news along the pike

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CENTER FOR DRUG EVALUATION AND RESEARCH

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INSIDE . . .

CDER Maintains Speedy, Quality Reviews in 1998

90 New Drugs, 30 NMEs, 124 Efficacy Supplements OK'd

BY MURRAY LUMPKIN, M.D.

In calendar year 1998, CDER sustained and improved its performance levels for drug reviews. The Center took 199 actions on original new drug applications and approved 90 of them, 25 of which were priority reviews. One-third of all NDA approvals were for new molecular entities. Sixteen of the 30 NMEs were priority reviews.

The Center approved 124 efficacy supplements, which are new uses for already approved drugs, and 1,375 manufacturing supplements.

New Drug Applications: The median total time to approval for NDAs acted on in 1998 was 12.0 months, 17 percent faster than the 14.4 months in 1997. Approval time represents the total review time at the Agency plus industry response time to the Agency's requests for additional information. The median review time—FDA time only—was also 12.0 months, 2 percent quicker than the year before.

Priority approvals: Last year's new drug approvals included 25 priority drugs. Priority drugs are considered to be of potentially exceptional public health value. They receive an accelerated review within six months because they represent a major advance in medical treatment.

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344 Generic Drugs Approved, 46 First Time Ever

BY TED SHERWOOD

CDER approved 344 generic products in 1998, including 46 that represent the first time a generic drug in a specific form was available for the brand name product. The 1998 approvals occurred despite a significant increase in workload. For comparison, 564 applications were received in 1998, 464 in 1997 and 453 in 1996.

Examples of first-time approvals include over-the-counter cimetidine, used to treat ulcers, and cyclosporine, used to prevent rejection of transplanted organs.

The approval of generic versions of these two drug products could save the American public and Federal government millions of dollars. In a report issued last year, the Congressional Budget Office estimated: "In 1994, purchasers saved a total of $8 billion to $10 billion on prescriptions at retail pharmacies by substituting generic drugs for their brand-name coun-

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Johns Hopkins Grant Awarded to Researchers in OTR

Toxicity Testing Alternatives to Animal Experiments Probed

BY DONNA A. VOLPE, PH.D.

In December, scientists in the Office of Testing and Research were notified that they received a grant from The Johns Hopkins University's Center for Alternatives to Animal Testing to evaluate test tube models for predicting a clinical bone marrow toxicity. Principal investigator **Donna A. Volpe, Ph.D.,** along with co-investigators **James L. Weaver, Ph.D.**, and **Alan D. Knapton,** will receive $16,000 from the university to support a project entitled "Comparison of Semi-Solid and Suspension Assays for the Evaluation of Thrombocytopenia-Inducing Agents."

The Center for Alternatives to Animal Testing awards grants each year to scientists studying methods that could replace or reduce the number of animals used in biomedical research, product safety testing or education. Johns Hopkins is a leading force in the development and use of reduction, refinement, and replacement alternatives in research, testing and education to protect and enhance the health of the public.

In the treatment of cancer with drugs, a frequent harmful effect is the decrease in the number of blood cells. One cell type that can be reduced is the platelet, which is involved in the

(Continued on page 8)

JOE'S NOTEBOOK

Plan Language Rule of Thumb No. 2

Last month I told you about a rule of thumb for writing plainly: peg your writing one whole school level below the educational level of your audience. Thanks to word processors, we don't have to manually count syllables, words and sentences. You can just let the computer's grammar checker do the math.

My next rule of thumb is just as mechanical as the first. It's no substitute for the hard work of trying to get inside the minds of your audience, but it can make your writing less intimidating to them.

Rule of Thumb No. 2 says: If you cover an abbreviation or acronym with your thumb and can cover another abbreviation or acronym with the same thumb, you have too many—acronyms or abbreviations, that is, not thumbs.

"OK," you say, "but you break that rule all the time in the *Pike*, don't you." Well, yes I do, but it's only a rule of thumb. Look across the page and you'll see FDA and CDER right next to one another. Another thing, you may have to use your hand if you type everything double-spaced in 12-point courier.

