challenge to continued marketing could come either because we come to understand the risks are higher or because we come to understand that the benefits are lower and these questions have been raised on both sides with respect to these drugs and that is why we are examining them.

I only want to point out, Mr. Chairman, that an examination as far as efficacy is concerned is more difficult with these drug products than it is for most because of the confounding effect of the high rate of placebo response.

Everyone who has dealt with this kind of clinical trial knows it is a tough experiment to do and to interpret. That really makes our conclusion for us, Mr. Chairman. I think there is little more that I can say except that these hearings have helped materially, obviously, in bringing some of these problems to our attention.

We plan to use the record of the hearing as well as, of course, the reviews that we had underway in considering what to do next.

Senator NELSON. I have no more questions at the moment. I may have after reviewing the testimony, and if so, I will submit them and you can answer in writing for the record.

Commissioner KENNEDY. We will be delighted to do so.

Senator NELSON. Any questions?

Senator LEVIN. Thank you, Mr. Chairman.

I wonder if you could comment first of all on the several dozen effects of Darvon? Apparently, one of the offenses of its efficacy and now I am quoting the testimony is yet to come, but we had a similar bit of testimony last year about its great pain-relieving effects that come after several doses have been administered.

Can you comment on that, please?

Commissioner KENNEDY. I am not sure because I have not seen the testimony you are referring to, whether that means accumulative effect of several doses of a particular formulation or whether instead what is being referred to as its availability in a number of different dosage forms.

Senator LEVIN. Have you seen any studies involving either one of those two approaches where they are comparing several doses of Darvon and several doses of aspirin or codeine?

Commissioner KENNEDY. Not formally, although I believe that a number of physicians believe if they are able to use a number of dosage forms with a given patient that they have a higher probability of getting that patient on something that will work for him or her.

Senator LEVIN. Have you seen any studies comparing that?

Commissioner KENNEDY. No; no standardized studies.

Senator LEVIN. Pursuing the chairman's question for a minute, what were the efficacy standards in 1972 when the Darvon combination was marketed, the proof of efficacy when you added Darvon to aspirin and vice versa?

Commissioner KENNEDY. Adequate and well-controlled studies showing effectiveness.

Senator LEVIN. Of the combination over the single ingredient?

Commissioner KENNEDY. Well, I will have to take a moment for consultation. You see, the advantages over a single ingredient is not part of the law but its part of regulation as I understand it and I will have