



**Piedmont Anesthesia
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July 03, 2001

Ms. Kimberly Topper
Food and Drug Administration
CDER Advisors and Consultant Staff
HFD-21 5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Topper,

I am an anesthesiologist who specializes in pain management in Winston-Salem, NC. I am writing to you regarding the medical use of opiate analgesics. I have experience in using these medications for both malignant pain and chronic, non-malignant pain in adult populations. We have, in my practice, several years of experience with this treatment, and we have found it to be extremely beneficial. We do have a very rigorous protocol that involves psychological evaluations, as well as medical evaluations prior to the initiation of these therapies. We require our patients to agree to an opiate contract before proceeding. In a vast majority of cases, we have had successful outcomes with patients reporting substantially reduced pain scores, and without significant side effects. The patients are monitored routinely for the development of either side effects or tolerance.

There have been occasions (rarely) where patients have sought our services for drug diversion. With the above techniques, however, it has been my experience that these individuals can be identified quickly.

I am particularly writing with the recent controversy regarding Oxycontin. I have found that this medication has been extremely valuable in the large patient population with which I treat. It seems to be tolerated quite well, and it provides the patient with stable levels of analgesia. I do note that there has been a great deal of hysteria in the media regarding the diversion of this drug. I also know that there are deaths that are related to the use of this substance. However, I think the vast majority of the negative outcomes that have occurred have been due to the irresponsible use of it by people who have been diverting it. I feel that any plan to ban this medication would probably needlessly cause suffering for a great deal of patients who otherwise have few other options, and I believe that would be a grave mistake.

Respectfully,

T. Stuart Meloy, M.D.

TSM/lcd

cc: Jack Russel