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Dockets Management Branch
Food and Drug Administration
Dept. of Health and Human Services, Room 1-23
12420 Parklawn Drive
Rockville, MD 20857

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Docket Number: 00P-1499/CP1

As a board-certified gastroenterologist, I am writing this letter to inform the FDA about my experiences with regard to the use of alosetron (Lotronex™). I have prescribed alosetron to approximately 100 patients since it became available in March 2000. In the course of this considerable experience with the use of this medication, I have found alosetron to be extremely effective in improving or completely eliminating a variety of the symptoms of irritable bowel syndrome (IBS). None of the patients who have used alosetron in my practice have been harmed in any way by the medication. The overwhelming majority of the patients have been quite delighted with the therapeutic benefits of alosetron.

As the medication is prescribed, I caution the patients about the possibility of developing constipation. I inform my patients that this should be considered a therapeutic effect rather than an adverse event. In the event that significant constipation ensues, they are instructed to take a "drug holiday" until bowel functions normalize, and thereafter to use the medication at a lower dosage, most commonly 1 mg daily. **The patients that needed to decrease their dosage to avoid constipation continued to derive significant therapeutic benefit despite the lower dose.** As I have stated, I have had tremendous success with this approach: zero complications and an extremely minuscule dropout rate.

It is clear to me that alosetron is the most effective medication available for diarrhea-predominant IBS. The long available anticholinergic/antispasmodic medications can be likened to a "shotgun" approach: they affect smooth muscle not only in the gut, but throughout the body from the eyes to the bladder, leading to side effects from blurred vision to gastroesophageal reflux to urinary retention. In contrast, alosetron can be likened to a "sniper's rifle" by specifically blocking the bowel HT3 receptors that seem to be at the root of many of the symptoms of IBS.

It is clear to me from my considerable use of Lotronex in my practice that the medication dosage should be titrated to the individual needs of the patient. The goal is to achieve therapeutic benefit and to avoid constipation. I hope that you find my experiences with the use of alosetron helpful.

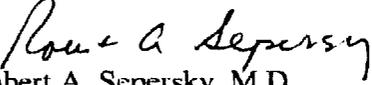
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In closing, I would like to again emphasize that I consider the development of alosetron to be a tremendous breakthrough in the treatment of diarrhea-predominant IBS, a condition which had formerly been quite frustrating for the patients as well as their physicians.

Thank you for considering my comments.

Sincerely,


Robert A. Sepersky, M.D.

Member, American Gastroenterological Association