UNITED STATES OF AMERICA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOOD AND DRUG ADMINISTRATION

CENTER FOR DRUG EVALUATION AND RESEARCH

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NonPrescription Drugs Advisory Committee

Dental Plaque Subcommittee

Meeting

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Labeling

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Thursday

May 28, 1998

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The meeting took place in the Walker and Whetstone Rooms, Holiday Inn Gaithersburg, 2 Montgomery Village Avenue, Gaithersburg, Maryland, at 8:30 a.m., Robert J. Genco, D.D.S., Ph.D., Chair, presiding.

PRESENT:

ROBERT J. GENCO, D.D.S., Ph.D.	Chair
RHONDA W. STOVER, R.Ph.	Executive Secretary
WILLIAM H. BOWEN, Ph.D., D.Sc.	Member
RALPH D'AGOSTINO, Ph.D.	Member
MAX A. LISTGARTEN, Ph.D.	Member
SHEILA McGUIRE-RIGGS, D.D.S., D.M.Sc.	Member
EUGENE D. SAVITT, D.M.D.	Member
STANLEY R. SAXE, D.M.D., M.S.D.	Member
CHRISTINE D. WU, Ph.D.	Member
LEWIS P. CANCRO	Industry Liaison Rep.
DONALD S. ALTMAN, D.D.S.	Consumer Rep.
FRED HYMAN, D.D.S., M.P.H.	FDA Rep.
LINDA KATZ, M.D., M.P.H.	FDA Rep.
ROBERT SHERMAN, M.S.	FDA Rep.
R. WILLIAM SOLLER, Ph.D.	Speaker

ALSO PRESENT:

MICHAEL L. BARNETT, D.D.S.
NANCY BUCK
MATTHEW J. DOYLE, Ph.D.
PETER HUTT
MARK LEUSCH, Ph.D.
GERALD N. McEWEN, JR., Ph.D., J.D.
PAUL J. OKARMA, Ph.D.
JACK VINCENT, D.D.S., Ph.D.
DONALD WHITE, Ph.D.

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1 P-R-O-C-E-E-D-I-N-G-S

2 (8:34 a.m.)

3 CHAIRMAN GENCO: Good morning. I'd like

4 to welcome you all to the second day of our

5 proceedings, the Dental Plaque Subcommittee.

6 And we'll start by introductions for the

7 record. This time let's start at the right side table

8 with Fred.

9 DR. HYMAN: Fred Hyman, Dental Officer,

10 Division of Dermatologic and Dental Drug Products,

11 FDA.

12 DR. KATZ: Linda Katz, Deputy Director,

13 OTC.

14 MR. SHERMAN: Bob Sherman, Division of ODC

15 Drug Products, CDER Liaison to the Subcommittee.

16 DR. SAVITT: Gene Savitt.

17 DR. LISTGARTEN: Max Listgarten,

18 University of Pennsylvania Periodontics.

19 DR. McGUIRE-RIGGS: Sheila McGuire-Riggs,

20 Oral Epidemiologist, Ohio.

21 CHAIRMAN GENCO: Bob Genco, State

22 University of New York at Buffalo.

1 MS. STOVER: Rhonda Stover, FDA.

2 DR. BOWEN: Bill Bowen, University of

3 Rochester.

4 DR. SAXE: Stanley Saxe, University of

5 Kentucky.

6 DR. WU: Christine Wu, University of

7 Illinois at Chicago.

8 DR. D'AGOSTINO: Ralph D'Agostino, Boston

9 University and the NonPrescription Drugs Advisory

10 Committee.

11 DR. ALTMAN: Don Altman, Dental Director

12 at Arizona Department of Health, Consumer Rep.

13 MR. CANCRO: Lew Cancro, ILR.

14 CHAIRMAN GENCO: Thank you.

15 And now we'll have the statement from

16 Rhonda Stover.

17 MS. STOVER: The following announcement

18 addresses the issue of conflict of interest with

19 regard to this meeting and is made a part of the

20 record to preclude even the appearance of such at this

21 meeting.

22 For the next several months, the

1 subcommittee will review information on ingredients
2 contained in products bearing anti-plaque and anti-
3 plaque related claims to determine whether these
4 products are safe and effective and not misgranted for
5 their labeled use.
6 Since the issues to be discussed by the
7 subcommittee will not have a unique impact on any
8 particular firm or product, but rather may have
9 widespread implications with respect to an entire
10 class of products in accordance with 18 United States
11 Code 28B, waivers have been grated to each member and
12 consultant participating in the subcommittee meeting.
13 A copy of these waiver statements may be
14 obtained from the Agency's Freedom of Information
15 Office, Room 12A30 Parklawn Building.
16 In the event that the discussions involve
17 any other products or firms not already on the agenda
18 for which an FDA participant has a financial interest,
19 the participants are aware of the need to exclude
20 themselves from such involvement and their exclusion
21 will be noted for the record.
22 With respect to all other participants, we

1 ask, in the interest of fairness, that they address
2 any current or previous financial involvement with any
3 firm's products they may wish to comment upon.
4 CHAIRMAN GENCO: Thank you.
5 We'll proceed now to discuss labeling.
6 And Robert Sherman is going to talk about OTC
7 labeling, review and components of labeling.
8 MR. SHERMAN: Good morning.
9 Thank you, Mr. Chairman.
10 I'm Bob Sherman with FDA's Division of OTC
11 Drug Products, and I serve as liaison to the Dental
12 Plaque Subcommittee of the NonPrescription Drugs
13 Advisory Committee under FDA's Center for Drug
14 Evaluation and Research.
15 Since we're going to spend the day talking
16 about labeling of OTC anti-plaque, anti-gingivitis
17 products, I'd like to start off this morning with a
18 general overview of OTC labeling.
19 I believe this was presented at one of the
20 early meetings of this subcommittee, but I think this
21 would be a good time for a review. I'll include in
22 this overview the components of an OTC label; general

1 types of claims for anti-plaque; anti-gingivitis drug
2 products; Category I, II and III labeling.
3 And this information will serve as a
4 background to help the subcommittee answer the
5 questions to be discussed later this afternoon and to
6 come up with labeling recommendations for the FDA.
7 Dr. Bill Soller of NDMA will present some
8 specific recommendations later this morning.
9 And, by the way, I just received, Bill, a
10 copy of those when I got back to my office last night,
11 so there will be a little bit of duplication; but
12 that, I hope, will just serve to reinforce some of the
13 points that I'm going to make.
14 The subcommittee was sent a background
15 package earlier this month that included examples of
16 ingredients and statements found on a variety of
17 products marketed over many years. That list was not
18 all inclusive of responses to the original call for
19 data, but was meant to serve as an example of the
20 information submitted.
21 Those statements may not represent the
22 current thinking among industry, and we do not intend

1 to have you categorize those statements at this time.

2 I'll start off this morning by going over

3 the components that together make up an OTC label.

4 And everyone should have a copy of those slides.

5 These include the statement of identify, the

6 indications, warnings, directions; and, in some cases,

7 additional labeling and professional labeling.

8 Before I begin, I'd like to mention that

9 the Agency is working on a regulation for a new OTC

10 labeling format to simplify and standardize OTC labels

11 much like what FDA did with nutrition labeling a few

12 years ago.

13 The proposal for the new labeling format

14 was published in the *Federal Register* of February

15 27th, 1997. Recommendations that the subcommittee

16 makes today can be modified, if needed, to fit that

17 new format once it is finalized.

18 So today we'll concentrate on the format

19 and the terms that have historically been used in the

20 OTC review.

21 Now I'd like to review these individually.

22 First the statement of identity. And this slide shows

1 the regulatory definition that appears in the Code of
2 Federal Regulations.
3 We define the statement of identity for an
4 OTC drug as the established name of the drug followed
5 by the general pharmacological category of the drug or
6 the principal intended action of the drug in terms
7 that are meaningful to consumers.
8 This statement of identity must appear on
9 the principal display panel of the label. And here is
10 an example. The statement of identity would be right
11 there, cough suppressant for that product. You might
12 think of the statement of identity in terms of the
13 drug's purpose.
14 Examples of a statement of identity --
15 next slide.
16 Examples of a statement of identity would
17 be antacid, nasal decongestant, antihistamine, anti-
18 cavity fluoride toothpaste.
19 In the case of an OTC combination drug
20 having two or more active ingredients with a
21 combination of principal intended actions, the
22 statement of identity would describe each intended

1 action of the drug as in number six, nasal
2 decongestant, antihistamine, cough suppressant.
3 Next I'll talk about indications. These
4 can be thought of in terms of what the drug is used
5 for or to be synonymous with uses. The indications
6 describe in more detail the intended benefits of the
7 drug and are usually found on the information panel of
8 the label.
9 For example, those would be in that part.
10 The indications include the claims associated with the
11 active ingredients contained in the product. Examples
12 of indications would include "aids in the prevention
13 of dental cavities," "for temporary relief of
14 occasional minor irritation, pain, sore mouth and sore
15 throat," "for the temporary relief of pain associated
16 with canker sores."
17 You'll recall that the statement of
18 identity for number one, "aids in the prevention of
19 dental cavities," is anti-cavity fluoride toothpaste,
20 just to differentiate between the statement of
21 identity and the indication, the indication being more
22 descriptive.

1 It is common for OTC monographs to allow
2 for optional wording. For example, the OTC anti-
3 caries final monograph allows the following
4 indication: "aids in the prevention of dental" -- and
5 then it says select one of the following -- cavities,
6 decay, caries with the K in parentheses, or caries
7 with cavities in parentheses.
8 It's also important to note that
9 manufacturers are permitted flexibility to use other
10 truthful and non-misleading terms that are not
11 absolutely limited to the words or phrases listed in
12 the monograph.
13 For example, this indication could simply
14 read "helps prevent cavities."
15 Some of the suggested indications that
16 you've seen in the materials provided to you by NDMA
17 appear to fall into a few broad categories: anti-
18 inflammatory, such as prevents swollen gums; anti-
19 microbial, such as kills bacteria that lead to plaque
20 and gingivitis; anti-gingivitis alone; controls
21 gingival bleeding; or anti-plaque and anti-gingivitis,
22 prevents plaque that leads to gingivitis.

1 And again, Dr. Soller will present a more
2 detailed discussion of those types of indications a
3 little bit later in the morning.
4 During our discussion this afternoon, FDA
5 will ask the subcommittee to address the acceptability
6 of these indications for OTC anti-plaque and anti-
7 gingivitis products.
8 Now I want to talk a little bit about
9 categories. In an OTC monograph, indications, just
10 like ingredients, may be classified in Categories I,
11 II or III. Category I indications are those that are
12 recommended or acceptable.
13 Category II indications are those that are
14 not acceptable for a variety of reasons such as those
15 that are not supported by scientific data; those that
16 are inaccurate, vague or misleading; or those that
17 make claims that are inappropriate for OTC drugs.
18 Category III indications are those that
19 might be acceptable if additional data are provided.
20 And next I'll talk about warnings.
21 Warnings are -- warnings include any essential
22 information necessary for the safe and proper use of

1 the drug by the consumer. These warnings should be
2 scientifically documented, clinically significant, and
3 important for the safe and effective use of the
4 product by the consumer.
5 There are some general warnings required
6 on all OTC drugs, warnings for general classes of OTC
7 drugs, and specific warnings for individual active
8 ingredients.
9 An example of a general warning would be
10 the accidental overdose warning that's required on all
11 orally administered drugs. And that warning reads "in
12 case of accidental overdose, seek professional
13 assistance or contact the poison control center
14 immediately."
15 Again, this is required on all orally
16 ingested drugs. That warning was modified in the
17 case of the anti-caries monograph to read "if you
18 accidentally swallow more than used for" -- and you
19 select brushing or rinsing -- "seek professional
20 assistance or contact the poison control center
21 immediately."
22 An example of an ingredient specific

1 warning is the Reyes Syndrome warning for aspirin,
2 which reads "children and teenagers should not use
3 this medicine for chicken pox or flu symptoms before
4 a doctor is consulted about Reyes Syndrome, a rare but
5 serious illness reported to be associated with
6 aspirin."
7 Next I'll talk about directions. That's
8 a fairly obvious one. These are instructions for the
9 safe and effective use of a particular ingredient or
10 dosage form. Directions often include specific
11 instructions for different age groups.
12 An example, again from the anti-caries
13 monograph -- I'll read the directions from the anti-
14 caries monograph.
15 "Adults and children two years of age and
16 older; brush teeth thoroughly, preferably after each
17 meal or at least twice a day, or as directed by a
18 dentist or doctor.
19 "Instruct children under six years of age
20 in good brushing and rinsing habits to minimize
21 swallowing. Supervise children as necessary until
22 capable of using without supervision.

1 "Children under two years of age consult
2 a dentist or doctor."
3 In some cases, monographs include
4 additional labeling statements. These are statements
5 that are not necessarily required to be under
6 warnings, but are required to appear on the label.
7 Again, from the anti-caries monograph, this warning --
8 this additional labeling statement concerns stannous
9 fluoride.
10 It says "This product may cause surface
11 staining of the teeth. Adequate tooth brushing may
12 prevent these stains, which are not harmful or
13 permanent, and may be removed by your dentist."
14 Sometimes monographs also include
15 professional labeling, which is information provided
16 to health professionals only, but not to the general
17 public. We have an example of professional labeling
18 from the anti-caries monograph which I'm not going to
19 read through, it's quite detailed.
20 You can see that in your copies.
21 Included in your background materials were
22 indications proposed as professional labeling for one

1 of the Category I ingredients and studies that were
2 submitted as support for those indications.
3 So after the presentations this morning,
4 we'll ask the subcommittee to consider the
5 recommendations that you'll hear today, the data
6 you've reviewed, the discussions during these
7 meetings, and to make some specific recommendations
8 regarding labeling for OTC anti-plaque and anti-
9 gingivitis drug products.
10 We have some specific questions for this
11 afternoon that are included with the agenda.
12 Thank you.
13 CHAIRMAN GENCO: Thank you, Bob.
14 Any questions of Bob before he leaves the
15 podium?
16 Okay, thank you very much.
17 And now we'll have a discussion of OTC
18 labeling points to consider by Dr. Bill Soller.
19 DR. SOLLER: Dr. Genco, members of the
20 Committee, good morning.
21 It's a pleasure to be here again. I
22 thought it was a good discussion yesterday.

1 I'm Dr. Bill Soller.

2 Let me try again. Is that better?

3 Dr. Genco, members of the Committee,

4 pleasure to be here.

5 And again, I did think it was a good

6 discussion yesterday. I look forward to the

7 discussion today as well.

8 We have some points to consider on OTC

9 labeling. And again, I'm here representing the

10 NDMA/CTFA joint oral care task group.

11 Does everybody have copies of our

12 overheads? And we submit -- sent you a submission

13 last week through FDA, and I think you've received

14 that as well.

15 What I'd like to do is just to start off

16 by making a brief comment on how we use the term anti-

17 plaque, anti-gingivitis. Now, I mentioned yesterday

18 we're not always in agreement on the task group, but

19 many times we are.

20 And I have on the second page a detailed

21 description of the different positions relating to

22 anti-plaque and anti-gingivitis.

1 But, for the purposes of this talk -- and
2 I'm not going to go through that in detail -- when I
3 say anti-plaque, anti-gingivitis, I'm referring to
4 anti-plaque, anti-gingivitis, that kind of ingredient
5 that would have that dual action. I'm referring to
6 anti-gingivitis and then also anti-plaque.
7 Also a brief comment. Bob had mentioned
8 that the materials that were sent to you by way of a
9 background or that gave some examples from other
10 monographs as well as a list of various indications
11 and so on were by way of being representative
12 examples.
13 I just have another point to make on that;
14 that the packaging that was originally submitted for
15 this purpose was really to establish material time and
16 extent and quality products for the OTC monograph
17 procedures.
18 And in fact, there is at least one claim
19 in here that I'm familiar with, maybe more, that dates
20 back to the 1920's.
21 Okay, so when I say that our label
22 language that we're presenting today from the joint

1 task group represents the views of these companies, I
2 think it will help the discussion, Dr. Genco, if we
3 understand that the companies that are listed here are
4 asking that what we're presenting be what be reviewed
5 by the committee.
6 Our outline, similar to Bob Sherman's,
7 statement of identity, indications, directions,
8 warnings and then a summary of all of that. I will
9 not be going into professional labeling. But, as you
10 get into that discussion, I know the companies have
11 their own individual suggestions along those lines.
12 And Dr. Genco, you could call on the
13 companies, I think, to address those particular
14 points. I will not be getting into that.
15 Well, let's look at statement of identity.
16 And I think Bob gave a very nice background. And
17 there will be a little bit of duplication, but I think
18 that helps as we work through the different components
19 of labeling.
20 The regulatory requirement is that the
21 established name of the drug, if any, be followed by
22 the general pharmacologic categories of the drug or

1 the principal intended actions of the drug, and that
2 it appears on the principal display panel in close
3 apposition to the -- or near to the brand name.
4 For example, aspirin: pain reliever,
5 fever reducer. And there were several other examples
6 that were given by Bob.
7 So that if we look at existing Category I
8 statement of identities in the anti-caries and the
9 tooth desensitizer final monographs, we would see the
10 anti-cavity fluoride toothpaste, and toothpaste for
11 sensitive teeth, or dental gel for sensitive teeth, or
12 toothpaste for hypersensitive teeth, dental gel for
13 hypersensitive teeth.
14 And just a couple of points in terms of
15 how these oral care categories put this together, is
16 that they do account for the various dosage forms that
17 were looked at and were approved.
18 And I would just refer you to your
19 conversation yesterday and Peter Hutt's excellent
20 comments in terms of dosage forms and allowing for the
21 kinds of dosage forms that might be used and
22 incorporate that into your thinking as I show you some

1 of the next slides.

2 In addition, for the tooth desensitizing

3 drug products, there is also the option to sensitive

4 or hypersensitive, so here is a case where the panel

5 and FDA agreed that there could be optional use of

6 different statements of identity that essentially are

7 the same -- or really are the same meaning.

8 I'm going to be returning to both of

9 these, the anti-cavity fluoride toothpaste and the

10 toothpaste for sensitive teeth, these two SOIs, when

11 I get into the discussion of the statement of identity

12 for combination products.

13 So following the format that's in the

14 regulation and the format that is used in other

15 categories, the established name of the drug would

16 precede that principal intended action and appear

17 listing the possible dosage forms.

18 And here we would have it for anti-

19 gingivitis; for anti-plaque, anti-gingivitis. And in

20 the event that FDA would determine that certain claims

21 which employ the word plaque are in and of themselves

22 drug claims, it would be anti-plaque mouth rinse, for

1 example.

2 So you have recommended three ingredients

3 for Category I status in this rule making: stannous

4 fluoride for use against gingivitis, and we would

5 recommend stannous fluoride anti-gingivitis

6 toothpaste, or dentifrice, and so on relative to those

7 other dosage forms that I mentioned earlier.

8 For cetylpyridinium chloride, again looked

9 at in relation to controlling plaque and gingivitis,

10 the statement of identity, cetylpyridinium chloride,

11 anti-plaque, anti-gingivitis mouth rinse.

12 And for the fixed combination where there

13 is no established name, there's no requirement to

14 specifically list the active ingredients by

15 regulation. However, the active ingredient section of

16 the labeling would list the components, the active

17 ingredients within that fixed combination so the

18 labeling is not without that descriptor.

19 I might add that that is true also for

20 other single ingredient combination products. The

21 statement of identity will have -- will be accompanied

22 in the labeling by a listing of active ingredients,

1 and I think that's an important point as well.

2 But for that fixed combination, anti-

3 plaque, anti-gingivitis mouth rinse, these the

4 proposed SOIs for the recommended Category I

5 ingredients.

6 Thanks, leave that up.

7 Bob, I've also included slide nine on

8 there not to put up here and get into the minutia of

9 the monograph language, but we did take a crack at

10 putting in quotes what might be the statement of

11 identity as it might be written up in the panel report

12 on page nine, but I don't go into that.

13 Now, the top part in the gray is the

14 summary of the regulation pertaining to the statement

15 of identity for single ingredient products. And we've

16 just gone through that. And if we now turn to OTC

17 combinations, the statement of identity relates to the

18 general pharmacological actions of the mixture or of

19 its principal intended action.

20 And again, I'm talking about combinations

21 of Category I active ingredients from different

22 monographs. I'm not talking about the fixed

1 combination which is being handled as a single
2 ingredient, as I've just discussed.
3 Now as a preview of coming attractions, I
4 know we're talking about combinations tomorrow, but
5 the combinations that we are suggesting and we had
6 some comments at the previous panel meeting along
7 these lines, you might remember, would be anti-
8 gingivitis, anti-plaque plus an anti-caries agent;
9 anti-gingivitis, anti-plaque plus tooth desensitizing
10 agents.
11 And again, I reflect my earlier comment
12 that when I speak to anti-gingivitis, anti-plaque, I'm
13 talking about the various -- could be anti-gingivitis
14 plus anti-caries as in the case of stannous fluoride,
15 for example.
16 But moving on, anti-gingivitis, anti-
17 plaque plus anti-caries and tooth desensitizing agent.
18 And then, at some time in the future, as we mentioned
19 in our comments on plaque, should there be a reason to
20 include combinations of anti-plaque, anti-gingivitis
21 active ingredients, they would fall within the same
22 general comments that I'm making relative to the

1 statement of identity principles for statement of
2 identity.
3 So here we have the combinations. And I'm
4 doing this in relation to the Category I ingredients.
5 Recommended one for anti-gingivitis purpose, and
6 another two for anti-plaque, anti-gingivitis. And
7 you'll see here we're maintaining the same statement
8 of identity and placing a statement of identity either
9 before or after the statement of identity for this
10 particular rule making.
11 The reason it goes before or after is in
12 part related to just logic and English. But I would
13 also -- and I'll show you that in a moment. But I
14 also want to mention that, as anti-plaque, anti-
15 gingivitis would be stated here on that second bullet,
16 a statement of identity would not be inserted between
17 those two.
18 It would either be before or after.
19 So for the combination anti-cavity, anti-
20 gingivitis toothpaste, anti-cavity, anti-plaque, anti-
21 gingivitis dentifrice; anti-cavity, anti-gingivitis
22 toothpaste for sensitive teeth.

1 This last bullet demonstrates the example
2 of placing the other statement of identity before and
3 after the main statement of identity here, anti-
4 gingivitis toothpaste, for example. Okay, it would
5 not make sense to take these statement of identity,
6 which was toothpaste for sensitive teeth, and somehow
7 put it in front of anti-cavity.
8 So it's just a logic build in terms of
9 putting the statement of identity together.
10 Again, Bob, on page 14, we suggest some
11 specific language related to what might reflect this
12 discussion as it would be written up for the proposed
13 monograph, and we won't go into that in detail here.
14 What I'd like to do now is to turn to
15 indications. Again, there are two basic categories
16 here of therapeutic ingredients recommended to date
17 for Category I status, anti-gingivitis active
18 ingredients, and anti-plaque and anti-gingivitis
19 active ingredients.
20 What we're recommending is a set -- two
21 sets of indication. One is a basic monograph
22 indication and all products would bear this particular

1 monograph indication. And then there would be
2 additional, optional monograph indications.
3 And as I go through here, just for the
4 sake of brevity, I'm not going to read each one of the
5 nouns and each one of the verbs. But when I read
6 controls, I mean the brackets "reduces, treats,
7 prevents."
8 If I read control up here, it might mean
9 "reduction, treatment, prevention." So the basic
10 monograph indication would be for the control of
11 gingivitis. Alternatively, and you saw in Bob's
12 presentation and we have other examples throughout the
13 OTC review, there can be alternate phrases that are
14 used.
15 And we would suggest for the control for
16 the reduction, treatment and prevention -- for the
17 control of the gum disease gingivitis. The optional
18 monograph indications: controls gingival bleeding;
19 controls red, swollen gums; controls bleeding guns.
20 And these claims would be optional and
21 would be permitted if the ingredient had the basic
22 anti-gingivitis claim. So we're only talking about

1 the product which has activity against gingivitis.

2 This is not the anti-plaque, anti-

3 gingivitis ingredients.

4 Now a couple of points. Looking at "for

5 the gum disease gingivitis," in the final monograph

6 for the anti-caries indication, it states, in terms of

7 the indication, "aids in the prevention of dental

8 cavities." And that could be replaced by dental decay

9 or dental caries [decay] or dental caries [cavities].

10 And so there is precedent for having this

11 kind of construct, gum disease gingivitis, with an

12 explanatory in the oral care area, and that is true of

13 other areas as well.

14 For example, in the analgesic area,

15 premenstrual or menstrual period can be followed by a

16 bracket [cramps], or it can be premenstrual/menstrual

17 period followed by, in brackets, [dysmenorrhea].

18 So this construct explaining gingivitis as

19 gum disease has a precedent in other rule makings in

20 terms of being an explanatory parenthetical or

21 explanatory comma phrase that follows.

22 In addition, if we were to look at the

1 optional monograph indications -- for example, the
2 indication for aspirin -- and this is stated on page
3 four of our detailed comments in the second paragraph,
4 the indications for the temporary relief of minor
5 aches and pains associated with -- and then the
6 monograph explanatory language says "select one or
7 more of the following" and a list would then come
8 after that.
9 This is in page four, paragraph two if
10 you're looking. That's not up on the slide. For the
11 temporary relief of minor aches and pains associated
12 with (select one or more of the following) a cold,
13 common cold, sore throat, headache, toothache,
14 muscular aches and pains, backache,
15 premenstrual/menstrual period, dysmenorrhea or cramps.
16 So there are -- the construct for optional
17 monograph claims is seen in other monographs as well.
18 Another example is in the final anti-
19 caries Section 355.50, section (f) of the CFR, Code of
20 Federal Regulations for rinses. An optional statement
21 might be placed as follows:
22 "Adults and children over six years of age

1 may wish to see -- may wish to use this extra-strength
2 fluoride dentifrice if they reside in a non-
3 fluoridated area or if they have greater tendency to
4 develop cavities."
5 That by way of an example to show that
6 monographs often will include optional phrases which
7 can be used by manufacturers. And again, this is the
8 construct that we're using.
9 Now let's turn to the anti-plaque, anti-
10 gingivitis active ingredients. We have just looked
11 just at anti-gingivitis. And what you see here is the
12 same basic monograph indication for the anti-plaque,
13 anti-gingivitis activities for the control of
14 gingivitis or for the control of the gum disease
15 gingivitis.
16 The same three optional monograph
17 indications: gingival bleeding; red, swollen guns;
18 bleeding gums. And then we would recommend the
19 addition of these two additional ones, five and six in
20 red on the slide: controls, reduce, treats, prevents,
21 removes plaque that leads to gingivitis or the gum
22 disease gingivitis.

1 And six, controls plaque bacteria that
2 lead to plaque and gingivitis. And again, with the
3 parentheticals not stated, but they're in your
4 handout.
5 And then for the anti-plaque active
6 ingredients, again, in the event that FDA determines
7 that certain claims which employ the word plaque are
8 in themselves drug claims, it would be for the control
9 of plaque.
10 And what I'd like to do now is just for a
11 moment return back to the anti-plaque, anti-gingivitis
12 active ingredients and specifically controls plaque
13 that leads to gingivitis and controls plaque bacteria
14 that lead to plaque and gingivitis.
15 And a comment here. I'm using claim six
16 as an example, but you could actually -- just for
17 space reasons, but five pertains to this particular
18 comment that I have as well. The claim "controls
19 plaque bacteria that lead to plaque and gingivitis" --
20 it's our view that this is truthful. It's not
21 misleading and that, as a principle, is obviously an
22 OTC label standard.

1 The claim states the accepted mechanism of
2 action of the recommended Category I ingredients, *ie.*
3 an anti-microbial effect. And I think -- we think, as
4 a task group, that this meets FDA's past concerns that
5 an anti-microbial claim might imply a health benefit
6 that would not necessarily be obvious to the consumer.
7 And I'm reflecting much of the discussion
8 in relation to other monograph categories, not this
9 particular category. But we think in this particular
10 case, as the way we have constructed it, "controls
11 plaque bacteria that lead to plaque and gingivitis,"
12 that the proposed claim states the intended benefit as
13 it would relate also to, remember, the claim which
14 would not be optional, that first claim, which is for
15 the control of gingivitis.
16 That particular claim would be on the
17 label along with this one. And I think the two really
18 get to the health benefit; and quite rightly and
19 truthfully and not in a misleading way, reflect the
20 mechanism of action for these particular ingredients.
21 I'd like to turn now to directions. Just
22 as a point to build on what Bob Sherman said earlier,

1 generally these are ingredient specific, as you might
2 imagine, and formulation specific.
3 Generally they're defined by the clinical
4 trial methodology. And generally it's preferable on
5 labeling if, as you construct these, to clearly
6 separate what might more appropriately be in the
7 warning instead of the directions just as a general
8 principle.
9 I'd also like to reflect on some of the
10 discussion yesterday. You'll recall that the term
11 maximum daily exposure was brought up as a discussion
12 and it's now being referenced for a Friday discussion.
13 And I would like to, since we're in the
14 directions and we're talking about the directions, and
15 often there are considerations what would be the
16 language in terms of the amount of exposure or dosage
17 to the individual, I'd like to just convey some
18 general principles that have occurred to me as I
19 reflected on the discussions yesterday.
20 And I know we're not talking specifically
21 about labels -- about levels here, and we're not
22 talking specifically about data. But as I reflected

1 on this, it -- you know, and I think back to the
2 aspirin discussions that the Panel had in relation to
3 the database on rheumatoid arthritic patients.
4 And there was quite clearly a fairly close
5 link in terms of the dosage in terms of efficacy and
6 safety concerns. Four grams a day for ten days, a
7 huge database on arthritic patients; and an
8 understanding that, at that top level, after -- in a
9 longer period of time there might be some concerns in
10 terms of certain organ toxicities, and that coming
11 from the general experience of the Panel members as
12 they particularly reviewed that.
13 But it seems to me that, in this
14 particular category, we have some direction here. If
15 we can put the stannous fluoride product aside,
16 recognizing that that's going to be likely used as an
17 anti-cavity, anti-gingivitis toothpaste and there is
18 labeling there for the fluoride use and we think in
19 terms of directions, and we think about the dentifrice
20 in the context of the fluoride directions of use.
21 And I'm sure if you would get into that
22 discussion, P&G would have more comments on that.

1 But let's take CPC. We can take the fixed
2 combination by way of example. It seems to me there
3 is a very wide margin of safety in terms of the upper
4 end level where you have a concern for toxicity and
5 the actual dosage that is being administered to
6 prevent plaque and gingivitis. You have that wide
7 margin of safety.
8 These mouth rinses are going to have --
9 and be used for cosmetic purposes as well, breath
10 freshening and so on. And while the trials where we
11 say generally they're fine in terms of the clinical
12 trial methodology here and you're looking at twice a
13 day, from an oral care and from a consumer use
14 perspective, if a person were to use it after each
15 meal and maybe before going to bed, relative to what
16 you know about the safety, it seems to me that trying
17 to tie the directions of use exactly to the clinical
18 trial may not reflect how these are going to be used
19 by consumers, nor should, I think, you have a safety
20 concern if a person is going to use a rinse for more
21 than twice a day, the kind of labeling that you would
22 eventually come up for the entire product.

1 So I'm not going to say much more about
2 that except to just give a caveat relative to our
3 comments that we sent to you and this statement here
4 generally defined by the clinical trial methodology.
5 I think there may be a slight disconnect
6 as you think about efficacy defined in the trial and
7 then you think broader in terms of how these products
8 would be practically used and the actual safety of
9 these ingredients which is quite excellent with a very
10 wide margin of safety.
11 I'd like to turn to warnings. And Bob
12 reflected FDA's warning policy. It's a longstanding
13 policy that only essential information be on the
14 label. In part, this is to conserve scarce label
15 space; but also it is that when you get too much
16 extraneous information, it's hard for the consumer to
17 work through that.
18 And so the general policy has been for
19 only essential information. And in that context for
20 warnings, a three tiered sequential process; good
21 scientific documentation; clinically significant;
22 important to the safe and effective use of the product

1 by the consumer.

2 That's the general principle that has been

3 applied for OTC warnings. And I won't go into a

4 broader explanation of that.

5 Here the point I would like to make is

6 that the general warning, consistent with the anti-

7 caries monograph that we have proposed, is "keep out

8 of the reach of children under six years of age." And

9 "if you accidentally swallow more than used for

10 brushing, seek professional assistance or contact a

11 poison control center immediately."

12 Now, obviously for the mouth rinses,

13 brushing would be replaced by the word rinsing.

14 So in terms of summary, for the single

15 ingredient -- active ingredient, AI, single active

16 ingredient, the example given here is cetylpyridinium

17 chloride anti-plaque, anti-gingivitis mouthwash or

18 mouth rinse.

19 For a combination where there is no

20 established name for that combination, it might be

21 anti-cavity, anti-plaque, anti-gingivitis toothpaste

22 for sensitive teeth.

1 In terms of the indication in here, the
2 example shown is the anti-plaque, anti-gingivitis
3 agents where, in red on the summary slide that is
4 shown up here, number one, "for the control of
5 gingivitis or for the control of the gum disease
6 gingivitis." would be the expected claim that each
7 ingredient would have to meet.
8 And then two through six -- two, three and
9 four are dealing with anti-gingivitis; five and six
10 dealing with anti-platelet -- excuse me, anti-plaque.
11 That's the second time, Dr. Genco, I've
12 made this slip.
13 Anti-plaque purposes. Again, these two
14 through six being optional claims once the first claim
15 has been met by the particular ingredient. In terms
16 of the directions, per the clinical trial, but in
17 relation to the comments that I had just made, urged
18 you not -- to avoid mixing directions in what might
19 more appropriately be warnings.
20 And I don't have any particular example
21 right now; but as you get into directions, to think
22 that there are also other places where some of those

1 statements might appear.

2 And then again, in terms of FDA's overall

3 warning, there is a longstanding policy on how and why

4 warnings would appear on labels and we're recommending

5 the overdose warning for the anti-caries monograph.

6 Thank you very much.

7 CHAIRMAN GENCO: Thank you, Bill.

8 Any comments or questions?

9 I think you've given us some good

10 directions, both you and Bob.

11 This might be a good time for a break.

12 We're running -- oh, wait a minute, it's only 9:15.

13 We're running well ahead, so let's hold off on the

14 break here.

15 Bob, do you want to give us a charge?

16 MR. SHERMAN: Well, the charge I can do

17 from here, which is basically the questions that we

18 have listed for you -- I can read through these if

19 you'd like.

20 And basically that is, given the data that

21 has been presented to you, what recommendations would

22 you have for the statement identity or statements of

1 identity for OTC anti-plaque and anti-gingivitis drug
2 products?
3 What types of indications are
4 inappropriate for these products?
5 What types of indications are appropriate?
6 And within these, what specific wording would you
7 recommend?
8 Are there any general warnings you would
9 recommend for this class of OTC drugs?
10 Are there any additional specific warnings
11 for the recommended Category I ingredients or
12 combination of ingredients?
13 Are there any age groups that require
14 special consideration? If so, what age groups and how
15 should the labeling reflect this?
16 And do you have any recommendations for
17 professional labeling for any of these products?
18 CHAIRMAN GENCO: I think there are a
19 couple of things that we probably should address
20 before we get into this, and they both have -- they
21 both relate to the anti-plaque claim. What Bill
22 Soller has presented to us is a possibly for an anti-

1 gingivitis claim in absence of an anti-plaque claim.
2 And I'd like to present that to you. And
3 then, of course, the older issue of -- or the other
4 issue of an anti-plaque claim in the absence of an
5 anti-gingivitis claim.
6 Max, do you want to make some comments on
7 that?
8 DR. LISTGARTEN: Well, if we go back to
9 some of the earlier discussions of the subcommittee,
10 I think we decided that there had to be a combination
11 of both plaque and gingivitis effect in order to be
12 acceptable to us as Category I agents.
13 So with that in mind, I think some of the
14 other descriptive terms may not meet the criteria of
15 our subcommittee.
16 CHAIRMAN GENCO: Are there any of the
17 Class I or Category I agents that would warrant an
18 anti-gingivitis only claim?
19 DR. SAXE: Well, I think that's going to
20 open up an interesting discussions, Bob, because there
21 are some basic claims. If we look at the statement of
22 identity that Bob Sherman presented today, 21 CFR

1 201.61, the statement of identity shall be in terms of
2 the established name of the drug, if any.
3 It would be followed by an accurate
4 statement of the general pharmacological categories of
5 the drug or the principal intended actions of the
6 drug. If they are going to be in a pharmacological
7 category, we've heard today some basic indications --
8 sensitivity, anti-caries, anti-gingivitis.
9 I don't think that anti-plaque is up there
10 with those. We used anti-plaque as just a -- it's an
11 optional -- sort of an additional indication of its
12 effectiveness of the agent as an anti-gingivitis
13 agent.
14 And if two products are both effective
15 against gingivitis but one can be labeled as an anti-
16 gingivitis product and one is an anti-plaque, anti-
17 gingivitis product, I think it's unfair for the public
18 because obviously one would want to take a product
19 that has -- seems to have greater advantages.
20 So I think that the basic statement, the
21 SOI, should really deal with anti-gingivitis to
22 sensitivity, anti-caries; but anti-plaque should not

1 be up there as a basic claim -- as a drug claim.

2 CHAIRMAN GENCO: So you're making a

3 proposal for the answer to question one, a general --

4 as a general principle for all three of these Category

5 I agents to be -- the SOI be -- or the statement of

6 identity be, as Bill Soller on page seven recommended

7 or has suggested, the established name of the drug,

8 anti-gingivitis toothpaste dentifrice, etc.?

9 DR. SAXE: Correct.

10 CHAIRMAN GENCO: Sheila.

11 DR. McGUIRE-RIGGS: Just for a point of

12 clarification, even though the drug claim is only

13 about anti-gingivitis, for them to be Category I they

14 had to show us both that they were anti-plaque and

15 anti-gingivitis?

16 DR. SAXE: No.

17 DR. McGUIRE-RIGGS: Okay, so that the

18 wording from here on out -- that seems to disagree

19 from what Max said, no?

20 DR. SAXE: No.

21 DR. McGUIRE-RIGGS: So plaque will be

22 dropped, anti-plaque?

1 DR. LISTGARTEN: I'd like to -- I
2 personally would like to see both of them show up
3 since we're required to have both of them
4 demonstrated. I don't see any reason why anti-plaque,
5 anti-gingivitis couldn't be used.
6 I'm concerned about -- to take something
7 out of the blue, I'm concerned of someone coming up
8 with a cortisone containing toothpaste which might be
9 strictly anti-inflammatory and might not necessarily
10 have any effect whatsoever on plaque.
11 DR. SAXE: But no one can come up with a
12 new ingredient now and just put it on the market if
13 it's not been in an agent that's already been reviewed
14 by an FDA panel.
15 DR. LISTGARTEN: That's true.
16 DR. SAXE: So that's --
17 DR. LISTGARTEN: I just wanted to be maybe
18 a little bit more specific about the mechanism of
19 action and that was the reason I like to see the term
20 anti-plaque retained. But I don't have any strong
21 feelings about this.
22 I basically agree with your statement that

1 the drug claim is anti-gingivitis.

2 DR. SAXE: Yes, I think as Bill Soller

3 pointed out also, when does the initial statement of

4 identity -- this is -- and then there are various

5 indications. And he listed, for example, on his

6 overhead number 25 where there are additional

7 indications.

8 And this is quite appropriate, and he also

9 lists that it controls plaque that may lead to

10 gingivitis or kills bacteria that may --

11 DR. LISTGARTEN: So it could be clarified

12 in a subsequent statement? Okay.

13 CHAIRMAN GENCO: So the recommendation is

14 -- let me just summarize this discussion.

15 One recommendation is that the SOI be

16 anti-plaque and anti-gingivitis, and the other is that

17 it be anti-gingivitis alone. And in that case then,

18 the indications would include the anti-plaque. So

19 those are a couple of options.

20 Okay, Bill and then Bill Soller.

21 Bill Bowen.

22 DR. BOWEN: I agree with Stanley. I just

1 wanted to make the point that there is a product on
2 the market at the moment that is anti-gingivitis and
3 has no effect on plaque.
4 CHAIRMAN GENCO: Bill Soller.
5 Oh, go ahead, Mike.
6 DR. BARNETT: Dr. Mike Barnett, Warner-
7 Lambert.
8 I'd just like to support the proposition
9 that the word anti-plaque ought to be retained insofar
10 as it reflects the activity of some of the active
11 ingredients that have been reviewed and approved.
12 And so therefore, it's an accurate
13 representation of what those ingredients do. It may
14 not be applicable to all of them, but certainly it's
15 applicable to some of them, and therefore ought to be
16 retained for those ingredients.
17 CHAIRMAN GENCO: Bill Soller.
18 DR. SOLLER: Yeah, just a comment.
19 In reviewing this and developing our
20 recommendations on the task group, we were reflecting
21 what we thought were discussions on the subcommittee
22 here in terms of your recommendations for Category I

1 ingredients with stannous, anti-gingivitis and the two
2 mouth rinses as anti-plaque, anti-gingivitis.
3 And I would reflect that, in the
4 regulations for statement of identity -- and I'm just
5 referring to our paraphrase on page five -- it's not
6 just the pharmacologic category, but it's the
7 principal intended actions.
8 And anti-plaque is, we think, as important
9 -- not as important. It's an important action, and
10 that's something the consumer should be aware of.
11 It's something that the consumer does relate to.
12 And I can't help but react a little bit to
13 thinking that it might be unfair to state something
14 that's truthful on the label because another product
15 doesn't show that activity. That is sort of a
16 disconnect to me.
17 And I think what we try and do is to
18 provide and have an informed consumer and provide them
19 with the truthful, not misleading information that
20 can, and we think, should be there.
21 CHAIRMAN GENCO: So just so we're clear,
22 Bill, what NMDA is recommending, or at least the

1 majority, is that the stannous fluoride be anti-
2 gingivitis dentifrice, and the other two be anti-
3 plaque and anti-gingivitis?
4 DR. SOLLER: That's correct.
5 CHAIRMAN GENCO: That's the recommendation
6 from your committee?
7 DR. SOLLER: That is correct.
8 CHAIRMAN GENCO: Does Procter & Gamble
9 agree with that? I guess they do.
10 DR. SOLLER: Well, we have their --
11 anywhere on that second slide.
12 (Laughter.)
13 DR. SAVITT: I'm a little uncomfortable
14 with the idea of just making it -- just having the
15 label as anti-gingivitis along the lines that Bill
16 Soller just outlined.
17 If you're looking to put a major piece of
18 information on the label so that the consumer can
19 quickly and accurately identify what that particular
20 product is intended for, I think it would be in a way
21 somewhat misleading not to put anti-plaque on there.
22 In addition, if the consumer comes up to

1 the counter and sees various products and some are
2 listed as anti-gingivitis and others are listed as
3 anti-plaque and anti-gingivitis, you know, you are
4 simply informing the consumer of what's available and
5 they can make a reasonable choice.
6 It doesn't seem rational to me to make it
7 more difficult for the consumer to figure out what's
8 the most appropriate product for them and have them
9 start to read the small print on the side.
10 An anti-plaque claim seems to be a fairly
11 significant portion of what they're looking for, and
12 the fact that we have presented to the industry a
13 fairly significant hurdle at making that claim makes
14 it even more appropriate that the term should be
15 indicated as a major portion of the label.
16 That's my own view.
17 CHAIRMAN GENCO: Thank you.
18 Bill, would you review or refresh our
19 memories with respect to the actual data on the
20 stannous fluoride and anti-plaque?
21 I think this may be relevant here because
22 I think it's probably the similar point that you made

1 with the other -- that other product; that there's a
2 definite anti-gingivitis effect, but the anti-plaque
3 may not have been clinically significant -- whatever,
4 it may have been weak or so.
5 DR. BOWEN: It was marginal at best.
6 DR. McGUIRE-RIGGS: That was just for the
7 stannous fluoride?
8 DR. BOWEN: Yes.
9 DR. McGUIRE-RIGGS: So we would make the
10 distinction by the product for stannous fluoride? In
11 the monograph it would just be anti-gingivitis, but
12 the other two would be both anti-plaque, anti-
13 gingivitis?
14 So any new company wanting to come and
15 meet the monograph standards would then only have to
16 prove anti-gingivitis for a stannous fluoride similar
17 product, is that right?
18 DR. BOWEN: Well, they'd have to fulfill
19 the profile test.
20 DR. McGUIRE-RIGGS: But just on the anti-
21 gingivitis portion --
22 DR. BOWEN: Yes.

1 DR. McGUIRE-RIGGS: -- and not the anti-
2 plaque portion?
3 DR. BOWEN: Right, correct.
4 DR. McGUIRE-RIGGS: Or like -- conversely
5 then, the other two products, they'd have to reach
6 both the standard of gingivitis and plaque to be -- to
7 do the claims?
8 CHAIRMAN GENCO: Well, you recall
9 yesterday when we talked about formulation of the same
10 product, stannous fluoride, we didn't really require
11 a gingivitis -- the model -- the in vivo model was the
12 plaque regrowth and the glycolysis.
13 It didn't deal with gingivitis at all. So
14 somebody could make another preparation with stannous
15 fluoride, another dentifrice, and not even demonstrate
16 a gingivitis effect.
17 DR. McGUIRE-RIGGS: Is that consistent?
18 CHAIRMAN GENCO: Well, we had that
19 discussion yesterday. Is that a good surrogate for a
20 six month clinical trial of gingivitis effect, and we
21 decided that it was.
22 So we're back to this issue of the -- as

1 I see it, it probably deals with the strength of data
2 with respect to the anti-plaque effect of stannous
3 fluoride and the hesitancy to call it an anti-plaque
4 agent based upon that, if I'm correct.
5 Is that what the -- Bill Soller, is that
6 industry's feeling too?
7 Okay, so it's more accurate to call it an
8 anti-gingivitis alone based upon the clinical trials.
9 Okay, Stan.
10 DR. SAXE: Well, I just wanted to say that
11 if we're looking at the drug effects and we have
12 agreed that the anti-plaque doesn't -- isn't
13 sufficient to -- it's cosmetic and anti-plaque is
14 important because it leads to a drug effect and the
15 effect is the demonstration of anti-gingivitis, that
16 if plaque indeed is an etiologic factor in gingivitis,
17 that if the plaque is disabled in some fashion which
18 may -- and apparently may be one of the mechanisms
19 with the stannous fluoride, yet the methods of
20 assessing plaque in the clinical trials is very crude
21 and it does not show up in the stannous fluoride.
22 Because basically one eyeballs what may be

1 living or dead plaque comes up with some crude
2 estimation and this enters into the final data. And
3 as one of our panelists pointed out yesterday, you try
4 best to say whether it's a one or a two, and then it
5 gets carried out at least to two decimal places.
6 So the point being that if a product
7 hasn't shown that there has been a significant
8 decrease or change in the plaque as measured by these
9 various plaque indices, and yet it shows an anti-
10 gingivitis effect, I think it's unfair on that basis
11 to put comparable products -- when comparable products
12 are on the market, that one is at a disadvantage
13 because one can be labeled anti-gingivitis and the
14 second product can have what apparently are additional
15 benefits and labeled as -- identified as anti-plaque
16 and anti-gingivitis.
17 So I think that -- and the gingivitis is
18 the important claim. That's the drug claim. That's
19 the bottom line, I think, and it's right up there with
20 sensitivity and anti-caries and anti-gingivitis, and
21 the anti-plaque is simply supplemental.
22 CHAIRMAN GENCO: So you're arguing for all

1 three only to use anti-gingivitis?

2 DR. SAXE: Correct.

3 CHAIRMAN GENCO: And there is an argument

4 -- there is an alternate suggestion to use anti-

5 gingivitis for stannous fluoride and anti-plaque,

6 anti-gingivitis for the other two?

7 Okay. Does somebody want to speak to

8 that?

9 Don.

10 DR. ALTMAN: Well, I'm getting confused.

11 But I did agree with everything that Gene said. I

12 think that if, in fact, the science says it is --

13 proves that it's anti-plaque, then it would behoove us

14 to have that on there. I think the consumer relates

15 to the word anti-plaque and it should not be difficult

16 for them to know if something is anti-plaque.

17 CHAIRMAN GENCO: All right, you'd be

18 supportive of the second proposal; that is, for the

19 statement of identity for the stannous fluoride to be

20 anti-gingivitis, and for the statement of identity for

21 CPC and Listerine would be anti-plaque and anti-

22 gingivitis?

1 DR. ALTMAN: Right.

2 CHAIRMAN GENCO: Okay.

3 Lew.

4 MR. CANCRO: I think that there are many

5 reasons why the anti-plaque, anti-gingivitis should be

6 an appropriate indication. First of all, you demand

7 it from the manufacturer. You insist that it be

8 measured.

9 So it's -- therefore, it is achieved, it

10 is truthful. Secondly, it does convey a mechanistic

11 means which presumably the consumer, at this stage, is

12 familiar with, anti-plaque. I mean, they do

13 understand that.

14 And then I think when you finally get to

15 look at the fact that some of the products are showing

16 an anti-gingivitis effect and not showing an anti-

17 plaque effect, by the measurement techniques we have

18 today, that conceivably can change.

19 I mean, I think one of the P&G scientists

20 proposed that, at this point in time, there may be

21 confusion in just reading plaque surface and that --

22 and, you know, in future endeavors, they may be able

1 to discriminate a true anti-plaque effect for the
2 stannous ion that they can't do today.
3 So I think the fact that it is truthful --
4 you demand it being measured -- suggests that it
5 should be an appropriate indication.
6 CHAIRMAN GENCO: For what now, for all
7 three?
8 MR. CANCRO: For those ingredients that
9 demonstrate it to your satisfaction.
10 CHAIRMAN GENCO: All right, so that would
11 be the CPC and the Listerine. And so you're
12 supporting also the proposal that anti-gingivitis
13 alone for stannous fluoride and the anti-plaque and
14 anti-gingivitis for CPC and Listerine?
15 Okay.
16 Sheila.
17 DR. McGUIRE-RIGGS: So is this an anti-
18 plaque, anti-gingivitis monograph or an anti-
19 gingivitis monograph?
20 MR. SHERMAN: It's both. It's for both.
21 CHAIRMAN GENCO: Max.
22 DR. LISTGARTEN: One of the substitute

1 tests that P&G uses is the plaque regrowth glycolysis
2 assay. And by demonstrating it reduced an active
3 glycolysis, while plaque may not have diminished in
4 terms of the standard assays of plaque, one could
5 conceive of some alteration within plaque -- reduced
6 vitality, reduced metabolic activity -- which
7 conceivably could be mentioned somehow.
8 So that while you couldn't make an anti-
9 plaque claim, you might be able to make a claim that
10 it's antibacterial. Not necessarily anti-plaque, but
11 it's antibacterial. So one could have conceivably an
12 antibacterial, anti-caries, anti-gingivitis claim, but
13 not necessarily an anti-plaque claim --
14 CHAIRMAN GENCO: So back to --
15 DR. LISTGARTEN: -- to be strictly legit.
16 CHAIRMAN GENCO: So this could be dealt
17 with -- let's use this as a scenario. Stannous
18 fluoride, anti-gingivitis, that's statement of
19 identity. But, in indication, stannous fluoride has
20 anti-gingivitis, anti-gum disease, etc., and also --
21 DR. LISTGARTEN: Kills --
22 CHAIRMAN GENCO: -- kills bacteria. Some

1 statement reflecting the effect on plaque.

