



April 3, 2017

Senator Lamar Alexander, Senate HELP Committee Chair  
Senator Patty Murray, Senate HELP Committee Ranking Member  
Senate HELP Committee Members

**Re: Scott Gottlieb Nomination to be FDA commissioner**

Dear Senators,

On behalf of the National Physicians Alliance (NPA), we are writing to oppose the nomination of Dr. Scott Gottlieb for Commissioner of the Federal Food and Drug Administration (FDA). Our main reasons for concern are his blatant conflicts of interest relating to the very areas he would be involved with as head of the FDA and to his questionable understanding of the scientific process inherent in FDA decision making. The NPA is a multi-specialty group of doctors from across the country, dedicated to putting our patients' interests first. We are non-profit and take no funds from pharmaceutical or medical device companies. Within NPA a group of us, including several former FDA medical officers, focuses on FDA issues. For the past several years, we have worked to strengthen the FDA approval process so that the public can trust that treatments for our patients have been adequately evaluated before we prescribe them.

As head of the FDA, the Commissioner must put public health interests ahead of financial interests of drug and device companies. Dr. Gottlieb's career has focused on the needs of drug makers, to the exclusion of clinical trial research or public health issues. When combined with his overwhelming conflicts of interest, we are concerned that his confirmation as Commissioner could weaken FDA's enforcement of approval standards and post-approval drug and device safety regulation. While it's commendable that he has voluntarily recused himself from decisions involving those 20 companies he benefits financially from, one year is completely inadequate, and we strongly recommend the Senate insist he continue to recuse himself for his entire tenure as Commissioner. We are requesting that as a member of the Senate HELP committee, you carefully question this nominee on several crucial points.

**GENERAL QUESTIONS:**

- 1) Currently in our approval process, drugs must be shown to be safe AND effective. You seem to feel that once basic safety is shown in studies, drugs can be approved, and the free market will weed out drugs that are not as good. How can a drug be safe if it does not work?
- 2) How do you know a drug works if you don't study it in enough patients or evaluate how well it saves lives or helps people feel better?
- 3) How can a drug be "life-saving" if you haven't shown it saves lives in clinical research studies?

**SPECIFIC QUESTIONS:**

- 1) The FDA approval process is already the fastest in the world. In your 2012 article in National Affairs you stated the FDA put up too many barriers to approval and prioritized safety over speed. Do you still feel this way and if so can you give examples of "life-saving" products the FDA has slowed to market in the past few years? (And if there is an example, what is the evidence that it enhances survival and/or quality of life?).
- 2) You have criticized the use of adequate and well-controlled Phase 3 trials for drug approval as needlessly delaying access to innovative drugs. However, in January 2017, the FDA released a white paper providing scientific details on 22 case studies in which a treatment showing promise in Phase 2 failed to demonstrate safe, efficacy, or both in Phase 3 trials. This raises a strong possibility that lack of information from a Phase 3 trial would lead to marketing of a drug that is unsafe, ineffective or both. How do you reconcile your public position with these data?

3) The FDA Amendments Act of 2007 introduced specific protections for the scientific independence of FDA reviewers and decision-makers. Will you commit to respecting the provisions of this act, such as allowing timely publication of FDA scientists' work, even if it may disclose safety problems with an approved drug? If so, how will you demonstrate such a commitment?

4) Currently the FDA does not allow off-label marketing of drugs, although we are all aware it occurs via detailing in doctors' offices across the country. Many studies show that most drugs prescribed off-label do not have evidence of effectiveness behind them, and they have substantially more side effects. What is your position on such off-label marketing tactics?

5) It is striking that several drugs have recently been approved against the advice of FDA advisory committees, seemingly for political rather than scientific reasons. Two well-known examples are eteplirsen, a drug for Duchenne Muscular Dystrophy and flibanserin, to treat female sexual dysfunction. Its maker, Sprout Pharmaceutical, had created a campaign that presented approval as a feminist issue. What will you do as FDA Commissioner to see that drug approvals are based on adequate scientific evidence rather than on political maneuverings? Along the same lines, how do you feel about the FDA approval of Zohydro (long-acting hydrocodone) in 10/13 despite the advisory committee's vote 11:2 against its approval? This decision has rightfully upset many governors and mayors dealing first-hand with the opioid epidemic.

6) You opened your National Affairs article describing the rare Hunter syndrome which afflicts children and "barriers" set by the FDA in developing a drug for it. Approved in 2006, with a price tag of over half-million dollars a year, Elaprase is one of the most expensive drugs in the world. This would be worth it if it helped Hunter children, but 10 years after approval, there is no evidence for improvement in growth, quality of life, or mortality, as per the Cochrane Review (2016). Serious allergic reactions and other side effect occur. Development of this drug may have squandered resources which could otherwise have gone toward developing truly meaningful therapy for this disease. This problem has been discussed in cancer research as well. Recognizing that not all drugs which seem promising will pan out, what mechanisms would you offer to a) minimize the likelihood of such drugs gaining approval? and b) seeing that ineffective drugs are removed from the market?

7) Last year CDC Director Thomas Frieden wrote in the New England Journal of Medicine: "'The science of opioids for chronic pain is clear: for the vast majority of patients, the known, serious, and too-often-fatal risks far outweigh the unproven and transient benefits.'" Last month the Veterans Administration and Department of Defense issued a new guideline that recommends **against** using opioids on a daily, long-term basis for chronic pain. Do you agree with Dr. Frieden's statement and the new VA/DOD recommendations? If you become commissioner, what FDA opioid policies, if any would you be interested in changing?

As experienced physicians committed to our patients, we are vitally interested in innovative therapies that address unmet medical needs. At the same time, we feel strongly that the drugs and devices we offer should provide real benefit to patients and not cause avoidable harm. Scientifically-based evidence provides the best pathway to achieving truly novel, lasting, and safe innovation. For us as clinicians, we depend on FDA as our key health regulatory agency to be our strong, reliable watchdog. We want to read the words "FDA-approved" with national pride and clinical confidence.

In your upcoming hearings on Dr. Gottlieb's nomination, please do your utmost to promote the critical role of the FDA as a protector of our public health. We are grateful for the opportunity to have a voice in this important confirmation process, and we welcome any questions you might have.

In appreciation,

Lisa Plymate, MD and Reshma Ramachandran, MD, MPP, Co-Chairs, NPA FDA Task Force  
Susan Molchan, MD and Andrew Kolodny, MD, Members, NPA FDA Task Force  
Manan Trivedi, MD, MPP, President, National Physicians Alliance

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The National Physicians Alliance is a non-partisan, non-profit organization that offers a professional home to physicians across medical specialties. We create research and education programs that promote health and foster active engagement of physicians with their communities. The NPA accepts no funding from pharmaceutical or medical device companies. **Learn more at [NPAlliance.org](http://NPAlliance.org)**