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NONLILLY

03/02/01 08:37 AM

To: Patrizia Cavazzoni/AM/LLY@Lilly, Nitai Mukhopadhyay/AM/LLY@Lilly
cc:
Subject: treatment emergent diabetes analysis

Nitai-

In looking at the data for the 51 pts defined in the first go round a number of questions were raised. Because these studies were not intended to look for diabetes and involve only what we believe are non-fasting glucoses it will be informative to look at the data set with a slightly different paradigm for classifying diabetes. Specifically, I am interested in finding the following information:

1. # pts with entry glc > or = 200 at V1 OR V2 (not average of the 2 visits)...this defines probable DM at entry

      1A. of these how many went on to have a second glc > OR = 200 (to "confirm" dx of diabetes)...

Will we find any cases in addition to the 51 already identified?

2. # pts with TWO recorded values for glc > OR = 200 at ANY time during the study... NOT necessarily CONSECUTIVE values...
      this is more liberal definition than used previously...ADA criteria for DM with random values does not require consecutive, just that 2 glc values be > or = 200 on separate days
IF we identify any additional pts in questions 1 OR 2 above that we have not already pulled, we should pull their CRF data for more detailed examination..

John Buse has raised question several times of what happens to pts with impaired glc tolerance (IGT)...since we didn't do oral glc tolerance testing to define this category we don't know for sure who these pts are but as a surrogate for this state we can use some categories of random glc that will be informative...the questions below are for either visit rather than an average of the 2 "baselines"...again this is more liberal than averaging the 2 entry glccoses and we may decide to go back and repeat with the ave of V1 and V2 but in practice I don't think physicians want to wait to make prescribing decisions until they have average of 2 measures.....this information will hopefully provide insight into how random glc can be used to predict who is at risk for developing diabetes during treatment

3. how many pts at entry (V1 OR V2) had glc values at either visit of > 126 but < 200
      how many went on to dev 2 glc > 200 at any time
4. how many pts at entry had glc values at either visit of > 140 but < 200
      how many went on to dev 2 glc > 200 at any time
5. how many pts at entry had glc values at either visit of > 160 but < 200
      how many went on to dev 2 glc > 200 at any time
6. how many pts at entry had glc values AT BOTH Visits of < 126
      how many went on to dev 2 glc > 200 at any time
7. how many pts at entry had glc values AT BOTH Visits of < 110
      how many went on to dev 2 glc > 200 at any time
8. how many pts at entry had glc values AT both VISITS of < 100
      how many went on to dev 2 glc > 200 at any time

Based on what I've looked at so far I would predict that unless additional risk factor (BMI > or = 25, ethnic, female, HTN, family hx) is present pts w/ glc < 100 to 110 at entry will have VERY LOW liklihood of developing DM ....UNLESS they gain weight !!!!!!!.......

also predict that as entry glc range increases the average BMI of the group will increase so that higher glc folks will have the additional risk factor... and that if they go on to develop diabetes they will on average have gained less weight than the glc < 100-110
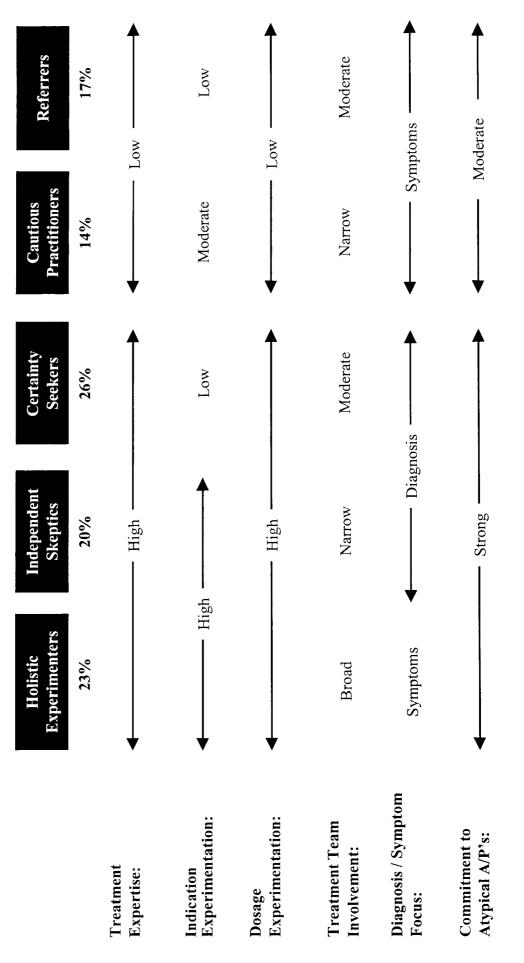
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I know this is a lot of addional looking but it will provide important background to interpret the treatment emergent cases...

Thanks
Missy

ZYPREXA *olanzapine*

Physician Orientation Segment Toplines
Attitudinal Summary – Key Dimensions

- Important differences exist between segments in self-perceived expertise as well as how they utilize drugs in their treatment approaches

Dimension	Holistic Experimenters 23%	Independent Skeptics 20%	Certainty Seekers 26%	Cautious Practitioners 14%	Referrers 17%
Treatment Expertise:	High	High		Low	Low
Indication Experimentation:	High	High	Low	Moderate	Low
Dosage Experimentation:	High	High		Low	Low
Treatment Team Involvement:	Broad	Narrow	Moderate	Narrow	Moderate
Diagnosis / Symptom Focus:	Symptoms	Diagnosis	Diagnosis	Symptoms	Symptoms
Commitment to Atypical A/P's:	Strong			Moderate	Moderate