2 So in the indications, that could be dealt

3 with.

4 DR. LISTGARTEN: Yes. And I think that

5 would talk to the mechanism.

6 CHAIRMAN GENCO: So is there any -- do we

7 need a vote on this? Somebody want to make a -- it

8 sounds like we're coming to consensus for stannous

9 fluoride for the statement of identity to be anti-

10 gingivitis; and the other two, CPC and Listerine, to

11 be anti-plaque and anti-gingivitis.

12 Is there any objection to that?

13 Do we need a vote?

14 DR. BOWEN: We don't have -- excuse me.

15 We don't have to include anything pertaining to caries

16 at this stage with the stannous fluoride?

17 CHAIRMAN GENCO: No, not at this point.

18 No, we're just discussing the anti-plaque, anti-

19 gingivitis statement of identity for the three

20 Category I agents. So let me restate that.

21 We feel that, for stannous fluoride, the

22 statement of identity should essentially be stannous

1 fluoride, anti-gingivitis dentifrice of toothpaste.
2 For CPC, it should be cetylpyridinium chloride, anti-
3 plaque and anti-gingivitis dental rinse or mouth
4 rinse.
5 And for Listerine it would be anti-plaque,
6 anti-gingivitis dental rinse or mouth rinse.
7 DR. SOLLER: It's wordsmithing because we
8 live and die with --
9 CHAIRMAN GENCO: No, no; I said
10 essentially what --
11 DR. SOLLER: No, no, no; I agree. But the
12 word "and" might be an optional.
13 CHAIRMAN GENCO: Oh, sure.
14 DR. SOLLER: You said "and" for one and
15 you didn't say "and" for the other.
16 CHAIRMAN GENCO: Yes.
17 DR. SOLLER: And so you know how
18 transcripts go.
19 CHAIRMAN GENCO: Okay.
20 DR. SOLLER: I just -- it's anti-plaque,
21 anti-gingivitis is what we're suggesting.
22 CHAIRMAN GENCO: Right.

1 DR. SOLLER: If a manufacturer were to put
2 "and" in, it wouldn't -- for whatever reason, it would
3 not reflect, I think, in terms of its meaning. So it
4 could be done either way.
5 CHAIRMAN GENCO: Either way, yeah.
6 So the intent is for the latter two, CPC
7 and Listerine, that would be anti-plaque, anti-
8 gingivitis or anti-plaque and anti-gingivitis.
9 DR. SOLLER: Okay.
10 CHAIRMAN GENCO: Okay, is that reasonable?
11 Stan.
12 DR. SAXE: Well, I want to say I would
13 think the question has -- I don't know if this -- or
14 Bill Soller suggested that there might be a
15 possibility of just simply an anti-plaque claim if
16 this panel would consider that.
17 And I would say that we went over that
18 some time ago and we decided that an anti-plaque claim
19 by itself couldn't stand; it really needed to
20 demonstrate the effect of the drug, *ie.* anti-
21 gingivitis.
22 So if an anti-plaque claim can't stand by

1 itself in the statement of identity, it isn't
2 sufficient. I think elevating it into the statement
3 of identity along with the anti-gingivitis isn't
4 appropriate.
5 I think these are anti-gingivitis drugs.
6 They're drugs, therefore it's anti-gingivitis and any
7 plaque claim should be subservient. So I'm still not
8 convinced.
9 CHAIRMAN GENCO: Okay.
10 DR. SAXE: I just want to go on the record
11 for that.
12 CHAIRMAN GENCO: So we don't have
13 unanimous opinion with respect to what I had just
14 stated.
15 Your view is that there should be no -- in
16 the statement of identity, no anti-plaque claim
17 allowed, only anti-gingivitis?
18 DR. SAXE: Right.
19 CHAIRMAN GENCO: Well, perhaps --
20 DR. SAXE: And certainly the anti-plaque
21 claims that can be made are also mentioned, but
22 they're supplemental.

1 CHAIRMAN GENCO: Well, perhaps we should
2 take a vote then. We should have a motion and take a
3 vote so that we -- everybody has their --
4 DR. LISTGARTEN: Before we take a vote,
5 can we just throw this out a little bit more?
6 CHAIRMAN GENCO: Sure.
7 DR. LISTGARTEN: So, according to your
8 view, in the SOI it should be just anti-gingivitis;
9 but then in -- down below, it could say reduces plaque
10 which causes gingivitis or kills bacteria on two
11 surfaces that contribute to gingivitis?
12 DR. SAXE: Exactly.
13 DR. LISTGARTEN: I don't have a problem
14 with that.
15 CHAIRMAN GENCO: Sheila.
16 DR. McGUIRE-RIGGS: That's why I keep
17 going back to the upper higher level thing is this --
18 then this would be an anti-gingivitis or anti-plaque,
19 anti-gingivitis monograph. Because if we call it an
20 anti-plaque, anti-gingivitis monograph, then we'd have
21 to let the anti-plaque people come in.
22 DR. SAXE: Well, we have to know

1 historically -- and you see even today we're known as
2 the Dental Plaque Subcommittee.
3 (Laughter.)
4 Many years ago dental plaque and the
5 plaque-related products and calculus was in here too
6 I think maybe in parentheses many years ago, and we
7 worked that out.
8 CHAIRMAN GENCO: I don't think the name of
9 the subcommittee should dictate how -- what our
10 statement of identity is.
11 (Laughter.)
12 As a matter of fact, is it true that this
13 subcommittee could change its name? I mean,
14 eventually --
15 (Laughter.)
16 DR. McGUIRE-RIGGS: But I'm talking about
17 the monograph.
18 CHAIRMAN GENCO: This monograph -- could
19 be the Bowen Subcommittee or something.
20 (Laughter.)
21 DR. LISTGARTEN: We'll actually vote
22 ourselves out of existence.

1 (Laughter.)

2 MR. SHERMAN: Just to -- the monograph

3 will be called OTC products for the reduction or

4 prevention of plaque and gingivitis.

5 CHAIRMAN GENCO: So it will deal with --

6 even if it's an -- if it's not a statement of

7 identity, Sheila, --

8 DR. McGUIRE-RIGGS: Okay.

9 CHAIRMAN GENCO: -- certainly it will deal

10 with plaque as an indication.

11 DR. McGUIRE-RIGGS: So that --

12 CHAIRMAN GENCO: So that's consistent --

13 MR. SHERMAN: So it will cover ingredients

14 that may have both those claims or may have only one

15 of those claims. And you've decided that the only one

16 that can stand alone is gingivitis.

17 CHAIRMAN GENCO: All right, so what --

18 DR. McGUIRE-RIGGS: Okay.

19 CHAIRMAN GENCO: -- we're talking about is

20 statement of identity versus indications. In the

21 indications it appears that we're all -- most of us

22 probably would agree that the plaque indication, which

1 is a claim, would be there.

2 Okay, I think to focus this we could

3 probably -- I would entertain a motion. Then we could

4 discuss it and vote on it. It doesn't preclude

5 discussion.

6 DR. SAXE: I would make a motion then

7 that, in the statement of identity of the three

8 products so far classified as Category I, that they be

9 identified as anti-gingivitis products. And that

10 further benefits of the product such as anti-plaque

11 also then may appear in the label subsequent to that.

12 CHAIRMAN GENCO: Under indications?

13 DR. SAXE: Under indications.

14 CHAIRMAN GENCO: Okay. Is there a second

15 to that?

16 Max, okay.

17 Now discussion. I think Bill had his hand

18 up first.

19 DR. BOWEN: I was just wondering whether

20 an appropriate compromise might be to put anti-

21 gingivitis first (slash) anti-plaque.

22 CHAIRMAN GENCO: For all three or for

1 DR. BOWEN: Yes, for the two that have
2 demonstrated anti-plaque effect.
3 CHAIRMAN GENCO: And for stannous
4 fluoride, only anti-gingivitis.
5 DR. BOWEN: Anti-gingivitis, but start
6 with the gingivitis and put the plaque second.
7 CHAIRMAN GENCO: Okay, so you're speaking
8 against the motion.
9 Don and then Peter.
10 DR. ALTMAN: I still think that the anti-
11 plaque should be in the identity because I don't think
12 when a consumer goes and purchases toothpaste that
13 they read what the indication is for. I mean, we all
14 know it's, you know, brushing our teeth.
15 And if it's not in the identity, it's not
16 going to be seen. And I think if it does in fact --
17 if science shows that it's anti-plaque, it should be
18 right out front.
19 CHAIRMAN GENCO: Again, for the two which
20 have shown anti-plaque, okay.
21 Peter.
22 MR. HUTT: I simply wanted to bring to the

1 attention of the subcommittee that the Food and Drug
2 Administration had to address this very issue within
3 the past year in approving a new drug application for
4 a product and determined that the appropriate
5 statement of identity for that product was anti-plaque
6 and anti-gingivitis.
7 Both of the indications were included in
8 that new drug application. So we are faced with a
9 situation where either FDA would be required to change
10 that or the panel should at least consider that. I
11 believe that's correct.
12 It's not?
13 DR. OKARMA: I don't think it is. I'd
14 have to -- Fred's here.
15 CHAIRMAN GENCO: Excuse me, would you
16 identify yourself for the record, please?
17 DR. OKARMA: Oh, I'm sorry, Mr. Chairman.
18 I'm Paul Okarma, Colgate-Palmolive
19 Company.
20 We had these discussions with the FDA and
21 a fun time while we were negotiating a final label.
22 And I believe for Colgate Total toothpaste, the

1 statement of identity does reflect the anti-gingivitis
2 and anti-caries, but the anti-plaque statement is not
3 in the statement of identity.
4 But it does appear in another position on
5 the principal display panel.
6 MR. HUTT: It says helps prevent cavities,
7 gingivitis, plaque.
8 DR. OKARMA: On the principal display
9 panel, --
10 MR. HUTT: Yes.
11 DR. OKARMA: -- but that's not the
12 statement of identity.
13 DR. KATZ: That's the indication, not the
14 statement of identity.
15 MR. HUTT: Ah, that is the indication.
16 All right, I stand corrected.
17 DR. OKARMA: Yes, the statement of
18 identity is what's right underneath the word Colgate
19 Total, and I think that's --
20 MR. HUTT: Ah, it says anti-cavity
21 fluoride and anti-gingivitis toothpaste.
22 DR. OKARMA: Right.

1 MR. HUTT: You're right.

2 DR. OKARMA: Yes.

3 MR. HUTT: I was reading -- I didn't

4 realize that was the statement of -- the indication.

5 Thank you.

6 DR. OKARMA: At one early iteration, we

7 did have anti-plaque in there. Fred took it out.

8 (Laughter.)

9 CHAIRMAN GENCO: I think the issue is on

10 the table. Is there any reason we can't discuss the

11 specifics here? We're talking about a specific

12 toothpaste with a specific set of data.

13 Is there any problem in discussing that in

14 terms of this discussion?

15 DR. McGUIRE-RIGGS: Well, --

16 CHAIRMAN GENCO: Okay, then, you know,

17 it's been brought up and discussed.

18 Any further discussion on that particular

19 instance and how we can use that ruling for our

20 deliberations?

21 Max.

22 DR. LISTGARTEN: Well, from what we just

1 heard regarding Total toothpaste, I think this would
2 be in line with the suggestion that was made by Stan,
3 that we just consider gingivitis in the SOI; and that,
4 in the indications, this can be clarified further.
5 We did require the companies to
6 demonstrate the effectiveness on both, but it's true
7 that the disease is gingivitis. Plaque is not the
8 disease, and so the SOI should be related to the
9 disease.
10 The indications could explain how it works
11 or clarify how it works. That makes sense.
12 CHAIRMAN GENCO: Sheila and then Paul.
13 DR. McGUIRE-RIGGS: I'd like to hear from
14 Fred on why he made that difference and from Paul what
15 he thinks about this discussion.
16 DR. HYMAN: We actually went through a lot
17 of discussion internally about this, as you are. And
18 although we also agreed, and it was largely based on
19 what the panel had done up to that point when we had
20 to make the decision -- it wasn't complete yet.
21 But we got the sense that, in order for
22 the product to go OTC, we had to be comfortable with

1 the fact that there was anti-plaque activity going on.
2 However, we also agreed that the anti-gingivitis was
3 the drug claim.
4 The plaque was really more mechanistic.
5 CHAIRMAN GENCO: Fred, while you're on the
6 spot here, let's take a hypothetical situation, which
7 is a bad thing to do. But -- and we have some
8 specifics here. We could use those.
9 What if an agent showed very strong anti-
10 plaque and very strong, unquestionable anti-
11 gingivitis? I mean, it wasn't -- the situation with
12 Total, anti-plaque was variable.
13 DR. HYMAN: Well, again, they do have
14 plaque. It's allowed in their label.
15 CHAIRMAN GENCO: Right.
16 DR. HYMAN: It's just not the statement of
17 --
18 CHAIRMAN GENCO: As an indication, but not
19 as the statement of identity.
20 DR. HYMAN: -- statement of identity.
21 CHAIRMAN GENCO: Would it have been
22 different if the anti-plaque had been consistent

1 throughout ten studies?

2 DR. HYMAN: Well, Paul Okarma may want to

3 address this more, but the plaque effect was

4 consistent.

5 CHAIRMAN GENCO: Okay.

6 DR. HYMAN: That's why it's allowable on

7 the label.

8 CHAIRMAN GENCO: So that wasn't an issue?

9 It wasn't a weak plaque -- anti-gingivitis effect?

10 DR. HYMAN: No, it was just whether it

11 should be --

12 CHAIRMAN GENCO: It was the principle.

13 DR. HYMAN: -- statement of identity.

14 CHAIRMAN GENCO: Okay, thank you. Thank

15 you for clarifying that.

16 Paul and then Bill.

17 DR. OKARMA: Yes, Paul Okarma again,

18 Colgate-Palmolive Company.

19 That discussion is exactly correct. We

20 did see the plaque effect throughout all the studies.

21 The clinically significant end point is the

22 gingivitis.

1 Because we do have on the Colgate Total
2 label just anti-gingivitis as the statement of
3 identity, don't take that to mean we're adversely
4 opposed to a statement of identity that does contain
5 both anti-plaque and anti-gingivitis for those
6 products that can demonstrate both the clinically
7 significant anti-gingivitis effect and the
8 statistically significant anti-plaque effect.
9 We're certainly very receptive to that, if
10 that's your recommendation. Colgate Total is the only
11 NDA approved toothpaste for plaque and gingivitis. I
12 caution you to -- I'll certainly answer any questions,
13 to the best of my ability, that you have on the label
14 and the discussions we had with the FDA over the
15 negotiation and where we ended up with that label.
16 But because you're an advisory committee,
17 I'd like you, if at all possible, not to rely on that
18 label as a previous decision by the FDA, even though
19 it was. And we're very open to your thoughts on the
20 matter.
21 Thank you.
22 CHAIRMAN GENCO: Thank you.

1 Sheila. Oh, excuse me, Bill and then
2 Sheila.
3 DR. McGUIRE-RIGGS: Well, then, would they
4 get to alter their label because of this decision on
5 Total? Not necessarily or we shouldn't even care
6 about that?
7 DR. KATZ: Well, basically the decision
8 making process for an NDA drug is different --
9 DR. McGUIRE-RIGGS: Okay.
10 DR. KATZ: -- than what would come into
11 the monograph.
12 If the decision of this committee -- the
13 panel would be to allow such a claim, then there could
14 be a petition or there could be a filing of an
15 amendment --
16 DR. McGUIRE-RIGGS: Okay.
17 DR. KATZ: -- to that application to
18 change the statement of identity. But the statement
19 of identity there would not automatically change if
20 the statement of identity here becomes anti-
21 gingivitis, anti-plaque; anti-plaque, anti-gingivitis.
22 It would be up to the sponsor to submit --

1 supplement to the Agency for review.

2 CHAIRMAN GENCO: Okay, Bill and then

3 Ralph.

4 DR. SOLLER: Yeah, just a couple of

5 comments to reflect on some of the discussion, but

6 also to bring in a new piece of information.

7 We're talking statement of identity.

8 There's been a mix in the use of the word "claim" and

9 "statement of identity" as people have talked about

10 that. That's one thing. And I think that can creep

11 in to how you think about this particular area, so

12 it's important.

13 We're dealing with the statement of

14 identity, principal display panel, what the consumer

15 first sees, and how they initially self select, and

16 what are meaningful terms for them in that self

17 selection.

18 Now, second point. For statement of

19 identity, it's not defined as having the disease. I

20 don't know where that came from in the discussion, but

21 that's not how it's defined.

22 For example, for aspirin, pain reliever,

1 there's not a disease. Fever reducer, that's not a
2 disease. And you can look through the monograph. So
3 it's not -- the statement of identity is not
4 necessarily there to reflect the disease.
5 Secondly, if you were to look at the
6 ophthalmic monograph, they say ophthalmic demulcent,
7 ophthalmic emollient, ophthalmic vasoconstrictor.
8 Okay, they're not saying disease there. They are
9 saying basically the mechanism of action of that
10 particular ingredient.
11 Okay, so mechanism of action can and has
12 been a part of the statement of identity.
13 A couple of other points just very
14 quickly. You have put up a hurdle for companies to
15 get the anti-plaque claim. It's a significant hurdle.
16 I don't understand a fairness argument
17 here where it's unfair for a company to have that
18 prominently shown on the label in an important
19 position next to the brand name; when they have to go
20 through this effort, that it's unfair to be able to do
21 that.
22 I don't quite follow that particular

1 piece. I think it's fair to the consumer to know that
2 there are different products out there; and, in that
3 initial self selection process, to be able to be
4 directed to the product that they want.
5 We are best served with the most informed
6 consumer. And this is a way to do it.
7 CHAIRMAN GENCO: Thank you very much.
8 I would think that the discussion of your
9 first point, claims -- I heard either you or Bob
10 Sherman say that indications were analogous to uses or
11 claims.
12 And I think the -- we're not confusing the
13 issue, but I think we have to understand that if make
14 one recommendation with respect to statement of
15 identity, that -- for example, the anti-plaque,
16 antibacterial indications, uses, claims can be made in
17 the indications.
18 So it's not the end of it if it's not in
19 the statement of identity. And we tried to keep that
20 clear.
21 Is that clear to the committee? In other
22 words, statement of identity is clearly different from

1 out of the blue and new and not consistent with our
2 proceedings the last couple of years.
3 CHAIRMAN GENCO: Max.
4 DR. LISTGARTEN: We have naturally asked
5 industry to show an anti-plaque effect. We have --
6 industry has come and said that an anti-plaque effect
7 should be able to stand on its own merit. And what we
8 have said is, if you're going to make an anti-plaque
9 effect, you've got to show a reduction in gingivitis.
10 I think that's -- that's where we came
11 from. We didn't start off saying you have to show an
12 anti-plaque effect. Industry came and said we have
13 products that show an anti-plaque effect and we want
14 to be able to make that claim.
15 We said you can only make that claim if
16 you can show a reduction in gingivitis. But during
17 the debate, we never considered the possibility that
18 disease could be improved or prevented by other
19 mechanisms than wholesale plaque removal.
20 In fact, selective killing of pathogens
21 might be a potential mechanism of controlling disease.
22 So, we started off from a different perspective, and

1 indications. Indications could include an anti-plaque
2 claim or use if it's not in the statement of identity.
3 Yes.
4 DR. SAVITT: I'm still uncomfortable -- I
5 mean, the argument is certainly understandable that
6 Stan originally proposed. And I can understand all
7 the discussion that's gone on, but I'm still
8 uncomfortable with the idea that we are essentially
9 taking a fairly sophisticated point of science and
10 attempting to interpret it onto the label.
11 And when a consumer comes up to that stand
12 with all those various products there, the ability to
13 quickly see that one product has a significant
14 advantage over another one seems to be, to me, the --
15 an important and appropriate thing to consider.
16 Perhaps as important, if not more
17 important, than what is a fairly sophisticated
18 distinction between what is a disease and what is not
19 a disease and what's a mechanism. I mean, consumers
20 look for anti-plaque ingredients.
21 That's principally a -- that's a major
22 thing that they're looking for from a particular

1 product. And we've drummed that into them. You know,
2 plaque, plaque, plaque, plaque, plaque. Obviously
3 gingivitis is a major component as well, but it -- you
4 know, for the past 30 years, 40 years, we've been
5 drumming this anti-plaque into their heads.
6 And here we've come along, as Bill has
7 laid out, and said, you know, we've put this hurdle in
8 front of the companies. And if they can't meet it, as
9 they haven't been able to do with stannous fluoride,
10 then if they suffer from it, let them go out and do
11 some more research to prove that they do have an anti-
12 plaque claim.
13 But the ones that seem to have a higher
14 benefit for the consumer, it should be easier for the
15 consumer to be able to identify it. I'm not strongly
16 opposed to the proposal that Stan has made because I
17 certainly understand the argument, and obviously the
18 FDA seems to go along with him.
19 But it just seems inappropriate when we're
20 looking to make it clear to the consumer what the
21 advantages are of one product versus another to start
22 -- and I'll use the term "burying." That may be

1 melodramatic, but I'll use it anyway.

2 Burying this particular advantage further

3 down on the label.

4 CHAIRMAN GENCO: Thank you.

5 Bob.

6 MR. SHERMAN: Again, if you just think of

7 the statement of identity in terms of the drug's

8 purpose, it's reasonable to think that a drug can

9 prevent or remove plaque. And as Bill mentioned, or

10 just as a pain reliever, it's not necessarily -- the

11 disease does not necessarily have to be in the

12 statement of identity.

13 And that's a term that might be more

14 familiar to consumers.

15 CHAIRMAN GENCO: Thank you.

16 Fred.

17 DR. HYMAN: I just wanted to say something

18 else about part of the decision making process when we

19 approved Total and why we did that.

20 Again, keep in mind that the approval went

21 out on Total approximately a year ago, and then there

22 was a lot of discussion before that. We reviewed the

1 transcripts of this committee actually quite a bit to
2 try to come to the conclusion.
3 One problem that we had, and we kept
4 coming about with a circular argument, is that we
5 would say what's the -- what would be a clinically
6 significant plaque reduction. And what it always came
7 back to was whatever's enough to cause gingivitis.
8 So that's why I think that the gingivitis
9 really was what we put on the statement of identity
10 with the plaque as being more supportive.
11 CHAIRMAN GENCO: Thank you.
12 Don.
13 DR. ALTMAN: I just think -- I have to
14 reiterate again that the consumer buys toothpaste and
15 they don't go to the counter and read the indications
16 when it comes to purchasing a toothpaste. They're
17 going to read the identity of it.
18 And it's fine if it's in the indication.
19 But if it's not in the identity, I think you're doing
20 a disservice. And I think that, you know -- I don't
21 read the indications when I go to buy a toothpaste.
22 You read what's up front. And I think if,

1 in fact, it shows it's anti-plaque, it should say
2 anti-plaque.
3 CHAIRMAN GENCO: Excuse me, Ralph. I
4 didn't take you in turn and I apologize.
5 DR. D'AGOSTINO: What I was going to say
6 other people have said. I don't think that we should
7 put too much -- I'm going to come out with a bad
8 phrase here, but I don't think we should put too much
9 weight on what the FDA has said.
10 I mean, we are an advisory committee, and
11 I think that we should say what we think as scientists
12 and looking at the data. And I think the very fact
13 that they spent so much time reading the transcript,
14 they were trying to glean what the advisors would have
15 said.
16 And I'm trying to think of some other
17 things that we've done in the nonprescription advisory
18 committee. I think when we had Nasalcrom we were in
19 this bind that it was something one takes for seasonal
20 allergies, and there was sort of nothing like it on
21 the market, if I recall.
22 And we spent a lot of time with the

1 identity. And it was really just to catch the
2 consumer's eye so that they'd be directed correctly.
3 And I think what we're talking about here
4 very much is plaque and gingivitis, even though later
5 on one may want to say there's some claims for plaque
6 and some data and so forth and not -- but I think it
7 really is plaque and gingivitis that the consumer is
8 going to identify.
9 CHAIRMAN GENCO: Ralph, would you support
10 then a statement of identity different from the
11 stannous fluoride anti-gingivitis since the anti-
12 plaque --
13 DR. D'AGOSTINO: I think we have to. You
14 know, if we go that way, we have to because we don't
15 have the data.
16 CHAIRMAN GENCO: And then for the other
17 two, combine anti-plaque and --
18 DR. D'AGOSTINO: Yes.
19 CHAIRMAN GENCO: -- anti-gingivitis.
20 DR. D'AGOSTINO: That's the way I'm going.
21 CHAIRMAN GENCO: Thank you.
22 Okay, Max.

1 DR. LISTGARTEN: I would like to leave it
2 open and allow a plaque claim. And since we have
3 requested this of the manufacturers, I think it should
4 be allowed. And it is, in fact, a claim that the
5 public will recognize.
6 And I'm only saying that from the
7 standpoint of the public. Because, as a scientist,
8 I'm not nearly as thrilled about the anti-plaque claim
9 as the public might be. Because I recognize that you
10 can have -- if you use Walter Loesche's terminology,
11 there is plaque specific and non-placque specific
12 hypotheses for the causation of disease.
13 And by this, he means that plaque can be
14 removed in toto without worrying about the contents or
15 state of the plaque, and thereby you can reduce
16 gingivitis. And the public understands this
17 principle. You've got gook on your teeth, you take it
18 off, the gingivitis goes away.
19 As a scientist, I can visualize where you
20 can have a completely dead plaque which is not causing
21 any disease whatsoever, or you can have selective
22 changes in the microbiology of plaque which does not

1 translate in a different plaque score, and yet enter
2 the gingivitis.
3 So I'm not as convinced as a scientist
4 that you can't get gingivitis reduction without a
5 changing plaque score. Now you may end up with
6 stained teeth; because if plaque stays on the teeth
7 and gets killed, it turns brown.
8 And that's why penicillin turns teeth
9 brown and that's why some of the effective
10 antibacterials turn teeth brown. It's a sign that
11 it's killing bacteria. And this, in fact, may be
12 accompanied by an improved state of affairs in the
13 gingiva.
14 So, as a scientist, I don't think the
15 plaque claim is important. From a public standpoint
16 who doesn't understand all these finer aspects, I
17 think it would be just fine to have a plaque claim so
18 they can make a decision based on what's been known
19 for the last 30 years rather than the current
20 thinking.
21 Maybe down the road this can be modified.
22 But from the public's standpoint, I think the plaque

1 claim may be useful.

2 CHAIRMAN GENCO: Thank you.

3 Further comments? Chris and then Bill.

4 DR. WU: I agree with what Eugene and Max

5 just said. So I also like the idea that Bill brought

6 up to maybe -- instead of saying anti-plaque slash

7 anti-gingivitis, we could put anti-gingivitis slash

8 anti-plaque, but still consider P&G's product stannous

9 fluoride as anti-gingivitis only.

10 CHAIRMAN GENCO: Okay, we have a motion

11 now for anti-gingivitis only for all three. So

12 perhaps we're ready to come to a vote if you'd like,

13 unless there's more discussion. And then we can

14 entertain another motion.

15 If this motion is voted down, then there

16 can be another motion with another suggestion.

17 Yes?

18 DR. SAXE: May I make just one final

19 comment?

20 Where I'm coming from as a clinician and

21 as for experience, you only get more tired as the

22 years go on. But for over 40 years I've been dealing

1 with patients urging them to do better with their self
2 care with their mouth care.
3 And at various times over the last four
4 plus decades, patients have brought into me things
5 they've discovered in drugstores and all that. And so
6 I'm coming from sort of a consumer point of view.
7 Not so long ago a woman brought me a tube
8 of toothpaste that she bought in China. She thought
9 that would be interesting. I should have that and
10 look at that. And people find obscure things in the
11 corners of drugstores and say isn't this like
12 Listerine, seems to taste like it, etc., etc., etc.
13 So I'm coming from the consumer point of
14 view. And I use the word consumer cautiously because
15 I'm afraid Lew Cancro may decide then to -- I
16 shouldn't be able to vote if I change my role.
17 (Laughter.)
18 But notwithstanding that, I do want to
19 make that statement. I am coming from the consumer
20 thinking of terms of patients of the public who go
21 into stores, shop around, look for things from what
22 they've heard in the dental office and have to make a

1 choice or seek to make a choice about some product
2 that would be of help to them.
3 CHAIRMAN GENCO: Thank you.
4 Okay, are we ready for the vote then?
5 Further comments?
6 Don?
7 DR. WHITE: Don White, Procter & Gamble
8 Company.
9 Just to add some perhaps sauce for the
10 goose here, if you're going to add the plaque
11 mechanistic effect to the statement of identity, --
12 CHAIRMAN GENCO: No, no; the suggestion
13 was to add that to the indications.
14 DR. WHITE: No, we're talking about the
15 statement of identity.
16 CHAIRMAN GENCO: In the motion.
17 DR. WHITE: All right, well if it's -- the
18 idea was raised that gingivitis/plaque -- anti-
19 gingivitis slash anti-plaque -- it's conceivable that
20 the antimicrobial actions of a product such as
21 stannous fluoride might actually be greater than the
22 antimicrobial actions of some of the other products,

1 let's say, that provide a gingivitis benefit, well why
2 couldn't you say anti-gingivitis slash antimicrobial?
3 I mean, you haven't proven a plaque
4 reduction, but you've certainly proven an
5 antimicrobial reduction because that's related to how
6 you get the benefit. So why -- couldn't you allow
7 anti-gingivitis, anti-plaque; or anti-gingivitis,
8 antimicrobial; or anti-gingivitis, antimicrobial; or
9 anti-gingivitis alone?
10 That's my only --
11 DR. McGUIRE-RIGGS: Wasn't our only
12 measure removal of plaque? So we really didn't weigh
13 in on the virulency of the plaque, just the
14 presence/absence of plaque.
15 CHAIRMAN GENCO: Thank you.
16 Are we ready for the vote?
17 Any further comment?
18 Okay, with respect to the vote, there was
19 a little bit of confusion yesterday and I have to
20 apologize for that, being part of the source. I can
21 vote. I have my papers.
22 (Laughter.)

1 I have my papers. And Don can't. Don
2 Altman can't. Theoretically Ken is able to, but
3 doesn't have his papers.
4 Okay, so there we are.
5 So let's proceed now unless there's
6 further discussion. Remind you, the motion is for the
7 statement of identity to be for all three of the
8 Category I agents only anti-gingivitis effect.
9 Okay, let's start with Sheila.
10 DR. McGUIRE-RIGGS: No.
11 CHAIRMAN GENCO: Chris.
12 DR. WU: No.
13 CHAIRMAN GENCO: Ralph.
14 DR. D'AGOSTINO: No.
15 CHAIRMAN GENCO: Stan.
16 DR. SAXE: Yes.
17 CHAIRMAN GENCO: Gene.
18 DR. SAVITT: No.
19 CHAIRMAN GENCO: Max.
20 DR. LISTGARTEN: No.
21 CHAIRMAN GENCO: Bill.
22 DR. BOWEN: No.

1 CHAIRMAN GENCO: And I vote no.

2 Okay, let's proceed now. I will entertain

3 either discussion or another motion.

4 Bill.

5 DR. BOWEN: I propose a motion that we

6 allow anti-gingivitis, anti-plaque for the two

7 products we mentioned and anti-gingivitis for the

8 stannous fluoride.

9 CHAIRMAN GENCO: Is there a second to that

10 motion?

11 DR. LISTGARTEN: Before -- I was just

12 going to mention that perhaps we should also allow

13 antimicrobial if we're going to allow anti-plaque, if

14 there is evidence for antimicrobial.

15 DR. BOWEN: I'll accept that.

16 CHAIRMAN GENCO: Okay, so, Bill, restate

17 your motion then.

18 DR. BOWEN: That instead of writing anti-

19 plaque, antimicrobial, we write anti-gingivitis slash

20 anti-plaque slash antimicrobial. That the anti-

21 gingivitis be the first part of the statement of

22 identity.

1 CHAIRMAN GENCO: For the CPC and
2 Listerine?
3 DR. BOWEN: CPC and Listerine, and anti-
4 gingivitis, antimicrobial (question mark) for stannous
5 fluoride.
6 CHAIRMAN GENCO: Okay, is there a second
7 to that?
8 Stan.
9 DR. SAXE: I second that motion.
10 CHAIRMAN GENCO: Okay. Discussion.
11 Sheila.
12 DR. McGUIRE-RIGGS: So what they've proven
13 so far is purely presence or removal of plaque, so it
14 would only be anti-plaque. Has -- did stannous
15 fluoride come forward with proof of antimicrobial,
16 Bill?
17 DR. BOWEN: As I recall, it did show a
18 reduction in some certain populations, but I don't
19 remember the details. It's several months since I
20 read it. You can understand. But there were
21 certainly reductions in some categories of
22 microorganisms.

1 CHAIRMAN GENCO: Don, do you want to
2 clarify that? And then Gene.
3 DR. WHITE: Yeah, Don White again, Procter
4 & Gamble Company.
5 In our clinical data that we reviewed, we
6 showed changes in some composition in metabolic
7 activity of plaques, you know, that were collected
8 within the clinical studies.
9 And that helped clarify for you how it was
10 that we were seeing the gingivitis effects without
11 necessarily seeing numerical reductions in the crude,
12 you know, plaque amount grading, which we again think
13 are partially related to artifacts because of, you
14 know, what Max was suggesting about the stain and so
15 on and so forth.
16 CHAIRMAN GENCO: So you're saying you did
17 not show killing of bacteria with stannous fluoride?
18 DR. WHITE: Well, you can show some --
19 yes, you can show some bacterial -- sure, a lot of
20 assays will --
21 CHAIRMAN GENCO: In vitro?
22 DR. WHITE: Uh-huh.

1 CHAIRMAN GENCO: And in vivo?

2 In the clinical studies -- was there

3 antimicrobial effect in the clinical studies?

4 DR. WHITE: I don't think we saw -- did we

5 see numerical reductions in populations, Mark?

6 CHAIRMAN GENCO: I think we have to be

7 careful about this because we're -- if we put as an

8 indication antimicrobial, I would think that the

9 consumer would immediately say well this is a good

10 germicide.

11 DR. LEUSCH: Mark Leusch, Procter &

12 Gamble.

13 CHAIRMAN GENCO: Yes.

14 DR. LEUSCH: We showed numerical

15 reductions in one study in the streptococcal mutans

16 population. But let me just clarify for the committee

17 that antimicrobial or antibacterial activity can be

18 bactericidal and bacteriostatic.

19 And the anti-glycolytic activity is an

20 anti-bacteriostatic activity.

21 CHAIRMAN GENCO: Boy, that's a distinction

22 I think the consumer would probably -- it would take

1 a couple of years of college for them to -- (laughter)
2 -- get a handle on that one. I'm just starting to
3 understand it.
4 Don.
5 DR. ALTMAN: Well, I think -- does
6 antimicrobial -- that really bothers me. I think that
7 what you said, Bob, it's sort of -- I'm not sure how
8 to articulate this. But I think that virtually
9 anything could be antimicrobial, but so what?
10 And I think that the impression of what
11 that gives is probably more than what is really
12 happening. And I just don't see that -- I can see
13 products saying antimicrobial. That truly doesn't
14 mean anything.
15 Just because some microbes died, I don't
16 see the benefit of that. So --
17 CHAIRMAN GENCO: And we're not sure of
18 that --
19 DR. ALTMAN: Right.
20 CHAIRMAN GENCO: -- in the clinical study.
21 DR. ALTMAN: I guess I'm still back to the
22 anti-gingivitis, anti-plaque as being something that

1 the consumer understands. You know, if we looked at
2 a fifth grade education, I'm not sure antimicrobial
3 means much even though we're understanding that a
4 little bit more with -- you know, hand washing stuff
5 I guess is where we hear most of that.
6 I guess I have a problem with it.
7 CHAIRMAN GENCO: Okay, thank you.
8 Any further discussion of this motion?
9 DR. SAVITT: I'm not even sure how I would
10 -- how we would define antimicrobial. I mean, we have
11 no -- I don't have a grasp as to even what that
12 exactly means.
13 And unless we know exactly what that means
14 and we can turn to the industry and say here's what
15 you need to show in order to show an antimicrobial
16 effect, unless we can define it and have some clear
17 views on it, I think it would be completely
18 inappropriate to include it as a statement of
19 identity.
20 CHAIRMAN GENCO: Lew.
21 MR. CANCRO: Some valid points are being
22 made in terms of the descriptive of what antimicrobial

1 means. But you've already established what it has to
2 mean. It has to mean that you're seeing a gingivitis
3 benefit.
4 So, in the context of the action of the
5 drug, the end result, to get that descriptor in the
6 statement of identity, is that it must pass the hurdle
7 of showing an anti-gingivitis effect. And then,
8 obviously, if clinically an anti-plaque effect is
9 shown truthfully, it can be so stated.
10 Or, as Dr. Bowen suggested, if it does
11 meet the hurdle of anti-gingivitis and additionally
12 information shown by way of an action or an
13 antimicrobial effect, I would think that's also
14 truthful.
15 CHAIRMAN GENCO: Okay, let's -- Bill.
16 DR. BOWEN: I can't comment on what the
17 consumer will or will not understand, but I think
18 we're being -- or could fall into the trap of being
19 rather narrow in our interpretation of antimicrobial.
20 I mean, for example, I'm not going to need
21 to tell many people here a lot of microorganisms
22 produce toxins. If you overcome the effect of toxins,

1 you are in fact being antimicrobial and you're going
2 to prevent disease without ever touching the
3 microorganisms per se.
4 And similarly, if you inhibit the
5 glycolytic pathways of these microorganisms, by any
6 relevant definition that's antimicrobial. Don makes
7 the point that he doesn't really know what
8 antimicrobial means.
9 And in this context, in isolation, of
10 course, he's correct. But the claim is not going to
11 be made in isolation any more than is the claim of
12 anti-plaque going to ever be made in isolation.
13 CHAIRMAN GENCO: Sheila.
14 DR. McGUIRE-RIGGS: We're a little -- we
15 have asked industry to submit clinical trials with a
16 pretty set standard on how to measure plaque,
17 presence/absence. And we're not all that comfortable
18 with that ordinal scale, but we -- it's the best we
19 have, we go forward with it.
20 We are even less clear, or have given no
21 guidance, as Gene said, on the measurement of the
22 antimicrobial claim. So I just think this is kind of

1 we ended up where we are today. And I guess there has
2 been some evolution in our thinking during the
3 process.
4 I think what -- the discussion that's
5 going on today I think reflects some of this evolution
6 in the thinking, and I guess we have to come up with
7 some decision that will satisfy most of the panel
8 members.
9 CHAIRMAN GENCO: I'd like to say that I
10 think that introducing this claim or this indication
11 -- statement of identity, the antimicrobial, we really
12 have not had sufficient discussion of this, in my
13 mind, and it has a lot of implications.
14 And I recall mouth rinses making
15 germicidal claims, and a lot of controversy about that
16 -- what it meant to the consumer. Did it mean that
17 I'll have fewer sore throats, whatever? We haven't
18 had that full discussion.
19 We have had extensive discussion about
20 what a plaque claim may or may not mean. So I would
21 just caution the panel that this antimicrobial -- we
22 really are getting into a whole other set of

1 connotations here that we haven't properly considered.
2 Ralph.
3 DR. D'AGOSTINO: I was going to say
4 exactly the same, is we may say that it's a statement
5 of identity, but we don't have anything that we can
6 put in it given the way the panel's deliberations have
7 gone.
8 We really -- even though the companies
9 come with plaque, they come with plaque and then we in
10 turn say that's nice and give us more information on
11 it and so forth.
12 If I understand the bug situation, it was
13 more let's try to understand why your data is what it
14 is as opposed to these are the studies put together to
15 look at the bug effect and then go on to see how that
16 relates to the gingivitis effect.
17 It was really very much after the fact.
18 CHAIRMAN GENCO: Sheila and then Chris.
19 DR. McGUIRE-RIGGS: Bob, could you read
20 again the title of the monograph?
21 MR. SHERMAN: I think -- I don't have it
22 in front of me. I think it will be OTC drug products

1 for the reduction or prevention of plaque and
2 gingivitis, or something very close to that.
3 CHAIRMAN GENCO: Excuse me, Chris.
4 DR. WU: I have a question for Don.
5 Let's say if the consumer go into a store
6 and they find two toothpaste; one says anti-
7 gingivitis, anti-plaque, the other says anti-
8 gingivitis, antimicrobial.
9 Would they be able to tell the difference?
10 DR. ALTMAN: Thanks, Chris.
11 (Laughter.)
12 Would they be able to tell the difference?
13 Well, I think that they would think it is different.
14 And I think that the connotation from our media is
15 that antimicrobial means anti-germ.
16 And I'm not sure that that's something
17 that not only can we not scientifically prove, but I
18 think that that's a disservice to the consumer. So I
19 think that that's misleading.
20 Did that answer your question?
21 Yes, they would think of it as different
22 though.

1 CHAIRMAN GENCO: Okay, further discussion
2 of this motion?
3 DR. LISTGARTEN: The motion had -- if I
4 remember, said antimicrobial question mark. Let's get
5 rid of the question mark.
6 CHAIRMAN GENCO: All right, let's do this
7 if we're ready to vote. The motion is that the
8 stannous fluoride statement of identity be anti-
9 gingivitis, antimicrobial; that the other two be anti-
10 gingivitis, anti-plaque, antimicrobial.
11 Bill, did I restate that properly?
12 DR. BOWEN: That's okay.
13 CHAIRMAN GENCO: Okay, so that's the
14 motion.
15 I think -- are we ready for a vote on that
16 or is there further discussion?
17 Okay, let's start now with Bill.
18 DR. BOWEN: I vote no.
19 (Laughter.)
20 CHAIRMAN GENCO: Max.
21 DR. LISTGARTEN: No.
22 CHAIRMAN GENCO: Gene.

1 DR. SAVITT: No.

2 CHAIRMAN GENCO: Stan.

3 DR. SAXE: No.

4 CHAIRMAN GENCO: Sheila.

5 DR. McGUIRE-RIGGS: No.

6 CHAIRMAN GENCO: Chris.

7 DR. WU: No.

8 CHAIRMAN GENCO: Ralph.

9 DR. D'AGOSTINO: No.

10 CHAIRMAN GENCO: Bob, no.

11 (Laughter.)

12 Okay, we'll entertain another motion and

13 then take a break.

14 DR. BOWEN: I propose that the CPC and the

15 fixed combination of essential oils be labeled as --

16 or identified as anti-gingivitis slash anti-plaque,

17 and that the stannous fluoride product be identified

18 as anti-gingivitis.

19 DR. SAVITT: Second.

20 CHAIRMAN GENCO: Okay, note that Bill has

21 put the anti-gingivitis first, so that's back to your

22 original idea.

1 Okay, any discussion of that motion, or is
2 there discussion, or how much discussion do we need?
3 Okay, are we ready -- yes, Bill?
4 DR. SOLLER: Again I'm just wordsmithing
5 and I'll go back to my other comment. The slash can
6 be deleted, Dr. Bowen, I'm assuming, or does it have
7 to be there? I'm just wondering. It seems to me you
8 could have anti-gingivitis, anti-plaque just by --
9 DR. BOWEN: I'm not comfortable with the
10 "and." I'd prefer the slash because I don't want them
11 separated.
12 DR. SOLLER: Well they wouldn't be. They
13 would be right next to each other.
14 DR. BOWEN: Well, separated --
15 DR. SOLLER: An empty space?
16 DR. BOWEN: No, I want them in
17 juxtaposition so that they're almost synonymous. I do
18 not want "and" plaque because then the plaque more or
19 less stands on its own.
20 DR. McGUIRE-RIGGS: How about just an
21 empty space and no slash? Is that -- Bill?
22 DR. SOLLER: I think for readability

1 purposes for the consumer, if you could agree that
2 they're together and they're always going to be there,
3 the statement of identity, as two words together, the
4 readability part of that for the consumer would be
5 helped by having an empty space instead of a slash.
6 DR. McGUIRE-RIGGS: There's no word "and";
7 there's just a space.
8 DR. SOLLER: We've done a lot of work on
9 label readability, and that's what I'm reacting to.
10 And so I would urge that, to be able to pick out --
11 I'm not picking up all the letters and counting them
12 up right now, but that slash comes across almost as
13 another letter and it is a huge now kind of term.
14 To break them up with one space I think
15 would help the consumer.
16 DR. BOWEN: Well, I have no problem with
17 that provided. It's abundantly clear that I want the
18 two synonymous with each other and not in any way
19 separated. Or, if the word "and" goes in there, it's
20 not to be implied at any time in the future that
21 plaque may stand on its own.
22 Have I made myself clear?

1 DR. SOLLER: Yes.

2 (Laughter.)

3 And I think we reflected that in our

4 comments earlier when I said -- when we were talking

5 about the combination SOI, that a new SOI would not be

6 put in between the two. And just to reflect our

7 thinking, the reason we came up with anti-plaque,

8 anti-gingivitis was -- in our thinking that, you know,

9 mechanistically plaque then gingivitis.

10 I mean, we were kind of going on a

11 temporal time frame for how those two were put

12 together.

13 CHAIRMAN GENCO: Okay, I think that point

14 is made.

15 Is everybody on the panel clear as to that

16 point?

17 DR. LISTGARTEN: So, if I understand

18 correctly, we can have a slash or a space, but no

19 "and" in between the two words?

20 DR. BOWEN: Do you want "and"? I have no

21 problem with "and." A space if fine too as far as I'm

22 concerned.

1 DR. LISTGARTEN: So you're happy with
2 either a slash or a space or "and?"
3 CHAIRMAN GENCO: But the intent that
4 neither should -- that the anti-plaque should not
5 stand on its own in any formulation of this, any
6 wording.
7 DR. BOWEN: And that the anti-gingivitis
8 is first.
9 CHAIRMAN GENCO: Okay, further discussion?
10 Are we ready for a vote?
11 Okay, Chris.
12 DR. WU: Yes.
13 CHAIRMAN GENCO: Ralph.
14 DR. D'AGOSTINO: Yes.
15 CHAIRMAN GENCO: Stan.
16 DR. SAXE: Yes.
17 CHAIRMAN GENCO: Gene.
18 DR. SAVITT: Yes.
19 CHAIRMAN GENCO: Max.
20 DR. LISTGARTEN: Yes.
21 CHAIRMAN GENCO: Bill.
22 DR. BOWEN: Yes.

1 CHAIRMAN GENCO: And I vote yes too.

2 DR. McGUIRE-RIGGS: I didn't get a vote.

3 CHAIRMAN GENCO: I'm sorry, Sheila.

4 (Laughter.)

5 DR. ALTMAN: Neither did I.

6 DR. McGUIRE-RIGGS: Yes. I have paper

7 though.

8 (Laughter.)

9 CHAIRMAN GENCO: I think we're ready for

10 a break. Let's come back at quarter to 11:00.

11 (Whereupon, the foregoing matter went off

12 the record at 10:27 a.m. and went back on

13 the record at 10:52 a.m.)

14 CHAIRMAN GENCO: I wonder if I could ask

15 you to take your seats, please.

16 The next issue are indications, and Bob

17 Sherman has presented two questions, question two and

18 three. What types of indications are inappropriate

19 for these products and what types of indications are

20 appropriate, and what is the specific wording?

21 I think that we could probably take those

22 together, but let's focus on the indications. Let's

1 start with the indications, if you'd like, that were
2 recommended in Bill Soller's presentation. It would
3 be his page 16 and 17 and 18.
4 So as I understand it, we have been
5 instructed that indications are uses. They're
6 extensions of the statement of identity to be more
7 useful to the consumer in understanding -- or to be
8 more informative to the consumer in understanding what
9 the product is -- can do.
10 And they can be also considered claims.
11 Bob, is that --
12 MR. SHERMAN: Right.
13 CHAIRMAN GENCO: -- restating it? Okay,
14 good.
15 Let's look at page 17 for the anti-
16 gingivitis. The recommendation is for the control
17 [reduction, treatment, prevention] of gingivitis [or
18 gum disease], gingivitis. Let's look at that one
19 first, which would be an indication for all three of
20 these according to our statement of identity.
21 Anybody have any problem with that
22 wording?

1 Bill.

2 DR. BOWEN: Shouldn't it include "help to

3 control"? That's, I think, on the caries monograph,

4 that fluoride helps to control cavity/caries

5 formation. And I think -- I don't think anybody

6 suggests the products we reviewed are absolute in

7 their control.

8 CHAIRMAN GENCO: Okay, any comments about

9 that?

10 Max.

11 DR. LISTGARTEN: I have a slight concern

12 about using gingivitis since there are many different

13 forms of gingivitis, some of which are rather complex

14 forms. I suppose it with hypertrophy and what have

15 you -- would it be terrible if you just said simple

16 gingivitis?

17 Because I'm thinking about the different

18 forms of gingivitis, I think, that if somebody has

19 pregnancy gingivitis or puberty gingivitis or some

20 other kind of gingivitis, that's not necessarily going

21 to --

22 CHAIRMAN GENCO: Common forms of?

1 DR. LISTGARTEN: I would just say simple
2 gingivitis or anything along those lines.
3 CHAIRMAN GENCO: Some qualifier like that?
4 DR. LISTGARTEN: Yes.
5 CHAIRMAN GENCO: Don, you want to comment
6 to that? What do you think the consumer would relate
7 to? Max's point is that there are these unusual forms
8 obviously that --
9 DR. ALTMAN: Right.
10 CHAIRMAN GENCO: -- which haven't been
11 studied.
12 DR. ALTMAN: They have no idea. I mean,
13 they don't know that there's more than one kind of
14 gingivitis. I think we're lucky to educate them to
15 know what gingivitis is. So simple gingivitis -- I'm
16 not sure exactly what that means other than simple,
17 and I guess we understand simple.
18 I'm not adverse to the word common
19 gingivitis, but -- I don't know. I think either one
20 are pretty simple terms -- simple -- are pretty common
21 terms -- are terms that the general public would
22 understand and perhaps the dental professional would

1 feel more comfortable with.