The rule should start you thinking about the language shortcuts all of us use in our professions and niches of the bureaucracy. I've always liked the advice about acronyms and abbreviations contained in the *Associated Press Stylebook*. The wire service published that guide to help writers and editors follow some reasonable conventions that most adult American readers of newspapers and magazines understand. A short selection from their entry on the subject follows:

> A few universally recognized abbreviations are required in some circumstances. Some others are acceptable depending on the context. But in general, avoid alphabet soup. Do not use abbreviations or acronyms which the reader would not quickly recognize. . . . Do not follow an organization's name with an abbreviation or acronym in parentheses or set off by dashes. If an abbreviation or acronym would not be clear on second reference without this arrangement, do not use it. Names not commonly before the public should not be reduced to acronyms solely to save a few words.

You read it here first: You may recall my ranting in last May's *Pike* about how my youthful use of abbreviations almost propelled me into a career in explosive demolitions. In the same issue, **Jim Morrison** introduced the concept of alternative dispute resolution. That's sometimes been dubbed ADR, but many of us think ADR stands for adverse drug reaction. This month, **Margaret Bell** tells us that FDA's preferred form of alternative dispute resolution for discrimination complaints is mediation (page 4).

Secretary's Week Special Event: **Noreen Gomez** of the EEO Staff says that the Support Staff Coordinating Committee is working with the Office of Training and Communications to develop a one-day program for Secretary's Week, which starts April 18. See next month's Pike for more information.

Genotoxicity Workshop: **Celeste Bové** reports from the Office of Testing and Research that scientists **Jim MacGregor, Ph.D.,** and **Leonard Schechtman, Ph.D.,** are on the organizing committee for an international workshop on genotoxicity test procedures taking place downtown next month. A similar workshop in 1993 achieved consensus on the six most commonly used genotoxicity tests and contributed significantly to the International Conference on Harmonization guidances on these tests. More than 100 top scientists from around the world have been invited to revisit two of the tests in the light of new data. They will also seek agreement on four new ones.

news along the pike

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Have ideas, news or comments to contribute? Please contact a member of the Editorial Board or:

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OMBUDSMAN'S CORNER

Two Sides to Every Issue

BY JIM MORRISON

One thing every ombudsman learns quickly is that there are at least two sides to every issue. I can't remember one complaint in the past three years that turned out to be exactly as the complainant described it initially. This explains why so many ombuds are attorneys. The first thing you learn in law school is to see diverse sides to any issue and to espouse the one with which you disagree.

I know that "there are two sides to every issue" is not exactly the most brilliant or original observation of the century. But I never cease to be amazed at how often we forget this simple truth.

Maybe we have become so accustomed to learning about what is happening in the world through 30-second sound bites that we have lost sight of the fact that the truth usually isn't so simple that it can be revealed in 30 seconds. All that can be conveyed in so short a time is a biased impression.

It's easy to fall into the trap. In that first instant when I hear a complainant relate a scenario that portrays the other party as a total imbecile or a card-carrying member of the Evil Empire, my reaction is to wonder how anyone could be that wrong.

My next reaction is to realize that I am hearing one side of the story. But the important message is that someone actually believed that the other party was that dumb or that nefarious.

When communications break down, especially when we don't like the outcome, we humans tend to ascribe to the other party all sorts of sinister motives or incredible ignorance. We then behave as if those assumptions were true. We get self-righteous and infuriated, further widening the breach.

Real damage to communications is done when one or both parties hang a label on the other. As soon as we perceive the other person as evil or idiotic, our brain uses that perception as a filter through which is passed everything said by that person. If an applicant is viewed as dishonest or incompetent by a reviewer, then everything in the application will be seen as flawed.

Armed with its filters, our brain will automatically "correct" any data that does not conform to our perceptions and easily ascribe motives that are not evident from what is spoken or written.

I'm not advocating that we accept everything without evaluation. Critical thinking is essential to active listening and other skills that enable us to communicate effectively. However, I am saying that communication is a deceptively complex process.

For communication to succeed, both parties must recognize the traps set by differences in perceptions and work hard to overcome biases, clarify meaning and focus on the facts, using a mutually understood vocabulary.

Because we have communicated all our lives, we take our communication skills for granted. If you haven't read extensively or taken a course recently in listening and communication skills, you might want to look at what OTCOM's Division of Training and Development has to offer. They have courses, books, audio- and videotapes, and interactive computer-based training.

