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From: Birkett, Geoff

Sent: Tuesday, September 27, 2005 6:37 AM

To: Minnick, Jim G; Dunscombe, Nick M; Marland, Louise A

Cc: Fitzsimons, Carolyn

Subject: FW: More "Letters to Editor" on CATIE; weekend coverage

Attachments: CATIE NYT with CF edits.doc

team

ow much coverage have we orchestrated - vs amount we are just watching and commenting on?

I think we've done a good job of managing Catie but would like more evidence of us steering debate rather than reporting on it>

is this a mindset or a resource issue - or both.

or do I just not understand????

G

Birkett
EXHIBIT NO. 39

-----Original Message-----

From: Minnick, Jim G

Sent: Monday, September 26, 2005 10:17 AM

To: +Seroquel CT Team; Hoegstedt, Johan; Birkett, Geoff; Seage, Edward C;

Scott, Mark S (Wilmington); Beamish, Don G; Fitzsimons, Carolyn; Davis, Chip; Buckley, Richard E; Draine, Michael; Guido, George; Dunscombe, Nick M; Jones, Martin AM (Seroquel); Gaskill, James L; Dillione, Michelle T; Manning, Julia; Mueller, Karin; Quan, Marian; Wright, Jason; Dwyer, Donald; Peipher, Charles R; Campbell, Denise; Repp, Edward; Hamill, Kevin J; Jackson, Marianne; Blessington, James K; Hatzipavlides, Harry; Limp, Gerald L; Shahangian, Narges; Zimmerman, Paul M; Earley, Willie; Macfadden, Wayne; Darko, Denis; Street, Jamie S; Zhong, Kate; Kanara, Colleen A; Firvida, Maria J; Gamburg, Rosemary

Cc: Rance, Mike J; Brown, Steve W; Major, Chris S (STAN); Blair, Mina L; Hunt, Jonathan; Nicoli, David P; Lampert, Steve B; Bloom-Baglin, Rachel; Burigatto, Carla; Marland, Louise A; Saunders, Julie; Gionta, Lynn; Heinig, Sandra; Perez, Hugo; Morris, Amy; Gormley, Glenn J; Holland, Bob RL

Subject: More "Letters to Editor" on CATIE; weekend coverage

All

Two more "Letters to the Editor" appeared in theThe New York Times editorial in the Saturday issue. Both letters were critical of the editorial and the CATIE study results. Please note that one of the letters was written by Michael Fitzpatrick, Executive Director of NAMI. (Please find below the letters.)

In addition, we have attached a "Letter to the Editor" written by Michael M. Faenza, President and CEO National Mental Health Association. The letter weas shared with us but has not yet appeared in the paper.

In addition, the CATIE publication was briefly mentioned in writer Steve Lopez's column Sunday in the Los Angeles Times that compares treatment of the mentally ill in the U.S. and Norway. In his column, Lopez tells the story of Nathaniel Anthony Ayers, who is not getting the correct treatment for his schizophrenia. Lopez is additionally concerned with the "news of a New England Journal of Medicine article that says the new drugs for schizophrenia produce no better outcomes than the old ones. Like the old drugs, they have serious side effects, and 75% of the patients in the study stopped using them, making them no more effective." Lopez hopes that Ayers will begin seeking treatment and that Ayers would "be in the group that can tolerate the meds and is helped by them." (Please see Amy Morris if you would like a copy of the article.)

Schizophrenia Drugs (2 Letters)

To the Editor:

Re "Comparing Schizophrenia Drugs" (editorial, Sept. 21):

Medicine is full of examples of imperfect responses from new drug classes, including antihypertensive, cancer and H.I.V. drugs. Still, it is simplistic to revert to the notion that the "old drugs" work just as well and cost less, and therefore the motivation is higher industry profits.

One cannot gloss over the fact that the older schizophrenia drugs (Thorazine, Haldol) caused unacceptable rates of neurological side effects.

The study's mixed results necessitate the question, What schizophrenia drug is best for which individual in what set of circumstances? The answers will be different from one patient to another. But we should be glad that there are new choices, imperfect as they are.

Charles D. Casat, M.D.

Charlotte, N.C., Sept. 21, 2005

The writer, director of research at the Behavioral Health Center, Carolinas HealthCare System, receives support from major drug companies for drug trials and had one of the sites for the schizophrenia drug study.

To the Editor:

Although old- and new-generation medications were found comparably effective, the National Institute of Mental Health study noted that the newer schizophrenia drugs appear more efficacious in reducing the negative symptoms like lack of emotion, interest and expression.

That is an impact that makes a difference in the level of recovery for many Americans.

Three-quarters of the study participants discontinued treatment before the trial expired. Discussion has focused on side effects or incomplete control of symptoms as the causes.

What remains to be explored is the degree to which anosognosia may have been a factor. That is the condition in which people with schizophrenia (up to 60 percent) believe that they are not sick.

Improvement of symptoms and factors unrelated to medical effects may also have played a role. More research is needed.

Michael J. Fitzpatrick

Executive Director, National Alliance on Mental Illness

Arlington, Va., Sept. 21, 2005

Jim Minnick

Director, Communications and External Relations

AstraZeneca

O# 302-886-5135

C# REDACTED

Fax 302-885-0144

Dear Editor:

Claiming that the U.S. wastes billions on medications that dramatically improve – and even save – lives for people living with schizophrenia is a clear misinterpretation of the National Institute of Mental Health research findings released this week that compare four newer schizophrenia medications with one older one (editorial page, "Comparing Schizophrenia Drugs," Sept. 21).

The research findings indicate that all five medications appeared to work well for some people, but not others. This is not surprising, given that other research and clinical experience has demonstrated that complex factors—such as ethnicity, co-occurring illnesses and tolerance of side effects—all impact an individual's response to a medication.

There is no "one-size-fits-all" treatment for schizophrenia. In fact, manipulating the findings to assert that all treatments are virtually the same opens the door for bad policy decisions that can leave many with fewer choices, and chances, to get better. Consumers and clinicians need the flexibility that broad access provides to identify the best treatment options for each individual..

This landmark research does not prove that all the studied treatments are the same. It proves that when you restrict medication choices, you are playing clinical roulette.

Sincerely,
Michael M. Faenza, MSSW
President and CEO
National Mental Health Association
Alexandria, VA
(703) 838-7500