September 22, 2006

Andrew C. von Eschenbach, M.D.
Acting Commissioner
U.S. Food and Drug Administration
U.S. Department of Health and Human Services
5600 Fishers Lane, Room 15-47
Rockville, MD 20857

Dear Dr. von Eschenbach,

Thank you for your September 13, 2006 response to my letter regarding the increasing use of phenylephrine in oral nasal decongestants. As you will recall, I enclosed in my letter a peer-reviewed letter to the editor authored by Dr. Leslie Hendeles and Dr. Randy Hatton that was recently published in the Journal of Allergy and Clinical Immunology. Dr. Hendeles and Dr. Hatton concluded that there is little evidence showing that the drug is any more effective than placebo at the maximum FDA-approved dose (10 mg).

I was disappointed with your response that you will not convene an advisory meeting to investigate what appears to be serious lack of evidence that phenylephrine actually works to relieve nasal congestion. I am writing again to share some new information that I hope will change your decision.

Since my August 23, 2006 letter to you, it has been brought to my attention that another study comparing the effectiveness of phenylephrine to both placebo and to pseudoephedrine was recently conducted, and is now completed. According to the attached listing on ClinicalTrials.gov, in January 2006, Schering-Plough began a "Phase 3, single-dose, investigator-blind, randomized, placebo-controlled, crossover study" comparing the effect of phenylephrine with those of placebo and pseudoephedrine on nasal congestion in those with seasonal allergic rhinitis.

It is my understanding that Dr. Hendeles recently contacted the principal investigator of the Schering-Plough trial to request information about its outcome. Although he was unable to share the unpublished results of the trial, the principal investigator apparently indicated his agreement with Dr. Hendeles' conclusions regarding phenylephrine set forth in Dr. Hendeles' letter to the editor.

It is my further understanding that Dr. Hendeles then contacted Schering-Plough to request access to the results of the trial. The company apparently refused, stating that the results are not yet available and that they would "share the findings with regulatory authorities and publish them in a peer reviewed journal as appropriate."

Given what appears to be mounting evidence that phenyephrine is not effective at the FDA-monograph dose, I urge you to compel Schering-Plough to disclose the results of their trial, and that you make those results publicly available. If indeed there is proof that phenylephrine is not effective in relieving symptoms of nasal congestion, consumers have a right to know. FDA has a duty to arm Americans with the information they need so that they don't waste their hard-earned money on medicines that do not work.

Please provide a response to this letter by October 10, 2006.

Sincerely,

Henry A. Waxman
Ranking Minority Member

Attachment

The Effects of Phenylephrine Compared With Those of Placebo and Pseudoephedrine on Nasal Congestion in Subjects With Seasonal Allergic Rhinitis (SAR) (Study P04579)(COMPLETED)

This study has been completed.

Sponsored by: Schering-Plough
Information provided by: Schering-Plough
ClinicalTrials.gov Identifier: NCT00276016

Purpose

This is a Phase 3, single-dose, investigator-blind, randomized, placebo-controlled, crossover study, conducted at a single site in Austria, outside of the normal grass pollen season. An allergic reaction will be induced by exposing subjects to grass pollen in the Vienna Challenge Chamber (VCC). Subjects will receive a single dose of each of the following treatments according to a randomization sequence: Phenylephrine 12 mg immediate-release capsule, pseudoephedrine 60 mg immediate-release tablet, and placebo capsule. There will be a minimum of a 5-day washout period between each treatment. Subjects will complete symptom evaluations throughout the study. The nasal decongestant effects of phenylephrine will be compared to those of placebo using the subjective symptom evaluations. The safety profile (adverse events and vital signs) of the treatments will also be evaluated.

