

Why Did the Dysfunctional FDA Turn Its Back on 30,000 Dying Men?

Care To Live, a not for profit advocacy group for prostate cancer patients, seeks transparency and accountability from the FDA as to why they disregarded the advice of their FDA hand selected, Congressionally mandated Advisory Panel of experts, who, on March 29th, 2007 voted overwhelmingly that Provenge immunotherapy is both safe (17-0) and effective (13-4).

Without cause, or explanation, in an unprecedented act for a treatment that prolongs survival for a life threatening disease where no viable alternatives exist, the FDA delayed licensure. The dysfunctional FDA's reason for delay has never been explained, as it was not science based, since survival and safety have clearly been demonstrated.

- ☛ 1 in 6 men get prostate cancer.
- ☛ 75 American men die from it every day.
- ☛ The FDA has not approved a treatment for stage IV prostate cancer in over 43 years.
- ☛ 30,000 American men die without hope each year the FDA delays licensure of Provenge.
- ☛ It is a painful, horrible death.
- ☛ Provenge is a noninvasive, non-toxic, immune building treatment, which works by employing your own body's healthy cells to fight the cancer.
- ☛ Provenge is administered in a few visits at your urologist's office with no need for hospitalization.
- ☛ Side effects are usually limited to 1 to 2 days of fever and chills as your body builds immunity.
- ☛ Unlike chemotherapy which kills all your cells, Provenge does not kill your healthy cells, but leaves them intact to help strenghten your immune system to fight the cancerous invaders.
- ☛ The average life expectancy of a man with end stage prostate cancer is 18 months.
- ☛ Some men are alive over 7 years to date, after receiving Provenge.
- ☛ Dendreon, the company that perfected this treatment, also has similar treatments for breast, ovarian, colon, lung, kidney, and cervical cancers, in their sights.
- ☛ Care To Live filed a Citizens Petition, the only recourse the FDA allows, asking them to reconsider their unexplained decision. It's over a year and they have never properly responded.
- ☛ The FDA refuses to turn over all of our Freedom of Information Act requests, which they know would prove that a few FDA insiders purposely sabotaged Provenge, as they cared about their own self interests, rather than the best interests of the dying patients.
- ☛ Chemotherapy is big business, and much money would be lost by certain entities if Provenge is approved.
- ☛ CareToLive members continue to die without hope, while a safe and effective treatment, which prolongs survival, languishes on the shelf.
- ☛ We are seeking immediate access to Provenge for all men with end stage prostate cancer.

In memory of our members who have passed away, never having been given the chance to receive Provenge, we will continue to fight on, every day, in every way we can. Please join our efforts by contacting the FDA and your congressmen and demanding that they allow our men with prostate cancer to receive this immunotherapy Provenge, NOW!

For further info please visit us at

www.CareToLive.com

PROVENGE FACTS

Provenge is an active immunotherapy that works by activating the body's own immune system through extraction of the patient's own dendritic cells (a special immune system cell which turns on the rest of the immune system), exposure of the dendritic cells to prostate cancer antigens to energize them, and reinfusion of the activated dendritic cells into the patient. It is a patient-specific treatment, utilizing the patient's own cells to target cancer cells INSTEAD Of toxic chemicals that indiscriminately kill every type of cell in the patient's body in the hope that all of the cancer cells will also be killed.

Provenge has already gone through two phase III trials (9901 and 9902A). These trials were the basis of the original biologic license application (BLA) for Provenge. Survival data from 9901 over three years showed substantial evidence of Provenge's efficacy, with a p-value of 0.01 and a hazard ratio of 1.7. The median survival for the treatment arm was 25.9 months vs 21.4 months for the control arm. At 3 years, 34% treated patients were still alive vs. 11% control patients. The second smaller trial, 9902a, failed to achieve statistical significance but again showed median survival benefit 19 months vs. 15.4 months and 32% vs 21% survival rates at 3 years.

Provenge was overwhelmingly recommended for approval by the FDA's own advisory committee on March 29th, 2007 by a unanimous 17-0 vote as to its safety and a 13-4 vote as to its efficacy. Voting on the efficacy question had to be clarified because the panel was originally asked to vote to determine whether Provenge was efficacious instead of the legislatively mandated question "Is there substantial evidence of efficacy".

WHY WAS THE WRONG QUESTION INSERTED INTO THE BRIEFING DOCUMENTS TO BEGIN WITH? WAS THIS MORE THAN JUST A TYPOGRAPHICAL ERROR?

Of the 4 "No" votes on efficacy, two were cast by Dr. Howard Scher (of Memorial Sloan Kettering) and Dr. Maha Hussain. Subsequent to the Advisory Committee meeting, several undisclosed conflicts of interest by each of these panel members have been discovered, including what appears to be 17 previously undisclosed COI's for Dr. Howard Scher. Most egregious was Dr. Scher's failure to disclose his role as lead investigator for a rival prostate cancer treatment then in Phase III trials, Novacea's Asentar. Following the FDA's notice that it was not approving Provenge licensure, Novacea finalized a deal with Schering-Plough to develop and market Asentar. Schering-Plough made an upfront payment of \$60 million to Novacea, with the total value of the deal estimated at \$500 million. How willing would Schering-Plough have been to enter into a partnership with Novacea and make a huge upfront payment for a prostate cancer treatment still in trials if Provenge had been approved by the FDA and gone to market in mid 2007? It is important to note that Dr. Scher was not only the lead investigator for the Asentar trial, he also was a scientific advisor to and an investor in Proquest Investments, who held a substantial minority stake in Novacea at the time.

THIS REPRESENTS A SERIOUS CONFLICT OF INTEREST ON DR. SCHER'S PART WHICH, HE FAILED TO DISCLOSE WHY? AND WHY HAS THE FDA SO FAR FAILED TO INVESTIGATE THIS ISSUE?

After the Advisory Committee hearing, but prior to the FDA's notice of non-approval, three internal FDA memos objecting to Provenge approval were leaked to a non-peer review newsletter, The Cancer Letter, at roughly 1-2 week intervals. The first two of these letters were authored by none other than Dr. Howard Scher and Dr. Maha Hussain, two of the "no" votes on the Advisory Committee, and the two AC panel members who had UNDISCLOSED conflicts of interest. It is even more curious that each of the "internal" memos started with a lengthy preamble establishing each author's professional bone fides. Why do that for what is supposedly an internal piece of correspondence? The lengthy preambles make it clear that these letters were written to be leaked externally in an effort by certain parties within the FDA to subvert Provenge approval.

WE ARE STILL WAITING FOR THE FDA TO INVESTIGATE THE SOURCE OF THE LEAKED INTERNAL CORRESPONDENCE.

The FDA also refuses to respond to the CareToLive Freedom of Information Act (FOIA) request, which they know would prove that a few FDA insiders, who cared more about serving their own interests, rather than the best interest of the patients, purposely sabotaged Provenge. By this we mean specifically Dr. Richard Pazdur, head of the FDA CDER division. Previous FOIA requests have turned up drafts of Dr. Scher's letter (written on Memorial Sloan Kettering letterhead) on the computer of Dr. Alison Martin. What does Memorial Sloan Kettering have to say about Dr. Scher's use of their letterhead to advance his agenda of sabotaging approval of Provenge, in favor of a rival drug which he was lead investigator for, and which he had at least an indirect financial interest in its success.

WHAT WAS PAZDUR'S ROLE AND MOTIVATION TO CONSPIRE AND FOMENT AGAINST APPROVAL — THIS IS A BIOLOGIC, NOT A DRUG.

WHY HASN'T VON ESCHENBACH TAKEN A STAND, OR INVESTIGATED?