APHIS PUBLIC MEETING

DOCKET NO. APHIS-2011-0049

EFFECTIVENESS INDICATIONS STATEMENTS IN

VETERINARY BIOLOGICS LABELING

National Centers for Animal Health
1920 Dayton Avenue
Ames, Iowa 50010
Thursday, June 16, 2011
9:03 a.m.

THERESA KENKEL - CERTIFIED SHORTHAND REPORTER

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I N D E X

P R O C E E D I N G S

MR. KARLI: What a great turnout. My name is Steve Karli. I'm the director of the Inspection and Compliance Unit within the Center for Veterinary Biologics. I'd like to take this opportunity to welcome everybody here to Ames, and I appreciate all the input and the folks showing up for this public meeting.

Just to quickly walk through some housekeeping this morning, just a reminder that this is a secure facility and you're required to wear your name tags at all times. If you decide to leave the building, you'll need to checkout with the guard, and then check back in at the guard station when you do that.

You're free to roam the halls outside here. This is all public access space to the elevators, and the cafeteria is located down the hall to my left, and take a left into the cafeteria, and they've got vending machines in there, and a full service cafeteria, snacks, salads, and sandwiches, and entrees for lunch. So you can help yourself at any time you want some refreshments. That's okay to bring them into the room here, too.

The restrooms are located across the hallway

on each side of the elevators. In addition, also please remember to silence any of your communication devices, cell phones and BlackBerrys, so that those aren't interrupting us.

We also want to take this opportunity to thank our court reporter. The meeting today will be posted as a transcript to the CVB website. So we'll have a full transcript available, and thank you to Theresa Kenkel with the Petersen Court Reporting services out of Des Moines. Their phone number is area code 515-243-6596.

I will be presiding over the first portion of the meeting today and, in addition, any technical questions that you may have; and the second half of the meeting will be presided by Dr. Byron Rippke of the Policy, Evaluation, and Licensing Unit.

This public meeting on the Effectiveness Indications Statements in Veterinary Biologics Labeling is being convened at 9:03 a.m. today, June 16th, at the National Centers for Animal Health located in Ames, Iowa.

As I mentioned, the transcript will be available approximately three weeks after the close of the meeting. We have about a two-week window to get the transcript back from the court reporter,

review that, and then we'll have that posted on the CVB website. So you can look for it up there, and we'll have a link to it, published.

Earlier this year, May 24th of this year, CVB published a Federal Register notice in Volume 76, No. 30093, Docket No. APHIS-2011-0049, announcing this meeting and requesting public comment. If individuals would like to comment, they were asked to register in advance, and also provide--and also we're providing an opportunity for those to register this morning and make a comment if you would so like.

We ask that you limit your comments to the subject of this meeting on the indications for labeling. Registered persons will be heard in the order of their registrations, so we'll take registered comments first. And then we also have two prepared statements that have been submitted to us. I will read those into the record for the transcript. We'll take those next.

And then following that, if there were any individuals this morning that indicated their desire to speak, we will let them have an opportunity. And, finally, if there's still time that allows, we'll open it up for any comments from the floor for anyone. So if you didn't register, you still have an

opportunity to provide input.

Based on all of those criteria, we may have to limit the times, but I think we'll have plenty of time to get to all the comments today.

And at this point without any further delay, I'd like to give Dr. Rick Hill, the director of the Center for Veterinary Biologics, an opportunity to give you some opening comments.

DR. HILL: Thank you, Steve.

Welcome to Ames on behalf of the Center for Veterinary Biologics and our sister organizations here at the National Centers for Animal Health, the National Veterinary Services Laboratories, and the National Animal Disease Center. We appreciate your interest in the biologics program in general, and the specific topic today on product labeling.

This is an important meeting to receive public input on our Concept Paper on the single-tier label claim, and an important step to advance the collaborative discussions we have had with biologics customers, stakeholders, and interested parties. We believe that implementing this concept will help users of veterinary biologics make informed decisions about the use of products, as well as save resources for the Center and benefit the regulated industry.

This is a priority rulemaking initiative for the Agency and one of several ongoing process improvement initiatives within the Center for Veterinary Biologics. Veterinary biologics play a critical role in safeguarding animal health, and the information contained on the label of regulated products is very important to users.

Our aim is to ensure that comments offered at this public meeting will become part of the official record for future rulemaking. Users of veterinary biologics are such a diverse group of stakeholders that we wanted all interested parties to know, especially those that could not attend the public meeting, that we would be having this discussion and that they could provide input.

We do not aim to resolve issues raised by comments today, but rather further identify issues for consideration and possible regulatory changes. We anticipate the issues raised today will be resolved through the formal rulemaking process, such as the publication of a proposed rule for notice and comment.

Before we begin, I'd like to thank those responsible for organizing this meeting and developing all the information that we will be

discussing. You've met Steve Karli, Director of CVB's Inspection and Compliance Unit, who has led the public meeting effort, along with Kevin Ruby, Troy Meyers, Dee McVey, Kathy Clark, Liz Latcham, Margaret Ferris, the NCAH security staff, and all of you for coming today to participate in this event.

It's my pleasure to introduce Dr. Byron Rippke who is leading this change effort on behalf of the Center. Byron is the Director of the Policy, Evaluation, and Licensing. He will present the regulatory perspective on this initiative.

Byron.

DR. RIPPKE: Well, good morning. This is a conversation we started a couple years ago, and there's been a lot of reasons why we picked it up and tried to move it forward again, not the least of which is earlier this year President Obama put out a directive that agencies should really start looking at some of the regulatory framework they have, regulations they have on the books, and looking at whether they add value to the overall process, or not. So it fit very nicely with some of the business process improvement projects that we've had ongoing.

And so we've taken that discussion that we had started a few years back with industry and have

kind of ramped it up internally and really tried to move it forward.

For the purposes of talking about a one-tier label claim, this is really kind of where the rubber meets the road. It's really central to the whole discussion around this particular initiative. It focuses very directly on efficacy. And this is an efficacy definition taken right out of 9 CFR.

And what it basically illustrates to me is that you've got product efficacy, and you have effectiveness. And the idea is to make those as similar as they possibly can be, and convey that to the end user in such a way that they totally understand how that product functions, what its performance parameters are, and how they could use it in their daily lives.

So what's the best way to get from that efficacy determination to a label that does the things that you want it to do?

Well, as you're all, for the most part, pretty much aware, there's a lot of things that are required on labels. There are vaccination schedules, there are re-vaccination schedules, there are warning statements, burn statements on disposing of those products. A multitude of information is routinely

conveyed to consumers on those. But kind of front and center and central to that entire discussion is efficacy. How does this product actually work?

And historically we really had that four-tier system that's lined out in VS Memo 800.202, and it runs all the way from preventing infection down to an agent in control of, and everything in between. We have, for as long as most of us can probably ever remember, taken this type of an approach to efficacy and tried to pigeonhole products into one of those four categories in such a way that a consumer could get a feel for how the product worked, but that was about as much information as they got.

And so those tiers, as we've looked at them, really do create some issues. First and foremost is how well are they really understood? And I think back to my days in private practice, you know, and how much time did I really spend trying to discern whether a product was an agent of prevention, or an agent in control of. It's certainly something we never talked about in school, and it was certainly something that I don't think, as I recall, I spent a tremendous amount of time thinking about. So that's kind of question No. 1.

Quite often these different levels, as you're well aware, get used as marketing tools. You can have a product that is, you know, 78 percent effective, and one that's 82 percent effective, and are they really all that much different?

