

TO: FDA Threshold Docket 2005N-0231

FROM: Thomas P. Sullivan
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SUBJECT: Comments relevant to the July 13-15, 2005 Celiac Disease
Threshold Hearings

I wish to again congratulate the FDA staff on an extremely well done draft report. It was complete, organized and readable. Thank you.

The hearings themselves were fair, open and most interesting. As I listened and considered the history of celiac disease over the last 20 to 50 years, I concluded that the FDA may find another exercise instructive in their efforts to consider a threshold for the disease.

If the accumulation of all data about celiac disease over the years, the good, the bad and the indifferent, were plotted against time, the results would prove very interesting. While the data would be scattered, it would show a hyperbolic form declining toward the X axis. From mathematics, one solves an equation such as that for the ultimate end point, which in this case would be zero.

In reality, this is what many thousands of celiac patients over the 28 year history of CSA have done to successfully manage their medically required lifestyle. They have set their goal as NO WBRO – no wheat, barley, rye, oats or any of their derivatives. They have recognized that accidents will happen and they take every effort to avoid them because they don't care for the results and they don't wish to return to the "sick" condition.

Do they know whether or not the "safe" number is 1 part per billion, 1 part per million, or 1000 parts per million? No! But it doesn't matter. They have set their goals:

- avoid all WBRO
- avoid getting sick again

That's the only way they can self-manage their diet safely – all the time. They wish to live a life just like everyone else. And they can and do. They just eat a little different than non-celiacs. And interestingly, a non-celiac can eat a celiac diet quite healthily and tastefully anytime. A celiac simply can't eat ALL non-celiac foods safely anytime. Any food with no wheat, barley, rye, oats or any of their derivatives in product, processing or packaging is perfectly OK for a celiac. Anything else isn't.

I was pleased to see and read that the FDA considers the double blind, placebo controlled, peer reviewed and published study as the gold standard for consideration in establishing a threshold for celiac disease. As desirable as it would be to establish a useable threshold related to Celiac Disease, there are, to date, no double blind placebo studies of any size related to the US diet of people with celiac disease.

I was, therefore, quite disappointed to hear the premature presentation by Dr. Fasano of a non-peer reviewed, non published study as a consideration for establishing a threshold for Celiac Disease in the US. The use of such data would appear to be in direct conflict with the stated FDA standards of consideration for establishing a threshold level. I would wonder how the FDA could avoid criticism or challenge for the discussion or use of such premature study data in the establishment of a threshold for celiac disease?

Further, celiac patients are nowhere near as cavalier as the medical profession about a single, short term study with a limited number of patients, no peer review, no publication, and NO REPLICATION being touted as the basis for establishing the threshold for a chronic, lifelong, lifestyle changing disease. To quote the wife of one celiac patient who died before the age of 70 with stomach cancer, "if the doctor had not told him it was OK to resume eating anything he wanted, he might have lived longer."

As the hearings so vividly pointed out, there is no data available concerning the threshold for initiation of a gluten reaction in individuals genetically predisposed to celiac disease. In addition, there are no studies on the LONG TERM effects of the ingestion of low levels of gluten by a diagnosed celiac patient. Long term studies that examine the cumulative effect of gluten consumption are needed to set a reasonable threshold. I would suggest that the CSA membership would be very supportive of such studies.

The use of a safety factor, no matter how large, just to have a number for measurement purposes is not in the best interests of the manufacturer, the public, or the celiac patient who must live with the consequences in the marketplace ALL DAY, EVERY DAY. For a celiac patient, the question actually becomes, "How many bits make a BITE?" That is, will one crumb every 3 days be OK? What if I have 3 crumbs in 1 day and none for 3 more days? Is there any effect? What happens with the second or third time I have a few extra bits? Does my immune system get weaker and I actually develop a lower threshold? What, if anything, can be done to raise the threshold again? Does age have any bearing on the results?

The celiac patient, however, must, and has, developed his/her own risk assessment process to avoid ingesting wheat, barley, rye, oats or any of their derivatives in order to maintain a healthy, productive lifestyle. Establishing a threshold, just to establish a threshold, without any scientific evidence meaningful to the celiac patient does not help the patient in their medically required, self-managed diet. Unless the celiac patient can be informed as to how they can tell who, if anyone, will or won't be affected by the change in definition from today AND can be assured that the changes won't affect them, the information is useless and will be ignored. The celiac patient wants to know who these "most" and "some" individuals are who "should" or "ought to" be able to eat this, that or the other thing that the researchers are so casual about. They need to know how it impacts them because they have to live with it. It is not something nebulous or mathematical. It is their life. Oopsies are not allowed. Celiacs don't wish to return to the pre-diagnosis condition – EVER.

Thank you for your consideration of these suggestions. I, myself, as well as CSA are available to assist you at any time in your considerations about this topic which is obviously very important in the lives of celiac patients. Thank you.