2 CHAIRMAN GENCO: Okay.

3 DR. LISTGARTEN: I think we could probably

4 elaborate further down under additional optional

5 things. I probably would leave the swollen gums out

6 of this. I would say gingival bleeding is okay,

7 bleeding gums is okay.

8 I'd stay away from swollen gums because

9 usually if they're swollen they're beyond the help of

10 an over-the-counter product.

11 CHAIRMAN GENCO: Okay, we have three

12 suggestions, and one is that the qualifier "helps to

13 control," the second is "simple or common forms" of

14 gingivitis, and then to eliminate number three under

15 the additional indications.

16 If we're using this as a statement for --

17 to begin our discussion.

18 Lew and then Sheila.

19 MR. CANCRO: It would seem to me that, as

20 you look at gingivitis in the populations that these

21 products are intended to treat, that these special

22 cases of gingivitis, the juvenile gingivitis or

1 gingivitis caused by certain other anomalies, really
2 don't reflect the general state of gingivitis that's
3 out there.
4 The clinical trials conducted by the
5 manufacturers looked at the so-called state of
6 gingivitis as the general population has it. So I
7 think that, in that context, gingivitis is
8 appropriately qualified as the term; and hence
9 categorizing it as simple, moderate, severe or for
10 special issues of gingivitis become different issues.
11 I think the populations in the clinical
12 trial reflected gingivitis as it's characterized
13 amongst the population that they selected.
14 CHAIRMAN GENCO: So you're arguing against
15 qualifying gingivitis?
16 MR. CANCRO: Yes.
17 DR. LISTGARTEN: But you're also excluding
18 certain things when you select your populations. You
19 don't want people with periodontitis. I'm sure you
20 don't want people with severe forms of gingivitis. In
21 your exclusionary criteria, you probably throw out
22 some of these.

1 MR. CANCRO: I think the exclusion
2 criteria in the trials do eliminate the more advanced
3 forms of periodontal disease. But I'm looking at that
4 as an entirely different category and an entirely
5 different indication.
6 The way gingivitis is characterized here
7 is an information related to some plaque producing
8 toxins. I mean, that's the relationship that I'm
9 looking at it at.
10 CHAIRMAN GENCO: Let's continue this
11 discussion on this issue of the gingivitis and whether
12 or not it should be qualified.
13 Anybody have a comment to that? And then
14 we'll get back to other issues.
15 Yes.
16 DR. SAVITT: I'm a little uneasy about the
17 term simple because I'm not exactly sure what simple
18 means -- common, mild be appropriate. Again, it's --
19 I'm not sure if it's appropriate depending upon the
20 criteria that are used for the products that have been
21 put into Category I as to how they selected their
22 patients.

1 But, I mean, if I was dentist and a
2 patient comes in and says what is simple gingivitis,
3 I'm not sure if the average dentist could figure out
4 what that means, let alone the consumer. But I
5 absolutely agree with Max about the term swollen gums.
6 I'm concerned about that. And I agree
7 with Bill about the term "helps control."
8 CHAIRMAN GENCO: Okay, so what is your
9 suggestion with the qualifier for gingivitis, common
10 or --
11 DR. McGUIRE-RIGGS: Mild.
12 CHAIRMAN GENCO: Mild?
13 DR. SAVITT: Something that is -- that we
14 understand, let alone that the average consumer might
15 understand.
16 CHAIRMAN GENCO: So we don't want to give
17 false hope that, if there's gingivitis and
18 periodontitis, that all will be solved by using this.
19 And that's not the case.
20 The clinical studies, for the most part,
21 excluded periodontitis patients or at least overt
22 periodontitis. There may have been mild

1 periodontitis.

2 DR. SAVITT: Yes.

3 CHAIRMAN GENCO: So mild gingivitis, in

4 your mind, would overcome that false hope idea that

5 everything's going to be solved by using this

6 dentifrice or what have you?

7 DR. SAVITT: Yes. And as -- yes.

8 CHAIRMAN GENCO: Okay. Sheila and then

9 Bill.

10 DR. McGUIRE-RIGGS: I wanted to talk about

11 the word prevention. I think in all the clinical

12 trials we had, we actually brought the people up to

13 having gingivitis, and we showed reduction or -- was

14 there some that started at baseline with no gingivitis

15 and saw that the control group had --

16 CHAIRMAN GENCO: So it could be helps or

17 aids in the prevention of gingivitis -- of mild

18 gingivitis. Is this what we're aiming to?

19 DR. McGUIRE-RIGGS: Well, I think at some

20 level I don't want to say you must use this to prevent

21 gingivitis.

22 CHAIRMAN GENCO: Well, that aids or helps

1 in.

2 DR. McGUIRE-RIGGS: Right.

3 CHAIRMAN GENCO: Are you concerned about

4 the word prevention?

5 DR. McGUIRE-RIGGS: Yes.

6 CHAIRMAN GENCO: You'd like to use

7 reduction?

8 DR. McGUIRE-RIGGS: I felt that the

9 clinical trials got more to the heart of reducing

10 current gingivitis than showing that it prevented

11 gingivitis.

12 CHAIRMAN GENCO: I think most of the

13 trials would take somebody -- clean up a group,

14 prophylaxis scale, and then bring -- and then look at

15 the recurrence over six months.

16 DR. McGUIRE-RIGGS: Okay, I thought that

17 they had like two or three weeks of going without oral

18 hygiene and then bringing them down.

19 CHAIRMAN GENCO: I think there were

20 specific studies that might have done that, --

21 DR. McGUIRE-RIGGS: Okay.

22 CHAIRMAN GENCO: -- but I think the sort

1 of -- the six month goal standard is take certain
2 subjects in, clean them up and then look at their
3 recurrence over three to six months.
4 DR. McGUIRE-RIGGS: All right, then I'm
5 comfortable with that.
6 CHAIRMAN GENCO: So that's -- would you --
7 under those conditions, would you be comfortable with
8 "aids in the prevention of" --
9 DR. McGUIRE-RIGGS: Yes.
10 CHAIRMAN GENCO: -- "mild gingivitis?"
11 DR. McGUIRE-RIGGS: Yes.
12 CHAIRMAN GENCO: Aids in the prevention,
13 okay.
14 DR. McGUIRE-RIGGS: Yes.
15 CHAIRMAN GENCO: Lew -- excuse me, Bill
16 and then Lew.
17 DR. SOLLER: Yes, just -- Bill Soller,
18 NDMA. Just a couple of comments.
19 First, you know, I can understand your
20 view on wanting to convey that it doesn't -- it's a
21 product that's not going to be used to treat all types
22 of a particular disease.

1 I don't know that necessarily it helps the
2 consumer to try and put those qualifiers in before the
3 disease. And if you look before -- if you look at
4 other monographs, for example, on aspirin, and it's in
5 page four of our submission, the first paragraph in
6 terms of -- the proposed monograph on aspirin is not
7 here -- talks about the use of aspirin for mild to
8 moderate pain.
9 Okay, so the panel recognized that aspirin
10 wasn't for all types of pain. That's in the panel
11 report. Okay, and it provided a clarification as FDA
12 went forward with the tentative final and final
13 monographs.
14 But as that got translated, it did get
15 into minor aches and pains to distinguish it from the
16 more serious kinds of diseases. Now, I don't know
17 that that necessarily translates here because the
18 clinicals included mild to moderate.
19 And I don't think even as it got
20 translated in the tentative final -- it's not a final
21 yet -- that it adequately reflects how aspirin is used
22 in mild to moderate pain even in the OTC marketplace.

1 So I think you have to be encompassing to
2 what is in the clinicals and not limit it down,
3 because I don't think you're doing the public health
4 benefit that way.
5 CHAIRMAN GENCO: So what's the --
6 DR. SOLLER: So I think -- I'm not sure
7 exactly what it is. But I think if you put it at
8 mild, you're now starting to limit it more than you
9 probably really --
10 CHAIRMAN GENCO: Okay.
11 DR. SOLLER: -- want to. I think that's
12 one of the pieces here. And I think the other is that
13 the -- there is a way to address a concern about the
14 use of the product if the symptoms don't improve in
15 other aspects of the labeling.
16 So I think you could go for gingivitis.
17 That was the case for the Total. It just says
18 gingivitis. It doesn't qualify. But if you felt a
19 need to qualify because a person chose to use it for
20 gingival bleeding and that gingival bleeding
21 continued, there's another part of the label that you
22 can use to address it.

1 CHAIRMAN GENCO: That's the warning?

2 DR. SOLLER: Yes. And I think you could

3 -- I think you could go with just gingivitis and then

4 handle it -- that's one comment.

5 I'm a little worried just going with mild

6 because it doesn't reflect where the clinicals were in

7 terms of the entry criteria for the people. That was

8 more than just mild. And then you start getting into

9 these qualifiers mild to moderate. That becomes

10 cumbersome.

11 I think it's cleaner to have the

12 gingivitis. It reflects what was in the Total label.

13 But it also allows you to use elsewhere in the label

14 a qualifier.

15 CHAIRMAN GENCO: Reaction to that, Lew?

16 MR. CANCRO: Yeah, Bob; a couple of

17 comments.

18 The clinicals were of two types. One, as

19 you correctly described, the population was brought to

20 health with a thorough prophylaxis. And then the

21 control and the active treatment were administered and

22 then monitored over a period.

1 So hence, the people were in good health
2 and it is prevention. On the other hand, it is my
3 recollection that some of the trials featured
4 individuals who weren't taken through a prophylaxis
5 and that a reduction was shown in their existing
6 gingival state.
7 Now, I think that's just a simple matter
8 of looking into which trials did that. I'm not sure
9 which ones did. But I think you had two types.
10 Concerning the issue of gingivitis, when
11 you requested further breakouts of the data supporting
12 the gingivitis benefit, you will recall that the
13 manufacturers provided you with sites -- number of
14 sites, number of individuals benefit from it.
15 And again, my recollection is that, you
16 know, you were looking at improvements in the 90%
17 range in terms of sites and the people benefitting.
18 So that within the study population, surely, surely
19 some sites reflected more than mild gingivitis.
20 And additionally, some subjects had to
21 reflect more than mild gingivitis. But the important
22 point is that the populations reflected the

1 populations at large.

2 The clinical populations looked like the

3 population at large.

4 CHAIRMAN GENCO: Okay, so just to

5 summarize and put into a statement what you're

6 suggesting, I think we all agreed that "helps to" or

7 "aids in" is reasonable. Now, if -- and Sheila's

8 comment was that it aids in prevention.

9 You're saying aids in control [reduction

10 or prevention] of -- that's one point you made. You

11 want to add the reduction?

12 MR. CANCRO: Yes.

13 CHAIRMAN GENCO: But does anybody -- just

14 to deal with that, is anybody comfortable with leaving

15 out -- I mean is everybody comfortable leaving out

16 treatment?

17 Okay, so aids in the reduction or

18 prevention -- aids in control [reduction or

19 prevention]. And now your second point was the

20 qualifier to gingivitis. You're arguing against the

21 mild and would like just the gingivitis?

22 MR. CANCRO: Yeah, for the reason I so --

1 CHAIRMAN GENCO: Now, Bill Soller
2 mentioned another term. Let me just put this on the
3 table for discussion -- minor. See, minor -- I think
4 we talked about mild, moderate and severe gingivitis.
5 Minor may cover the mild and moderate.
6 DR. SOLLER: I didn't put that on the
7 table.
8 CHAIRMAN GENCO: I did.
9 DR. SOLLER: Okay.
10 (Laughter.)
11 CHAIRMAN GENCO: I was listening very
12 carefully to you.
13 DR. SOLLER: Don't tag me.
14 CHAIRMAN GENCO: No, but you did mention
15 minor pains.
16 DR. SOLLER: Minor aches.
17 CHAIRMAN GENCO: Minor aches and pains?
18 DR. SOLLER: Yeah, but I'm not sure that
19 that necessarily reflects --
20 CHAIRMAN GENCO: Well, let me take the
21 blame for that, putting it on the table. I just want
22 to -- there seems to be some sense to qualify it. I'm

1 trying to come up with maybe a term that might help.

2 DR. SOLLER: My suggestion was to perhaps

3 not qualify it --

4 CHAIRMAN GENCO: I understand that.

5 DR. SOLLER: -- and handle it elsewhere in

6 the labeling.

7 CHAIRMAN GENCO: Okay, I understand that.

8 But I'm just putting this out as a -- for the panel to

9 discuss.

10 Yes.

11 DR. ALTMAN: Well, I'm not privy to the

12 clinicals since I wasn't here, but -- and I can see

13 the confusion on mild or moderate depending on what

14 the clinicals said. But that is -- that's probably a

15 good point.

16 But that doesn't really address common,

17 which common would be your basic gingivitis as opposed

18 to -- did the clinicals address adolescent gingivitis

19 or pregnancy?

20 So if we don't have clinical -- I mean, if

21 we don't have data on that, saying common gingivitis

22 still sort of makes sense to me as opposed to the

1 specialized -- other kinds of gingivitis and not
2 qualifying it as mild or moderate or minor, but the
3 common.
4 And those are two different issues to me.
5 CHAIRMAN GENCO: And that's -- Lew pointed
6 out -- and P&G went to great lengths to show us that
7 it was the gingivitis that occurs in the population.
8 It's the common form that they were dealing with that
9 was reduced with their agents.
10 DR. ALTMAN: Right, and not the other
11 kinds.
12 CHAIRMAN GENCO: So the evidence supports
13 common, I think.
14 Steve.
15 DR. McCLANAHAN: Stephen McClanahan,
16 Procter & Gamble.
17 You're right, the subjects were recruited
18 actually with plaque induced gingivitis. They covered
19 the range mild, moderate to severe. Subjects with
20 overt periodontitis were obviously excluded.
21 CHAIRMAN GENCO: Right.
22 DR. McCLANAHAN: And that's true for both

1 stannous fluoride trials as well as CPC studies.

2 And then lastly, if you recall, we

3 presented you sort of extensive analyses showing that

4 the -- sort of the reduction in gingivitis that we --

5 the terms that we commonly use is actually composed of

6 two components: a prevention of sites that were

7 originally not bleeding and preventing those from

8 becoming bleeding at the end of the trials, as well as

9 treatment of sites that were bleeding at baseline.

10 So at least for stannous fluoride and CPC,

11 the data would support both, prevention, treatment or

12 reduction.

13 CHAIRMAN GENCO: I think one of the

14 concerns I have about treatment, being a clinician, is

15 that treatment usually connotes some active process of

16 scaling, root planning and what have you professional.

17 And maybe I'm wrong in this, but I just

18 wonder if we would give the false hope that this is a

19 substitute for regular dental care, and I don't think

20 we want to do that.

21 DR. McCLANAHAN: I mean, those are

22 obviously issues you have to deal with, but --

1 CHAIRMAN GENCO: Right.

2 DR. McCLANAHAN: -- just in terms of the

3 clinical data themselves, --

4 CHAIRMAN GENCO: But your clinical data

5 supports reduction and so does, I think, Listerine, as

6 well as prevention and recurrence. So the reduction

7 and prevention may be reasonable terms, the generic

8 term being control [reduction, prevention] and aids

9 being the qualifier --

10 DR. McCLANAHAN: But just to reiterate, --

11 CHAIRMAN GENCO: -- just as a suggestion.

12 DR. McCLANAHAN: -- the clinical data

13 themselves also support treatment. But the decision

14 is obviously yours as to what the indication will be.

15 CHAIRMAN GENCO: It's patient treatment.

16 And I'm just trying to bring that up as a point.

17 DR. SAXE: Self treatment.

18 CHAIRMAN GENCO: Self treatment.

19 Mike.

20 MR. BARNETT: Yeah, Mike Barnett, Warner-

21 Lambert.

22 I'm not sure that if you have "aids in the

1 treatment" on the label it necessarily implies patient
2 self treatment because dentists very frequently will
3 recommend a product as part of their regime to enhance
4 a patient's plaque control, mechanical plaque control,
5 for example.
6 So I think if the data demonstrate that an
7 ingredient has been shown to be effective in reducing
8 preexisting plaque and gingivitis and the word aid is
9 in there, and the recognition is that this product can
10 be recommended to a patient by a dentist or a dental
11 hygienist as part of a therapeutic regime, then
12 treatment would be an appropriate word to keep in.
13 Certainly, in some products, for example,
14 products that have an ADA seal, for example, there is
15 -- it's very clear that there is "see your dentist"
16 and all these kinds of educational things have to be
17 in the label as well.
18 So I think it -- we ought to consider
19 keeping the word treatment in.
20 CHAIRMAN GENCO: Okay.
21 Don, did you have a comment to that?
22 DR. ALTMAN: No, I don't want to repeat

1 everything everyone said, but it does aid in the
2 treatment.
3 I mean, if a professional tells them okay,
4 I've done my part and, to help treat your gingivitis,
5 you need to be using this toothpaste and go home and
6 do your home care; self treatment or whatever you want
7 to call it, it is still treatment.
8 It does aid in that treatment. It doesn't
9 --
10 CHAIRMAN GENCO: So you're comfortable
11 with "aids in the control [reduction, prevention and
12 treatment]?
13 DR. BARNETT: I am, I'm comfortable with
14 that.
15 DR. SAVITT: I'm more the other way. If
16 a dentist recommends it as part of the treatment, it
17 seems superfluous to have it on the label. I mean, if
18 a dentist says go use Listerine, whether it says used
19 in the treatment of the product to prevent gingivitis
20 seems almost unnecessary at that point.
21 Where I am concerned that self treatment
22 as an end and only form is more likely. So I would be

1 in favor of taking treatment out.

2 CHAIRMAN GENCO: Okay, you're comfortable

3 with controls [reduction, prevention]?

4 DR. SAVITT: Yes.

5 CHAIRMAN GENCO: Okay.

6 Further comments?

7 Ralph.

8 DR. D'AGOSTINO: This is an OTC we're

9 talking about, which is supposed to be self diagnose

10 and self treatment too. So, I mean, I hear the

11 discussions, but people are supposed to be able to

12 recognize this and go out and get something to treat

13 it for the reduction of or what have you.

14 That's why it's OTC. If it was

15 prescription, then you need somebody else to recognize

16 it.

17 CHAIRMAN GENCO: So you're comfortable

18 with control [prevention, treatment, reduction]?

19 DR. D'AGOSTINO: Well, I mean, I

20 understand the implications of treatment and how it

21 can be confusing, but this is an OTC medication.

22 CHAIRMAN GENCO: So would you be

1 comfortable then with the suggestion that, in the
2 warning, if, after X period of time --
3 DR. D'AGOSTINO: I think you pick up a lot
4 of these for the warning.
5 CHAIRMAN GENCO: If there's no resolution,
6 see your dentist.
7 DR. D'AGOSTINO: Right. Well, and even,
8 you know, and then there's mild and moderate. I mean,
9 that's another game. The trials say mild, moderate
10 and severe. But when you're looking, say, at
11 analgesics, there's mild, moderate and severe; but
12 then there's also really severe.
13 And you know, you're on your way to a
14 stroke and what have you when --
15 (Laughter.)
16 The trials are more like mild and moderate
17 in terms of mild to moderate common gingivitis in
18 terms of what the people can recognize -- the consumer
19 can recognize. And I think we have to grapple with
20 those things.
21 But if you put too many words on the
22 indications, they won't know what you're talking about

1 or won't find it.

2 CHAIRMAN GENCO: All right, so the

3 warnings -- there's a couple of issues in the warnings

4 then. One is if whatever symptoms don't subside after

5 a certain period of time, seek professional care. And

6 the other is, in very severe, unusual cases -- that's

7 too many words.

8 DR. D'AGOSTINO: Well, no; but this red,

9 swollen gums --

10 CHAIRMAN GENCO: Seek professional help.

11 DR. D'AGOSTINO: -- and so forth that, you

12 know, you shouldn't be taking this if you have red,

13 swollen gums and so forth.

14 CHAIRMAN GENCO: So maybe we can take note

15 of that. And when we come to the warnings, we'll

16 consider at least those two components in the warning.

17 One is if it doesn't resolve itself, treatment, to

18 seek professional care.

19 And the other is, in the severe cases,

20 unusual cases, this may not work.

21 Okay, are you comfortable with that? So

22 the suggestion then is that the statement be "aids in

1 the control [prevention, reduction, treatment] of --
2 and then we still have a question about the qualifier
3 for gingivitis.
4 But are we comfortable with the brackets
5 -- control [reduction, prevention, treatment]?
6 Okay.
7 DR. McGUIRE-RIGGS: I have a comment.
8 Don, do you want to comment on consumers
9 who have no gingivitis? Will they feel pressure to
10 use this product, even though they start with no
11 gingivitis, by using the word control which kind of
12 leads to thinking that everybody has gingivitis, and
13 thus you need something?
14 DR. ALTMAN: Which most people do at some
15 point.
16 Well, I think that -- no, I don't think it
17 adds to confusion. I think it says -- if we say aids
18 in the control, and I think from a preventive point of
19 view, if I don't think I have gingivitis and I don't
20 want gingivitis, then I'm going to -- this is going to
21 aid me in preventing that.
22 I think that's exactly what we want.

1 DR. McGUIRE-RIGGS: Okay.

2 CHAIRMAN GENCO: Okay, so the brackets
3 gives the manufacturers leeway to use any one or
4 several of the words within the brackets. But the
5 control is a word we're comfortable with as -- anyone
6 can use that. All right.

7 Okay, let's get now to the issue of the
8 modifier of gingivitis. So the suggestions have been
9 mild, simple, no modifier or common. Let's discuss
10 that for a minute.

11 Chris, do you want to address that or --

12 DR. WU: I'm still back in the last issue.

13 CHAIRMAN GENCO: Oh, the -- okay, go
14 ahead.

15 DR. WU: So what you're saying is that
16 it's aids in the control and not for the control?

17 CHAIRMAN GENCO: No, aids in the control.

18 DR. WU: Okay.

19 DR. SAXE: Do you want to have a
20 discussion now on the modifier for gingivitis?

21 CHAIRMAN GENCO: Okay, let's go to the
22 modifier.

1 Is everybody comfortable with the first
2 part of it?
3 All right, let's go to the modifier for
4 gingivitis, or lack thereof.
5 Yes.
6 DR. SAXE: No, I would speak strongly in
7 favor of the term common or simple, but not do the
8 degree. Common or simple is different and is used
9 more in classifications than mild, moderate or severe.
10 And trying to limit it to saying mild
11 would be inappropriate, as we heard, because there may
12 be patients who have severe gingivitis, if you will,
13 or may or may not be being treated by a dentist and
14 there's an indication for the use of the product.
15 I think that, in terms of gingivitis, as
16 Max pointed out, there are various other signs which
17 may mimic gingivitis or it may be a gingivitis of, as
18 he pointed out, another nature, various other
19 gingivitis that are not in the category of what we
20 could call common or simple.
21 So I think those terms, whether one
22 decides -- I would choose common, but that it has to

1 be modified.

2 CHAIRMAN GENCO: So the suggestion you

3 have is, rather than putting it in the warning or

4 maybe in addition to, you would qualify it in the

5 indication?

6 DR. SAXE: Correct.

7 CHAIRMAN GENCO: Okay. So a simple

8 indication could be "aids in the control of common

9 gingivitis."

10 DR. SAXE: Correct.

11 CHAIRMAN GENCO: Or, if the manufacturer

12 wanted, they could make it more elaborate by "aids in

13 the prevention, treatment, reduction of common

14 gingivitis."

15 DR. SAXE: Common gingivitis, correct.

16 CHAIRMAN GENCO: Okay.

17 DR. SAVITT: I'm not exactly sure what the

18 consumer would carry away with the term common

19 gingivitis.

20 I mean, while we understand that there is

21 pregnancy gingivitis and, you know, gingivitis

22 associated with various more unusual aspects of

1 periodontal disease, I don't quite understand what the
2 differentiation to the consumer would be between
3 common and -- common gingivitis and just gingivitis.
4 I mean, they don't understand about all
5 these sub issues. It's just gingivitis. Whether it
6 says common or not, it's going to imply the same thing
7 to the consumer.
8 CHAIRMAN GENCO: Gene, do you think that
9 that could be dealt with in the warning? You could
10 define what these uncommon symptoms are or the warning
11 symptoms of something more than should be dealt with
12 with this agent.
13 DR. SAVITT: Well, in my own mind, --
14 CHAIRMAN GENCO: I mean, the words might
15 be --
16 DR. SAVITT: -- the things that are --
17 CHAIRMAN GENCO: -- persistent bleeding
18 for over a week, swollen gums, --
19 DR. SAVITT: Yes.
20 CHAIRMAN GENCO: -- abscess. You know,
21 some words that you would tell your patient to look
22 out for that you're beyond common gingivitis.

1 DR. SAVITT: Yeah, again, I --

2 CHAIRMAN GENCO: So you're arguing that

3 the common is not going to be helpful, but to do

4 something with the warning --

5 DR. SAVITT: Yes.

6 CHAIRMAN GENCO: -- to give people some

7 more information about when this would not be

8 appropriate to use?

9 DR. SAVITT: Yeah, and I'm not really

10 opposed to the term common. I'm just not sure what

11 exactly the consumer would carry away with that term.

12 It just doesn't -- it doesn't seem like they would

13 gain any benefit by having the word common in there

14 because it doesn't mean anything to them anyway.

15 CHAIRMAN GENCO: Good.

16 Sheila.

17 DR. McGUIRE-RIGGS: I think you're

18 speaking to the people who have the other forms of

19 gingivitis. You're saying to them this is not for

20 you, the people who have pregnancy or dilantin or

21 whatever.

22 It's not really speaking to the masses;

1 it's speaking to the portion of the population that
2 have -- and have been diagnosed with other forms of
3 gingivitis.
4 CHAIRMAN GENCO: And that would --
5 DR. SAVITT: That's an interesting view.
6 CHAIRMAN GENCO: Yeah, so that would argue
7 to put it in the warning because it looks like --
8 well, people are going to read the brand name, the
9 statement of identity, the uses and then the warning
10 in sort of that order.
11 DR. McGUIRE-RIGGS: I say it argues to put
12 common in here.
13 CHAIRMAN GENCO: Ah, okay.
14 DR. D'AGOSTINO: You have to put it -- I
15 think you have to put it in the warning. The question
16 is --
17 DR. McGUIRE-RIGGS: Oh, yeah.
18 DR. D'AGOSTINO: The question is whether
19 or not you're going to put it here.
20 CHAIRMAN GENCO: Right.
21 DR. D'AGOSTINO: If it has some sort of
22 clarification, I think it's worth it.

1 I want to just bring back or mention again
2 the mild, moderate. Again, it's an OTC type condition
3 and so forth, and you can put in the warnings that if
4 you have severe -- if you have severe gingivitis, you
5 should be going to a physician.
6 And I just -- I'm not sure that we
7 shouldn't discuss a little bit more something like
8 mild, moderate here because that's somewhat the flavor
9 of an OTC type of problem. And I'm not arguing for it
10 one way or the other, but it is the flavor of an OTC
11 product is that it's a mild, moderate type condition.
12 It's not a severe condition. And do you
13 want to flag that right away, or do you want to wait
14 until the warnings come up?
15 CHAIRMAN GENCO: So you would argue for
16 mild to moderate gingivitis as compared to common in
17 contrast or --
18 DR. D'AGOSTINO: Well, no, no; I think the
19 common is a different discussion. The mild, moderate
20 is this level of severity; the common is the type of
21 gingivitis you're talking about.
22 CHAIRMAN GENCO: Right.

1 DR. D'AGOSTINO: I think they're two
2 different issues.
3 CHAIRMAN GENCO: So you're saying in the
4 warning definitely include the warning against using
5 it for severe?
6 DR. D'AGOSTINO: Right.
7 CHAIRMAN GENCO: Somewhere that follows
8 the --
9 DR. D'AGOSTINO: Somewhere, but -- you
10 know, but, I mean, you know, and then we've argued
11 this in other settings, but I'm also saying now when
12 you're talking about the indication, it's really for
13 mild, moderate type gingivitis is what the product
14 really is for.
15 Now, do we want to leave that out of the
16 indication or not? I don't know. I mean, I hear Bill
17 Soller's comments about it, but that's what we're
18 really putting forth is something that's for mild,
19 moderate type -- common gingivitis.
20 CHAIRMAN GENCO: Okay. I think it was
21 Richard and then Bill and then Stanley -- or Don,
22 excuse me.

1 DR. ALTMAN: Oh, I'm first?

2 CHAIRMAN GENCO: Yes.

3 DR. ALTMAN: I'm sorry.

4 CHAIRMAN GENCO: I think you --

5 DR. ALTMAN: There were so many other

6 names, I didn't know which one I was supposed to be.

7 (Laughter.)

8 I don't think that the general public

9 knows many times if they even have gingivitis, which

10 would be mild gingivitis. So I guess I really don't

11 see the value of saying the mild, moderate.

12 I am in favor of common gingivitis, though

13 I must admit that I have worked on a number of

14 maternity patients who think that it is normal to have

15 bleeding gums when they're pregnant. So they would

16 probably think that is common and that's normal.

17 So that's sort of contradictory to really

18 how I feel. But I think that the scientific data

19 doesn't even address anything related to pregnancy

20 gingivitis, so I'm not sure that we could -- I'm not

21 sure we can just say gingivitis because that basically

22 says that we have data on every kind of gingivitis,

1 and we don't.

2 So I think from a scientific -- probably

3 a legal point of view for -- or a protection point of

4 view for the industry, they really should qualify it

5 as saying that it's the common type of gingivitis,

6 whether or not it's mild or moderate.

7 And I think that we can address the

8 warnings when we get to that, but I'm not sure that

9 we're going to be able to say this is not for and list

10 every kind of gingivitis that's not common in a

11 warning.

12 I'm not sure that that's also very

13 appropriate. But I'm in favor of using the word

14 common; and not in an indication going into the mild,

15 moderate and severe because it's not going to --

16 that's going to mean something different to every

17 single consumer.

18 CHAIRMAN GENCO: So you would agree with

19 Ralph in a sense that there should be some qualifier

20 because that's --

21 DR. ALTMAN: I do think that there should

22 be some qualifier because that's what the scientific

1 data suggests is that there's some -- that it's only
2 for a certain type of gingivitis, which is -- so I'm
3 in favor of common, and I just wouldn't address the
4 mild, moderate in the indications.
5 CHAIRMAN GENCO: Okay, thank you.
6 Bill and then Stan and then Lew.
7 DR. SOLLER: Yeah, just a couple of
8 points.
9 Obviously we're here trying to balance use
10 and protection, promoting health and protecting
11 health. And my comments earlier were in relation to
12 thinking about directions, but I would -- and warnings
13 and not sort of mixing those.
14 And I would also kind of urge that in the
15 context of how we think about indications. And let me
16 just throw out a couple of points to consider because
17 I think Gene is kind of on to something and kind of
18 has a handle here, as well as what Don and Stan were
19 saying.
20 Let's go back to what you've just decided.
21 It's aids in the treatment or the control or whatever.
22 CHAIRMAN GENCO: Control, brackets.

1 DR. SOLLER: And that can be translated as
2 helps prevent. That's the current anti-gingivitis
3 toothpaste that is out there. So it's a "helps aid"
4 or "helps control," something like that in the
5 shorthand and how it would be used.
6 And that itself is telling the consumer
7 that this product isn't doing everything. Okay, and
8 Dr. Bowen bringing that in -- bringing an important
9 piece here. And I think don't lose sight of that as
10 you then think about the following terms.
11 And I think that, now thinking about
12 promotion, what I've heard from this panel is the
13 importance of getting people to use these products.
14 And there can be sort of diagnosis up to
15 a point, but whether a person looking at an indication
16 is going to figure out mild, moderate or severe -- I
17 mean, we had enough problems just thinking about
18 indices, right, and exactly what they were.
19 So I don't think that that works. I think
20 common gingivitis becomes sort of a new term. We know
21 from the consumer studies that were presented to you
22 that the consumers understood plaque and gingivitis.

1 That's what's going to be focusing them
2 into use. Okay, this is appropriate in the self
3 selection. Now, as I go through the label, I get to
4 the warnings. And now I'm beginning to understand
5 severity issues, I'm beginning to understand other
6 conditions.
7 So I think it's better in terms of
8 thinking about how to communicate to the consumer in
9 a very clear "helps prevent" or "aids in the control"
10 of gingivitis. And then the issues that you have
11 concerned with this health professionals handled
12 elsewhere in the labeling in a more explanatory
13 fashion.
14 And let me just emphasize one last point.
15 Dealing a lot and thinking about FDA's new label
16 proposal and working on label readability as an
17 association since 1990 in a big way, it's important
18 not to mix concepts as you work through here.
19 The label is a build. The consumer walks
20 through the label gathering information. And if you
21 begin to put new pieces or concepts in too early, it
22 starts confusing how they're thinking about it.

1 So it's for gingivitis. This is how I'm
2 going to use it. And now I understand these are the
3 things I have to look for. It's a logical build. And
4 I would urge that you keep it simple. You allow that
5 build in the label to occur as it goes forward.
6 CHAIRMAN GENCO: Thank you.
7 Stanley.
8 DR. SAXE: Yes, I was going to argue
9 against the use of words mild and moderate. Some
10 analogies have been made to aspirin, for example. I
11 don't think that's really appropriate. When one was
12 dealing with pain, that's a symptom and individuals
13 can recognize this as mild or moderate, severe or very
14 severe.
15 But what we're dealing with in gingivitis
16 are signs, and they are intraoral signs. It's much
17 more difficult than if somebody had a skin lesion and
18 it's easy to see or if it's on an arm or a hand and
19 can assess is this a slight rash or a mild rash or
20 moderate rash.
21 When it comes to the signs -- because you
22 have to remember there's no pain involved with common

1 gingivitis, so it isn't a question of pain. That
2 we'll deal with later under warnings.
3 If an individual is hurting, this is not
4 the answer. But here, under indications, the
5 individual cannot become -- isn't easily a
6 diagnostician in terms of assessing swelling, redness;
7 can't assess easily in the mouth color change and
8 whether this bleeding is mild, moderate or severe.
9 So because we can't rely on the consumer
10 to become a crack diagnostician of intraoral changes,
11 I would not like to use the words mild or moderate in
12 the indications.
13 I would -- I do think that there is some
14 merit to the use of the word common, as Sheila pointed
15 out, because it's not that people have to learn all
16 the different sorts of gingivitis; but if somebody
17 does -- has been diagnosed with a particular gingival
18 change, they can recognize this is not going -- this
19 product is not the answer for them.
20 CHAIRMAN GENCO: Further discussion?
21 Sheila.
22 DR. McGUIRE-RIGGS: Lew, did you --

1 CHAIRMAN GENCO: And then Lew.

2 MR. CANCRO: It's just two points, Bob.

3 One is that -- again, to reiterate, the
4 clinical encompasses the most severe form of plaque
5 induced gingivitis in its bleeding scale. So it does
6 handle that in a sense that that's a measure that the
7 clinician has of a more severe state of gingivitis --
8 plaque induced gingivitis.

9 Second point is the Agency has already
10 grappled with this problem and deemed that gingivitis
11 appropriately, at least for the -- for the one product
12 that's out there, appropriately conveys a proper
13 indication.

14 Perhaps we should ask Fred, you know, how
15 they came to that.

16 CHAIRMAN GENCO: I was about to ask Fred.
17 Let me read what the indications are for Colgate
18 Total. "Uses: aids in the prevention of cavities,
19 plaque, gingivitis." You're right, it's not
20 qualified.

21 Then it also says "anti-plaque and anti-
22 gingivitis use not proven in children," which is an

1 interesting warning already in the indication which is
2 against the principle that Dr. Soller has enunciated.
3 Fred, maybe you could give us some of your
4 Agency's thought process here to help us.
5 DR. HYMAN: When we approve an NDA, we
6 have to go by strictly what the clinical trials that
7 are submitted to us have demonstrated.
8 CHAIRMAN GENCO: Okay.
9 DR. HYMAN: In this case -- well, one
10 comment I want to make about qualifying the type of
11 gingivitis in terms of common or not common.
12 I think really, unless there's some
13 particular reason to believe that it wouldn't be
14 helpful -- in other words, pregnancy gingivitis,
15 dilantin, whatever -- I'm not sure that it's been
16 demonstrated that it wouldn't be beneficial.
17 CHAIRMAN GENCO: And you think the "aids
18 in" is enough of an indication that this would not be
19 full treatment, particularly if --
20 DR. HYMAN: Exactly.
21 CHAIRMAN GENCO: -- in the warning, we say
22 if it persists, seek professional help.

1 DR. HYMAN: Right. And in this case, the
2 use of prevention only as opposed to other words was
3 because that's how the trials were set up.
4 CHAIRMAN GENCO: Okay, thank you. So
5 several points. It's NDA, which is different from
6 what we're dealing with. And these specific trials
7 were only prevention, whereas we're dealing with mixed
8 trials that showed both prevention and reduction.
9 Thank you.
10 DR. McGUIRE-RIGGS: I just wanted to add
11 to Stan that I am against using mild to moderate
12 because I think with pain people can judge mild to
13 moderate to severe pain, but there is just no way we
14 can -- it would be confusing to them to have to make
15 that self diagnosis.
16 They wouldn't have any basis for that.
17 And I think when we go to the warnings we should not
18 use mild to moderate; we should use things that they
19 can absolutely relate to to tell them that, at this
20 point, this is when you go to see the dentist and not
21 use the terms in the warnings either.
22 CHAIRMAN GENCO: Okay.

1 DR. ALTMAN: I have two points actually.
2 If we look at going from one level to the next in the
3 identity, we just say anti-gingivitis. It seems to me
4 that in the next part, which would be indications,
5 that it's the indication for the common gingivitis,
6 and then in the warning we tell them what it's not
7 indicated for according to what the science says.
8 Now, having said that, another option,
9 since the word control -- I don't know if that's
10 controversial or not. I really can't get a feel for
11 how people are thinking.
12 CHAIRMAN GENCO: So far it hasn't been.
13 DR. ALTMAN: Okay, but without qualifying
14 gingivitis, I would -- the only way I'm really
15 comfortable with that is if you start the sentence
16 with "may aid." So it may aid in gingivitis depending
17 on your kind of gingivitis.
18 So it may aid in the treatment or --
19 instead of just starting with the word aid, aids in.
20 It may aid in or prevention or control or treatment of
21 gingivitis. May not, depending on your gingivitis.
22 CHAIRMAN GENCO: Is that more confusing

1 though at this point? I mean -- Bill Soller said
2 we've got to build a logic here.
3 DR. ALTMAN: Well, then the logic is
4 saying -- in my first statement it says anti-
5 gingivitis in the identity.
6 CHAIRMAN GENCO: Right.
7 DR. ALTMAN: The indication is for common
8 gingivitis, which is what the science says. And then
9 the warning we address --
10 CHAIRMAN GENCO: More of the issues of
11 what -- okay. So I think we're getting close to maybe
12 a motion.
13 Mike.
14 DR. BARNETT: Yeah, Mike Barnett, Warner-
15 Lambert.
16 I'm still -- as a periodontist, and I used
17 to be a dentist as well --
18 CHAIRMAN GENCO: Periodontists are
19 dentists.
20 DR. BARNETT: I still have some trouble
21 with this term common gingivitis because it implies
22 there is uncommon gingivitis and the consumer is

1 really going to be able to differentiate.

2 And it seems to me that these other forms

3 that have been alluded to, that seen in diabetics or

4 during pregnancy or whatever, share a common feature

5 with the gingivitis we've been looking at in our

6 studies.

7 Basically it's a plaque induced lesion.

8 Patients, for example, taking dilantin are -- who

9 develop dilantin hyperplasia are certainly under the

10 treatment of a neurologist and probably a dentist as

11 well or know that this is a possible side effect of

12 the drug.

13 And I think that's a totally different

14 population. So I think that to qualify it with the

15 word common may not really have true meaning to the

16 consumer, the context of the diseases we're talking

17 about.

18 On the other hand, the point was made that

19 people recognize signs and symptoms rather than

20 diagnoses. And some of these things we've been

21 talking about in warnings, "if bleeding persists, see

22 your dentist or physician," I think that would really

1 compensate for a lot of these issues and not confuse
2 the consumer to the same degree.
3 So I don't think we should ask the
4 consumer to become a diagnostician in the process.
5 CHAIRMAN GENCO: Okay, thank you.
6 Sheila.
7 DR. McGUIRE-RIGGS: I wanted to follow up
8 on Fred's comment about only saying the prevention.
9 On the three Category I products, should we confirm
10 that indeed the two well controlled, randomized
11 clinical trials showed reduction and prevention?
12 Or are we comfortable that, in fact, they
13 presented data that proved both terms?
14 CHAIRMAN GENCO: That's a good point.
15 Anyone want to speak to that?
16 Yes, Mike.
17 DR. BARNETT: I mean, obviously the only
18 thing I could speak to is our data because I don't
19 recall the others.
20 DR. McGUIRE-RIGGS: And which product?
21 DR. BARNETT: I'm sorry, the essential
22 oils, Listerine.

1 Basically the six month clinical, we
2 actually -- if you recall, you reviewed eight of them.
3 But they included both designs, one to look at
4 reduction; that is of preexisting plaque and
5 gingivitis in which the subjects did not receive any
6 prophylaxis at the outset of the study; as well as the
7 inhibition model where, in fact, they received a
8 prophylaxis.
9 So the data we presented and you reviewed
10 really included both kinds of study.
11 CHAIRMAN GENCO: Okay, let's hear from
12 P&G.
13 DR. McCLANAHAN: Stephen McClanahan,
14 Procter & Gamble.
15 The other two active ingredients that
16 you've reviewed and recommended for Category I,
17 stannous fluoride and CPC, we've also shared with you
18 extensive data showing both arms, treatment and
19 prevention.
20 CHAIRMAN GENCO: Thank you very much.
21 Thank you both.
22 Bill.

1 DR. SOLLER: Yeah, just very quickly. I
2 think in this discussion I've heard two very important
3 concepts that were conveyed. And just to emphasize
4 those, and then an additional point.
5 Stan mentioned that -- and Sheila
6 reflected that as well -- in thinking about putting
7 severity before this and the difficulty the consumer
8 would have, I think that that would just simply be the
9 wrong kind of thing to do in this kind of labeling.
10 And I think their particular comments are
11 right on target there.
12 What we just heard in terms of common
13 gingivitis from Mike, that it implies there's an
14 uncommon and that the consumer now is essentially
15 being asked to make that distinction, I don't think
16 that's the next piece of information that should be
17 built here.
18 The consumer has two additional pieces of
19 information that are now being built in the
20 indication. You start with the statement of identity,
21 and what is being built here is the health concept,
22 *ie*. it's not a cure all.

1 And that's an important issue that relates
2 to this entire discussion. And the next comment or
3 concept here is the prevents or the treats or the
4 controls.
5 All right, it's helping to do something to
6 this thing gingivitis, which the consumer, as I said,
7 per Stan and Mike's comments and Sheila's, I think is
8 probably best served the way the Total label has it
9 for just gingivitis.
10 And then handling your particular concerns
11 later in the label so the consumer has this logical
12 build.
13 CHAIRMAN GENCO: Thank you.
14 Anyone want to make a motion with respect
15 to summarize the discussion and put a position on the
16 table?
17 Max.
18 DR. LISTGARTEN: The basic monograph
19 indication could read "aids in the control [reduction,
20 prevention] of gingivitis."
21 CHAIRMAN GENCO: Is there a second for
22 that?

1 DR. BOWEN: I'll second it.

2 CHAIRMAN GENCO: Bill.

3 Further discussion?

4 Max didn't mention treatment, so we've got

5 reduction -- control [reduction, prevention], and

6 didn't quality gingivitis.

7 Stan.

8 DR. SAXE: Yes, I want to ask Max a

9 question.

10 The word "aids," is that could be helps or

11 aids or are you very specific in the -- is that exact

12 wording?

13 DR. LISTGARTEN: No, it could read helps.

14 DR. SAXE: Helps or aids?

15 DR. LISTGARTEN: Or aids.

16 DR. SAXE: That's the first part. And the

17 second part is Bob said that you purposely omitted the

18 word treatment, is that correct?

19 DR. LISTGARTEN: Yes.

20 DR. SAXE: And then no modifier for

21 gingivitis?

22 DR. LISTGARTEN: Yes.

1 CHAIRMAN GENCO: So that's the motion
2 which has been seconded.
3 Discussion on that motion?
4 DR. McGUIRE-RIGGS: Do you want to comment
5 on why you don't like the gum disease, comma,
6 gingivitis?
7 DR. LISTGARTEN: Why -- I think maybe Bill
8 Soller has convinced me that there would be some other
9 parts where we could pick this up. And I like to keep
10 it relatively simple as long as it's not misleading.
11 I think starting the sentence with aids or
12 helps indicates that this is not a cure all; it's of
13 assistance in dealing with this condition. And then
14 later on we can help to explain what it's not good
15 for.
16 DR. McGUIRE-RIGGS: No, I think you heard
17 me wrong. You think calling it -- having the option
18 of saying the gum disease, comma, gingivitis is too
19 wordy? That gives industry --
20 DR. LISTGARTEN: Oh, in other words, --
21 DR. McGUIRE-RIGGS: It's the last clause
22 I wanted you to comment on, not the --

1 DR. LISTGARTEN: The fact that I left off
2 "or the gum disease?"
3 DR. McGUIRE-RIGGS: Right.
4 DR. LISTGARTEN: I don't really have a
5 problem with that. I guess if -- we could leave that
6 in.
7 CHAIRMAN GENCO: All right, so would you
8 agree to amend your motion to allow for that?
9 DR. LISTGARTEN: Yes, I'd like to allow
10 for that.
11 CHAIRMAN GENCO: Gingivitis, [or gum
12 disease, gingivitis].
13 DR. LISTGARTEN: Aids, or in bracket
14 helps, open bracket, reduction, prevention, closed
15 bracket, of gingivitis, in brackets, or the gum
16 disease, comma, gingivitis, closed brackets.
17 CHAIRMAN GENCO: How about controls? Aids
18 in the control --
19 DR. LISTGARTEN: I'm sorry, aids in the
20 control.
21 CHAIRMAN GENCO: Right, okay.
22 Aids, bracket --

1 DR. LISTGARTEN: Aids, helps --

2 CHAIRMAN GENCO: In the control --

3 DR. LISTGARTEN: -- in the control --

4 CHAIRMAN GENCO: Brackets.

5 DR. LISTGARTEN: Yes.

6 CHAIRMAN GENCO: Prevention, reduction,

7 closed brackets, gingivitis, brackets, gum disease,

8 comma, gingivitis.

9 DR. SOLLER: Could I clarify we're talking

10 about the basic requirement claim --

11 CHAIRMAN GENCO: Oh, yeah; only the basic.

12 DR. SOLLER: Okay, and we're going on to

13 the optional --

14 CHAIRMAN GENCO: Not the additional,

15 optional. I think we'd get very confused if we mixed

16 those, yeah.

17 Let's look at the basic monograph

18 indication for the three agents which make -- we have

19 allowed a statement of identity of anti-gingivitis,

20 and then we'll go into some optional monograph

21 indications.

22 Okay, let me state it again for the

1 record, Max. Work with me on this.

2 Aids [helps] in the control [prevention,

3 reduction] of gingivitis [or the gum disease,

4 gingivitis].

5 Okay, further discussion of that?

6 Yes.

7 DR. SAVITT: I was happy until the very

8 last little bit here. I'm a little concerned about

9 the term gum disease as opposed to -- and not to

10 reiterate the discussion we just had, but making it

11 mild gum disease because I do want to differentiate

12 periodontitis from gingivitis.

13 And I am concerned that people will

14 interpret gum disease as one broad category.

15 CHAIRMAN GENCO: Good point. In fact, gum

16 disease means periodontitis, and the people in the

17 media that I've worked with have insisted that we use

18 that term when we -- yeah, that's a good point.

19 So that gum disease is not synonymous with

20 gingivitis.

21 DR. SAVITT: Yes, that would be my view.

22 CHAIRMAN GENCO: Yeah, good point.

1 Yes.

2 DR. ALTMAN: But I think that that's why

3 you're qualifying it gum disease, gingivitis, that

4 kind of gum disease. That's the way it's written here

5 is to explain what kind of gum disease is gingivitis.

6 CHAIRMAN GENCO: Well, actually, we have

7 a motion that was made by Max and he's amended it. We

8 haven't had a second to the amendment. Maybe this

9 will solve it.

10 DR. BOWEN: I second it.

11 CHAIRMAN GENCO: Okay. So now we have the

12 issue that Gene has brought up. Brackets or the gum

13 disease, comma, gingivitis. Not the gum disease

14 periodontitis.

15 You're saying that's sufficient?

16 DR. LISTGARTEN: Yes.

17 CHAIRMAN GENCO: Gene?

18 DR. SAVITT: Well, I would still be more

19 in favor of the term "or the mild gum disease

20 gingivitis."

21 CHAIRMAN GENCO: But that doesn't solve --

22 the point you brought up is that gum disease has two

1 meanings, periodontitis or gingivitis.

2 DR. SAVITT: And I would just want to

3 clarify it -- clarify the term gum disease as saying

4 the mild gum disease gingivitis. I don't know if it's

5 appropriate, but I'm concerned with the use of the

6 term gum disease because so many people who have

7 periodontitis refer to it as gum disease.

8 CHAIRMAN GENCO: And you're not satisfied

9 that "or the gum disease, comma, gingivitis," which

10 tells you which of the two gum diseases?

11 DR. SAVITT: I have some reservations --

12 CHAIRMAN GENCO: Okay.

13 DR. SAVITT: -- that people will zero in

14 on -- they will have been told by their dentist you

15 have gum disease. That's what sticks in their mind.

16 They look at it. They don't remember periodontitis,

17 gingivitis or anything else that they're told.

18 They're told gum disease. They look, they

19 see "or the gum disease," and that's how they

20 interpret it.

21 CHAIRMAN GENCO: Okay.

22 DR. SAVITT: And that's a concern.

1 CHAIRMAN GENCO: Fair enough.

2 Yes.

3 DR. ALTMAN: But I think what you're doing

4 is assuming that everyone knows what gingivitis means.

5 And so unless they qualify that with gum disease

6 gingivitis, you're not helping the consumer at all

7 when it just says aids in the prevention of gingivitis

8 Well, if -- you know, for a lot of people

9 that's not going to mean a whole lot. Aids in the

10 prevention of gum disease, gingivitis actually

11 qualifies what kind of gum disease we're talking

12 about.