You know, sometimes you do have big differences, and that's an appropriate use of that information in marketing; but sometimes there's really not a great deal of difference, so end users are kind of left wondering how different are those products?

Sometimes you run into situations where companies will repeat efficacy studies, whether it's for adding a label claim, or perhaps you're establishing a reference to do post-effective labs, and--biology is biology, and things turn out slightly different. That creates a whole host of problems that you're all fairly familiar with. Do we relabel the product? Do we change the titer? Do you change the data? Do you repeat the study, which is probably a fairly expensive study? So there's lots of issues that come out from that perspective.

What happens if you have a multivalent product and you've got different levels of efficacy? How do you convey that to end users so that they

understand what truly is in that product?

On our side, the agency spends a lot of resources trying to determine what level does that efficacy study really represent, and how does it fit into the grand scheme of things, and what does that labeling really look like.

And, of course, if there is disagreement about what the results of that efficacy study are, we spend a lot of resources in those discussions as well trying to come to some conclusion about how best to represent that product in the marketplace.

So here's the proposal, in fairly short order, and that's to replace that multi-tier concept with a single claim/indication statement.

Now, we've floated a lot of documentation out, and there have been different, varying ways of couching this--there have been different, varying ways of couching the claim. But this is really kind of what we're looking at, is something fairly simple like, "For the vaccination of healthy swine against the respiratory form of influenza," something that simple, just a statement that says what it does.

And then, of course, it would be followed with a lot of the things that you normally see in a label, which is minimum age, schedule. Those types

of information really wouldn't change.

But the idea of trying to somehow convey efficacy, other than the product has been proven to be effective by USDA standards, is really kind of outside of the realm of what we would want to see.

But that's only half the equation, though. The other half of the equation is the four-tier system did accomplish something. That was it in some way conveyed efficacy levels to the public.

Well, under this system there would be a system where there would be a reference on that label to a website where an end user could go and could actually see a short summary of the efficacy data that supported that particular product. So that way a person that was interested in it could go look, they could see how that product's efficacy was demonstrated, they could see how that product was evaluated, and, if they wanted to, they could compare product to product to product.

So the big question for today's session is what do you think? We have provided a Concept Paper with the Federal Register Notice, we've recently provided a set of questions and answers, certainly not all-inclusive, but some of the ones that quickly came to mind, we've got today's open forum to discuss

this, and we'll also engage in additional meetings, if they're required, as we move toward developing this proposed rule. So the opportunity is here today to start that dialogue, to have that dialogue, to continue in a lot of ways that dialogue that we've been having.

The basic time line, I guess, if you will, or agenda moving forward is that we'd like to be in a position where we could draft a proposed rule late this year. And as Dr. Hill alluded to, it's been designated a Tier 1 rule, which is different than a one-tier label claim, but it's an internal designation that the department puts on rules. It's a high priority rule. So the idea is if we can gather as much feedback and comment upfront, we would hope that it would move through the system fairly quickly.

Now, most of you that have ever had any dealings with regulatory systems know that that speed is not measured in seconds. So, basically, the sooner the better.

We'd like to be in a situation where we could have that proposed rule out in the October/ November time frame, get comments, get those addressed, and then look at potentially publishing a

final rule by about a year later. So that's kind of the path moving forward.

The thing to keep in mind is, like I said earlier, we've put out a lot of documentation, we've put out a lot of things--pieces of information on our website, on the USDA's website. But at this point, nothing is really finalized. You know, we've had a lot of good ideas, we've had a lot of good discussions, but there's probably more to be had. So nothing is really finalized, so please share your thoughts, and we've got the next few hours to do that.

I'm looking forward to hearing the comments of the people that have registered, we're looking forward to hearing comments from those who have not registered to provide them. So as the discussion unfolds today, please get your comments ready and make them known.

If we have time at the end of the day and there's additional time available, we'll float some additional questions that we have that get a little bit further down into the weeds, but are things that we need to be thinking about. So there will be some time for interactive discussion a little bit later on today as well.

So with that, we look forward to hearing the comments of the participants.

MR. KARLI: Thanks, Byron.

We're a little bit ahead of schedule, so at this point I'd like to introduce our first speaker, Kent McClure representing the Animal Health Institute.

DR. McCLURE: Hi. I'm Kent McClure. I have a prepared statement for the record, and I look forward to the interactive discussion later today and afterwards.

These comments are offered on behalf of the Animal Health Institute, AHI. AHI is the national trade association of research-based manufacturers of animal health products. Our member companies represent approximately 98 percent of the domestic veterinary biologic products market, and as such we have a tremendous interest in biologics labeling policy.

Effectiveness statements on labels and the communication of product efficacy are of paramount importance. Labels should clearly and meaningfully inform the end user about a product's expected performance. We are generally supportive of this initiative. However, it's important to point out

that that support is not unequivocal. There is much detail in terms of content and implementation that remains to be determined, and the devil is in the detail on a project of this scope.

Our understanding of the purpose of today's public meeting is to identify issues that must be resolved in order to formulate regulatory policy relative to the proposed rule--of the proposed use of single-tier label effectiveness indication statements coupled with the use of web-based data summaries. I understand that some of our comments may have been touched upon in a document that was recently posted on the website, but I will go ahead and offer our comments in their entirety at this point.

The issues and questions that we have identified so far, we've grouped them into categories. The first is to clearly define the purpose.

It will be critical for CVB to clearly articulate its purpose, and to keep that purpose at the fore of the effort. The document title relates to effectiveness indications, and the purpose set forth in the Concept Paper is stated as to eliminate confusion in interpreting CVB's current four-tiered label claim system and provide veterinary

practitioners and other users of veterinary biologics with the information needed to reach their individual decisions regarding the efficacy of such products. We believe this purpose statement should be refined.

The end user will not be making individual efficacy determinations in a vacuum. The Agency will remain the final arbiter of efficacy for licensure. We believe that point needs to be emphasized for external audiences.

The contemplated approach is simply a different format for communicating expectations of product efficacy to the end user. Rather than CVB assigning which of several tiers of label statements to apply, statements that some end users have indicated are confusing to interpret, the end user is to be provided with a summary of the efficacy data that supported licensure for a particular claim.

The second topic is address claims related to disease syndromes. CVB should provide continued use of distinct label statements for the various disease syndromes. The intent is to provide broad label indications and remove the assignment to tiers and to present data summaries instead, not to equalize the indications for use statements for all products regardless of the data.

The docket's example efficacy indication statement uses the phrase "This product has been shown to be effective for the vaccination of healthy animals X weeks of age or older against blank." The type of language that could be utilized to fill in the blank has raised a number of questions. Will it simply be "disease caused by," or will this be coupled with syndromes where appropriate, or will the blank be filled with a list of the primary parameters used in the case definition? This is a critical issue to work through early in the process. It will be instrumental to how multiple issues behind it are resolved.

The third category is the protection of confidential business information. However ultimately fashioned, the summaries should provide succinct information that facilitates informed product selection. The information must be provided in a manner that protects confidential business information. In many instances, detailed information relative to challenge models is highly confidential, the disclosure of which would competitively harm a manufacturer by speeding development by their competitors.

The fourth category relates to the handling

of multiple studies. There are a number of issues to resolve where there are multiple efficacy studies supporting the label claims for a product. The Concept Paper appears to indicate that only efficacy studies upon which CVB based a decision to issue a license will be summarized and placed on the web. How would a study that supports a label extension be addressed? How will reference requalification studies be utilized? And how will we handle promotional studies that will not be used to support a label extension, and that may have been conducted with product formulated for commercial release rather than at the minimum protective dose? Will they all be put in this format and placed on the website? And if so, how will all of these be clearly differentiated from each other?

