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*Practice limited to
Oral and Maxillofacial Surgery*

June 4, 2001

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

Dear Ms. Topper:

I understand that you are collecting information regarding the prescription of narcotic medications in practice, as it will pertain to the Advisory Panel Meeting of the FDA for discussion of the use of opioid analgesics for the treatment of chronic non-cancer pain as well as pain in the pediatric population. I am writing this letter on behalf of my patients and my partners. We are a community based oral and maxillofacial surgery practice. We serve the local population regarding their need for tooth extraction, drainage of abscesses, reduction of broken jaws, facial bones, as well as tumor resections. Many of these procedures carry a very substantial post-operative pain component. It would be cruel to "tie our hands" and prevent the judicious prescription of narcotics, including Schedule II substances for post-operative pain on our patients. I hope that this is not the goal of this Advisory Panel FDA meeting. The public outrage would be significant if we could no longer treat these patients with reasonable readily available medications.

Treatment of chronic pain is a major problem for doctors. The ability of pharmacies to obtain centralized drug prescription data would be most helpful to us. We are very concerned that the new patient confidentiality rules may significantly hinder the propagation of this important information to well intentioned doctors, i.e. we would like to be able to obtain information from pharmacists, as well as other physicians. There are times when, as surgeons, we are involved in chronic pain management. I am grateful for the privilege of deciding when I need to refer a patient to a pain specialist. I do not feel that this needs to be dictated into law. The frequencies of some malignancies, as you know, are up to 1 in 8 or 9 people (breast/prostate cancer). Any one of us can suffer from this illness some day.

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Kimberly Topper,
Health Science Administrator
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As a patient, I do not want the government telling me that I have to suffer with pain. As a good doctor, I will not practice surgery in the dark ages where patients only respite from pain was prayer and alcohol.

If we can provide any useful information to this panel, please feel free to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read "David Emanuel". The signature is fluid and cursive, with the first name "David" and last name "Emanuel" clearly distinguishable.

David M. Emanuel, D.M.D., M.D.
DME/bjm