13 And I think what you're doing is getting

14 back into that mild/moderate, putting it in another

15 place that, as you even said, what is mild or, you

16 know, what is --

17 DR. SAVITT: Well, but here we do have a

18 -- I mean, I can certainly understand it in mild,

19 moderate, severe gingivitis. But here we're

20 differentiating different forms of gum disease on a

21 professional level.

22 I mean, I'm not opposed to defining

1 gingivitis as a mild gum disease. It's certainly not
2 a severe gum disease. It's a mild gum disease or
3 whatever modifier might be appropriate.
4 And I understand the argument for leaving
5 it off, but I am just -- I'm a little bit concerned
6 that patients often walk away with the concept of gum
7 disease. And when you don't have a definer to that
8 term, a modifier to the term gum disease, that -- as
9 you just said, they don't understand gingivitis, they
10 don't understand periodontitis; but they understand
11 that they have gum disease.
12 That just having it as a catch all term
13 might be easily misinterpreted as a treatment or a
14 prevention or a reduction of periodontitis. And I'm
15 -- I would be more comfortable with -- and I believe
16 some of the other -- well, I'm not going to get into
17 what might or might not be out there.
18 But I simply am a little uncomfortable
19 with an extremely general category of gum disease when
20 people could easily misinterpret it as periodontitis.
21 CHAIRMAN GENCO: I think the alternatives
22 here would be to go back to the original motion, which

1 is gingivitis alone, which doesn't get into the
2 confusion of gum disease. Gum disease was introduced
3 to make it less confusing, and you're saying it's
4 making it more, and I think I agree.
5 So maybe that would be an option; just go
6 right back to the gingivitis alone and leave that
7 brackets off.
8 DR. McGUIRE-RIGGS: Can I make a -- just
9 throw out a compromise, that it helps in the control
10 of gingivitis, comma, mild gum disease.
11 DR. SAVITT: That would be fine with me.
12 CHAIRMAN GENCO: Yes.
13 DR. ALTMAN: But didn't the trials show
14 more than just mild gum disease; that it helps prevent
15 mild, moderate?
16 CHAIRMAN GENCO: Yeah, we're confusing
17 that modifying here again.
18 DR. ALTMAN: I think from the consumer's
19 point of view -- I mean, we do everything at a fifth
20 grade level when we talk to the public. And not
21 everybody knows what the word gingivitis means. So I
22 think using the word gum disease is -- they understand

1 that.

2 But you're telling them -- then you're

3 qualifying it. Then you're telling them which kind of

4 gum disease that is. That's gingivitis. We're not

5 talking about any other kind of gum disease, just

6 gingivitis.

7 And I think that we're doing a disservice

8 if we make the companies only say the word gingivitis.

9 Not that we shouldn't learn that word, but I just

10 don't think that we're there.

11 DR. LISTGARTEN: I think the additional

12 optional monograph indications kind of help to explain

13 things a little bit. If you just said the mild -- if

14 you said the mild disease gingivitis, then you can

15 talk about controls gingival bleeding, bleeding gums

16 -- you know, something like that.

17 I think that you cannot get too

18 complicated in that part of the label. I think you're

19 going to have two additional chances to explain what

20 you shouldn't use it for. So it seems to me that

21 putting in too many qualifiers too early just confuses

22 the message.

1 CHAIRMAN GENCO: I have a suggestion. We
2 have a motion which doesn't seem to have a lot of
3 support, and that is with the term gingivitis and then
4 brackets, or the gum disease gingivitis. We could
5 probably vote on that and then come back to another
6 motion which would resolve the conflict.
7 And I think, just to get out of this --
8 we're in the parliamentary mode now, so let's get out
9 of it. I would suggest that. If you don't mind,
10 Bill.
11 DR. SOLLER: Could you repeat what you're
12 suggesting?
13 CHAIRMAN GENCO: Okay, I'm suggesting that
14 we vote on the motion. The motion is to -- for the
15 basic monograph indication for an anti-gingivitis
16 active ingredient would be "aids in the" -- excuse me,
17 helps, brackets, in the control, brackets -- and the
18 order of these words I don't think is important, but
19 prevention, reduction of gingivitis, --
20 DR. SOLLER: Okay.
21 CHAIRMAN GENCO: -- brackets, or the gum
22 disease gingivitis. That's the motion and it's been

1 seconded.

2 DR. SOLLER: And I would just -- I've been

3 asked to ask by one of the companies why not treatment

4 since the trials demonstrate that and consumers will

5 be out there self treating. I mean, that's what

6 OTCness is about. And you, as health professionals,

7 will be recommending that people go out and treat for

8 whatever condition.

9 CHAIRMAN GENCO: Okay, made that point to

10 this motion. So I think we could take that into

11 consideration in the vote.

12 Further discussion? Are we ready to vote

13 on this motion? It's clear then what the motion is?

14 Okay. What I'm trying to do is not have

15 the same person always being first here, so let's

16 start with Ralph.

17 DR. D'AGOSTINO: What's the positive on

18 the -- I'm not sure what the positive and the negative

19 --

20 CHAIRMAN GENCO: Okay, the motion is, if

21 you say yes, --

22 DR. D'AGOSTINO: Carry all that

1 parenthetical comment?

2 CHAIRMAN GENCO: That's right. And we

3 leave out treatment, leave out the qualifier to

4 gingivitis, but put the qualifier after gingivitis "or

5 the gum disease gingivitis."

6 Do you want me to read it again?

7 DR. D'AGOSTINO: No, it's a no.

8 CHAIRMAN GENCO: Chris.

9 DR. WU: No.

10 CHAIRMAN GENCO: Sheila.

11 DR. McGUIRE-RIGGS: No.

12 CHAIRMAN GENCO: Stan.

13 DR. SAXE: Yes.

14 CHAIRMAN GENCO: Gene.

15 DR. SAVITT: No.

16 CHAIRMAN GENCO: Max.

17 DR. LISTGARTEN: Yes.

18 CHAIRMAN GENCO: Bill.

19 DR. BOWEN: Yes.

20 CHAIRMAN GENCO: And I vote no.

21 Okay, we'll -- so it's defeated. Let's

22 take -- is there another motion now? I think the

1 points of contention were add treatment or not, and
2 then the qualifier "or the gum disease gingivitis."
3 As I understand it, I don't think we have
4 much difficulty with "aids [helps] in the control
5 [prevention, reduction (question) treatment], and then
6 gingivitis," then the question was that next bracket,
7 "or the gum disease gingivitis."
8 So does somebody want to formulate an
9 alternative proposal?
10 Yes.
11 MR. CANCRO: Well, I think Sheila did
12 propose something.
13 Sheila, could you kind of repeat what you
14 said?
15 DR. McGUIRE-RIGGS: It's similar to the
16 first one; however, in addition to the option of
17 gingivitis, there would be parens "or gingivitis,
18 comma, mild gum disease."
19 CHAIRMAN GENCO: Okay, so what about the
20 treatment?
21 DR. McGUIRE-RIGGS: I'd like your view on
22 that after this discussion.

1 CHAIRMAN GENCO: But we're asking to make
2 a motion. My view is that --
3 DR. McGUIRE-RIGGS: That's what I said.
4 CHAIRMAN GENCO: You're not ready to make
5 a motion? All right.
6 DR. McGUIRE-RIGGS: Correct.
7 CHAIRMAN GENCO: Yeah, my view is that
8 the treatment -- and I've heard all the other
9 arguments and I know what has been shown and I know
10 that this is over-the-counter, but my view is that it
11 raises false hopes that, when you use the term
12 treatment, that patients will think that this actually
13 is effective in treating even the severe forms.
14 And I guess my personal experience is such
15 that I've had enough people say well I've been using
16 such and such mouth rinse for all these years, how
17 come I still have pyorrhea. And that's the --
18 DR. McGUIRE-RIGGS: Then that is my
19 motion. I said the beginning -- it is helps -- I'm
20 sorry. Aids [helps] in the control [prevention,
21 reduction] of gingivitis [gingivitis, mild gum
22 disease].

1 CHAIRMAN GENCO: Second?

2 DR. SAVITT: Second.

3 CHAIRMAN GENCO: Discussion of that

4 motion?

5 So it leaves out treatment, and it -- as

6 Max's did; but it adds a new parens.

7 Maybe you could read that again.

8 It doesn't qualify gingivitis. It says

9 gingivitis and now a parenthesis. The objective of

10 this parenthesis is to define gingivitis. It's to

11 clarify --

12 DR. McGUIRE-RIGGS: It gives industry the

13 option to use the term gingivitis, comma, mild gum

14 disease. Or industry can just purely use the term

15 gingivitis.

16 CHAIRMAN GENCO: And you'd second it.

17 Your objection originally was that the gum disease was

18 confusing, and you think this now is not confusing?

19 Okay.

20 DR. SAVITT: I'd open it up for discussion

21 as to whether the term mild or minor might be an

22 equally appropriate term. I'm not sure which is

1 better, but that's an alternative term.

2 CHAIRMAN GENCO: You're supporting the

3 motion?

4 DR. SAVITT: Yes.

5 CHAIRMAN GENCO: Okay.

6 DR. ALTMAN: Well, I think what you're

7 doing is confusing the consumer because what you're

8 saying is -- you're saying gingivitis, comma, mild gum

9 disease. So what you're telling them is gingivitis is

10 mild gum disease.

11 DR. McGUIRE-RIGGS: Correct.

12 DR. ALTMAN: And I don't think that's what

13 gingivitis is. And I'm a little surprised that you

14 all that are scientists are not using the science that

15 you've asked for. I mean, you've asked them and

16 they've told you that it actually treats, yet you

17 don't want to use the word treatment.

18 And they'd told you that it looked at more

19 than mild and moderate, yet you're confusing the label

20 by saying gingivitis is mild gum disease. Because

21 that's how the consumer reads that comma, that

22 gingivitis is mild gum disease.

1 And I don't think that's what it is.
2 Gingivitis is more than that. So I'm asking you to go
3 back and look at what it is that you asked them to
4 present the last five plus years.
5 CHAIRMAN GENCO: Well, one alternative
6 would be, in the optional monograph indications, is
7 define gingivitis a little better, bleeding gums, etc.
8 DR. ALTMAN: Well, perhaps I'm not --
9 CHAIRMAN GENCO: Your original point --
10 DR. ALTMAN: I'm confused on what the
11 basic monograph and the optional monograph -- where
12 they go.
13 CHAIRMAN GENCO: If you look at page 17,
14 what we're using -
15 DR. ALTMAN: I'm on that page.
16 CHAIRMAN GENCO: The basic monograph
17 indication would be the simple statement that might be
18 somewhere -- the indication somewhere on the label.
19 DR. ALTMAN: Of the product.
20 CHAIRMAN GENCO: Of the -- yeah.
21 DR. ALTMAN: Okay.
22 CHAIRMAN GENCO: In other words, there's

1 a brand name, the identity statement, and then the use
2 or indication.
3 DR. ALTMAN: Okay.
4 CHAIRMAN GENCO: Then there are optional
5 indications that could be used. And we could use
6 those -- see, your point was gingivitis is not a term
7 that's understood.
8 DR. ALTMAN: Right.
9 CHAIRMAN GENCO: And so somehow we're
10 grappling with how to define gingivitis and we're
11 trying to put it into this basic monograph indication.
12 That's where the problem is.
13 DR. ALTMAN: Okay, but as a scientist --
14 CHAIRMAN GENCO: But it may be best dealt
15 with -- as a scientist, there's no problem --
16 DR. ALTMAN: Are you saying that
17 gingivitis is mild gum disease?
18 CHAIRMAN GENCO: No, no; I'm just trying
19 to focus the problem. The problem is the term
20 gingivitis as the basic monograph indication. Your
21 point is it is not understood by everybody. I'm not
22 so sure of that myself, but -- that you need more

1 description of it.

2 I'm saying one way to do it is to put the

3 brackets in. That's the motion that Sheila made.

4 Another way to do it is to have some optional

5 indications like controls, reduces, treats gingival

6 bleeding.

7 That helps define gingivitis.

8 DR. ALTMAN: Well, yes and no. But you

9 could also have gingival bleeding with perio. So that

10 doesn't clarify things for me. The part that I don't

11 understand is that when you say gingivitis, comma,

12 mild gum disease, you're defining what gingivitis is.

13 And that, in fact, is not gingivitis. If

14 you're going -- if you don't want to put gum disease

15 and do it that way, then what you're going back to is

16 what we talked about an hour ago saying mild

17 gingivitis because that's what you're saying

18 gingivitis is.

19 So I think you're confusing the consumer

20 here by saying that gingivitis is mild gum disease.

21 The way it's written is what you're -- that's how

22 you're defining gingivitis.

1 CHAIRMAN GENCO: You're speaking against
2 the motion?
3 DR. ALTMAN: I am.
4 (Laughter.)
5 CHAIRMAN GENCO: Okay. Well, then -- but
6 what are you for? I mean, gingivitis alone?
7 DR. ALTMAN: No, I'm for actually the way
8 it's written here on page 17 where it's -- for this
9 part of that -- of the basic monograph where it says
10 gingivitis, comma, or common -- or gum disease, comma,
11 gingivitis
12 CHAIRMAN GENCO: Or the gum disease,
13 gingivitis?
14 DR. ALTMAN: Right.
15 CHAIRMAN GENCO: And what Sheila
16 recommended is -- read it again.
17 DR. McGUIRE-RIGGS: My recommendation is
18 industry can use simply the word gingivitis or they
19 can use the term gingivitis, comma, mild gum disease.
20 DR. ALTMAN: Right, and that's what I have
21 a problem with.
22 CHAIRMAN GENCO: Okay, the mild.

1 Gene.

2 DR. SAVITT: Well, if -- I mean, perhaps

3 we should -- instead of saying gum disease, perhaps we

4 should say in parentheses inflammation of gums. I

5 don't know, is that -- I mean, inflammation is used an

6 awful lot in OTC products.

7 If we want to define gingivitis, maybe we

8 should just define it.

9 CHAIRMAN GENCO: Is this the place to do

10 it or --

11 DR. SAVITT: I don't know. But, I mean,

12 it's --

13 CHAIRMAN GENCO: -- in those optional

14 indications? I think this is what we're getting hung

15 up with.

16 Max.

17 DR. LISTGARTEN: You could -- instead of

18 having what's in the brackets now, you could just put

19 in gingival bleeding, bleeding gums.

20 DR. McGUIRE-RIGGS: It isn't as if it

21 appears in brackets on the label. This is giving

22 industry options to use. So if they focus group this

1 and it communicates positively in that focus group,
2 they can use that.
3 Otherwise, they would just simply use the
4 term gingivitis -- gingivitis period. And then they
5 could use one of the optional indications as the
6 second sentence in the indication portion of the
7 label.
8 CHAIRMAN GENCO: Okay, it doesn't sound
9 like there's much support for this particular motion.
10 Should we have a vote? And then maybe what we could
11 do is come to a consensus before we have another
12 motion.
13 Mike.
14 DR. BARNETT: Yeah, I just wanted to -- I
15 mean, I think the idea of not having anything in
16 parentheses is probably a very good one and following
17 your idea of sort of qualifying it in the optional.
18 However, if people feel compelled to have
19 an alternative, one of the expressions we've used in
20 the past is, rather than a mild gum disease, we've
21 said an early form of gum disease, which probably is
22 a little bit more accurate and certainly may be more

1 acceptable.

2 So I would propose that. If people need

3 to have a parentheses statement, that might be the one

4 to have.

5 CHAIRMAN GENCO: Okay, thank you, Mike.

6 All right, let's take a vote then on this

7 one if we're ready.

8 DR. LISTGARTEN: Why don't we make the

9 substitution --

10 CHAIRMAN GENCO: All right.

11 DR. McGUIRE-RIGGS: I'd like to amend it.

12 DR. LISTGARTEN: -- suggested by Mike.

13 CHAIRMAN GENCO: Okay, good.

14 So the reading would be "aids [helps] in

15 the control [reduction, prevention] of gingivitis [an

16 early form of gum disease]? An early form of gum

17 disease. Is that it?

18 DR. BARNETT: Yeah, I think if you need to

19 have a qualifier.

20 CHAIRMAN GENCO: Sure, okay.

21 Okay, would you agree and the seconder?

22 Okay.

1 DR. LISTGARTEN: Done.

2 CHAIRMAN GENCO: Okay, so that's the

3 motion now. Let's discuss that.

4 MR. CANCRO: Bob, that is an optional

5 phrase, as Sheila --

6 CHAIRMAN GENCO: Right.

7 MR. CANCRO: -- has indicated.

8 DR. McGUIRE-RIGGS: Correct.

9 CHAIRMAN GENCO: Yes.

10 DR. McGUIRE-RIGGS: It's in parentheses.

11 CHAIRMAN GENCO: Parentheses means

12 optional, right.

13 Okay, are we ready for a vote on that?

14 Chris.

15 DR. WU: I have a question about the

16 treatment. So this is --

17 CHAIRMAN GENCO: It's out. I mean, it's

18 out of this motion.

19 DR. WU: In this motion?

20 CHAIRMAN GENCO: Yeah, it's out of this

21 motion.

22 Yes.

1 DR. SOLLER: Again, we live and die by the
2 words in the monograph. I would urge that the
3 brackets be gingivitis, comma, an early form. Because
4 if you're saying it's optional, you don't want that to
5 read as for aids in the control of an early form of
6 gum disease, right?
7 CHAIRMAN GENCO: I think that's the
8 intent.
9 DR. SOLLER: So you don't want that
10 bracket to be gingivitis, comma, an early form of gum
11 disease.
12 CHAIRMAN GENCO: Yeah, okay. Gingivitis,
13 brackets, comma -- or gingivitis, comma, an early form
14 of gum disease.
15 DR. SOLLER: In brackets.
16 CHAIRMAN GENCO: Yes.
17 DR. McGUIRE-RIGGS: Correct.
18 CHAIRMAN GENCO: The whole -- excuse me.
19 Let's take it again.
20 Aids [helps] in the control [reduction,
21 prevention] of gingivitis, and then the brackets --
22 no.

1 DR. McGUIRE-RIGGS: Or gingivitis, comma,
2 the early --
3 CHAIRMAN GENCO: Right, so the brackets is
4 brackets, [or gingivitis, an early form of gum
5 disease.] So that's the alternative statement to
6 gingivitis. Okay.
7 DR. LISTGARTEN: Well, you don't need
8 that. You don't need that. All you need in brackets
9 is comma, --
10 CHAIRMAN GENCO: Right.
11 DR. LISTGARTEN: -- an early form of gum
12 disease.
13 DR. SOLLER: Well, as long as we get --
14 the "or" would not be --
15 CHAIRMAN GENCO: Yeah, the --
16 DR. SOLLER: I'm reflecting the word "or"
17 as it would be written up in the monograph. Okay, and
18 that would not be what would be in the indication.
19 CHAIRMAN GENCO: Right.
20 DR. SOLLER: All right. The alternate
21 phrase to gingivitis would be gingivitis, an early
22 form of --

1 CHAIRMAN GENCO: Okay. In other words,
2 the brackets is the full statement that would be the
3 alternative to gingivitis alone. And the bracketed
4 statement would be gingivitis, an early form of gum
5 disease.
6 DR. SOLLER: Correct.
7 CHAIRMAN GENCO: Okay. And you couldn't
8 use just an early form of gum disease. Good point.
9 And you agree with that?
10 DR. McGUIRE-RIGGS: Yes.
11 CHAIRMAN GENCO: Okay.
12 Are we ready for -- is there further
13 discussion? Are we ready for a vote?
14 Okay, let's start with Stanley.
15 DR. SAXE: yes.
16 CHAIRMAN GENCO: Gene.
17 DR. SAVITT: Yes.
18 CHAIRMAN GENCO: Max.
19 DR. LISTGARTEN: Yes.
20 CHAIRMAN GENCO: Bill.
21 DR. BOWEN: Yes.
22 CHAIRMAN GENCO: Sheila.

1 DR. McGUIRE-RIGGS: Yes.

2 CHAIRMAN GENCO: Chris.

3 DR. WU: No.

4 CHAIRMAN GENCO: Ralph.

5 DR. D'AGOSTINO: Yes.

6 CHAIRMAN GENCO: And I vote yes.

7 Okay. Yes, Ralph.

8 DR. D'AGOSTINO: Can we go back to this

9 treatment?

10 CHAIRMAN GENCO: Yes.

11 DR. D'AGOSTINO: It is self treatment. We

12 can ignore it by saying that if they take it they're

13 controlling, they're reducing, they're preventing; but

14 it is self treatment.

15 CHAIRMAN GENCO: Right.

16 DR. D'AGOSTINO: And is your problem that

17 if we use the word treatment then it implies something

18 beyond that?

19 CHAIRMAN GENCO: Yes. If you use the

20 example of aspirin -- I mean, people don't go to the

21 physician every time they have a headache; they take

22 an aspirin. And if it doesn't get better, then they

1 go to a physician.

2 With respect to gingivitis, there's a lot

3 of undiagnosed -- and it's hard to diagnose --

4 undiagnosed disease, periodontal disease. Sometimes

5 there's gingivitis, sometimes there isn't. So I think

6 -- but that's a very personal view.

7 Treatment implies, in my mind, that that's

8 the end of the issue; that you get rid of the

9 gingivitis and you have no more problem. Because

10 gingivitis can be superimposed on periodontitis. So

11 I think that it gives false hope for solving the

12 entire --

13 DR. D'AGOSTINO: It carries a different

14 connotation.

15 CHAIRMAN GENCO: Very, very different,

16 yes.

17 Yeah, it's -- 30% of the population has

18 overt periodontitis. It's about 50% undiagnosed. And

19 I published this based upon our studies. And the

20 people who have overt periodontitis, half of them

21 don't know they have it.

22 So there's a big problem with diagnosis of

1 periodontitis. It's easier to diagnose gingivitis.
2 So I'm worried about the superimposed gingivitis on
3 periodontitis. And the treatment connotation here I
4 think has significance with respect to getting
5 attention if you have gingivitis superimposed on
6 periodontitis.
7 But if you treat that gingivitis,
8 everything gets better. And that's what the Keyes
9 technique did; it treated that gingivitis and
10 everybody though oh, we're getting better. And then
11 we see two years later they're breaking down.
12 So this is a big problem in periodontics.
13 It's a subtle point, but it's, I think, a clinically
14 significant point. Very different than the headache
15 problem.
16 Bill and then --
17 DR. SOLLER: Yeah, just quickly.
18 Again, this goes back to the earlier
19 discussion with the word helps or aids. By saying
20 helps treat, you're not saying that you're treating
21 completely, but there's something else missing.
22 And again, consumers do self treat. I

1 take Dr. D'Agostino's comment here, and I think you're
2 reflecting probably the discussions on NDAC that have
3 occurred over the last few years where consumers are
4 in a mode where they are treating.
5 And I think helps, you know, leaves that
6 gap to say there's something else missing, and then
7 you have it later in the warnings to be able to
8 explain what that might be.
9 CHAIRMAN GENCO: Chris.
10 DR. WU: I agree with Bill because there
11 is a difference between "for the treatment" and "aids
12 in the treatment."
13 CHAIRMAN GENCO: Bill.
14 DR. BOWEN: Doesn't the inclusion of the
15 word reduction imply treatment?
16 DR. McGUIRE-RIGGS: Control and reduction,
17 I think both.
18 CHAIRMAN GENCO: So actually we've gone a
19 step beyond with the NDA for triclosan. We've
20 included reduction, control, and that only concludes
21 prevention. But of course the data would suggest
22 that.

1 Okay, are we comfortable then? I mean, we
2 voted on it. Are we comfortable? That doesn't mean
3 that's the end of it. Or should we have lunch first?
4 MR. SHERMAN: Why don't we resolve this
5 before lunch --
6 CHAIRMAN GENCO: Okay.
7 MR. SHERMAN: -- so that we can move on.
8 CHAIRMAN GENCO: Yes. Well, we could
9 have a motion -- another motion. People feel strongly
10 about the treatment.
11 DR. SAXE: What is our basic monograph
12 indication now?
13 CHAIRMAN GENCO: Okay, the basic statement
14 is "aids [helps] in the control [reduction,
15 prevention] of gingivitis [or gingivitis, an early
16 form of gum disease].
17 DR. D'AGOSTINO: I'm going to make the
18 motion so we can take a vote. The motion I'm having
19 is that between reduction and prevention we put in
20 treatment.
21 CHAIRMAN GENCO: Okay, it's moved.
22 DR. BOWEN: I'll second it.

1 CHAIRMAN GENCO: Discussion? You ready
2 for the vote?
3 Okay, Gene.
4 DR. SAVITT: No.
5 CHAIRMAN GENCO: Max.
6 DR. LISTGARTEN: No.
7 CHAIRMAN GENCO: Bill.
8 DR. BOWEN: No.
9 CHAIRMAN GENCO: Sheila.
10 DR. McGUIRE-RIGGS: No.
11 CHAIRMAN GENCO: Chris.
12 DR. WU: Yes.
13 CHAIRMAN GENCO: Ralph.
14 DR. D'AGOSTINO: Yes.
15 CHAIRMAN GENCO: Stan.
16 DR. SAXE: No.
17 CHAIRMAN GENCO: And I'll vote no.
18 Okay, I think it's time for lunch. Shall
19 we come back at 1:15?
20 Thank you.
21 (Whereupon, the proceedings recessed for
22 lunch at 12:13 p.m.)

1 A-F-T-E-R-N-O-O-N S-E-S-S-I-O-N

2 (1:24 p.m.)

3 CHAIRMAN GENCO: Please take your seats.

4 Let's get started.

5 What I'd like to suggest for the panel is

6 a little different way of operating. If we could

7 maybe have a discussion and then come to some

8 consensus, and then maybe I'll ask for a motion. I

9 think we sometimes can get caught up in the

10 parliamentary process. Maybe that will expedite

11 things a little bit.

12 We are now -- again, using the page 17

13 format, we're on the additional or optional monograph

14 indications for the anti-gingivitis active agents, and

15 we're recommending that there be three others --

16 controls, reduces, treats, prevents gingival bleeding;

17 controls, reduces, treats, prevents red, swollen gums;

18 and controls, reduces, treats, prevents bleeding gums.

19 And as I recall, one of the comments was

20 that gingivitis was not well understood by most of the

21 population, or some of the population, and there

22 needed to be some explanation. We, I think, resolved

1 that partially by, in the basic monograph indication,
2 having a parenthetic phrase or gingivitis and early
3 form of gum disease.
4 So the question is, do we need, and if we
5 do, any of these optional monograph indications, which
6 I think serve to define or expand upon what gingivitis
7 us? Anybody want to start the discussion?
8 Max?
9 DR. LISTGARTEN: I think we should also
10 look at page 18.
11 CHAIRMAN GENCO: Yes. That gets into
12 plaque.
13 DR. LISTGARTEN: Because I think this is
14 probably where we should talk about plaque. Since we
15 decided not to talk about it earlier, I think we
16 should talk about it.
17 CHAIRMAN GENCO: So the suggestion is that
18 you don't think 2, 3, and 4 -- anything along that
19 line is necessary, that gingivitis is dealt with and
20 we should go right to plaque? Or do you want to --
21 DR. LISTGARTEN: I think that all of the
22 things that are listed here may be appropriate. In

1 some cases, just the gingivitis, for those agents for
2 which we don't make any plaque claims. The other two
3 could be used by those products for which a plaque
4 claim is justified.
5 CHAIRMAN GENCO: So I was suggesting to do
6 the first -- the 2, 3, 4 first before the gingivitis,
7 and then we can do 5 and 6, you know, as the template.
8 You've already suggested earlier that you don't like
9 3, red gums.
10 DR. LISTGARTEN: That's right.
11 CHAIRMAN GENCO: And we already had talked
12 about treats. So let's say 2. Would you be
13 comfortable with "controls (reduces, prevents)
14 gingival bleeding"?
15 DR. LISTGARTEN: Should we stick with the
16 "helps in the control"?
17 CHAIRMAN GENCO: Okay. Or aids, "aids
18 (helps in the control)"?
19 DR. LISTGARTEN: Of gingival bleeding.
20 CHAIRMAN GENCO: "Help, control (reduce"
21 --
22 DR. LISTGARTEN: Prevent.

1 CHAIRMAN GENCO: -- "prevents" -- but not
2 treats?
3 DR. LISTGARTEN: No.
4 CHAIRMAN GENCO: -- "gingival bleeding"?
5 DR. LISTGARTEN: Uh-huh.
6 CHAIRMAN GENCO: Don?
7 DR. ALTMAN: I have a question on, really,
8 2 and 4. Shouldn't that be period?
9 CHAIRMAN GENCO: Where do you want to put
10 period?
11 DR. ALTMAN: I don't want to put it. But
12 by just leaving it --
13 CHAIRMAN GENCO: No. But where --
14 DR. ALTMAN: -- bleeding gums doesn't --
15 DR. LISTGARTEN: We haven't come to the
16 warnings yet.
17 DR. ALTMAN: No, no. I know. But for the
18 indication, if we say "helps" or "aids in the control
19 of bleeding gums" --
20 CHAIRMAN GENCO: Gingival bleeding.
21 DR. LISTGARTEN: It basically repeats what
22 we had in the basic monograph section.

1 CHAIRMAN GENCO: You're worried about
2 gingival bleeding? Let's just look at 2 first. Do
3 you think gingival bleeding implies periodontal
4 disease?
5 DR. ALTMAN: It could imply --
6 CHAIRMAN GENCO: Periodontitis?
7 DR. ALTMAN: Could.
8 CHAIRMAN GENCO: That's your concern. All
9 right. As well as bleeding gums. Both. You're
10 concerned about both of them. You'd like to leave
11 both of them out. Or do you have a substitute?
12 DR. ALTMAN: Well, unless there's some
13 qualifier.
14 DR. LISTGARTEN: Well, in a sense, by
15 having "helps" or "aids" -- it's the same argument we
16 went through this morning. By having "helps" or
17 "aids," it suggests that it's an incomplete action,
18 and that there may be some need for additional
19 treatment.
20 DR. ALTMAN: Okay. But do we say aids --
21 are you willing to say that it aids in the prevention
22 of period? Because --

1 DR. LISTGARTEN: No. We're not saying
2 anything for period.
3 DR. ALTMAN: I know. But when you say
4 gingival bleeding, couldn't that really be related to
5 period and not gingivitis?
6 DR. LISTGARTEN: It could, but we're going
7 to handle that down the road, I think.
8 CHAIRMAN GENCO: So what Max is suggesting
9 is that we use this phrase, "Aids (helps) control
10 (reduce, prevent) gingival bleeding," and then 4, the
11 same wording, bleeding gums. And that in the warning
12 put some phrase that says that this is not for
13 periodontitis or restricted to gingivitis alone. Does
14 that satisfy you, then? Okay.
15 DR. McGUIRE-RIGGS: A point of
16 clarification. The first sentence must be there. Is
17 that correct? This can only be the second sentence?
18 CHAIRMAN GENCO: Right.
19 DR. McGUIRE-RIGGS: Okay.
20 CHAIRMAN GENCO: Right.
21 DR. McGUIRE-RIGGS: So --
22 CHAIRMAN GENCO: These are additional --

1 DR. McGUIRE-RIGGS: -- I think that --

2 DR. SOLLER: Excuse me. Bill Soller.

3 Don't lose sight of the basic monograph claim.

4 CHAIRMAN GENCO: No, we haven't.

5 DR. SOLLER: Yes.

6 CHAIRMAN GENCO: Right. These are

7 additional or optional.

8 MR. SHERMAN: You have to decide if these

9 are reasonable additional indications.

10 CHAIRMAN GENCO: Exactly.

11 MR. SHERMAN: And don't limit yourself

12 just to these. It could be --

13 CHAIRMAN GENCO: Right. We're using this

14 as the stepping stone to the bigger discussion. Yeah.

15 I mean, there's some format here that we can work off

16 of. I mean, we can have a five or a six or a seven,

17 or whatever. What is the idea of these additional

18 optional monograph indications? Is it to expand the

19 knowledge or the information so that the patient

20 better understands the uses --

21 MR. SHERMAN: Right.

22 CHAIRMAN GENCO: -- the claims --

1 MR. SHERMAN: Right.

2 CHAIRMAN GENCO: -- the indications? So
3 go back. Is there a necessity for it, given the basic
4 monograph indications statement? And, if so, are we
5 comfortable with the two that have been proposed? Are
6 there others? Yes?

7 MR. CANCRO: Bob, I would like to make the
8 case that all three of these are appropriate because
9 they help describe gingivitis. And, in fact, when
10 it's clinically measured, all three of these
11 parameters are the things that are measured. You're
12 measuring redness and loss of stippling of the cell
13 texture or, hence, swollen gums. So each one of these
14 descriptors characterizes gingivitis. And when used
15 as modifiers to the basic claim, it seems to me to
16 show a continuity of what gingivitis is all about.

17 CHAIRMAN GENCO: Max, do you want to
18 comment to that? You're the one that --

19 DR. LISTGARTEN: I just don't think that
20 to the average person swollen gums means the same
21 thing as a difference between incidence -- low
22 incidence score 1 and score 0. In other words,

1 puffiness is something that the average person isn't
2 going to appreciate. Swollen gums is probably going
3 to be something that's very obviously swollen and
4 probably isn't going to respond to this sort of
5 treatment.
6 CHAIRMAN GENCO: How about red gums?
7 DR. LISTGARTEN: I don't have a problem
8 with red gums.
9 CHAIRMAN GENCO: Lew? In other words, if
10 statement 3 read, "Aids, helps in the control" --
11 MR. CANCRO: Well --
12 CHAIRMAN GENCO: -- "reduces, prevents red
13 gums" --
14 MR. CANCRO: I think you've got a -- you
15 need something to characterize just the color
16 description of gums. Gums are pink or -- you know, I
17 mean, it calls for something else.
18 DR. BOWEN: Inflamed gums?
19 CHAIRMAN GENCO: Pardon?
20 DR. BOWEN: Inflamed gums?
21 DR. SAXE: I could make a case for using
22 the word "inflammation."

1 CHAIRMAN GENCO: Inflamed gums.

2 DR. SAXE: Inflamed gums, gum
3 inflammation, gingival inflammation. But I also have
4 the feeling that I share with Max about the use of
5 red, swollen gums, because there are painless
6 swellings. Could be the rise of a periodontal
7 abscess, sometimes neoplasm, sometimes there may be
8 another lesion where there's redness and swelling.
9 And I would not like to see this -- an indication that
10 somebody can interpret that if they have some redness
11 and swelling in their gums this might help.

12 CHAIRMAN GENCO: So that the three
13 statements each could be one dealing with gingival
14 bleeding, another with inflamed gums, and another with
15 bleeding gums.

16 Steve?

17 DR. McCLANAHAN: Stephen McClanahan,
18 Procter & Gamble. For the panel's consideration, we
19 would offer perhaps controls red, swollen gums due to
20 gingivitis, because it is a consumer-meaningful claim.

21 CHAIRMAN GENCO: Okay. Let me see what
22 that adds. "Aids or helps control," which is reduce

1 or prevent -- and what were the terms "red, swollen"?
2 "Red inflamed"? Have we got the concept of bleeding?
3 DR. McGUIRE-RIGGS: It would be red,
4 swollen gums due to gingivitis is what --
5 CHAIRMAN GENCO: No, not swollen.
6 DR. McGUIRE-RIGGS: But that's what he
7 said.
8 CHAIRMAN GENCO: Inflamed, bleeding gums
9 due to gingivitis. I know that's not what you said,
10 but that -- I don't think the red and swollen --
11 (Laughter.)
12 -- is going to fly through this group.
13 Inflamed, bleeding gums due to gingivitis. I mean,
14 the concept is due to gingivitis. The modifiers, I
15 think, we're going to probably disagree with you on
16 that.
17 In other words, a single statement, "Aids
18 (helps) control, reduce, or prevent inflamed, bleeding
19 gums due to gingivitis."
20 Lew?
21 MR. CANCRO: I'd also like you to consider
22 the option of irritated gums. I mean, red irritated

1 gums or some --

2 CHAIRMAN GENCO: What does that add to the

3 patient?

4 MR. CANCRO: Well, you don't want to use

5 the word "swollen," and I'm trying to convey the fact

6 that the clinician is, in fact, measuring swelling,

7 measuring redness --

8 CHAIRMAN GENCO: It doesn't measure

9 irritation, though.

10 MR. CANCRO: Sorry. What?

11 CHAIRMAN GENCO: It doesn't measure

12 irritation. None of the indices have irritation.

13 DR. SAXE: Irritation is connotations of

14 removable prosthesis as the most common cause of

15 irritation.

16 CHAIRMAN GENCO: When you get an ulcer or

17 an abrasion.

18 So what I'm hearing is, "Aids (helps)

19 control, reduce, or prevent inflamed, bleeding gums

20 due to gingivitis."

21 DR. McGUIRE-RIGGS: I'd like Don to

22 comment on if the consumer could actually judge that

1 inflamed, bleeding, whatever, is due to gingivitis or
2 if it's just present. And if that would be confusing
3 for the consumer to say, "I'm making a judgment that
4 this is due to gingivitis."
5 DR. ALTMAN: I'm confused.
6 CHAIRMAN GENCO: What else could it be due
7 to? Trauma? Toothbrush trauma? It could be due to
8 periodontitis.
9 DR. ALTMAN: Well, if --
10 CHAIRMAN GENCO: She's asking --
11 DR. ALTMAN: -- if I can -- this has to
12 follow the first one anyway that already says
13 gingivitis.
14 CHAIRMAN GENCO: Right.
15 DR. ALTMAN: So we're being a little
16 redundant by saying it again. So I don't think that
17 we should say "due to gingivitis" --
18 CHAIRMAN GENCO: Okay.
19 DR. ALTMAN: -- because that part is
20 already a given. It's whether or not, you know, the
21 word "inflamed" or "swollen" -- I don't personally
22 think that -- I think people understand the word

1 "inflamed."

2 CHAIRMAN GENCO: And bleeding.

3 DR. ALTMAN: We use that enough.

4 CHAIRMAN GENCO: Yeah, but that's a whole

5 different one.

6 DR. ALTMAN: Well, no, we could combine

7 them.

8 CHAIRMAN GENCO: But if you combine them,

9 can you combine them and separate them?

10 DR. ALTMAN: Why not?

11 CHAIRMAN GENCO: Well, it's okay.

12 "Aids" --

13 DR. ALTMAN: No reason why --

14 CHAIRMAN GENCO: -- "or helps control,

15 reduce, or prevent inflamed, bleeding gums," and

16 then --

17 DR. ALTMAN: Well, leave out "red."

18 CHAIRMAN GENCO: Right. And then the

19 company can select from those terms.

20 DR. ALTMAN: I'm okay with that.

21 CHAIRMAN GENCO: Bob?

22 MR. SHERMAN: Excuse me, Bob. I might

1 want to ask this of Don. Is it -- not to pick on you.
2 Is it appropriate that the consumer think that this
3 product will take care of any kind of bleeding
4 problem? Is the term "bleeding" appropriate to be
5 used on an OTC product?
6 DR. ALTMAN: Well, if, in fact, the
7 science says that it will help prevent or control
8 bleeding, then I'm okay with that. If we're going to
9 have warnings, I guess my sense is is that, you know,
10 should problems persist, see your dental professional.
11 If your bleeding persists -- so I think that that's
12 okay. If, in fact, the science says that it does do
13 that with bleeding, I think it should be there.
14 CHAIRMAN GENCO: You're thinking of the
15 subject taking an aspirin a day, and just a little bit
16 of trauma the gums start to bleed?
17 MR. SHERMAN: I just wonder --
18 CHAIRMAN GENCO: And it's not gingivitis?
19 MR. SHERMAN: -- if a consumer has a
20 problem with bleeding gums, for whatever reason, might
21 they think that using this product would solve that
22 problem? I'm asking the panel whether that's an

1 appropriate --

2 CHAIRMAN GENCO: It's a good question.

3 MR. SHERMAN: -- thing to keep in mind.

4 CHAIRMAN GENCO: I'm thinking of the

5 situation where bleeding gums wouldn't be due to

6 gingivitis. Then, using this agent wouldn't resolve

7 it, so the warning would say, "If it persists for

8 seven days, see your dentist." Yeah, right.

9 For example, you're taking aspirin. It

10 may be that every time you chewed on a hard piece of

11 toast or something your gums bleed because of the easy

12 bleeding caused by aspirin. It has nothing to do with

13 gingivitis.

14 DR. ALTMAN: That's true. But --

15 CHAIRMAN GENCO: That is not going to be

16 helped by these agents. That will persist.

17 DR. ALTMAN: And if this is an adjunct to

18 the first sentence, so it is as it relates to

19 gingivitis. So if it doesn't -- you know, if it

20 doesn't --

21 CHAIRMAN GENCO: But that's probably rare

22 as compared to the bleeding caused by gingivitis --

1 the aspirin-induced bleeding or the trauma-induced
2 bleeding.
3 DR. McGUIRE-RIGGS: Or we could have no
4 additional indications. Is that --
5 CHAIRMAN GENCO: Yes. It's for the
6 consumer to make it more clear what the indication is.
7 That's as I see this.
8 Yes?
9 DR. KATZ: I just have one other comment
10 with the term or the use of the word inflammation.
11 That traditionally in OTC labelings the word
12 "inflammation" doesn't really appear unless it's for
13 a hydrocortisone type of cream type products, that we
14 have felt that consumers really don't really know what
15 inflammation really means. So we've tried to use
16 terminology to describe inflammation as opposed to
17 saying the term "inflammation."
18 DR. ALTMAN: Such as swollen?
19 DR. KATZ: Swollen or --
20 (Laughter.)
21 DR. ALTMAN: Red, swollen, or bleeding.
22 DR. KATZ: -- bleeding. Yes.

1 (Laughter.)

2 But, you know, I'm just using that, again,
3 as a term because I think that people were under the
4 impression, as I'm listening to the discussion, that
5 that is a common term that's used in OTC labeling and
6 it's not.

7 DR. McGUIRE-RIGGS: Well, the other way we
8 could say while we say "helps control gingivitis," we
9 could say "may help control gingival bleeding." We
10 could -- that second sentence could be just a little
11 bit softened.

12 DR. SOLLER: Dr. Genco?

13 CHAIRMAN GENCO: Yes.

14 DR. SOLLER: Could I urge that you don't
15 use words like "may." If you're here to promote
16 health, and we're here to protect health, handle that
17 with affirmative statements that you know from the
18 data and a statement of identity and indications,
19 affirmative statements and warnings, but don't waffle
20 for the consumer.

21 CHAIRMAN GENCO: Thank you.

22 Are we comfortable, then, with "aids,

1 helps, control, reduce, or prevent bleeding gums"?

2 DR. SAXE: Due to gingivitis?

3 CHAIRMAN GENCO: No. I think we had that

4 discussion.

5 So we're down to "aids, help, control,

6 reduce, prevent bleeding gums." Does somebody want to

7 make a motion?

8 DR. LISTGARTEN: What about 2 and 3? I

9 mean, what --

10 CHAIRMAN GENCO: Well, we're just taking

11 the 2, 3, 4 as a -- you know, as some place to start

12 our discussion. And I think we've reduced it to one

13 statement.

14 DR. LISTGARTEN: Okay. So that one

15 statement is representative of 2, 3, and 4.

16 CHAIRMAN GENCO: Yeah. Gingival bleeding

17 and bleeding gums really don't say much different.

18 And then, we've objected to the red and we've objected

19 to the swollen. So inflammation is red, swollen, hot,

20 and bleeding.

21 DR. McGUIRE-RIGGS: I --

22 CHAIRMAN GENCO: Nobody has mentioned hot

1 yet.

2 (Laughter.)

3 DR. McGUIRE-RIGGS: I put out a motion

4 that we add the following additional optional

5 monograph indication, "Aids (helps) control (reduces,

6 prevents) bleeding gums."

7 CHAIRMAN GENCO: Is there a second to

8 that? Max? Further discussion? Lew?

9 MR. CANCRO: Bob, I will once again make

10 the case that in describing gingivitis certainly

11 bleeding is one of the more severe states. But

12 additionally, redness and inflammation is another

13 indication by which the consumer may be able to

14 recognize that this condition exists at an earlier

15 stage.

16 So if you don't like the word "swollen,"

17 then there should be some word that you can use which

18 characterizes the disease, provides the consumer with

19 a basis upon which a decision can be made that this is

20 gingivitis.

21 CHAIRMAN GENCO: Steve?

22 DR. McCLANAHAN: Steven McClanahan,

1 Procter & Gamble. In a sense, I feel like I'm
2 preaching to the choir here. But, I mean, gingivitis
3 is an inflammation of the gums. Most consumers know
4 that the cardinal signs of inflammation are swelling,
5 are redness. That language is embodied in the very
6 indices that we use to measure the disease.
7 If you approach ADA with anything, you
8 must show reductions in inflammation as well as
9 bleeding. This very panel demanded the same thing, so
10 all of that is just so embodied in what we do that --
11 and consumers can recognize those terms -- that it
12 seems to me that that kind of language ought to be
13 applicable for labeling.
14 CHAIRMAN GENCO: Max?
15 DR. LISTGARTEN: I'd like to suggest "red,
16 puffy gums." Puffy is not as big as swollen.
17 (Laughter.)
18 And it contains --
19 DR. SAXE: We could just use the color
20 "red, bleeding."
21 CHAIRMAN GENCO: Okay. So you're saying
22 the --

1 DR. SAXE: Just putting the word "red" in
2 front of "bleeding," so "red, bleeding gums."
3 CHAIRMAN GENCO: And what was your
4 comment?
5 DR. McGUIRE-RIGGS: Well, blood is red.
6 I mean, I would either say --
7 DR. SAXE: No, no.
8 DR. McGUIRE-RIGGS: -- "red" or
9 "bleeding."
10 DR. SAXE: "Red, bleeding." Oh, red or.
11 DR. McGUIRE-RIGGS: Red or.
12 DR. SAXE: No. I mean, to infer that
13 that's the color, not the --
14 DR. McGUIRE-RIGGS: I was ready to amend
15 my statement by saying, "Controls, reduces, prevents
16 bleeding gums (or red, swollen, or bleeding gums)."
17 So you could either go just with "bleeding," or you
18 could go with "red, swollen, or bleeding gums" and
19 leave out the option of simply "red, swollen gums."
20 CHAIRMAN GENCO: So the suggestion is
21 you're adding two things -- red and swollen -- to the
22 bleeding.

1 DR. McGUIRE-RIGGS: In a parens.

2 CHAIRMAN GENCO: Okay. We've already

3 discussed the swollen. I don't think that will fly,

4 but maybe it will.

5 Max, do you want to comment, or Gene?

6 DR. SAVITT: I agreed with Max's earlier

7 statement that swollen to me connotates a more severe

8 situation, often indicating a more involved

9 periodontal condition. I'm not opposed to adding

10 "red" to "bleeding gums" so you could have "red and/or

11 bleeding gums." If they want to include both, that's

12 fine. If they want to include either, that's fine.

13 CHAIRMAN GENCO: Before we amend, let's

14 make sure we're reasonably comfortable with this.

15 DR. SAXE: Yes. I --

16 CHAIRMAN GENCO: Now, the suggestion is to

17 amend this motion to, "Bleeding gums," or an alternate

18 term would be "red" --

19 DR. McGUIRE-RIGGS: "Red and/or bleeding

20 gums."

21 CHAIRMAN GENCO: Bill?

22 DR. SOLLER: Yeah. This is a difficult

1 issue. There's no doubt about it. Any time you get
2 a group of people looking at one label, we have our
3 own problems in industry when we do it, and I can
4 appreciate it. What's, again, the construct here is
5 that a basic claim for the control of gingivitis --
6 CHAIRMAN GENCO: Right.
7 DR. SOLLER: Okay. We've already come to
8 anti-plaque, anti-gingivitis. The control of
9 gingivitis, now we're in the explanatory that will
10 help the individual consumer and/or the patient that
11 you've directed to use this product to get a better
12 understanding as to what's going on.
13 And I suspect that if you have someone
14 that were using dental floss and hadn't been using it,
15 and their gums get a little bit swollen after that,
16 okay, that if you asked them what that was they would
17 say, "My gums feel swollen." Because there's really
18 not another word for it.
19 Now, I can appreciate "puffy," okay, but
20 I don't think the consumer is going to relate to
21 puffy. I think they're going to relate to their gums
22 feeling strange. You know? They're different.

1 They're not -- they feel sort of swollen. They're
2 going to come to that word "swollen" naturally, I
3 think, because they're going to search for it.
4 And I don't think it necessarily -- you
5 have to worry about it in the context that it may be
6 something much more severe, if you're going to handle
7 this now in the next phase of that in terms of the
8 warnings and you're trying to tell them what then to
9 look out for.
10 So you're trying to give them kind of the
11 signals that they should be looking at to help explain
12 that gingivitis so that you have the broadest possible
13 appeal to the self-selecting consumer population.
14 CHAIRMAN GENCO: Thank you.
15 So we have a suggestion now to amend it to
16 "bleeding gums" and then "(or red/bleeding gums)."
17 DR. McGUIRE-RIGGS: "Red and/or
18 bleeding" --
19 CHAIRMAN GENCO: "Red and/or bleeding
20 gums."
21 DR. McGUIRE-RIGGS: -- "gums." Yeah,
22 that's -- I stand with that.

1 CHAIRMAN GENCO: Don?

2 DR. WHITE: Donald White, Procter &
3 Gamble. To build further on Bill's point, he said a
4 key thing -- many key things -- but one key thing he
5 said right there was he used the word "feel." And
6 see, that's something I hope that we have to be
7 careful of. Clinically, we're thinking that consumers
8 will always -- everything that they'll evaluate will
9 be the way we do it in the clinic, which is to look at
10 their gums. That isn't necessarily how they'll
11 perceive the benefit.

12 They may distinguish the way their gums
13 feel after a dental cleaning to the way their gums
14 feel when their teeth aren't very clean, you know, and
15 they have some redness, and so on and so forth. So
16 the word "swollen" to them isn't just perhaps a visual
17 thing. It's also something that probably more
18 connotes a feeling to them.