The fifth one and perhaps one of the most important ones is the need for education. In order to ameliorate confusion, this effort must also encompass an educational component that, at a minimum, is part of the web-based presentation of data summaries. Comparison of efficacy data from different studies is not a straightforward task. The website should contain language that informs readers that efficacy studies are very complex, and that

studies summarized in any table format may create oversimplifications.

CVB should publish guidance to assist end users in the evaluation of the data summaries. This evaluation may involve the analysis of nonequivalent data sets that may have been generated using differing experimental models. We think it will be important to put the interpretation of that into context.

Additionally, for many experimental models there will be a need to provide additional information about the challenge model and disease manifestation. For example, the Concept Paper's table uses a Mycoplasma example measuring lung lesions and reports the numbers in each group with lung lesions. In such instances where one would see a reduction in the average percent lung lesions, the table will need to present this type of information.

A study summary could show the vaccinates and controls with lung lesions--could show all the vaccinates and controls with lung lesions, but one would expect the controls to have much higher average scores than the group of vaccinates. If the summary table only presents how many have lesions, an end user could draw an uninformed or incorrect conclusion

about the efficacy of a product. Any product whose primary effect is a reduction in clinical signs will need to have data fields reflecting this.

There is also the potential for confusion relative to the presentation of information for related products that will need to be addressed. It is common for a study to be conducted utilizing a combination product with several antigens, and for that study to support the efficacy requirements for fall-out products. If an end user researches the web-based efficacy summary for a fall-out product that is linked to the efficacy study that utilized a larger combination, the product used in the study and identified at the top of the table may not match that person's expectations. And that illustrates the need for education around the use of the tables.

The sixth one is for level of detail and standardization for the data summaries. There is need for discussion relative to the approach to drafting, the level of detail, and standardization, all of which should be dictated by the intended audience. This is important when the purpose is communication. The intended audience is the end user, not the regulated industry, and not the government regulatory agency, and we need to keep

that in mind.

The FDA Freedom of Information summaries for pharmaceuticals were to be written so that a layman with some science education could understand them. However, this has been very difficult to maintain over time, and they have become rather technical.

It will be important for us to address whether to include such items as statistical design, the case definition, end points, p values, inclusion and exclusion criteria, prevented versus mitigated fraction, and associated confidence intervals. Consider inclusion of statistical outcome utilized by CVB to approve the study, or the trial design, including the incidence, onset, severity, and duration of clinical signs, and other secondary variables.

We'll have to have discussion and work through the issues around the presentation of the challenge model design. That information should be conveyed, but has to be conveyed in a way that protects confidential information. We'll need to talk about how to describe that, and how to describe the strength of the challenge. We'll also need to discuss throughout the inclusion of any adverse events observed, and other parameters as well. A

question that has arisen is whether any and all data detailing product performance are on the table for inclusion.

There will also be a need to discuss how the reporting of efficacy and safety data will be standardized within and across the various types of vaccines. There may or may not be a single uniform approach that works across all diseases and all vaccine types. A question has arisen as to whether CVB anticipates standardization of experimental models to facilitate comparisons.

Related comments from review of the example table and the Concept Paper also include suggestions to include a study ID number provided by the manufacturer, the date of the study report, the location of the study, and the principal investigator; to include a description of the case definition and the number of vaccinates and non-vaccinates fulfilling the definition; to delete specific information of the concentration and the amount of the challenge dose. It is not required in order for an end user to effectively evaluate a study, and we do not believe the vast majority of readers would have the background to evaluate this information. The relevancy of the challenge is best

assessed by describing its impact on the non-vaccinated controls, which is provided for in the draft table.

The seventh area we've identified is that of implementation. There are a variety of implementation issues that will need to be resolved. Some of these relate to application to existing products, and others relate to the logistics of a change of this magnitude.

A major issue to resolve is how this will be implemented for older products where this type of data may no longer be available. We will need to address the minimum age statements on labels where the efficacy study for the product was conducted in animals of different age or according to a historic 9 CFR potency test.

It will be very important to ensure that currently approved age indications are not lost as a result of this exercise, which is intended to address the presentation of efficacy information. Where efficacy may have been demonstrated in a surrogate species based on a host animal correlation, provision will need to be made for the acceptable use of uniform statements in the data summaries.

There are also several logistical issues and questions. CVB has to allow a sufficient phase-in

period with consideration for the time, manpower, and other resources, both inside CVB and the industry, for these changes. The time line should also allow for the depletion of existing stock and obtaining necessary international approvals for exported product.

Very importantly, CVB has a current proposed rule that will require comprehensive label changes. In order to maximize efficiency, again both at CVB and within the industry, and to minimize confusion to the end user, all of the outstanding label changes should be consolidated into a single comprehensive effort.

The question was also raised as to whether this initiative would supplant the eFOIA summaries and the eFOIA system that had been previously done in an exchange between CVB and industry.

The eighth topic, and, again, another very important one, relates to advertising and promotion. The impact of this effort on advertising and promotional materials must be carefully considered. A number of questions have already arisen, and it will be very important for CVB to provide guidance in the face of these changes.

For example, does this alter CVB's position

that data from studies not conducted in parallel may not be compared side-by-side? Will firms be allowed to compare the efficacy data for their products with a competitor's products in advertising material? Will a company be allowed to use data presented on another company's circulars to compare products in their promotional materials? Will CVB monitor how firms interpret this data for their customers? May firms produce advertisements that will give their interpretation of the data among their products and their competitor's products? And I'm sure quite a number of additional questions will arise in this area.

The ninth one relates to safety studies. While the Concept Paper and docket are directed at efficacy, to us it would appear logical to handle safety studies in a similar fashion.

Through these nine points we have tried to provide a high-level presentation of the issues we have identified and the questions that we see at this point that must be addressed as the policy is developed. We recognize there will be a range of perspectives for many of these individual points. We look forward to working with CVB to define this new approach to efficacy labeling. Thank you.

MR. KARLI: Thank you, Kent.

Our next speaker is Charles Lemme representing the American Veterinary Medical Association.

DR. LEMME: Good morning. My name is Dr. Chuck Lemme. I own a small animal practice in Cedar Rapids, Iowa. I'm here on behalf of the American Veterinary Medical Association, the world's largest veterinary association, comprised of over 81,500 members, and representing over 83 percent of all veterinarians in the United States. The mission of the AVMA is to improve animal and human health, and advance the veterinary medical profession. I serve on the AVMA's Clinical Practitioners Advisory Committee, which works directly with the Council on Biologic and Therapeutic Agents.

We feel the USDA is to be commended on the changes in vaccine labeling it has implemented over the past several years. We recognize the continued funding needs for the Center for Veterinary Biologics' activities, and we also recognize the detailed process required for federal rulemaking. Even with significant resource limitations, the CVB has been able to move forward with plans for enhanced biologic labeling, which we deeply appreciate.

Vaccination is an extremely important tool for veterinarians. In my small animal practice, animal owners look to me and my colleagues to ensure that their pets are protected from life-threatening diseases through vaccination. With some animal vaccines protecting against zoonotic disease, vaccinating animals also helps protect the public health.

