% -- stomach pain with RU 486 compare 8.2% -- with RU 486/PG

(footnote continued from previous page)

16/ WHO Task Force on Post-ovulatory Methods of Fertility Regulation, Termination of pregnancy with reduced doses of mifepristone, 307 BMJ 532-7 (1993) (RU486/gemeprost).

17/ Wu, et al., Clinical trial on termination of early pregnancy with RU 486 in combination with prostaglandin, 46 Contraception 203-210 (1992) (RU486/PG05).

18/ Zheng Shu-rong, RU 486 (mifepristone): clinical trials in China, 149 Acta Obst. Gyn. Scand. Suppl. 19-23 at 22 (1989).

TABLE 8

RU 486/PROSTAGLANDINS
COMPLICATION – BLEEDING

	REPORTS
Shulman, 1991[1]	0.8% (76 women) – vacuum aspiration or D&C to treat excessive bleeding
Bygdeman, 1991[2]	2.3% (12 women) – bled heavily enough to give ergometrine 0.2% (1 woman) – bled heavily before PG and had emergency curettage for evacuation of retained products 0.4% (2 women) – were transfused two units of blood
Chan, et al., 1993[3]	2.08% (2 women) -- emergency suction evacuation for heavy bleeding
Gao, et al., 1988[4]	3.1% (5 women) -- hemoglobin decreased > 4 g/dl; one woman – hemoglobin decreased from 15.6 to 9.6 g/dl; no blood transfusions
Hill, et al., 1990[5]	11% (11 women) -- heavy bleeding at time of abortion 2% (2 women) -- needed intramuscular injection of ergometrine (0.5 mg) to control bleeding

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[1] Shulman, RU 486 combined with PG analogs in voluntary termination of pregnancy, 7 Adv. Contraception 139-148 (1991).

[2] Bygdeman, Uterine effects of mifepristone in a family planning clinic, 20 Br. J. Family Planning 11-12 (1994).

[3] Chan, et al., Blood loss in termination of early pregnancy by vacuum aspiration and by induction with mifepristone and gemeprost, 47 Contraception 85-95 (1993).

[4] Gao, et al., Pregnancy interruption with RU 486 in combination with dl-15-methyl-prostaglandin-F2alpha-methyl ester: the Chinese experience, 38 Contraception 675-683 (1988).

STUDY	REPORTS
Indian Council Task Force, 1994[6]	1.35% (6 women) -- profuse bleeding and pregnancy terminated by suction evacuation; 2 of these women hemoglobin decreased from 12.0 to 6.0 g/dl and 11.5 to 4.5 g/dl -- one had blood transfusion and other managed with IV fluids
Marx & Stampf, 1989[7]	1.2% (3 women) -- vacuum aspiration due to bleeding (sulprostone study)
Norman, et al., 1992[8]	1.3% (2 women) -- hemostatic curettage (one at 5 weeks and one at 8 weeks post-treatment)
Rodger & Baird, 1987[9]	1% (1 woman) -- products of conception removed from cervical os due to brisk vaginal bleeding
Rodger & Baird, 1989[10]	0.45% (1 woman) -- emergency surgical evacuation due to heavy bleeding; hemoglobin decreased from 11.5 to 8.5 g/dl; blood transfusion of 2 units

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6/ Hill, et al., The efficacy of oral mifepristone (RU 38.486) with a prostaglandin E1 analog vaginal pessary for the termination of early pregnancy: complications and patient acceptability, 162 Am. J. Obst. & Gyn. 414-417 (1990).

7/ Indian Council of Medical Research Task Force on Hormonal Contraception, A multicentre clinical trial with RU 486 followed by 9-methylene-PGE2 vaginal gel for termination of early pregnancy: a dose finding study, 49 Contraception 87-98 (1994).

8/ Marx & Stampf, Termination of early pregnancy using mifepristone in combination with [illegible], 149 Acta Obst. Gyn. Scand. Suppl. 31-32 (1989).

9/ Norman, et al., Medical abortion in women of less than or equal to 56 days amenorrhoea: a comparison between gemeprost (a PGE1 analogue) alone and mifepristone and gemeprost, 99 Br. J. Obst. & Gyn. 708-708 (1992).

10/ Rodger & Baird, Induction of therapeutic abortion in early pregnancy with mifepristone in combination with a prostaglandin pessary, Lancet ii: 1415-1418 (1987).

11/ Rodger & Baird, Blood loss following induction of early abortion using mifepristone (RU 486) and a prostaglandin analogue (gemeprost), 40 Contraception 439-447 (1989).

STUDY	REPORTS
Rodger et al., 1989[11]	0.8% (1 woman) -- heavy bleeding requiring surgical evacuation and red cell concentration transfusion (hemoglobin decreased from 11.5 g/dl-8.5 g/dl)
Swahn & Bygdeman, 1989[12]	0.86% (1 woman) -- emergency curettage due to heavy bleeding; 6% (7 women) -- hemoglobin decreased > 20 g/l; no blood transfusions
Thonneau et al., 1994[13]	1.1% (4 women) -- hospitalized during/after abortion for retention with uterine bleeding
UK Multicentre Trial, 1990[14]	1% (5 women) -- hemorrhage requiring hemostatic curettage and blood transfusion; 1% (6 women) -- significant decrease in hemoglobin (2-4 g/dl)
Silmann et al., 1992[15]	0.8% -- vacuum aspiration or D&C to treat significant uterine bleeding; 0.1% (11 women) -- blood transfusion of 1-3 units
WHO, 1993[16]	3.5% -- curettage required for hemostatic purposes due to incomplete abortion; 1 of these patients required blood transfusion

[11] Rodger et al., Induction of early abortion with mifepristone (RU 486) and two different doses of prostaglandin pessary (gemeprost), 39 Contraception 497-502 (1989).

[12] Swahn & Bygdeman, Termination of early pregnancy with RU 486 (mifepristone) in combination with a prostaglandin analogue (sulprostone), 68 Acta Obst. Gyn. Scand. 293-300 (1989).

[13] Thonneau et al., Analysis of 369 abortions conducted by mifepristone (RU 486) associated with sulprostone in a French family planning center, 61 Fertility & Sterility 627-631 (1994).

[14] UK Multicentre Trial, The efficacy and tolerance of mifepristone and prostaglandin in first trimester termination of pregnancy, 97 B. J. Obst. & Gyn. 480-86 (1990).

[15] Silmann et al., Medical termination of early pregnancy with mifepristone (RU 486) followed by a prostaglandin analogue, 71 Acta Obst. Gyn. Scand. 278-283 (1992).

STUDY	REPORTS
WHO Task Force, 1989[17]	2.24% (5 women) -- emergency curettage due to heavy bleeding; two of these women received a blood transfusion
WHO Task Force, 1993[18]	2% (23 women) -- emergency curettage; 3 of these patients given blood transfusion; Average hemoglobin significantly lower 1 week after therapy (2-3 g/dl)
[illegible] 1992[19]	1 patient – excessive bleeding (500 ml; hemoglobin of 95 g/L) after expulsion of fetal sac requiring emergency curettage and 2 blood transfusions
Zheng Shu-rong, 1989[20]	0.47% (2 patients) – heavy bleeding requiring emergency curettage
	Broome, Using mifepristone in a family planning clinic, 20 Br. J. Family Planning 11-12 (1994).
	2.3%--12--women bled heavily enough to give ergometrine

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[illegible] WHO [illegible] termination with mifepristone and gemeprost: a multicenter comparison [illegible] fixed dose and a single dose of mifepristone, 56 Fertility & Sterility 32-40 (1991).

[illegible] WHO Task Force on Post-Ovulatory Methods for Fertility Regulation, Termination of early [illegible] pregnancy with RU 486 (mifepristone) and the prostaglandin analogue sulprostone: a [illegible] randomised comparison between two treatment regimens, 4 Hum. Reproduc. 718-725 (1989).

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[illegible] et al., Clinical trial on termination of early pregnancy with RU 486 in combination with [illegible] prostaglandin 46 Contraception 203-10 (1992).

[illegible] Zheng Shu-rong, RU 486 (mifepristone): clinical trials in China, 149 Acta Obst. Gyn. Scand. [illegible] 19-23 (1989).

STUDY

REPORTS

0.2%--1--women bled heavily before PG and had emergency curretage for evacuation of retained products

0.4%--2--women were transfused two units of blood

TABLE 9

RU 486 ALONE: RATE OF CONTINUING PREGNANCY

	RATE (%)
[illegible] on et al., 1986[1]	25
[illegible] et al., 1984[2]	8.3
[illegible] 486 Collaboration Group, 1990[3]	31.4
Somell & Olund, 1990[4]	17
[illegible] et al., 1989[5]	36
Zheng Shu-rong, 1989[6]	46.3 (trial 4) 31.4 (trials 1 & 2)

[illegible] et al., Therapeutic abortion in early pregnancy with antiprogestogen RU 486 alone [illegible] with prostaglandin analogue (gemeprost), 34 Contraception 459-468 (1986).

[illegible] et al., Termination of very early pregnancy by RU 486 - an antiprogestational [illegible] 29 Contraception 399-410 (1984).

[illegible] the RU 486 Collaboration Group, Termination of early pregnancy by RU 486 alone or in [illegible] with prostaglandin, 25 Chinese J. Obst. & Gyn. 31-4, 62 (1990).

[illegible] Somell & Olund, Induction of abortion in early pregnancy with mifepristone, 29 Gyn. Obstet. [illegible] 3, 15 (1990).

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[illegible] Zheng Shu-rong, RU 486 (mifepristone): clinical trials in China, 149 Acta Obst. Gyn. Scand. [illegible] 923 (1989).

TABLE 10

RATE OF CONTINUING PREGNANCY WITH RU 486/ORAL MISOPROSTOL

	RATE (%)
[illegible] 1991[1]	1.0
[illegible] 1992[2]	0.45
[illegible] 1991[3]	9.5
[illegible] et al., 1993[4]	0.8 (study 1) 0.5 (study 2)
Thong & Baird[5]	3.0

[illegible] Contraception with RU 486 and an orally active prostaglandin, 312 C.R. [illegible] (1991).

[illegible] The effect of dose of mifepristone and gestation on the efficacy of medical [illegible] and misoprostol, 8 Hum. Reproduc. 1502-1505 (1993) (0.45% was [illegible] quoted in the publication of 1 woman out of 220; researchers reported [illegible] continuing pregnancy).

[illegible] uterine contractility and induction of abortion in early pregnancy by [illegible] mifepristone, 338 Lancet 1233-1236 (1991).

[illegible] Early termination of pregnancy with mifepristone (RU 486) and the orally [illegible] misoprostol, 328 N. Eng. J. Med. 1509-1513 (1993).

[illegible] Thong & Baird, Induction of abortion with mifepristone and misoprostol in early pregnancy, [illegible] J. Obst. Gyn. 1004-1007 (Dec. 1992).