19 So you have to be careful. I mean, part
20 of this is related to the clinical indices -- you
21 know, the descriptors of the disease -- but part of it
22 is also to how a consumer will perceive the condition

1 of their mouth, and that was a key word that they --
2 I think when -- at least my experience -- I'm not a
3 consumer researcher.
4 But in dialoguing with our consumer
5 researchers at the company, I get the feeling that
6 "swollen" is more of a feeling to people than it is a
7 visual. So you have to be careful. The way they --
8 the consumer will interpret it may be different than
9 the way we clinically interpret it.
10 CHAIRMAN GENCO: I think the point,
11 though, is swelling of the gum may be indicative of
12 something quite a bit more serious -- an abscess, a
13 localized -- and even the example that Bill used where
14 the floss -- if you get a swelling in a particular
15 area, it's probably a little miniature abscess in that
16 area. It's not gingivitis, and I think this is Max's
17 point. So that swelling in the context of gingivitis
18 here may mean something quite a bit more serious, if
19 I've phrased that right.
20 DR. LISTGARTEN: Well --
21 CHAIRMAN GENCO: We don't argue that it
22 isn't one of the cardinal signs of inflammation.

1 DR. LISTGARTEN: I don't ever recall a
2 patient coming in complaining of swollen gums who
3 didn't have something other than a mild gingivitis or
4 moderate gingivitis. When they come in and they say,
5 "I have a swollen gum," they either have an abscess,
6 a cyst, a tumor, or really dramatically swollen gums
7 -- for example, dilantin-type gingivitis or calcium
8 channel blockers. I mean, that's when I hear the word
9 "swelling."
10 I don't recall a patient coming in with an
11 ordinary gingivitis saying, "I've got swollen gums."
12 That's not what a patient perceives as being swollen.
13 DR. McGUIRE-RIGGS: They do say
14 "bleeding."
15 DR. LISTGARTEN: Oh, yeah, they say
16 bleeding.
17 DR. McGUIRE-RIGGS: Right.
18 DR. LISTGARTEN: That's --
19 CHAIRMAN GENCO: And they know they're
20 red.
21 DR. LISTGARTEN: "I've got a red
22 toothbrush."

1 CHAIRMAN GENCO: Yeah.

2 DR. LISTGARTEN: "I've got bleeding gums."
3 Yeah, that's common.

4 CHAIRMAN GENCO: Well, let's finish this
5 piece of business, then.

6 Bob, we've got an amendment. Let's just
7 see if we're convinced yet that this amendment could
8 be seconded. Is there a second to this amendment?

9 DR. SAVITT: Second.

10 CHAIRMAN GENCO: Okay. All right. So we
11 have a motion on the floor. Yes. Let's discuss it
12 now.

13 DR. McEWEN: I think we're talking about
14 the warnings in the abstract, and I think one of the
15 things to look at as you're putting these things on
16 the table is what the character of that warning would
17 probably be. At least one of those will be "if the
18 condition persists or worsens" in some length of time,
19 and that's a general warning.

20 I think under those conditions, you can be
21 much more general and allow much more indication in
22 terms of getting the consumer to try to use the

1 product. I doubt that there is going to be that much
2 of a public health risk for allowing swollen gums or
3 swelling to be one of the indications when you are
4 telling them "if this doesn't ameliorate your
5 condition," or "if your condition persists or
6 worsens."
7 And I think the key here is to get people
8 to use these things at the earliest possible time. By
9 limiting what you are saying these might be good for,
10 you're taking away that.
11 CHAIRMAN GENCO: But, in fact, an early
12 sign of periodontal disease -- gingivitis -- is not
13 swelling. The reason you look for loss of stippling,
14 it's a very subtle change in the texture of the
15 gingiva, because you don't get gross swelling as an
16 early sign.
17 DR. McEWEN: But --
18 CHAIRMAN GENCO: Gross swelling comes, as
19 Max said, due to something else. And the kind of
20 swelling that you get with early gingivitis a patient
21 probably is not going to be aware of, so you're not
22 helping the patient. You may be even confusing them.

1 Swelling does not help. It's not like edema of the
2 ankles.
3 DR. McEWEN: I would actually use
4 "swelling" as a contraindication --
5 DR. SAVITT: Yes.
6 DR. McEWEN: -- in the warnings.
7 CHAIRMAN GENCO: I mean, "red" people
8 understand. They can look in the mirror and say, "My
9 gums are red. They never were before." "Bleeding"
10 they can understand. That I think is helpful, but I
11 think the swelling is not going to help. That's
12 usually -- if they know they've got swollen gums, as
13 Max said, that's something different. That's very
14 advanced. Swollen gums, fibrotic gums are associated
15 with periodontitis, too. So it's really a term that
16 suggests something quite a bit different, even though
17 in the index we look at swelling, but it's such a
18 subtle difference.
19 DR. SAVITT: I was just going to make the
20 point that often when somebody comes in with a swollen
21 gum, if indeed it's an abscess or a tumor or one of
22 these more severe problems, I wouldn't want them to

1 wait a month or two to see if it goes away before they
2 get treatment. So it really is a contraindication, as
3 Max indicated.
4 CHAIRMAN GENCO: Okay. Further discussion
5 of the motion? Are we ready for a vote?
6 DR. SAVITT: Ready.
7 CHAIRMAN GENCO: Let me rephrase the --
8 let me restate the motion. "Aids (helps) control
9 (reduce, prevent) bleeding gums (red or bleeding
10 gums)."
11 DR. McGUIRE-RIGGS: "And/or."
12 CHAIRMAN GENCO: "And/or bleeding gums."
13 Okay. Let's start with Stanley.
14 DR. SAXE: Yes.
15 CHAIRMAN GENCO: Gene?
16 DR. SAVITT: Yes.
17 CHAIRMAN GENCO: Max?
18 DR. LISTGARTEN: Yes.
19 CHAIRMAN GENCO: Bill?
20 DR. BOWEN: Yes.
21 CHAIRMAN GENCO: Sheila?
22 DR. McGUIRE-RIGGS: Yes.

1 CHAIRMAN GENCO: Chris?

2 DR. WU: Yes.

3 CHAIRMAN GENCO: Ralph?

4 DR. D'AGOSTINO: Yes.

5 CHAIRMAN GENCO: And I vote yes, too.

6 Okay. Anything else in terms of the

7 gingivitis indication use/claim as optional

8 statements?

9 Okay. If not, let's go to the two agents

10 which would have anti-plaque -- anti-gingivitis/anti-

11 plaque. For those two agents, then, there could be a

12 possible optional monograph indication discussing the

13 anti-plaque/antimicrobial, etcetera, activity. And I

14 refer to page 18, and will, again, use this as a point

15 of discussion -- items 5 and 6, "control, reduce,

16 treat, prevent, removes plaque that leads to

17 gingivitis or the gum disease gingivitis," or

18 "controls, reduce, treat, removes, kills plaque

19 bacteria that lead to plaque and gingivitis or the gum

20 disease."

21 Sheila?

22 DR. McGUIRE-RIGGS: I'll kick off by

1 suggesting that we only go with 5, and that we take
2 out "treats."
3 CHAIRMAN GENCO: Again, "aids or helps"?
4 DR. McGUIRE-RIGGS: Correct. "Aids or
5 helps, control, reduce," and I think "remove" is
6 appropriate here, "plaque that leads to gingivitis."
7 And I think we can stop it there because we've said
8 the industry can put in ahead of this that
9 "gingivitis, an early form of" -- however that -- in
10 the basic monograph we stated that.
11 CHAIRMAN GENCO: Okay. What's your
12 feeling?
13 DR. LISTGARTEN: Well, I'd like to leave
14 it in because I think it clarifies what the role of
15 plaque is in this business, so --
16 CHAIRMAN GENCO: "It" meaning the phrase
17 "(or the gum disease gingivitis)"?
18 DR. LISTGARTEN: I would like to leave
19 "that leads to gingivitis or the gum disease
20 gingivitis." That's in line with what we had.
21 DR. McGUIRE-RIGGS: Then, I'd like to use
22 -- you don't want to use the exact same phrase as up

1 there where it says, "Gingivitis, an early form of gum
2 disease"?
3 DR. LISTGARTEN: Yeah. I mean, I wanted
4 to use the same phrase as we had earlier, whatever
5 that was. But I would like to leave in the term
6 "plaque that leads to gingivitis." I would like to
7 leave that in.
8 CHAIRMAN GENCO: Okay. Well, that was in
9 your suggestion.
10 The question in -- brackets after that,
11 "(or any early form of gum disease or gingivitis, an
12 early form of gum disease)."
13 Okay. Don? Bill?
14 DR. BOWEN: I would think there's a case
15 to be made for leaving the word "treats" in and the
16 plaque -- because you're not going to remove all of
17 the plaque, and it's clear some of the -- two of the
18 agents were concerned do affect the metabolic pathways
19 in plaque. So the plaque is being treated. I think
20 that's an accurate statement.
21 CHAIRMAN GENCO: Stan?
22 DR. SAXE: I have -- I think the word

1 "treat" is -- has different meanings and different
2 connotations. I can treat this person for her
3 gingivitis. I can treat her for her periodontitis or
4 her pneumonia, or I can treat her like a child. And
5 I think we're not treating plaque in order to cure
6 some ailment of the plaque. We're perhaps using the
7 word "treat" in there to modify the plaque in some
8 way.
9 But because the word "treat" can be
10 confused as some type of therapy directed towards some
11 ailment or organ or tissue, I have some concern about
12 using the word "treat" in there if we really mean it's
13 to modify, change, diminish, the plaque in some
14 fashion.
15 CHAIRMAN GENCO: Does "modify" help? Is
16 that --
17 DR. BOWEN: I'd be happy with "modify."
18 But I think the concept behind "treats" I buy.
19 Whether "treat" is the correct word or not, of course,
20 is open to discussion.
21 DR. SAXE: Yes. No. I agree with the
22 intent.

1 CHAIRMAN GENCO: So "modify" would be, of
2 course, the -- the implication would be in a positive
3 way. It reduces its pathogenesis. It reduces glycol
4 -- whatever. Kills bacteria in plaque.
5 DR. McGUIRE-RIGGS: And all of the
6 clinical trials for those two products tested the
7 virility of the bacteria plaque.
8 DR. BOWEN: Well, bacterial counts were
9 done, and the -- do you want to respond to that? And
10 in addition to that, the acidogenicity or acid-
11 producing ability of the plaque was investigated. So
12 it's clear that the agents are affecting the metabolic
13 pathways in plaque.
14 CHAIRMAN GENCO: Don?
15 DR. WHITE: Donald White, Procter &
16 Gamble. Well, I guess what's a little confusing to me
17 is that we're talking about the two agents that --
18 CHAIRMAN GENCO: Right.
19 DR. WHITE: -- two of them actually
20 reduced plaque mass.
21 CHAIRMAN GENCO: Right.
22 DR. WHITE: Of course, it's hard to guess

1 how much of the gingivitis affect comes from reduction
2 of mass versus other things that you did to the
3 plaque. One of the agents obviously affects the
4 plaque in a way that doesn't allow it to be as
5 pathogenic.
6 And I guess what I'm saying is although
7 for, let's say, a stannous fluoride toothpaste I don't
8 think I could say that it reduces, maybe nebulous on
9 treats. I can't say it prevents plaque because they
10 still have it, and I certainly can't say that, well,
11 it removes plaque with brushing, but the toothpaste
12 itself doesn't maybe remove extra plaque.
13 But I could say that it controls it,
14 meaning controls plaque that leads to gingivitis
15 because that's exactly what it does. And it also
16 controls plaque bacteria that lead to plaque and
17 gingivitis.
18 Now, for the two agents that actually
19 reduce plaque, I suppose you could say that you reduce
20 plaque or prevent plaque in addition to control, I
21 suppose. I'm just saying that leaving out "control"
22 for the stannous fluoride I don't think would really

1 be accurate because that is how it, in fact, works.

2 DR. McGUIRE-RIGGS: We're not talking

3 about stannous fluoride.

4 CHAIRMAN GENCO: No. We're only talking

5 about the two agents that would -- for which there's

6 an anti-gingivitis/anti-plaque indication.

7 DR. McGUIRE-RIGGS: CPC and Listerine.

8 CHAIRMAN GENCO: Statement of identity.

9 DR. WHITE: Okay.

10 CHAIRMAN GENCO: CPC and Listerine.

11 DR. WHITE: Okay. But --

12 CHAIRMAN GENCO: And we'll come to the

13 stannous fluoride later.

14 So Sheila's question is, for the CPC and

15 Listerine, was there evidence for modification of

16 plaque other than reducing, preventing, removing? Is

17 there any evidence for modification -- bacterial flora

18 or anything else?

19 Don, you said for CPC, yes, the data is

20 there for reduction of the plaque bacteria. Is

21 that --

22 DR. WHITE: In the glycolysis --

1 CHAIRMAN GENCO: Okay.

2 DR. WHITE: -- and regrowth and bacterial

3 number --

4 CHAIRMAN GENCO: Mike?

5 DR. BARNETT: Yeah. I wanted -- we had

6 presented data some time ago showing -- and it was

7 actually presented to this panel -- showing the

8 ability of a formulation to actually extract endotoxin

9 from plaque and thereby modifying its pathogenicity

10 for gingivitis. So there is a -- was a mechanism of

11 modification as well.

12 Clearly, though -- I mean, there's a clear

13 kill of plaque bacteria, and that was evident both

14 from the long-term clinical trials as well as other

15 data that had been submitted to this panel. So in

16 talking about modification -- and I think the next

17 claim that you're going to be coming to, which is

18 kills bacteria, there are data to support that as

19 well, and indeed that's the main mechanism.

20 CHAIRMAN GENCO: Okay. So the suggestion,

21 then, is that we include additional optional monograph

22 indication for the anti-gingivitis/anti-plaque CPC and

1 Lavoris -- Listerine, "aids (helps) control, reduce,
2 modify, prevent, remove plaque that leads to
3 gingivitis or gingivitis, an early form of gum
4 disease." We're discussing that before we make a
5 motion to be sure we're reasonably comfortable with
6 it.
7 Sheila?
8 DR. McGUIRE-RIGGS: My motion still stands
9 leaving "treat" out.
10 CHAIRMAN GENCO: But substituting with
11 "modify"?
12 DR. McGUIRE-RIGGS: Okay. Yes, it does.
13 CHAIRMAN GENCO: Okay.
14 DR. McGUIRE-RIGGS: I'm not --
15 CHAIRMAN GENCO: You're not --
16 DR. McGUIRE-RIGGS: -- comfortable with
17 "modify" with what we asked in the standard way to
18 have the clinical trials prove.
19 CHAIRMAN GENCO: Okay.
20 DR. McGUIRE-RIGGS: I don't think there's
21 enough standardization of the approach to go down that
22 avenue of affecting or modifying or killing the

1 bacteria.

2 CHAIRMAN GENCO: Okay. So you're not

3 willing to --

4 DR. McGUIRE-RIGGS: I'm not, no.

5 CHAIRMAN GENCO: -- to add "treats" or

6 "modify"?

7 DR. McGUIRE-RIGGS: I'm not.

8 CHAIRMAN GENCO: Gene?

9 DR. SAVITT: I would just go along with

10 that. While there may be some evidence that, you

11 know, modification may play a role and some of these

12 mechanistic approaches can be investigated, we really

13 didn't delve into it in a way that is sufficient in my

14 own mind that these can be appropriate label claims.

15 CHAIRMAN GENCO: Okay. Further comments

16 on that? Lew?

17 MR. CANCRO: Bob, just a point of

18 clarification. What you originally went through was

19 for anti-gingivitis, which would encompass the

20 stannous fluoride. Now you're going through the

21 indications which encompass the remaining two

22 category --

1 CHAIRMAN GENCO: Right.

2 MR. CANCRO: I just want to make that

3 clear.

4 CHAIRMAN GENCO: Right.

5 MR. CANCRO: Okay.

6 CHAIRMAN GENCO: The basic monograph

7 indication would be the same for both the stannous

8 fluoride and the other two, and we discussed that

9 before lunch. Now we're talking about additional

10 monograph indications where the first discussion was

11 for only the stannous fluoride, for the anti-

12 gingivitis -- excuse me, for the anti-gingivitis, and

13 now we're talking about the CPC and Listerine. And

14 then we'll go back to stannous fluoride. Okay.

15 So for the CPC and Listerine, the

16 suggestion is -- Sheila's motion is, "Aids, helps,

17 control, reduce, prevent, remove plaque that leads to

18 gingivitis or gingivitis, an early form of gum

19 disease," leaving out "treat" or "modify."

20 Okay? Are you ready to vote? This is for

21 CPC and for Listerine.

22 DR. LISTGARTEN: Second the motion.

1 CHAIRMAN GENCO: Second it. Okay.
2 Further discussion?
3 Okay. One more time. "Aids, helps,
4 control (reduce, prevent, remove) plaque that leads to
5 gingivitis (or gingivitis, an early form of gum
6 disease)."
7 Okay. Are we ready for the vote? Okay.
8 Chris?
9 DR. WU: Yes.
10 CHAIRMAN GENCO: Sheila?
11 DR. McGUIRE-RIGGS: Yes.
12 CHAIRMAN GENCO: Bill?
13 DR. BOWEN: No.
14 CHAIRMAN GENCO: Max?
15 DR. LISTGARTEN: Yes.
16 CHAIRMAN GENCO: Gene?
17 DR. SAVITT: Yes.
18 CHAIRMAN GENCO: Stan?
19 DR. SAXE: Yes.
20 CHAIRMAN GENCO: Ralph?
21 DR. D'AGOSTINO: Yes.
22 CHAIRMAN GENCO: And I'll vote yes.

1 Further additional monograph indication
2 for the two that make an anti-plaque/anti-gingivitis
3 claim -- CPC and Listerine. Are there further
4 optional monograph indications for those two dealing
5 with the plaque, the bacteria, etcetera?
6 Okay. If not, let's go to the stannous --
7 well, I didn't hear anything from the panel.
8 DR. BARNETT: This is Dr. Barnett. I just
9 commented that the next one raises the mechanism --
10 CHAIRMAN GENCO: I know that.
11 DR. BARNETT: And I think that we would
12 ask for just a couple of moments --
13 CHAIRMAN GENCO: Sure.
14 DR. BARNETT: -- to explain that, if we
15 could, please.
16 DR. VINCENT: Yes. Jack Vincent from
17 Warner Lambert. I'll reiterate some of the
18 description that Mike gave. We have submitted
19 extensive both in vitro and in vivo data that
20 demonstrate the bacterial kill of the fixed
21 combinations of the essential oils. And we also have
22 submitted extensive data on the affect on the relative

1 pathogenicity of the microorganisms associated with
2 the plaque during the course of a long-term clinical
3 trial.
4 So we feel that this mechanism of action
5 is a very important piece of information additional
6 that the consumer could utilize in, again, making an
7 informed decision on product selection.
8 CHAIRMAN GENCO: I think the key element
9 here, is it going to help the consumer better
10 understand the use of the product?
11 DR. VINCENT: It's our position, yes, it
12 would.
13 CHAIRMAN GENCO: Okay.
14 DR. VINCENT: It does have a direct affect
15 on -- and it does --
16 CHAIRMAN GENCO: They're going to
17 understand that LPS is the mechanism of gingivitis?
18 DR. VINCENT: I'm sorry?
19 CHAIRMAN GENCO: They're going to
20 understand that leaching out LPS induces their
21 gingivitis; therefore --
22 DR. VINCENT: That kills. That kills

1 primarily.

2 CHAIRMAN GENCO: Are they going to

3 misunderstand that kills means it's germicidal and

4 it's going to prevent all kinds of other problems

5 that --

6 DR. VINCENT: No.

7 CHAIRMAN GENCO: -- sore throat, etcetera?

8 DR. VINCENT: No. Again --

9 CHAIRMAN GENCO: I'm asking the question.

10 DR. VINCENT: Yes. I do not believe so,

11 but it's -- because it's part of the overall labeling

12 with the basic monograph labeling, tying us to

13 gingivitis, tying us to the disease process that we're

14 treating. And it's not an unqualified germ claim.

15 It's one that's tied to specifically plaque bacteria,

16 plaque and gingivitis.

17 CHAIRMAN GENCO: Do you know that --

18 DR. VINCENT: I would agree with you if it

19 were an unqualified claim.

20 CHAIRMAN GENCO: Right. Do you know that

21 killing of plaque bacteria is necessary for the anti-

22 gingivitis affect and that it wouldn't be sufficient

1 just to remove 90 percent of it and not kill the rest?

2 DR. VINCENT: Well, we feel -- I'm not

3 sure that anything happens in totality. But we feel,

4 and all the evidence points very strongly to us, that

5 the mechanism of action of Listerine is primarily

6 through its germ kill.

7 CHAIRMAN GENCO: Max?

8 DR. LISTGARTEN: I think I'd like to

9 support what Jack Vincent says, because I think that

10 this statement that relates to plaque bacteria, as

11 opposed to plaque per se, is applicable to all three

12 category one agents. I think that they all do affect

13 bacteria in some way. They may not kill it.

14 Maybe they inhibit glycolysis. Maybe they

15 do kill them in part. We don't actually know to what

16 extent or what proportion of the bacteria are killed,

17 but it's very likely that these antimicrobials have an

18 affect on plaque bacteria, without necessarily

19 affecting plaque mass.

20 So with some modifications that we will

21 work out, I think that that last statement should be

22 considered as applicable to all three of these

1 category one agents.

2 CHAIRMAN GENCO: So the assumption is that

3 that's the mechanism, then. That the anti-

4 inflammatory affect of the methyl salicylate, that the

5 leaching of LPS, or whatever else -- other toxins --

6 is not operative, it's the killing. I mean, that's

7 what you're telling the consumer.

8 DR. LISTGARTEN: What I'm saying is if

9 you're going to allow a P&G claim that reduced

10 glycolysis is somehow responsible for a decreased

11 gingivitis, then I think all these other comments are

12 appropriate for the other two agents.

13 CHAIRMAN GENCO: We haven't gotten to

14 that, though.

15 DR. LISTGARTEN: No. But I'm saying when

16 we get to it --

17 CHAIRMAN GENCO: Right.

18 DR. LISTGARTEN: -- at some point we're

19 going to get to it --

20 CHAIRMAN GENCO: Right.

21 DR. LISTGARTEN: -- then we should

22 consider all three agents as falling in that category.

1 CHAIRMAN GENCO: Hopefully sooner than
2 later.
3 Okay. So the issue, then, is that
4 statement 6, "Controls, reduces, treats, kills,
5 removes plaque bacteria that lead to plaque and
6 gingivitis."
7 Chris?
8 DR. LISTGARTEN: My only caveat here is I
9 would leave plaque out of this picture altogether. In
10 other words, I would go -- "that lead to gingivitis."
11 CHAIRMAN GENCO: Okay. "Controls or aids
12 in the control" -- I assume you want that -- "reduces,
13 treats, removes, kills bacteria that lead to
14 gingivitis -- that leads to gingivitis."
15 DR. LISTGARTEN: "That contributes to."
16 CHAIRMAN GENCO: "Contributes to."
17 Don, you look puzzled.
18 DR. ALTMAN: I didn't raise my hand.
19 CHAIRMAN GENCO: But you're the consumer
20 advocate here.
21 (Laughter.)
22 I mean, we're trying to help the consumer

1 understand --

2 DR. ALTMAN: I know.

3 CHAIRMAN GENCO: -- how this works.

4 DR. ALTMAN: Yeah. And I'm --

5 CHAIRMAN GENCO: And to help --

6 DR. ALTMAN: -- trying to figure it out,

7 too.

8 CHAIRMAN GENCO: Okay.

9 DR. ALTMAN: So --

10 CHAIRMAN GENCO: All right.

11 DR. ALTMAN: -- not yet.

12 CHAIRMAN GENCO: Sheila?

13 DR. McGUIRE-RIGGS: Well, I think Chris

14 had a hand up.

15 CHAIRMAN GENCO: Oh, I'm sorry. Chris?

16 DR. WU: I was just going to say that I

17 agree with Max, because I think the consumer relates

18 to plaque and kills and bacteria. So I think number 6

19 should stay.

20 CHAIRMAN GENCO: Well, what if it's wrong?

21 What if 90 percent of the effect is anti-inflammatory?

22 DR. WU: But it says "kills bacteria that

1 leads to gingivitis." Isn't --

2 CHAIRMAN GENCO: But what if an agent

3 really doesn't act that way?

4 DR. McGUIRE-RIGGS: I also wonder with

5 recent reports about finding oral bugs in the heart.

6 And, you know, if research goes down that road of

7 showing the correlation between gum disease and other

8 systemic diseases, are we opening them up to take this

9 claim further than we ever intended?

10 DR. LISTGARTEN: I should point out that

11 in connection with your remarks, it has been suggested

12 that something like chlorhexadine rinses should be

13 used to diminish bacteremias prior -- in people who

14 are at risk for problems of this type. So --

15 DR. McGUIRE-RIGGS: I'd leave that in the

16 prescription world, though. I wouldn't be saying over

17 the counter giving them any leeway to connect those

18 dots.

19 DR. LISTGARTEN: I don't think that this

20 is part of the business we're looking at right now.

21 Right now we're looking at controlling plaque, meaning

22 plaque mass. We're also looking at the possibility

1 that the use of some of these agents may modify the
2 plaque bacteria in some way so that there is an effect
3 on gingivitis.
4 Now, perhaps all the words that are listed
5 under 6 are not appropriate, but controls, to me,
6 could include modifying plaque bacteria or inhibiting
7 plaque bacteria that contribute to gingivitis.
8 If we're going to consider the P&G claim
9 of glycolysis as being a valid substitute mechanism to
10 serve as a -- what's the word that I'm looking for?
11 As a substitute for a gingivitis assay on the basis
12 that it inhibits plaque bacteria, I think that we have
13 to allow for the same mechanism on the part of some of
14 these other organisms -- of the other agents, since
15 the companies have shown that their product does, in
16 fact, kill bacteria.
17 So it does not only remove plaque, but it
18 actually kills organisms in plaque. And I think that
19 falls within the same purview as inhibiting glycolysis
20 or somehow inhibiting bacteria or modifying plaque
21 bacteria. I think they apply as well to that group.
22 CHAIRMAN GENCO: I think what we're doing

1 is trying to help the consumer understand this, and we
2 are seeming to have trouble understanding it. I think
3 if you look at the design of the study, the primary
4 outcome variable is gingivitis effect, and that I
5 think we have discussed for many years.
6 And then a backup variable, a secondary,
7 was plaque effect, using our crude but useful measures
8 of plaque. And then a tertiary level was, what does
9 it do to plaque? And now we get into the discussion
10 of removes of LPS, decreases glycolysis, kills bugs,
11 etcetera. So we're -- in my view, we're getting
12 further from the primary outcome variable, which is
13 the disease effect.
14 And I think we're going to -- we're
15 confused ourselves. I think we're going to confuse
16 the -- my view is that we'd be confusing the consumer
17 by bringing in killing, modifying, inhibiting the
18 bacteria.
19 DR. LISTGARTEN: Well --
20 CHAIRMAN GENCO: I think that could be
21 misinterpreted. That's my view.
22 DR. LISTGARTEN: I guess the major problem

1 I have is that yesterday we decided that glycolysis
2 inhibition could serve as a substitute for doing a
3 clinical.
4 CHAIRMAN GENCO: Yeah. But that was to
5 measure activity of a preparation that somebody else
6 made in their laboratory to make sure they didn't
7 bugger it up by heating it or adding an excipient that
8 -- an activate. That's really a different thing than
9 explaining to the consumer how something works. That
10 is a surrogate measure for a preparation that you can
11 put on a shelf that you think is active without doing
12 a full six-month clinical.
13 It's an expedient for the industry to sort
14 of survey their batches, or if somebody wants to make
15 a new batch, to make sure it works, without doing the
16 full clinical. And we've allowed that that's a
17 shortcut that could be taken. That doesn't mean that
18 it explains fully the mechanism. It's just if it does
19 that -- inhibits glycolysis -- it probably has the
20 active principle. That's what we're saying. It's a
21 good surrogate.
22 And when you make a preparation of that,

1 there's a reasonable chance it will inhibit gingivitis
2 in a six-month study.
3 DR. LISTGARTEN: I'm having some
4 difficulties with that. That's all I'm saying; I'm
5 having some difficulties with that because if it's
6 good enough to show that glycolysis inhibition is a
7 surrogate for doing a clinical, then maybe just
8 showing that the other two agents kill bacteria is
9 good enough.
10 CHAIRMAN GENCO: No. It was not only
11 that. It was anti-bacterial action, it was absorption
12 of the DRA, and also plaque regrowth. So it was one
13 measure -- glycolysis -- of a battery of tests to show
14 that that new prep containing stannous fluoride
15 actually worked or has a good chance of working. And
16 I think that's all that -- that's an expedient to --
17 as a surrogate for a clinical study.
18 DR. LISTGARTEN: The fact is that the two
19 anti-plaque agents that we're considering -- the
20 essential oils and whatever -- what's the other one?
21 CPC. The fact is they do, in fact, do what it says in
22 6. They do kill plaque bacteria.

1 CHAIRMAN GENCO: I don't --

2 DR. LISTGARTEN: And these plaque bacteria

3 do contribute to gingivitis.

4 CHAIRMAN GENCO: But is that the only

5 reason that they are anti-gingivitis? That's my

6 point. It may not be.

7 DR. LISTGARTEN: They remove plaque in

8 toto, or prevent plaque in toto from forming. But in

9 addition to that, they also kill bacteria.

10 DR. SAXE: May I?

11 CHAIRMAN GENCO: Sure.

12 DR. SAXE: Okay.

13 CHAIRMAN GENCO: And then Chris.

14 DR. SAXE: I think here we are still under

15 indications, and these are additional indications.

16 And I think we don't want to overemphasize what is not

17 the prime role of this active agent, this product.

18 The prime indication is anti-gingivitis, that it's

19 effective against gingivitis, and that an additional

20 indication is simply, I think, that it also may help

21 or help control -- not controls, but aids in the

22 control of, or helps in the control of bacteria that

1 lead to, contribute to gingivitis, an early form of
2 gum disease. And that's it.
3 We don't know the whole story in terms of
4 -- now, I know from a selling point of view there is
5 nothing more emphatic. I want to go in and buy a
6 product that's going to kill whatever it is that's
7 bothering me, kill them off, and that's very strong
8 and emphatic and we know what it means. It's either,
9 you know, you're alive or you're dead. It kills them,
10 and that's terrific. That's what I'd like to do.
11 But this is not the sole mechanism, as we
12 understand it, of how everything works. You know,
13 there is some controlling the plaque and some --
14 DR. LISTGARTEN: I'm not sure what you're
15 trying to say. Can you -- are you in favor of the --
16 DR. SAXE: The mechanism --
17 DR. LISTGARTEN: -- or not?
18 DR. SAXE: I'm saying to use the word
19 "aids and helps in control" I don't think all these
20 other -- this other terminology is helpful in terms of
21 the consumer placing the emphasis correctly where it
22 is on the anti-gingivitis effect.

1 CHAIRMAN GENCO: Stan, you're not in favor
2 of including 6 or any part of 6? 5 -- Sheila made a
3 recommendation that we use 5. As she reworded it, we
4 voted to use that but not 6. In other words, 5 in
5 lieu of 5 and 6. And you're in favor of that.
6 DR. SAXE: Well, I would be --
7 CHAIRMAN GENCO: We've already voted that.
8 Now we're bringing up, should we introduce anything
9 that resembles 6? That's the issue here.
10 Chris?
11 DR. LISTGARTEN: I think that -- if I may
12 just -- I think it's either we include all three
13 products under 6 or we get rid of 6. I mean, I have
14 no problem with either solution.
15 CHAIRMAN GENCO: I agree with you that --
16 the internal consistency, but don't mix that up with
17 -- we can deal with the first two and then the second
18 -- the other one, too -- the stannous fluoride. We
19 can deal with it -- CPC and Listerine -- and then we
20 can deal with stannous fluoride separately and be
21 consistent. I mean, if --
22 DR. LISTGARTEN: I'm not sure.

1 CHAIRMAN GENCO: Well, I have suggested we
2 deal with it this way because it's a logical way to
3 deal with it. In other words, we're looking at anti-
4 gingivitis/anti-plaque -- there are two agents in that
5 category -- and we're saying, "These are the
6 additional optional monograph indications for those
7 two."
8 Then we can go to the stannous fluoride,
9 which is the anti-gingivitis alone, and discuss
10 whether 5 and 6 are relevant. I mean, that's what
11 we're going to do. I mean, that's the plan. So don't
12 be confused with what we might do down the -- you
13 know, the next step.
14 Chris?
15 DR. WU: I'm just saying that if there is
16 a product that mainly kills plaque bacteria, then if
17 you say "control plaque bacteria that contribute to
18 plaque and gingivitis" instead of "lead to," wouldn't
19 that mean that this is one of the reasons or one of
20 the ways that it controls gingivitis?
21 CHAIRMAN GENCO: Is it?
22 DR. WU: I'm just saying if there is a

1 product that only kills bacteria.

2 CHAIRMAN GENCO: Well, I mean, are we sure

3 that that's why these agents work?

4 DR. LISTGARTEN: Are we sure of anything,

5 Bob?

6 CHAIRMAN GENCO: Well, in terms of

7 mechanism, we're sure of -- we're sure they are anti-

8 gingivitis, and we're sure they are anti-plaque. But

9 now we're getting into the mechanism, which is a much

10 more difficult question, I think.

11 DR. WU: But when you say "contribute to,"

12 it means this is one of the mechanisms that

13 contribute. Am I making sense?

14 CHAIRMAN GENCO: What would you like,

15 then? Aids in -- aids or helps control? Now, what

16 terms -- inhibit, modify -- these are Max's terms --

17 bacteria that contribute to gingivitis. Is that what

18 you'd like to see?

19 DR. WU: You're saying, then, modifying

20 Sheila's statement?

21 CHAIRMAN GENCO: No.

22 DR. McGUIRE-RIGGS: No. It would be

1 separate.

2 CHAIRMAN GENCO: Number 5 is done. Okay?

3 We voted on it. Now we're talking about -- number 5

4 just simply says "plaque." It's "reduces, prevents,

5 removes plaque." Okay? Now we're looking at a

6 different level. We're looking at bacteria. That's

7 what 6 says. So the statement -- I'm trying to see

8 what you're trying to say. I mean, maybe you could

9 tell me what you'd like to state here.

10 DR. WU: I'd like to somehow leave the

11 term "bacteria" and "kill."

12 CHAIRMAN GENCO: Okay. So "aids or helps

13 control," and that -- an alternate term is "kill" --

14 "bacteria that contribute to gingivitis." Is that

15 what you'd like to see? "Aids (helps) control (kill)"

16 -- you like the word "kill" -- bacteria, not plaque,

17 bacteria.

18 DR. WU: Plaque bacteria.

19 DR. SAXE: Like it says here.

20 DR. WU: Yeah. Plaque bacteria.

21 CHAIRMAN GENCO: Max didn't like plaque.

22 I'm trying to --

1 DR. LISTGARTEN: No, I have no problem
2 with that.
3 CHAIRMAN GENCO: Plaque --
4 DR. LISTGARTEN: Plaque bacteria is fine.
5 CHAIRMAN GENCO: -- that contributes to
6 gingivitis. Okay.
7 Don?
8 DR. ALTMAN: Well, I think the public
9 understands the word "kill." And somebody has a
10 mouthwash that, you know, kills bacteria that causes
11 bad breath, and I think people really understand what
12 that means. I don't know if it's true or not, but
13 they understand that.
14 I think if, in fact, something does -- I
15 don't like the word "kill," but "kill plaque
16 bacteria," which is a whole different thing than
17 removing plaque --
18 CHAIRMAN GENCO: Right.
19 DR. ALTMAN: -- and if, in fact, there are
20 products that do one or both of these, then I think
21 that they should have the opportunity to claim that.
22 Lew?

1 MR. CANCRO: What 5 and 6 bring to this
2 indication is the plaque claim. That's really what
3 you're dealing with in 5 and 6. Now, you've basically
4 come to terms with 5, so the issue then becomes 6.
5 And in the context of what you can do to plaque, you
6 can inhibit it, reduce it, remove it, kill it,
7 etcetera, and there is no -- there is really no issue
8 of inflammation because the primary trust here is the
9 mechanism of plaque control.
10 CHAIRMAN GENCO: Right. The "etcetera"
11 bothers me.
12 MR. CANCRO: Yeah.
13 CHAIRMAN GENCO: You had said "etcetera"
14 because you don't know, and neither do we, what is
15 actually going on. You're assuming they're killing,
16 but I can tell you there's inhibition of adherence,
17 there's actual dissolution of plaque --
18 MR. CANCRO: Okay.
19 CHAIRMAN GENCO: -- you can remove gross
20 plaque with these agents, you can inhibit
21 inflammation. I mean, there's several mechanisms.
22 They all may be operative, and I'd hate to say which

1 is operative and then give percentages. Is it 90
2 percent kill? Is it 90 percent anti-inflammatory? Is
3 it 90 percent removing bulk, dissolving, removing?
4 I mean, you know, we've all tested these
5 things in the laboratory. We've put pre-formed plaque
6 in these things and it actually removes it without
7 killing it. I mean, what's going on? I don't think
8 we know.
9 DR. LISTGARTEN: The basic --
10 DR. BOWEN: Bob, it's modifying plaque.
11 DR. LISTGARTEN: The basic difference
12 between 5 and 6 is that in 5 we take plaque away. In
13 6, plaque is not taken away but it's modified, and
14 it's modified by either inhibiting metabolism, by
15 killing bacteria, by killing some bacteria. There is
16 a whole range of things that can happen in 6 which
17 somehow diminish the pathogenicity or the pathogenic
18 potential of the plaque without removing it.
19 CHAIRMAN GENCO: All right. So the
20 statement would be, "Aids, helps in the control
21 (modification) of plaque bacteria that contribute to
22 gingivitis."

1 DR. LISTGARTEN: Let me try it.

2 CHAIRMAN GENCO: Okay.

3 DR. LISTGARTEN: "Helps, aids in the

4 control" --

5 CHAIRMAN GENCO: Right.

6 DR. LISTGARTEN: -- "(inhibition, killing)

7 plaque bacteria that contribute to gingivitis." Or

8 whatever that --

9 CHAIRMAN GENCO: Gingivitis, an early form

10 of gum disease.

11 DR. LISTGARTEN: Yeah.

12 CHAIRMAN GENCO: Okay. Chris, do you want

13 to address that sentence?

14 DR. WU: Can we use "suppress" instead of

15 "inhibition"? "Suppress."

16 DR. LISTGARTEN: You can add that in

17 addition to the other two, and anything else that

18 seems suitable.

19 CHAIRMAN GENCO: Well, suitable is

20 optional.

21 MR. CANCRO: You're saying these are all

22 optional, then?

1 CHAIRMAN GENCO: Right. But they have to
2 make sense to the consumer. Are they going to
3 understand what "suppress" --
4 DR. McGUIRE-RIGGS: I want to go back to
5 the people who reviewed CPC and Listerine and have
6 them really weigh in if they felt in those -- the two
7 primary randomized control -- or clinical trials, if
8 they felt it was the mechanism of the effect on the
9 bacteria is why they approved it, and not the removal
10 of the plaque that had them say, "Yes, this should be
11 a Category I."
12 CHAIRMAN GENCO: Stan?
13 DR. SAXE: In the review of the many
14 studies that were done on the four essential oils, the
15 key was the anti-gingivitis effect. In many of these
16 -- in all of these studies, there was an assessment of
17 other things, including using the conventional plaque
18 indices, and plaque was reduced. I was not
19 attempting, nor do I know, what the mechanism of
20 action is.
21 DR. McGUIRE-RIGGS: That's my point.
22 DR. SAXE: We can know what the various

1 laboratory and in vitro studies are in these
2 antimicrobials and the various agents, but I can't
3 attest to what the mechanism of the clinical effect
4 is.
5 DR. McGUIRE-RIGGS: I just think we're
6 going too far based on that -- the review.
7 CHAIRMAN GENCO: I reviewed the CPC and
8 the same thing -- they clearly had anti-gingivitis
9 effect. They clearly had anti-plaque effect. Then
10 there were studies showing reduction of the flora, and
11 particularly studies showing that the flora didn't
12 change to an adverse flora. That was kind of a safety
13 issue. But the primary reason for doing the
14 microbiology was not to prove mechanism, in my mind.
15 DR. SAXE: May I say one more thing. The
16 important thing, again, is why somebody doesn't use
17 like an antibiotic. One doesn't want to wipe out the
18 entire oral flora. And, you know, with due respect to
19 the powerful term "killing," our intention or the
20 intention of a product is not to kill or destroy the
21 entire existing oral flora.
22 And so that -- I don't think it's the most

1 appropriate here based chiefly on that we don't know
2 what the mechanism is.
3 DR. LISTGARTEN: Well, actually, we do
4 know something about the mechanism, and we know, for
5 example, that in the Danish studies when chlorhexadine
6 was initially tested, that you could run chlorhexadine
7 through the experimental gingivitis protocol and show
8 that in the presence of chlorhexadine, while plaque
9 was -- plaque was killed, plaque bacteria were
10 actually killed.
11 But it also forms a film on teeth because
12 that's where all of the dead plaque bacteria are
13 sitting. But that film on teeth -- the dead plaque
14 bacteria does not contribute to gingivitis. It does
15 not contribute to gingivitis.
16 DR. McGUIRE-RIGGS: That was at
17 concentrations that are prescription in America.
18 DR. LISTGARTEN: But I'm talking about now
19 a proof of principle, and the proof of principle is
20 you can have dead bacteria on teeth and you don't get
21 gingivitis, ergo killing of bacteria does contribute
22 to the reduction of gingivitis.

1 CHAIRMAN GENCO: That's not the issue.
2 The issue is, what do these drugs do, not what
3 chlorhexadine does.
4 DR. LISTGARTEN: No. But the point is
5 these drugs do kill some bacteria.
6 CHAIRMAN GENCO: But is that the only
7 mechanism?
8 DR. LISTGARTEN: I'm not saying it's the
9 only mechanism. But it is a mechanism that
10 "contributes to gingivitis."
11 CHAIRMAN GENCO: I think the issue is, is
12 it going to clarify this for the consumer or make it
13 more confusing? That's --
14 DR. LISTGARTEN: As was pointed out, the
15 consumer understands killing bacteria. They kill them
16 in toilet bowls. They kill them everywhere.
17 (Laughter.)
18 CHAIRMAN GENCO: But I think that can be
19 overinterpreted to mean now my heart disease is
20 prevented.
21 MR. CANCRO: Bob, I'd ask you to recognize
22 Mike, please. He's got something I think he can

1 contribute to this.

2 CHAIRMAN GENCO: Okay. Mike?

3 DR. BARNETT: Yeah. Bob, I'd just like to

4 -- I mean, you've raised some questions about primary

5 mechanisms of action. I'd just like to comment at

6 least from our data.

7 I find it a little bit ironic that this

8 whole question of primary mechanism, whether it be

9 bacterial kill or not, is being discussed with such

10 enthusiasm today, because yesterday when we talked

11 about performance tests, one of the performance tests

12 we proposed was demonstrating the ability of our

13 formulation, or look-alike formulations, to kill

14 bacteria as a mechanism.

15 And, in fact, the question was raised by

16 people on this panel, maybe we want to expand the

17 panel of representative organisms to include

18 gingivitis. So I think that there is some recognition

19 at least that bacterial kill is, in fact, an

20 important, if not the primary mechanism, by which the

21 essential oils work.

22 You know, this whole question of

1 lipopolysaccharide extraction is relatively minor, and
2 that I only brought up in response to the question,
3 "Have you any evidence that your formulation modifies
4 plaque in ways in addition to killing bacteria and
5 reducing bacterial count?"
6 This whole question of methyl salicylate
7 I know has been brought up in the past, and the
8 question I raised when it was brought up last time is
9 that do -- we certainly have no evidence that methyl
10 salicylate at the level it is -- you know, our
11 formulation -- and at the exposures which patients
12 have to it has any anti-inflammatory action
13 whatsoever.
14 In fact, I think we have presented to this
15 panel in the submission, perhaps not as part of the
16 six-month studies directly, but considerable evidence
17 in terms of the action of the essential oils on
18 killing salivary organisms, for example, on killing
19 organisms associated with oral malodor in both plaque,
20 in the gingival sulcus, and on the dorsum of the
21 tongue. And I think the evidence is very clear that
22 there's a considerable bacterial kill that occurs in

1 the oral cavity with the use of the essential oils.

2 And, indeed, our contention is, and always

3 has been, that that's the primary mechanism of action

4 by which the formulation controls -- excuse me, helps

5 control gingivitis.

6 So I think in terms of questioning the

7 mechanism, I would contend that it's primarily, if not

8 almost exclusively, by means of controlling plaque.

9 Far and above the most common way is to kill the

10 bacteria. Perhaps liquid polysaccharide extraction

11 has a secondary but relatively minor role in the

12 process.

13 CHAIRMAN GENCO: Thank you.

14 Let me just say that, Michael, we did not

15 say that the performance standards were addressing the

16 mechanism. We're only saying, was that preparation

17 active? And you said -- in fact, you wouldn't even

18 test it in vivo in the two-week experimental

19 gingivitis if it didn't kill bacteria in a test tube.

20 That's a measure of its activity, you know, that you

21 haven't inactivated it completely. And that's my

22 view, and I think we said that yesterday.

1 DR. BARNETT: Oh, no. That --

2 CHAIRMAN GENCO: That doesn't get to

3 mechanism. It just says, does that preparation have

4 any possibility of being successful in a two-week

5 experiment on gingivitis? If so, then it probably is

6 a good surrogate for a six-month study. It's just an

7 expediency --

8 DR. BARNETT: Right. Okay.

9 CHAIRMAN GENCO: -- in lieu of a six-month

10 study.

11 DR. BARNETT: Okay. I guess I didn't

12 convey it --

13 CHAIRMAN GENCO: Right.

14 DR. BARNETT: -- appropriately, Bob. I

15 mean, it --

16 CHAIRMAN GENCO: Well, that wasn't proof

17 of mechanism.

18 DR. BARNETT: The reason for selecting

19 bacterial kill as an indication of whether the

20 formulation would be active in vivo is that clearly

21 the way it's going to act is by either killing

22 bacteria before they form plaque or penetrating into

1 the plaque biofilm and killing bacteria there.

2 So from our point of view -- and I guess

3 I didn't, you know, obviously express this explicitly

4 enough -- the reason for selecting that test as the

5 primary or the initial screening of formulations was

6 that if it wasn't able to kill the bugs in a

7 plaquetonic state, and since bacterial kill was

8 presumed to be the primary mechanism of action,

9 therefore, it wouldn't be worth looking at in the

10 clinical trial. So I think we've -- maybe I didn't

11 communicate that clearly enough.

12 CHAIRMAN GENCO: But I think you've proven

13 that. It may be that if you looked at anti-

14 inflammatory activity that would be a better circuit.

15 So, you know, I'm just not convinced of the -- that

16 the killing is all there is to it.

17 Bill?

18 DR. BOWEN: I think it's important to look

19 at what plaque is. It's a biofilm, and the bulk of

20 the plaque -- probably 60 to 70 percent of it -- is

21 made up of bacteria, and the remainder is made up of

22 extracellular polysaccharide, which is a common

1 phenomenon with all biofilms. And the matrix is
2 derived from the bacteria.
3 So if you get a reduction in plaque from
4 three agents that are well recognized as having fairly
5 potent anti-bacterial properties, it's not
6 unreasonable to assume, although one is a little
7 stronger than assume, that their mechanism of action
8 is, indeed, anti-bacterial. Does that mean that you
9 can exclude everything else? Certainly not, because
10 in many instances they haven't been looked at.
11 And although you might say that some of
12 the clinical studies done didn't look expressly in
13 depth sufficiently to satisfy you that they are
14 sufficiently active antimicrobial agents -- for
15 stannous fluoride, for example, there are a multitude
16 of studies looking at its antibacterial effect over
17 and above and beyond what P&G submitted. And, of
18 course, I reviewed the literature and I'm well
19 familiar with it.
20 Furthermore, you can show quite clearly
21 that stannous iron is concentrated in dental plaque
22 for a considerable period of time. Again, I can agree

1 to -- that other mechanisms of action, but if I see
2 the volume of plaque being reduced with some of these
3 agents, it's not unreasonable to assume that if they
4 are in fact active, that they active by killing
5 bacteria and thereby not only reducing the number of
6 bacteria but also the matrix, which, of course, is a
7 critical part of the virulence of dental plaque.
8 CHAIRMAN GENCO: Okay. We have a
9 suggestion, then, and maybe we can come to a motion.
10 "Aids in the" -- or "aids, helps, in the control
11 (inhibition, killing) of plaque bacteria that
12 contributes to gingivitis."
13 Are you comfortable with that, Bill?
14 DR. BOWEN: Well, to be semantic, I'd like
15 to see "development of gingivitis," but, you know,
16 that's okay.
17 CHAIRMAN GENCO: Okay.
18 DR. BOWEN: Basically, I agree with what
19 you said.
20 CHAIRMAN GENCO: To the development of
21 gingivitis.
22 Max?

1 DR. LISTGARTEN: That's okay. Put it in
2 between the brackets.
3 (Laughter.)
4 CHAIRMAN GENCO: No. Wait a minute.
5 Let's -- "Aids (helps) in the control (inhibition,
6 killing) of plaque bacteria that leads to the
7 development of" or that --
8 DR. LISTGARTEN: Contributes to --
9 CHAIRMAN GENCO: -- "contributes to the
10 development of -- to the development of gingivitis
11 (gingivitis, an early form of gum disease)." Okay.
12 That's --
13 Sheila?
14 DR. McGUIRE-RIGGS: I'd like to just make
15 the comment that the two primary reviewers -- I'd
16 either like them to vote first or to give me some
17 indication of if they reviewed the material at the
18 level that made them comfortable with having this be
19 an indication on the box.
20 CHAIRMAN GENCO: If we do come to a vote,
21 I probably would vote no because I feel that this is
22 now -- all the arguments have been the lore and the --

1 you know, the effect of chlorhexadine and the old --
2 the concepts of what an anti-gingivitis agent does to
3 plaque. And I'm not so sure that we know that for
4 sure. I think there are other mechanisms, and I don't
5 think we need to get the consumer confused by
6 mechanisms.
7 I think it's enough for them to understand
8 that the reduction of plaque is what's going on here
9 with these two agents that leads to their reduction of
10 gingivitis. And I don't know as they can do much
11 about the killing or the inhibition. But they can
12 reduce plaque, so that gives -- that leads them to
13 some action.
14 DR. McGUIRE-RIGGS: Stan?
15 DR. SAXE: I agree with that statement.
16 I feel it's --
17 DR. McGUIRE-RIGGS: You would vote no
18 also?
19 DR. SAXE: The way it stands now.
20 CHAIRMAN GENCO: Bill, you want to make a
21 comment?
22 DR. SOLLER: Yes, I have a comment.

