From: To: Subject: Melville, Margaret G Dunscombe; Nick M RE: Trial 31 Position

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Margaret (Meg) Melville Seroquel Acting GPD

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fax (302) 886-1400

: margaret.melville@astrazeneca

----Original Message----From: Dunscombe, Nick M

Sent: Friday, December 17, 2004 4:00 PM

To: Macfadden, Wayne; Melville, Margaret G; Gaddy, James; Shaw, Joan; Brecher, Martin;

Schwartz, Jack A; McCormack, Eileen; Jones, Martin AM

(Seroquel)

Subject: Re: Trial 31 Position

Team

How and who is manging this communication It needs a clear plan

Ta

----Original Message----

From: Macfadden, Wayne < Wayne. Macfadden@astrazeneca.com> To: Melville, Margaret G <margaret.melville@astrazeneca.com>; Gaddy, James <James.Gaddy@astrazeneca.com>; Shaw, Joan <Joan.Shaw@astrazeneca.com>; Brecher, Martin <martin.brecher@astrazeneca.com>; Schwartz, Jack A <jack.schwartz@astrazeneca.com>; McCormack, Eileen <Eileen.McCormack@astrazeneca.com>; Jones, Martin AM (Seroquel) <Martin.Jones@astrazeneca.com>; Dunscombe, Nick M <Nick.Dunscombe@astrazeneca.com> Sent: Fri Dec 17 12:13:41 2004

Subject: RE: Trial 31 Position

All,

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#31 was entitled, "A Multicenter, Double-Blind, Randomized, Comparison of Seroquel and Chlorpromazine in the Treatment of Subjects with Treatment-Resistant Schizophrenia".

28 US sites, 2 Canadian sites. Patients were treated with Haldol, up to 40mg/ day for 4 weeks; non responders were randomized to receive Seroquel (N=125) or chlorpromazine (N= 128) for 10 additional weeks. Doses were flexible, up to 750 mg with SQL, up to 1500mg

AZ/SER 1592365

with CPZ.

The primary objectives were efficacy comparisons of the two treatments:

1. Response to treatment, defined as 30% or greater decrease from baseline in the Brief Psychiatric Rating Scale (BPRS) total score AND a Clinical Global Impression (CGI) Severity of Illness score of 3 (mildly ill) or less or a BPRS total score of 17 or less after treatment.

With this criteria, the response to treatment was low in both groups; 8% of patients met this criteria in the SQL group, 7% in the CPZ group (NS) 2. Change from baseline in the BPRS total score: The LOCF, ITT analysis revealed an improvement of -3.11 in the SQL group, -7.22 in the CPZ group [more negative scores indicate higher improvement from baseline] (p=0.011) Further analyses showed the BPRS positive symptom cluster was also significant for CPZ (p= 0.04) but the negative symptom score was significant in favor of SQL (p= 0.029) 3. Change from baseline in the CGI Severity of Illness score: The LOCF, ITT analysis revealed scores of 4.09 in the SQL group, 3.58 in the CPZ group [lower scores indicate lower disease severity] (p=0.004) Other scales for which significance testing was done:

SANS Scale for the Assessment of Negative Symptoms: NS

Simpson: NS

NOSIE (Nurses' Observation Scale for Inpatient Evaluation) p= 0.003, favoring CPZ AIMS: p=0.059, favoring SQL

In summary, SQL and CPZ both achieved similar low levels of response in this treatment refractory population. Total, and positive subscale BPRS change scores demonstrated a statistically signifinct advantage for CPZ, negative BPRS subscale for SQL. Higher doses of SQL may have been necessary to achieve comparable results with the high CPZ dosages. Please let me know if you'd like more detail on the above, or any other data from the tables regards Wayne

----Original Message----

Melville, Margaret G

Sent: Tuesday, December 14, 2004 7:03 PM

To: Macfadden, Wayne; Gaddy, James; Shaw, Joan; Brecher, Martin; Schwartz, Jack A;

McCormack, Eileen; Jones, Martin AM (Seroquel); Dunscombe, Nick M

FW: Trial 31 Position Subject:

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- Wayne, put together three to four sentences describing the high-level results
- MB/Wayne get this agreed by commercial (Nick Dunscombe or Eileen McCormack)
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Best Regards,

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----Original Message----

From: Schwartz, Jack A

Sent: Thursday, December 02, 2004 4:09 PM

To: Jones, Martin AM (Seroquel)

Cc: Brecher, Martin; Mueller, Karin; Melville, Margaret G; Beamish, Don G

Subject: Trial 31 Position

Martin,

Per my e-mail of three weeks ago, can we please add 'trial 31 position' to the agenda for the next GPT meeting. Dr. Citrome was an investigator on trial 31 and has been repeatedly asking for information on this trial. Dr. Citrome is also writing an article on atypicals and diabetes and I believe it would be in our best interest to rapidly respond to the request. I don't want to irritate him nor give him the impression that we are hiding data. << Message: FW: Quetiapine study >>

Thanks, Jack

Melville, Margaret G From: Dunscombe; Nick M To: McCormack; Eileen Cc: RE: Trial 31 Position Subject:

it's been outstanding for some time... will handle Monday with whoever's left standing.

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Sent: Friday, December 17, 2004 4:34 PM To: Melville, Margaret ${\sf G}$

Cc: McCormack, Eileen

Subject: RE: Trial 31 Position

Meg, I agree with you re length why urgency all of a sudden

Eileen is in

Ta

N

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