There are current challenges in veterinary medicine that make USDA's labeling initiative even more critical to implement now. With the recent downturn in the number of animal visits to the veterinarians per year, and with continued critical need for large-animal veterinarians, it's more important than ever that we make each interaction with an animal really count. We need vaccine labels that will clearly communicate to us what the vaccine will do, and what safety and efficacy data exists so we know specifically how to tailor vaccine plans to our patients. It's the right thing to do for our patients, and it's expected by our clients.

We would like to thank you for the opportunity to provide comments on the USDA's Concept Paper. We understand the Concept Paper serves as a thought starter from which specific changes in

biologic labeling can be identified and implemented. I would like to share with you our feedback today, which will be followed by more detailed written comments.

The AVMA wholeheartedly supports the USDA's proposed concept to change the current four levels of label claims to a single claim that will be used for all products. This is a change that has been supported by AVMA for many years. The USDA proposes that the new single-label claim would indicate that the product has been shown to be effective. We agree with the concept of a single-label claim like that, as long as it does not create unrealistic expectation regarding product performance.

Consequently, we also strongly support pairing the single-label claim with relevant efficacy data. This is critical to implement simultaneously with the label claim changes so the end user has immediate access to both the label claim and those data regarding what the vaccine is licensed to do, and how the vaccine can be expected to work in the field. Providing the information in a tabular format should make it easy to find and understand. Incorporating additional information into the summary would be beneficial, including whether the vaccine

dose was a commercial or minimum dose.

Recognizing that the CVB's Concept Paper is meant to be a thought starter, we want to take this opportunity to underscore our assertion that other components should also be incorporated into the vaccine labels. Specifically, we believe relevant safety summaries should be incorporated into the labeling as well. A common adverse event warning should appear on all biologics, as should pivotal safety information used to support biologic licensing.

The AVMA is very encouraged by the USDA's efforts to enhance vaccine labels, particularly through this Concept Paper, as well as its Draft Memos 327, 336, and the January 13th, 2011, proposed rule on packaging and labeling. Implementation of these initiatives will ensure much clearer, more informative labels which indicate what each vaccine does, and how safe and effective it is. These are vaccine label features strongly desired by our members.

The AVMA again appreciates the opportunity to provide its recommendations on these pertinent animal health and safety issues. We look forward to continued dialogue with the USDA on this important

federal rulemaking initiative. Thank you.

MR. KARLI: Thank you, Dr. Lemme.

Our next presenter is Polly Hoogeveen representing Pfizer Animal Health.

MS. HOOGEVEEN: Good morning. I'm Polly Hoogeveen. I've been working with Pfizer Animal Health for 20 years, and I am providing comments on behalf of Pfizer.

Thank you for holding this public meeting and providing the opportunity to comment on this initiative. As an industry leader in global animal health--in the global animal health industry, and a leading producer of veterinary biologics across multiple species, Pfizer Animal Health is in full support of this high priority and much needed initiative. Pfizer is willing to dedicate significant time and resources where necessary to help CVB build and maintain the momentum to move the new labeling guidance through the regulatory process.

We recognize the current CVB labeling guidance document, Vet Service Memorandum 800.202, which allows four different tiers of effectiveness has caused undue regulatory burden both on industry and the CVB. Pfizer endorses this initiative because we expect an immediate positive impact on

streamlining the regulatory process for licensing new products, reducing the amount of support needed for existing vaccines, and supporting the industry's continuing effort to reduce, replace, and refine the number of animals used in product development.

Successful implementation of this initiative will also be of great benefit to our customers as they will be in a better position to differentiate products based on science and data-driven summaries.

Although the current Concept Paper is a good start, there are a number of details that need to be resolved to turn the Concept Paper into a workable program. Pfizer is willing to work with CVB through AHI or in collaboration with other stakeholders, including the AVMA, in order to identify and resolve potential issues that accompany this important initiative.

As a closing comment, Pfizer strongly encourages the agency to work closely with industry on implementation time lines and the coordination of this effort with other labeling initiatives. Thank you.

MR. KARLI: Thank you for the comments, Polly.

Our next presenter is Joe O'Donnell

representing IDEXX Laboratories.

MR. O'DONNELL: Thank you, Steve.

I, too, would like to thank CVB for the opportunity to come together and comment on the proposal. My name is Joe O'Donnell. I'm regulatory manager for IDEXX Laboratories in Westbrook, Maine. We make a number of diagnostic and information systems for animal health, and our products include a number of test kits regulated by CVB. They require the same kind of license as vaccine products.

As such, IDEXX has a keen interest in claims for biological products, even though we don't deal with vaccines. We have discussed with CVB directly the need for careful review of diagnostic products and specificity in performance claims. We have even proposed that CVB develop standards for product review and claims, much as now exists for vaccine products. We plan to continue these discussions.

A diagnostic result informs critical decisions, so should be evaluated on a broader--in the broader terms of the medical situation. A positive or negative result has limited meaning outside of this broader medical context.

The same really is true with vaccines and similar product. Safety and effectiveness depends on

age, condition, environment, and medical situation of the animal. Product performance and claims are not simple things. It's difficult to think that a product claim can be reduced to a simple word, "effective," and to a summarized table of data.

That being said, IDEXX will support any effort to make product claims more meaningful, more thoughtful, but we do have concerns about the proposed approach and we would urge caution.

Now, CVB has been told that the current system of four categories could be confusing, and has said that the industry and agency resources could be used more effectively. Regarding confusion, it's probably true that the four categories are not understood by everyone, but they seem straightforward.

In the VS Memo, the CVB has set out what seem like reasonable standards for testing and labeling. These could probably be expanded and clarified. The meaning of specific label claims could become a matter of public and professional education. Before turning over the system, CVB could try promoting and expanding.

Our research with customers--and we asked a couple of focus groups about USDA awareness and about

the use of label information. Our research indicates that specific approved claims generate awareness and thoughtful questions about product performance. Customers find real value in well-considered labeling.

Categories for vaccine claims do appear to provide valuable information. If there is a difference between, for example, a product that provides complete protection and one that gives minimal protection, it seems like a useful distinction, and it seems like that's information that customers would want. It should be possible to determine and describe these differences between products based on clear and objective standards.

Now, the proposed data summaries would have provided useful information. Summaries should not, however, replace professional, disinterested, scientific review of safety and efficacy.

Regarding the use of resources, we suggest that adopting a new review system will impose major new costs on the agency and industry. CVB would have to do several things. First of all, define the new approval standard. What does "effective" mean? Does it indicate minimal or significant protection? Users will want to know this.

CVB will have to establish expectations for data summaries. I think Kent described that very well earlier. Who will decide what data gets published? This will be critically important to the agency.

Then CVB will have to set up a web or other means of publishing the summaries and make it protectable. They'll have to establish internal work systems and documentation, and they'll have to provide industry and internal training on the system.

All this would require work by the agency, and collaboration with, or at least notification of, industry. And all of this would have to be done while CVB and industry continues its day-to-day work with the same resources, and we all know what the resource situation is.

So what would be accomplished? The summaries are meant to let users compare different products. This will be possible only if the summaries are comparable. That's been mentioned before.

The only way to ensure comparable summaries would be to require that experimental protocols for similar products are pretty much identical. It's difficult to imagine that. Consider the variety and

combinations of products. Consider the different approaches to validating products.

We can imagine that CVB might establish and promote standards for comparable studies that do generate comparable data. In fact, the current VS memo seems like a good basis for doing that.

The proposed concept would eliminate distinctions in label claims that should be critically important to users. Now, IDEXX would like to see just such distinctions developed for diagnostic products. The proposed data summaries would be useful, but we doubt they could be a substitute for categories of approval with variable distinctions. We believe CVB and industry would not find much efficiency in making this change.

