

To: CN=Robert W Baker/OU=AM/O=LLY@Lilly; CN=Patrizia Cavazzoni/OU=AM/O=LLY@Lilly;
CN=Jack E Jordan/OU=AM/O=LLY@Lilly; CN=Bruce Kinon/OU=AM/O=LLY@Lilly; CN=Eric L
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Sowell/OU=AM/O=LLY@Lilly
Date: 06/20/2002 05:08:59 PM
From: CN=Dennis G West/OU=AM/O=LLY
Subject: Re: diabetes

I thought you might be interested in John Newcomer's response to the mailing piece written by John Buse, M.D. Also included is my original message to Dr. Newcomer which precipitated his response back to me.

Note the cc: I believe this is a Judy Rea who is at EEI Communications. I have been told that is the publishing company for Schizophrenia Bulletin. Does anyone have any thoughts as to why Newcomer would copy her on his message to me?

----- Forwarded by Dennis G West/AM/LLY on 06/20/2002 03:55 PM -----

John Newcomer
<newcomej@psychiatry.wustl.edu>
06/15/2002 12:46 PM

To: WEST_DENNIS_G@LILLY.COM
cc: jrea@eeicom.com
Subject: Re: diabetes

Dennis,

While we agree perhaps on the limitations of the administrative data sets, I do not see the trend you refer to. Among the atypicals, we either see a greater effect for olanz and cloz or no significant difference, which is what one would expect with a methodology that has a poor signal to noise ratio. Critical reviewers will ask why we don't see just as many reports that one of the other agents is problematic as we do that olanz is problematic.

If you have a drug with larger adverse effects on weight, which I know you concede, then you are going to see larger adverse effects on glucose and lipid metabolism. Three decades of research indicates the predictive relationship between adiposity and abnormalities in glucose and lipid metabolism. You have to invoke a protective factor to antagonize the impact of adiposity, or argue that patients are gaining lean muscle mass, to imagine that weight gain will not have these predictable consequences.

I was disappointed by the Buce-sp? information piece that came in the mass mailing last week. I saw this as deceptively arguing that the administrative datasets

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indicate no differences across atypicals, without discussion of the exceptions and limitations you and I probably agree on. More importantly, there was no mention of the relationship between adiposity and diabetes. That omission was a disservice to psychiatrists who really need to be educated on how to approach this problem. Lilly has previously taken the lead on helping psychiatrists to understand the need to control weight gain, and this piece could have built on your position. Instead, it came across to me as a whitewash. If your strategic decision is to let the academics think what they will of Lilly, while keeping the non-academics prescribing, then Buce probably served you well.

While I enjoy seeing an old friend and having the occasional debate, I am a little puzzled about what the relationship with Lilly is at this point. Am I serving as a consultant in our time spent in meetings and emails? Please clarify. Timewise, July 15 or better the 16th, with midafternoon time would work for me.
John

>>> <WEST_DENNIS_G@LILLY.COM> - 6/15/02 7:24 AM >>>

I totally agree John this data set as well as all other data sets to date have value points and limitations but the trend being established with all this newly generated data is that there appears to be a relationship associated with all the drugs in the "atypical" antipsychotic class. This association at some time in the future may prove to be greater numerically for one drug or the other but I do not see evidence at this time that establishes causality for olanzapine or any other compound. Hence I have difficulty seeing any atypical being classified as a second line drug over the others at this time. It would be better to assume a position, you have mentioned to me in your office, that anyone treating patients with atypicals should be aware of the potential relationship of glucose/insulin irregularities associated with these drugs and monitor appropriately.

Did you have an opportunity to check your schedule in July? I would like to solidify a date that Margaret Sowell could visit. I believe you will find it valuable for both of you to review data from each of the Euglycemic clamp studies.