TABLE 11

RATE OF CONTINUING PREGNANCY RU 486/OTHER PROSTAGLANDINS

STUDY	RATE (%)
Aubeny, 1991[1]	1.1
Chong et al., 1988[2]	5.1
Hungaroran et al., 1989[3]	2.6
International Council Task Force, 1994[4]	4.3 (within 7-14 days of missed menstrual period) 5.96 (within 15-28 days of missed menstrual period)
Silva & Stampf, 1989[5]	1.3 (meteneprost study) 2.8 (sulprostone study)
WHO RU 486 Collaboration Group, 1990[6]	3.6

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1. Aubeny, RU 486 combined with PG analogs in voluntary termination of pregnancy, 7 Adv. Contraception 339-343 (1991).

2. Chong et al., Pregnancy interruption with RU 486 in combination with dl-15-methyl-prostaglandin F2alpha-methyl ester: the Chinese experience, 38 Contraception 675-683 (1988).

3. Hungaroran et al., An antiprogestin steroid and PGE2 for an early pregnancy termination, 149 Acta Obst. Gyn. Scand. Suppl. 25-29 (1989).

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5. Silva & Stampf, Termination of early pregnancy using mifepristone in combination with [illegible] 149 Acta Obst. Gyn. Scand. Suppl. 31-32 (1989).

6. WHO RU 486 Collaboration Group, Termination of early pregnancy by RU 486 alone or in combination with prostaglandin, 25 Chinese J. Obst. & Gyn. 31-4, 62 (1990).

STUDY	RATE (%)
[illegible] & Bygdeman, 1989[7]	0.86
[illegible]neau et al., 1994[8]	2.2
[illegible]mann et al., 1992[9]	1.2
[illegible] 1991[10]	0.8
WHO Task Force, 1989[11]	1.34
WHO Task Force, 1993[12]	0.4
[illegible] et al., 1992[13]	3.9
Zhang Shurong, 1989[14]	6.2 (trial 4) 3.1 (trial 1 & 2)

[illegible] Bygdeman, Termination of early pregnancy with RU 486 (mifepristone) in combination with a prostaglandin analogue (sulprostone), 68 Acta Obst. Gyn. Scand. 293-300 (1989).

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ATTACHMENT 2

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

February 28, 1995

McKenna & Cuneo
1575 Eye Street, N.W.
Washington, DC 20005

Attn: Gary L. Yingling,
Representing Hon. Thomas J. Bliley, Jr., et al

Dear Mr. Yingling:

Your petition requesting the Food and Drug Administration to refuse approval of any NDA for RU 486 used as abortifacient was received by this office on 02/28/95. It was assigned docket number 95P-0054/CP 1 and it was filed on 02/28/95. Please refer to this docket number in future correspondence on this subject with the Agency.

Please note that the acceptance of the petition for filing is a procedural matter in that it in no way reflects an agency decision on the substantive merits of the petition.

Sincerely,

/S/

Dockets Management Branch

APPEARS THIS WAY
ON ORIGINAL

FILE 4:203

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Rockville Mtg

Food and Drug Administration
Rockville MD 20857

March 20, 1995

Mr. Gary L. Yingling
McKenna & Cuneo
1575 Eye Street, N.W.
Washington, D.C. 20005

Dear Mr. Yingling:

We have received the petition you filed on February 28, 1995, regarding our review of a new drug application for mifepristone as an abortifacient. The petition has stated many concerns and considerations related to the safe and effective use of mifepristone as an abortifacient.

The Food and Drug Administration is prohibited from publicly disclosing the existence of an application unless its existence has been previously publicly disclosed or acknowledged (21 C.F.R. § 314.430(b)). However, if, and when, such an application is submitted to the Agency, please be assured that we will review it in accordance with the statutory criteria set forth in the Federal Food, Drug, and Cosmetic Act. As you know, such a review requires the Agency to review both the safety and effectiveness of the drug, among other factors.

Your petition has been provided to the Center for Drug Evaluation and Research for its information and consideration in its review of any application that may be submitted.

Please consider this in full response to your petition, docket number 95P-0054/CP 1.

Sincerely yours,

/S/

APPEARS THIS WAY
ON ORIGINAL

4444

MIF 006250

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FILE Rousell-UCLAP

AUG 12 1996

The Honorable Tom A. Coburn
House of Representatives
Washington, D.C. 20515

Dear Dr. Coburn:

This is in response to your letter of July 1, 1996, regarding the drug RU-486 (mifepristone). Your letter asks questions about our previous responses to your November 1995 request for documents regarding RU-486.

You ask that we respond to seven specific questions. Our responses are as follows.

Questions 1,2,3,5 and 6: All the documents regarding RU-486 and its use as an abortion drug that are publicly available pursuant to the Freedom of Information Act (FOIA) and our regulations, have been previously provided to you or are included in this transmittal.

Question 4: "Why are there no documents relating to the citizens' petition on RU-486 in FDA's response to the earlier document request?"

These documents were provided to you on February 23, 1996. These documents are in the material from the Dockets Management Branch -- (items 1 through 3) that includes, both a copy of the citizen's petition and the comments we have received regarding the petition.

Question 7: We are including with this letter the most recent public calendars and a list of the members of the Advisory Committee for Reproductive Health Drugs.

As to the list of specific questions relating to itemized documents that were sent on May 3, 1996, by Ms. Maggie Wynne of your staff, as we stated previously in that letter, we have now transmitted everything publicly available under FOIA.

A few items do need to be clarified:

You stated that items 23 and 24, in the documents submitted by the Office of the Executive Secretariat, are missing. These items are confidential material and would not be released under FOIA. They were inadvertently listed in the index sent to you.

	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
FILE	HFA-22	/S/	8/12/96						
COPY	HFD-1	/S/	8/12/96						

MIF 006251

You asked about the attachments that appeared to not be included with item 9, in the documents submitted by the Office of Regulatory Affairs. It is our understanding that items 10 through 14 are in fact the attachments to which the last paragraph of [redacted] letter to Dr. Kessler (item 9) refers.

We are including four additional FOIA available documents regarding RU-486 that were not sent to you in our two prior responses.

We trust that this letter and the enclosed documents fully respond to your request. If you have any questions, please do not hesitate to contact me.

Sincerely,

Diane E. Thompson
Associate Commissioner
for Legislative Affairs

6 Enclosures

1) Memorandum dated April 12, 1994 to the Secretary of the Department of Health and Human Services, from the Deputy Commissioner/Senior Advisor to the Commissioner of Food and Drugs. Including Tabs A, B and C. Tab E is a two page "Summary of Other Events."

2) Note to Assistant Secretary of Health, from the Deputy Commissioner/Senior Advisor to the Commissioner of Food and Drugs, dated July 14, 1993.

3) Note to Secretary Donna Shalala, from [redacted] dated September 14, 1994.

4) Note to [redacted] from the [redacted] Advisor to the Commissioner of Food and Drugs; dated October 25, 1994 and attachments A and B.

5) Public Calendars from December 29, 1995 through July 13, 1996. (There is no public calendar for the dates March 3 through July 13, 1996).

6) List of members of the Advisory Committee for Reproductive Health Drugs.

cc: HFW-1
HFW-10(2)
HFW-14
GC-1
drafted: 7/24/96
edited: 7/29/96; 8/1/96
edited: 8/2/96
edited: 8/2/96
revised: 8/5/96
f/t:lmb:8/9/96

file: ru486\coburn.796
Control No. 96-5080

APPEARS THIS WAY
ON ORIGINAL

TOM A. COBURN, M.D.
2D DISTRICT, OKLAHOMA
COMMITTEE ON COMMERCE
SUBCOMMITTEES:
TELECOMMUNICATIONS AND FINANCE
HEALTH AND ENVIRONMENT
ENERGY AND POWER

Congress of the United States
House of Representatives
Washington, DC 20515–3602

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(202) 225–3038 (FAX)

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MUSKOGEE, OK 74401
(918) 687–2533
(918) 682–8503 (FAX)

July 1, 1996

Dr. David A. Kessler
Commissioner
U.S. Food and Drug Administration
Room 14-71
5600 Fishers Lane
Rockville, Maryland 20857

Dear Dr. Kessler:

In response to a request I made last November, your agency provided me with copies of documents relating to the drug RU-486. Review of these materials showed that information was missing. I am enclosing with this letter a list of known missing documents and meeting notices. I would like to renew my request that these materials, as well as any other documents that may have been overlooked earlier, be produced.

Moreover, please respond to the following questions.

(1) What criteria are used to determine the information listed in meeting notices? (I note that, over a four year period, there was only one mention of a meeting relating to RU-486. Your testimony at a Congressional hearing was not listed.)

(2) Are there minutes for meetings? If so, please provide those related to RU-486.

(3) Has everything releasable under FOIA pursuant to my requests in November and in this letter been released?

(4) Why are there no documents relating to the citizens' petition on RU-486 in FDA's response to the earlier document request?

(5) Why was nothing included in your earlier responses concerning the FDA's implementation of President Clinton's memorandum of January 22, 1993, concerning RU-486?

(6) Please provide the travel logs of FDA employees who have been involved in FDA review of RU-486 and related drugs, or in any way carrying out the President's January 22, 1993, directive.

Duplicate
96-5080

(7) Which advisory committee is reviewing the Population Council's NDA on RU-486? Please provide a list of the current members of that committee and their credentials.

Thank you for your assistance in providing the information requested by this letter. I look forward to your response.

Sincerely,

Tom A. Coburn, M.D.
Member of Congress

TOM A. COBURN, M.D
2D DISTRICT, OKLAHOMA
COMMITTEE ON COMMERCE
SUBCOMMITTEES:
TELECOMMUNICATIONS AND FINANCE
HEALTH AND ENVIRONMENT
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MEMORANDUM

TO: _____

FROM: Maggie Wynne

DATE: May 3, 1996

RE: Followup on Dr. Coburn's request.

==========

I understand from Roland that you needed the request I sent on April 30th re-sent on Dr. Coburn's letterhead. Here it is.

To review our phone conversation, information was missing from the materials sent earlier by FDA. I am FAXing lists of missing documents and meeting notices. In addition, we discussed by phone more overriding questions:

(1) What criteria are used to determine what is listed in meeting notices? (No mention of RU-486 meetings, except one, or hearings)

(2) Are there minutes for meetings? If so, please provide.

(3) Is everything releaseable under FOIA being released?

(4) Why is there nothing regarding the citizens' petition in document request response?

(5) Please provide travel logs relating to RU-486 and related drugs.

(6) Why was there nothing included in FDA's response concerning implementation of President's memorandum of Jan. 22, 1993?

Our interest is not limited to RU-486's use as an abortion drug, but this is certainly predominant since this was the only purpose for which an IND and an NDA have been submitted.

Please call me at 202-225-7669 if you have any questions.