If you think that you have really come across an idiotic policy or decision, please talk it over with your mentor, supervisor, or division director; and, if all else fails, you can always give me a call.

Jim Morrison is the Center Ombudsman.

REVIEWER AFFAIRS CORNER

Team Model Proposal Discussed; Representation Gaps Need Plugging

BY C. RUSS RUTLEDGE

At the January meeting of the Reviewer Affairs Committee, **Jean Yager,** Director, Project Management Staff, presented the final team model proposal. She discussed the history of the proposal's development, gave an update on it's current status and answered numerous questions. The next phase will be to focus on "how can we improve teams?"

Ms. Yager was amenable to working with committee members to discuss issues such as how to improve team interactions and processes, the working environment, the quality of team products, as well as how to facilitate our work, make our jobs better and serve the public better. She suggested that workshops should be organized so that each reviewer has the opportunity to comment and identify "team best practices." This would give reviewers the opportunity to provide input, either directly or through their RAC representative, into a concept that will have direct impact on their daily working environment.

This is an example of what the RAC is all about—a direct line of communication between CDER's reviewers and the Center's management.

The RAC has guest speakers at its monthly meetings on a regular basis. Last month's RAC Corner reviewed the speakers who presented on important issues in 1998. With Jean Yager presenting last month, the committee has started off well in 1999. The committee expects to continue its tradition of having interesting speakers presenting subjects of importance to the Center's primary reviewers.

Since the committee enjoys excellent communications with management, it is in each division's best interest to have representation on the committee. Most CDER divisions are represented; however, a very small number aren't.

If you would like to represent your division, please contact your supervisor—we welcome you. In addition, you may e-mail this year's RAC chairperson, **Lydia V. Kieffer,** to let her know of your interest. Next month's column will feature the 1998 committee roster, and we hope to be able to include each division.

C. Russ Rutledge is a compliance officer in the Division of Manufacturing and Product Quality.

EEO CORNER

FDA Announces Mediation Preferred for Discrimination Complaints

BY MARGARET BELL

When problems develop in the work environment, employees and supervisors often express feelings of hopelessness and frustration in attempting to resolve controversial and complex problems. Advice from others, including friends and family may provide comfort and support; however, the work environment frequently continues to deteriorate.

In such situations, employees may turn to the EEO complaint process. Although not perfect, the process does provide for a hearing before an administrative judge, and many employees see it as their only avenue for satisfaction.

In hopes of ensuring quicker and more efficient processing of complaints, FDA's Office of Equal Employment and Civil Rights has chosen mediation as its preferred method for attempting to resolve employment discrimination disputes. In the EEO mediation process, a neutral third party, known as a mediator, facilitates conflict resolution.

Mediation is a voluntary problem-solving process that helps people explore ways to resolve differences and to reach an agreement that best addresses their interests. Mediation promotes renewed positive working relations between the parties and enables the mission of the Agency to proceed without prolonged disruption.

All conversations and materials produced during mediation sessions are confidential. Mediators are prohibited from discussing the case with anyone outside the process. The parties agree in writing not to disclose any information about what happens during mediation and not to subpoena or request a mediator as a witness in other proceedings.

Mediators are trained in conflict resolution and the mediation process. They do not take sides or render a decision concerning the merits of a dispute. Rather, they facilitate direct and constructive exchanges that lead to resolution. FDA has trained a cadre of internal staff as mediators. The Agency also participates in a program that makes mediators available from other Federal agencies.

An allegation of employment discrimination undergoing informal counseling is eligible for mediation. Requests for mediation of formal complaints will be handled on a case-by-case basis and have to be approved by the director of FDA's Office of Equal Employment and Civil Rights.

Any FDA employee, supervisor or manager involved in the EEO precomplaint process may request mediation. To do so, you need to inform the EEO Staff counselor assigned to the case.

If both parties agree to mediation, a mediator is assigned. The mediator conducts the number of sessions needed to resolve the dispute. If an agreement can be reached, a memorandum of agreement is prepared and signed by all parties. The settlement is binding on everyone, and the EEO complaint is withdrawn. If the parties fail to reach an agreement, the dispute is handled through the EEO process.