I'll talk specifically, but only briefly, about diagnostics. They weren't mentioned in this proposal, but we have to imagine in the diagnostics world that something like this will come toward us.

We have shared with CVB a concept that regulatory review for test kits should encompass the broader medical story, the nature and prevalence of the disease, the need for disease control, availability of vaccination, the possibility and effect of treatment, and the capability of the

diagnostic technology.

There exists widely varying outcomes of disease diagnosis. It's not just positive or negative. Right beyond the medical assessment are social, official, and financial consequences.

As examples, testing for canine heartworm and parvo virus seems and usually is pretty straightforward. But most testing for feline immunodeficiency virus is done in shelters. There is rarely confirmation, and sick cats are not adoptable. A positive FIV test often has major consequences for the animals and its caretakers.

How much nonspecificity can you take in a product that works in that kind of situation? There really should be standards for products like this, we think.

A positive result for equine infectious anemia will affect the movement and activity of a horse for the rest of its life. And the consequences of detecting, or not detecting, diseases like brucella, foot and mouth disease, or classical swine fever are considerable. It's hard to imagine that a kit can be simply called "effective."

We believe that CVB should examine these products in terms of how they fit into a changing

environment of medical decision making. We see continuing evolution in diseases, product technology, medical practice standards, and customer demand. CVB review of products should keep pace.

Approved, articulate label claims have value for users of diagnostics. We believe that test kits should not be approved on a single-tier basis. Thank you.

MR. KARLI: Thank you, Joe.

Our next presenter is Dr. Paul Sundberg of the National Pork Board.

DR. SUNDBERG: Good morning. I'm Paul Sundberg. I'm vice-president of Science and Technology for the National Pork Board. The National Pork Board is the check-off organization for the U.S. pork industry representing 70,000-plus pork producers in the United States.

I'd first like to thank CVB for the opportunity and for holding this meeting and for considering comments on vaccine labels. Similar to Dr. Lemme, I'm here to represent the end users of the vaccines and to try to provide a perspective from the pork producer as the end user of the vaccines, and the information that's important to pork producers and their veterinarians as they address the herd

health needs of their animals. And we hope that the comments will be taken into consideration and to help informed decision making.

Pork producers work very closely with their veterinarians on the selection and implementation of animal health products, of all animal health products, that address specific disease challenges within their herds. And part of a targeted herd health program is the strategic use of vaccines to help prevent disease and help maintain production.

One of the things that I think is important to note is that pork producers, farmers, expect that when a product is on the market and has been approved through CVB, that that product is effective. We talk a lot about effectiveness, and degree of effectiveness, but the bottom line is that if CVB says that this product should be--is able to be marketed, pork producers expect it to be effective.

From that point on, communicating as part of that rigorous, scientific, objective process of reviewing the applications, and reviewing the effectiveness, the safety of a product, pork producers expect that that information can be clearly communicated and can maintain the confidence in the Agency and in their review.

Part of that means that we need a system that is clear, that's as simple as possible, and it provides information that's usable to help pork producers, veterinarians, farmers, make purchasing decisions.

Another point within the industry is as a producer purchases a vaccine and expects that level of effectiveness on the farm, effectiveness for our industry also varies. You'd want a--a definition of effectiveness also varies within our industry.

One vaccine may be effective in a certain system, or a piece of a system, or even by geography, and may not be as effective in another system or in another geographical area because it depends on match of the vaccine with the strain of the pathogen that you're using it against. So the bottom line is this effectiveness issue is something that pork producers and their veterinarians work with all the time.

And as far as tiers go, we work with that every day. We do trials, we test the products within the systems and within our animals to ensure effectiveness when we need it. So we'll do part of that effectiveness tiering. If you give us a product that has gone through a rigorous process of review and CVB says it's safe and effective, we'll do the

tiering within the production systems ourselves.

Part of the information, though, that our end users need to have in making decisions is not just effectiveness, but also safety. And within that, safety, we'll categorize also the expected adverse reactions or outcomes of the vaccines. We want to know if there's going to be an effect on performance. When we give a vaccine, we sometimes see effect on performance. We want to know if there's--if we can expect to see an effect in the injection site or in the animal itself. And, finally, we want to know if we could expect to see any effect of--from the vaccine on carcass quality.

And the third piece besides efficacy and safety, another very important piece of information that helps guide our decision making is the expected duration of immunity from a vaccine as well.

As far as informing, the information about the vaccine needs to be easily accessible by all users of the products, and that accessibility can be included in the product insert because that will help inform the user.

As well, though, there may be additional information--you can't put everything in a product insert--but there may be additional information that

should be available on a website, and that will be fine because that often will help inform the buyer/decision maker. Not all the time is the user the decision maker for the buying of the vaccine, for the purchasing of the vaccine.

So there's two different levels of information that need to be available. One is the user; the other may be the same, but it also may be different, and that's the person who is making the decision on the purchases.

Lastly, as part of that additional information, the tables are fine, and all of that information's fine, and we heard comments about p values and about standardization and how that will help inform, but it's also important for CVB to help supply some guidance or some instruction as well on how to interpret some of the data.

Again, there's a decision-making level, there's a user level, and sometimes those are the same. And just some guidance on being able to compare and being able to make the decisions, how to use the data, could be very important for the pork producers.

Thanks for the opportunity to make comments, and we'll be submitting written comments before the

deadline. Thank you.

MR. KARLI: Thank you, Dr. Sundberg.

I think at this point--we're running a little bit ahead of schedule, so let's go ahead and take our break. Let's take--it's 10:02. Let's take a 25-minute break, and we'll reconvene about 25 minutes after.

The cafeteria is located down the hallway to my left, and take a left and you'll enter the cafeteria. Like I said, you can roam the hallways out here, and we'll be back in a little bit.

(Recess from 10:05 a.m., until 10:30 a.m.)

MR. KARLI: All right. Let's go ahead and continue.

During the break we went ahead and made photocopies of Dr. Rippke's presentation. Kathy and Liz will hand those out so everybody has a copy of those today as well. That will be posted on the website also.

This next section, we have two prepared statements that were submitted to us to be read into the record, and I will do that at this point.

The first statement is from Jean Public. The address, NA, New Jersey. The statement reads: "Vaccines are much more dangerous than the profiteers

tell us. Look at the vaccines and how they are causing autism in people. It is factual that the public itself cannot accept what drug profiteers tell us. The tests are done in secret, the tests are rigged, and no combination tests are done.

"I do not accept the tests on animal vaccines are being honest or effective. They are secretive and devious. The public is entitled to know exactly what was done, by whom, and what was used, how it was done, et cetera. The secrecy shows how ineffective and in fact harmful many of these vet products are. For example, the rabies vaccine is causing cats and dogs to die from cancer. The cancer comes right at the injection site.

"I also find the site of Ames to be an attempt to mask the truth and honesty of what is going on here. This meeting should be a webinar in Washington, D.C., that is then posted on the web so that every American can see what is going on in these far too close relationships between special interest groups with money and the profiteers who buy what they want from our federal agencies. The public wants a webinar where any member of the public can view in Washington, D.C., not Ames, Iowa.

"I believe this agency is trying to get away

with deviousness in this instance by trying to get into Ames, Iowa. Put this meeting in Washington, D.C., on webinar. Transparency was ordered by Obama three years ago. When will this agency become transparent? Actually it is owners of animals who are the biggest consumers of these products, not the vets who are simply paid for their work."