96-3562

COMMUNICATIONS MISSING FROM FDA RESPONSE TO DR. COBURN'S REQUEST FOR DOCUMENTS[1]

(FOI #93-47009)

Office of Executive Secretariat

2. This letter states:

"On February 24 [1993], senior representatives of the FDA and Roussel-Uclaf, the manufacturer of ru-486, met to discuss clinical and manufacturing data on the drug that FDA would need in considering a new drug application for an abortifacient indication." (See also item 13.)

Please provide the location of the meeting, the names and positions of all persons in attendance, and any notes, minutes, agenda, and/or other records related to the meeting.

7. Where is response of Sec. Shalala to Dec. 22, 1993 letter of Rep. Wyden?

10. This letter states:

"...in an April 20 meeting with senior representatives of the Food and Drug Administration (FDA), Roussel Uclaf agreed to license the drug RU-486 to the Population Council...." (See also item 18.)

Please provide the location of the meeting, the names and positions of all persons in attendance, and any notes, minutes, agenda, and/or other records related to the meeting.

14. Did Professor Hilger respond to Feb. 3, 1993 letter of Dr. Kessler?

The Feb. 3 letter states:

"The Food and Drug Administration contacted Dr. Edouard Sakiz of Roussel-Uclaf in December 1992 to discuss the availability of mifepristone in the United States for research and marketing."

"The Food and Drug Administration wants the opportunity to review a New Drug Application for RU-486 for termination of early pregnancy. To that end, we think that Roussel-Uclaf should submit an application as soon as possible. If Roussel-Uclaf thinks that additional research on RU-486 is required, Dr. Sakiz should advise us as to what research he thinks is necessary and provide us with a time frame for conducting such research. We would appreciate it if you would expedite progress in this regard."

---

[1] The numbers to the left refer to the number of the document provided in FDA's list entitled "Documents in Response to Rep. Coburn's Request on RU-486."

What was the nature of the contact between FDA and Dr. Sakiz in December 1992? What was communicated in the contact and what action was taken pursuant to the contact? Provide all communications and other documents related to this contact.

Did Dr. Sakiz advise FDA "as to what research he thinks is necessary" or "provide [FDA] with a time frame for conducting such research?" If so, please supply the information he provided.

15. Where is letter from Dr. Kessler of April 14, 1993, to which Professor Hilger is responding?

16. Where is letter from Sec. Shalala of March 12, 1993, to which Professor Hilger is responding? (Also mentioned in item 27, letter from Sakiz to Shalala.)

The March 23, 1993, from Prof. Hilger letter states:

"On the request of the Food and Drugs [sic] Administration, a meeting with Dr. Edouard Sakiz, President of Roussel Uclaf has taken place to discuss relevant question [sic] on the drug RU 486."

"The FDA has clearly pointed out that you are very much willing to see RU 486 made available in the USA. However, the FDA accepts that Roussel Uclaf has no intention to approach the FDA to obtain marketing licence [sic] for the drug. The FDA has undertaken to approach third parties who are competant [sic] and might be interested to sponsor clinical studies and to market the drug in the USA."

"Both sides will continue their consultations to clarify the many open questions on the issues. At a later stage a common decision on how to proceed in the USA will be taken."

How and when did the FDA request a meeting with Dr. Sakiz? How and when did the FDA point out that it was willing to see RU-486 made available in the USA? How and when did FDA approach third parties to sponsor clinical studies and to market RU-486 in the U.S.? What third parties did FDA approach? Please provide all documents and communications relating to the above questions.

20. This letter references a letter from Dr. Kessler of December 15, 1992 to Dr. Edouard Sakiz. Where is December 15, 1992 letter? (Also, why weren't the enclosures noted by FDA sent as well?)

Where is letter or other communication from Dr. Sakiz indicating that Dr. Andre Ulmann would also take part in the meeting?

Who paid for trip of Sakiz et al to U.S.?

23. **This item is missing.**

24. **This item is missing.**

26. Memo states:

"Dr. Ulmann also expressed concern about the quality of the data received on teh compassionate IND patients. He was especially concerned about adverse reaction data."

Please provide the adverse reaction data mentioned in this memo.

29. Was there a response from Dr. Kessler to May 15, 1992 letter of ———

30. Where is the letter (or other communication) from ——————— asking about the residency requirement in England to get an RU-486 abortion?

32. When and where was meeting between Dr. Kessler and Sec. Shalala on RU-486? Please provide the names and positions of all persons in attendance, and any notes, minutes, agenda, and/or other records related to the meeting.

33. Was there a response from Sec. Shalala to May 19, 1994 letter of Eleanor Smeal?

36. Did travel to France to discuss RU-486 with people from Roussel Uclaf or anyone else? If so, please provide complete information on this trip. (Eg. travel records, all communications related to or containing information concerning this trip, documentation on meetings (who attended; where and when were they held; and notes, minutes, agenda, and/or other documents containing information on these meetings).

42. Letter from ——— to Sec. Shalala:

"The time and resources that you and your staff invested signaled important support by this administration. You played an important role in both launching the contract negotiations and bringing them to a successful conclusion."

How much time and what resources did the FDA invest in "the negotiations between Roussel Uclaf and the Population Council regarding the U.S. rights to market RU 486?" Which staff were involved?

43. Was there a response from Sec. Shalala to May 30, 1994 letter of Dr. Sakiz?

Office of Regulatory Affairs

6. This March 10 letter makes reference to *"two recent letters issued by the FDA to the Honorable David N. Dinkins and the Honorable Thomas S. Foley on the subject of RU-486...."* Where are the letters to David Dinkins and Thomas Foley?

[A letter from Mayor Dinkins' and FDA's response dated Feb. 20, 1992 are contained in the collection of information in Correspondence.]

9. Where are the attachments described in last paragraph of this letter?

10. Where is letter of September 21, 1989 from Mr. Laventurier to ——— referenced in this letter?

11. Where is letter of September 27, 1989 from Donald Thorsen of Hoechst-Roussel and response to that letter from Dr. Victor Bauer, also of Hoechst-Roussel? (Were these enclosures sent to FDA with the copy of ——— letter?)

12. Where is letter from ——— to Dr. Kessler referenced in this letter? (Was this enclosure sent to FDA with ——— 's letter?)

13. Was the material referenced in this letter provided to FDA or HHS, specifically *"information and literature including our July 31 [1989] meeting with Vincent McLaughlin and Donald Zowader of Hoechst Roussel Pharmaceuticals here in the U.S.?"* Was FDA or HHS provided with a response by Dr. Sakiz to this letter?

17. Enclosure is missing first page of October 18, 1993 letter from ———

Philadelphia District Office

Why was all relevant information on the phone logs deleted?

Office of Compliance

7. Where is the response of Dr. Andre Ulmann of Roussel-Uclaf to ——— FAX of March 17, 1995?

Office of Legislative Affairs

5. Letter of December 8, 1992 from Dr. Sakiz states that "a meeting with FDA representatives has been scheduled at their request, and will take place in Paris on December 14, 1992."

   Did such a meeting take place? Please provide the location of the meeting the names and positions of all persons in attendance, and any notes, minutes, agenda, and/or other records related to the meeting.

12. Where is response of Dr. Kessler to May 24, 1993 letter of Edward Kornreich?

Center for Drug Evaluation and Research

7. Pages 1-4 and pages 7 on are missing from ——— testimony.

PACKET OF INFORMATION (FEB. 23, 1996)

Where is Sec. Shalala's response to the March 3, 1993, letter from [redacted] President of [redacted] His letter concerned his company's interest in developing and commercializing RU-486 in North America.

Where is Dr. Kessler's response to the April 20, 1993 letter from [redacted] in which [redacted] outlines a strategy for marketing RU-486?

Where is Dr. Kessler's response to the American Public Health Association's request for "a brief exposition of the FDA position on RU 486," as requested in a letter from [redacted] dated June 9, 1992?

APPEARS THIS WAY
ON ORIGINAL

Why was there was no mention made in 1992, 1993, 1994, or 1995 of meetings between or among FDA officials and representatives from the Population Council?

1992 Public Calendars:

Missing: week of--

10/16/92 - 10/22/92	pages 2, 4, 6, 8, 10, 12 & 14
10/23/92 - 10/29/92	pages 2, 4, 6, 8, 10, 12
12/25/92 - 12/31/92	all pages

1993 Public Calendars:

In all of 1993, only one reference to a meeting related to RU-486: the Feb. 24 meeting with Drs. Sakiz and [redacted] No mention of April 20 meeting that is reference in letter.

Missing: week of--

02/05/93 - 02/11/93	pages 2-5
03/05/93 - 03/11/93	page from Federal Register, p. 11058 (2/23/93)
03/26/93 - 04/01/93	all pages
04/09/93 - 04/15/93	all pages
04/16/93 - 04/22/93	pages 2, 4, 6, 8, 10 (and possibly 12)
07/30/93 - 08/05/93	all pages

1994 Public Calendars:

Missing: week of--

05/13/94 - 05/19/94	No mention of Dr. Kessler's testimony before Rep. Wyden's subcommittee
08/26/94 - 08/31/94	all pages

1995 Public Calendars:

Missing: week of--

12/30/94 - 01/05/95	all pages
05/19/95 - 05/25/95	all pages
07/21/95 - 07/27/95	all pages
08/04/95 - 08/10/95	all pages
08/25/95 - 08/31/95	all pages
09/22/95 - 09/27/95	all pages
12/15/95 - 12/31/95	all pages

APPEARS THIS WAY
ON ORIGINAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES

JUN 2 8 1996

The Honorable Chet Edwards
U.S. House of Representatives
Washington, D.C. 20515-4311

Dear Mr. Edwards:

This is in response to your letter of April 15, 1996 on behalf of _____ requesting information on the status of mifepristone (RU-486).

As you know, the Food and Drug Administration (FDA) regulates the manufacture, sale, and distribution of drugs in the United States under the authority of the Federal Food, Drug, and Cosmetic (FDC) Act. That law defines a new drug as one not generally recognized by qualified experts as safe and effective for the intended uses. A new drug may not be distributed in interstate commerce (except for clinical study) until a sponsor, usually the drug's manufacturer, has submitted, and FDA has approved, a New Drug Application (NDA) for it. For approval, the NDA must contain substantial scientific evidence of safety and effectiveness for the drug's use as labeled. FDA has a statutory obligation under the FDC Act to approve drugs only after they have been shown to be safe and effective.

In order to study the safety and effectiveness of an unapproved new drug, the sponsor is required to file an Investigational New Drug (IND) application with FDA. Once accepted, the IND allows the sponsor to ship the drug in interstate commerce for research purposes only. The responsibility for the clinical trials and distribution of the drug falls upon the holder of the IND.

When the sponsor determines that adequate and well-controlled studies showing the drug is safe and effective have been carried out, that information, coupled with information on the manufacturing procedures and controls used in producing the drug, is submitted to FDA in the form of an NDA. After comprehensive review by FDA, the NDA is either approved or not approved; upon approval, the drug may be marketed.

