ONE HUNDRED EIGHTH CONGRESS

U.S. House of Representatives
Committee on Energy and Commerce
Washington, DC 20515–6115

JOE BARTON, TEXAS
CHAIRMAN

September 14, 2004

Janet Woodcock, M.D.
Deputy Commissioner for Operations
Food and Drug Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Dr. Woodcock:

On September 9, 2004, you testified before the Subcommittee on Oversight and Investigations in a hearing entitled "Publication and Disclosure Issues in Anti-Depressant Pediatric Clinical Trials." We now ask for your responses to several additional questions (attached).

Because we wish to include the questions and responses in the printed record of this hearing, please respond no later than Tuesday, September 21, 2004. Please fax and e-mail the responses. The faxed response should be directed to Billy Harvard, Committee on Energy and Commerce, Majority staff, at 202-226-2447, and Voncille Hines, Committee on Energy and Commerce, Minority staff, at 202-225-5288. The e-mail copy of the response should be directed to (Billy.Harvard@mail.house.gov) and Voncille Hines (Voncille.Hines@mail.house.gov). Due to the uncertainties of postal deliveries on Capitol Hill, we ask that your responses not be sent through the postal service.

If you have any questions, please have your staff contact David Nelson, Minority Investigator/Economist, Committee on Energy and Commerce, at 202-226-3400.

Sincerely,

JOHN D. DINGELL
RANKING MEMBER

Attachment

cc: The Honorable Joe Barton, Chairman
Committee on Energy and Commerce

The Honorable Greg Walden, Vice Chairman
Subcommittee on Oversight and Investigations

The Honorable Peter Deutsch, Ranking Member
Subcommittee on Oversight and Investigations

Questions for Janet Woodcock, M.D.
Deputy Commissioner for Operations
Food and Drug Administration
from the Honorable John D. Dingell
Committee on Energy and Commerce
regarding the September 9, 2004, Subcommittee on Oversight and Investigations
Hearing entitled
"Publication and Disclosure Issues in Anti-Depressant Pediatric Clinical Trials"

1. Why did Organon not receive pediatric exclusivity for their drug Remeron?

2. How does the Agency react to a question, raised by at least one drug firm, of whether it is ethical to perform a long-term safety study if a clinical trial shows no efficacy in children?

3. Does the FDA have sufficient authority, under the Best Pharmaceuticals for Children Act, to require that drugs be studied to its satisfaction?

4. You testified that the FDA actively works to post summaries of pediatric trials in a timely manner. We know you did not in all but one of the drugs explored at this hearing. What other studies, which also have failed to show efficacy, has the FDA not yet released? Please provide a list of drugs that have failed to show efficacy in clinical trials in pediatric populations, as well as the dates the FDA received the study results.

5. I understand that the FDA has possession of studies that show that at least some of the anti-depressants, under discussion in this hearing, are not effective in some of the trials of adults with Major Depressive Disorder (MDD). Please tell us which of these drugs, that were not shown to be effective in pediatric studies, were also submitted with one or more failed trials to FDA for adult populations suffering from MDD.

6. You testified that the FDA asked manufacturers to change the labels of ten drugs to include stronger cautions and warnings about the need to monitor patients for worsening of depression and the emergence of suicidal behavior and ideation? You further state that the new warning language has now been added to the labels for seven of these products and that sponsors of the other three drugs have also agreed to adopt the language. Which three drugs have yet to make the appropriate changes to their labels? Why have they not changed their labels? Do they have a time limit for making these changes?

7. Please identify each official in the Office of Drug Safety, in the review division referred to as Neuropharm, or anywhere else in the Center for Drug Evaluation and Research, that reviewed, recommended (or failed to recommend), approved, concurred in the approval, or otherwise participated in the decision to request that Wyeth Laboratories moderate its labeled warning, or proposed labeled warning, regarding the dangers of Effexor in children and adolescents.