That's the end of that statement.

The next prepared statement comes from James D. Schwartz, S-c-h-w-a-r-t-z. He's president of the Next To Kin Foundation, Companion Animal Guardian, and author of *Trust me. I'm Not a Veterinarian.*

The statement reads, "Ms. McVey, what a bunch of googledegoop designed to frustrated through jargon and a self-anointed language a very simple situation; overvaccination causing physical and fiscal harm to companion animals and their guardians as the business model of the small animal veterinarian practice depends on shots.

"Some thoughts.

"1. There is less than 1 per year of human contracted rabies from domesticated dogs. 24 people died from sky diving alone in the U.S. in 2004.

"2. The markup to the owner of a rabies shot. Cost to the veterinarian, approximately 60

cents; pricing to owner/guardian $15 to $35 plus the required office visit, $45 to $65. This, not including adverse reactions, is up to a 14,000 percent gross markup.

"3. In light of No. 2, 63 percent of all dog visits and 70 percent of all cat visits are for the shot. The whole business model of 35,000-plus small animal verterinarians is dependent on the shot for as much as two-thirds of their net. In context, with 170,000,000 dogs and cats growing at 5 percent, and per state health departments only a 50 percent compliance, 75,000,0000 shots--do the math--for one rabies contraction? P.S. Do the politics. 170,000,000 dogs and cats, 200 percent more than kids in U.S. households, at risk for 35,000 veterinarians' economic business model?

"4. Given only 50 percent compliance and less than one human rabies contracted from a domesticated dog, is there not a herd immunity?

"5. Given the CDC's one-to-five requirement to bring a dog into the U.S., why not make titering an alternative that is accepted? I'll tell you why. Economics. See above.

"6. Typically 10,000 to 20,000 trials are given a shot before it goes to the public. What was

the amount used to prove 'A' challenge for the 3-year rabies? What 7? That is damn nuts and not scientific. Furthermore, the dogs didn't show rabies but were euthanized.

"You want efficacy and safety? How about this: On study, 2005, 1,334,000 shots, not just rabies, showed .4 of 1 percent adverse reaction within three days. The veterinarians admit this was underreported. Some breeds had up to 10x higher adverse reaction, yet the veterinarians still give the damn 1 cc shot of rabies to Scooby Doo or the Taco Bell dog. That is crazy and not science.

"Test, damn it, for the duration, not A duration. That is just insane.

"Other studies. One in Britain showed 7.5 percent to 12 percent adverse reactions within 45 days at the 99 percent confidence level, including autoimmune hemolytic which is 70 percent fatal and costly.

"This is about following the money, not science.

"Recommendations:

"1. Titering be made an acceptable universal alternative for measuring immunity.

"2. Shot duration challenges only be

allowed for the duration, not A duration.

"I personally lost two dogs to overvaccination. This country, even in recession, increased expenditures on our companion animals over 9 percent a year to over 50 billion dollars. Rather than on overvaccinating shots, the money, if anything, if the veterinarians didn't have their heads up their price-fixing tuchasses, should be redirected to extending healthy longevity. As per AIG commercial and study, our dogs extend our lives an average of seven years.

"I understand safety and efficacy and protecting the public. But here's the question the damn vets and health departments don't want to answer: With your admission of merely 50 percent rabies compliance and only one or less human contraction of rabies a year from a domestic dog, is there not herd immunity?

"Why, if this is the case, would Americans spend for rabies shot plus required office visit, even if every three years--72 percent were still giving the shot annually as of 2006 in Colorado--6.8 billion dollars, not including adverse reactions, for maybe 1 incident from domestic dog to a human, especially if there is herd immunity and 24 people

alone died from sky diving in 2004 alone?

"Please stop the jargon. The heart of the matter is fiscal and physical harm being perpetuated for the economic business model of the small animal veterinarian cartel. James D. Schwartz."

At this point I'll turn the session over to Byron.

DR. RIPPKE: Evidently the other mike just died, so we'll use this one.

At this point we've herd the scheduled comments. Are there any other comments, or anybody else in the audience that would like to make any?

Sure, Mark.

DR. TITUS: Thank you. I'm Mark Titus. I'm director of Regulatory Affairs for Newport Laboratories. We're primarily an autogenous vaccine manufacturer. We also have a very aggressive research and development team working on nonrestricted so-called commercial vaccines as well.

I'm also vice-president/president elect of the Association of Veterinary Biologics Companies, a trade organization somewhat like AHI, but strictly limited to biologicals.

I also have Carol Rinehart with me today. Carol might want to make a few comments as well in

representing AVBC.

I guess when I first heard about the concept of single-tier labeling my initial reaction was is this an answer looking for a question? I'm a little bit skeptical. I think we're, as an association, in general agreement that this is probably a good thing and it will make the licensing a little bit more simplified, should streamline the licensing. But from the standpoint that this is something that the consumers of biologicals that we deal with, which is exclusively in the food animal side, need this or are demanding this, that's really not been our experience. In fact, it's never really come up.

Of course, again, with autogenous products, this labeling is not the same issue in terms of efficacy guarantees, that sort of thing.

But I think in the food animal production area, the effectiveness of biological products is always evaluated on the farm, under farm conditions. What the label says or what the label doesn't say for most of the people that we deal with, most of the large production systems that we deal with, it's really a nonissue. It's not a concern. They're going to evaluate the product on their farms, under their conditions, with, in some cases, very large

numbers. And, again, when the day is done, is this product cost effective? And what the label says, again, is of really relatively--is relatively unimportant.

I think the link to data, you know, good trial data is a good thing. I think that's probably of some value and of some interest. I guess we would really support that, but only to the extent that the data, if it comes down to being used for product comparison, is an apples-to-apples kind of thing.

I guess I see some real problematic issues with the type of data that's generated from pivotable efficacy studies, even for very similar products, or identical products. The data--the studies are going to be different, the data is going to be different, and how effectively, even for a scientifically-trained veterinarian, how easily--how easy will it be for that scientifically-trained veterinarian, much less that producer, to really evaluate that data as a means of selecting a product? It may have some value.

I'm concerned, again, concerned about how the data will be presented, how much standardization there will be of the data, how will the data look on a side-by-side basis to be used to compare products

to make an initial product decision.

We've got a number of questions that came up when we had an AVBC conference call on this. And I'll get you a copy of those questions. I've got my copy kind of messed up here with my own scribbling here, but just a couple other points, and then maybe Carol would want to comment. She has some specific concerns.

I guess one concern is how well CVB defined the concept of "effectiveness." Where will that fall relative to what we've been doing in the past, trying to meet one of the various four tiers of efficacy? So there will be some interest, and a great interest to us, as to how--what will be the minimum standard required for effectiveness life. Logically you would think it would be at the least stringent tier, current tier. But we're going to be waiting and be very interested in seeing where that's going to fall.

Another concern about the time table of implementation. I guess the language right now alludes to--that this will apply to products that are in the early stages of licensure. What exactly does that mean? And then probably more importantly, the legacy products, when is this going to be implemented relative to those legacy products?

I think one last comment I would have, then I'll let Carol--Carol's got some comments on the table. I think one concern that members of AVBC had kind of in total had to do with confidential business information related to the challenge model, requiring that we divulge what the challenge organism is, the strength of that challenge, a lot of the detail around the challenge model. It is a, I think, major concern of our membership, as we would, certainly in most cases, feel that that is confidential business information.

