

Food and Drug Administration Rockville MD 20857

SEP 27 2007

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The Honorable John D. Dingell Chairman Committee on Energy and Commerce House of Representatives Washington, D.C. 20515-0115

Dear Mr. Chairman:

Thank you for the letter dated June 15, 2007, co-signed by Bart Stupak, Chairman, Subcommittee on Oversight and Investigations, to Michael O. Leavitt, Secretary of Health and Human Services, requesting information and documents related to Erythropoiesis-Stimulating Agents (ESAs). Secretary Leavitt asked that the Food and Drug Administration (FDA) respond on his behalf. This is a partial response.

Information contained in the enclosures may include information that is trade secret, commercial confidential, or other information protected from disclosure to the public under the Freedom of Information Act (Title 5, *United States Code* [U.S.C.] 552), the Trade Secrets Act (18 U.S.C. 1905), the Privacy Act (5 U.S.C. 552a), and FDA regulations. The Committee should not publish or otherwise make public any such information. We would be glad to discuss with the Committee staff the protected status of any specific information.

We have restated your questions in bold, followed by our answer.

2) Any and all records reflecting communication between Amgen and FDA, FDA's Office of Chief Counsel (OCC) or elsewhere within HHS relating to advertising of Aranesp, separately or bundled (for example with Neulasta or Neupogen)

Documents responsive to this question are enclosed.

3) Any and all records between Amgen and FDA, OCC or elsewhere within HHS relating to "quality of life" claims including the claim that Aranesp may "relieve the symptoms of anemia" contained in the Aranesp package insert or label information.

Documents responsive to this question are enclosed.

In paragraph two of your letter, you state that "[o]n March 9, 2007, FDA instituted an ESA class label change, which eliminated all references to improvements in quality of life from labels. The question remains, however, as to why these claims were allowed on ESA labels when the

only approved indication for ESAs is to reduce the need for blood transfusions." We would like to clarify that the March 9, 2007, label change did not eliminate references to improvements in quality of life for patients with chronic kidney failure, but only for patients with cancer whose anemia is caused by chemotherapy and in patients with HIV whose anemia is caused by AZT (zidovudine).

Prior to May 11, 2006, the patient package insert (PPI) for Epogen was written specifically for chronic renal failure patients undergoing home dialysis. Information regarding symptoms of anemia (e.g. lack of energy, tiredness, shortness of breath, chest pain, feeling cold all the time) was in a section titled, "What is the most important information I should know about EPOGEN and CHRONIC RENAL FAILURE?"

Early in 2006, the company proposed a change in the PPI to include all indicated patient populations. On May 11, 2006, the scope of the patient package insert was expanded to include all approved indications and symptom relief language was added in the section "What is EPOGEN used for?" The revision of the patient package insert provided information to all patients who use Epogen and was intended to educate patients regarding the clinical manifestation of anemia and the usage of Epogen. This was the first time the Epogen/Procrit patient package insert contained quality-of-life or symptom information for patients with cancer or HIV infection.

The new PPI statements for patients with cancer or HIV infection were revised in March 2007 to delete suggestions of potential symptom relief with correction of anemia for these patients. In these cases, we noted that there were no data to support claims of improvement in health-related quality of life, including effects on fatigue, energy or strength.

However, as mentioned above, analyses of quality-of-life data remain in the "Clinical Experience," "Chronic Renal Failure" subsection of the Epogen/Procrit patient package insert. FDA has asked Amgen to reassess the data supporting the quality-of-life information in the Epogen/Procrit patient package insert for the renal failure patient population. On September 11, 2007, FDA's Cardiovascular and Renal Drugs Advisory Committee and the Drug Safety and Risk Management Advisory Committee met to discuss updated information on the risks and benefits of ESAs when used in the treatment of anemia due to chronic renal failure.

We will continue to work with Committee staff on this request. An identical letter has been sent to Chairman Stupack without enclosures. Thank you for your interest in this matter. If you have further questions, please let us know.

Sincerely,

Stephen R. Mason

Acting Assistant Commissioner

for Legislation

Enclosures