8. Please identify each official in the Office of Drug Safety, in the review division referred to as Neuropharm, or anywhere else in the Center for Drug Evaluation and Research, that reviewed, recommended (or failed to recommend), and/or approved the decision not to require GlaxoSmithKline to label their drug, Paxil, as having failed to show efficacy in at least one pediatric trial.

9. Please identify each official in the Office of Drug Safety, in the review division referred to as Neuropharm, or anywhere else in the Center for Drug Evaluation and Research, that reviewed, recommended (or failed to recommend), and/or approved the decision not to require Forest Laboratories to label their drug, Celexa, as having failed to show efficacy in a pediatric trial.

10. Please identify each official in the Office of Drug Safety, in the review division referred to as Neuropharm, or anywhere else in the Center for Drug Evaluation and Research, that reviewed, recommended (or failed to recommend), and/or approved the decision not to require Bristol-Myers Squibb, to label their drug, Serzone, as having failed to show efficacy in at least one pediatric trial.

11. Please identify each official in the Office of Drug Safety, in the review division referred to as Neuropharm, or anywhere else in the Center for Drug Evaluation and Research, that reviewed, recommended (or failed to recommend), and/or approved the decision not to require Organon to label their drug, Remeron, as having failed to show efficacy in at least one pediatric trial.

12. Please identify each official in the Office of Drug Safety, in the review division referred to as Neuropharm, or anywhere else in the Center for Drug Evaluation and Research, that reviewed, recommended (or failed to recommend), and/or approved the decision not to require Pfizer to label their drug, Zoloft, as having failed to show efficacy in at least one pediatric trial.

13. Please identify each official in the Office of Drug Safety, in the review division referred to as Neuropharm, or anywhere else in the Center for Drug Evaluation and Research, that reviewed, recommended (or failed to recommend), and/or approved the decision not to require Wyeth to label their drug, Effexor, as having failed to show efficacy in at least one pediatric trial.

Questions for Janet Woodcock, M.D., Deputy Commissioner for Operations
Food and Drug Administration from
the Honorable Bart Stupak
Committee on Energy and Commerce regarding the September 9, 2004
Subcommittee on Oversight and Investigations Hearing entitled
"Publication and Disclosure Issues in Anti-Depressant Pediatric Clinical Trials"

1. In the 9/9/2004 hearing and at this year's Advisory Committee hearings, FDA officials have said repeatedly that the data sets they have in which to determine the safety and efficacy of antidepressants to treat depression in children are too small. What changes need to be made to the Written Requests for pediatric trials in order for FDA officials to better determine efficacy and safety? What has FDA learned from its review of antidepressants about how this system should be changed? What changes have you implemented or will you implement? Does legislation need to be enacted to make the changes necessary?

2. Please provide the Committee with the number of spontaneous adverse events classified as suicide, suicidal behavior and ideation reported to the FDA through MedWatch for each year since the drugs Wellbutrin, Celexa, Prozac, Luvox, Serzone, Paxil, Remeron, Zoloft, and Effexor have been approved for use in adults. Please classify adverse events by age group (adult, adolescents, and children). Please also explain how the FDA has followed up on these reports and classified these events.

3. In Dr. Dianne Murphy's testimony before the Advisory Committee on September 13, 2004, she stated that over 293 Written Requests for products to be studied in children have been made by FDA since 1994, and that studies have been submitted on over 110 products. Please account for the 183 products that have had Written Requests issued, but have not had studies submitted. How many of those 293 Written Requests were unanswered? How many products have studies underway that have not been submitted to the FDA?

4. Dr. Murphy testified that 76 label changes have been made. Why have only 76 labels been changed? What is the status of the other 24 label changes? Why has the FDA only posted 41 product summaries on its Web site when over 110 products have studies completed and 76 products have label changes?

5. Dr. Dianne Murphy testified before the Advisory Committee on September 13, 2004, that "Under FDA's general disclosure provisions for approved applications, the summary for Prozac is available" on the FDA Web site. Why has the FDA not used those same disclosure provisions to publish the summaries of pediatric trials of other drugs?