November 3, 2005

Division of Dockets Management (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Room 1061,
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The American Dental Association (ADA) welcomes the opportunity to comment on the Draft Guidance for Industry on Gingivitis: Development and Evaluation of Drugs for Treatment or Prevention; Availability, that appeared in the Federal Register: June 28, 2005 (Volume 70, Number 123), [Docket No. 2005D-0240] and Draft Guidance for Industry on Gingivitis: Development and Evaluation of Drugs for Treatment or Prevention; Availability; Extension of Comment Period that appeared in the Federal Register: August 24, 2005 (Volume 70, Number 163), [Docket No. 2005D-0240]. As the world’s oldest and largest dental professional organization, the ADA represents seventy-two percent of the dentists in the United States. As the professional association of dentists committed to the public's oral health and professional advancement; the ADA has a long history of research and the development of standards.

It is the ADA’s belief that this document generally provides valuable guidance to industry for both of the stated purposes: 1) to assist sponsors of new drug applications with the development of drug products that treat or help to prevent gingivitis, and 2) to assist drug sponsors with submitting additional information to the FDA’s OTC antigingivitis rulemaking.

However, the ADA notes that although there are several references cited throughout this report, one important reference that contains many of the same recommendations that appear in the FDA Draft Guidance for Industry has not been mentioned. This document, the ADA Guidelines for Acceptance of Chemotherapeutic Products for the Control of Gingivitis, was first adopted by the ADA in April 1986, and was most recently revised in Sept 1997. It was developed by the ADA’s Council on Scientific Affairs, using a number of outside experts, to detail the safety and efficacy testing criteria that products intended to prevent or reduce plaque and gingivitis would need to meet to be awarded the ADA Seal of Acceptance.

This document was referenced numerous times during presentations made by the ADA to the FDA’s Dental Plaque Subcommittee of the Nonprescription Drugs Advisory Committee, when it met from 1993-1998. A number of its provision were adopted in the Panel’s report to the FDA, published in the Federal register, Vol 68, No 103, May 29, 2003, Proposed Rules, p32232, and titled, titled, Oral Health Care Drug Products for OTC Human Use; Antigingivitis/Antiplaque Drug Products; Establishment of a Monograph. A number of the provisions from the ADA Guidelines have also been incorporated into the FDA Draft Guidance to Industry on Gingivitis.
The only mention of the ADA Guidelines in the FDA Draft Guidance is inclusion of a reference to a 1994 paper by Chilton, et al, titled *Recommended Revisions to ADA Guidelines for Acceptance of Chemotherapeutic Products for Gingivitis Control* (J Periodontol Res, 29 (4):299-304). In order to make this FDA Guidance document more complete, useful and historically relevant, the ADA suggests that the FDA consider also including reference to the ADA Guidelines themselves in the FDA Guidance, along with a statement that the ADA Guidelines were taken into consideration when the FDA Draft Guidance was written.

The ADA would like to suggest one additional modification to the Draft Guidance in section VII. G. Assessment of Gingivitis, Microbial Sampling.

This section discusses the disease state of gingivitis and parameters used to assess a product’s clinical effectiveness, or lack thereof, in preventing or reducing gingivitis. The issue of a product’s action on microbes falls into two areas – effectiveness considerations and safety considerations. Bacterial resistance is an effectiveness issue, whereas the development of opportunistic or pathogenic organisms is a safety issue. If a product causes the bacteria responsible for gingivitis to become resistant, this could be expected to affect product efficacy. Thus the statement, “However, the oral flora should be monitored to determine whether there is an increase in resistant organisms.” is appropriate to include in the efficacy section.

However, it would be more appropriate to include reference to the development of opportunistic and pathogenic organisms in Section IX Safety Considerations. A sentence such as, “The oral flora should be monitored to determine whether there is an increase in opportunistic or pathogenic organisms.” could be added in this section.

The ADA appreciates the opportunity to comment on this FDA Draft Guidance for Industry. If clarifications or further information is needed, please feel free to contact Mr. Clifford Whall in the ADA’s Division of Science at 312-440-2526 or e-mail at whallc@ada.org. Alternatively, you may contact Dr. Frank Kyle in our Washington, DC office at 202-789-5175 or e-mail at kylef@ada.org.

Sincerely,

James B. Bramson, D.D.S.
Executive Director