ROUTING SLIP
GENERATED BY: HF-40
DATE: JAN 02, 2003

FDA CONTROL NUMBER: 03 20 **TRACER #:** **OS #:**

DATE OF CORRESPONDENCE: 12/12/02 **DATE INTO FDA:** 01/02/03

TO: LESTER M CRAWFORD, DEPUTY COMMISSIONER

FROM: JAMES HILL, CORE, CENTER FOR OBESITY RESEARCH AND EDUCATION

SYNOPSIS: WRITES TO INQUIRE AS TO IF THE FDA PLANS TO RESPOND TO THE MARCH 19, 2002 PUBLIC CITIZEN PETITION WHICH CALLED FOR THE REMOVAL OF SIBUTRAMINE FROM THE MARKET (DOCKET # 02P-0120).

LEAD OFFICE: HFA-305 **HOME OFFICE:** HF-40

CONTACT/PHONE#: CAPRI R MCCLENDON 301-827-5903

COPIES: HF-40 ELIZABETH A CLARKE

COORDINATION:

SIGNATURE REQUIRED:

REFERRALS FROM HF-40

ASSIGNED TO	ACTION	DUE DATE
HFA-305 BUTLERJ	NECESSARY ACTION	01/20/03

REMARKS: PLEASE FORWARD COPY OF RESPONSE (IF ANY) TO CAPRI MCCLENDON AT HF-40 THANK YOU.

·C·O·R·E·
CENTERS FOR OBESITY RESEARCH AND EDUCATION
4301 Park Arroyo, Calabasas, CA 91302

Lester M. Crawford DVM, PhD
Dept. Commissioner FDA
5600 Fishers Lane
Mail Stop HF-1 PKLN Room 1471
Rockville, MD 20857

December 12, 2002

Dear Dr. Crawford,

Re: Docket #02P-0120

On April 17th of this year, C.O.R.E. sent the enclosed statement to the FDA in response to the Public Citizens petition of March 19, 2002, which called for the removal of sibutramine from the market. The purpose of this letter is to ask the FDA if it plans to respond to that petition. C.O.R.E. feels that some response is warranted to clear the air for physicians and patients about the safety of this drug.

The petition by Public Citizen was, in part, responding to the temporary removal of sibutramine from the market in Italy. Italy reinstated sibutramine in August of this year.

The Centers for Obesity Research and Education (C.O.R.E.) are a group of leading obesity centers dedicate to teaching physicians and other health professionals how to use diet, exercise, lifestyle, medications and surgery to treat obesity. In our statement of April 17th, we sited the scientific evidence that supports adjunctive medication therapy. In addition, we sited the published data on sibutramine showing safety and efficacy for up to two years. We also sited post marketing surveillance data that indicate a worldwide fatality rate that was remarkably low when compared to the obese population as a whole. We encourage the FDA to carefully consider whether there is sufficient new information to suggest that the risk-benefit profile of sibutramine is different from that previously found to be acceptable.

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Again, we encourage the FDA to help clear up the controversy created by this petition. It is in the best interest of the obese patient and their physician to have all the most current information to make an informed decision.

Sincerely,

James Hill PhD

James Hill PhD
University of Colorado Health Science Center

Cc: John T. Walsh

C·O·R·E

CENTERS FOR OBESITY RESEARCH AND EDUCATION

Lester M. Crawford DVM, PhD
Dept. Commissioner FDA
5600 Fishers Lane
Mail Stop HF-1 PKLN Room 1471
Rockville, MD 20857

April 17, 2002

Dear Dr. Crawford,

The following is a statement from C.O.R.E. in response to Public Citizens petition of March 19, 2002 to the FDA calling for the removal of sibutramine from the market.

The purpose of this statement

Recent events surrounding the Italian government's suspension of sales of the obesity drug sibutramine and a U.S. consumer group's petition of the Department of Health and Human Services to remove the drug from the U.S. market provide yet another occasion to review the important role of drug therapy in the medical management of obesity.

