Statement By

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INTRODUCTION

Mr. Chairman and members of the Committee. I am Susan S. Ellenberg. Prior to my current appointment as Professor of Biostatistics and Associate Dean for Clinical Research at the University of Pennsylvania, I directed the biostatistics and postmarket surveillance programs at the Food and Drug Administration's Center for Biologics Evaluation and Research from 1993 through 2004. That Center, as you may know, is charged with assuring the safety of biological drugs, blood and blood products, and vaccines, and works closely with FDA's other programs for approving and monitoring pharmaceuticals. I also served on the recent Institute of Medicine Committee on the Assessment of the U.S. Drug Safety System, and am associate editor of *Clinical Trials* (the official journal of the Society for Clinical Trials) and of *JNCI* (Journal of the National Cancer Institute).

During my career at the FDA, I was deeply involved in one of FDA's most important functions—monitoring the safety of medical therapies after they have been approved for marketing. As such, I wish to thank the Committee for inviting me here today to testify on the important issue of drug safety, an issue that the Committee will be considering this year as part of its effort to reauthorize the Prescription Drug User Fee Act. Although there are many aspects of drug safety that the Committee is examining, I have been requested by the Coalition for a Stronger FDA to speak in particular, from my knowledge and experience, about one aspect of FDA's drug safety program—its resource needs to carry out its Congressionally-mandated responsibilities.

BACKGROUND

As you know, there is no such thing as a totally "safe" drug—all drugs pose some risk to patients. Drugs are deemed "safe" when it appears that their benefit outweighs their risks in a given population. The approval for marketing of a new drug or vaccine is only the beginning of a drug's "life cycle." It is critical that drugs be monitored once on the market—drug manufacturers, physicians and the FDA continuously watch for signals that a drug poses greater risk than originally believed, may be unsafe in certain patient populations, or requires special restrictions that must be imposed so as to control hazards that would otherwise cause FDA to remove it from the market.

A RESOURCE IMBALANCE

For several years now, FDA scientists have recognized that there has been a growing resource imbalance between the agency's premarket review program for drugs and its postmarket surveillance capabilities. This imbalance has been occasioned by two developments: the enactment by Congress of the Prescription Drug User Fee Act, which has greatly enhanced and enlarged FDA's pre-market drug review program, and a parallel lack of increased funding for FDA's postmarket drug safety program.

The recent Institute of Medicine Report, The Future of Drug Safety: Promoting and Protecting the Health of the Public, of which I was a co-author, confirmed those internal

FDA concerns by concluding that our drug safety system was "severely underfunded." As the IOM report noted, the user fee act has required the drug review staff at FDA to grow steadily larger, which has allowed much more rapid review and approval of new drugs than ever before. That has been a great boon to our citizens, resulting in more new therapies that can prevent or treat illness. But the drug safety programs in FDA have received only very limited increases in staff or funding, and in fact have been largely held to their pre-PDUFA levels. Thus, FDA's postmarketing safety programs have continually lost ground in their ability to monitor the rapidly increasing number of new drugs on the market. Further, the volume of adverse event reports submitted to the FDA has increased steadily. As you can see from the attached FDA graphic, the number of required reports from drug sponsors of adverse events they received from physicians has climbed so rapidly that they threaten the ability of drug safety staff to review and process those reports effectively.

RESOURCE LIMITATIONS GREATLY AFFECT FDA'S CAPACITY

One of the efforts of which I was most proud during my tenure at the Food and Drug Administration was a study commissioned by then-Commissioner Jane Henney, in which she charged senior drug, device and biologics officials with a thorough re-evaluation of FDA's safety monitoring systems. That assessment, completed in 1999, resulted in a series of recommendations for major changes in our post-market safety programs, including:

- Closer monitoring of newly marketed products, particularly those for which safety "signals" suggest greater risk

- Obtaining access to health care databases, such as those of the Medicare program and the Veterans Administration
- Development of a new active surveillance capacity, to complement the existing passive surveillance systems (which would also be improved)
- Funding for epidemiological and methodological research to improve FDA's tools for understanding medical product risks
- More intense intervention in higher risk products identified by postmarket surveillance as needing special attention, such as stronger warning labels or restricted distribution, and
- Funding to conduct focused safety studies when needed

Commissioner Henney requested a substantial boost in FDA appropriations to fund these recommendations, the implementation of which would clearly have required a substantial increase in FDA's safety surveillance staff, but these requests unfortunately did not yield any additional funding .

Ironically, those recommendations are very similar to the drug safety provisions of the current Senate and House bills that are being considered along with the Prescription Drug User Fee Act. I ask you to imagine, Mr. Chairman, the frustration of the FDA drug safety staff who were denied the capacity to make those improvements, only to see the very same concepts emerge years later in Congressional legislation. One can also imagine that we as a nation would be in a far better place if the necessary funding had been provided by Congress in those years past, as the proposed programs could be up and

running today, and might well have permitted much more rapid identification of many, if not all, of the recent drug safety problems that we have experienced, meaning that far fewer individuals would have been exposed to excess risk.

CONCLUSION

So, in conclusion, Mr. Chairman, while there are many, many issues that the Committee must grapple with in considering drug safety legislation this year, I urge you to make resourcing the drug safety programs at FDA one of your highest priorities. The agency's scientists very much want to make the kinds of improvements you are contemplating, and will do so with intensity and enthusiasm if you provide to them the staff and resources to carry out your mandate. Thank you for inviting me to present my views on this important matter.