Condition	Intervention	Phase
Rhinitis, Allergic, Seasonal	Drug: phenylephrine, pseudoephedrine	Phase III

MedlinePlus related topics: Allergy

Study Type: Interventional
Study Design: Treatment, Randomized, Single Blind, Placebo Control, Crossover Assignment, Safety/Efficacy Study

Official Title: Crossover Study of the Decongestant Effect of Phenylephrine Compared With Placebo and Pseudoephedrine as Active Control in SAR Subjects Exposed to Pollen in the Vienna Challenge Chamber

Further study details as provided by Schering-Plough:

Expected Total Enrollment: 39

Study start: January 2006

Eligibility

Ages Eligible for Study: 18 Years - 55 Years, Genders Eligible for Study: Both Criteria

Inclusion Criteria:

- Ages between 18 and 55 years, of either sex, and of any race.
- A history of SAR for at least 2 years, as diagnosed by the investigator, another physician, or subject-provided history.
- The following minimum scores at some point during each of the 120-minute screening period challenge sessions:
    - Score of at least 2 (moderate) for nasal congestion.
    - Score of at least 6 for combined nasal symptoms (symptoms are rhinorrhea, nasal congestion, sneezing, nasal itching).
    - Score of at least 2 for combined non-nasal symptoms (symptoms are eye itching/burning, eye tearing, itching of ears/palate).

- Positive skin prick test to relevant grass allergen to be used in the chamber, unless previously done within 12 months. IgE-mediated hypersensitivity to the appropriate allergen must be documented by a positive response to the skin prick test with wheal diameter >=3 mm larger than diluent control.
- A negative urine pregnancy test prior to treatment with study medication for all female subjects of childbearing potential and a negative urine pregnancy test obtained at monthly intervals during study participation.
- Use of a medically accepted method of birth control, ie, double-barrier method (eg, condom and spermicide), oral contraceptive, Depo-Provera or Norplant, for female subjects of childbearing potential prior to screening and during the study. Women of childbearing potential should be counseled in the appropriate use of birth control while in the study. Vasectomy or tubal ligation is considered a single barrier. Women who are not currently sexually active must agree and consent to use one of the above-mentioned methods if they become sexually active while participating in the study.
- Good health and freedom from any clinically significant disease (other than SAR) that would interfere with the study schedule or procedures, or compromise the subject's safety.
- Willingness to give written informed consent and adhere to dose and visit schedules.
- The appropriate washout times from the prohibited medications.
- Clinical laboratory tests (CBC, blood chemistries, urinalysis, and ECG results) at screening within normal limits or clinically acceptable to the investigator

Exclusion Criteria :

- Pregnancy, intention of becoming pregnant, or lactation.
- A situation or any condition that, in the opinion of the investigator, may interfere with optimal participation in the study.
- Use of any investigational drugs, including placebo, within 30 days of Screening.
- Current participation in any other clinical study.
- Staff personnel directly involved with this study.
- Dependence (in the opinion of the investigator) upon nasal, oral, or ocular decongestants, nasal topical antihistamines, or nasal steroids.
- Nasal structural abnormalities, including large nasal polyps or marked septal deviation, that significantly interfere with nasal airflow.
- Previous enrollment (ie, signed informed consent) into this study.
- History of rhinitis medicamentosa.
- A history of anaphylaxis or severe or serious reaction to skin testing.
- A known potential for hypersensitivity, allergy, or idiosyncratic reaction to the study drugs or excipients.
- Narrow-angle glaucoma, increased intraocular pressure, urinary retention, hypertension, severe coronary artery disease, ischemic heart disease, diabetes mellitus, hyperthyroidism, renal impairment, or prostatic hypertrophy, and current treatment with monoamine oxidase (MAO) inhibitors.
- An upper or lower respiratory tract infection within 4 weeks before screening, or a respiratory infection any time during the treatment phase of the study.

Location Information

Study chairs or principal investigators

Friedrich Horak, MD, Principal Investigator, Allergy Center Vienna West

More Information

Study ID Numbers: P04579
Last Updated: April 28, 2006
Record first received: January 11, 2006
ClinicalTrials.gov Identifier: NCT00276016
Health Authority: Austria: Federal Ministry for Health and Women
ClinicalTrials.gov processed this record on 2006-09-22