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Docket Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061
Rockville, MD 20852

Re: Docket #02D-0266

Dear Sir or Madam:

The FDA draft, "Guidance for Industry: Preventive Measures to Reduce the Possible Risk of Transmission of Creutzfeldt-Jakob Disease (CJD) and Variant-Creutzfeldt-Jakob Disease (VCJD) by Human Cells, Tissues and Cellular and Tissue-Based Products," while obviously promulgated out of concern for public health raises some significant questions regarding risk-benefit, implementation, and overall impact.

Specifically, we wish to address several concerns regarding "diagnosed with dementia." Our concerns are based on what is to be considered as "diagnosed with dementia" and how the field inspectors for FDA will be instructed to survey for compliance. The use of dementia as a nonspecific reference to multiple symptoms in a variety of patients rather than as a specific "confirmed" diagnosis based on extensive evaluations and imaging studies is commonplace. Further, of the multiple causes of dementia only two, Alzheimer's and myoclonic or CJD, are of real concern to the scope addressed by the FDA. If you check dementia in Taber's Medical Dictionary it is defined

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as “A broad (global) impairment of intellectual function (cognition) that usually is progressive and that interferes with normal social and occupational activities.” Dorland’s defines dementia as “an organic mental syndrome characterized by general loss of intellectual abilities involving impairment of memory, judgment, and abstract thinking as well as changes in personality.” Both medical references then go on to list various types of dementia including but not limited to alcoholic, Alzheimer’s or primary, apoplectic, Binswangers, boxers or pugilistica, dialysis, epileptic, multi infarct, myoclonic or CJD, paralytic, post febrile, post traumatic, presenile, senile, and toxic. Given the broad scope of conditions to which the diagnosis of dementia, or more accurately the generalization of dementia, may be affixed and the general list of symptoms which can be attributed to these and other conditions which have no origin in an organic brain disorder, e.g. COPD, diabetes, the draft document appears not to contain the specificity necessary to prevent the loss of significant numbers of cornea donors especially in the population over 60 years of age while adding little to patient safety. The actual transmissions of CJD through transplantation have been very limited with only one documented case relating to corneal transplantation¹ and that occurrence preceding standards by the Eye Bank Association of America². Further, should the “Recommendations” be interpreted to include not just a confirmed diagnosis of dementia but also the report of symptoms associated with the various forms of dementia the process for determining donor suitability becomes even more difficult and certainly the impact becomes more extensive. The impact of this criteria, should it be implemented as written, could effect, just in the number of cornea donors over the age of 60, 27% of the current donor pool as well as an undetermined number of potential donors below the age of 60³. Currently there is not

sufficient data available to accurately determine the overall impact and therefore at the very least a study should be defined and undertaken to accurately measure the impact of these screening criteria on transplant tissue before a preventative measure for a currently non-occurring problem, a problem not documented to have been associated with corneal transplant in 3 decades, is allowed to redefine treatment availability for over 45,000 individuals annually. We urge the FDA to adopt the EBAA medical standards criteria for dementia related to causes, which do not pose a risk to patient/recipient safety as cited below:

D1.120 Contraindications

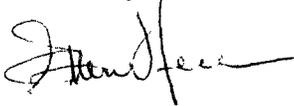
Dementia, unless due to cerebrovascular disease, brain tumor, or head trauma. Donors with toxic or metabolic-induced-dementia may be acceptable pending documentation of consultation with the Medical Director. The approval of the Medical Director is required.

In addition, we have concerns relating to screening questions regarding travel and bovine derived insulin. While questions of this nature may elicit accurate responses from a potential blood donor, a first person historian, the accuracy of information on these questions from a next of kin or significant other, a second hand historian, is much less likely to be accurate.

Further, we urge the FDA to consider the circumstances under which a donor family is being asked to provide information and to remember they are at best distracted, often distraught, and not as likely to remember details, which are removed from the immediate situation. It is frequently necessary to use the family interview, medical chart, medical examiner's record and other sources to construct an adequate donor profile when

determining donor suitability. None of these sources is likely to be able to provide or contain the travel and insulin related information suggested in this guidance document. Are these individuals then to be lost to the donation process? Upon what demonstrated risk and prevention data would such loss be justified and how are these donors to be replaced in the donor pool? Are the thousands of recipients of corneal transplants significantly more safe and is their period of vision and productivity loss therefore justified? We believe the answer is no it is not and that corneal transplantation is an effective and safe form of medical treatment which should not be restricted in the manner proposed by this draft guidance as it has not been appropriately scientifically justified to add substantially to safety of potential recipients, nor has a clear public health need been documented. Thank you for the opportunity to comment.

Sincerely,



Ellen Heck, MT, MA
Director

REFERENCES

1. Duffy P, et al. Possible person-to-person transmission of Creutzfeldt-Jakob Disease. *New Engl J Med* 290:692-3, 1974.
2. Eye Bank Association of America. *Medical Standards*, December, 2002.
3. Eye Bank Association of America. *2001 Eye Banking Statistical Report*.