Our regulations restrict the amount of information we can disclose about a product in the pre-approval process. However, it has been reported by The 1995 Drug Pipeline, published by F-D-C Reports, Inc., that the Population Council Center for Biomedical Research is studying the use of RU-486 for postcoital contraception. The Population Council has also announced that it has submitted an NDA to FDA based on clinical trials in more

	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE
FILE	HFW	_____	6/24/96						
COPY									

MIF 006263

than 2,000 American women. To obtain more information on the status of RU-486, you may contact the sponsor directly at 1230 York Avenue, New York, New York 10021, (212) 327-8717.

We hope this information is helpful. If we can be of further assistance, please let us know.

Sincerely,

Melinda K. Plaisier
Acting Associate Commissioner
for Legislative Affairs

cc: HFW-10 (2)
HFW-14 [redacted]

R/D: [redacted] 5/29/96
F/T:mld:6/11/96 (s:\wp\[redacted]\RU486)
Control No. 96-3666

APPEARS THIS WAY
ON ORIGINAL

CHET EDWARDS
11TH DISTRICT, TEXAS

HOUSE NATIONAL SECURITY COMMITTEE
SUBCOMMITTEE ON READINESS
SUBCOMMITTEE ON PROCUREMENT

VETERANS' AFFAIRS COMMITTEE
HOSPITALS AND HEALTH CARE
SUBCOMMITTEE
RANKING MEMBER

Congress of the United States

House of Representatives

Washington, DC

WASHINGTON OFFICE
328 CANNON BUILDING
WASHINGTON, DC 20515-4311
(202) 225-6105
FAX (202) 225-0350

DISTRICT OFFICES
710 CLIFTON ROBINSON TOWER
700 S. UNIVERSITY PARKS DRIVE
WACO, TX 76706-1093
(817) 752-9600
FAX (817) 752-7769

116 SOUTH EAST STREET
BELTON, TX 76513
(817) 933-2904
FAX (817) 933-2913

April 15, 1996

[redacted] for Legislative Affairs
Food and Drug Adminstration
1555 Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

Dear Commissioner Thompson:

The enclosed inquiry by [redacted] is forwarded to your office for consideration.

It would be most helpful if you would review this matter and provide me with your position in order that I may respond to the inquiry.

You may direct your reply to the following address:

Congressman Chet Edwards
328 Cannon House Office Building
Washington DC 20515
Attn: Heather Schoner

Thank you for your assistance.

Sincerely,

Chet

Chet Edwards
Member of Congress

CE:hs

APPEARS THIS WAY
ON ORIGINAL

NO. 96-3666

MIF 006265

July 10, 1996

David A. Kessler, M.D.
Commissioner
U.S. Food and Drug Administration
U.S. Department of Health & Human Services
Rockville, Maryland 20857

Dear Dr. Kessler,

As you know, the Advisory Committee for Reproductive Health Drugs ("Advisory Committee") has scheduled a July 19, 1996 meeting to consider the new drug application ("NDA") for mifepristone, its possible use as an abortifacient, and related matters. It has come to our attention that as many as five of the members of the Advisory Committee who may attend the meeting may have a direct or apparent conflict of interest with the subject matter of that meeting. We write to express our concern regarding this issue.

On another issue explained in detail below, we believe that the executive secretary of the Advisory Committee, Dr. Philip Corfman, has demonstrated a bias in favor of abortion and mifepristone and should be removed from any participation in the meeting.

As you are aware, members of a Food and Drug Administration ("FDA") advisory committee are considered to be special government employees. As such, they are subject to the conflict of interest laws and regulations governing federal employees. See 21 C.F.R. § 14.80(a)(2), (b)(1)(ii). The conflict of interest laws prohibit a special government employee from participating "personally and substantially . . . through decision, approval, disapproval, recommendation, [or] the rendering of advice . . . [in an] application, request for a ruling or other determination . . . in which, to his knowledge, he, his spouse, minor child, general partner, [or] organization in which he is serving as officer, director, trustee, general partner or employee, . . . has a financial interest." 18 U.S.C. § 208(a) (emphasis added).

It is our understanding that, in direct opposition to the above laws and regulations, the following Advisory Committee members may have a financial interest in organizations which receive monetary compensation for the provision of abortions and related services:

Ezra C. Davidson, M.D.
Steering Committee member of the Planned Parenthood Federation of America's Physicians for Choice committee. Planned Parenthood receives federal grants, Medicare and Medicaid reimbursements, and fees-for-service for the provision of abortions and related services.

Kenneth J. Ryan, M.D.
Steering Committee member of the Planned Parenthood Federation of America's Physicians for Choice committee. Planned Parenthood receives federal grants, Medicare and Medicaid reimbursements, and fees-for-service for the provision of abortions and related services.

Julia Scott, R.N.
Senior staff member of the National Women's Health Project. This organization advocates the federal funding of abortions.

We are concerned that these Advisory Committee members may receive financial remuneration due to the positions that they hold within the above-stated organizations, which provide abortions and receive much of their annual funds by providing medical procedures and other abortion-related services. Any such financial remuneration to the Advisory Committee members from these organizations would result in an improper conflict of interest.

Furthermore, voting members of FDA Advisory Committees are required to have diverse professional education, training, and experience. See 21 C.F.R. § 14.80(b)(1)(I). This diversity promotes the Committee's goal of "reflect[ing] a balanced composition of sufficient scientific expertise to handle the problems that come before it." Id. To support this goal, FDA's regulations provide that an Advisory Committee member may be removed for "good cause," which includes a "demonstrated bias that interferes with the ability to render objective advice." 21 C.F.R. § 14.80(f).

As currently organized, the Advisory Committee does not appear to reflect that balanced composition which is required of such an important, recommendation-making body. This observation is especially troubling in this case, given the public controversy over the ways in which abortions may be legally provided. Specifically, certain members of the Advisory Committee have made public pronouncements and conducted research activities which demonstrate a bias in favor of abortion that may prevent them from making an objective and reasoned evaluation of the safety and efficacy of mifepristone and/or the abortion technique known as RU 486.

Five Reproductive Health Advisory Committee members have demonstrated that they have a conflict of interest in the following ways:

1. **Ezra C. Davidson**, M.D., committee chairman
   - Signee, full-page advertisement defending unrestricted abortion and opposing legislation that would restrict abortion.
     Source: **Washington Post**, January 21, 1983, p. A4. Listed as member of the "Steering Committee" of "Physicians for Choice" of the Planned Parenthood Federation of America, the nation's leading promoter and provider of abortions.
   - Co-author, medical journal article on saline abortions of 40 women up to 24 weeks pregnant.
     Source: Franklin D. Brown, Ezra C. Davidson, Jr., and Louise L. Phillips, "Coagulation Changes After Hypertonic Saline Infusion," **Obstetrics and Gynecology**, v. 39, no. 4 (April 1972), pp. 538-543.
   - Advocated making abortion available to teenagers.
     Source: Ezra C. Davidson, Jr., et al, "The Challenge of Care for the Poor and Underserved in the United States," **Am. Journal Diseases of Children**, vol. 145, no. 5 (May 1991), pp. 546-9.

2. **Kenneth J. Ryan**, M.D.
   - Signee, amicus curiae brief before the U.S. Supreme Court in landmark case of **Roe v. Wade**, 1970, advocating overturn of laws restricting abortion.
     Source: Brief of the American College of Ob/Gyn, and others filed in the October term, case 70-18.
   - Signee, full-page advertisement defending unrestricted abortion and opposing legislation that would restrict abortion, **Washington Post**, January 21, 1983, p. A4.
     Source: Listed as member of the "Steering Committee" of "Physicians for Choice" of the Planned Parenthood Federation of America, the nation's leading promoter and provider of abortions.
   - Defends unrestricted abortion through at least viability.
     Source: "Abortion or motherhood, suicide and madness," Presidential address, Tenth Annual Meeting of the Am. Gynecological and Obstetrical Society, Sept. 5-7, 1991, published in **Am. Journal Ob/Gyn**, vol. 166, no. 4 (April 1992), pp. 1029-1036.

3. **Diana B. Petitti**, M.D.
   - Co-Author of article arguing against passage of Hyde Amendment restricting federal funding of abortion for indigent women; article made claim—later proven totally false—that cuts in Medicaid funding would cause more maternal deaths.
     Source: Diana B. Petitti and Willard Cates, "Restricting Medicaid Funds for Abortions: Projections of Excess Mortality For Women of Childbearing Age," **Am. Journal of Public Health**, vol. 67, no. 9 (Sept. 1977), pp. 860-862.

4. **Edward E. Wallach**, M.D.
   - Co-Author of article on RU 486 studying effects during early pregnancy.
     Source: S. H. Chen, A.M. Dharmarajan, Edward E. Wallach, and C. Mastroyannis, "RU486 inhibits ovulation, fertilization and early embryonic development in rabbits: in vivo and in vitro studies," **Fertility and Sterility**, vol. 64, no. 3 (Sept. 1995), pp. 627-633.

5. **Julia Scott**, R.N.
   - Employee, senior staff member, and national spokesperson for an organization advocating federal funding of abortion and opposing restrictions on abortion, the National Black Women's Health Project.
     Sources:
     (1) Fact sheet, "Abortion and African American Women," Public Education/Policy Office, National Black Women's Health Project, 1996.
     (2) Holly Morris, "Black Women for Choice: The Silent Majority," **Health Quest: The Publication of Black Wellness**, vol. 1, no. 1 (Dec. 31, 1993), p. 45.
     (3) Catherine S. Manegold, New York Times, "Top Women's Issues Muffled: As Abortion Talk Resounds, Other Concerns Drowned Out," **Houston Chronicle**

(August 2, 1992), p. A5.
(4) Adrianne Appel, "Grassroots Women Organizations Gear Up For Abortion Rights Campaign," States News Service (Sept. 27, 1993).

- Speech advocating introduction of RU 486 into U.S. for abortion. Source: Julia Scott, speech on "Availability and Access for Poor Women," at conference on Antiprogestin Drugs: Ethical, Legal and Medical Issues, Crystal City, VA, Dec. 7, 1991.

Based on the foregoing, we believe that some, if not all, of the above-stated members should be removed from membership of the Advisory Committee, as contemplated by 21 C.F.R. § 14.80(f). As an alternative, these members should be recused from service at any meetings and from any votes taken in relation to the review of mifepristone.

At the very least, we believe that an investigation into these matters is warranted. Therefore, we recommend, under 21 C.F.R. § 19.10, that FDA's Conflict of Interest Review Board be utilized to investigate these matters. Furthermore, if a waiver of a conflict of interest is granted to any of the above Advisory Committee members or staff, we also request a determination, in writing that the conflict is not likely to affect the integrity of that employee's service, as is required by 18 U.S.C. § 208(b)(1).

In addition to the issues raised above, we want to make you aware of our concern that the executive secretary of the Advisory Committee, Dr. Philip Corfman, has demonstrated a bias in favor of abortion and mifepristone.

Philip A. Corfman, M.D.