Margaret Bell heads the Center's EEO Staff.

EEO CORNER NO. 2

Toy Ping Tara Plans Showcase Exhibit for Women's History Month

BY GLORIA MARQUEZ SUNDARESAN

March is Women's History Month, time to recognize women's contributions to the greatness of this country. For the observance, our women employees program representative, **Toy Ping Taira,** is making plans to showcase our women employees in a colorful display, "Celebrating Womanhood," in the Parklawn Building, 5th floor, B-wing, starting March 1.

The display will depict the multiple facets of being a woman, whether single, career-minded, married, single parent, political arena, executive, arts, health, education, science, sports, private or public service. Women's History Month celebrates all women. Some women cover more than just one life phase or interest. There are women who can do it all—we sometimes refer to them as "superwomen."

Ms. Taira is a good example. She is the current Associate Director of Program Evaluation, Office of Clinical Pharmacology and Biopharmaceutics. She has been an adjunct faculty member and senior advisor to graduate students at The John's Hopkins University.

Ms. Taira has held several high-level positions in both the executive and legislative branches of the Federal government and has received numerous awards for her contributions.

Several years ago, when she was the Deputy Division Director of the Pilot Drug Evaluation Staff, the Office of Personnel Management cited that division as being the first self-directed, team-based matrix organization established in the Washington metropolitan area.

The pilot study was featured during the 1994 Health and Human Services Continuous Improvement Program anniversary celebration. At the program Ms. Taira spoke on "Empowerment" and was recognized by the department for her outstanding participation.

Adding to this string of accomplishments, she earned the title of most outstanding player when she was captain of the varsity basketball team at George Washington University.

In her spare time, Ms. Taira writes. She has co-authored a book, *Managing in the Age of Change*. Her future plans include continuing doctoral studies at the George Mason University's Institute of Conflict Analysis and Resolution. Ms. Taira has numerous awards and was listed in *Who's Who in the East* and *Who's Who in America.*

With all her accomplishments, I think Toy Ping Taira certainly deserves an additional title of "superwoman." She is a mother, grandmother, scientist, educator, athlete, author, businesswoman and leader. Most of all she is our CDER women employee program representative. The EEO Staff appreciates and recognizes Ms. Taira's valuable service to our Center.

Gloria Marquez Sundaresan is an EEO specialist.

TRAINING AND DEVELOPMENT CORNER

DTD's Facilitators Prepared to Help Your Meeting or Go-Away

BY DEBBIE MCKEMEY

One of the Division of Training and Development programs that we would like to highlight this month is our facilitation services. Our skilled, experienced and professional facilitators are available to work with your team, branch or division on:

- Issues that might be a roadblock to your organization's progress.
- Developing a program and agenda to allow a open group discussion at your go-away, meeting or retreat.
- Developing potential solutions.

The facilitators can also provide instructional segments that can be incorporated into your meeting. Topics include:

- Communication skills.
- Conflict management.
- Teamwork.
- Building consensus and cooperation.

Last year we facilitated retreats, go-aways and meetings for numerous CDER customers, including the Division of Infrastructure Management and Services, the Office of Clinical Pharmacology and Biopharmaceutics, the Division of Oncology Drug Products, the Division of Pulmonary Drug Products, the Divisions of Drug Risk Evaluation I and II and the Office of Biostatistics, just to name a few.

It's easy to arrange for facilitation services. Call DTD's main phone number at 7-4580 and ask to speak with either **Debbie McKemey** or **Steve Hayleck.** They will schedule a facilitator to work with you in developing a plan that best fits the needs of your organization. Early involvement of our staff in the planning process will be invaluable to your organization.

Debbie McKemey is a training specialist in DTD.

ADMINISTRATIVE MANAGEMENT CORNER

New Subcommittee Leadership Prepares to Tackle Customer Service Survey

BY TANYA ABBOTT

It's hard to believe it has been two years since the Administrative Management Coordinating Committee established subcommittees. These groups have set about the task of improving the administrative program in the Center. Since the AMCC charter requires the chairs of subcommittees be rotated every two years, the committee has done just that. The subcommittees, the new chairs and the office they work in are:

- *Budget:* **Tanya Abbott,** OCD.
- *Facilities:* **Becky Nalley,** OM.
- *Human Resources:* **Bill Oswald,** ORM.
- *Information Technology:* **Alice Gray,** OIT.
- *Payroll:* A**nita Harrell,** OC, and **Laurie Watson,** ONDC.
- *Training:* **Bobbi Jones,** OTCOM.

