

August 2, 2001

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

Dear Ms. Topper:

I am writing with regard to the anesthetic and life support drug advisory committee meeting on September 13 and 14, 2001.

It is my understanding that this committee will discuss medical use of opiate analgesics in various patient populations, including patients with chronic pain and non-malignant etiology.

I am a Board-Certified Specialist in Physical Medicine and Rehabilitation in Pain Medicine and as such see patients with chronic non-malignant pain on a daily basis.

It has troubled me that the recent publicity that has been widely distributed regarding OxyContin.

The negative publicity concerning OxyContin trouble as I fear a back lash may occur and result in OxyContin being removed from the market or made much more difficult for my patients to obtain.

It is my practice to use narcotics only in an instance when all other reasonable measures have been tried. I treat predominantly patients with neck and back pain. I think it is reasonable to consider narcotic pain relievers when someone has a clearly identifiable problem that is known to be painful. I do not feel it is appropriate to use narcotic pain medications in conditions which no clear abnormality can be identified.

It is my practice once all reasonable treatment options have been exhausted, including physical therapy medications, injections and behavioral interventions to consider narcotics. I use narcotics typically as a last resort when all other appropriate medications have failed to substantially reduce the patient's pain.

I have found OxyContin particularly helpful because it is a slow release medication and studies indicate that patients have improved pain control when they are able to maintain more steady levels of the medication in their blood stream. It is my opinion that OxyContin more effectively controls

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pain for this reason.

As I am sure you are aware, oxycodone has been around for decades, however, having oxycodone available in a sustained release tablet makes it more effective in my opinion and a medication that I want to have the opportunity to continue to prescribe for my patients.

I regret that I cannot attend the meeting, but would hope the committee would consider this letter. Thank you.

Sincerely,



Brett D. Lawlor, M.D.

BDL/glo

DO: 9/10