

February 2, 2004



Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Rm. 1061
Rockville, MD 20857

RE: Docket No. 2003N-0529 – Amending the MedWatch Forms to Collect Postmarketing Adverse Event Data Relating to Race and Ethnicity

Merck & Co., Inc., is a leading worldwide, human health product company. Merck Research Laboratories (MRL), Merck's research division, is one of the leading U.S. biomedical research organizations. Merck's R & D pipeline has produced many of the important pharmaceutical products on the market today.

Merck supports regulatory oversight of pharmaceutical products throughout their life cycle and welcomes regulatory revisions that are based on sound scientific principles and good judgment. As a leading pharmaceutical company, Merck has extensive experience in thoroughly evaluating our products from discovery to approval and throughout their marketing life to assure that they continue to provide health benefits with minimum risk. All of our products undergo continuous safety assessment. Safety reporting to international regulatory agencies is an integral part of the process. Therefore, we are well qualified to respond to FDA's request for comment¹ on the advantages and disadvantages of collecting race and ethnicity data in postmarketing adverse event reports. Specifically, we address below FDA's request for comment on whether the MedWatch forms (Forms 3500 and 3500A) should be amended to collect race and ethnicity data based on the standardized categories proposed in the FDA's January 30, 2003 draft guidance entitled, "Collection of Race and Ethnicity Data in Clinical Trials."

Response to FDA's Specific Questions

In the December 8, 2003, Federal Register notice and request for comments, FDA sought specific comments on the questions below. Our response follows each question.

1. Should the MedWatch forms (Forms FDA 3500A and 3500) be amended with a special field or fields to capture adverse event data on race and ethnicity?

68 FR 68402, December 8, 2003

We recommend against including a field to capture ethnicity data for a number of reasons. First, OMB's "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity" (62 FR 58782, October 30, 1997) points out that the concept of ethnicity includes numerous cultural and environmental factors. Therefore, we believe that it lacks sufficient definition to be useful as a basis for any implications concerning differences in drug response. Second, the OMB standards were described as "designed for collecting data on the race and ethnicity of broad population groups *in this country*"² (emphasis added), as is emphasized by the only two ethnicity categories recognized in those standards, "Hispanic or Latino" and "Not Hispanic or Latino." Because pharmaceuticals are marketed world wide, adverse event information is global in scope. The OMB ethnicity categories and terms are not appropriate in the international setting.

With respect to race, we agree, in concept, that the ability to evaluate subsets of adverse event data across broad racial groups *may* have value in generating signals for further evaluation. Therefore, it *may* have the potential to allow earlier detection of safety issues in some cases. We believe, however, that simply adding a field to the MedWatch forms to capture information on race would be both inappropriate and inefficient in the absence of global acceptance of the race categories and their definitions through the ICH E2B/M2 working group.

The objectives of the ICH E2B/M2 are to standardize the data elements for transmission of individual case safety reports. Standardization is achieved by identifying, and, where necessary or advisable, by defining the data elements for the transmission of all types of individual case safety reports, regardless of source and destination. Most major companies are participating in the pilot program to foster harmonization for electronic transfer of adverse event data (15 day reports) in accordance with ICH E2B/M2 standards. The unilateral creation of a MedWatch field to capture information on race, particularly as defined under OMB standards for domestic demographic purposes, would run counter to these harmonization efforts. With the creation of a new working group in Osaka to review ICH E2B/M2, we recommend that FDA seek international harmonization of both the concept and the definitions before revising the MedWatch forms.

2. Should MedWatch race and ethnicity data distinguish between self-reported and observer-reported designations? If so, how should the designations be captured?

Given the limitations of the race and ethnicity categories described in the OMB Standards for the Classification on Race and Ethnicity that are described by OMB as representing "a social-political construct" and "not anthropologically or scientifically based," we do not believe it would be necessary to make this distinction in capturing data for these fields. As noted above, however, we do not believe it is necessary to add a field to capture

² "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, 62 FR 58782, October 30, 1997

ethnicity data and we recommend seeking international acceptance of the race categories and their definitions before implementing changes to the MedWatch forms.

3. Would collection of race and ethnicity data on the MedWatch forms have an impact on the ICH E2B guidance relating to the electronic submission of adverse event reports [“E2B Data elements for Transmission of Individual Case Safety Reports” (63 FR 2396 at 2397, January 15, 1998)]?

Collection of race and ethnicity data on the MedWatch forms would have impact on industry. Most major PhRMA companies are participating in the pilot phase of electronic transfer of 15 day reports, as defined in ICH E2B/M2, both in the United States as well as in the European Union and Japan. The current ICH E2B/M2 message does not have separate data fields for race and ethnicity. Therefore, creation of such fields on the MedWatch forms would have very limited value for those companies transmitting data electronically using the ICH E2B/M2 fields. As described above, in the interest of harmonization, we strongly recommend that FDA seek acceptance of the fields and the definitions under the auspices of the ICH E2B working group before revising the MedWatch forms.

4. What is the financial impact associated with adding a special field or fields to the MedWatch forms to collect data on race and ethnicity?

We estimate an initial cost of approximately \$20,000 representing 7 person-weeks for re-programming and validating systems to accommodate the field changes and assure compliance with Part 11. We would expect additional recurring costs associated with conforming future reports to U.S. defined race and ethnicity categories.

Conclusion

A separate field should not be added to the MedWatch forms to capture ethnicity information. While both ethnicity and race are terms that lack scientific rigor, ethnicity is rendered more imprecise than race by the inclusion of cultural and environmental factors. Further, the OMB terms, which were developed for domestic social and political purposes, are inappropriate for international scientific use.

On the other hand, we recognize that the capability to analyze safety information for differences associated with broadly defined racial categories may be of some value in early signal generation. However, we recommend against simply adding a field for race to the MedWatch form. Instead, the Agency should take this concept to the international community so that it can be considered and developed in a harmonized way. Because safety reporting is global in its scope, the race categories and their definitions should be developed through the ICH E2B/M2 working group.

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We welcome the opportunity to comment on this Notice and, if appropriate, to meet with you to discuss these issues.

Sincerely,


for Donald Black, M.D, MBA

Vice President

Global Strategic Regulatory Development