Members of the subcommittees have the option of staying on their current subcommittee or moving to a different group. Although committee membership is primarily from the administrative discipline, other disciplines are strongly urged to join a subcommittee that interests them.

A well-rounded perspective will greatly improve subcommittee effectiveness. If you would like to volunteer for a subcommittee, obtain permission from your supervisor and contact the subcommittee chair directly.

Subcommittee chairs are excited about their new assignments and look forward to addressing issues identified on the customer service survey conducted last fall by the AMCC.

The Survey Assessment Team has been busy entering the data from the survey responses and hopes to have the analysis completed by March. Areas for improvement in processes and education will be identified and referred to the AMCC Process Improvement Team as well as the appropriate AMCC subcommittee. We have a lot of work ahead of us, and we are eager to get started.

The AMCC chair is **Paula Bourkland,** OM, and the project manager is **John Emelio,** OM.

Tanya Abbott is a senior management officer in the Office of the Center Director.

CDER, DIA Partnership Plans 2nd Live Television Broadcast for March 16

BY ELAINE FROST

CDER and the Drug Information Association have initiated a new co-sponsorship agreement to produce the second installment of their satellite television series, "CDER Live!" Featured in this program on March 16 from 1 p.m. to 3:30 p.m. will be updates on PDUFA II and electronic data submissions.

Debbie Henderson, Director, Executive Operations Staff, will serve as moderator. The panelists will include **Janet Woodcock, M.D.,** Center Director; **Murray M. Lumpkin, M.D., M.Sc.,** Deputy Center Director (Review Management); John C. Alexander, M.D., MPH, Executive Vice President, Medical Research, Searle; **Rebecca A. Devine, Ph.D.,** Associate Director for Policy, Center for Biologics Evaluation and Research; **David Isom,** Director, Office of Information Technology; **Randy Levin, M.D.,** Associate Director for Electronic Review, Office of Review Management and Medical Officer, Division of Neuropharmacological Drug Products; **Ralph Lillie, R.Ph., MPH,** Acting Director, Office of Post-Marketing Drug Risk Assessment, CDER; and **Andrea Neal, DM.D., MPH,** Senior Program Management Officer, Office of Post-Marketing Drug Risk Assessment.

The Center will solicit questions from industry before the show as well as accept faxes, e-mails and live call-in questions from industry viewers during the broadcast. As part of the co-sponsorship agreement, DIA will be promoting the program to its membership.

The program will be broadcast for CDER employees in Parklawn Room 13B-39 and Corporate S-100. Seating is limited in these sites and available on a first-come basis.

Tapes will be available in the Medical Library four weeks after the broadcast.

Elaine Frost is a public affairs specialist in OTCOM.

UNION CORNER

Inside View of Union-Management Contract Negotiations

BY ROBERT YOUNG

Bargaining over the first contract that will bind both FDA employees and management nationwide began Jan. 19 with a joint training session on negotiations. The remainder of the week was spent going through the 58 articles in the 200-page union-proposed contract.

The union identified issues and explained its interests and concerns first. Management presented options and alternative positions and discussed their interests and concerns when they sought positions differing from the union's proposal.

The union and management then discussed their interests and solutions until a consensus was reached. A fair amount of time was spent by each group focusing on their interests, tailoring their solutions and drafting language to express or meld alternative solutions. Agreement was reached on six fairly straightforward articles. These included items such as contract coverage or simple articles such as an employee assistance program that is available on duty time and respects employee privacy.

The joint strategy was to work quickly through non-controversial and simple articles, but to address more deliberately the contentious or complex articles. Some articles have not been addressed, such as the flexible work place program, actions based on unacceptable performance, assignment of work, details and merit promotions. Many are in "process," such as overtime, compensatory time, alternative work schedules, performance appraisals and part-time employment.

