Dr. SCHMIDT. No well-designed studies; no, sir.

The CHAIRMAN. Well, I will not ask you what you think the motivation of Dr. Sammons is because I think everybody knows.

Go ahead, I will print in the record this article from the New York Times as well as the Washington Post on this subject at the appropriate place in the record.[1]

Dr. SCHMIDT. In addition to evaluating criticisms of the UGDP study, the Biometric Society conducted extensive new analyses of the UGDP data, taking into account the effect of various baseline variables and cardiovascular risk factors. These analyses confirmed that cardiovascular mortality was increased in the tolbutamide group. This increase was statistically significant for the patient population taken as a whole and in the subgroup of females, especially in women over the age of 53, but not in the male subgroup. This does not mean that the studies show that the drug carries less risk in males. On this point, the committee concluded:

> The data do not support the same conclusions for men, but one possible reason is that the smaller number of patients in the male group results in a lack of sensitivity to detect differences of moderate magnitude.

An important finding was that the highest death rate occurred in the group of patients who adhered most closely to the tolbutamide regimen and did not have their dose modified. Also, when the analysis was conducted according to an approach called the survival modeling method, which takes into account the proportion of time each patient received the assigned medication, women in the tolbutamide group had a statistically significant increase in both cardiovascular and total mortality.

The Biometric Society committee summarized its conclusions in the final sections of its report as follows—and I need to point out that all of page 5 on my copy is, in effect, taken from the conclusions of the committee. And they said:

> On the question of cardiovascular mortality due to tolbutamide and phenformin, we consider that the UGDP trial has raised suspicions that cannot be dismissed on the basis of other evidence presently available.

It further went on:

> We find most of the criticisms levelled against the UGDP findings on this point unpersuasive. The possibility that deaths may have been allocated to cardiovascular causes preferentially in the groups receiving oral therapy exists, and, in view of the "nonsignificance" of differences in total mortality, some reservations about the conclusion that the oral hypoglycemics are toxic must remain. Nonetheless, we consider the evidence of harmfulness moderately strong. The risk is clearly seen in the group of older women. Whether it affects all subgroups of patients cannot be decided on the basis of the available data, owing to the small number of deaths involved in these subgroups.

In conclusion—

They went on:

> We consider that in the light of the UGDP findings, it remains with the proponents of the oral hypoglycemics to conduct scientifically adequate studies to justify the continued use of such agents.

Mr. GORDON. You stated before to the chairman that they have not come up with these scientific studies.

[1] See pages 13413 and 13439.