To: CN=Thomas A Hardy/OU=AM/O=LLY@Lilly; CN=Vicki Poole Hoffmann/OU=AM/O=LLY@Lilly

CC: CN=Saeed Ahmed/OU=AM/O=LLY@Lilly; CN=Robert W Baker/OU=AM/O=LLY@Lilly; CN=Michael

E Bandick/OU=AM/O=LLY@Lilly; CN=Alan Breier/OU=AM/O=LLY@Lilly; CN=Patrizia

Cavazzoni/OU=AM/O=LLY@Lilly; CN=Willie R Earley/OU=AM/O=LLY@Lilly; CN=Donald P

Hay/OU=AM/O=LLY@Lilly; CN=John P Houston/OU=AM/O=LLY@Lilly; CN=Bruce

Kinon/OU=AM/O=LLY@Lilly; CN=Ludmila Kryzhanovskaya/OU=AM/O=LLY@Lilly; CN=Cherri

Miner/OU=AM/O=LLY@Lilly; CN=Virginia Stauffer/OU=AM/O=LLY@Lilly

**Date:** 06/27/2003 01:46:48 PM

From: CN=Walter Deberdt/OU=AM/O=LLY

Subject: diabetes communication

Having slept over our discussion for a couple of nights, I come to the conclusion that we have a balanced, complete, and clear message as summarized in the famous bullet-point slide that we discussed at length and in detail, *except* from the fact that we fail to situate the role of weight gain in the (comparable) incidence of diabetes while under antipsychotic treatment. Since in the mind of doctors weight gain is directly linked to increased risk for diabetes, they don't buy the comparable incidence story. Hence, I propose to add following wording:

- " Patients with SMI are more likely to develop diabetes regardless of their treatment
- 'Usual' diabetes risk factors are important in this population
- All patients with SMI warrant surveillance
- No drug is likely to protect them from this increased risk
- "The available data do not support definitive conclusions regarding differences in risk of diabetes for different antipsychotic treatments
- 'Comparable risks'
- No direct mechanism for antipsychotic-induced diabetes has been elucidated.
- "Although long-standing obesity is a well-established risk factor for diabetes, acute weight gain during antipsychotic treatment has no significant (or 'minimal'?) immediate effect on the risk for diabetes
- " risk factors inherent in this population probably outweigh any proposed drug effects

In this way the three last bullet points give a more logic, mechanistic explanation of the comparable incidence. However, Tom, you should judge if we can comfortably make this statement.

Regards,

Walter Deberdt

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Sr. Clinical Research Physician Zyprexa team, US Affiliate tel +1 317 651 5329

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