About C.O.R.E.

The Centers for Obesity Research and Education (C.O.R.E.) are a group of leading obesity centers* dedicated to teaching physicians and other health professionals how to use diet, exercise, lifestyle, medications, and surgery to treat obesity. Principals conduct cutting-edge research on obesity treatment and prevention. C.O.R.E. education activities are supported, in part, by a coalition of pharmaceutical and food companies that includes Abbott Laboratories, Aventis Pharmaceuticals, GlaxoSmithKline, Ortho-McNeil Pharmaceutical, Procter & Gamble, Slim-Fast Foods, and Roche Laboratories. Each center has extensive, first-hand

experience in the use of obesity medications, and views these medications, as well as obesity surgery, as effective adjunctive therapies for appropriately selected patients.

Scope of the Obesity Epidemic

A recent Harris Poll estimates that 85% of U.S. adults are overweight or obese. An epidemic with life-threatening health consequences, obesity is associated with numerous diseases, including hypertension, cardiovascular disease, diabetes, sleep apnea, and many types of cancer. Obesity results in approximately 300,000 preventable deaths each year, making it second only to smoking as the leading cause of preventable death in the United States. As shocking as this number is, it does not start to capture the loss of quality of life of individuals who suffer from the many co morbid conditions of obesity or from the prejudice that obese individuals experience.

Scientific Evidence Supports Adjunctive Therapy

Obesity is a top priority in many national health initiatives, including the Department of Health's objectives for *Healthy People 2010* and the most recent Surgeon General's *"Call to Action To Prevent and Decrease Overweight and Obesity."* A recent comprehensive review article in the *New England Journal of Medicine* addresses the role of drug therapy in obesity treatment and concludes that: "obesity could and should be approached as a chronic condition that requires continuing medical care. For a minority of obese patients who have substantially increased medical risk and for whom non-pharmacological treatments alone prove unsatisfactory, weight-loss medications may be useful adjuncts to behavioral treatments."

This conclusion is based on compelling and well-documented evidence in the scientific literature that demonstrates how modest weight loss of between 5%-10% can result in a

significant reduction in obesity-related health risk factors. These risk factors cost the health care system an estimated $100 billion annually. This type of modest weight loss, often facilitated in appropriately selected patients by therapeutic drugs, can be very effective in reversing these risk factors or preventing their development in obese patients.

The Sibutramine Controversy

The FDA approved Sibutramine in 1997 after customary and extensive review of its safety and efficacy based on extensive long-term clinical trials. It was approved for long-term (up to two years) treatment of obesity with applicable contraindications customary for all drug approvals.

Post-marketing surveillance data on sibutramine as of March 2002 indicated a worldwide fatality rate of 2.13 per 100,000 patient-treatment years. This is a remarkably low rate. In the obese population as a whole, as documented in the Nurse's Health Study, the mortality rate was 390 per 100,000 patient years.

C.O.R.E.'s Position

In the medical community, the old notion that obesity is due to lack of willpower has been displaced by scientific evidence that obesity is the result of complex interactions between genetics, physiology, environment, and behavior. Nevertheless, stigma associated with obesity still effects those who suffer from the disease as well as those who assess and approve medications for its treatment.

The continued prescribed use of sibutramine in the United States may become the subject of debate. If so, C.O.R.E. urges all parties to stay focused on the facts and to apply the same

standards of risk-benefit analysis as are applied to other drug classes used for the treatment of serious chronic diseases. We encourage the FDA to carefully consider whether sufficient new information suggests that the risk-benefit profile of sibutramine is different from that previously found to be acceptable. As health professionals dedicated to the treatment of the chronic disease of obesity, C.O.R.E.'s position is that drug therapy is an important and essential tool for successful weight loss and maintenance in appropriately selected patients.

Questions may be directed to CORE member by contacting John Walsh at 1-818-225-0396.

Sincerely,

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