1 Again, I'm Bill Soller. I'm going to reiterate my
2 comment that I think it's important to put this in the
3 context of health promotion. And I'm very much an
4 advocate of an informed consumer, and I can appreciate
5 your view that there might be multiple mechanisms of
6 action.
7 I also think there is a need to be able to
8 translate at least some of the science into terms so
9 that it attracts the consumer's attention. And these
10 are the kinds of things for some consumers that they
11 latch onto. And I wonder if something on the order of
12 -- and I'm going to -- I know the helps and aids --
13 however it goes -- in the control (killing) -- or
14 somehow getting the killing and that kind of
15 inhibition in there -- plaque bacteria, a major cause,
16 or some other word like that -- a major cause of
17 gingivitis.
18 Now, don't get hung up exactly on those
19 words. But, Dr. Genco, I'm trying to address your
20 view and trying to get in that major as opposed to the
21 sole, or contributes, or, you know, is also a way to
22 put it into that. But I think it's important to

1 really try and understand that the greatest
2 difficulties I think the panels have is in trying to
3 translate the science into the consumer kind of
4 language that would help the use of the product for
5 the ultimate common end of health promotion.
6 And I think that's what we're about in
7 this particular claim, and that's why it's so
8 important to the industry. I think why it's so
9 important to the consumer.
10 DR. McGUIRE-RIGGS: That plaque index has
11 nothing to do with this. I mean, it has with the
12 presence or absence of visual plaque.
13 DR. SOLLER: Well, if there were no plaque
14 bacteria, would there be the same level of common
15 gingivitis?
16 DR. McGUIRE-RIGGS: But that is our
17 measurement --
18 DR. SOLLER: Right.
19 DR. McGUIRE-RIGGS: -- the plaque index.
20 DR. SOLLER: Yeah. So my point is that if
21 bacteria are kind of very important, maybe an
22 important cause of, or something like that, that -- or

1 contribute -- somehow modifies it in a way, Dr. Genco,
2 where you become comfortable that it's not implying
3 that it's sole. I think it's worth trying to work
4 through that, because these are the kinds of things
5 that will be attractive to consumers and will,
6 therefore, aid in the use of their product, and,
7 therefore, the ultimate aim of health promotion.
8 DR. McGUIRE-RIGGS: But we did not give
9 stannous fluoride the anti-plaque claim because they
10 failed the plaque index test. Is that right, Bill?
11 DR. BOWEN: It was marginally significant,
12 as I recall, and --
13 DR. McGUIRE-RIGGS: Right.
14 DR. BOWEN: -- and not being --
15 DR. McGUIRE-RIGGS: So as the test, they
16 failed it, and they're not getting to make both
17 claims.
18 DR. SOLLER: Well, the way the task group
19 presented this to you was with a basic monograph
20 claim, and then distinguishing between a product that
21 would have anti-gingivitis effect and another one that
22 had gone the full 10 yards and gotten an anti-

1 plaque/anti-gingivitis.

2 It doesn't mean that if a stannous
3 fluoride preparation were to be produced tomorrow that
4 an amendment to the monograph could not be
5 subsequently reduced, or during the review and comment
6 period of this rulemaking actually introduce and
7 suggest an amendment while this is being finalized.
8 I mean, that's entirely possible.

9 DR. LISTGARTEN: Can I just make a few
10 comments? To try to answer the question, plaque, in
11 clinical studies, is measured usually on a scoring
12 system which depends on how much visible or stainable
13 plaque you can detect on teeth. So it's basically a
14 gross estimate of bacterial deposits on tooth
15 surfaces. That's basically what it is, without any
16 regards as to percent of viable organisms or percent
17 of organisms that are calcified, or anything like
18 that.

19 Most of the clinical studies use this to
20 determine whether a treatment has an affect on this
21 amount of bacterial -- on this type of bacterial
22 deposit. And if I may go back to chlorhexadine,

1 simply to make a point, chlorhexadine is, in fact,
2 very effective in killing bacteria in that plaque
3 deposit without necessarily removing the plaque.
4 But that plaque deposit becomes modified
5 as a result of chlorhexadine exposure, so that
6 bacterial viability goes down and in some cases
7 actually increases the rate of mineralization of the
8 bacterial deposits so that calculus formation actually
9 increases in these patients, yet gingivitis goes down.
10 All of this to point out that having dead bacteria
11 calcified or not calcified does not contribute to
12 gingivitis.
13 So there is certainly existence from the
14 chlorhexadine studies that dead bacteria don't produce
15 gingivitis, even if you can detect plaque and even
16 calculus on teeth. You can even have epithelial cells
17 attached to the sterile calculus and form an
18 attachment with hemidesmosomes and basal laminas, and
19 what have you. So it's a perfectly biocompatible,
20 health compatible deposit, but the bacteria are dead.
21 So the killing of bacteria is obviously an important
22 mechanism in preventing gingivitis.

1 In most of the clinical studies that were
2 done in conjunction with these products, the major
3 thing that was tracked was plaque scores. Incidental
4 to these studies, laboratory studies were done as well
5 to try to explain some of the mechanisms, and in the
6 process it was shown that many of these things could
7 kill bacteria, inhibit glycolysis, and do a variety of
8 things.
9 Should a company be prevented from making
10 a claim that's been demonstrated in the laboratory,
11 albeit in a somewhat separate series of experiments
12 that were done in the lab rather than as part of the
13 major experiment, I'm not sure that you can prevent
14 someone from making a claim that's a justifiable
15 claim, and the justifiable claim is kills bacteria, or
16 it inhibits their metabolism, or it does whatever
17 they've shown that it does.
18 And there is clearly evidence that when
19 bacteria are dead you don't get gingivitis. So it is
20 contributing somewhat to the gingivitis. And without
21 going into the percentage of whether it contributes
22 100 percent or 60 percent or only 15 percent, it does

1 contribute to gingivitis.

2 And, therefore, I think it's a completely

3 justifiable claim to say that an agent that kills

4 bacteria is somehow contributing to the prevention or

5 inhibition of gingivitis. I don't think it's such an

6 exorbitant claim.

7 CHAIRMAN GENCO: No. We're only talking

8 about two agents, though. Not all agents, not all

9 possibilities. And I think that's a problem.

10 Well, let's get to a motion, then. Does

11 anybody want to make a motion?

12 DR. SAXE: We have a motion on the floor,

13 don't we?

14 CHAIRMAN GENCO: No.

15 DR. LISTGARTEN: We have a motion on the

16 floor.

17 CHAIRMAN GENCO: No. We're discussing the

18 possibility of a motion. And remember, after lunch I

19 said the function would -- how we'll function is to

20 get this all out and get something that we can be, at

21 least most of us, reasonably comfortable with and put

22 the motion on the floor. So we don't have a motion.

1 DR. LISTGARTEN: Okay. I'll make a
2 motion. 6, "Aids (controls)" --
3 CHAIRMAN GENCO: You mean "helps."
4 DR. LISTGARTEN: Well, "helps." "Helps,
5 aids in the control (killing, inhibition) of plaque
6 bacteria that contribute to gingivitis (or gingivitis,
7 an early form of gum disease)."
8 CHAIRMAN GENCO: Is there a second to
9 that?
10 DR. BOWEN: I'll second it.
11 CHAIRMAN GENCO: Bill. Okay. Further
12 discussion?
13 Well, I'll reiterate one point that maybe
14 I didn't make strongly enough. I think there have
15 been past concerns about antimicrobial claims that
16 might to the consumer mean more than what's intended.
17 And, for example, I don't know what to expect they'll
18 interpret by killing oral bacteria. Is it going to
19 help their breath? Is it going to help their heart?
20 We don't know. Is it going to help their respiratory
21 disease? And I don't think we have any way of
22 predicting.

1 But I think it has the possibility to be
2 overinterpreted, misinterpreted, misleading as an
3 antibacterial claim, and I don't think it's needed to
4 explain the anti-gingivitis effect. They don't need
5 to know that whole literature. So I'm just --
6 DR. LISTGARTEN: We're not talking about
7 heart disease. We're not talking about coronaries.
8 We're talking about --
9 CHAIRMAN GENCO: No. We're talking
10 about --
11 DR. LISTGARTEN: -- contributing to
12 gingivitis. That's all.
13 CHAIRMAN GENCO: No. But I'm talking
14 about misinterpretation, and this is not my problem.
15 The FDA has addressed this before with antimicrobial
16 claims. I mean, it has come up before.
17 Bill?
18 DR. SOLLER: Yeah. I had mentioned in the
19 presentation that we had worked on this particular
20 claim in our own task group, and we were cognizant of
21 what we thought FDA's past concern was -- that an
22 antimicrobial claim would imply a health benefit that

1 would not be obvious to the consumer, and I --

2 CHAIRMAN GENCO: Right.

3 DR. SOLLER: -- mentioned that this

4 morning. And we thought that by tying gingivitis

5 specifically into this that we were, therefore, now

6 addressing this. And --

7 CHAIRMAN GENCO: Could be.

8 DR. SOLLER: -- while Bob Sherman

9 mentioned that there is the flexibility policy on

10 indications, you have to be truthful and not

11 misleading. You have to be the substantial

12 equivalent. So a claim that would then extract

13 gingivitis from a kills bacteria, I don't think

14 necessarily would fit that mode, though there might be

15 other things on the label that would allow you to put

16 it into that mode.

17 But certainly, we're dealing with an anti-

18 gingivitis/anti-plaque product, a statement of

19 identity. We've got the major claim that would be

20 applied here, and now this becomes an optional one and

21 it's further qualified. So I think it's -- you know,

22 there are some checks and balances in here that should

1 alleviate your concerns.

2 DR. McGUIRE-RIGGS: But I did not vote for

3 Category I because I accepted that mechanism of

4 action. I voted because it met the plaque index

5 criteria which is very standard --

6 DR. SOLLER: Yeah. And I --

7 DR. McGUIRE-RIGGS: -- in clinical trials.

8 And so your point on page 21, the second bullet, I do

9 not agree with. I did not vote for a recommendation

10 of Category I because I accepted this mechanism of

11 action.

12 DR. SOLLER: I don't think I would have on

13 the data either. I would have voted on a reduction of

14 plaque --

15 CHAIRMAN GENCO: Right.

16 DR. SOLLER: -- as I was thinking about

17 it. But now I'm in a situation where I'm going to

18 translate that scientific finding into consumer

19 language that we think might help in terms of

20 attracting people --

21 CHAIRMAN GENCO: That's --

22 DR. SOLLER: -- as part of it.

1 CHAIRMAN GENCO: That's not the science.
2 The science was plaque/gingivitis. And ancillary
3 studies, mainly for safety, were the antimicrobial.
4 They were not to get to mechanism. I mean, and
5 anybody here will --
6 DR. SOLLER: But I think for the things
7 that we have just heard --
8 CHAIRMAN GENCO: Yeah, that's
9 chlorhexadine, and that's -- that's the history.
10 These studies that we heard for CPC, for Listerine,
11 and for stannous fluoride were not to describe the
12 antimicrobial mechanism as explaining gingivitis.
13 That was not the design of the study. I mean, you
14 want me to design that study. We could go through it.
15 It's a very different study from what we heard.
16 DR. SOLLER: I think Mike has an add-on to
17 what I was saying.
18 CHAIRMAN GENCO: Yes, Mike.
19 DR. BARNETT: Yeah, Bob. I agree with you
20 with respect to the study, but the question is, are
21 there any other data which indicate that these
22 ingredients do, in fact, kill bugs, either in vitro or

1 in vivo? And I think at least with respect to the
2 essential oils, the answer is very clearly yes. We've
3 seen the in vitro kill kinetic studies, and these have
4 been included in the submission.
5 We've conducted studies looking at the
6 effects of rinsing with Listerine on the viability of
7 salivary bacteria. This was incorporated in the
8 submission. There are additional studies, which I,
9 quite frankly, don't recall if it's in or not, but we
10 could provide the data.
11 CHAIRMAN GENCO: Aerosols and you've done
12 a lot of studies showing antimicrobial. But they may
13 have nothing to do with their anti-gingivitis effects.
14 DR. BARNETT: Well, the question is
15 bacterial kill, and the term we're talking about is
16 kill of bacteria that are associated or can lead to
17 gingivitis. There was a most recent study, which I
18 know was not submitted to you -- it was just reported
19 this past March in Minneapolis at the AADR, which very
20 clearly showed the ability of rinsing with Listerine
21 to kill plaque bacteria in interproximal locations.
22 So, you know, the question that's being

1 asked, is there evidence to suggest that, one, it does
2 this; two, that it's a primary mechanism that could
3 explain the plaque reduction results, I think the
4 answer is very clearly yes.
5 So, in answer, we're not depending upon
6 the six-month study data primarily to support this
7 claim, because you're absolutely right. Those
8 microbiologic determinations are done for a different
9 reason. But we do have data to support the claim
10 independent of those six-month studies.
11 CHAIRMAN GENCO: Okay. Thank you.
12 Is there a second to this motion?
13 DR. BOWEN: Yes, I second it.
14 CHAIRMAN GENCO: Okay. Further
15 discussion?
16 DR. SOLLER: Only if I can finish my
17 comment to wrap up on what Mike said. It's the
18 control of gingivitis, that main claim. But I would
19 say here, as we split this out in the task group, we
20 were now adding in additional claims that was
21 additional information to the consumer, and I think if
22 you have additional studies that allow you to explain

1 this in a way -- contributing factor, however, so it's
2 not the sole mechanism, I think you are helping the
3 consumer.
4 CHAIRMAN GENCO: If we had those studies,
5 but we don't, I think you're absolutely right. If we
6 had them, then we wouldn't be discussing this.
7 Okay. Are we ready for the vote? Okay.
8 Let's go over that again. "Aids (helps) in the
9 control (inhibition, killing) of plaque bacteria that
10 contributes to the development of gingivitis (or
11 gingivitis, an early form of gum disease)."
12 Okay. Ralph?
13 DR. D'AGOSTINO: No.
14 CHAIRMAN GENCO: Chris?
15 DR. WU: Yes.
16 CHAIRMAN GENCO: Sheila?
17 DR. McGUIRE-RIGGS: No.
18 CHAIRMAN GENCO: Bill?
19 DR. BOWEN: Yes.
20 CHAIRMAN GENCO: Max?
21 DR. LISTGARTEN: Yes.
22 CHAIRMAN GENCO: Gene?

1 DR. SAVITT: No.

2 CHAIRMAN GENCO: Stan?

3 DR. SAXE: No.

4 CHAIRMAN GENCO: And I'll vote no. Okay.

5 It's five nos and three yeses.

6 I think now we'll take -- it's 3:00.

7 We've been at it for an hour and 45 minutes. So let's

8 take a 15-minute break, 3:15, and then we'll get into

9 the stannous fluoride with respect to this issue.

10 (Whereupon, the proceedings in the

11 foregoing matter went off the record at

12 2:58 p.m. and went back on the record at

13 3:14 p.m.)

14 CHAIRMAN GENCO: Okay. Let's get started

15 now. I'd like to get into the warnings.

16 Question 4, "Are there general warnings

17 you recommend for this class of OTC drugs?" Any

18 suggestions for general warnings?

19 Don?

20 DR. ALTMAN: Great. I guess I'm looking

21 at the suggestion on page 24 about the general warning

22 being consistent with the anti-caries monograph, and

1 I would like to passionately lobby against that and
2 ask the FDA to consider that this warning has probably
3 done more damage to the dental public health than
4 probably was ever intended.
5 First of all, at least half of the
6 population probably doesn't even have their own dental
7 professional, and much less the telephone number. And
8 then contacting a poison control center, even harder
9 to contact without a telephone number. There is no
10 national poison control center.
11 And I think that aside from this being on
12 toothpaste, what has unfortunately happened is this is
13 now being brought to community water fluoridation
14 debates and proving that fluoride is, in fact, a
15 poison. So people are now using toothpaste as a
16 reason not to fluoridate their community water supply.
17 And I think that the warning here is not helping our
18 cause, and I don't believe that anybody ever intended
19 it to be that way.
20 But I guess in my 15 years of being a
21 dentist I've never had anyone call me and ask me what
22 to do because little Billy swallowed a bottle of mouth

1 rinse. You know, for the most part, you're not going
2 to get that much down without vomiting. And I guess
3 my -- what I would encourage is that -- that this be
4 softened and that we actually tell the consumer what
5 to do.
6 If there is accidental swallowing, then as
7 dental professionals what do we tell the consumer if
8 they were to call us? Do we tell them to induce
9 vomiting? Do we tell them if it's a fluoride product
10 to drink milk to bind the fluoride? What do we tell
11 them is what should be on the label.
12 I think that contacting a poison control
13 center is sending a message that I personally don't
14 want to see. And, again, professional assistance in
15 today's market -- be that managed care or not -- a lot
16 of people don't even know who their physician or their
17 dentist even is to even contact.
18 But I don't know how big of a problem this
19 is anyway because if you ever tried to eat toothpaste,
20 you don't get very far. And it does say, "Get out of
21 -- keep out of the reach of children under six," which
22 I think is great.

1 And I just know from working in a public
2 health setting that when we've given concentrated
3 fluoride mouth rinse to six-year olds, and they have
4 accidentally swallowed the mouth rinse, we go out and
5 tell the parent, "Your child is probably going to
6 vomit, you know, within the next hour, and they're
7 going to be nauseated." If they're not, then that was
8 okay, too.
9 But I think the warning, as it is for
10 anti-caries -- in the anti-caries monograph, is
11 inappropriate. And I know that while it would be nice
12 to have these the same, because it's in the anti-
13 caries monograph doesn't mean that it's right. And so
14 what I'm asking the committee and FDA is to reconsider
15 the wording of the general working to actually give
16 the consumer specific instructions that they can
17 actually use.
18 CHAIRMAN GENCO: Sheila?
19 Thank you.
20 DR. McGUIRE-RIGGS: Prior to the anti-
21 caries monograph, what was the warning on mouth rinse
22 bottles?

1 MR. SHERMAN: The waning was the
2 accidental overdose warning that I gave an example of
3 this morning. It's a general warning that's in the
4 regulations required on all orally administered drugs.
5 "In case of accidental ingestion, contact the poison
6 control center -- seek assistance or contact the
7 poison control center immediately" I think is the
8 wording.
9 We tried to clarify that in the anti-
10 caries monograph because what for -- a toothpaste or
11 a rinse is an accidental ingestion, so we tried to
12 qualify that by using the terms, "If you swallow more
13 than is normally used."
14 DR. McGUIRE-RIGGS: So by regulation, we
15 must say "poison control center"?
16 MR. SHERMAN: I believe that's true.
17 DR. KATZ: That is correct. By
18 regulation --
19 MR. SHERMAN: Now, you can better explain
20 this warning. You can modify it again for this
21 monograph if you feel that you can qualify it in a
22 better way. You can make those kinds of

1 recommendations. In other words, word it differently
2 as it was in the anti-caries.
3 DR. McGUIRE-RIGGS: So we could say
4 "induce vomiting, drink milk," but we'd always have to
5 say "or contact the poison control center
6 immediately"?
7 DR. KATZ: As far as that latter clause
8 goes, I think that there may be somewhat of a
9 modification of that, but that is the intended purpose
10 of products that are orally administered types of
11 drugs. So that the intended purpose of the required
12 warnings were basically that it states that in the
13 case of accidental overdose, seek professional
14 assistance or contact a poison control center
15 immediately.
16 Slight modifications have been allowed to
17 clarify what it is that's meant by overdose or
18 ingestion and orally administered, but it's, in
19 essence, the terminology -- the intended terminology
20 is supposed to be there.
21 CHAIRMAN GENCO: So one possibility would
22 be to -- "In case of accidental swallowing of more

1 than intended for -- as a mouth rinse or tooth
2 brushing, seek assistance or contact a poison control
3 center immediately." I mean, that's the -- within the
4 context of what has been allowed/is happening, it
5 would be a reasonable statement? Notwithstanding
6 Don's concerns about the poison control center issue,
7 which may be relevant to fluoride and its abuse by the
8 anti-fluoridationist or its use by the anti-
9 fluoridationist as --
10 DR. ALTMAN: Which is really a side point,
11 because --
12 CHAIRMAN GENCO: Right.
13 DR. ALTMAN: -- it still doesn't help the
14 consumer when there is no number and they don't have
15 a professional, and they don't even -- and truly, when
16 you think about it, when somebody says "call poison
17 control," what do you do? I mean, do you look under
18 P in the telephone book? I mean, truly, how is that
19 really helping the consumer? And I --
20 CHAIRMAN GENCO: Okay. So we've got --
21 DR. ALTMAN: That's --
22 CHAIRMAN GENCO: We've got a statement

1 under "Discussion" and you're bringing up several
2 points about the --
3 DR. ALTMAN: Yeah. But what I'm --
4 CHAIRMAN GENCO: -- inadequacies of that
5 general warning. Right. Good.
6 Okay. Peter?
7 MR. HUTT: Bob, I just wanted to clarify
8 the procedural question that Sheila raised. This
9 committee can, clearly, recommend a change in the
10 existing warning under the anti-caries monograph to
11 conform to whatever recommendation you might make
12 under this monograph.
13 It's, of course, up to FDA whether it
14 would wish to accept it or not, but you're not limited
15 to what is in -- currently in the anti-caries
16 monograph. You could recommend any kind of a
17 rewording that, in your judgment, was appropriate.
18 CHAIRMAN GENCO: Okay. So, Don, your
19 comment was "seek assistance" doesn't help because
20 many people don't have health care professionals. And
21 the poison control center doesn't help because that
22 doesn't help much except if you're next door to the

1 poison control center.

2 DR. ALTMAN: Yeah. If you don't have a

3 telephone number readily, and there's not a national

4 telephone number, and little Billy swallows a bottle

5 of mouthwash, how does, you know, finding the

6 mouthwash that says "call your poison control center"

7 -- how does that help you?

8 CHAIRMAN GENCO: You'd like more

9 specificity.

10 DR. ALTMAN: Well, I think that the label

11 should say what to do.

12 CHAIRMAN GENCO: Okay.

13 DR. ALTMAN: You know, induce vomiting or

14 -- you know, and seek professional assistance, or

15 something that's actually going to help the situation.

16 CHAIRMAN GENCO: Okay. Thank you.

17 Bill?

18 DR. SOLLER: Yeah. I would like to

19 categorically disagree with what was just said about

20 poison control centers. I think in the absence of

21 having someone like Toby Lidowitz from the National

22 Capital Poison Control Center here to talk to you

1 about their system, how it works, the number of calls
2 they get each year, I can tell you my own wife used it
3 when we doubled up accidentally on ibuprofen. And I
4 said, "You don't have to worry about this," and I told
5 her my scientific, pharmacological experience, and she
6 wouldn't believe me.
7 Okay? I said, "Call the poison control
8 center." She got on the line, 4-1-1, "Give me the
9 national capital area." This is how it happened. She
10 got one of the people that works for Lidowitz on the
11 line and they gave her the same reason, and what it
12 saved was a trip over to the emergency room, because
13 notwithstanding my training and knowledge, my wife
14 wouldn't take a chance with the child and would have
15 gone over to the emergency room.
16 So one of the reasons for having this on
17 here is, of course, for the very serious toxic
18 emergencies, to try and give as much possibilities to
19 the consumer to get help initially. Rocky Mountain
20 Poison Control Center covers a huge area out in the
21 Utah/Colorado/Montana -- that whole area in there, and
22 they service that. And the number of calls they get

1 each year is very, very dramatic.

2 So I don't think we can just sit here and

3 very blandly say, "Well, what does a poison control

4 center help do?" I know from the numbers it does. I

5 know from personal experience. And with these

6 products with a wide margin of safety, if it is --

7 when the mother gets concerned because the child picks

8 up accidentally and takes an awful lot of liquid,

9 which we know has a large margin of safety and

10 wouldn't be a problem, getting the assurance that they

11 don't have to go to the emergency room, but they can

12 call back to that number within an hour or so, is a

13 big help.

14 DR. McGUIRE-RIGGS: Is there a national

15 800 number, though?

16 DR. SOLLER: No, there is not. And they

17 have looked into the possibility of doing that.

18 DR. McGUIRE-RIGGS: Okay.

19 DR. SOLLER: And there is consolidation of

20 poison control centers, and I think people are looking

21 out into the future to do that. But it's premature to

22 do that now.

1 DR. McGUIRE-RIGGS: So your wife called
2 information, and did she say, "Give me a number for a
3 poison control" --
4 DR. SOLLER: Poison control center.
5 DR. McGUIRE-RIGGS: -- "center"?
6 DR. SOLLER: Yeah. And the one around
7 here is the National Capital Poison Control Center.
8 DR. McGUIRE-RIGGS: So, I mean, just in
9 theory, we could say, "Call information to get the
10 number for the poison control center."
11 DR. SOLLER: I don't think you have to do
12 that. We have an informed consumer, and I think you
13 can overwork this.
14 DR. McGUIRE-RIGGS: Okay.
15 DR. SOLLER: If it's an emergency
16 situation, you want to say, "Get professional
17 assistance," or "Call the poison control center."
18 There's something on the label that would direct them.
19 Some consumers won't even look at the label. They'll
20 just run over to the emergency room. That will
21 happen, but this is a way of helping to reduce that
22 burden.

1 CHAIRMAN GENCO: Okay. Can we be
2 instructed by the FDA's warning already on an anti-
3 gingivitis toothpaste which has two warnings -- one,
4 "Keep out of the reach of children under six years of
5 age," and the other is, "If you accidentally swallow
6 more than used for brushing" -- and we can adjust that
7 to "more than used for rinsing your mouth" for the
8 mouth rinses -- "seek professional assistance or
9 contact the poison control center immediately."
10 Let me just put that out for discussion --
11 those two.
12 Stan?
13 DR. SAXE: I pass.
14 CHAIRMAN GENCO: Sheila?
15 DR. McGUIRE-RIGGS: Do we know for the
16 active ingredients in CPC and Listerine what does --
17 what would you say to a dentist to say to a mother on
18 the phone? I mean, is there something like drinking
19 milk that neutralizes Listerine, the active
20 ingredients?
21 DR. LISTGARTEN: Who would want to drink
22 this stuff?

1 (Laughter.)

2 DR. McGUIRE-RIGGS: Yeah. No kidding. I

3 wouldn't --

4 DR. ALTMAN: What is the accidental

5 ingestion? But, I mean, that's a point. I haven't

6 seen anybody here raise their hand that's a dentist

7 that would know what to tell if somebody --

8 DR. McGUIRE-RIGGS: I wouldn't know what

9 to say --

10 DR. ALTMAN: So what good is putting it on

11 there if --

12 DR. McGUIRE-RIGGS: I'd like to know

13 what --

14 CHAIRMAN GENCO: Well, possibly the

15 industrial representatives could help us. What is the

16 experience? I mean, these agents have been on the

17 market for a while. What is the experience?

18 DR. D'AGOSTINO: Can I make a comment

19 before you --

20 CHAIRMAN GENCO: Yes.

21 DR. D'AGOSTINO: If this were a drug going

22 through NDAC -- the Non-Prescription Drugs Advisory

1 Committee -- and there was this uncertainty, the
2 committee members would be saying that the industry
3 has to inform the professionals on what to do so they
4 can give that information, and there would be whole
5 discussions about 800 numbers, there would be
6 discussions about education, and so forth. So maybe
7 even though these are long-standing drugs that are
8 already on the market, maybe that has to be done here
9 also.
10 CHAIRMAN GENCO: So I'd ask again that --
11 thank you, Ralph. Maybe we could start that
12 discussion; maybe end it here. Can industry give us
13 some guidance, let's say, you know, product by
14 product?
15 MR. HUTT: Warner Lambert has an 800
16 number on its label, and the people at the end of the
17 line are instructed how to answer those kinds of
18 questions. None of these people happens to be here
19 today; and, therefore, we cannot give you your answer
20 right at this moment. We will have --
21 CHAIRMAN GENCO: Okay. Thank you.
22 MR. HUTT: -- to get back to you.

1 CHAIRMAN GENCO: So one option is to
2 require the warning to include the 800 number -- the
3 company's 800 number, in addition to maybe "seek
4 professional assistance, contact a poison control
5 center immediately, and/or call this 800 number."
6 DR. McGUIRE-RIGGS: Or, on the
7 professional label, isn't there something we could
8 write to professionals that that -- the verbiage that
9 your customer service rep reads if they get a phone
10 call should be on the professional labeling also.
11 DR. SOLLER: Well, that's an interesting
12 point. I hadn't thought about that. But if I could
13 comment on the 1-800 -- remember, you're reviewing
14 formulations that are now going to be duplicated after
15 a final monograph by other manufacturers, and not all
16 companies have 1-800 numbers.
17 And if you think about the distribution
18 system of a company like Parego that has store brands
19 that go all out to a wide variety of different
20 pharmacy and other locations, I'm not sure that
21 necessarily, because there are some variations to
22 that, that that would work within that system either.

1 So I don't know that specifying that
2 specific telephone number, that 1-800, and for a small
3 company that's an expense per year that is
4 considerable for them, not for a larger company.
5 CHAIRMAN GENCO: Further direction on
6 this? What happens in situations like this where you
7 have large companies who have this capability -- the
8 capabilities needed -- and a small company comes into
9 the business, can't you require that small company to
10 do this, to have this poison -- to have this
11 information available?
12 DR. KATZ: No.
13 CHAIRMAN GENCO: No.
14 DR. KATZ: It's not required. The 800
15 number is actually not required --
16 CHAIRMAN GENCO: Okay.
17 DR. KATZ: -- to be on the package at all.
18 A lot of the commercial sponsors who do have 800
19 numbers may not even have them manned 24 hours a day.
20 That they may be manned for certain hours during the
21 day with a live person there, and then otherwise have
22 a machine that will take your telephone number and get

1 back with you within a period of time.

2 It depends upon what kind of a system they

3 have set up. Some of them are just information

4 hotline, so that they don't really expect that you're

5 going to be calling with emergency types of questions

6 that need an emergency answer, but are calling with

7 questions that it doesn't matter if they answer it now

8 or if they answer it several hours later because it's

9 not a life or death type of a situation, but it's more

10 an inquiry type of a question.

11 So that what gets handled on the other end

12 of the 800 number is very variable, depending upon

13 both the product and the company.

14 DR. McGUIRE-RIGGS: Could we make some

15 kind of procedure here where they must educate the

16 poison centers? How are we even sure that for these

17 active ingredients the poison centers know what to do?

18 I --

19 DR. SOLLER: Could I answer that? When

20 you go into a poison control -- I've done work with

21 them for many years, and have been on some of their

22 board committees, and so on. When you go in and you

1 actually see a poison control center in operation,
2 they have a protocol for virtually every consumable
3 product that you could imagine and would provide you
4 the kind of advice that would either direct you to see
5 an emergency room or to hang in there and call back
6 within a half hour or 15 minutes, or whatever, to wash
7 the child. That's how it works.
8 And I think -- I guess we just didn't
9 expect that we would be getting into this kind of
10 discussion here, because I think we're so used to the
11 poison control center system working for the industry
12 all these many years that we didn't think to bring an
13 expert here that could explain the ins and outs and
14 the details. I wish we had thought of it.
15 But this particular warning is something
16 that we've worked with, and worked with the poison
17 control centers for many years, and it has worked for
18 OTCs.
19 CHAIRMAN GENCO: Ralph, and then Chris,
20 and then Bill.
21 DR. D'AGOSTINO: I waited until the fellow
22 beside me left. But I'm a great advocate of the

1 poison control centers, and we've had long
2 discussions, again, on the parent committee. And
3 they, in fact, are very responsive, and I hear they do
4 have these long catalogs.
5 It seems to me the -- if there's any sort
6 of missing component here, it's what the professionals
7 do. If you call the professionals -- I mean, I think
8 if they call the poison control center, they're going
9 to get an answer, and it's going to be a very
10 efficient and a very good answer. If they call their
11 dentist, they may not get a good answer. If they call
12 their -- you know, someone who is there treating their
13 condition, they may not know what to do with the
14 overdose.
15 So I think it's educating them, and the
16 800 number is -- is something which they have, but,
17 again, I think it's right the way it was described,
18 that you don't necessarily -- usually, it's about they
19 use the drug and things of this nature. And so it's
20 really -- if we're worried about the warning, it's
21 educating the professional on what to do.
22 CHAIRMAN GENCO: So is anybody not

1 comfortable with this wording, then? "In case of
2 accidental swallowing, or accidental ingestion, of
3 more than used for brushing your teeth or as a mouth
4 rinse, as appropriate for the agent, seek assistance
5 -- professional assistance or contact your poison
6 control center immediately." Is anybody uncomfortable
7 with that, as a general warning for all three of
8 these? Yes?
9 DR. WU: Or maybe we could add "call the
10 manufacturer or the poison control center."
11 CHAIRMAN GENCO: So you're saying --
12 DR. WU: I mean, they usually have a
13 number for the manufacturer.
14 CHAIRMAN GENCO: "Seek professional
15 assistance, contact the poison control center
16 immediately, or call the manufacturer"?
17 DR. WU: Would that work?
18 CHAIRMAN GENCO: But we've heard that that
19 isn't as reliable. I mean, there may be small
20 companies that don't have 800 numbers.
21 DR. D'AGOSTINO: You have to hope that
22 happens between 8:00 and 5:00, or something like that.

1 CHAIRMAN GENCO: Right. What we're
2 hearing from Ralph is that the poison control centers
3 are really quite -- as reliable as one can expect.
4 DR. D'AGOSTINO: I think -- you know, any
5 data that we've heard on the other committee is
6 they're very responsive.
7 DR. SOLLER: Could I --
8 CHAIRMAN GENCO: Bill?
9 DR. SOLLER: Sorry to interrupt again.
10 Were you paraphrasing from slide 24? Because we would
11 suggest that perhaps the warning, instead of
12 accidental ingestion, that a more consumer-friendly
13 way of saying that and more appropriate to the product
14 would be, "If you accidentally swallow more than you
15 use for brushing, or if you accidentally swallow more
16 than you use for rinsing" -- is that what you have
17 there?
18 CHAIRMAN GENCO: Yeah. "Swallow" is the
19 word I use, and I guess I --
20 DR. SOLLER: Yeah. But if it was -- but
21 "accidental ingestion" I think gets --
22 CHAIRMAN GENCO: Okay.

1 DR. SOLLER: -- less consumer-friendly.

2 CHAIRMAN GENCO: Okay.

3 DR. SOLLER: I think this is more direct.

4 CHAIRMAN GENCO: I think "swallow" is the

5 word.

6 "In case of accidental -- if you

7 accidentally swallow more than used for brushing," or

8 rinsing as the case may be, "seek professional

9 assistance or contact a poison control center

10 immediately."

11 DR. McGUIRE-RIGGS: I think we should keep

12 the first sentence in, the "keep out of the reach of

13 children under six."

14 CHAIRMAN GENCO: Okay. That's another

15 issue. Yeah.

16 DR. McGUIRE-RIGGS: Okay.

17 CHAIRMAN GENCO: So is the panel

18 comfortable with that statement? Let me read it

19 again. "If you accidentally swallow more than used

20 for brushing," or, in the case of the mouth rinses,

21 rinsing your mouth, "seek professional assistance or

22 contact a poison control center immediately."

1 Bill?

2 DR. BOWEN: I would suggest reversing

3 "seek professional assistance," put the "contact the

4 poison control center" --

5 (Laughter.)

6 CHAIRMAN GENCO: Okay. Contact --

7 DR. BOWEN: I --

8 CHAIRMAN GENCO: Okay.

9 DR. BOWEN: I'll probably get killed for

10 that, but I --

11 (Laughter.)

12 I'd also suggest, if possible, some kind

13 of assistance in identifying the poison control

14 center. I think if somebody feels they have an

15 emergency, most of us don't always think rationally in

16 a cool, calculated manner. So a little help in

17 finding them would probably be helpful.

18 DR. McGUIRE-RIGGS: I think that could be

19 one reason to keep "professional assistance" first,

20 because you might have a doctor or a dentist there,

21 and you call them and that person has a -- either the

22 poison control center number right there next to the

1 phone, or at least a cool enough head to know to look
2 in the phone book.
3 DR. BOWEN: In principle, of course, you
4 might be right, Sheila. But if you call on a Saturday
5 or a Sunday, the chances are you'll be referred to an
6 answering service, and they may or may not call you
7 back next week.
8 CHAIRMAN GENCO: Okay. So we have a
9 suggestion to reverse the order. "Contact a poison
10 control center immediately or seek professional
11 assistance." Are you comfortable with that? Okay.
12 Let's go with that.
13 How about the statement, "Keep out of the
14 reach of children under six years of age"? Bill?
15 DR. BOWEN: Well, clearly, we're dealing
16 with two distinct types of products here.
17 CHAIRMAN GENCO: Okay.
18 DR. BOWEN: One is a paste and the other
19 is a mouth rinse. And I think the paste has clear
20 warnings on use, and not only that but chronic use,
21 which, of course, the poison control center doesn't
22 deal with, nor does this warning deal with.

1 I have a question, and I don't really know
2 the answer. Is a child age six capable of using a
3 mouth rinse? My gut feeling tells me that probably
4 not before the age of eight or nine, and I think it's
5 something we should consider in terms -- for mouth
6 rinses.
7 CHAIRMAN GENCO: So you're comfortable
8 with the "Keep out of the reach of children under age
9 six" for the dentifrice?
10 DR. BOWEN: Yeah.
11 CHAIRMAN GENCO: But for the mouth rinse,
12 you would have, what, some other statement, "Keep out
13 of -- children under age 12 should not use, or under
14 age 9, should not use the mouth rinse, except --
15 DR. BOWEN: Well, it would be interesting
16 to see what other people's --
17 CHAIRMAN GENCO: Okay.
18 DR. BOWEN: -- opinions are. I'm not
19 comfortable that I know of children who can rinse
20 effectively and expectorate at age six.
21 CHAIRMAN GENCO: What are the indications?
22 What are the warnings on mouth rinses now?

1 DR. McGUIRE-RIGGS: On Listerine?

2 CHAIRMAN GENCO: What's the warning on

3 Listerine now?

4 (Laughter.)

5 DR. SOLLER: After FDA gets a new format,

6 he'll be able to read the label.

7 (Laughter.)

8 DR. BARNETT: It's the bifocals. What can

9 I say?

10 (Laughter.)

11 I used to be able to see.

12 This says, "Keep out -- not to be used by

13 children under 12 years of age."

14 CHAIRMAN GENCO: "Not to be used by

15 children under 12 years of age. Not to be used by" --

16 DR. BARNETT: I'm sorry. "Do not

17 administer to children under 12 years of age."

18 DR. McGUIRE-RIGGS: And I think this

19 goes --

20 DR. BARNETT: And I also just want to

21 remind everybody that these products also have child-

22 resistant closures on them when dealing with children.

1 CHAIRMAN GENCO: Is that reasonable for
2 you?
3 DR. BOWEN: Yeah, I'm comfortable with age
4 of 12.
5 CHAIRMAN GENCO: So not to be used by
6 children under the age -- not to be administered to
7 children under the age of 12.
8 DR. McGUIRE-RIGGS: And I think this goes
9 in line with perhaps something we haven't touched,
10 which is question number 2 -- the inappropriate
11 indications. But, I mean --
12 CHAIRMAN GENCO: Yes. I think that's an
13 issue. Let's finish this. Excuse me. The mouth
14 rinse, age 12 -- Bill?
15 DR. SOLLER: Well, in our written
16 materials, we have said that it's possible that
17 manufacturers may choose to use older age limits than
18 the six years of age --
19 CHAIRMAN GENCO: Right.
20 DR. SOLLER: -- based on the specifics of
21 their formulations. And it was my understanding
22 within the task group that there is information on the

1 other product that suggests that six years of age
2 might be appropriate. I don't have that information.
3 CHAIRMAN GENCO: For rinses?
4 DR. SOLLER: For the rinse. And so all I
5 would say is that I don't know that the company is
6 prepared to present on that now. That would be P&G.
7 But I think to at least leave it open to allow them to
8 provide information where it might be appropriate.
9 CHAIRMAN GENCO: Is that fair enough,
10 Marlene?
11 Matt, and then Ms. Buck.
12 DR. DOYLE: Okay. The current labeling
13 for our cosmetic product is that children over the age
14 of six ought to use it under supervision, and that is
15 how it's handled in that context. And I believe
16 that's consistent with some things for fluoride rinses
17 as well -- the six threshold -- that gets directly at
18 Bill's question around when can children adequately
19 expectorate.
20 CHAIRMAN GENCO: Right. So we have these
21 two suggestions.
22 Yes?

1 MS. BUCK: This is Nancy Buck,
2 representing Pfizer. I was going to make the same
3 point in the context of a question. That to the
4 extent that you're writing warnings only for the three
5 products that are now Category I, that's -- they need
6 to be appropriate for those three. But to the extent
7 that you're considering these warnings for all of the
8 products which may become Category I, I'm not sure
9 that there's any particular need to increase the age
10 above six, or even lower, for products which even
11 though children may not choose to use them don't pose
12 any particular problem if they do.
13 So six seems to me to be an appropriate
14 age, but I'm not sure why there's any need to keep
15 going higher and higher and higher. The children --
16 parents and children may not choose to allow them.
17 But if they're not going to pose a danger to them, I'm
18 not sure why the age should be specified at all.
19 CHAIRMAN GENCO: For a mouth rinse, you're
20 talking about?
21 MS. BUCK: Yeah.
22 CHAIRMAN GENCO: Not for the toothpaste.

1 MS. BUCK: Well, what the issues are is
2 different from product to product. I mean --
3 CHAIRMAN GENCO: Right.
4 MS. BUCK: -- there's been -- I mean,
5 there is apparently an issue as to fluoride that was
6 what prompted the anti-caries --
7 CHAIRMAN GENCO: Right.
8 MS. BUCK: -- monograph to be the way it
9 is. But if the active ingredient is something
10 entirely different, and doesn't present those same
11 issues, then parents and children may or may not
12 choose to use them, but the warning needs to be
13 related to what the risk actually is, not to some
14 theoretical risk for some other active ingredient.
15 CHAIRMAN GENCO: Okay. So we do -- in
16 answer to question 4, the general warning we've
17 discussed and agreed would be if you accidentally
18 swallow, etcetera. So what you're addressing is this
19 "keep out of reach" or "do not let be used by," which
20 would not be a general warning because that would
21 apply to all in Category I that could ever be thought
22 of, but should be specific and that would be the

1 answer to question 5, the specific Category I.

2 So let's -- then, in answer to question 5,

3 the specific -- for Category I, are you comfortable

4 with, "Keep out of the reach of children under age

5 six"? That's the stannous fluoride dentifrice that

6 we're talking about. Okay. We're comfortable with

7 that.

8 Now, specifically for CPC and Listerine,

9 answer to question 5, specific warnings for these

10 particular agents. Let's take them one at a time.

11 Any reason to have any restriction at all based upon

12 age for CPC mouth rinse? Bill?

13 DR. BOWEN: People are focusing on the

14 active ingredients. And, of course, in many instances

15 there are relatively trivial amounts in the vehicle.

16 But some of these mouth rinses contain significant

17 amounts of alcohol, and I wouldn't like to see a six-

18 year old quaffing down 25 milliliters of alcohol, even

19 at 24, 19, or 16 percent. That's my concern.

20 And at the age of six, I have some

21 considerable doubt that people are -- infants or

22 children are able to control, say, a volume of 10 or

1 12 or 20 milliliters in their mouth without swallowing
2 it. That's my concern. The active ingredients, in
3 many instances, including fluoride -- the amounts that
4 are going to be available are really trivial.
5 CHAIRMAN GENCO: So based upon that, Bill,
6 both for Listerine and for CPC, you would be
7 comfortable with "under age 12, used under
8 supervision" --
9 DR. BOWEN: Yeah.
10 CHAIRMAN GENCO: -- or --
11 DR. BOWEN: That's my view, yes.
12 CHAIRMAN GENCO: -- "limit use, under
13 supervision."
14 DR. BOWEN: Yes.
15 CHAIRMAN GENCO: Okay. What was that
16 wording again, Matt, that you used for Scope?
17 DR. DOYLE: That children over the age of
18 six should use that supervised. That they should be
19 supervised in the use of the product.
20 CHAIRMAN GENCO: But you don't deal with
21 under six, then.
22 DR. DOYLE: It should not be used by

1 anyone under the age of six.

2 DR. McGUIRE-RIGGS: It was the current

3 Listerine, "Do not administer to kids under 12" is

4 what the current Listerine -- I think probably because

5 of the alcohol content.

6 DR. DOYLE: And those warning statements

7 were worked out in concert with the CPSC.

8 CHAIRMAN GENCO: Okay. So the Listerine

9 wording would satisfy your -- both under and over six,

10 "Do not administer to children under age 12."

11 DR. DOYLE: No. We would say that

12 children under age six should not --

13 CHAIRMAN GENCO: Okay.

14 DR. DOYLE: -- be administered --

15 CHAIRMAN GENCO: Bill? Should we take

16 them singly, or both? "Do not administer to children

17 under age six." "Supervise use for children between

18 the ages of six and 12."

19 DR. BOWEN: In the absence of people not

20 either agreeing or disagreeing with me on whether

21 children age 12 or under can control their swallowing

22 reflex, I would go with the warning that Listerine

1 has, namely not to be used by children under the age
2 of 12.
3 CHAIRMAN GENCO: For both.
4 DR. BOWEN: For both.
5 CHAIRMAN GENCO: Okay. Any comment to
6 that?
7 Yes, Chris?
8 DR. WU: Are you saying -- I have a
9 question. Now, does "keep out of reach of children"
10 equal "do not administer to children"? I would assume
11 "keep out of reach of children" is you keep it so that
12 they won't get at it, so they won't get poisoned. But
13 "do not administer to children age 12" means that
14 don't give it to them at age 12. I think there's two
15 different things.
16 CHAIRMAN GENCO: Yeah. Well, we've agreed
17 that the "keep out of reach" was under -- for children
18 under age six was appropriate for the dentifrice, for
19 the stannous fluoride. Finished with that.
20 DR. WU: Right.
21 CHAIRMAN GENCO: Now we're on the CPC and
22 the Listerine. And Bill's suggestion is, "Do not

1 administer to under age 12 -- to children under age
2 12."
3 DR. McGUIRE-RIGGS: So --
4 CHAIRMAN GENCO: Because of the alcohol.
5 DR. McGUIRE-RIGGS: Right. But so are we
6 scrapping the "keep out of reach" --
7 CHAIRMAN GENCO: No. That's for the --
8 DR. McGUIRE-RIGGS: -- "of children under
9 six" --
10 CHAIRMAN GENCO: That's for the
11 dentifrice.
12 DR. McGUIRE-RIGGS: For the rinse, I think
13 that should still be in, because if they get hold of
14 the rinse, they just go drink it and.
15 CHAIRMAN GENCO: Oh. You'd like both,
16 then.
17 DR. McGUIRE-RIGGS: Right. "Keep out of
18 reach," and "Do not administer."
19 CHAIRMAN GENCO: Okay. All right. Are
20 you comfortable with that? Is that clear?
21 In other words -- so the specific warning,
22 5, for all three agents is, "Keep out of reach of

1 children under age six," for all three agents, and for
2 the mouth rinses -- CPC and for Listerine -- it's, "Do
3 not administer to children under age 12."
4 Comfortable?
5 Yes?
6 DR. HYMAN: This comment doesn't fall
7 directly under "Warnings," but I think it's going to
8 impact on it. There is actually a question later on
9 that asks about age groups. And I had glossed over
10 the question a little earlier regarding Colgate's
11 under "Uses" where we have the comment "anti-plaque
12 and anti-gingivitis use not proven in children."
13 So before you vote on this and finalize
14 your age, I want to bring up the point that you may
15 want to consider, have any of the data that has been
16 presented actually looked at children? Is gingivitis
17 and plaque formation different enough in children and
18 adults that you want to consider limiting its use?
19 And although the risks may be minor, if the benefits
20 are zero, you may want to also restrict it further.
21 CHAIRMAN GENCO: So what was done with the
22 NDA for Colgate was that in the indication, it was

1 listed as anti-plaque and anti-gingivitis use not
2 proven in children. So this is not a warning; it's in
3 the indication, and it's an answer to question 2,
4 "What types of indications are inappropriate" --
5 DR. HYMAN: Correct.
6 CHAIRMAN GENCO: -- "for these?"
7 DR. HYMAN: Although the complication in
8 the Colgate was that it also is anti-caries, which was
9 why it does talk about use in children.
10 CHAIRMAN GENCO: Okay.
11 DR. HYMAN: Because it is effective as an
12 anti-caries agent.
13 CHAIRMAN GENCO: Okay.
14 DR. HYMAN: So it's a little different.
15 CHAIRMAN GENCO: Right. So there's an
16 option to include it as an inappropriate indication or
17 as a warning. What's your pleasure?
18 DR. McGUIRE-RIGGS: Or both. I mean, I'd
19 say, "Do not administer to 12 or under," and then in
20 indications say, "This has not been proven in kids."
21 Because you still have the 12- to 18-year olds. I
22 don't think we need to, you know, say, "Do not

1 administer to kids under 18." But --

2 CHAIRMAN GENCO: The question is most of

3 the studies are on adults, which are 20 and above or

4 18 and above. So that -- we were talking about that

5 12 to 18 group where it has not been tested but it may

6 be safe. So maybe you're right. It maybe should go

7 in both. It may be as an inappropriate use in

8 children, but what's the definition of "children"?

9 And we get into the age -- do we specify under age 18

10 or under age 20?

11 DR. McGUIRE-RIGGS: You can just say

12 "children."

13 CHAIRMAN GENCO: Children and young

14 adults, children and adolescents, or an age? And does

15 it go in the warning, or does it go in the uses, as an

16 inappropriate use?

17 DR. McGUIRE-RIGGS: I'd say it goes in

18 both. We're very specific about age 12 in the

19 warning, but we're a little bit more general in the

20 indications.

21 CHAIRMAN GENCO: Max?

22 DR. LISTGARTEN: I think a lot of

1 adolescents under 18 may want to use mouthwashes
2 because it helps their social life, or whatever, or
3 it's perceived that it does. So that -- and it's
4 probably safe for those types of uses between ages 12
5 to 18, even though it has not been tested on that age
6 group.
7 So I think perhaps under ages I think one
8 could say that the product has not been tested in age
9 groups between 12 and 18, although it may be safe to
10 use, or whatever.
11 CHAIRMAN GENCO: So in the warning, it's
12 under age 12, do not administer.
13 DR. LISTGARTEN: Right.
14 CHAIRMAN GENCO: Are you suggesting now
15 not indicated in --
16 DR. LISTGARTEN: No.
17 CHAIRMAN GENCO: -- or as an additional
18 warning?
19 DR. LISTGARTEN: I would simply say, "The
20 anti-gingivitis effect of this product has not been
21 demonstrated between the ages of 12 and 18," or
22 something to that effect, unless it has.

