EXHIBIT 17

From: Beamish, Don G
Sent: Monday, November 05, 2001 10:24 PM
To: Pusey, James M
Cc: Tugend, Georgia L
Subject: FW: Reinstein Response Letter and Backgrounder

Importance: High

Attachments: Reinstein Response.doc; Reinstein Backgrounder.doc
James,

Georgia has spoken to Dr. Reinstein directly and has drafted the attached response to his letter. Georgia has also provided some background information that would not be sent to Dr. Reinstein. I would recommend that the letter should be sent from Georgia. I think it is important for Georgia to maintain her relationship with Dr. Reinstein and be viewed as his key contact. As I suggested in my previous memo, I also think it would be appropriate for me or someone else in a leadership role to acknowledge his concerns directly either in a phone call or in a follow up letter. Please let me know how you would like to proceed.

Don

-----Original Message-----
From: Tugend, Georgia L
Sent: Monday, November 05, 2001 4:49 PM
To: Beamish, Don G
Subject: Reinstein Response Letter and Backgrounder
Importance: High

November 5, 2001

Michael J. Reinstein MD, PC
Community Mental Health Services
4755 North Kenmore
Chicago, IL 60640

Dear Dr. Reinstein,

I am in receipt of your in your letter dated October 23, 2001 to David Brennan. and hope to address the points you raise.

Here at AstraZeneca we are aware of the critical nature of our relationship with you and your colleagues that has been established with individuals from our Sales, Marketing, and Medical functions. We value the contribution that you, as an important customer, have made toward the success of SEROQUEL and appreciate your candid feedback to us.

Regarding your first point, there is little doubt that Janssen has funded more research in support of risperidone in the past than AstraZeneca did for SEROQUEL. This, while not ideal for us, is not surprising given that risperidone was launched nearly 4 years before SEROQUEL and that Janssen does provide significant resources to the #1 drug in their overall business. This has resulted in a rich research portfolio to date. However, like you, we recognize the excellent attributes and benefits of SEROQUEL and with its current level of success and its promise for even greater market penetration, the company has increased resources in support of its clinical development program and commercial activities so that past trends may well reverse

There really is no dispute regarding the second point you raise regarding communication of dosing issues. One of the greatest challenges SEROQUEL has faced is ensuring that the appropriate dose in used. The dosing strategy was never to limit use to 300 mg/day but because of trials submitted to the FDA for registration, the Prescribing Information contains the statements "initial target dose of 300-450 mg/day" and dose limit of 800 mg/day for safety. This led to confusion and uncertainty in the minds of some prescribers, which we have aggressively attempted to address in numerous promotional and educational programs over the past several years.

Thank you for bringing the reimbursement issue to our attention. We have confirmed that Omnicare in Chicago is denying claims beyond 800 mg/day of SEROQUEL. They apparently are doing likewise with another atypical antipsychotic. While we will work with our Account Directors and Advocacy Groups to alleviate this situation in the near term, your point to do research to obtain a higher dosing ceiling is well taken.

AstraZeneca prides itself at being a customer-focused organization and as such timely payments of honoraria and reimbursement for expenses is essential. We have put a new system in place for the payment of honoraria but we realize there is room for improvement particularly around travel and other out-of-pocked reimbursements. Likewise an AstraZeneca speaker should not be inconvenienced if a program is cancelled for reasons outside their control and we will address this with our Professional Relations and Sales Departments.

We value the contributions of leaders in Psychiatry such as yourself and appreciate our long-standing relationship with your group. And although we must balance the needs of AstraZeneca products across the entire business portfolio, please let me assure you that the company is in complete support of SEROQUEL and hope to have your continued support as well.

Sincerely,

Background: letter from M. Reinstein, et al to D. Brennan, dated Oct. 23, 2001

This group does generate a very significant amount of SEROQUEL sales for us. They run several clinics in the city of Chicago and by all accounts have over 1,000 patients on SEROQUEL. While likely not "the largest prescribers of SEROQUEL in the world", they probably are in the top 5 in the US.

Because of their patient volume they are attempting to establish themselves as a research center.

This group, in particular John Sonneberg PhD, Director of Research has been extremely persistent in recent months with demanding research from AZ. Their comments to several AZ employees suggest since they use large volumes of SEROQUEL they should by default be doing research on our behalf. They have further implied that should they not get research funding that they would switch patients currently on SEROQUEL to competitive agent(s).

Our Clinical colleagues have significant and numerous issues in past with the quality of research that this group has produced in the past. Matters such as not getting informed consent from study participants, modification of protocols without permission, etc has made the business understandably reluctant to place studies with this group. There is little confidence that Good Clinical Practices can be adhered to. Their research is often criticized by peers in Psychiatry.

However, in attempts to have a "win-win" for all, we have offered funding for projects such as retrospective chart reviews (as opposed to well-controlled, double blinded trials) that could do little harm but still demonstrate commitment to the customer. The group has not accepted this and they continue to insist on funding to do a high dose SEROQUEL trial (>1600 mg/day) that is addressed in Point 2 of their letter.

Drs. Reinstein and Chasnov are prolific speakers on our behalf and are particularly influential with prescribers outside the Chicago regional area. They get numerous speaking engagements because of their own experience and belief in the brand. (Note: they are generally held in poor regard among their peers in the greater Chicago area).

Because of their importance to our business, they have had an extraordinary amount of attention given to them. A number of AZ personnel from numerous functions have had open, honest but collegial, cordial dialog with Drs. Reinstein and Sonneberg. Contact has been with Sales, Marketing, USDD, and Scientific Commercialization at several levels, including Leadership levels within our organization. All involved have had extremely good communication internally and with the customers to address their interests. Every discussion appeared to be well received at that time. However, actions like this letter and other persistent calls demanding research continue to occur despite our attention to their group, thus disappointment with the "time for new leadership" remark.