

To: CN=Shelethea M Dunning/OU=AM/O=LLY@Lilly
CC: CN=Patrizia Cavazzoni/OU=AM/O=LLY@Lilly; CN=John R Richards/OU=AM/O=LLY@Lilly;
CN=Paula T Trzepacz/OU=AM/O=LLY@Lilly; CN=Bryan Johnstone/OU=AM/O=LLY@Lilly;
CN=Donald P Hay/OU=AM/O=LLY@Lilly
Date: 01/30/2002 05:23:56 PM
From: CN=Robert W Baker/OU=AM/O=LLY
Subject: Re: Texas Meeting

Shelethea:

As you have presented TMAP's plans, they are reasonable, ie baseline metabolic parameters and follow up applied across drugs. Only possible suggestions are that this should not be limited to risperidone and olanzapine and that more consideration could be given to customizing monitoring based on individuals' baseline risk factors. Our endocrine colleagues have assembled very nice documentation that such factors appear predictive of subsequent emergence of diabetes, whereas medication assignment does not. Further, Bruce and Patrizia each have generated interesting data suggesting that those at risk for substantial weight increase can be identified early.

Agree with the idea of scientific presentation, but we need to discuss when and by whom; I'm needing more bipolar focus at the moment,

R

Shelethea M Dunning

01/30/2002 05:15 AM

To: Robert W Baker@Lilly, Alan Breier@Lilly, Donald P Hay@Lilly, Bryan Johnstone@Lilly, Bruce Kinon@Lilly, Gary D Tollefson@Lilly, Paula T Trzepacz/AM/LLY@Lilly
cc: Suzanne M Baker@Lilly, Dana J Garel@Lilly, Deandra L Jones@Lilly, Michael S Keith@Lilly, Thomas W Wallace@Lilly
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As you are aware, weight gain and hyperglycemia are concerns for many thoughtleaders. As the Neuroscience Medical Liaison for Texas, this subject is increasingly becoming an issue across Lilly divisions in the Texas marketplace. In November of 2000, a group of Lilly Scientist gave a

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presentation to the TMAP researchers. This discussion surrounded partnership opportunities with TIMA/TMAP. In the last couple of months, there have been significant discussions around atypical use and baseline monitoring. There have been suggestions that patients have baseline monitoring of weight, lipid and blood glucose panels prior to starting olanzapine therapy. Risperidone has also been listed for baseline monitoring. Additionally the guideline suggest that olanzapine patients have ongoing monitoring of weight, blood glucose, and lipid panels. As the current situation warrants, I feel that it is appropriate for Lilly Medical to make another presentation surrounding Olanzapine, weight gain and hyperglycemia. This gives Lilly the opportunity to continue dialogue with the TMAP customers in Texas who are viewed as national leaders in mental health. I welcome feedback on the possibility of planning a scientist to scientist meeting in Texas.

Best regards,

Shelethea M. Dunning
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