1 CHAIRMAN GENCO: Lew? We're talking about
2 a warning now.
3 MR. CANCRO: Yeah. I think in terms of
4 warning you're alerting somebody to a potential misuse
5 or hazard, as opposed to where Max is going to say its
6 efficacy hasn't been established in this group.
7 CHAIRMAN GENCO: Right.
8 MR. CANCRO: So, I mean, if you put that
9 under, "Warning: Don't use at age -- below age 18,"
10 it's inappropriate.
11 CHAIRMAN GENCO: How about under
12 direction? Would you think it would be appropriate
13 under direction?
14 MR. CANCRO: No. I mean, that's your
15 purview, if --
16 CHAIRMAN GENCO: On the Colgate label,
17 it's -- and for the reason that Fred mentioned,
18 because it has anti-caries effect between six and 12,
19 or in children, but not proven anti-plaque and anti-
20 gingivitis, it's put under inappropriate for
21 indication.
22 In other words, the indication -- let me

1 read it. "Uses," or indication -- what we discussed
2 before -- "Aids in the prevention of cavities, plaque,
3 gingivitis. Anti-plaque and anti-gingivitis use not
4 proven in children." So it's right there in the
5 indication. But they have a specific reason for doing
6 that because the anti-caries effect is proven in
7 children. So it's a little different situation.
8 DR. LISTGARTEN: Well, I think it could be
9 put under "Indications" simply as indications for
10 anti-gingivitis effect not proven between 12 and 18
11 years of age.
12 CHAIRMAN GENCO: For persons under 18.
13 Does that jive with the studies? Michael?
14 DR. BARNETT: Generally, the lower age
15 limit I think in our studies is 18.
16 CHAIRMAN GENCO: Okay.
17 DR. BARNETT: For pragmatic reasons, in
18 terms of --
19 CHAIRMAN GENCO: Sure.
20 DR. BARNETT: -- subject recruitment,
21 etcetera.
22 CHAIRMAN GENCO: Okay. So that would jive

1 with the data. How about Procter & Gamble? Matt?
2 That may be the way to do it.
3 DR. DOYLE: A similar thing from a
4 clinical perspective. All of our studies were
5 restricted to age 18 or above.
6 CHAIRMAN GENCO: Okay. Bill?
7 DR. BOWEN: Yeah. I have a problem. I
8 don't understand why there is this "warning" for
9 children. I'm sure it hasn't been tested in 75-year
10 olds either, and there's no warning on that.
11 (Laughter.)
12 And similarly, all of the caries studies
13 are done on children for the most part. There's
14 hardly any ever been done on adults. So there's an
15 assumption made here that has no scientific basis
16 whatsoever. I make the assumption to begin with that
17 you do get gingivitis in 14-, 15-, and 16-year olds.
18 And I presume, because there's no evidence to the
19 contrary, that it's the same etiology and the same
20 pathogenesis.
21 So why is it necessary at all? I mean,
22 there's a total incongruity here about the way caries

1 is being treated and this condition. So I'd like to
2 get my mind clarified.
3 CHAIRMAN GENCO: Sure. No, I think that's
4 helpful.
5 Sheila?
6 DR. McGUIRE-RIGGS: I think what we need
7 to go back to is the current Listerine warning. There
8 was a reason -- and probably tied to the alcohol --
9 that the current Listerine warning says, "Do not
10 administer to kids under 12." And I think it's being
11 consistent and congruent with that -- that that's why
12 we're taking their lead.
13 CHAIRMAN GENCO: I think the issue is even
14 though the plaque and anti-plaque and anti-gingivitis
15 effects haven't been proven in children 12 to 18, is
16 there any reason for us to believe that it wouldn't
17 work, inasmuch as it works in 18 and older? And if
18 there isn't any reason, then we'd leave it alone.
19 DR. McGUIRE-RIGGS: So don't put
20 anything --
21 CHAIRMAN GENCO: Right.
22 DR. McGUIRE-RIGGS: -- in the indications?

1 CHAIRMAN GENCO: That's a possibility.
2 That's what Bill is saying. Unless we have a very
3 specific reason that gingivitis is so different in the
4 12- to 18-year old from the 18 and above.
5 DR. McGUIRE-RIGGS: Well, I mean, I think
6 FDA needs to weigh in on that. I --
7 CHAIRMAN GENCO: No. They did it for a
8 different reason.
9 DR. McGUIRE-RIGGS: Right. Right. But
10 even for our reason now, as a do -- and I wish the
11 consumers were here -- would mothers and fathers want
12 to know what's been shown in kids and what hasn't been
13 shown in kids?
14 CHAIRMAN GENCO: I mean, strictly
15 speaking, it hasn't been tested, but is it reasonable
16 that it would work in 12- to 18-year olds? And I'll
17 weigh in and say it's probably -- it probably would
18 work.
19 Max?
20 DR. LISTGARTEN: Maybe this 18-year old
21 thing has to do with alcohol intake by minors. This
22 way you're safe. You know, minors will not be

1 drinking alcohol even for mouth rinses.

2 (Laughter.)

3 CHAIRMAN GENCO: Well, in some states it's

4 21, so, I mean, you really get into it.

5 We have a line up here. Matt?

6 DR. DOYLE: I thought just to address

7 Bill's original question regarding the swallowing

8 reflect -- this is how they handle it. This is the

9 caries monograph, and this is how they handle it. And

10 they did have data that allowed them to assess where

11 that maturity, in terms of control of that reflex,

12 would come in.

13 "Instruct children under 12 years of age

14 in good rinsing habits (to minimize swallowing).

15 Supervise children as necessary until capable of using

16 without supervision. Children under six years of age,

17 consult a dentist or doctor."

18 Now, obviously, they were driving for the

19 fluoride benefit under six, and we're not suggesting

20 that needs to be the case here. But based on the data

21 that was available in terms of swallowing reflex and

22 control, this is the wording that the group felt was

1 sufficient for taking care of that issue at that time.
2 CHAIRMAN GENCO: Okay. I think the
3 recommendation is that unsupervised used under the age
4 12 for the alcohol has nothing to do with the
5 swallowing.
6 Yes?
7 DR. SOLLER: I was just going to add in --
8 and we've mentioned this a couple of times to the
9 panel at various meetings -- that the definition for
10 "effectiveness" in the OTC review is a reasonable
11 expectation --
12 CHAIRMAN GENCO: Expectation --
13 DR. SOLLER: -- of effectiveness. That's
14 the term of art, and this is general recognition of
15 safety and effectiveness. And in situations like
16 this, it calls upon your professional expertise.
17 CHAIRMAN GENCO: I think there was
18 evidence before puberty that gingivitis may be a
19 little different, but I'm not aware of any evidence
20 that in a 12- to 18-year old that it's different than
21 in an 18- to a 25-year old. So I think there is -- in
22 my mind, there would be a reasonable expectation of

1 work in the 12- to 18-year olds.

2 Lew?

3 MR. CANCRO: I think Bill Bowen's point is

4 well taken. In effect, if you're putting disclaimers

5 in the indications section, there's no end to it. You

6 could put a lot of disclaimers --

7 CHAIRMAN GENCO: Right.

8 MR. CANCRO: -- and the expected result of

9 inhibiting plaque in the age group from 12 up to 18 or

10 21, where plaque does cause gingivitis -- I mean, you

11 would expect that that benefit would --

12 CHAIRMAN GENCO: All right. Is there any

13 feeling for putting a disclaimer in or dealing with

14 that issue of the 12 to 18 clinical effect? Not the

15 toxicity now -- either as a warning or as a

16 contraindication or a disclaimer or an indication. Or

17 should we leave it alone?

18 DR. McGUIRE-RIGGS: Well, I think it's

19 pretty strong when the FDA and this panel weighs in

20 and gives Category I approval to something. And since

21 we haven't really looked at anything under 18, I'm a

22 little leery of leaving it absent.

1 And, I mean, every drug FDA reviews either
2 has kids in the clinical trials or not. I mean, what
3 is the standard for when kids are not in the clinical
4 trial?
5 DR. KATZ: Well, basically it depends upon
6 what we're talking about in terms of the standards,
7 whether we're talking about a topical-related product
8 or a product that has systemic absorption. For a
9 product that has systemic absorption, if the children
10 were not directly in the clinical trials, what is
11 sometimes done then is to look at bioequivalence in a
12 smaller pharmacokinetic trial.
13 Obviously, you can't do that for a
14 topically-related product because it's impossible to
15 tell bioequivalence of a product in doing a full
16 pharmacokinetic profile, looking at children versus
17 adults. In that case, what sometimes is done is
18 depending upon the use -- and if the use is the exact
19 same use as for adults, and there has been some
20 clinical experience, one would go back to say that
21 it's reasonably safe and relatively effective. And in
22 some cases, they may be required to do minimal trials

1 in small numbers to look for safety alone.

2 For an indication that is totally

3 different of a -- that would be an indication solely,

4 a child indication, and then it would need to be

5 tested in children. So that there's a variety of

6 different things that the agency has done to try to

7 deal with that.

8 DR. McGUIRE-RIGGS: So there are clear

9 precedents for topical applications to assume that

10 it's effective in kids --

11 DR. KATZ: Right. But what --

12 DR. McGUIRE-RIGGS: -- even though they

13 weren't in the clinical trials.

14 DR. KATZ: What they may do, though, is

15 safety.

16 CHAIRMAN GENCO: Right.

17 DR. KATZ: And then they'll go back to

18 look at some of the safety parameters, like looking at

19 contact sensitization, irritancy potential, and the

20 whole -- they may look at a spectrum of individuals to

21 make sure that safety-wise there wouldn't be a problem

22 if the disease that's being treated or that's sort of

1 being treated is the same as the disorder in an adult.

2 DR. McGUIRE-RIGGS: So if that were done

3 before this monograph were finalized, in this draft

4 period if that was brought forward, then it could be

5 in the final monograph?

6 DR. KATZ: Right. But then, remember also

7 that the -- some of the products that you're looking

8 at are old products, so that you can also go back to

9 look at years of experience and to go back to collect

10 data that might be available either in the literature

11 or databases elsewhere to say that there is enough

12 information in children to extrapolate down to be able

13 to label the product safely and effectively.

14 CHAIRMAN GENCO: And, in fact, these

15 products have been used in children. They haven't

16 been excluded, except under age 12.

17 DR. KATZ: That's correct. And in some

18 cases what you may find is that if you go back to

19 look, there'll be enough safety to be able to say

20 comfortably that, yes, this is an appropriate age and

21 that this is an appropriate way to prescribe the

22 product for a child down to age 12, or even in some

1 cases you might feel you might want to go even lower
2 because you, again, feel from a safety perspective
3 that the nature of the underlying problem may be the
4 same, and so, therefore, it's not an issue.
5 But I leave that part up to you, whether
6 or not you're comfortable with what might be available
7 that you know about in the literature as to how far
8 down you would feel with safety and efficacy you can
9 extrapolate.
10 CHAIRMAN GENCO: Okay. Does anybody on
11 the panel want to add, either as a disclaimer in the
12 indication or warning, the issue of the lack of data
13 for efficacy in the 12 to 18? Okay. Fine.
14 Jack, do you have something related to
15 that?
16 DR. VINCENT: All that I wanted to mention
17 -- this is Jack Vincent from Warner Lambert -- is the
18 reason that below 18-year olds are not in the long-
19 term large clinical caries trials is primarily one of
20 logistics because an informed consent must be signed
21 by --
22 CHAIRMAN GENCO: Sure.

1 DR. VINCENT: -- a responsible individual,
2 so it's done for convenience sake rather than to
3 exclude a younger person from the trial.
4 CHAIRMAN GENCO: Okay. But there's no
5 strong feeling to either add this as a disclaimer or
6 put it in the warning relative to the lack of efficacy
7 data on the 12- to 16-year olds, formal efficacy data.
8 Okay.
9 Okay. Let's proceed now. Are there any
10 other specific warnings for any of the three agents
11 that we're talking about in Category I? Any other
12 warnings? Max?
13 DR. LISTGARTEN: I'd like to propose --
14 CHAIRMAN GENCO: Excuse me. Specific or
15 general.
16 DR. LISTGARTEN: I'd like to propose some
17 specific -- some things that might apply to all three.
18 CHAIRMAN GENCO: Okay.
19 DR. LISTGARTEN: Do not use this product
20 for a long-standing gum disease, persistent bleeding
21 from the gums, swollen gums, pus from the gum line,
22 loose teeth, or increased spacing between the teeth.

1 Consult your dentist if these conditions are present.
2 That has obviously to do with if periodontitis or
3 signs of periodontitis are present.
4 CHAIRMAN GENCO: Comments? Stan?
5 DR. SAXE: Yeah. I don't know whether
6 Matt has mentioned pain or not. I would like to
7 include pain as a warning that if there is pain one
8 should seek professional help.
9 CHAIRMAN GENCO: Would you agree to that?
10 DR. SAXE: Referring to the fact that a
11 person might have an abscess and --
12 CHAIRMAN GENCO: Right.
13 DR. SAXE: -- think that this --
14 CHAIRMAN GENCO: Okay. Eugene --
15 DR. SAXE: -- an agent might be of some
16 help, yes.
17 DR. LISTGARTEN: In other words, instead
18 of persistent bleeding from the gum, make it
19 persistent bleeding or pain from the gums.
20 CHAIRMAN GENCO: Persistent bleeding or
21 pain, not persistent pain.
22 Chris? Lew?

1 MR. CANCRO: Yeah. I'm a little concerned
2 that we're getting into a very in-depth set of
3 physical and medical descriptives to this panel who
4 are going to have to make judgments on all of these
5 things. The products are originally sold for a
6 general condition. Sometimes the condition is
7 prevention -- prevention of plaque and gingivitis, and
8 other times, of course, it's for the mitigation of
9 existing gingivitis.
10 And when you then get into warnings which
11 really go beyond that to descriptives of more advanced
12 gum diseases, it becomes a very complex thing for the
13 consumer to really, you know, grasp all of this. So
14 I think what could be appropriate is if your
15 conditions persist, you bought this product for a
16 reason, and if your conditions or problems persist,
17 then by all means consult your dentist or your doctor
18 or your physician.
19 And I think that conveys the reason why
20 the people are buying the product and why if something
21 happens that the product isn't delivering they should
22 then seek medical attention.

1 CHAIRMAN GENCO: So the conditions would
2 be the indications.
3 MR. CANCRO: Yeah.
4 CHAIRMAN GENCO: Redness and bleeding are
5 the two. Gingivitis, redness, or bleeding persist.
6 MR. CANCRO: Would be the existing
7 conditions --
8 CHAIRMAN GENCO: Right.
9 MR. CANCRO: -- upon which the product was
10 purchased.
11 CHAIRMAN GENCO: But would you agree to
12 those three -- gingivitis, an early form of gum
13 disease, bleeding, or redness of the gums persists?
14 MR. CANCRO: If it persists.
15 CHAIRMAN GENCO: Okay. Time? A week?
16 Ten days?
17 MR. CANCRO: Well, you have set a
18 condition of many months to prove efficacy, but I
19 think we all recognize that these conditions are
20 amenable to much shorter action.
21 CHAIRMAN GENCO: Rapid reversal.
22 MR. CANCRO: So, I mean, I would think,

1 you know, just off hand that if you're looking at
2 conditions which persist for a month or something like
3 that, that certainly would be an indication that
4 something isn't happening or, you know, that you seek
5 other intentions.
6 CHAIRMAN GENCO: Max?
7 DR. LISTGARTEN: If you read the label
8 under "Warnings" on page 35 of this handout, it
9 actually goes into more detail than just if the
10 conditions persist. It says, "Do not take this
11 product for persistent or chronic cough, such as
12 occurs with smoking, asthma, emphysema, or when cough
13 is accompanied by excessive phlegm (mucus), unless
14 directed by a physician. A persistent cough may be a
15 sign of a serious condition. If cough persists for
16 more than one week, or tends to recur, or if it is
17 accompanied by high fever, rash, or persistent
18 headache, consult your physician."
19 So I think it's much more explicit than,
20 you know, "If the conditions persist, go and see your
21 physician."
22 CHAIRMAN GENCO: Okay. Sheila?

1 DR. McGUIRE-RIGGS: Yeah. I'd like to
2 make a point. I think that, you know, this is very
3 new in the dental profession, to cross this threshold
4 of being able to make an anti-gingivitis and anti-
5 plaque claim on the label. And I think with that new,
6 exciting responsibility, or ability, you have to take
7 some added responsibility in the warning section.
8 It's a new field, and I think we need to
9 use it as an opportunity to be more explicit, like the
10 example that you showed. And we do get pretty
11 explicit. Since we are now dealing with a population
12 of people who have gum disease -- they wouldn't be
13 using this product if they didn't have gum disease.
14 Prior to this, it was really pretty cosmetic we were
15 dealing with, or caries, but we're now in the realm of
16 gum disease.
17 And I think that we have to be more
18 explicit, and I support, Max, the wording that you
19 came up with, and not just characterizing it as
20 consistent condition.
21 CHAIRMAN GENCO: Bill?
22 DR. SOLLER: Yeah. Just a comment first

1 on the pulmonary allergy panel and bronchodilators,
2 recognizing that that might well be a life-threatening
3 kind of condition, and much more immediate, and that
4 you're dealing with a category of products that has a
5 longer term in terms of its condition and its
6 amelioration.
7 I think Lew brought up a very interesting
8 point. You know, you want to have the kind of
9 language that is impactful for the consumer, that they
10 read and then they immediately understand and take
11 action on. And I think that if we're talking about if
12 you're -- if we recognize that people are choosing
13 these products because of the indications that you've
14 set up, and these are the conditions which are
15 bringing them now to self-select, and then you say,
16 "If your symptoms persist for more than 30 days," or
17 whatever timeframe you decide, contact.
18 That's a very direct type of warning. If
19 that's important, you can specify that as being first
20 among warnings. That has been done. But I think
21 trying to tie that to a self-selection process instead
22 of perhaps maybe trying to take it into a broader help

1 context might be better for the consumer. This is
2 what they've got, and if it lasts, this is what you
3 do.
4 DR. McGUIRE-RIGGS: I might --
5 DR. SOLLER: Simple direction.
6 DR. McGUIRE-RIGGS: I might agree if the
7 only -- if we had only said that it prevents
8 gingivitis. But because we have also said it reduces
9 it, I think we need to give some clear indication to
10 the patient that at some mega level, you know, you're
11 not going to be able to impact the reduction. You
12 need to seek professional care, and I think that's
13 what your warning goes to.
14 DR. LISTGARTEN: I think one of the
15 concerns of the panel since the very beginning has
16 been that we don't want to mask more serious forms of
17 periodontal disease. I think this has been a concern.
18 And there are situations where you could, in fact,
19 have very serious periodontal disease, and you might
20 do a half decent job of reducing the gingivitis and
21 give the patient a false sense of security while the
22 whole process still goes on.

1 So by picking certain key signs of
2 periodontitis, you can make it easier for an uniformed
3 patient to determine that, yes, indeed, they may have
4 something the matter with them that perhaps should be
5 seen. So I think it is protecting the consumer in the
6 sense that it may not -- some of these signs may not
7 be masked simply by using the mouth rinse.
8 DR. SOLLER: Yeah. And I can appreciate
9 that, being concerned about that, as a matter of
10 determining OTC-ness. And I'm not questioning that.
11 This may get down to just a basic philosophical
12 difference where in communicating to the consumer I
13 think sometimes less is actually more. And if there's
14 a way to do that in a very crisp, understandable, and
15 very direct manner, I think you might be actually
16 achieving more than going through a whole list
17 wondering if they're going to get through that list.
18 That's where I was coming from in my comment.
19 CHAIRMAN GENCO: I think that both
20 suggestions are excellent -- I mean, my opinion that
21 -- the persistence of the initial gingivitis,
22 bleeding, and redness over a certain period of time,

1 and then also this description of the periodontitis.
2 And the reason I say that is this is not an unusual
3 circumstance.
4 In the population -- for example, in
5 America, something like 30 to 75 percent of patients
6 have some form of periodontitis. Ninety-five percent
7 have gingivitis. So the intersection of the two is a
8 large number of people, and I think Max is absolutely
9 right. Those with gingivitis and periodontitis are
10 very numerous in the population, and those are the
11 people that have this false sense of security. And
12 it's not a rare event.
13 It's probably quite common -- that they'll
14 reduce their gingivitis, think they're out of the
15 woods, not seek attention, and then a year later or so
16 develop an abscess, or what have you, or a spacing of
17 teeth, and then you've had a lot of destruction that
18 -- you know, you've got a very advanced disease and
19 the patients are led into a false sense of security
20 that everything is all right because their gums have
21 stopped bleeding. And I think that's a very real
22 issue. As clinicians, we see this every day.

1 MR. CANCRO: Bob?

2 CHAIRMAN GENCO: Yes?

3 MR. CANCRO: One additional comment is
4 when you look at the earliest signs of periodontitis,
5 they are almost always diagnosed by some professional
6 -- the beginnings of gum recession, the slow
7 separation between the teeth, the pocket depth
8 formation, eventually the bone loss.

9 They are all amenable to professionally
10 being diagnosed, and they occur over such a long time
11 period that by providing people with those
12 indications, which they can really diagnose on their
13 own -- they have to go to somebody to say that these
14 things are happening -- I'm not sure what you
15 accomplish. I think you're much more effective in
16 really starting with the simplistic indications.

17 And if this product isn't working for
18 those indications, then by all means, you know,
19 whether it's a month or so many weeks, see your
20 dentist and get an appropriate diagnosis of your
21 condition. So I'm concerned that by putting
22 specifically the descriptives of periodontitis you're

1 now really asking the consumer to make judgments that
2 only a professional can make.
3 CHAIRMAN GENCO: Now, the point is a lot
4 of people at the outset will have both. They will
5 already have the spacing. They will already have some
6 looseness. But the gingivitis may be what drives them
7 to use the product. Resolve the gingivitis does
8 nothing for the periodontitis because these agents
9 don't get below the gums. They don't do anything for
10 the subgingival flora. That's the problem, and that's
11 a lot of people.
12 Bill?
13 DR. BOWEN: I'm wondering whether if the
14 problem were attacked a little more directly it might
15 solve the dilemma we have. Put the warning that Lew
16 has suggested in, and instead of listing a series of
17 signs and symptoms to which the patient may or may not
18 be able to relate to, simply state, "Consult your
19 dentist regularly" or six monthly or immediately, or
20 something that will get him or her in to see their
21 professional.
22 DR. LISTGARTEN: Why should we?

1 DR. BOWEN: Because if they bought this
2 product, the chances are they are at least partially
3 dentally aware.
4 DR. LISTGARTEN: But they bought this
5 product because they've got bleeding gums, and if the
6 product fixes the bleeding gums, why should they go
7 and spend $75 on a consult, you know, when the bottle
8 of mouthwash is a lot cheaper? I mean, there has to
9 be a reason to go and see someone and pay a
10 professional fee. And these are some of the reasons
11 why you should go and see someone, if you've got these
12 things.
13 DR. BOWEN: But they may have a serious
14 problem, as I understand from Bob, and not have any of
15 the signs and symptoms that you've listed.
16 DR. LISTGARTEN: That's correct. That's
17 correct. They may be --
18 DR. BOWEN: So, therefore, let's get them
19 in and say, "Go and see your dentist."
20 DR. SAVITT: It may be appropriate to --
21 along with what Bill says -- to put on the usual ADA
22 wording, you know, "This product should be used in

1 coordination with a regular oral hygiene program, and
2 visit your dentist every six months," or whatever it
3 is that they say. And I -- you know, I think that's
4 certainly appropriate.
5 And I imagine if they're going to go for
6 an ADA seal that that's going to have to be on there
7 anyway. But I would tend to agree with Max that --
8 and Bob that these -- that these signs and symptoms
9 may help guide a person who is unsure as to whether or
10 not they've really got more of a problem here that,
11 well, maybe it helped a little bit, it's not bleeding
12 quite as much. You know, maybe I'm all right.
13 But if they have some of these other signs
14 and symptoms, at least they get some guidance that,
15 you know, "I'd better go see somebody because it's
16 really not taking care of it."
17 CHAIRMAN GENCO: Max, why don't you just
18 read that list again.
19 DR. LISTGARTEN: "Do not use this product
20 for long-standing gum disease, persistent bleeding or
21 pain from the gums, swollen gums, pus from the gum
22 line, loose teeth, or increased spacing between the

1 teeth. Consult your dentist if these conditions are
2 present."
3 DR. McGUIRE-RIGGS: Well --
4 CHAIRMAN GENCO: That's essentially a
5 warning. You're not saying that this would be in the
6 directions. This would be a warning.
7 DR. McGUIRE-RIGGS: I mean, the other way
8 to --
9 DR. LISTGARTEN: This would be a warning.
10 CHAIRMAN GENCO: A warning.
11 DR. LISTGARTEN: This would be the warning
12 section.
13 CHAIRMAN GENCO: Okay. So there could be
14 -- I mean, the possibility is two warnings. One is
15 Lew's suggestion, persistence of symptoms. And the
16 other is, "Do not use if you have these symptoms." I
17 mean, they are two separate issues.
18 DR. McGUIRE-RIGGS: Well, it's not "do not
19 use." It's directions, "If you have those, go see
20 your" --
21 CHAIRMAN GENCO: Right.
22 DR. McGUIRE-RIGGS: -- "dentist" is in the

1 directions.

2 CHAIRMAN GENCO: Right.

3 DR. McGUIRE-RIGGS: But the warning would

4 be, "If the above indications persist, go see your" --

5 DR. LISTGARTEN: I said do not use for

6 treating these particular conditions.

7 CHAIRMAN GENCO: Right. It's a warning.

8 DR. McGUIRE-RIGGS: It's a warning, not

9 direction.

10 DR. LISTGARTEN: Do not use for these

11 conditions. If you have these conditions, go see your

12 dentist.

13 CHAIRMAN GENCO: Go see your dentist,

14 yeah. Okay.

15 Stan, and then Ralph.

16 DR. SAXE: Oh. I was going to reiterate

17 that. There were really like two sentences --

18 CHAIRMAN GENCO: Right.

19 DR. SAXE: -- or two thoughts. One, that

20 persistence that was mentioned before bleeding and

21 redness, and then the second one, which the caveat is

22 -- I don't know if I would agree to say, "Do not use

1 it," but if these -- if you have -- just say, you
2 know, "If you have bleeding, pain" -- well, bleeding
3 was the persistence -- excuse me. If you have pain,
4 swelling, loose teeth, increased spacing between
5 teeth, see your dentist.
6 CHAIRMAN GENCO: The cough syrup says, "Do
7 not take this product for persistent or chronic cough,
8 etcetera." Because the idea is -- yeah. The idea is
9 that we know that it doesn't do anything for
10 periodontitis. That's clear.
11 Supragingival rinses or tooth brushing do
12 nothing for subgingival flora or periodontitis. They
13 mask -- they reduce gingivitis and mask the deep
14 process.
15 Yes?
16 DR. BOWEN: I like Stanley's suggestion
17 because if the dentist suggested as part of the
18 treatment that these products be used, now we have a
19 message on the label not to use them. And it may give
20 rise to some conflicts. So I would suggest that
21 Stanley's warning is better.
22 I would also still like to see a message

1 there that they should go and see the dentist anyway
2 on a regular basis.
3 CHAIRMAN GENCO: Okay. Now we have the
4 third suggestion. Lew's suggestion, the persistence
5 suggestion; Stanley's modification of Max's -- would
6 you read how you worded that? Instead of "do not
7 use," but --
8 DR. SAXE: I would say, "If you have pain,
9 swelling, loose teeth, increased spacing between
10 teeth, see your dentist."
11 CHAIRMAN GENCO: And then, Bill is saying,
12 "See your dentist regularly anyway."
13 DR. SAXE: That --
14 CHAIRMAN GENCO: Used in a conscientiously
15 applied --
16 DR. SAXE: Instead of a warning, that
17 might be under additional labeling statements, "See
18 your dentist" --
19 CHAIRMAN GENCO: Okay.
20 DR. SAXE: -- "for periodic care in
21 conjunction with the use of this."
22 DR. LISTGARTEN: Can I revise, then, the

1 statement in light of what Stan says? "Consult your
2 dentist if these conditions are present: long-
3 standing gum disease, persistent bleeding," blah,
4 blah, blah, blah, blah, blah.
5 CHAIRMAN GENCO: Agreement pretty much?
6 Lew?
7 MR. CANCRO: Bob, the ADA handles this
8 issue with a very flat statement, "Not been shown to
9 be effective against periodontal disease," which I
10 think really embraces all of this as opposed to
11 describing all of this. And I don't know if you'd
12 want to consider that as another possibility.
13 DR. SAXE: I think what Bill said is that
14 the dentist might recommend the product. The patient
15 goes in with loose teeth or with pus, with swelling,
16 and as part of the regimen the dentist may say, "Well,
17 go" -- you know, this, this, this, plus go rinse with
18 this, or brush your teeth, whatever. So I think the
19 -- saying that it's a contraindication, or "do not
20 use" is not warranted.
21 CHAIRMAN GENCO: No. I think what Lew is
22 saying is in the additional labeling, conscientiously

1 applied program, ADA seal type -- let me read it for
2 total. Last sentence is, "It has also been shown to
3 help reduce the formation of plaque and tartar above
4 the gum line." I mean, that wouldn't be relevant --
5 the tarter effect. "Its effect on periodontitis has
6 not been demonstrated."
7 And then Lew is saying in lieu of -- to
8 substitute Max's -- your modification of Max's
9 statement is to say something simply like that. But
10 I think the issue here is, do patients understand what
11 periodontitis is? And I think what Max is doing is
12 listing the actual signs and symptoms that the patient
13 can -- I'm not so sure this Council on Dental
14 Education statement is very effective. I don't know
15 how many people conscientiously, you know, apply this.
16 MR. CANCRO: Yeah. But I think --
17 CHAIRMAN GENCO: Because there's a lot of
18 undiagnosed periodontal disease out there, and this
19 has been said for years.
20 MR. CANCRO: I think in the context of
21 seeing a dentist as part of a recommended thing, that
22 does become meaningful because you're really telling

1 them, "Seek professional help. See if this condition
2 is there."
3 CHAIRMAN GENCO: All right. Let's clarify
4 this. We have your suggestion of the persistence. We
5 have your revision of Max and Gene's -- or Stan's
6 statement about, "It has not been" -- you would like
7 to say, "It has not been proven to be effective in
8 periodontitis," in lieu of their statement. And then
9 we have Bill's statement -- the conscientiously
10 applied program -- see your dentist. Okay. Those
11 three are on the table.
12 Ralph?
13 DR. D'AGOSTINO: I very much like the idea
14 that if it isn't working, the condition persists, that
15 you should seek other help. And I also very much like
16 the idea in deciding whether or not you should use it
17 going down to the warnings, do not use if you have
18 these conditions --
19 CHAIRMAN GENCO: Okay.
20 DR. D'AGOSTINO: -- which basically comes
21 down to yours. Telling them later on that it's not
22 proven periodontitis I don't think is going to be very

1 effective.

2 CHAIRMAN GENCO: Okay.

3 DR. D'AGOSTINO: So I really am for the

4 two bullets in the warning section.

5 CHAIRMAN GENCO: Okay. Good.

6 DR. McGUIRE-RIGGS: Me, too.

7 CHAIRMAN GENCO: And then the

8 conscientiously applied?

9 DR. D'AGOSTINO: I think that's fine.

10 CHAIRMAN GENCO: Okay.

11 DR. D'AGOSTINO: But it's not necessarily

12 a warning.

13 CHAIRMAN GENCO: Okay. Okay. So that

14 wouldn't be part of the warning. So, Sheila?

15 DR. McGUIRE-RIGGS: Yeah. I think the FDA

16 approval is much, much stronger than the ADA seal of

17 acceptance, and for reasons like this.

18 CHAIRMAN GENCO: Now, what about Stanley's

19 modification? Ralph? Which was, "Do not use," but

20 maybe you could restate it.

21 DR. D'AGOSTINO: Well, I mean, I think

22 that the sort of -- it's nice to say, "Go to your

1 dentist," and so forth. I think that's very
2 important. But I would like it phrased in such a way
3 that, "Do not use" -- that it's indicating what you
4 don't use, and then you can say, "Go to your dentist,"
5 and so forth, as opposed to, "Go to your dentist if,"
6 dah, dah, dah, dah.
7 CHAIRMAN GENCO: Okay. Okay. So the
8 proposal, then, it sounds like we're coming to a
9 reasonable consensus here. I mean, we can put these
10 into the form of a motion, if necessary. But let me
11 restate Lew's suggestion, then. "If gingivitis,
12 redness, or bleeding of the gums persists more than
13 one month, seek professional assistance."
14 DR. LISTGARTEN: I would suggest that one
15 month is too long a period of time. I would suggest
16 one week.
17 CHAIRMAN GENCO: One week?
18 DR. McGUIRE-RIGGS: If used as directed.
19 DR. SAXE: We generally use 14 days
20 because if something is going to heal up, by 14 days
21 it's generally, you know, gone or diminished. So I
22 think that's --

1 DR. McGUIRE-RIGGS: Then we should say
2 somewhere to use it twice a day or three times a day,
3 or something, so that --
4 CHAIRMAN GENCO: That's under directions.
5 DR. McGUIRE-RIGGS: Okay. All right.
6 CHAIRMAN GENCO: All right. So the
7 revision, then, is, "If symptoms persist --
8 gingivitis, redness, bleeding -- for more than 14
9 days, seek professional assistance." Agreed? Do we
10 need to take a vote? Okay.
11 DR. SAXE: I'd use the word "signs"
12 instead of "symptoms."
13 CHAIRMAN GENCO: Signs. They are all
14 signs. They are. Okay. Gingivitis or symptoms of
15 gingivitis, including redness and bleeding -- or
16 signs, excuse me. Right.
17 Lew?
18 MR. CANCRO: I'm just a little troubled by
19 the 14-day period. I mean, I -- it seems to me that,
20 yes, it's entirely conceivable that the action should
21 be that quick. But I'm more comfortable with a longer
22 term trial period before that decision is being made.

1 CHAIRMAN GENCO: Two things, and one is
2 that the studies of experimental gingivitis show it's
3 reversed within days, certainly after a week. And the
4 second thing -- I mean, all of those things --
5 redness, bleeding -- and gingivitis. The second thing
6 is that, will a consumer kind of remember all of this,
7 you know, for -- how long has it been? Has it been
8 two weeks? Three weeks? Four weeks?
9 I mean, one week, boy, it started Sunday
10 and this Sunday it's still there. I'd better do
11 something about it. You know, it started last Sunday.
12 This Sunday it's still there. I'd better do something
13 about it. Is it more useful to a consumer to have
14 that?
15 MR. CANCRO: Well, we don't have the
16 consumer up here, so I can't speak to that.
17 CHAIRMAN GENCO: What are your feelings?
18 DR. McGUIRE-RIGGS: My feelings are that
19 if it's persisting after 14 days, they are probably
20 brushing ineffectively and need to seek professional
21 help just to make -- to connect appropriate brushing
22 skills to get it accomplished in short order. So I am

1 in favor of 14 days --

2 CHAIRMAN GENCO: Don?

3 DR. McGUIRE-RIGGS: -- even though it's no

4 big --

5 DR. WHITE: Well, I was originally going

6 to --

7 DR. McGUIRE-RIGGS: -- health crisis.

8 DR. WHITE: -- help -- Donald White,

9 Procter & Gamble. I was originally going to discuss

10 some of our labeling on the gum care product is

11 consistent with where you're going. That was one

12 thing I was going to mention. But we have to be real

13 careful about this time period because we're -- I

14 guess I'm a little confused. We're making it sound

15 like these products are 100 percent effective against

16 gingivitis.

17 I don't think any of these things show

18 more than a 30 or 40 percent reduction in bleeding,

19 which means the average person in the clinical trial

20 still had some bleeding, which means -- forgive me for

21 being selfish, but I can picture a million 800-line

22 calls that "all of my bleeding hasn't gone away." I'm

1 not so sure how to handle that type of thing.

2 You need to be very conscious of what Max

3 was pointing out, which is making sure people know

4 when they may have a serious problem. And you need to

5 be sure to say that you don't want the condition to

6 persist or worsen. But if you're asking them to look

7 for a specific symptom over a specific time for an

8 activity which isn't 100 percent, I'm just not sure

9 where it's going to lead you.

10 Now, as the last point, our label says,

11 first of all, consult with a dental professional right

12 away. "Consult with a dental professional to see if

13 this product is right for you." So right away you're

14 saying, okay, you're interested in this kind of

15 product. If you're interested in this kind of

16 product, then you should maybe see a dental

17 professional to make sure it's right for you. And

18 then, secondarily, we say, "The symptoms of gingivitis

19 may indicate a serious problem that may need

20 professional attention. See your dentist if your

21 problem persists or worsens."

22 So that's how we handle -- now, you may

1 want to -- I mean, you could add some of the things
2 that Max --
3 CHAIRMAN GENCO: Sure.
4 DR. WHITE: -- pointed out to sort of make
5 it more explanatory than we currently have it.
6 CHAIRMAN GENCO: Okay. Thank you.
7 I think the plaque index as measured is
8 not what patients see as bleeding gums. I mean,
9 you're provoking it with a probe. I think the
10 clinical experience -- people know they have bleeding
11 gums, they have a pink toothbrush. Then, if they
12 really buckle down and get their plaque control in
13 hand, it usually goes away in a week. And that's the
14 clinical experience.
15 That doesn't mean that every site upon
16 probing is going to not bleed. It means that
17 practical gingivitis associated with brushing -- I
18 mean, bleeding associated with brushing is -- that
19 it's a very real thing in clinical practice. Patients
20 can see that, and you can see it in your own mouth,
21 I'm sure.
22 This is not a plaque index, a reduction of

1 30 percent. It is, do I see it when I expectorate
2 after brushing, or not? It's that kind of --
3 DR. McGUIRE-RIGGS: I mean, we could
4 say --
5 CHAIRMAN GENCO: We use it every day in
6 practice. I mean, it is --
7 DR. McGUIRE-RIGGS: We could say "worsen"
8 instead of "persist."
9 DR. SAXE: Well, no, no, I just want to
10 reiterate what Bob said. He said he's seen it in
11 practice. We've also seen it in controlled studies.
12 There's no way you can elicit bleeding unless you take
13 a probe and it's bleeding on probing, or go in one
14 millimeter, encircle the tooth. But for most people,
15 you should not have spontaneous bleeding on eating or
16 on brushing or not provoked in some fashion.
17 CHAIRMAN GENCO: Yeah. Are we comfortable
18 with that, then, the persistence statement? Okay.
19 Should we rephrase that? "If gingivitis, bleeding, or
20 redness of the gums persists for more than two weeks,
21 consult your dental professional."
22 Okay. Now the next statement. "Strong

1 advocates for do not use preface," and then the list
2 of conditions. Maybe you could read them again, and
3 then let's -- we may have to vote on this.
4 DR. LISTGARTEN: You can have them both
5 ways. You can have them starting with "do not use,"
6 or you can have them with "consult your dentist if
7 these conditions are present." Which one --
8 CHAIRMAN GENCO: Take a stand.
9 DR. LISTGARTEN: "Do not use this product
10 for long-standing gum disease, persistent bleeding, or
11 pain from the gums, swollen gums, pus from the gum
12 line, loose teeth, or increased spacing between the
13 teeth."
14 CHAIRMAN GENCO: Any objection to that?
15 Bill?
16 DR. BOWEN: I don't think it's appropriate
17 for "do not use," because as I pointed out earlier, as
18 part of the treatment a dentist may well suggest some
19 of these products. And I'd much prefer, "Consult your
20 dentist if you have" --
21 DR. LISTGARTEN: Okay. Version number 2.
22 DR. McGUIRE-RIGGS: I agree with Bill on

1 that.

2 DR. LISTGARTEN: Version number 2,

3 "Consult your dentist if these conditions are present

4 -- long-standing gum disease, persistent bleeding,

5 pain from the gums, swollen gums, pus from the gum

6 line, loose teeth, or increased spacing between the

7 teeth."

8 CHAIRMAN GENCO: This is more in line with

9 what Procter & Gamble says.

10 MR. SHERMAN: You could always use, "Do

11 not use if you have" such and such, and then followed

12 by "unless directed by."

13 DR. BOWEN: That's what the night-time

14 sleeping aid does.

15 CHAIRMAN GENCO: Okay. So that's the

16 third variant.

17 DR. McGUIRE-RIGGS: I think --

18 CHAIRMAN GENCO: Bill?

19 DR. BOWEN: It just makes it a very long

20 sentence if you try to --

21 DR. D'AGOSTINO: But I think it's much

22 more powerful to say, "Do not use," and you give the

1 conditions, and then you say, "unless directed by a
2 physician." I think this, you know, starting off with
3 the physician, and so forth, you've got to go through
4 seven or eight words before you get to the meat of it.
5 I think the "do not use" is much more striking, and
6 it's --
7 CHAIRMAN GENCO: And there's evidence that
8 it doesn't do any good if you have these conditions,
9 so --
10 DR. McGUIRE-RIGGS: But I want them to get
11 to the dentist if they have any of these things.
12 DR. D'AGOSTINO: Well, you can include it
13 at the end. We are talking about statements that say,
14 you know, "Go to the dentist," and what have you.
15 CHAIRMAN GENCO: So Bob Sherman has
16 suggested, "Do not use" -- or offer the possibility --
17 if you have those conditions, unless directed by the
18 dentist?
19 MR. SHERMAN: Right.
20 CHAIRMAN GENCO: And then how do you
21 introduce the "consult your dentist"?
22 DR. LISTGARTEN: I think it's much more

1 streamlined if you simply say, "Consult your dentist
2 if these conditions are present," and just leave it at
3 that.
4 CHAIRMAN GENCO: Lew?
5 MR. CANCRO: I agree with Max. I think
6 "do not use" suggests that the product shouldn't be
7 used. And what is the alternative? You still haven't
8 conveyed in that first meaningful sentence that he
9 should be diagnosed by his dentist. And there is no
10 approved product with those indications, so that
11 that's too severe a warning.
12 He should, because of the conditions,
13 consult his dentist and get properly diagnosed and see
14 if the product can help him. But "do not use" leaves
15 no alternative.
16 CHAIRMAN GENCO: Stan, and then Bill.
17 DR. SAXE: As perhaps sort of a compromise
18 here, one could say, "Consult your dentist before
19 using if any of these following," dah, dah, dah, dah,
20 dah, dah, dah, dah.
21 DR. SOLLER: Dr. Genco?
22 CHAIRMAN GENCO: Yes?

1 DR. SOLLER: I think you should ask FDA
2 about the label reformat, because eventually this is
3 going to go into an outline format, and it might say,
4 "Ask your dentist if you have," or it's going to say,
5 "Do not use if you have." And I think you should ask
6 for that kind of direction because as a practical
7 matter that's what we're going to be living with.
8 Alternatively, you could do what other
9 panels have done and simply get the intent of what you
10 want to get down on paper and leave it to FDA to
11 translate it to the outline format.
12 CHAIRMAN GENCO: Do you have some
13 direction?
14 DR. KATZ: Actually, you could do it
15 either way. With the discussion that was going today
16 that -- what I'm hearing is, in a sense, without us
17 directing one way or the other, whether it should go
18 into "do not use" or "ask a dentist prior to use."
19 It's where the discussion clearly is going.
20 So that if you do come up with one way or
21 the other whether you want it under "do not use" or
22 "ask a dentist," then we can fit it into the format

1 once a format is finalized.

2 CHAIRMAN GENCO: Okay.

3 DR. KATZ: If you would prefer just to
4 give us what you want as an intent, we could then
5 later on decide. I guess what we really want to know
6 from you is whether or not -- where you would put it
7 as whether or not it's a contraindication, a relative
8 contraindication, or whether you want to be directed
9 by a dentist prior. And then, again, we can fit it
10 into the format of --

11 CHAIRMAN GENCO: Okay. So we could take
12 a vote. Would that help? I mean, we're going to be
13 divided. I mean, you can look at the vote. We could
14 state one, take a vote, and then you'll know that
15 there's support for the other.

16 DR. KATZ: That's fine.

17 CHAIRMAN GENCO: Okay. Maybe we should do
18 that. Otherwise, we could be discussing this all
19 evening.

20 Sheila?

21 DR. McGUIRE-RIGGS: I worry about the
22 situation where there's too many people in the general

1 population that do not think they have to go to a
2 dentist unless they have a pain -- a tooth that's in
3 pain. I think it's important for us to educate people
4 that if you have space between teeth, or any of those
5 things, that is time to go to a dentist. It is -- do
6 not wait until you have a toothache before you go see
7 a dentist.
8 That's why I'd like to stress that if any
9 of those things are present they see a dentist right
10 now and don't really get into --
11 DR. D'AGOSTINO: My comment is not to
12 avoid the dentist, but my comment is to flag the
13 conditions right away and tell them to go to a dentist
14 as opposed to -- I think when you see these sentences,
15 "Go to a physician," and so forth, a lot of people
16 read that as just purple patches and loading up. You
17 know, it's going to be just -- just sort of patting
18 the consumer on the back. You should always see a
19 physician. You should always see a dentist. And they
20 may skip over that paragraph altogether.
21 You can get to see a physician, see your
22 dentist later on if you have these conditions. I'm

1 just concerned that there is too many of these little
2 patches that appear on labels, and what have you, that
3 people just skip over it because they figure it's just
4 filler. And that's -- I don't want it -- you know,
5 "see your dentist," or something like that. It might
6 just be jumped over.
7 DR. McGUIRE-RIGGS: That's why I think in
8 the warning section when you say, "See a dentist" with
9 these very specific things, that's when they won't
10 gloss over it. They will gloss over, "You should see
11 your dentist two times a year," or whatever.
12 DR. D'AGOSTINO: No, I just -- I just
13 think it's the opposite. I think that so many people
14 think that there's a warning that one sentence in the
15 warning has to say, "See a physician." And, you know,
16 it means nothing. It's just something that the
17 physicians -- there are more physicians around the
18 table than anybody else, so that always gets voted in.
19 The point that I think is important is
20 that if there are conditions, you definitely want to
21 see a physician. And it's a reversal of what you put
22 first and what you put second is all I'm --

1 DR. McGUIRE-RIGGS: Okay.

2 DR. D'AGOSTINO: -- suggesting. And I do
3 think along the way that you aren't going to have at
4 the end to see a health professional. I think someone
5 mentioned a sort of global statement on that anyway.

6 CHAIRMAN GENCO: Yeah. The first one I
7 think we've agreed to -- was if you have persistence,
8 see your dentist. So that's in there. Then, the next
9 statement we're talking about -- would you recommend
10 that we see your statistician?

11 (Laughter.)

12 DR. D'AGOSTINO: No. I think if you have
13 these conditions -- if you have these conditions you
14 should see your dentist.

15 CHAIRMAN GENCO: I just --

16 DR. D'AGOSTINO: But I don't think if you
17 -- you know, if you start off a sentence -- if you
18 start off the sentence, "See a physician" or "see a
19 dentist if you have these," I think a lot of people
20 are going to skip over that. If you say, "Do not
21 use," dah, dah, dah, dah, "see a physician if you have
22 these," I think you make a much stronger statement.

1 CHAIRMAN GENCO: I just -- I agree with
2 you. Did you want to make a motion, and we can get it
3 on the floor? I think that would be instructive.
4 DR. D'AGOSTINO: That's the motion.
5 CHAIRMAN GENCO: Okay.
6 DR. D'AGOSTINO: So the motion is, "Do not
7 use if" -- Max, read the --
8 DR. LISTGARTEN: Should we add to this the
9 proviso "unless directed otherwise by your dentist"?
10 DR. D'AGOSTINO: Well, I guess I'm more
11 interested in getting to the dentist if you have these
12 conditions.
13 DR. LISTGARTEN: Okay. "Do not use this
14 product for long-standing gum disease, persistent
15 bleeding, or pain from the gums, swollen gums, pus
16 from the gum line, loose teeth, or increased spacing
17 between the teeth." And then should we add "unless
18 directed otherwise by your dentist"?
19 CHAIRMAN GENCO: It's your motion, Ralph.
20 Are you comfortable with that?
21 DR. D'AGOSTINO: You can add that. But,
22 again, you'd have to -- I think -- I'd be more

1 interested in leaving that out and say, "If you have
2 these, see a dentist."
3 DR. LISTGARTEN: Or we could just end it
4 and then say, "Consult your dentist" --
5 DR. D'AGOSTINO: Right.
6 DR. LISTGARTEN: -- "if these conditions
7 are present."
8 DR. D'AGOSTINO: Right. Exactly.
9 CHAIRMAN GENCO: Okay.
10 DR. D'AGOSTINO: I'd go for that.
11 CHAIRMAN GENCO: Okay. So that's the
12 motion, then -- two sentences. All right. Is that
13 clear?
14 Bill?
15 DR. BOWEN: I was just worried that there
16 was a confusing message there. Don't use a product,
17 and then at the end we stick in "unless recommended by
18 your dentist."
19 DR. D'AGOSTINO: No, we dropped that.
20 CHAIRMAN GENCO: We dropped that. So
21 there's two sentences. They are discrete statements.
22 DR. BOWEN: I'm not a consumer expert, and

1 I really don't know how the consumer thinks. But to
2 me, it would appear that if I'm told to see a dentist
3 if I have these conditions, it's clear, simple, and
4 the message is very loud. And I feel much more
5 comfortable with that message than I do with others.
6 DR. SOLLER: Dr. Genco, can I add a
7 readability comment?
8 CHAIRMAN GENCO: Yes.
9 DR. SOLLER: And that is, when you get
10 into these kinds of discussions, and thinking about
11 how that format will eventually end up, to think about
12 the symptoms -- have the person self-select for the
13 product, so they're coming in with certain symptoms,
14 there are going to be other signs and symptoms for
15 which you might say the person should not use the
16 product. And you may want -- I think that's what
17 you're doing.
18 You may want to relook at that list, the
19 long-standing gingivitis -- I don't know. I mean,
20 that's going to get a person into using the product,
21 and maybe they'll stop use and ask your dentist if --
22 and then you have a separate list. And do not use if,

1 and you have that -- whatever that list is going to
2 be. I'm not going to --
3 CHAIRMAN GENCO: Yeah.
4 DR. SOLLER: -- make the judgment, but
5 conceptually --
6 CHAIRMAN GENCO: Right. That's a good
7 point. So let's go over that again before we make the
8 formal motion.
9 So, Ralph, the do not use statement --
10 let's go over those items again. As long as -- do you
11 want to leave long-standing gingivitis in there?
12 DR. McGUIRE-RIGGS: You've covered it in
13 the previous statement.
14 CHAIRMAN GENCO: I think so. So what's
15 the next item or other items?
16 DR. LISTGARTEN: Persistent bleeding or
17 pain from the gums.
18 CHAIRMAN GENCO: Persistent bleeding we've
19 covered in the previous one.
20 DR. LISTGARTEN: Or pain.
21 CHAIRMAN GENCO: Do not use if you have
22 pain from the gums --

1 DR. LISTGARTEN: Swollen gums --

2 CHAIRMAN GENCO: -- swollen --

3 DR. LISTGARTEN: -- pus from the gum line,

4 loose teeth, or increased spacing between the teeth.