The contract will cover much of what goes on in FDA's workplace. Essentially, the only thing the contract won't cover is the work itself. But many work-related activities will be addressed, for example, the assignment of work, performance appraisals, and the time and place of work.

Some have asked why have a contract when many of the articles simply repeat standards already granted as rights of employees, for example, no discrimination in the workplace, annual leave and family leave.

A contract is valuable for two reasons:

- Managers and employees will know what the one set of rules are.
- A contract can be more efficiently enforced. There are a lot of FDA policy statements and procedures that look good on paper, but suffer in the application. The union's goal is to make things work in practice as well as in theory.

In the present contract what is negotiable is set by law; however, the law doesn't set out the final terms. The annual leave article is an example of a fairly simple article that has been addressed by both sides, but is not yet in final form. Infrequent but potentially troubling problems that the union wishes to address are both the standard for leave approval and the timing of the approval.

The union's initial proposal was that a request "will be approved unless staffing and/or specific workload requirements substantially impact the employee's immediate work unit which precludes approval" and that the leave-approving official would respond to a request "no later than 48 hours following receipt of the request."

The union has an interest in limiting denials to situations only where the employee was really needed to work and in having requests acted upon in real time so employees could plan. Moreover the union wants to ensure that approval of leave would not be misused as a reward, punishment or harassment.

Management responded by taking out "substantially" and "immediate work unit" from the first clause and broke up leave requests into those of more than one week and less than one week. For those longer than a week, management proposed to have these submitted five weeks in advance with a response within three weeks; and for those less than a week, submission a week in advance and a response in two days. If an employee had not heard about the status of the request after the three-week or two-day period, the leave would be presumed to be approved.

Management felt it needed a fair amount of time to plan for an employee's absence and did not think substantial and immediate work unit qualifications were necessary when approval was automatic if the consideration period was exceeded. The union countered part of management's proposed solution, reinserting "substantial" and "immediate work unit," scrapping the "long" notice required, modifying the consideration period to two working days and defining substantial workload problems as "more than an administrative or staffing inconvenience." The ball is now in management's court. This process is repeated over and over for every clause that lacks agreement.

This process could obviously go on forever but has a definite end. There are two more two-week bargaining sessions. These are scheduled for the last two weeks in February and March. On April 12, all unresolved articles will be submitted for mediation and arbitration. The mediator will decide all outstanding issues. The resulting package will be submitted to union members for ratification. If the package is not ratified, it will go to binding arbitration.

The union proposed a three-year contract, and management has counterproposed a 10-year contract. All 5,000 FDA bargaining unit employees will be covered and subject to the contract. By law no side deals are permitted. Everyone gets the same deal. With 5,000 bargaining unit employees and another 1,500 supervisors covered by the contract, there is no expectation that everyone will be pleased. If there is agreement that in the balance the contract is at least fair to everyone, the team will be pleased.

The chief negotiators for the union are Frank Ferris and June Marshall. Both are from the national, and both are professionals. Assisting Frank and June are four headquarter employees and three field employees. Backing up this team are chapter officers, stewards and members.

The goal of the union team is to get an employee friendly contract, which will make the FDA a great place to work. By writing the contract clearly, disputes over working conditions will be minimized. Fairness and equity, flexibility and responsibility are the team's guiding principles.

Robert Young, M.D., Ph.D., is interim president of Chapter 282, National Treasury Employees Union

Policy on Electronic Records Management Faces Major Changes

Records management: How we manage our records has changed tremendously over the last decade. Because of information technology, hundreds of documents can be created, circulated, modified and disposed of in a single day, often without consideration for their value to the Agency. Some documents may be destroyed too soon while others may be retained far longer than necessary.

Records and information management has always been a part of all Federal operations. U.S. law mandates that agencies ensure adequate documentation of their activities and outlines the procedures for the proper disposal of records. The National Archives and Records Administration serves as the central repository for all permanent Federal records and is the creator and disseminator of all policies affecting Federal records.

Recently, its policies have been the subject of litigation. In the court case of Armstrong vs. the Executive Office of the President, the plaintiffs sued to gain access to e-mail messages held by National Security Council. The Archives had given guidance stating that, as long as the e-mail message was printed out and properly filed with other paper documents, then the paper copy was to be considered the official record. The electronic version could simply be deleted.