- Employee of Planned Parenthood of Metropolitan Washington, which performs abortions and is an affiliate of the Planned Parenthood Federation of America, the nation's largest promoter and provider of abortion.
  Source: Corfman's official resumé, obtained from the FDA under Freedom of Information Act in 1990.
- Founding member of leading pro-RU 486 lobbying organization, the Reproductive Health Technologies Project (RHTP), in November, 1988.
  Source: Speech by Marie Bass, co-director of RHTP (identified by **Newsweek** magazine as "spearheading the drive to introduce the RU 486 pill" for abortion), Dec. 7, 1991, Crystal City, VA.
  Bass said that Corfman was one of the "very significant group of people" who met in November, 1988 to form the "Project." RHTP was formed to bring RU 486 into the U.S. for abortion. Members of the "Working Group" of the RHTP included Beverly Winikoff of the Population Council, the sponsor of the NDA on RU 486, and representatives of abortion facilities and the National Abortion Rights Action League.
- Member of advisory panel of International Planned Parenthood Federation, which advocates abortion in foreign countries.
  Source: Corfman's official resumé, obtained from the FDA under Freedom of

- Information Act. Listed as "Member, International Medical Advisory Panel," 1984-present (as of 1990).

Based on this information, we believe that Dr. Corfman should be removed from any proceedings concerning mifepristone. Moreover, in view of the fact that he was committed to approval of mifepristone even before U.S. tests were conducted, and his key role in setting up the Advisory Committee hearing on mifepristone, his activities may have tainted the entire process.

Therefore, we request that the FDA hold a hearing on mifepristone organized by someone who was not already committed to approval.

Please direct your response to Richard D. Glasow, Ph.D.. His phone/FAX is (714) 586-3091. His address is 22711 Via Octavo, Mission Viejo, CA 92691.

Thank you, in advance, for your earnest attention in regard to this matter.

Sincerely,

Brian Lopina Director, Gov't Affairs Office Christian Coalition	Beverly LaHaye Chairman Concerned Women for America	Tom Minnery Vice President of Public Policy Focus on the Family
J.C. Willke, M.D. President Life Issues Institute	Wanda Franz, Ph.D. President National Right to Life Committee	Richard D. Glasow, Ph.D. Consultant

cc: Sec. of Health and Human Services Donna Shalala
Inspector General, Dept. Of Health and Human Services
Director, FDA Center for Drugs
Dr. Philip Corfman, Exec. Secretary, Reproductive Health Drugs Advisory Comm.
FDA Conflict of Interest Review Board, c/o FDA Office of Gen. Counsel
FDA Office of Internal Affairs
Dr. Ezra Davidson, Advisory Committee Chairman
U.S. Representative Thomas J. Bliley, Chairman, Committee on Commerce
U.S. Representative Joe Barton, Chairman, Subcommittee on Oversight and Investigations
U.S. Senator Dan Coats

SIGNIFICANT CORRESPONDENCE SUMMARY
FOR
JULY 15, 1996

GENERAL DISTRIBUTION

FROM:

FROM:

FROM:

LIMITED DISTRIBUTION

FROM: BRIAN LOPINA
DIRECTOR, GOVERNMENT AFFAIRS
OFFICE
CHRISTIAN COALITION

J.C. WILLKE
PRESIDENT
LIFE ISSUES INSTITUTE

B LAHAYE
CONCERNED WOMEN FOR AMERICA

WANDA FRANZ
PRESIDENT
NATIONAL RIGHT TO LIFE COMMITTEE

TOM MINNERY
VICE PRESIDENT OF PUBLIC POLICY
FOCUS ON THE FAMILY

RICHARD D GLASOW
PH.D.
CONSULTANT

TO: DAVID A KESSLER

EXPRESSES CONCERN REGARDING MEMBERS OF THE ADVISORY COMMITTEE FOR REPRODUCTIVE HEALTH DRUGS AS THEY PREPARE TO DISCUSS THE NDA FOR MIFEPRISTONE (RU-486).

FDA CONTROL #: 96 5365
LEAD OFFICE: HFA-22
ACTION: NECESSARY ACTION

APPEARS THIS WAY
ON ORIGINAL

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

FILE

May 22, 1996

The Honorable Dan Coats
United States Senate
Washington, D.C. 20510

Dear Senator Coats:

This is in response to your letters of April 11, 1996 to Secretary Shalala and me in which you expressed concern for the public safety and the integrity of the drug approval process in relation to the future availability of mifepristone (RU-486) as an abortifacient in the United States. I want to assure you that neither the safety of the American public nor the integrity of the new drug approval process will be put in jeopardy by the Food and Drug Administration's (FDA's) actions.

As you may know, early in this Administration, the Secretary of Health and Human Services was directed by the President to promote the testing, licensing, and manufacturing in the United States of RU-486 and to direct the FDA to reassess whether RU-486 qualifies for FDA's personal use importation exemption. In response to that directive, FDA has been encouraging and facilitating the submission of a new drug application because we firmly believe that if a safe and effective medical alternative to any surgical procedure is available, American women should have access to that drug regimen. It is not unusual for FDA to encourage the development of new products for diseases and conditions for which there is an inadequate medical armamentarium, and if found to be safe and effective in accordance with established statutory and regulatory standards, to speed their availability to the American public. However, FDA's primary concern is public health and safety, and definitive conclusions about a drug's safety or effectiveness cannot be determined without first reviewing the studies and other data that would be submitted in a new drug application. Also, because of our concerns regarding the health and safety of American women, the import alert on mifepristone remains in effect and importation of the drug under the agency's personal use import policy is not appropriate.

In order to be marketed in this country, a new drug product must, according to law, be shown by substantial evidence to be safe and effective for its labeled use. The manufacturer or sponsor of the drug has the responsibility for conducting studies on which safety and effectiveness is based and submitting these data to FDA in the form of a new drug application. FDA's role is to review the data submitted and then make a determination as to whether a product is safe and effective for its intended use.

As you may know, the Population Council recently announced that it had submitted to FDA a new drug application for mifepristone for use in the termination of pregnancy. You have my assurance that that application is being reviewed in accordance with the same stringent scientific and legal standards as any other application that is submitted to the agency.

Thank you for your interest and concern.

Sincerely,

David A. Kessler, M.D.
Commissioner of Food and Drugs

APPEARS THIS WAY
ON ORIGINAL

D. N COATS
INDIANA

404 RUSSELL SENATE OFFICE BUILDING
(202) 224-5623

INDIANAPOLIS OFFICE
1180 MARKET TOWER, 10 WEST MARKET STREET
INDIANAPOLIS, IN 46204
(317) 226-5555

United States Senate

WASHINGTON, DC 20510

COMMITTEES
ARMED SERVICES
LABOR AND HUMAN RESOURCES

April 11, 1996

Dr. David A. Kessler
Commissioner
U.S. Food and Drug Administration
Room 14-71
5600 Fishers Lane
Rockville, Maryland 20857

Dear Dr. Kessler:

As chairman of the Senate Committee on Labor and Human Resources Subcommittee on Children and Families, I request copies of documents in the possession of the Food and Drug Administration, including any of its advisory committees, relating to the drug known as RU 486 (mifepristone), developed by the company Roussel Uclaf SA.

I understand that the Population Council has an active investigational new drug application (IND) to use RU 486 for abortion. Several reports indicate extensive communications between representatives of the Clinton administration and private companies and organizations, including the Population Council, concerning the future availability of RU 486 for use as an abortion pill in the United States. These reports, together with issues raised in a Citizens' Petition on RU 486 submitted last year to the FDA, have generated serious concern for public safety and the integrity of the drug approval process. Consequently, I request that you provide the following information:

(1) Any and all written or recorded communications, including electronic or telephonic communications, involving one or more of the persons listed below and relating to RU 486 from January 1, 1992, up to the present (i.e., up until the time the document search is conducted).

When used in the above request, the word "communication" includes, but is not limited to: correspondence, electronic mail, memoranda, notes of conversations, calendars, notes of meetings (including the agenda, the list of those in attendance and the time, date and location of each meeting), telephone logs, message slips, and the travel logs of administration employees. It also includes all communications that do not specifically mention RU 486 but that may relate to its possible approval by FDA for use as an abortifacient (e.g., communications relating to the acceptability of foreign data in the drug approval process, communications with drug companies that produce a prostaglandin that is or could be used in conjunction with RU 486, etc.).

96-2902

For each such communication, please indicate the date of the communication, the names and the professional or organization affiliations of all persons involved or present, and the offices within the FDA from which the communications were obtained. Also, please indicate which communications, if any, are confidential and may not be disclosed to the public.

This request includes all communications involving the following persons from January 1, 1992, up to the present:

President Clinton, Mrs. Clinton, and White House staff
Other administration officials or personnel, including yourself, [redacted] and [redacted] Endocrine Drugs Division of the FDA
Edouard Sakiz, Dr. Andre Ulmann, and other officers, employees, or representatives of Roussel Uclaf
Margaret Catley-Carlson, Dr. Wayne Bardin, and other officers, employees, and representatives of the Population Council
David A. Grimes, M.D.
Daniel R. Mishell, M.D.
Suzanne Poppema, M.D.
Officers, employees and representatives of the following companies and organizations:
- Hoechst AG of Germany
- Hoechst Celanese Corporation
- Hoechst-Roussel Pharmaceuticals
- Rhone-Poulenc of France
- Schering AG of Germany
- G.D. Searle Company
- Upjohn Company
- Gynopharma, Inc.
- Cabot Medical Corporation
- Aurora Medical Services
- Fund for the Feminist Majority
- Planned Parenthood Federation of America
- Reproductive Health Technologies Project
- National Abortion Federation
- National Abortion and Reproductive Rights Action League (formerly the National Abortion Rights Action League)
- Oregon Science Health University of Portland, Oregon
- Center for Reproductive Law and Policy
- National Organization for Women
- Women's Issues Network

(2) Any and all documents relating to the implementation of President Clinton's January 22, 1993, memorandum for the Secretary of Health and Human Services regarding the importation of RU 486.

In this memorandum, the President asked the Secretary to take the following three actions:

a) "promptly instruct the FDA to determine whether there is sufficient evidence to warrant exclusion of RU 486 from the list of drugs that qualify for the personal use importation exemption" ;

b) " immediately take steps to rescind Import Alert 66-47" if the "FDA concludes that RU 486 meets the criteria for the personal use importation exemption"; and

c) "promptly assess initiatives by which the Department of Health and Human Services can promote the testing, licensing, and manufacturing in the United States of RU 486 and other antiprogestins."

