

Food and Drug Administration
Center for Drug Evaluation and Research

SUMMARY MINUTES
ENDOCRINOLOGIC AND METABOLIC DRUGS ADVISORY COMMITTEE #68

November 20, 1997
Bethesda Holiday Inn
8120 Wisconsin Avenue, Bethesda MD

Members Present

Mark Molitch, M.D., Acting Chair
Jules Hirsch, M.D.
Maria I. New, M.D.
Jose Francisco Cara, M.D.
Jaime Davidson, M.D.
Robert Sherwin, M.D.
Cathy Critchlow, Ph.D.
D. Roger Illingworth, M.D., Ph.D.
Robert A. Kreisberg, M.D.

FDA Participants

James M. Bilstad, M.D.
Solomon Sobel, M.D.
Eric Colman, M.D.
Gemma Kuippers, PhD

Consultants

Glenn Braunstein, M.D.
Ricardo Azziz, M.D.
James Krook, M.D.

Guest Experts

Donald P. McConnell, Ph.D.
Russell T. Turner, Ph.D.
David Feldman, M.D.
Wilson C. Hayes, Ph.D.

Members Absent

Robert Marcus, M.D.
Henry G. Bone, III, M.D.

Executive Secretary

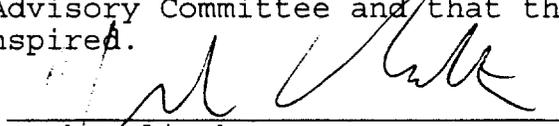
Kathleen R. Reedy

These summary minutes for the November 20, 1997 meeting of the Endocrinologic and Metabolic Drugs Advisory Committee were approved on

8/25/99.

I certify that I attended the November 20, 1997 meeting of the Endocrinologic and Metabolic Drugs Advisory Committee and that these minutes accurately reflect what transpired.


Kathleen R. Reedy,
Executive Secretary


Mark Molitch, M.D.
Acting Chairperson

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The 68th meeting of the Endocrinologic and Metabolic Drugs Advisory Committee was held at Holiday Inn, Bethesda, MD, on November 20, 1997 to consider for NDA 20-815 raloxifene, Evista™ from Eli Lilly and Company for the prevention of postmenopausal osteoporosis. The meeting was attended by approximately 175 persons. Committee members, consultants and Guest Experts had received a briefing document from the sponsor and the review division of the agency approximately 21 days before the meeting.

Following the call to order by Acting Committee Chair Mark E. Molitch, MD, the participants introduced themselves. The conflict of interest statement was read by Kathleen R. Reedy, Executive Secretary.

Presentations at the open public hearing were made by :

Trudy Bush, MD, Women's Health Research Group, University of Maryland

Debra Judelson, MD, FACC, American Medical Women's Association

Sandra Raymond, National Osteoporosis Foundation

Cindy Pearson, National Women's Health Network

Debra **Briceland-Betts**, Older Women's League

Maxine Brinkman, National Association of Professionals in Women's Health

All presentations emphasized the need for safe and effective products for women's health.

Scientific presentations by Eli Lilly and Company :

Introduction	Jennifer L. Stotka, MD
Unmet Medical Needs	Ethel S. Siris, MD
Preclinical Overview	John D. Termine, PhD
Clinical Efficacy	Willard H. Dere, MD
Preclinical & Clinical Safety	Frederic J. Cohen, MD
Benefit/Risk & Conclusions	Willard H. Dere, MD

The FDA Presentation followed.

SERM and Pharmacology	Donald McDonald, Ph.D.
Bone Strength and Mechanics	Russell Turner, Ph.D.
Preclinical Biomechanics	Wilson C. Hayes, Ph.D.
Preclinical Issues	Gemma Kuippers, Ph.D.
Medical Overview	Eric Colman, M.D.

Solomon Sobel, MD, Director of the Division of Metabolic and Endocrine Drug Products delivered the Charge to the Committee.

Questions to the sponsor and Committee discussion ensued. The interactive Committee discussion concluded with voting on the questions.

Question #1 : Is raloxifene effective in decreasing the loss of bone mineral density (BMD) in postmenopausal women?

VOTE: Yes - 12 No - 0

Question #2 : The sponsor is proposing to market the 60 mg dose of raloxifene. Do you believe this is the most appropriate dose?

VOTE: Yes - 9 No - 3

Question #3: Is the use of raloxifene associated with “normal” bone quality”

VOTE: Yes - 12 No - 0

Question #4: For a drug with raloxifene’s apparent mechanism(s) of action on bone, are data on BMD sufficient to judge approvability for the prevention of postmenopausal osteoporosis, or are fracture data required?

VOTE: Yes - 7 No - 4 Abstain - 1

Question #5: Taking into consideration the overall benefits and risks of raloxifene, do you recommend that this drug be approved for marketing for the prevention of postmenopausal osteoporosis?

VOTE: Yes - 8 No - 4

Overall, the Committee recommended close follow-up of the ongoing and future studies, which will include fracture data. Raloxifene is indicated for preventing bone loss and maintaining bone density in postmenopausal women. The Committee felt that, although raloxifene does not protect bones as effectively as estrogen, it would provide an alternative for those patients for whom estrogen replacement therapy is not appropriate or acceptable.

The meeting adjourned at approximately 4:00 pm.