risk to the patient from the unnecessary exposure to multiple drugs, the panels concluded that the disadvantages of the fixed combinations far outweigh any small advantage of convenience such combinations may seem to offer.

I'd like to quote, if I may, some of the comments of the Academy panels with respect to some of the antibiotics evaluated.

In the interest of time, unless you wish me to read in the record all of these, I might limit my comments to the first two out of the five, and ask that the others be put into the record.

Senator NELSON. That is fine.

Dr. LEY. The first comment is in regard to the drug Panalba.

* * * it would appear hazardous, in the opinion of the panel, to subject persons already hypersensitive to one or more antibiotics to possible sensitization to other antibiotics unless of demonstrated value in therapy of their disease. For this group of patients, there is particular advantage in providing specific therapy with a single drug whenever possible.

2. Mysteclin-F.

The panel is not aware of evidence of proved efficacy of this combination in the prevention of disease due to monilial organisms, although suppression of growth of monilia may be accomplished. It should be noted that the apparent reduction of organisms in the feces may be an artifact due to residual antibiotic activity and thus may not reflect the true state in the patient. It is preferable, in the panel's opinion, to prescribe antifungal drugs when clinically indicated rather than to use them indiscriminately as 'prophylaxis' against an uncommon clinical entity seen during therapy with tetracyclines and other antibiotics.

I would then move to the bottom of page 17.

On December 24, 1968, FDA announced in the Federal Register its concurrence with the Academy's conclusions that Mysteclin-F, Albamycin-T (G.U.), Panalba, and Achromycin Nasal Spray were ineffective as fixed combinations. Early in January both E. R. Squibb & Sons, Inc., which markets Mysteclin-F, and the Upjohn Co., which markets the Panalba and Albamycin combinations, requested additional time to assemble and to submit additional evidence of efficacy. I granted both firms an additional 120 days to collate and submit new clinical data.

I subsequently notified both firms that we were considering cancellation of the time extensions granted in January, and directed them to immediately submit any substantial medical evidence they had that would be relevant to the efficacy of the drugs. Additional data were provided, but these were not adequate to demonstrate the effectiveness of the fixed combinations. Upjohn presented a proposed protocol to develop the type of evidence required by law, but explained that it would be quite costly and would require about 2 years for completion.

Another significant antibiotic action was coming to a head about this same time. Our final review of the Academy's reports on novobiocin, and for the sake of clarity I might indicate that novobiocin, is the established name of the product for which the trade name is Albamycin—our final review of the Academy's reports on novobiocin indicated that marked revisions in the labeling were imperative, not only from the standpoint of efficacy, but on grounds of safety. On May 2, 1969, we published in the Federal Register the new labeling to be required for this antibiotic, including a prominent "warning