When used in the above request, the word "document" includes, but is not limited to: internal and external documents of the Food and Drug Administration, documents prepared by persons or offices outside the FDA (including documents prepared by non-governmental persons, organizations, or companies), correspondence, electronic mail, memoranda, notes of conversations, calendars, notes of meetings (including the agenda, the list of those in attendance and the time, date and location of each meeting), and telephone logs, message slips, and travel logs of administration employees. It also includes all documents that do not specifically mention RU 486 but which may relate to its possible approval by FDA for use as an abortifacient (e.g., criteria for the acceptance of foreign data, the use of a prostaglandin with RU 486, etc.). For each such document, please indicate the date of the document, the author or authors of the document, the persons to whom it was given or sent, and the offices within the Department from which the documents were obtained. Please separate the documents in this second request into three categories based on which of the three actions requested by the President the documents address. Again, please indicate which communications, if any, are confidential and may not be disclosed to the public.

With respect to both requests (1) and (2) above, I ask that the information provided be complete, and that you not withhold documents or excise portions of documents on grounds of relevancy. If you assert executive privilege as to any document, please identify each one by providing the following information: the type of document and a summary of its contents; the date, author(s), and recipient(s) of document, the basis for withholding it from Congress, and an explanation if that basis was asserted on any document(s) in the 103rd Congress.

Please inform me if any communications (particularly, but not exclusively, e-mails) have been destroyed and the policy of the FDA on the destruction of e-mail messages. I request that every person involved in filling this requests, be asked if he or she has had e-mail messages related to RU 486 that have been destroyed and, if so, to provide a description of the subjects of those messages.

Finally, I wish to know the process used to comply with this letter, and to receive copies of all communications (memos, electronic mail, letters, etc.) produced in furtherance of filling this request for documents.

Thank you for your attention to this inquiry. A similar request for documents has been submitted to Secretary Shalala. I look forward to receiving the information by May 15, 1996. If you foresee any difficulty in fulfilling this request by that date, please notify me immediately. Vince Ventimiglia of my staff will be available to work with you if you have any questions. He can be reached at 202-224-1133.

Sincerely,

Dan Coats
U.S. Senator

cc: Honorable Donna E. Shalala

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

FEB 2 3 1996

The Honorable Tom A. Coburn
House of Representatives
Washington, D.C. 20515-3602

Dear Dr. Coburn:

This is in further response to your letters of November 10, 1995, to Secretary Donna E. Shalala and Commissioner David A. Kessler, requesting copies of documents relating to the drug RU-486 (mifepristone). As we stated in our December 28, 1995 letter to you, because of the government shut-down, we were unable to ascertain if additional responsive documents existed.

We are enclosing additional correspondence located in the files of the Food and Drug Administration (FDA). These documents have been redacted to remove patient identifiers. Also enclosed are copies of FDA public calendars for the years 1992-1995.

We now have provided all releasable documents in FDA's files that are responsive to this request. The Department will be responding to your request to Secretary Shalala separately.

If you have any questions, or need further assistance, please let us know.

Sincerely,

for Diane E. Thompson
Associate Commissioner
for Legislative Affairs

Enclosures

no list of attachments

APPEARS THIS WAY
ON ORIGINAL

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
Rockville MD 20857

January 3, 1996

NOTE TO [redacted] OLA

Subject: Additional Records for Document Request on RU-486 from Representative Coburn--TRANSMITTAL

Per discussions involving [redacted] Executive Secretariat, [redacted] and other OLA staff, we again searched our records for further documents (general correspondence) that OLA believes is responsive to this Congressional document request. We have found the attached records, which we believe meet OLA criteria. These materials have been redacted for patient identifiers and are submitted in FOI-releasable form. This set of records supplements our earlier submission of November 30, 1995, which was provided under a cover note to [redacted] of your office.

Our search also disclosed the existence of several letters, written in 1995, commenting on a Citizen Petition, subumitted by Americans United for Life , concerning RU-486 (95P-0054). If you intend to provide these letters you will need to get them from Dockets Management.

I have also taken the liberty of preparing an index (copy enclosed) for the attached documents.

This list is provided to you for ease in determining what documents we are forwarding.

If you have any questions concerning these documents, you may contact me at [redacted] or [redacted] and [redacted]

/S/

Supervisory Policy Analyst
FDA Executive Secretariat

Attachments

cc: [redacted]

 ADDITIONAL RU-486 DOCUMENTS FOR CONGRESSIONAL DOCUMENT REQUEST FROM REP. COBURN

Trac #	Control Date	To	From	Subject
92 2781	3/31/92	Dr. Kessler	Pro-Choice Resources TFischman, LRoper-Batker, Dconway	Urges FDA to allow testing and dist. of RU486
92 4417	5/14/92	Mr. Benson	G Miyoshi (State of HI)	Transmits copy of State of HI House Resolution re: RU486
92 4494	6/29/92	Mr. Myoshi	Dr. Kessler	Responds to State of HI resolution on RU486
92 4775	6/9/92	Dr. Kessler	M Susser	APHA write to request brief paper on FDA psition of RU486 for pub in APHA Journal. Has attached article as ref By Banwell/Paxman
92 5600	7/15/92	Dr. Kessler	Judi Brown, American Life League	Defends import alert on RU486 (doesn't want RU486 avail in US)
92 7024	10/8/92	"Interested Parties"	Doug Johnson, NRTL	National Right to Life sends fax re: Bogus ABC New Report on Admin Position on RU486 Breast Cancer Research (several attachments + f/u fax later in the same day)
92 7511	11/4/92	Dr. Kessler	J Taylor, Du Page Senior Citizens Council	Supports efforts to ensure medical research testing of RU486 for breast cancer and aging diseases.
92 7612	11/6/92	Dr. Kessler	Alan Stone,M.D. of Harvard University	Write re his research assistnat doing paper on RU486. Asks Kessler to send materials to help in her research.
92 7612	1/21/93	———	Dr. Kessler	Response to ——— 11/6/92 letter. Encloses matericals that discuss drug approval process and RU486 import restrictions (copies NOT in scanner and not attached).
92 8091	12/8/92	Dr. Kessler	Dr. Hanita Blumfield, AJ Congress	Provides petitions gathered by Commission for Women's Equality of American Jewish Congress support testing of RU486 in the US.
92 8287	12/18/92	———	Bro. Ronald J.J. DeMello of Nat'l Catholic Pro-Life Program	Opposes RU486. Wants to know why FDA supports RU486 ("aborting unborn babies.")
92 8287	2/2/93	DeMello	———	Reply to 12/18/92 letter.

Page 2 **ADDITIONAL RU-486 DOCUMENTS FOR ~~CONG~~RESSIONAL DOCUMENT REQUEST FROM REP. COBURN**

Trac #	Con[illegible] Date	To	From	Subject
93 0037	12/29/92	Dr. Kessler	F. Mayer, PPSI	Pharmacists Planning Service, Inc. - writes (enclosing several letters/docs - ATTACHED) re: PPSI's request to have FDA release RU486 for use in the US.
93 0169	1/13/93	Kessler/ [redacted]	[redacted]	Letter requesting that FDA grant her an IND for RU486 to treat a meningeal brain tumor (MANY ATTACHMENTS - redacted for patient identifiers).
93 0255	1/13/93	Dr. Kessler	Dr. Hanita Blumfield, AJ Congress	Submits (more) petitions gathered by Commission for Women's Equality of American Jewish Congress. Supports testing of RU486 in the US (petitions NOT in scanner)
93 0320	1/22/93	SF Chronicle (Editor)	Carol Scheman	Response to column by Beverly Zakarian about RU486
93 0510	1/27/93	Dr. Kessler	[redacted]	Reports on hazard re: RU486 and increased risk of breast cancer.
93 0899	2/19/93	Dr. Kessler [redacted]	[redacted]	On behalf of patient [redacted] requesting IND to use RU486 to treat her inoperable meningioma of the brain. (Multiple attachments - all need redaction for patient identifiers)
93 0928	2/11/93	Secy Shalala	Sharon Belton, Mpls City Council	Writes in support of S. 222 to require FDA to collect same info on RU486 as is required for submission by a mfr. Supports Clinton admin position on RU486 (favors its use).
93 0930	2/16/93	Dr. Billy Jones (cc: to Secy of HHS)	L Sepersky and S Hollander (City of New York Community Board # 6)	Encloses resolution passed at the Board's 2/10/93 meeting re: moratorium on R-U pharmaceutical products and petition to R-U to begin testing of RU486 by FDA.
93 1341	3/3/93	Secy Shalala		Advises Secy that his company has expressed interest to R-U in a license to develop and market RU486 in North America (attaches copies of correspondence between them and R-U.)
93 2172	4/20/93	Dr. Kessler		Supports availability of RU486.
93 2202	4/21/93	Dr. Kessler	D. Stone, Physicians for RU486	Wants Kessler/FDA to keep his organization abreast of developments affecting status of RU486.

 ADDITIONAL RU-486 DOCUMENTS FOR CONGRESSIONAL DOCUMENT REQUEST FROM REP. COBURN

Trac #	Correct Date	To	From	Subject
93 2202	5/28/93	D. Stone	[illegible]	Response to 4/21/93 letter.
93 2755	5/20/93	Dr. Kessler	[illegible] Rsearch Institute for Mindanao Culture	Opposes Dr. Kessler's "advocacy of abortion" re: avail of RU486. Asks Kessler to resign.
93 2998	4/1/93	Dr. Kessler	Wedi Lehman, Right to Life League of S. CA	Distressed over FDA attempts to introduce RU486 in the US as an abortifacient.
93 2998	6/23/93	Ms. Lehman	[illegible]	Response to 4/1/93 letter.
93 3016	5/24/93	Dr. Kessler	E Kornreich, Association of the Bar of City of NY	Requests report on status of FDA's reconsideration of prior admin's decision to exclude RU486 from FDA's exemption allowing individual (personal) import of 3-months' supply of uapproved new drug for serious medical condition.
93 3016	6/30/93	Kornreich	[illegible]	Response to 5/24/93 ltr.
93 3894	8/6/93	[illegible]	Kenneth Shine, IOM	Invitation to dinner and briefing on IOM's report on RU486 evaluating current state of science regarding clinical uses of antiprogestins.
93 3895	8/6/93	Dr. Kessler	Kenneth Shine, IOM	Same invite as above.
93 3948	8/2/93	Dr. Kessler	[illegible] Disciple Renewal	Comments on Disciples of Christ resolution urging FDA to take immediate steps to check safety/efficacy of RU486 and other anti-protgesterone drugs. Opposes use of RU486 for abortfacient purposes.
93 4035	8/11/93	[illegible]	S Snedeker & H Hadley of TV 12 (Wast Palm Beach, FL)	Thank you for [illegible] interview on 7/29/93 on RU486.
93 4520	9/14/93	Dr. Kessler	Molla Donaldson, IOM/NAS	Encloses copy of IOM report "Clinical Applications of Mifepristone (RU 486) and Other Antiprogestins: Assessing the Science and Recommending a Research Agenda." (Copy of report NOT in scanner)
93 4671	9/15/93	Dr. Kessler	Geoffrey Dalander, Group 486	Wants to know if generic form of RU486, mfgd under Pop Council patent expect to be given as swift an approval by FDA as the R-U form could expect?

