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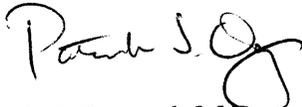
May 29, 2001

Kimberly Topper
Center for Drug Evaluation and Research (HFD-21)
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Topper,

This letter is in regards to my use as a physician in prescribing OxyContin and other narcotic analgesics. As an orthopedic surgeon, I treat many of my patients with opioid analgesics. The majority of these cases are for acute painful injuries or pain in the postoperative period. Without a doubt, the patients that receive these medications are helped in their injuries and postsurgical pain. I could not practice orthopedic surgery without the benefit of these drugs. Occasionally I will have patients that are treated for chronic non-cancer pain. These are for chronic conditions relating either to the spine, shoulder or other joints. It is my belief that with judicious use of narcotic analgesics we can effectively treat these patients. With respect to the modified release opiate analgesics, my experience has been very positive with the use of these. It is easy to see that my in-hospital patients will come off of their IV pain medications faster on these modified release opiate analgesics. They also are helped in the postoperative period with the painful conditions that they have. With the advent of more out patient surgery, these modified release opiate analgesics are of significant benefit to allowing better pain relief in my patient population. The majority of these patients are off of their modified relief opiate analgesics within two weeks and weaning down off of their short-term opiate analgesics shortly thereafter. In summary, my practice is significantly enhanced by the availability of these modified release opiate analgesics and it is my hope that they will continue to be marketed for the use of the same. Thank you.

Sincerely,



Patrick J. Osgood, M.D.
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