Dear Will,

If we want to maximize the credibility of the outside panel, I recommend that we choose a Chairman who does not have a pre-existing relationship with Lilly. Also, this person should be someone who is highly respected for both expertise and integrity. Two people who come to mind are Dan Porte and Saul Genuth (assuming that these people do not have a pre-existing relationship with Lilly). Then, I would let the Chairman choose the other members of the panel. Perhaps we should retain the right to veto panel members, but probably not to choose the members. Clearly, this approach entails some risk that we will be unhappy with the panel’s findings. However, I feel that we need to deal with the scientific facts, whatever they are. Ultimately, I am expect that a fair-minded, scholarly evaluation of the available data is likely to support several conclusions:

1. Zyprexa, like other members of the class, causes weight gain.

2. Like other causes of weight gain, Zyprexa-induced weight gain probably increases the risk of diabetes.

3. Many of the "treatment emergent" cases of diabetes probably reflect the emergence of a diagnosis in patients who had undiagnosed diabetes prior to initiation of Zyprexa.

4. There is no convincing evidence demonstrating that Zyprexa causes diabetes by other mechanisms (although the possibility of a rare, idiosyncratic reaction to the drug cannot be entirely ruled out).

I greatly respect many of the people who have been suggested (e.g., Bernie Zinman), but I fear that their longstanding association with Lilly will make it especially difficult for them to achieve the appearance of independence from Lilly.

Simeon
After giving it some thought, I would like to endorse the suggestion that we identify an outside "Consultant Panel" to examine the issue. If we could find someone who could devote a block of time to work with Missy and the Zyprexa team and then present the data to the panel, that might be seen as a bit more independent. **Dan Porte** was one suggestion since he is retired and might have the time.

As to potential members of the "Panel", some possibilities, in addition to those suggested by Meng:
- **John Buse**, he has been consulting already and knows the data
- **Bernie Zinman**, doubt he has time and may be too close since he serves on several of our boards
- **Patrick Boyle**
- **Steve Kahn**

I do not support Gerry Bernstein since he is employed by another pharma company.

In addition, I believe we should have European representation. Three individuals were approached on this subject about 2 years ago and no follow up was done:
- **Stefano del Prato**, Italy
- **Rob Heine**, Netherlands (workds with Snoecke in the psych area)
- **David Matthews**, UK

Also might consider **Brian Frier**, UK

I also strongly recommend that another Lilly endocrinologist, in addition to Missy, be assigned full time to this project. This requires more than one person at this time!

Kathy

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Will, thank you for inviting me to the June 25 and 26 meetings on Zyprexa and hyperglycemia meetings.

Here are 5 potential candidates for us to consider:

**Dr. Charles Clarke** (Indianapolis; past president of ADA, well-known and highly respected diabetologist, soon to retire)

**Dr. Jaime Davidson** (Dallas; well-known and respected diabetologist; currently a consultant to Diabetes Product Team; Chair of Lilly's Latin American Diabetes Advisory Board)

**Dr. Victor Roberts** (Orlando; practicing diabetologist; Lilly consultant)

**Dr. Stan Schwarz** (Philadelphia; with University of Pennsylvania; Lilly consultant)

**Dr. Gerald Bernstein** (New York; past president of ADA, currently vice-president of Generex; well known and respected diabetologist; retired).

If I can help in contacting any or all of the above, I shall be happy to do so.

With regards to the other action items, please let me know how the Diabetes Product Team can help once the Zyprexa Product Team identifies their needs, in priority, in communicating with the healthcare professionals involved in the care of the schizophrenic patients with hyperglycemia.

Meng