 ADDITIONAL RU-486 DOCUMENTS FOR CONGRESSIONAL DOCUMENT REQUEST FROM REP. COBURN

Trac #	Corres. Date	To	From	Subject
93 5076	11/9/93	[redacted]	G Dalander, Group 486	Same letter (above) as to Kessler.
93 4671 & 5076	1/21/94	Dalander/Moritz	[redacted]	Responds to 9/15 ltr. And 11/9/93 letter re: swift approval for generic version of RU486. Note: don't have copy of Secy letter mentioned in MKP response.
93 4824	9/11/93	[redacted]	[redacted] (an individual)	Requests FDA allow her to market RU486. (Needs redaction?)
93 4824	10/12/93	[redacted]	[redacted]	Response to 9/11/93 letter. Tells her, despite her interest, FDA needs official "sponsor" in order to supply info on safety/effectiveness to FDA.
93 9731	12/3/93	[redacted]	Etienne Baulieu	Provides copy of paper delivered at the Ciba Foundation meeting on "The role of the media in science communication" in Stockholm 12/7-8/93 re:presentation of RU486 in the media.
94 0565	1/11/94	[redacted]	John Fleder (Olsson, Frank, & Weeda)	Expresses thanks on behalf of client for help re: import of RU486 to treat a cancer patient. Patient identifiers have been REDACTED.
94 5321	6/3/94	Dr. Kessler	Judie Brown, American Life League, Inc.	Concerned about FDA's activism in bringing RU486 to the US as an abortifacient (opposed). Requests info from FDA.
94 5321	6/13/94	Judie Brown	[redacted]	Respone to 6/3/94 letter to Kessler. Encloses requested info (document not in scanner).
94 5703	6/10/94	FDA	[redacted]	Submits proposed study and voluminous materials re: RU486 vs Arsenic poisioning vs Nembutol Treatment (makes allegations of suppression of intellectual ideas by Waterloo University in Canada?)
94 5703	7/11/94	[redacted]	[redacted]	Response to 6/10/94 submission (general info on how drugs are studied/approved)
94 5908	5/21/94	Mrs. Clinton	[redacted] patient)	Requests compassionate use of RU486 to treat a meningioma (brain tumor). Patient identifiers REDACTED
95 2698	3/16/95	Dr. Kessler	[redacted]	Requests restrictions on distribution of RU486 only to MDs with surgical privileges & those able to do D & C procedures.

 ADDITIONAL RU-486 DOCUMENTS FOR CONGRESSIONAL DOCUMENT REQUEST FROM REP. COBURN

Trac #	Corres. Date	To	From	Subject
95 2698	4/6/95	[redacted]	[redacted]	Response to 3/16/95 letter to Dr. Kessler.
95 3751	4/11/95	[redacted]	[redacted]	Responds to [redacted] letter of 4/6/95 re: RU486.

Drafted [redacted] HF-40 1/2/96
486index.abc

APPEARS THIS WAY
ON ORIGINAL

DEC 28 1995

The Honorable Tom A. Coburn
House of Representatives
Washington, D.C. 20515-3602

Dear Dr. Coburn:

This is in partial response to your letters of November 10, 1995, to Secretary Donna E. Shalala and Commissioner David A. Kessler, requesting copies of documents relating to the drug RU-486 (mifepristone). Due to the government shut-down, we are presently unable to ascertain if additional responsive documents exist. We will foward any additional documents to you or advise you otherwise, once we are able to do so.

As we explained to Mr. Roland Foster of your staff during a telephone conversation November 20, 1995, the enclosed documents are limited to those obtainable under the Freedom of Information Act. In a further discussion with Mr. Foster on December 21, 1995, we informed him that the Agency had received approximately 1200 consumer inquiries on RU-486, and approximately 75 congressional inquiries, primarily on behalf of constituents. We could provide all of this correspondence or examples. Mr. Foster asked that examples be provided at this time. We have, therefore, enclosed only examples of the general correspondence and congressional inquiries.

If you have any questions, or need further assistance, please let us know.

Sincerely,

Diane E. Thompson
Associate Commissioner
for Legislative Affairs

Enclosures

cc: HFW-10 (3) HFW-14
OS-CCU R/D: 12/6/95 Edit: 12/6/95
R/T:lmb:12/7/95 Revise: 12/22/95
F/T:fat:12/28/95 (s:\wp\ \docreq1)
FDA Control No. 95-10448

DOCUMENTS IN RESPONSE TO REP. COBURN'S REQUEST ON RU-486 (FOI #93-47009)

OFFICE OF EXECUTIVE SECRETARIAT

1. Memorandum to Secretary, HHS, dated January 22, 1992, from President Clinton.

2. Letter to President Clinton, dated January 23, 1993, from [redacted] Response dated March 24, 1993, also included.
Note - Personal (patient) identifiers need to be dedacted.

3. Letter to President Clinton, dated January 19, 1993, from [redacted] Response dated May 11, 1993, also included.
Note - Personal (patient) identifiers need to be dedacted.

4. Letters to President Clinton and Secretary Shalala, dated September 27, 1993, from [redacted] Response dated December 3, 1993, also included.
Note - Personal (patient) identifiers need to be dedacted.

5. Letters (10/6/93 from [redacted] and [redacted] response) to Rep. Wyden from [redacted]
Note - Personal identifiers need to be dedacted.

6. Letter to Secretary Shalala, dated December 22, 1993, from Rep. Wyden.
Note - Letter may also be provided by OLA.

7. Letter to Dr. Kessler, dated August 3, 1993, from Rep. Wyden. Response dated August 19, 1993, also included.
Note - Personal identifiers and handwritten notes need to be dedacted.

8. Letter to Secretary, HHS, dated December 5, 1990, from Rep. Wyden. Response dated December 5, 1991, also included.
(FDA/ES does not have enclosure referenced in letter).
Note - This letter may also be provided by OLA.

9. Letter to Dr. Kessler, dated December 10, 1992, from Rep. Wyden. Response dated December 15, 1992, also included.
Note - These letters may also be provided by OLA.

10. Letter to Mr. Lader, dated May 11, 1993, from Acting ASH. Incoming letter, dated March 31, 1993, also included.

11. Letter to Secretary Shalala, dated February 25, 1993, from [redacted] (representing Mr. Lader).

12. Letter to Secretary Shalala, dated May 12, 1993, from [redacted]

[redacted] (representing Mr. Lader).

13. Letter to [redacted], dated May 7, 1993, from Secretary Shalala and incoming letters to the Secretary.
Note - FDA/ES has no enclosures for the 2/25/93 letter.

14. Letter to Professor Hilger, dated February 3, 1993, from Dr. Kessler.

15. Letter to Dr. Kessler, dated April 15, 1993, from Professor Hilger.

16. Letter to Secretary Shalala, dated March 23, 1993, from Professor Hilger.

17. Letter to [redacted] dated February 16, 1993, from Lou Sepersky, Chair, N.Y.C. Community Board No. 6.

18. Letter to David Dinkins, dated May 7, 1993, from Secretary Shalala. Incoming letter, dated January 22, 1993, from Dinkins also included.

19. Letter to Francis C. Madigan, dated July 23, 1993, from [redacted]. Incoming letter, dated May 20, 1993, also included.

20. Letter to Dr. Sakiz, dated January 22, 1993, from Dr. Kessler.
Note - Entire enclosure may constitute commercial and/or trade secret information that is not releasable (check with CDER (HFD-1).

21. Letter to Dr. Kessler, dated December 17, 1992, from Dr. Sakiz.

22. Letter to Dr. Sakiz, dated December 14, 1992, from Dr. Kessler.

23. Letter to [redacted] dated May 5, 1993, from [redacted]

24. Letter to Dr. Kessler, dated December 21, 1993, from Professor Hilger.

25. Letter to [redacted] et al., dated January 22, 1993, from [redacted]
Note - Personal identifiers need to be dedacted.

26. Record of Telephone Conversation (1/25/93) between [redacted] and [redacted]
Note - Personal (patient) identifier needs to be dedacted.

27. Letter to Secretary Shalala, dated March 18, 1993, from Mr.

Sakiz.
Note - Handwritten notes should be dedacted.

28. Letter to Mr. Sakiz, dated March 4, 1993, from [redacted]
Note - FDA/ES does not have enclosure mentioned in letter.

29. Letter to Dr. Kessler, dated May 15, 1992, from [redacted]

30. Letter to [redacted] dated July 31, 1992, from Mr. R.H. Forey, British Embassy.

31. Letter to Ms. Margaret Catley-Carlson, dated May 18, 1994, from [redacted]

32. Note to Dr. Kessler, dated April 19, 1994, from

33. Letter to Secretary Shalala, dated May 19, 1994, from Ms. Eleanor Smeal.

34. Note to Dr. Kessler, dated May 20, 1994, from

35. Letter to [redacted], dated May 20, 1994, from Eleanor Smeal.

36. Letter to Dr. Edouard Sakiz, dated June 9, 1994, from [redacted]

37. Letter to Dr. Kessler, dated May 25, 1994, from Dr. Edouard Sakiz.

38. Letter to Secretary Shalala, dated May 19, 1994, from Eleanor Smeal.

39. Letter to Mrs. Judie Brown, dated June 13, 1994, from [redacted]

40. Letter to Dr. Kessler, dated June 3, 1994, from Mrs. Judie Brown.

41. Letter to [redacted], dated May 19, 1994, from [redacted]

42. Letter to Secretary Shalala, dated June 8, 1994, from [redacted]

43. Letter to Secretary Shalala, dated May 30, 1994, from Dr. Edouard Sakiz.

OFFICE OF REGULATORY AFFAIRS

1. Note to [redacted] (HFC-100) and [redacted] (HFC-101), from [redacted] w/attachments.
2. Letter to [redacted], dated March 24, 1994, from [redacted]
3. Letter to Rep. Ron Wyden, dated December 15, 1992, from
4. Letter to Dr. Kessler, dated December 10, 1992, from Rep. Ron Wyden.
5. Letter to Dr. Kessler, dated July 15, 1992, from Rep. Ron Wyden.
6. Letter to Rep. Loren Leman, dated March 10, 1992, from [redacted] w/attachments.
7. Memorandum to [redacted] dated October 9, 1992, from
8. E-mail to [redacted] dated December 9, 1993, from [redacted]
9. Letter to Dr. Kessler, dated December 29, 1992, from
10. Letter to [redacted], dated November 8, 1989, from
11. Letter to [redacted], dated December 29, 1992, from
12. Letter to Mr. Sakiz, dated December 29, 1992, from [redacted]
13. Letter to Mr. Sakiz, dated August 10, 1989, from [redacted]
14. Letter to [redacted] dated September 27, 1989, from [redacted]
15. Letter to [redacted] dated August 16, 1989, from [redacted]
16. Letter dated, August 11, 1993, to [redacted] from [redacted]

17. Memorandum [redacted] et.al., dated November 2, 1993, from [redacted] State Information Branch.

18. Memo from [redacted], Div. of Federal-State Relations, ORO/FDA, regarding Talk Paper on RU-486, dated February 25, 1993.