And probably--I don't know we would say it shouldn't be included, but, you know, the expectation shouldn't be too high in terms of what you're asking us to divulge because the development of challenge models obviously takes a lot of time and a lot of effort and a lot of dollars. And asking us to divulge that is maybe something that we would object to, at least the way it's been currently illustrated in the example.

So that's the extent of my comments.

Carol, did you want to make some further comments?

DR. RINEHART: I think he stole most of my thunder.

I agree with most everything that has been said here this morning. I think this has potential to be very good. I think we need to do it very carefully because we have a lot of issues.

One of the biggest issues or concerns that AVBC has is on the challenge models and the confidential business information, keeping that confidential, but giving enough information that the consumer would be able to actually do a comparison of the studies, and I think that is going to be a very difficult task.

And short of standardizing challenge models--and that is very difficult because if you have a new organism that has not been licensed, and you have two different companies working on different challenge models, I think it's that part that's going to be a real problem for us to face.

I think the time table for implementation, we need to look at that very carefully because we're looking at not just changing the labeling, but we're looking at extensive outline changes along with the labeling. So it's going to take firm time, it's going to take CVB time. It's going to be quite extensive.

And then in the case of multi-component products, if you have a product that's already

licensed and you're combining that with a new component, what are you going to put on the website? Do you put the lack of interference studies on there? How is all that handled? If you have a--some of the livestock products have up to 12 components in them. Do you put efficacy studies for 12 components on there? Do you put the original efficacy study on there? Do you put the lack of interference study on there? What exact information is going to be available on that website?

I think those are--wraps up AVBC. Thank you.

DR. RIPPKE: Other comments that people might want to make?

Come on up.

MS. CARLSON: I'm Madonna Carlson, and I'm an independent consultant, and I think it gives me a little more freedom to say what I really think, which should strike fear into everybody's heart right now because I don't think I've talked to a group like this in a long time that I wasn't a liaison for someone.

But I just wanted to comment that I've looked at many, many, many monthly and quarterly and annual and special purpose adverse event summaries

over my career in more companies that I want to mention. And one of the most common--or one of the least common reports from the field is a claim of lack of efficacy. They're usually hard to substantiate. That's not to say they don't happen. They do happen. And sometimes, unfortunately, they are substantiated, but they are rare, and the products generally are efficacious.

What are the commonest reports? All sorts of different safety issues. And, of course, that varies from, you know, product-to-product, and company-to-company, and most importantly probably species-to-species. Animals that sit on your lap while you watch TV have more safety problems.

But one of the very common reports that is not a report on safety, is problems that are associated with misuse of the product by the user, whether by the veterinarian administering it, or by the owner. And when those are investigated, one of the most common causes of that is, guess what? Nobody read the label.

And trying to get people to read your labels is a struggle. Trying to get your own sales and marketing people to read your label is a struggle. Trying to get your sales and marketing people to act

is if they have read your label is even a greater struggle. And the thing that happens in those situations is, and with this four-tier labeling, there are people in the industry that try to educate their sales force about "This is what this claim means, and this is what that claim means." Maybe some of us did that job too well because the marketing people took that as an invitation to treat this four-tier system as a report card. "This vaccine is better because it has an aid in prevention claim, whereas that vaccine is not as good, is not as efficacious because it has a reduction of clinical science claim."

And in some cases the difference in those products is age, the age of the efficacy data. An old product whose claim was first approved in the '60s or '70s, many times they were granted claims for prevention that would never be granted today.

And the real difference between a lot of these--the claim language comes down to your willingness as a scientist to decide "This is a case definition for this disease that I'm ready to hang my hat on unequivocally. I'm going to say this is pneumonia, and that's not."

And as many of us who've done research in

animal health know, sometimes that's not courage, that may not even be scientific insight. That may just be baloney, and you decide, "I'm going to say this is the disease, and that's not." If you don't make that decision, you can't get a prevention claim.

So my--one of the things I take exception to in all of this discussion is saying that there are levels of efficacy. There are just four different claims, in my view. And what has happened is people have tried to cash in on differences in those claims, and in so doing make money.

Is that a bad thing? Well, it can be a bad thing, but I think it also can be a good thing because the different claims available to people who are competing with one another have been drivers for innovation, in my experience. So you've got a product where you can't make a claim for prevention of disease. At best you've got an aids in prevention, and your competitor has prevention. This is a driver for innovation.

What veterinarians need to consider is, as confusing as those terms are, are you letting the companies and letting the Agency go behind closed doors in deciding what's good enough? What's good enough? When it's on the label, are you losing an

opportunity to drive innovation for better products, because all of the products are going to look the same on the label now?

So I have--well, I'm sort of a yes/no human. I like that--it's attractive, the notion, of having a "yes" or "no" answer to any question for me. I do--I'm concerned about the loss of drivers to innovation that you'll have in this. Claims that used to say "an aid in the prevention of pneumonia and arthritis," and whatever other particulars that were proven in your study, will no longer be differentiable on the label. And to me that's a loss to science, it's a loss to innovation in the industry.

I think that one of the things that's not been made very clear and needs to be worked out, if this goes forward, is how will this connect to the licensing decision? The big issue for companies is the licensing decision.

As I said when I began, our customers don't read the label, we all know it. We have to force them to read the label. Our marketing people spend all kinds of time trying to make them look at the label and compare things. And the big thing for the companies is the licensing decision. Will the

licensing decision still be made based on your saying, "This is what we're intending to prove. This is what we have proved. Here's the data that proves it"? That still ends up with the company in the same spot.

If that's the same way the licensing decision is going to be made in the future, as it has been in the past, and the only thing that's being done is taking that--the end result of that off the label, I don't really think there's been a net benefit because you reduce the opportunity to drive innovation by going after a better claim, and you--you know, that data, that summary data is still going to be really difficult for people to interpret.

I think that's--oh, and then the other thing that becomes obvious to me is somebody's got to write these summaries. And anybody who's tried to reduce a big, complicated, elegant, and sometimes hundreds and thousands of dollars worth of research onto a label, or worse yet onto a one- or two-page marketing brochure that everybody can agree we can live with, knows how hard that is. And to condense it even further into the sort of a bullet point format that's being proposed, that's going to take time.

And I think one of the things that needs to

be addressed earlier on is whose time? Whose time? Is this going to be a USDA effort? Is this going to be a requirement for the companies to do this? Or--that needs to be addressed early on because while the companies can hire, if they need to, the USDA has not been able to fill their vacancies. So it seems to me to have the potential to take time away from the Agency if it's not made clear early that it's a company responsibility. So...

DR. RIPPKE: Thank you, Madonna.

Other comments?

(No response.)

DR. RIPPKE: One of the things that we talked a little bit about doing is taking a look at some additional questions, and many of them I think have been asked already this morning. Maybe we'll stimulate a little discussion.

As we were thinking about this particular issue the last few days after we put out the initial Q & As that we did, we came up with some additional questions that kind of resonated with us, and most of them we've heard this morning in some fashion, people have voiced concerns or brought them up as issues.

So I guess I'd put them in front of you one more time to see if it generates any more thoughts,

any more willingness to share your view, but there are a few.

How are we going to implement this rule? The new products versus old I think is going to be a key question moving forward.

What do we do with conditional licenses? How would we handle those? Efficacy hasn't yet been really truly established on those products, although expectation of efficacy has. And how might that look? What would we do with those products?

Of course, I think it's been alluded to earlier, there are lots of other classes of products other than your traditional vaccines. How would you implement this with autogenous? How would you implement this with diagnostic test kits? Allergenic extracts? All of the other myriad of products the CVB regulates? Those are questions that come to mind for us.

