FDA Alters How It Says 'Yes,' 'No' to Applications

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The Food and Drug Administration will no longer issue "approvable" or "not approvable" letters when a drug application is not approved, but will instead issue a "complete response" letter at the end of the review period, the agency announced in July.

"These new regulations will help the FDA adopt a more consistent and neutral way of conveying information to a company when we cannot approve a drug application in its present form," Dr. Janet Woodcock, director of the agency's Center for Drug Evaluation and Research, said in a written statement.

Currently, when assessing new drug and generic drug applications, the FDA can respond to a sponsor in one of three types of letters: an "approval" letter, meaning the drug has met agency standards for safety and efficacy and can be marketed for sale in the United States; an "approvable" letter, which generally indicates that the drug can probably be approved at a later date provided that the applicant provides certain additional information or makes specified changes (such as to the labeling); or a "not approvable" letter, meaning the application has deficiencies generally requiring the submission of substantial additional data before approval.

A "complete response" letter, which will replace options 2 and 3, will be issued to inform the company that the review period for a drug is complete and that the application is not yet ready for approval, the statement said. The letter will describe specific deficiencies and, when possible, will outline recommended actions the applicant might take to prepare the application for approval. The way that the FDA communicates its decisions to approve an application—option 1—will not change.

The move, which went into effect in late summer, brings the process for communication about drug licensing applications in line with that of biologics, for which "complete response" letters have been used since 1998. The revision should not affect the overall time it takes the FDA to review new or generic drug applications or biologic license applications, according to the agency.

Other changes involve modifications to the schedule for reviewing amendments to licensing applications, classification of responses to a complete response letter, timelines for submitting a response to a complete response letter and administrative actions for a failure to respond, and definition of an efficacy supplement. ■

Women at More Risk of CVD From Smoking

MUNICH — Women who smoke tend to have their first acute MI considerably earlier in life than do male smokers.

This observation in a Norwegian case-control study suggests that smoking increases the risk of cardiovascular disease to a relatively greater degree in women than in men, Dr. Morten Grundtvig said at the annual congress of the European Society of Cardiology.

Women smokers lose more than twice as many years of good health as do men, added Dr. Grundtvig of Innlandet Hospital, Lillehammer, Norwa.

He reported on 1,784 consecutive patients, of whom 38% were women, who presented with a first MI during 1998-2005. Thirty-nine percent of the men and 23% of the women were current smokers.

Smoking women experienced their first MI 15 years prematurely, while men who smoked had their first MI 8 years prematurely. Specifically, the average age at which men had their first MI was 64 years in current smokers, 75 years in ex-smokers, and 72 years in nonsmokers. The age differential was far greater among the women; the first MI occurred at age 66 years in current smokers, 74 years in ex-smokers, and 81 years in nonsmokers.

After adjustment for differences in hypertension, diabetes, and other cardiovascular risk factors, 13.7 years of the age difference between women with an MI who smoked and those who never smoked were attributed to smoking. In men, the adjusted difference was 6.2 years, according to Dr. Grundtvig.

—Bruce Jancin