CENTER FOR DRUG EVALUATION AND RESEARCH

ADVISORY COMMITTEE: ARTHRITIS ADVISORY COMMITTEE

DATE OF MEETING: 03/24-25/98

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AGENDA

3/24-25/98

Arthritis Advisory Committee
Food and Drug Administration
Center for Drug Evaluation and Research

Gaithersburg Hilton, 620 Perry Parkway, Gaithersburg, MD

March 24, 1998

Agenda

safety issues; gastro-intestinal tolerability, renal, bone and reproductive toxicity related to NSAID COX-2 and other agents.

8:00 Call to Order, Introductions: Michelle Petri, M.D., Chair
Arthritis Advisory Committee

Meeting Statement: Kathleen Reedy, Executive Secretary
Arthritis Advisory Committee

Welcome and Introduction: Michael Weintraub, M.D., Acting Director, Division of Anti-Inflammatory, Analgesic and Ophthalmic Drug Products; Office Director, ODE V

8:30 **Open Public Hearing**

9:00 Loren Laine, M.D., Gastroenterology
Kevin R. McConnell, M.D., Nephrology

Discussion:
Studies
Endpoints
Labeling

12:30 **Lunch**

1:30 **Discussion:**
Concomitant conditions/medication
Statistical Analysis

3:00 **Questions**

4:30 **Summary and Conclusion**

5:00 Adjourn

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Arthritis Advisory Committee
Food and Drug Administration
Center for Drug Evaluation and Research

March 24, 1998

SAFETY: NSAID AND COX-2

Open Public Hearing

1. G. D. Searle & Company,
   Steven Geis, M.D. Executive Director, Clinical Research

2. SmithKline Beecham Pharmaceuticals
   Robert Palmer, M.D., Director, Rheumatology

Arthritis Advisory Committee
Food and Drug Administration
Center for Drug Evaluation and Research

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March 24, 1998

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Arthritis Advisory Committee
Food and Drug Administration
Center for Drug Evaluation and Research
Gaithersburg Hilton, 620 Perry Parkway, Gaithersburg, MD

March 25, 1998
Agenda

8:00 Call to Order, Introductions: Michelle Petri, M.D., Chair
Arthritis Advisory Committee
Meeting Statement: Kathleen Reedy, Executive Secretary
Arthritis Advisory Committee
Welcome and Introduction: Michael Weintraub, M.D., Acting Director, Division of Anti-Inflammatory, Analgesic and Ophthalmic Drug Products; Office Director, ODE V

8:30 **Open Public Hearing**

fast onset of pain relief for prescription and nonprescription oral analgesics

9:00 Introduction and Overview: Michael Weintraub, M.D.
A method of measuring fast: Eugene Laska, Ph.D.
Discussion: Measurement
Study design
Definitions

11:00 **Break**

11:15 **Questions**

12:15 **Summary and Conclusion**

12:30 **Lunch**

pain claim structure for chronic and acute pain

1:30 Introduction and Overview: John Hyde, M.D., Ph.D., Medical Officer, Division of Anti-Inflammatory, Analgesic and Ophthalmic Drug Products
Discussion: Categories, Subcategories
Study Design

3:30 **Break**

3:45 **Questions**

4:45 **Summary and Conclusion**

5:00 Adjourn

Arthritis Advisory Committee
Food and Drug Administration
Center for Drug Evaluation and Research

March 25, 1998

Pain: Rapid onset of relief
Claim Structure, chronic and acute

Open Public Hearing

1. George Ehrlich, M. D., U of Pennsylvania

2. NonPrescription Drugs Manufacturing Association:
William Soller, Ph.D.

Arthritis Advisory Committee
Food and Drug Administration
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March 25, 1998

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CENTER FOR DRUG EVALUATION AND RESEARCH

ADVISORY COMMITTEE: ARTHRITIS ADVISORY COMMITTEE

DATE OF MEETING: 03/24-25/98

QUESTIONS

Arthritis Advisory Committee
Food and Drug Administration
Center for Drug Evaluation and Research

Gaithersburg Hilton, 620 Perry Parkway, Gaithersburg, MD

March 24, 1998, 8 AM

safety issues; gastro-intestinal tolerability, renal, bone and reproductive toxicity related to NSAID COX-2 and other agents.

Questions

I. What constitutes the type of adequate and well controlled studies which will be clinically meaningful?

II. The following questions relate to clinical trial designs attempting to demonstrate clinically meaningful improvement in GI safety:

1. What constitutes the type of adequate and well controlled study(ies) which will support changes to the NSAID GI Warning (e.g. large and simple, endoscopy)?

2. What kinds of endpoints should be considered for improved GI safety?

3. What constitutes an adequate length of study(ies) to support changes to the NSAID GI Warning?

4. In these studies, what dose(s) and type(s) of study comparators should be used, e.g. placebo, other NSAIDs, the "X" dose of the test product, etc. ?

5. What types of patients and medications should be included or excluded for these studies, e.g. OA vs. RA, H.Pylori, concomitant medications, etc.?

6. What statistical analysis should be used for these studies to support changes in the NSAID GI Warning?

III Additionally, we would like to discuss renal, bone, and reproductive toxicity associated with COX-2 and other agents. This discussion would include types of studies, endpoints, dose, duration, comparators, exclusion/inclusion criteria and types of patients to adequately address these concerns.

Arthritis Advisory Committee
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March 25, 1998, 8 AM

fast onset of pain relief for prescription and nonprescription oral analgesics.

Questions

1. How should fast analgesic claims be labeled?

   time in minutes or a set period of time

   clinical improvement, pain relief defined as no more pain or an improvement in pain?

2. Should fast be measured clinically in terms of:

   onset of any effect (perceptible pain relief)

   meaningful or substantial relief

   pain half gone

   pain completely gone

3. What are some recommended study designs to establish fast analgesic claims?

4. What types of comparative product claims could be allowed?

5. What do the terms fast and relief mean to the consumer?