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Kimberly Topper  
Food and Drug Administration  
Anesthetic and Life Support Drugs Advisory Committee  
Advisors and Consultants Staff, HFD-21  
5600 Fishers Lane  
Rockville, Maryland 20857

Dear Ms. Topper:

I have been privileged to be the Medical Director of the Windber Hospice since 1989 and during this time I have used thousands of doses of Opioid drugs to help my patients control their pain. Of course, prior to Oxycodone products, Morphine was the mainstay of our drug protocol in the form of MS Contin and MS IR, though we did use a fair amount of Levorphanol and Hydromorphone and rarely, Methadone. The Fentanyl patch became available and we used it frequently; however, oral preparations seemed to be better-tolerated and easier to use for pain control. When Oxycodone became available in the form of a long-acting preparation, i.e. Oxycontin, it gradually became the Opioid of choice because of the very low side effect profile. It gave excellent pain relief for cancer patients as well as other end-stage diseases, such as COPD, coronary disease, and renal failure. Oxycodone, in the long-acting form, continues to be our mainstay of therapy.

I have colleagues who think Oxycontin should be withdrawn from the market. I strongly disagree, as I feel it would be a regression in pain management. I have used Oxycontin and its related products as stated above and have not come across **any** addiction in my patients. When Oxycontin is diverted and misused our goal should be to prevent such diversion without limiting its appropriate use in the care of patients who desperately need the pain relief it provides. Misuse and abuse of any good product, Oxycontin or otherwise, should not affect practices of responsible medical management.

Sincerely,

A handwritten signature in black ink, appearing to read "DeWitt E. Kemp, III". The signature is written in a cursive, somewhat stylized font.

DeWitt E. Kemp, III, MD, FACS  
DEK/bly