19. Letter to [redacted] from Lawrence Lader, Pres. ARM.

PHILADELPHIA DISTRICT OFFICE

1. Import Alert #66-47, Automatic Detention.

2. Telephone Log - Public Affairs Office.

OFFICE OF CHIEF COUNSEL

1. Civil Action No. CV-92-3161 - Reply Memorandum in Support of Defendants' Motion to Dismiss.

2. Civil Action No. CV-92-3161 - Memorandum in Opposition to Plaintiff's Motion for Summary Judgment and in Support of Defendants' Motion for Summary Judgment.

3. Civil Action No. CV-92-3161 - Response to Plaintiff's Supplemental Brief.

4. Civil Action No. CV-92-3161 - Declaration of [redacted] M.D.

5. Civil Action No. CV-92-3161 - Memorandum in Support of Defendants' Motion to Dismiss.

6. Civil Action No. CV-92-3161 - Plaintiff's Memorandum of Law in Opposition to Defendants' Motion to Dismiss.

7. CV-92-3161 - Plaintiff's Memorandum of Law in Opposition to Defendants' Motion for Summary Judgment and Reply Memorandum in Support of Plaintiff's Motion for Summary Judgment.

8. CV-92-3161 - Plaintiff's Supplemental Brief.

9. Letter to the Clerk of the Court, dated September 5, 1995, from [redacted] The Center for Reproductive Law and Policy.

OFFICE OF COMPLIANCE

1. Letter dated January 13 ,1993, from [redacted]
2. Letter dated December 3, 1993, from [redacted]
3. Letter to Secretary Shalala, dated September 27, 1993,
4. Letter dated January 14, 1994, from [redacted]
5. Letter to FDA, dated November 2, 1993.
6. Facsimile transmittal to [redacted] dated March 17, 1995, from [redacted]
7. Letter dated March 16, 1995, from [redacted]

OFFICE OF LEGISLATIVE AFFAIRS

1. Testimony by Dr. Kessler, dated May 16, 1994.
2. Letter to Rep. Ron Wyden, dated June 16,1995, from [redacted] w/attachment.
3. Letter to Rep. Ron Wyden, dated February 8, 1994, from Secretary Shalala.
4. Letter to Rep. Ron Wyden, dated January 19, 1993, from [redacted]
5. Facsimile transmittal to [redacted] dated December 8, 1992, from [redacted]
6. Letter to Rep. Ron Wyden, dated August 7, 1992, from [redacted]
7. Letter to Rep. Ron Wyden, dated July 28, 1992, from [redacted]
8. Letter to Rep. Ron Wyden, dated July 24, 1992, from [redacted], w/attachment.
9. Letter to Rep. Ron Wyden, dated June 12, 1992, from [redacted]

10. Letter to Rep. Ron Wyden, dated January 22, 1992, from [redacted]

11. Document transmittal to [redacted] dated August 26, 1993, from [redacted]

12. Letter to Dr. Kessler, dated May 24, 1993, from [redacted]

13. Memorandum of Meeting, dated March 2, 1993.

14. Letter to the Editor of the San Francisco Chronicle, dated January 22, 1993, from Carol R. Scheman.

15. Remarks by the President during signing of Presidential Memoranda, dated January 22,1 993, w/attachments.

16. Letter to Dr. Kessler, dated December 17, 1992, from Dr. Sakiz.

17. Letter to [redacted] dated June 29, 1992, from Dr. Kessler.

18. Memorandum to Subcommittee on Regulation, Business Opportunities, and Energy, dated January 6, 1992, from Acting Associate Commissioner for Legislative Affairs, w/attachment.

19. Import Alert Format.

20. Memo regarding RU-486 Hearing, dated July 31, 1992.

21. Witness list from Rep. Wyden regarding Hearing before Subcommittee on Regulation, Business Opportunities, and Energy, dated July 28, 1992.

22. Opening Statement by Rep. Wyden, dated July 28, 1992.

23. Testimony by Rep. Patricia Schroeder, dated July 28, 1992.

24. Testimony by [redacted] dated July 28, 1992.

25. Testimony by [redacted] dated May 8, 1992.

26. Memorandum to [redacted] dated February 24, 1993, from

CENTER FOR DRUG EVALUATION AND RESEARCH

1. "Dear Colleague" letter, dated January 14, 1992, from Alan Cranston, w/attachment.

2. Current French Label (characteristics) for RU-486, dated May 8, 1992.

3. Transcript of John McLaughlin's "One on One," with Dr. Kessler, dated December 11, 1992.

4. HHS Fact Sheet: Mifepristone (RU-486)- Brief Overview, dated May 16, 1994, w/attachment.

5. News releases by The Population Council, dated May 16, 1994 and October 27, 1994.

6. Letter to Dr. Kessler, dated December 29, 1994, from American Life League, Inc.

7. Testimony by Center for Reproductive Law and Policy, dated July 28, 1992.

8. Testimony by the American Medical Association, dated November 19, 1990.

9. HHS News: "Roussel Uclaf donates U.S. Patent Rights for RU-486," dated May 16, 1994.

10. News Release from San Francisco General Hospital, dated May 3, 1994.

11. "Dear Colleague" letter, dated November 9, 1990, from The Alan Guttmacher Institute, w/attachments..

OFFICE OF WOMEN'S HEALTH

1. News Release from Americans United for Life, dated February 28, 1995.

2. Report of the Antioprogestin Drug Conference, December 6-7, 1991.

3. Letter to [redacted] dated January 3, 1992, from [redacted]

4. Letter to [redacted] from Lawrence Lader.

5. Letter to Dr. Kessler, dated July 15, 1992, from [redacted], American Life League, Inc.

6. Petition of Resolve to the President, dated August 31, 1992.

7. Letter to [redacted] dated December 18, 1992, from [redacted]

8. Letter to Secretary Shalala, dated January 22, 1993, from David Dinkins.

9. Workshop on Antiprogestins: Assessing the Science, April 13-14, 1993.

10. News Release from the Institute of Medicine, dated September 7, 1993.

11. Civil Action - Complaint.

12. Letter to [redacted], dated June 29,1 992, from Dr. Kessler.

13. Comparison of First Trimester Abortion Procedures, w/attachment.

14. FDA Talk Paper, February 25, 1993.

15. Facsimile transmittal of "Science Held Hostage" transcript, dated September 8, 1992.

16. Import Alerts - Drugs.

17. Letter from [redacted] dated January 14, 1994.

18. Unclassified Fax message from [redacted], dated July 31, 1992, to [redacted]

19. Letter to [redacted] dated October 6, 1992, from [redacted]

DOCKETS MANAGEMENT BRANCH

1. Letter to [redacted] dated March 20, 1995, from [redacted]

2. Citizen's Petition dated February 28, 1995, to FDA.

3. Comments received on petition.

CORRESPONDENCE

1. Examples of general correspondence.

2. Examples of congressional responses.

APPEARS THIS WAY
ON ORIGINAL

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

Food and Drug Administration
Rockville MD 20857

May 22, 1996

The Honorable Dan Coats
United States Senate
Washington, D.C. 20510

Dear Senator Coats:

This is in response to your letters of April 11, 1996 to Secretary Shalala and me in which you expressed concern for the public safety and the integrity of the drug approval process in relation to the future availability of mifepristone (RU-486) as an abortifacient in the United States. I want to assure you that neither the safety of the American public nor the integrity of the new drug approval process will be put in jeopardy by the Food and Drug Administration's (FDA's) actions.

As you may know, early in this Administration, the Secretary of Health and Human Services was directed by the President to promote the testing, licensing, and manufacturing in the United States of RU-486 and to direct the FDA to reassess whether RU-486 qualifies for FDA's personal use importation exemption. In response to that directive, FDA has been encouraging and facilitating the submission of a new drug application because we firmly believe that if a safe and effective medical alternative to any surgical procedure is available, American women should have access to that drug regimen. It is not unusual for FDA to encourage the development of new products for diseases and conditions for which there is an inadequate medical armamentarium, and if found to be safe and effective in accordance with established statutory and regulatory standards, to speed their availability to the American public. However, FDA's primary concern is public health and safety, and definitive conclusions about a drug's safety or effectiveness cannot be determined without first reviewing the studies and other data that would be submitted in a new drug application. Also, because of our concerns regarding the health and safety of American women, the import alert on mifepristone remains in effect and importation of the drug under the agency's personal use import policy is not appropriate.

In order to be marketed in this country, a new drug product must, according to law, be shown by substantial evidence to be safe and effective for its labeled use. The manufacturer or sponsor of the drug has the responsibility for conducting studies on which safety and effectiveness is based and submitting these data to FDA in the form of a new drug application. FDA's role is to review the data submitted and then make a determination as to whether a product is safe and effective for its intended use.

FDA Records

As you may know, the Population Council recently announced that it had submitted to FDA a new drug application for mifepristone for use in the termination of pregnancy. You have my assurance that that application is being reviewed in accordance with the same stringent scientific and legal standards as any other application that is submitted to the agency.

Thank you for your interest and concern.

Sincerely,

David A. Kessler, M.D.
Commissioner of Food and Drugs

APPEARS THIS WAY
ON ORIGINAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FEB 27 1996

The Honorable John Ashcroft
United States Senate
Washington, D.C. 20510-2504

Dear Senator Ashcroft:

This is in response to your letter of February 2, 1996, asking to be notified when a New Drug Application (NDA) for RU-486 is filed with the Food and Drug Administration (FDA).

We appreciate your interest in matters related to the safety and efficacy of this product. Our regulations, however, prohibit us from disclosing the existence of an NDA unless this information has been publicly acknowledged by the sponsor of the application. As you may know, The Population Council, a non-profit research organization based in New York, has been licensed by the French manufacturer, Roussel-Uclaf, to develop RU-486 for marketing in the United States. You may wish to contact them for further information. They can be reached at (212) 327-8717.

If we can be of any further assistance, please contact us.

Sincerely,

Diane E. Thompson
Associate Commissioner
for Legislative Affairs

cc: HFW-10(2)
HFW-14
R/D: [redacted] 2/12/96
F/T: [redacted] 2/24/96 [redacted] RU-486.NDA)
Control No. 96-920

APPEARS THIS WAY
ON ORIGINAL

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MIF 006299

JOHN ASHCROFT
MISSOURI

United States Senate

WASHINGTON, DC 20510-2504

February 2, 1996

Dr. David A. Kessler
Commissioner
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Re: Inquiry into Filing of New Drug Application

Dear Dr. Kessler:

In light of the health and safety issues, including concerns about efficacy, regarding the use of RU-486 (mifepristone), I would like to be notified if and when any New Drug Application (NDA) is filed for, or in relation to, RU-486.

Thank you for your attention to this matter.

Sincerely yours,

John Ashcroft

John Ashcroft

JDA/aeb

APPEARS THIS WAY
ON ORIGINAL