The plaintiffs disagreed, stating that the information that does not always print out—depending on the e-mail system used—was an important part of the record and should be preserved. This information includes such "metadata" as the sender, receiver, copied-to individuals, date and time sent, when received and route sent.

The upshot is that the National Archives and Records Administration has been instructed to issue new guidance for the preservation of such data. This means that Federal agencies will have to modify their records and information policies in order to conform with this guidance when issued. The effect will lead to major changes in how we maintain and preserve electronic information for years to come.

Here at CDER, our own Electronic Document Room, which allows for electronic submissions from industry, and the Division Files System, which documents the review process, raise such issues about what should be retained, for how long and in what format.

Because of these and other problems, the Division of Data Management and Services in the Office of Information Technology recently hired **Scott Zeiss** as a full-time information management specialist for the Center. Mr. Zeiss will be working with other CDER staff to survey the Center's voluminous records holdings, both paper and electronic, and to develop policies and procedures for their retention and disposition. Mr. Zeiss will also be working with the FDA records manager to incorporate CDER's electronic records into the Agency's records control schedule.

Records management is no longer an arcane discipline practiced by a few professionals. All of us who create and use documents, regardless of the format, are records managers. Whether we write a memo, produce a report or send an e-mail, we're creating a record—a piece of information of value to our organization.

If you have any questions or suggestions for CDER's records and information management program, you can contact Scott Zeiss by e-mail (ZEISSS) or phone (7-5474).

Year 2000 Activities: Work continues on the 16 CDER mission-critical systems. Testing has been completed on 10 of these systems. The independent verification and validation process has determined that additional renovations are required for the remaining six mission-critical systems.

All programming modifications and retesting will be concluded by Feb. 26. Once all mission-critical systems are deemed Year 2000 compliant, the test server will be available for testing locally developed applications. Work continues on infrastructure components such as PCs, server and telecommunications systems to ensure Year 2000 compatibility. Upgrades are being scheduled as required.

More information about CDER and the FDA's Year 2000 activities can be found on the Web at http://www.fda.gov.

—Judy McIntyre (MCINTYRE)

QA Development Project Update: The QA Development Project continues to work on documenting a formal improvement plan for approval by OIT's senior management. The plan addresses the nine improvement areas identified by the Capability Maturity Model assessment, which was completed in November. The plan is a formal project that will serve as a roadmap for moving to CMM Level 2. The project team presented OIT's senior management with an overview of the improvement approach on Dec. 22. The approach included the improvement purpose, scope, objectives, roles and responsibilities, project products and activities, method for managing the project and methods for ensuring quality and configuration management.

Further discussions were held with OIT senior managers regarding the scope of the improvement, as well as how OIT priority projects will be managed within the existing organizational matrix. OIT senior managers were to make a final decision on the matrix management model in the middle of February. The results will be incorporated into the improvement plan. Information on the QA Development Project is available on the CDER Intranet (http://oitweb/oit/) under OIT Activities. The plan will be posted on the intranet once it has gained OIT senior manager sign-off.

—Vali Tschirgi (TSCHIRGIV)

Corporate Database Redesign: There was very little activity during January on the redesign effort. As I reported last month, the resources assigned to the redesign project have been assisting in completing the testing of the mission-critical systems for Y2K.

During the next couple of months we will be following up on the issues raised during the initial workshops. These include the tracking of personnel changes, review teams, organizational assignments, application statuses, and pre-IND activities. In addition, the development team will be focusing on new drug and generic drug data requirements.

—Mark Gray (GRAYM)

Office of Review Management Approves 90 New Drugs, 30 NMEs

(Continued from page 1)

The median total approval time for these priority applications was 6.4 months. The median FDA review time was 6.2 months.

New Molecular Entities: Thirty of the new original drugs were new molecular entities, and 16 received priority reviews. NMEs contain an active substance that has never before been approved for marketing in any form in the United States. The median total approval time for these products was 12.0 months, 10 percent faster than the 13.4 months in 1997. The median FDA review time was 11.9 months. Nine of the 39 NMEs approved that year, or 15 percent, received priority reviews. In 1998, slightly more than half the NMEs approved were priority reviews.