We've talked about efficacy, and it makes some logical sense to include a certain level of safety data along with that, but what does that actually look like? How much safety data do you incorporate into this type of approach?

We have a pharmacovigilance program that's ramping up towards implementing a--you know, a more

robust pharmacovigilance, and that's a key piece of where we're going as a regulatory agency. How much of that information should find its way into such an approach? So those are questions that will need to be addressed.

I think it was Mark who talked a little bit about challenge viruses, or maybe it was Carol. How much information do you truly include? There's certainly a balance to be struck between what's considered to be CBI and what's considered to be important for somebody to look at that study and be able to pull any kind of conclusion from.

Madonna just asked the question "Who's going to do this? Is it going to be manufacturers, or is it going to be CVB personnel?" Again, a question that needs to be addressed early on.

Some companies include a lot of information currently in their labeling circulars. Does this have any impact with that, or does that remain pretty much status quo, or does it encourage other firms to put more information in their circulars as well? So those are some things that really need to be looked at.

International labeling, one of my favorite topics. Does this have impacts that we're not

thinking about in terms of international labeling? I think that's a huge question. It's certainly going to have impacts on the perspective of product registration. But are there other things that we haven't thought about? And what impact does that truly have?

And then there are those that don't really fit the model very well. What do you do with those that--those products that certainly have a beneficial effect, but that beneficial effect isn't directly on an overt clinical disease? So how do you deal with those?

So those are some of the things that are rattling around inside of CVB's discussions as we talk about this topic internally. And so putting those with some of the other questions and concerns you've heard voiced this morning, I ask the question again, does anybody have anything that they want to comment on, or share, or another question that hasn't been brought up or thought about? This is a great opportunity.

Carol.

DR. RINEHART: Well, I think one thing that we might-- Is it working? Okay.

One thing that we might consider is maybe

doing an initial rollout to a small fraction, maybe focus on companion animal products first, or a portion of food animal products. I don't know, but--you know.

And my other concern, especially after learning--after listening to everyone today and kind of--you know, the gears are turning, my major concern is that firms are economically driven. And those of us that work in industry know that, we're economically driven. They're going to see this as an opportunity to do the minimal. And whatever we set as the minimal efficacy is going to be what the firms are going to meet. So I have a concern on that.

But I think if we're truly going to do this, we ought to consider maybe rolling it out to just a small portion of the industry first as a test.

DR. TITUS: Byron, you mentioned safety data.

DR. RIPPKE: Just prior to that, could you state your name and affiliation for the transcript.

DR. TITUS: This is Carol Rinehart.

DR. RINEHART: I'm with Ceva Biomune.

DR. TITUS: Mark Titus, Newport Labs and AVBC.

Is there--where are we at on the inclusion

of safety data? Is that on the table, or is that off the table?

DR. RIPPKE: Well, again, I don't intend this to be a question and answer session like a lot of our trade meetings are, but we're looking for input on that. You know, it kind of is a logical progression, but does it make sense to do that? So what today's really about is to hear the concerns and hear your opinions about that, whether you think that's a good idea or not.

DR. TITUS: Madonna makes a good point. If you do tech service work, you know, the calls on efficacy concerns usually--you know, you can deal with them. You've got all the food animal production, you've got all those confounding factors that you can address. So you do get the calls on safety data, concerns about safety, and we document those. So that would be my only comment.

DR. RIPPKE: Other comments from the audience about that, or any other questions that we've posed?

Kent.

DR. McCLURE: Just after having--Kent McClure with the Animal Health Institute.

After having listened to everybody and the

comments, I think there's one thing we need to really keep in mind, and that is that the people that purchase and use the products in the field are the ones who have driven the consideration for this move. And while we, as industry, raise a lot of questions around implementation, how to go from one point to another, a lot of legitimate concerns, I think we have to keep in mind that the whole purpose of that label is to communicate to the person that's going to draw that product up and use it.

And so we're commending CVB for holding this meeting and giving the end user the opportunity to provide that input, and I think we have an opportunity to present information in a way that they find meaningful. I think we need to continue the dialogue, as this is refined, as to what they find meaningful, because we've heard a number of people make statements that producers may not generally look at the current tiered label claims for guidance, and we've heard from AVMA that they have long sought additional data on the labels.

And so I think, as we go through this whole process, we need to keep in mind the end user in terms of targeting the summaries, the wording of them, the level of detail, the jargon or lack of

jargon that's utilized, and keep in mind that communication element as opposed--and I mean that in terms of communication to the end user as opposed to a regulatory communication piece which may have to be written in very different ways.

And the other point I wanted to make was just in response to a comment that was made. I don't think the industry's out there looking for the absolute minimum, to jump that hurdle scraping their skin as they go across it. I think they're looking to put extremely effective and extremely safe products in the hands of the end user, and I think that they will find ways to differentiate their products in the marketplace, and I think they will find there will be drivers for innovation, will be the demands of the customers, and I don't see this as supplanting that, or somehow setting up a system that incentivizes a minimalistic approach to vaccine development production.

DR. RIPPKE: Thank you for those comments.

MS. CARLSON: One of the things--

DR. RIPPKE: Madonna, would you--

MS. CARLSON: I'm Madonna Carlson, independent consultant.

One of the things I meant to mention and I

didn't is that it seems to me that if those summaries are going to be published, they should include the date of the initiation of the efficacy study, and they should also include the date of isolation of the challenge organism. I think that would go a long way toward getting people some information that is easy to evaluate in comparing products one to another.

That's one of those things that seems to be implied, that it would be easy to compare product efficacy one to another if summaries were available, especially for production animals. I think that's one of the big mysteries that people have and it should at least include those things.

DR. RIPPKE: Other comments or questions?

(No response.)

DR. RIPPKE: Anybody else have anything they'd like to add?

(No response.)

DR. RIPPKE: If not, basically the public hearing piece of this is scheduled to run through 3 o'clock this afternoon. So we will be here until 3 o'clock this afternoon collecting any comments from anybody who would like to share them.

Otherwise, we can take a break now. There is lunch available in the cafeteria, if you choose to

do that, or you can go off-site and come back, or where you go from here is really up to you.

We've basically covered the agenda part of the meeting that we wanted to cover. I thank you very much for your input. This is very valuable. This is one of the few occasions where I've got to ask more questions than I've had to answer, so I do certainly enjoy that.

But, again, thank you very much for participating, thank you for the input. We look very much forward to working with industry as we work through the myriad of issues that go along with this. We think it's an important initiative, we think it's got a lot of benefit in the long run if we do it carefully and if we do it right. So I look forward to the continued discussion.

Again, thank you very much for participating. And, like I said, we will be here until 3, so if anybody thinks of something, we'll be here. Otherwise, thanks very much.

(A recess was taken at 11:15 a.m.)

(Proceedings were concluded at 3 p.m. with no additional comments being made.)

C E R T I F I C A T E

I, the undersigned, a Certified Shorthand Reporter of the State of Iowa, do hereby certify that I acted as the official court reporter at the public hearing in the above-entitled matter at the time and place indicated;

That I took in shorthand all of the proceedings had at the said time and place and that said shorthand notes were reduced to typewriting under my direction and supervision, and that the foregoing typewritten pages are a full and complete transcript of the shorthand notes so taken.

Dated at Des Moines, Iowa, this 23rd day of June, 2011.

/s/ Theresa Kenkel
CERTIFIED SHORTHAND REPORTER