

Dr. LEY. That is my belief; yes, sir.

Senator NELSON. None of these reminder ads are being run on Chloromycetin any longer?

Dr. LEY. The only ad copy of which we are aware today is this ad copy here which carries that same front page that you illustrated there but is accompanied by the full prescribing information including the warning in the label.

Senator NELSON. Well, doesn't the company, in many instances achieve the same results it was seeking to achieve with the reminder ads for all those who don't bother to read the fine print?

Dr. LEY. The first page of this spread carries an additional statement, "See following page for prescribing information." If a physician is to use the drug, unless he has had experience with the dosage in the past, he would usually refer either to the information in the advertisement or to the Physicians' Desk Reference, which carries exactly the same information. So that he would be reading the warning and all of the other information. I cannot however, guarantee that he does this.

Senator NELSON. But if the FDA felt it was important enough to stop the company from using the reminder ad as it stands alone—such as the example here—it seems pretty obvious to me that the purpose sought in the ad is to get the benefit of the reminder ad since many people might not carefully read the fine print. Isn't there a problem though in that the indications for the use of chloramphenicol have been changing rapidly in the past half dozen years? And I think, if I remember correctly the National Academy of Science Report—it does not specifically list chloramphenicol as the drug of choice in any case.

Dr. LEY. It does not carry the words, "The drug of choice" in any case in the present labeling—a drug of choice, yes, with typhoid.

Senator NELSON. Pardon?

Dr. LEY. There is the wording, "a drug of choice" for typhoid fever.

Senator NELSON. So here you have a situation in which the testimony of all the experts appearing before the committee—unrefuted by the company or any other witnesses—is that chloramphenicol continues to be widely prescribed for nonindicated uses. Some of these nonindicated uses were, I would guess, indicated uses prior to, say, Ampicillin and some of the newer drugs. So that when a practicing physician who has been using the drug 5 or 6 years, prior to the revised judgment of what its indications are—sees the labeling in the ad, he just doesn't bother to read it—since he may have read it many times years ago. So isn't this, then, really, in effect, a reminder ad with the same effect on that physician—why read this fine print again for the 10th time?

Dr. LEY. I acknowledge that the physician may not read the fine print. However, that same physician was exposed to a letter from Dr. Goddard the text of which specifically highlighted the significant and important changes in the labeling. Again, I cannot guarantee that the physician read the letter. But the combination of the letter and the considerable publicity given after your hearings of last year in "Medical World News," "AMA News," and "Medical Tribune," I think must have had an effect of reeducating the physician concerning the indications of use for this drug.

Senator NELSON. Well, there is no question but that the statistics demonstrate a dramatic drop in the use of the drug, comparing the