In 1998, the United States was the first country to grant marketing approval to 21 of the 30 NMEs, according to the Pharmaceutical Research and Manufacturers of America. In 1997, 17 of 39 NMEs were first approved in the United States. For 1996, 17 of 53 NMEs received their first marketing approval in this country.

Efficacy Supplement Approvals: In calendar year 1998, the Center took action on 173 efficacy supplements and approved 124, including 13 that were given priority reviews. The median total approval time was 11.8 months, and median FDA review time was 11.7 months. Efficacy supplements are new uses for already approved drugs and often represent important new treatment options for American patients. In 1996 and 1997, CDER took action on 196 and 189 efficacy supplements respectively. The Center approved 118 in 1996 and 108 in 1997.

Manufacturing Supplement Approvals: In calendar year 1998, the Center took action on 1,659 manufacturing supplements, of which 1,375 were approvals. CDER approved 1,178 manufacturing supplements in 1997 and 1,422 in 1996. The chemists, project managers, the Division of Scientific Investigations and the field inspectors all deserve congratulations for their performance with manufacturing supplements.

Murray Lumpkin is Deputy Center Director (Review Management).

Office of Generic Drugs OKs 344 Drugs, 46 First Time Ever Approvals

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terparts." The report can be found on the Congressional Budget Office's Web site, http://www.cbo.gov, by selecting Reports and Studies and then picking Health under Health and Human Resources.

As a result of initiatives to streamline the generic drug review process, the Office of Generic Drugs has seen a drop in the number of review cycles needed to approve abbrevieated applications for generic drugs. In 1998, the average application required 2.6 cycles before being approved. This is down from 3.6 in 1996 and 2.9 in 1997.

The ultimate goal of reducing the number of review cycles is to cut overall time to approval. This goal is being met as approval times have dropped from 24.7 months in 1996 and 19.6 months in 1997, to only 18.0 months in 1998. There were 431 approvals in 1997 and 351 in 1996.

Last year, OGD received 29 electronic submissions of bioequivalence data and 32 electronic submissions of chemistry, manufacturing and controls (CMC) data. For comparison, only nine bioequivalence electronic submissions were received before 1998 and none with CMC data.

In continued support of the electronic submissions initiative, OGD has:

- Promoted electronic submissions directly to industry and trade groups.
- Held training sessions for industry.
- Formed a joint industry-OGD workgroup to facilitate feedback on the program and assess potential enhancements.

Ted Sherwood is a management analyst in OGD.

OTR Explores Alternatives to Animal Experiments for Cancer Toxicity Tests

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formation of blood clots. A severe decrease in the number of circulating platelets, called thrombocytopenia, can result in life-threatening hemorrhage, or uncontrolled bleeding.

As strategies to alleviate clinical thrombocytopenia improve, it would be beneficial to understand a new drug's potential to reduce platelet counts in patients. Large cells in the bone marrow called megakaryocytes release mature platelets into the blood stream through the processes of proliferation and maturation.

During drug development, scientists can use cultures of human bone marrow cells as an alternative to animal studies for predicting bone marrow toxicity. To do this, megakaryocyte progenitor cells are routinely cultured in a semi-solid assay. Analyzing the effects of drugs on these semi-solid cultures, however, is tedious, time-consuming and subjective. A more efficient alternative to evaluating drug effects would be to measure the megakaryocyte population in a liquid suspension.

The specific aims of the study are to:

- Evaluate the effects of four drugs on megakaryocyte colony formation in the semi-solid culture.
- Develop a liquid suspension culture to assess toxic drug effects on megakaryocyte maturation.
- Compare results of these two methods to preclinical and clinical endpoints to determine if they are qualitatively or quantitatively predictive of thrombocytopenia.

These *in vitro* methods use human cells to predict a frequent clinical dose-limiting toxicity during cancer therapy. Such a refinement could not only lead to the reduction of animal studies in preclinical drug development, but it could also provide a better predictive model that eliminates the need for interspecies extrapolations.

This project is one aspect of research efforts in the Office of Testing and Research to develop and evaluate models that can be used to predict clinical toxicity. Funds for the grant come from private donations to the university.

Donna Volpe is a chemist in OTR.