5 CHAIRMAN GENCO: Okay. Ralph, is that --

6 in other words, the others are really --

7 DR. D'AGOSTINO: Right.

8 CHAIRMAN GENCO: -- covered before.

9 Now, "See your dentist if you have any of

10 these symptoms"? Or do you want to add another --

11 you've already said, "See your dentist if you have

12 persistent" --

13 DR. LISTGARTEN: I was going to say,

14 "Consult your dentist" --

15 CHAIRMAN GENCO: Right.

16 DR. LISTGARTEN: -- "if these conditions

17 are present."

18 DR. D'AGOSTINO: But the first one,

19 remember, is if the -- you've used it for a couple of

20 weeks and it's not working.

21 CHAIRMAN GENCO: That's right.

22 DR. D'AGOSTINO: So this is telling you

1 don't even use it.

2 CHAIRMAN GENCO: For that -- and if you

3 have that set, that you shouldn't use it, consult your

4 dentist. So that all of those eventualities are

5 covered, then.

6 DR. LISTGARTEN: Okay. The first part,

7 then, is a sentence that states, "If these conditions

8 persist, see your dentist."

9 CHAIRMAN GENCO: And these conditions are

10 gingivitis --

11 DR. LISTGARTEN: Gingivitis --

12 CHAIRMAN GENCO: -- bleeding --

13 DR. LISTGARTEN: -- bleeding --

14 CHAIRMAN GENCO: -- and red gums.

15 DR. LISTGARTEN: -- and red gums.

16 CHAIRMAN GENCO: See your dentist.

17 DR. LISTGARTEN: Yes. See your dentist.

18 CHAIRMAN GENCO: Next sentence, "Do not

19 use if" --

20 DR. LISTGARTEN: No. The next sentence,

21 "Consult your dentist if these conditions are

22 present."

1 CHAIRMAN GENCO: No. That's -- no, the
2 first sentence says that.
3 DR. LISTGARTEN: Okay.
4 CHAIRMAN GENCO: Yeah.
5 DR. LISTGARTEN: Okay. So, "Do not
6 use" --
7 CHAIRMAN GENCO: Second sentence.
8 DR. LISTGARTEN: -- "this product for pain
9 in the gums, swollen gums, pus from the gum line,
10 loose teeth, or increased spacing between the teeth."
11 DR. McGUIRE-RIGGS: Then add consult --
12 CHAIRMAN GENCO: And then the next
13 statement -- wait a minute. The next statement is --
14 DR. McGUIRE-RIGGS: How about, "Consult
15 your dentist immediately"?
16 CHAIRMAN GENCO: If you have any of the
17 above. Okay.
18 So, now, do you want to make a motion to
19 that effect?
20 DR. D'AGOSTINO: Well, that -- the motion
21 is to --
22 CHAIRMAN GENCO: Okay.

1 DR. D'AGOSTINO: -- vote for those two
2 statements.
3 CHAIRMAN GENCO: Okay. Does somebody want
4 to second that?
5 DR. SAXE: I'll second the motion.
6 CHAIRMAN GENCO: Okay. Good. Now let's
7 have a discussion. Go ahead, Stan.
8 DR. SAXE: Yes. I would like to --
9 CHAIRMAN GENCO: All right. Let's start
10 right at the -- we'll make this one big motion. "If
11 you have persistent gingivitis, bleeding or red gums,
12 seek your dental professional."
13 DR. McGUIRE-RIGGS: 14 days is in there.
14 CHAIRMAN GENCO: "For more than 14 days,
15 seek care from your dental professional." Second
16 sentence, "Do not use if you have pain" --
17 DR. LISTGARTEN: Should I read you that
18 one?
19 CHAIRMAN GENCO: Please.
20 DR. LISTGARTEN: "Do not use if you have
21 painful or swollen gums, pus from the gum line, loose
22 teeth, or increased spacing between the teeth.

1 Consult your dentist immediately if you have any of
2 these conditions."
3 CHAIRMAN GENCO: And that's what you
4 seconded?
5 DR. SAXE: I seconded.
6 CHAIRMAN GENCO: All right.
7 DR. SAXE: I would like to speak against
8 the motion --
9 (Laughter.)
10 -- because I think we can do some better.
11 I side with Bill. I'm referring here to the over-the-
12 counter proposed labeling requirements. And granted,
13 Bob Sherman told us today we have to deal with the
14 existing requirements, but I think this will help us
15 and offers us something to learn about this.
16 I don't know if you have -- everyone has
17 a copy here in front of them now, but under the
18 Federal Register on page 9055, under example 2 of the
19 various labelings, it's warnings -- under warnings.
20 And this is chlorphenamarine maleate, and it says,
21 "Ask a doctor before use if you have," and then there
22 are bulleted statements.

1 And I think that rather than -- what I
2 object to is the "do not use." In another example of
3 a labeling, the warning "do not use," in example 3, is
4 when the person may be in direct at risk or may be
5 harmed if they take this product. A person will not
6 be harmed if they take this anti-gingivitis product,
7 and they have pus or loose teeth or whatever. They
8 won't be harmed. They may not -- they won't be
9 helped, but they won't be put in harm's way.
10 So rather than say "do not use," which is
11 a serious warning that the person who takes the
12 product might place him or herself in jeopardy, I
13 would much prefer under warnings in larger type, "Ask
14 a dentist before use if you have" the litany that Max
15 has in bullet statements.
16 DR. McGUIRE-RIGGS: Or "seek dental care
17 before use for."
18 DR. SAXE: Well, I'm just suggesting if
19 this is a prototype of what the new labeling is going
20 to be, we may as well use the -- you know, perhaps
21 consider using that similar wording.
22 DR. McGUIRE-RIGGS: I think that gets to

1 Ralph's point, yadda, yadda, yadda. But --

2 DR. D'AGOSTINO: Yeah. Who is going to

3 call up a dentist? I mean, I just think that this is

4 an OTC product, and a lot of people aren't going to

5 call up a dentist. It's --

6 CHAIRMAN GENCO: Well, that's the same

7 issue, and that's why I asked -- we've got a motion.

8 We've got a second. And you've made your point.

9 Lew?

10 MR. CANCRO: Well, first I want to say I'm

11 glad I didn't take Stanley's vote away. I mean,

12 that's the first point I want to make.

13 (Laughter.)

14 The indications for the product exist, and

15 what you're talking about is another set of symptoms

16 that a professional must diagnose. So when you say

17 "do not use this product," what do you want the

18 individual to do?

19 DR. D'AGOSTINO: The next sentence says,

20 "Go to the dentist."

21 MR. CANCRO: But the symptoms have

22 persisted for years, and the guy says, "Well, I won't

1 use this product. I will use something else. And in
2 two or three months I'll make an appointment with my
3 dentist and see what's going on." I mean --
4 DR. D'AGOSTINO: But why won't he do it
5 the other -- if you write it the other way? What
6 difference will it be if you start off, "Go to the
7 dentist," and you give the litany? He still says,
8 "I'll wait two or three months."
9 MR. CANCRO: Because you're describing a
10 whole set of very serious conditions that a
11 professional has to diagnose.
12 DR. D'AGOSTINO: But that's exactly what
13 is being said by the "do not use."
14 MR. CANCRO: The product's use has got
15 nothing to do with those symptoms. The product is
16 telling you what it -- the indications are for. It's
17 got nothing to do with those symptoms.
18 DR. D'AGOSTINO: This is a warning that
19 you're talking about.
20 MR. CANCRO: Well, that's right. And
21 you're alerting the individual to another serious oral
22 condition which is unrelated to the product's use.

1 CHAIRMAN GENCO: Oh, no, that's wrong. It
2 is related. It's often coincident with.
3 MR. CANCRO: Well, it's --
4 CHAIRMAN GENCO: You have both. You have
5 gingivitis and the pus coming out if you have loose
6 teeth.
7 MR. CANCRO: But the product isn't making
8 an indication for those symptoms.
9 CHAIRMAN GENCO: No. It's a warning that
10 if you have gingivitis and these symptoms, don't use
11 it; consult your dentist.
12 MR. CANCRO: What do you want the
13 individual to use until he sees a dentist?
14 CHAIRMAN GENCO: Consult your dentist.
15 DR. BOWEN: Well, then, say it.
16 CHAIRMAN GENCO: Well, we did. That says
17 it.
18 DR. BOWEN: At the beginning.
19 CHAIRMAN GENCO: Both statements, I think,
20 say it.
21 Well, I think this is the essence of the
22 discussion, and I think to be instructive to the FDA

1 a vote may be -- I mean, we could argue this, but we
2 each have our own --
3 DR. D'AGOSTINO: I mean, I think there's
4 a point is that you want to flag and, you know, say
5 later on I can be any way you want pleases -- I think
6 it's to flag the seriousness and then get them to the
7 dentist. What I'm saying is I don't want them to skip
8 over it because it starts off with something they
9 think is just padding. And however the FDA --
10 presumably, that's what all of this discussion on
11 labeling is about. The FDA is going to put it in the
12 most forceful way.
13 CHAIRMAN GENCO: Okay. Bill?
14 DR. SOLLER: Yeah. In the absence of FDA
15 telling us what the warning subheadings will be, and
16 those are the phrases "ask a dentist" --
17 CHAIRMAN GENCO: Right.
18 DR. SOLLER: Okay. Then, you're kind of
19 stuck. But what you do have is what Stan brought up
20 as a conceptual point, and that conceptual point is an
21 absolute contraindication "do not use" --
22 CHAIRMAN GENCO: Right.

1 DR. SOLLER: -- for a relative
2 contraindication "ask a doctor before use."
3 CHAIRMAN GENCO: Right.
4 DR. SOLLER: And I think in the absence of
5 FDA giving you the clear of how to figure your things
6 into the warnings --
7 CHAIRMAN GENCO: No. What they want to
8 hear is --
9 DR. SOLLER: -- then you should just --
10 CHAIRMAN GENCO: -- which we would favor.
11 DR. SOLLER: -- you should just speak to
12 the conceptual aspect of how you think the particular
13 directions should come across, whatever the final
14 specific wording. But I think you ought to address
15 Stan's point here to determine whether it's an
16 absolute or relative contraindication.
17 CHAIRMAN GENCO: I think the vote will
18 help.
19 Linda?
20 DR. KATZ: And actually, that was what I
21 was going to reiterate as well, was that -- what the
22 intended purpose from the proposed OTC product

1 labeling guidance that was published is really to look
2 at the different levels or degrees of warning, whether
3 or not it's a relative -- an absolute or a relative
4 contraindication. And if you kind of look at the
5 headers, that's sort of the way that it was worded.
6 Now, the headers may change, some of the
7 phrasing may change here and there, but what we were
8 hoping to get from you is to which of the warnings
9 really are absolute contraindications, which are
10 relative contraindications, and which are things which
11 you would just make people alert to, but that they
12 could still use the product if they're properly warned
13 on what -- what to do and not to do if a problem
14 arises. And that's what we're hoping to get from this
15 discussion.
16 CHAIRMAN GENCO: Okay. So in the motion,
17 we have the three components. One is the persistence,
18 and then the other is the absolute "do not use," and
19 then the relative "see your dentist." All three are
20 in the motion. So if we pass that motion, we have
21 given you our opinion that this is an order of
22 priority in terms of for the warning.

1 DR. KATZ: Right. One additional thing
2 that I would like to also mention is one of the other
3 headers says that -- "Ask a doctor before use." The
4 two headers that have been proposed is "if you have"
5 or "if you are."
6 Then, after that there is "when using this
7 product," and that header has been used for if you
8 develop --
9 CHAIRMAN GENCO: Right.
10 DR. KATZ: -- an adverse event on this
11 product. What do you want to alert someone to, so
12 they know when to stop taking the product, and then
13 also when to call back to seek professional help.
14 CHAIRMAN GENCO: So the first statement,
15 "When using the product, and if these symptoms
16 persist, see your dentist." So that could be the
17 header.
18 DR. KATZ: Actually, the header as it
19 currently is now is to stop using this product if.
20 CHAIRMAN GENCO: Okay. Okay. So I think
21 that if we pass this motion, then it would be
22 instructive to you as to the level for each of these

1 statements. If we reject this motion, and then pass
2 another motion, we could give you other instructions.
3 Okay.
4 Are we ready for the vote, then? Yes?
5 MR. HUTT: I'd just like a point of
6 clarification, Bob, because --
7 CHAIRMAN GENCO: Sure.
8 MR. HUTT: -- I find the second and third
9 sentences ambiguous. The second sentence is a
10 contraindication, "Do not use if," and then a laundry
11 list. Then it says -- the third sentence is, "See
12 your dentist under these conditions."
13 CHAIRMAN GENCO: Right.
14 MR. HUTT: Now, if the dentist says, "Use
15 the product," what happens? Are you saying the
16 dentist is precluded?
17 CHAIRMAN GENCO: No.
18 MR. HUTT: That's the way I interpret it.
19 The dentist cannot tell the patient to use the product
20 because it's contraindicated.
21 CHAIRMAN GENCO: Well, I think the way out
22 of that is the way the cold remedy is. At the end of

1 the second sentence --

2 MR. HUTT: That --

3 CHAIRMAN GENCO: -- is "unless directed by

4 a dentist."

5 MR. HUTT: Correct. But that wasn't in --

6 CHAIRMAN GENCO: That's not in the --

7 MR. HUTT: That's not in it, and that's

8 why I think Stan's formulation is clearer.

9 CHAIRMAN GENCO: So that would get us out

10 of that dilemma if we passed this motion and -- or

11 rejected it. Right.

12 Ralph, do you see that? I know you didn't

13 want to do that, but that's a way out of that dilemma.

14 DR. D'AGOSTINO: Yeah. We can put it back

15 in. Yeah.

16 Again, the point of the wording is to be

17 forceful about --

18 CHAIRMAN GENCO: Yes.

19 DR. D'AGOSTINO: -- the instructions you

20 want to give to the individual. Now, when we say "do

21 not use," are we -- the idea I got from the discussion

22 was that you want these people to get to the dentist

1 as soon as possible. They're not going to develop a
2 heart attack, and so forth, but by taking this
3 particular drug -- by taking the mouth rinse, and so
4 forth, they may, in fact, be --
5 CHAIRMAN GENCO: Masking --
6 DR. D'AGOSTINO: -- letting another
7 condition and masking, and so forth. So I think that
8 what -- the way, you know, we've put it together is
9 the way I'd want it.
10 CHAIRMAN GENCO: Without this caveat
11 "unless directed by" --
12 DR. D'AGOSTINO: No, no. You'd have to
13 put that back in.
14 CHAIRMAN GENCO: All right. So would you
15 allow that as an amendment?
16 DR. D'AGOSTINO: Absolutely.
17 CHAIRMAN GENCO: Okay. So the second
18 sentence would read, "Do not use this product if
19 pain," etcetera, that list, "unless directed by a
20 dentist or a health professional." And that gets us
21 out --
22 DR. D'AGOSTINO: Yes.

1 CHAIRMAN GENCO: -- of the dilemma.

2 Would the seconder agree to that revision

3 -- amendment? Okay.

4 Are we ready to vote on this three-part --

5 DR. McGUIRE-RIGGS: I'd like to make a

6 comment --

7 CHAIRMAN GENCO: Sure.

8 DR. McGUIRE-RIGGS: -- before I vote. I

9 will be voting no on this because I think line 2

10 should say, "Seek immediate dental care if you have

11 all of these. Use only if directed by dentist."

12 CHAIRMAN GENCO: Okay. So --

13 DR. McGUIRE-RIGGS: Or "use if directed by

14 dentist."

15 CHAIRMAN GENCO: I think these points --

16 we all have expressed them. Let's take a vote and

17 then go on --

18 DR. McGUIRE-RIGGS: Right.

19 CHAIRMAN GENCO: -- to another motion if

20 this one is rejected.

21 Yes?

22 DR. BOWEN: I just want to emphasize the

1 point that Stanley and others have made, namely there
2 are no contraindications to using this product if you
3 have all of the conditions that you've described. In
4 fact, it's even conceivable that it might do some good
5 on the teeth that don't have periodontitis that maybe
6 have gingivitis.
7 So to start with a negative statement that
8 there has --
9 DR. McGUIRE-RIGGS: So you'll vote note?
10 DR. BOWEN: -- absolutely no scientific,
11 rational basis whatsoever, there isn't any basis for
12 it. And we're asked in our instructions to issue
13 warnings that are scientifically based. There aren't
14 any. So let's be consistent.
15 And the important thing, I think we all
16 agree with, is to get the patient to the dentist as
17 quickly as possible. The best way to do that, in my
18 opinion, is tell him or her to go.
19 CHAIRMAN GENCO: Okay. Is there any other
20 discussion, or should we go to the vote? And then we
21 can always have other motions.
22 DR. BOWEN: Let's vote.

1 CHAIRMAN GENCO: Okay. Chris? Oh, excuse
2 me.
3 DR. LISTGARTEN: I think we need a reading
4 of that motion. I think we've had so many suggestions
5 I think we've -- I, for one, have lost --
6 CHAIRMAN GENCO: Okay. The motion has
7 three sentences. The first sentence is, "If
8 gingivitis" --
9 DR. LISTGARTEN: "If you have persistent
10 bleeding from your gums for two weeks or more, see
11 your dentist."
12 CHAIRMAN GENCO: "Gingivitis, redness, or
13 bleeding persists for more than two weeks, see your
14 dentist."
15 DR. LISTGARTEN: Persistent --
16 CHAIRMAN GENCO: The three elements.
17 DR. LISTGARTEN: What are the signs?
18 DR. McGUIRE-RIGGS: Gingivitis.
19 CHAIRMAN GENCO: Gingivitis.
20 DR. McGUIRE-RIGGS: Redness.
21 CHAIRMAN GENCO: Redness.
22 DR. McGUIRE-RIGGS: Bleeding.

1 CHAIRMAN GENCO: Or bleeding. That's
2 consistent with our indications. In other words, "If
3 the indications are not resolved, then see your
4 dentist."
5 The second statement is --
6 DR. BOWEN: Could I clarify? Is this
7 while you're using the product?
8 CHAIRMAN GENCO: Yes.
9 DR. BOWEN: Well, why don't we take parts
10 of it separately? I have no problem with that
11 sentence.
12 CHAIRMAN GENCO: Okay.
13 DR. BOWEN: But I may have problems with
14 the rest of the motion.
15 CHAIRMAN GENCO: Okay. Now, we need a
16 parliamentarian for this.
17 DR. LISTGARTEN: Can we just take the
18 parts one at a time?
19 CHAIRMAN GENCO: And vote on them
20 separately. All right. Good. So let's vote on that
21 first part.
22 DR. LISTGARTEN: "If you have persistent

1 gingivitis, redness, or bleeding, for two weeks or
2 more, see your dentist."
3 CHAIRMAN GENCO: And this will be in the
4 format of the FDA when using the product. Okay.
5 DR. LISTGARTEN: Do we have to say that in
6 a sentence?
7 CHAIRMAN GENCO: No. They will format it.
8 DR. LISTGARTEN: Okay.
9 CHAIRMAN GENCO: Okay. Ralph?
10 DR. D'AGOSTINO: Yes.
11 CHAIRMAN GENCO: Chris?
12 DR. WU: Yes.
13 CHAIRMAN GENCO: Sheila?
14 DR. McGUIRE-RIGGS: Yes.
15 CHAIRMAN GENCO: Bill?
16 DR. BOWEN: Yes.
17 CHAIRMAN GENCO: Max?
18 DR. LISTGARTEN: Yes.
19 CHAIRMAN GENCO: Gene?
20 DR. SAVITT: Yes.
21 CHAIRMAN GENCO: Stan?
22 DR. SAXE: Yes.

1 CHAIRMAN GENCO: And I vote yes.

2 Okay. Next statement, "Do not use if you

3 have" -- read the list, Max.

4 DR. LISTGARTEN: "Do not use for the

5 following conditions: painful or swollen gums, pus

6 from the gum line, loose teeth, or increased spacing

7 between the teeth, unless directed otherwise by a

8 dentist."

9 CHAIRMAN GENCO: Okay. Are we ready for

10 a vote on that? Max?

11 DR. LISTGARTEN: Yes.

12 CHAIRMAN GENCO: Gene?

13 DR. SAVITT: No.

14 CHAIRMAN GENCO: Stan?

15 DR. SAXE: No.

16 CHAIRMAN GENCO: Ralph?

17 DR. D'AGOSTINO: Yes.

18 CHAIRMAN GENCO: Chris?

19 DR. WU: No.

20 CHAIRMAN GENCO: Sheila?

21 DR. McGUIRE-RIGGS: No.

22 CHAIRMAN GENCO: Bill?

1 DR. BOWEN: No.

2 CHAIRMAN GENCO: And I vote yes. Okay.

3 DR. SAXE: Would you like an alternate

4 statement?

5 CHAIRMAN GENCO: No, let's do the third

6 one.

7 DR. SAXE: Do the third one.

8 DR. D'AGOSTINO: Well, I think the third

9 one doesn't make sense without the --

10 CHAIRMAN GENCO: That's right.

11 DR. D'AGOSTINO: -- you know, without the

12 second statement.

13 CHAIRMAN GENCO: So the third one we've

14 retracted or is dead. I mean, that's --

15 DR. SAXE: It's dead, right.

16 CHAIRMAN GENCO: Okay. Yes.

17 DR. SAXE: For the second sentence I would

18 suggest, "Note: This product is not indicated for the

19 pain, swelling, and pus, loose teeth, wide spacing.

20 Consult your dentist."

21 CHAIRMAN GENCO: Now, how does that fit in

22 the format?

1 DR. KATZ: You could probably -- is what
2 you're trying to say is, "Ask a dentist before use
3 if"?
4 DR. SAXE: Yes.
5 DR. KATZ: Is that really what you want?
6 Okay. Because that way then it could then fit into
7 the format.
8 CHAIRMAN GENCO: Are you comfortable
9 rephrasing it, then?
10 DR. SAXE: Yes. Yes.
11 CHAIRMAN GENCO: Okay. Go ahead.
12 DR. SAXE: Under here, to paraphrase the
13 sample, it says, "Ask a dentist before use if you
14 have" --
15 CHAIRMAN GENCO: Okay. Max?
16 DR. SAXE: -- "pain, swelling, pus, loose
17 teeth, spacing," etcetera.
18 CHAIRMAN GENCO: Okay. And we don't need
19 the "unless directed by a dentist" because it says
20 "ask dentist."
21 DR. SAXE: Right.
22 CHAIRMAN GENCO: Okay. And then the last

1 statement, "See your dentist" is covered.

2 DR. D'AGOSTINO: It's already taken care

3 of.

4 CHAIRMAN GENCO: Okay. Okay. Are we

5 ready? Let's discuss that for a minute.

6 DR. McGUIRE-RIGGS: That's a little

7 weaker. I mean, if you have any of those, I'd -- I

8 wish it were stronger.

9 CHAIRMAN GENCO: Okay.

10 DR. McGUIRE-RIGGS: "See your dentist

11 immediately if."

12 CHAIRMAN GENCO: There's no motion on the

13 floor. We're discussing it, and then we can make a

14 motion.

15 DR. McGUIRE-RIGGS: Right. I don't know

16 where that fits into the FDA template, but --

17 DR. D'AGOSTINO: I think that's the -- you

18 know, that's the problem I'm trying to address. I

19 think it becomes a weak statement.

20 DR. McGUIRE-RIGGS: It's much weaker to

21 say, "Ask your dentist if you have this."

22 DR. D'AGOSTINO: I think it's -- that's

1 the concern that I have. I think it becomes a weak
2 statement that might be glossed over.
3 DR. McGUIRE-RIGGS: Which goes to my point
4 if people wait until they have a toothache before they
5 go -- I want them to go immediately.
6 CHAIRMAN GENCO: How would you phrase it,
7 then?
8 DR. BOWEN: "See your dentist
9 immediately."
10 DR. McGUIRE-RIGGS: "Seek dental care
11 immediately if you have" this.
12 CHAIRMAN GENCO: Is that going to fit into
13 the format?
14 DR. KATZ: It may or may not
15 CHAIRMAN GENCO: Okay.
16 DR. KATZ: It would depend. And I guess
17 basically from a Gestalt I guess that I'm hearing,
18 it's sort of -- I guess I need to know whether or not
19 -- how you're viewing that in terms of a
20 contraindication.
21 CHAIRMAN GENCO: I think we're --
22 DR. KATZ: Whether or not it's a true

1 contraindication or an absolute or a relative, because
2 then we can make it fit into whichever --
3 CHAIRMAN GENCO: Right.
4 DR. KATZ: -- statement it --
5 DR. D'AGOSTINO: What does "relative"
6 mean? I mean, it's -- it sounds like it's going to
7 fit the relative category.
8 DR. KATZ: Right. The relative categories
9 so far really have been "ask a doctor" or "ask a
10 dentist before" --
11 CHAIRMAN GENCO: It's very weak. It's
12 quite a bit weaker than the "do not take," and that's
13 Ralph's point.
14 DR. D'AGOSTINO: But is there --
15 CHAIRMAN GENCO: There's no intermediate.
16 DR. D'AGOSTINO: Is there -- yeah. Is
17 there an urgency to it?
18 CHAIRMAN GENCO: Yeah. The intermediate
19 comes through Sheila's statement. She would have to
20 say it.
21 DR. KATZ: Right. If you --
22 CHAIRMAN GENCO: Just reading it, it

1 doesn't come through.

2 DR. KATZ: If you phrase it the way that

3 you want it, then we can later on when -- after we get

4 the transcripts back, deal with it to try to make the

5 statement as -- to put it in the right format with the

6 correct wording. And you'll have a chance, obviously,

7 to look at it again.

8 CHAIRMAN GENCO: Okay.

9 DR. KATZ: To make sure that we've done it

10 in the way that is in accordance with the discussion.

11 CHAIRMAN GENCO: Okay.

12 DR. KATZ: But if you give us that advice,

13 we will take it back and try to get it so that it

14 would fit into wherever you think you would want it to

15 be.

16 CHAIRMAN GENCO: You know, actually, in

17 the cough it says, "Persistent cough may be a sign

18 of," and that kind of gives it a little more urgency.

19 See?

20 DR. McGUIRE-RIGGS: Oh. So these symptoms

21 are a sign of periodontitis?

22 CHAIRMAN GENCO: Right. So you could

1 say --

2 DR. McGUIRE-RIGGS: Or more severe

3 tooth --

4 CHAIRMAN GENCO: -- "See your dentist

5 immediately if you have these symptoms. These

6 symptoms are a sign of" --

7 DR. McGUIRE-RIGGS: A sign of --

8 CHAIRMAN GENCO: -- "a more serious form

9 of periodontal disease called periodontitis," or

10 something like that. If you want to do something like

11 that --

12 DR. KATZ: You could, again, do something

13 like that and just give us what it is that you want

14 and we will make sure that --

15 CHAIRMAN GENCO: Okay.

16 DR. KATZ: -- we will get it into a format

17 that --

18 CHAIRMAN GENCO: Max, would you be

19 comfortable with that?

20 DR. LISTGARTEN: Yes.

21 CHAIRMAN GENCO: Ralph?

22 DR. D'AGOSTINO: Yeah.

1 CHAIRMAN GENCO: It's kind of intermediate
2 between --
3 DR. D'AGOSTINO: Exactly.
4 DR. KATZ: It's a relative --
5 CHAIRMAN GENCO: All right. Why don't you
6 phrase it, and then we'll ask Bill to comment. "See
7 your dentist" --
8 DR. McGUIRE-RIGGS: So that it -- "Seek
9 dental care immediately if you have" --
10 CHAIRMAN GENCO: Max's list.
11 DR. McGUIRE-RIGGS: -- Max's list.
12 CHAIRMAN GENCO: These --
13 DR. McGUIRE-RIGGS: "These symptoms" --
14 what's that? Are --
15 CHAIRMAN GENCO: "These signs or
16 symptoms" --
17 DR. McGUIRE-RIGGS: "These signs or
18 symptoms" --
19 CHAIRMAN GENCO: -- "may be a sign of
20 serious periodontal disease."
21 DR. McGUIRE-RIGGS: "These symptoms may be
22 a sign of serious periodontal disease."

1 CHAIRMAN GENCO: Right. Serious gum
2 disease. Yeah. Okay.
3 DR. McGUIRE-RIGGS: Serious gum disease,
4 comma --
5 CHAIRMAN GENCO: A serious form of gum
6 disease called periodontitis.
7 DR. McGUIRE-RIGGS: Right. A serious form
8 of gum disease called periodontitis.
9 CHAIRMAN GENCO: Okay.
10 DR. McGUIRE-RIGGS: Good.
11 CHAIRMAN GENCO: Okay. Is that a motion?
12 DR. McGUIRE-RIGGS: We don't say anything
13 about use, however --
14 CHAIRMAN GENCO: No.
15 DR. McGUIRE-RIGGS: -- of the product in
16 that two sentences.
17 CHAIRMAN GENCO: Well, it says, "See your
18 dentist if you have these." I mean, if your dentist
19 wants to recommend using it, he can or she can.
20 DR. LISTGARTEN: Can I just reread this?
21 CHAIRMAN GENCO: Yes.
22 DR. LISTGARTEN: So we have -- "Ask your

1 dentist immediately if you have any of the following
2 conditions: painful or swollen gums, pus from the gum
3 line, loose teeth, or increased spacing between the
4 teeth. These are signs of periodontitis, a more
5 serious form of gum disease."
6 CHAIRMAN GENCO: Okay. Good. That's
7 consistent with the original language.
8 Before we make a motion, let's have some
9 comments so that we don't get stuck into the
10 parliamentary procedure here.
11 Bill?
12 DR. SOLLER: Yeah. All I was going to say
13 is in relation to Ralph's comment, dextromethorapham
14 and an MAO inhibitor is an absolute contraindication.
15 Under no circumstances do you want an individual to
16 use those two products, and that generally is first
17 among warnings. A relative contraindication is, per
18 Bill's point, that you might want to use these
19 products if a person has some of these particular
20 signs and symptoms.
21 A way around all of this might be, "Do not
22 use unless directed by a dentist if you have," or "ask

1 a dentist before use if you have," and then -- what
2 I'm trying to do is conserve words. That's where I'm
3 coming from. And then you could put these maybe signs
4 of a serious, and so on, at the --
5 CHAIRMAN GENCO: But we voted that down.
6 DR. SOLLER: Yeah.
7 CHAIRMAN GENCO: The "do not use unless
8 directed by the dentist."
9 DR. SOLLER: Yeah. Well, it's a way to
10 conserve words, and in a warning subheading. I'm just
11 thinking in terms of how it's formatted.
12 I think what you ought to do is get your
13 intent across, because I'd be willing to bet the exact
14 formatting will change once this gets into the
15 drafting stage. So, you know, expect to see those
16 format changes and get your concepts across I think is
17 what --
18 CHAIRMAN GENCO: It's more than that,
19 though, Bill. That is a contraindication.
20 DR. SOLLER: Well --
21 CHAIRMAN GENCO: We voted that down.
22 DR. SOLLER: It's not -- well, "Do not use

1 unless directed by a dentist" --

2 CHAIRMAN GENCO: Yeah.

3 DR. SOLLER: -- is not an absolute

4 contraindication.

5 CHAIRMAN GENCO: Oh, I see. So you're

6 saying that's an intermediate --

7 DR. SOLLER: That's a relative

8 contraindication.

9 CHAIRMAN GENCO: That's a relative --

10 DR. SOLLER: And I'm saying that if you

11 could just go with that word, that phrase, list it and

12 then say, "These are signs of a serious" -- and

13 whatever words you want to put there --

14 CHAIRMAN GENCO: Well, that's certainly an

15 alternative.

16 DR. McGUIRE-RIGGS: Right. Because our

17 current statement does not say anything about use. It

18 just simply goes right to seeking care if you have any

19 of these, and it makes no judgment on --

20 DR. SOLLER: That expresses your intent

21 late in the day and moves us on, I think. And then it

22 will probably be reformatted with whatever FDA comes

1 up with.

2 CHAIRMAN GENCO: Stronger than the weak

3 "seek dental attention."

4 DR. SOLLER: Well, I think --

5 CHAIRMAN GENCO: But the "do not use" --

6 DR. McGUIRE-RIGGS: We have not --

7 CHAIRMAN GENCO: -- "unless" --

8 DR. SOLLER: Directed. "Or ask a dentist

9 before use if you have" -- I mean, you could do that

10 as well. Either one. But, I mean, try -- what I'm

11 trying to get at is put them into the warnings

12 subheading and then put the statement about "these may

13 be signs of a serious condition" at the end.

14 CHAIRMAN GENCO: Right.

15 DR. McGUIRE-RIGGS: So we'll start out

16 with, "Ask a dentist immediately if you have any of

17 the following conditions: painful or swollen," blah,

18 blah, blah. "These are signs of periodontitis, a more

19 serious form of gum disease."

20 DR. D'AGOSTINO: If you use the phrase

21 that Bill said, "Do not use unless directed by a

22 physician," you capture the importance of it, and you

1 also bring in the physician or dentist right at the
2 very beginning.
3 DR. McGUIRE-RIGGS: So at the very
4 beginning say, "Do not use unless" --
5 DR. D'AGOSTINO: How did you word it?
6 DR. McGUIRE-RIGGS: -- "directed by a
7 dentist."
8 DR. SOLLER: All I was suggesting was to
9 get your intent across.
10 CHAIRMAN GENCO: Right.
11 DR. SOLLER: And then, I suspect whether
12 FDA -- and I think this is why Linda is not saying,
13 because we want to know, as an industry, whether it's
14 going to be an affirmative or a negative statement.
15 And FDA is unwilling, in a pending rule, to convey
16 that particular point.
17 So given that as a regulatory problem
18 right now and trying to deal with the language, my
19 suggestion to you is to just get your intent that you
20 don't want it to be used unless a dentist says it's
21 okay.
22 CHAIRMAN GENCO: Okay.

1 DR. SOLLER: Okay? And then, you also
2 want to say that it's a serious problem.
3 CHAIRMAN GENCO: And see your dentist.
4 DR. SOLLER: And if you can vote on that
5 kind of language, then when Linda tips her hand as to
6 what the warning subheadings will be, we'll all know.
7 (Laughter.)
8 CHAIRMAN GENCO: All right. So a
9 possibility would be, "Do not use for the following
10 conditions unless recommended by the dentist."
11 DR. SOLLER: "Do not use unless directed
12 by a dentist if you have" --
13 CHAIRMAN GENCO: "For the -- if you have
14 the following conditions." All right.
15 DR. SOLLER: "If you have," colon.
16 CHAIRMAN GENCO: Right. Okay.
17 DR. SOLLER: List them, and then your
18 statement about serious --
19 CHAIRMAN GENCO: Right.
20 DR. SOLLER: -- at the end.
21 CHAIRMAN GENCO: Okay. Let's try that.
22 "Do not use unless directed by a dentist for the

1 following conditions: painful or swollen gums, pus
2 from the gum line, loose teeth, or increased spacing
3 between the teeth. These are signs of periodontitis,
4 a more serious form of gum disease." Does that tell
5 you to see a dentist?
6 DR. McGUIRE-RIGGS: Yeah.
7 CHAIRMAN GENCO: Okay. So does somebody
8 want to move that? Bill, do you have some --
9 DR. BOWEN: I have reservations.
10 CHAIRMAN GENCO: Okay.
11 DR. BOWEN: That's not too different from
12 the motion we voted down, and I suggest that we go
13 with the motion that Max wrote out several minutes
14 ago, which I think captures the essence of those who
15 voted against the original motion.
16 DR. McGUIRE-RIGGS: Because it is more of
17 a focus on seeking care immediately.
18 CHAIRMAN GENCO: Okay. So that motion is,
19 "Ask a dentist immediately if you have any of the
20 following conditions: painful or swollen gums, pus
21 from the gum line, etcetera. These are signs of
22 periodontitis, a more serious form of gum disease."

1 Does that get us into a dilemma if your dentist
2 requires you to use it? No. No. It does?
3 DR. McGUIRE-RIGGS: "Ask your dentist
4 immediately about use if you have any of these
5 conditions." That's --
6 CHAIRMAN GENCO: All right. How does that
7 sound, Bill? "Ask a dentist immediately about use if
8 you have any of the following conditions," and then
9 the next sentence, "These are signs of periodontitis,
10 a more serious form of gum disease."
11 DR. BOWEN: The problem I have with that
12 is you can ask your dentist by calling up on the
13 telephone and he or she will answer yes or no. It
14 doesn't get the patient into the dentist's office. I
15 think that's what we want to accomplish.
16 CHAIRMAN GENCO: How about, "See your
17 dentist immediately if you have any of the following"?
18 DR. BOWEN: Yes, that I will buy.
19 CHAIRMAN GENCO: "See your dentist."
20 DR. McGUIRE-RIGGS: About use. "See your
21 dentist immediately before use." Okay.
22 CHAIRMAN GENCO: "If you have any" --

1 okay. "See your dentist immediately before use if you
2 have any of the following conditions." "See your
3 dentist immediately before use if you have any of the
4 following conditions." Wordsmithing. All right. "If
5 you have painful or swollen gums, pus from the gum
6 line, loose teeth, or increased spacing between the
7 teeth. These are signs of periodontitis, a more
8 serious form of gum disease." Does somebody want to
9 move that?
10 DR. BOWEN: Well, I move that.
11 DR. D'AGOSTINO: Second.
12 CHAIRMAN GENCO: Okay. It's moved and
13 seconded. Now let's have discussion.
14 Mike?
15 DR. BARNETT: I just wanted to make an
16 editorial suggestion in the spirit of trying to save
17 as much label as possible for future things. I'm not
18 sure about -- that periodontitis is necessarily
19 informative to the consumer in that sentence. So I'm
20 wondering if it would be worthwhile just to say,
21 "These may be a sign of more serious gum disease."
22 CHAIRMAN GENCO: Well, we've said both.

1 DR. BARNETT: Yeah.

2 CHAIRMAN GENCO: Signs of periodontitis,

3 a more serious form of gum disease.

4 DR. BARNETT: Right. The only question

5 I --

6 CHAIRMAN GENCO: It's not totally out of

7 the question to use that because the ADA Council uses

8 periodontitis.

9 DR. BARNETT: Okay. I was just --

10 CHAIRMAN GENCO: Without a qualifier.

11 DR. BARNETT: -- thinking from the point

12 of view of whether it meant anything to --

13 CHAIRMAN GENCO: And it's consistent with

14 your earlier suggestion, too. Gingivitis, an early

15 form of gum disease.

16 DR. BARNETT: No, no. The only thing I

17 was suggesting here is gingivitis was on there because

18 that was in the statement of identity.

19 CHAIRMAN GENCO: Right.

20 DR. BARNETT: Here, whether periodontitis

21 would really mean something to the consumer, as

22 opposed to what you already have, which is these may

1 be a sign of more serious gum disease, period, without
2 periodontitis.
3 DR. McGUIRE-RIGGS: Or serious dental
4 disease because pus or something could be an
5 endodontic problem.
6 CHAIRMAN GENCO: Okay. Any further
7 discussion, then? Okay. Are we ready for a vote?
8 Sheila?
9 DR. McGUIRE-RIGGS: Yes.
10 CHAIRMAN GENCO: Chris?
11 DR. WU: Yes.
12 CHAIRMAN GENCO: Ralph?
13 DR. D'AGOSTINO: Yes.
14 CHAIRMAN GENCO: Stan?
15 DR. SAXE: Yes.
16 CHAIRMAN GENCO: Gene?
17 DR. SAVITT: Yes.
18 CHAIRMAN GENCO: Max?
19 DR. LISTGARTEN: Yes.
20 CHAIRMAN GENCO: Bill?
21 DR. BOWEN: Yes.
22 CHAIRMAN GENCO: And I vote yes, too.

1 Okay. Those are general for all three.

2 Now, we decided we'd stay and finish up.

3 As I see, we have another -- age groups? I think

4 we've dealt with that. That's question 6. And do you

5 have any recommendations for professional labeling?

6 Okay. Professional labeling.

7 Sheila, you made a comment about that

8 earlier.

9 DR. McGUIRE-RIGGS: I think since we are

10 so unclear what we would say if a patient called us

11 with an overdose that the language that the customer

12 service reps used at the other end of the 800 should

13 be a part of the professional labeling that goes out

14 on these products.

15 CHAIRMAN GENCO: In general or specific?

16 Specific for each one?

17 DR. McGUIRE-RIGGS: Yes, because I --

18 whether it's alcohol or the active ingredient, or

19 whatever, I wouldn't have any idea what to say for CPC

20 versus Listerine versus stannous fluoride if somebody

21 called me and said, "I've ingested quite a bit of

22 this."

1 DR. D'AGOSTINO: Should the professional
2 labeling say anything about the different types of
3 gingivitis that we were discussing this morning?
4 CHAIRMAN GENCO: Another point.
5 DR. McGUIRE-RIGGS: Yeah, that's another
6 point. This is a pretty narrow thing.
7 CHAIRMAN GENCO: Okay. So we have two
8 points. One is safety and one is types of gingivitis.
9 Let's deal with the safety first. Mike?
10 DR. BARNETT: Yeah. I was just going to
11 comment on this whole question of what constitutes
12 professional labeling. And it's our understanding
13 that these are claims or indications that are promoted
14 to the professional and not to consumers that are
15 supported by the data.
16 So, for example, in the case of our
17 submission, it would deal with such things as pre-
18 procedural use in the operatory for reducing viable
19 bacteria in the aerosols, reduction of salivary
20 bacteria, etcetera, as opposed to the kinds of
21 considerations that Sheila was bringing up, which I
22 think may be in a different category.

1 CHAIRMAN GENCO: So they could be claims,
2 or they could be warnings, or they could be additional
3 information. I mean, Ralph's point --
4 DR. BARNETT: I think, traditionally, they
5 have been additional claims that are not directed at
6 the consumer, but rather are directed at the
7 professional very specifically.
8 DR. McGUIRE-RIGGS: So they'd be in ADS
9 and JADA?
10 DR. BARNETT: Could be. Yeah. But not in
11 consumer advertising.
12 DR. LISTGARTEN: Bob?
13 CHAIRMAN GENCO: Yeah. Actually, we
14 really haven't dealt with that. In other words, we
15 haven't gone through the data with respect to those
16 claims having not been aware that this might be a
17 problem.
18 Yes?
19 DR. LISTGARTEN: This was my concern. I
20 think for what you might tell the professional is that
21 this stuff is probably good for using bacterial counts
22 to avoid aerosols, that it's probably good to

1 insurmount before you do surgical procedures, but it
2 may be a good post-surgical rinse.
3 But, in fact, we haven't actually seen the
4 data for any of that. And while this may be true, we
5 haven't actually looked at the stuff.
6 DR. BARNETT: Yeah. I see your point,
7 Max. Certainly, the data were submitted for the
8 claims we're requesting, so they have been in the
9 submission, and they have been available. I think
10 what's happened is because of the direction that the
11 discussions have taken these haven't been surfaced
12 before. So it does create a bit of a dilemma.
13 DR. LISTGARTEN: So I'm a little puzzled
14 on what I'm supposed to do here, because we weren't
15 actually directed to look at some of those
16 applications.
17 MR. HUTT: Max, perhaps I could make two
18 brief points. First, for those of you not familiar
19 with professional labeling, you may be aware that
20 under the anti-caries drug product monograph there is
21 a separate section on professional labeling that,
22 again, is made only to health professional. That is

1 the term that is used. There is no limitation as to
2 whether it is in labeling or advertising, but it may
3 be directed only to health professionals. That's just
4 to explain what it is.
5 But to your point, Max, the submissions
6 were made, and the only reasonable suggestion we can
7 make at this time is that we will resubmit with a
8 request that it be given to the entire subcommittee
9 for immediate discussion. We can't do it tomorrow --
10 that's too early -- but at your very next meeting.
11 CHAIRMAN GENCO: Yeah. I think in
12 discussions with Linda and Bob, it's quite clear that
13 these are going to take some deliberation, and we
14 can't do it today or tomorrow.
15 MR. HUTT: Yes.
16 CHAIRMAN GENCO: And that these are
17 serious issues that would probably require us
18 considering them at a subsequent meeting.
19 MR. HUTT: Yes.
20 CHAIRMAN GENCO: So I would like to
21 suggest we table that issue, those issues of
22 professional labeling, to a subsequent meeting.

1 Ralph?

2 DR. D'AGOSTINO: Yeah. I was just going

3 to second what you were just saying, because any time

4 I've been involved with professional labeling it's as

5 rigorous a review as it is for the general labeling.

6 DR. LISTGARTEN: Could I also suggest that

7 as a professional, if somebody is sending me a list of

8 indications for my own consumption, one of the things

9 I would like to see are references to all of the

10 statements. I mean, I am much more reference

11 conscious than the general consumer, so that all the

12 general references should be included.

13 CHAIRMAN GENCO: So we'll work with the

14 staff, then, to organize this review in a timely

15 fashion.

16 Sheila?

17 DR. McGUIRE-RIGGS: Bob included a page on

18 professional labeling. Is that --

19 MR. SHERMAN: I just wanted to note that

20 we did submit to the panel Warner Lambert's proposed

21 professional labeling indications, along with the

22 actual studies in support of those indications. There

1 may not be enough time today to deal with that.

2 CHAIRMAN GENCO: I think that -- yeah,

3 clearly, we're going to have to put that on the

4 agenda, and it might even be instructed to have

5 presentations by Warner Lambert, and others, to --

6 DR. McGUIRE-RIGGS: I'd like to see the

7 anti-caries. That was my planned remarks. I'd like

8 to see the entire anti-caries professional labeling.

9 I know Bob gave us a paragraph, but I don't think it's

10 the entire anti-caries professional labeling.

11 CHAIRMAN GENCO: Okay. So that's

12 resolved, then. We'll deal with this properly at

13 another meeting, with plenty of time for industry and

14 for us to be prepared.

15 Linda?

16 DR. KATZ: Actually, could I make a

17 suggestion when we go ahead to have the panel relook

18 at this again -- is if the professional label that

19 gets submitted for review can actually get submitted

20 as an annotated label so that it's clear which

21 references are supporting which indications, and maybe

22 that will help to ease the terms of the review for

1 discussion, because now I think it was fairly general.
2 I'm not sure that it was really clear which went to
3 what.
4 CHAIRMAN GENCO: Okay. Jack?
5 DR. VINCENT: Jack Vincent. Just a point
6 of clarification. Will it be appropriate for us to
7 submit data that has subsequently been published in
8 peer review journals that may have been only supported
9 in an internal research report or by an abstract on
10 the same subject?
11 DR. KATZ: Right.
12 DR. VINCENT: And secondly, I think what
13 we can do to address your comment is that the vast
14 majority of these claims have been made in
15 professional claims previously that have been reviewed
16 and have all of the indicated references attached, and
17 they have all been reviewed prior to use by the
18 American Dental Association as is required.
19 So we can submit copies of professional
20 advertising that has actually gone through that review
21 process with the references.
22 DR. KATZ: That would be fine. And when

1 it gets submitted, though, just submit the whole
2 professional labeling as it would appear as
3 professional labeling, rather than just the
4 indications, because I think that was the way that it
5 got submitted to the panel for review.
6 DR. VINCENT: Correct. Correct. Thank
7 you.
8 CHAIRMAN GENCO: Okay. Thank you.
9 Bill?
10 DR. BOWEN: I have two questions. One,
11 will Procter & Gamble be also submitting professional
12 labeling? And, two, is it your intent, Bob, to assign
13 persons to review the professional labeling, or how
14 will it be handled?
15 CHAIRMAN GENCO: I think it depends on the
16 extent of the material. From what I see already,
17 Warner Lambert has several and each one probably is
18 going to require as rigorous a review, as Ralph said,
19 as the original product. So I think we may end up
20 divvying up the work for primary reviewers and -- so
21 we'll work that out, though, between now and the next
22 meeting.

1 Okay. Well, I think, then, we're finished
2 with today's activities.
3 Lew?
4 MR. CANCRO: Directions, Bob.
5 CHAIRMAN GENCO: Yes.
6 MR. CANCRO: We sort of went over
7 directions. Don't you want to finish that today?
8 CHAIRMAN GENCO: That wasn't --
9 MR. CANCRO: It's not one of your
10 questions?
11 CHAIRMAN GENCO: No. That's okay. If we
12 should do it, we should do it. What is the -- what
13 would you like us to do?
14 DR. KATZ: I think that in one sense it
15 should be done tomorrow, because tomorrow is when we
16 decided we would --
17 MR. CANCRO: Sorry.
18 DR. KATZ: -- come back to deal with the
19 rest of the dosage forms and --
20 MR. CANCRO: Okay.
21 DR. KATZ: -- that's when directions
22 should be dealt with.

1 MR. CANCRO: My apologies.

2 CHAIRMAN GENCO: Okay. All right. So

3 tomorrow we'll meet at 8:30. According to the agenda,

4 we have a presentation on combination anti-

5 plaque/anti-gingivitis ingredients. And then we have

6 some loose ends on dosage and maximum daily exposure,

7 and those issues, not that we'll resolve them, but

8 we'll have some discussion. And then this last topic,

9 directions. Are those the items?

10 So combinations, dosage, and directions.

11 Anything else? Okay. Good. Thank you very much.

12 (Whereupon, the at 5:25 p.m., the

13 subcommittee meeting was adjourned.)

14

CERTIFICATE

This is to certify that the foregoing transcript in the

matter of: MEETING

Before: DENTAL PLAQUE SUBCOMMITTEE

Date: MAY 28, 1998

Place: GAITHERSBURG, MARYLAND

represents the full and complete proceedings of the aforementioned matter, as reported and reduced to typewriting.

Irene Gray