our intention to start action to end the marketing of 78 additional antibiotic-containing combination drugs which Academy panels had found ineffective as fixed combinations. We included this large number of drugs in one "package" quite deliberately; we wanted to give the medical profession, the industry, and the public a clear signal of the Academy's thinking, and FDA's thinking, on these combination preparations. The products involved included antibiotic-sulfa combinations, penicillin-streptomycin preparations, and other combinations including Erythromycin, Neomycin, Tetracycline, Chortetracycline, Nystatin, Oxytetracycline, Oleoandomycin, and Triacetyloleandomycin. Some of the formulations also included analgesics, vitamins, or other ingredients.

Two groups of these products, the penicillin-sulfa and the penicillin-streptomycin combinations, present the same kind of of problem as Panalba. They pose a hazard to the patient, which is not offset by any therapeutic benefit that cannot be achieved by using these drugs singly.

The April 2, 1969, announcement gave interested parties 30 days to submit any data relevant to the efficacy of the products listed. It is significant, Mr. Chairman, that only three of the 23 firms listed as marketing penicillin-sulfa and penicillin-streptomycin combinations responded to that invitation.

Wyeth and Pfizer submitted material on the pen-strep combinations, but no new clinical data were included. Squibb proposed labeling changes on its pen-sulfa preparations and also submitted data from a controlled study of this combination in pediatric use. After review of the study, we concluded that it did not provide substantial evidence of the effectiveness and safety of the penicillin-sulfa combination.

I have signed orders to end the marketing of both the penicillin-streptomycin and the penicillin-sulfa preparations. Regulations under which these combinations were certified will be repealed. Outstanding stocks will be decertified. These orders will be published in the *Federal Register* later this week and will become effective 40 days later. This will allow 30 days for the companies to file objections and to seek a hearing, ten days for our review of the objections, and time for recalls to be completed.

Anyone who may be adversely affected by these actions may file objections within 30 days after publication and request a hearing. Such requests must state reasonable grounds for a hearing, identifying any claimed errors in the NAS–NRC evaluation or any adequate, well-controlled investigations which may be offered as evidence of safety and effectiveness. As in the case of Panalba, however, we do not intend to permit the continued marketing of the pen-sulfa and pen-strep combinations during any hearing proceedings that may take place.

I also have signed an order to repeal the regulation and revoke certificates for Mysteclin-F, Squibb's combination of tetracycline and amphotericin-B. Since our announcement in December 1968 that this fixed combination is ineffective, we have received and reviewed additional data and have concluded that substantial evidence still is lacking to support claims in the labeling. The order regarding Mysteclin-F will take effect 40 days after publication in the *Federal Register* unless stayed by proper objections.

I can also report to the Committee, Mr. Chairman, that we will be publishing shortly the Academy's findings and FDA's proposals regarding sulfonamides, another widely-used class of anti-infective drugs. Labeling revisions will be necessary to restrict markedly the indicat.ons for use, although the sulfonamides have been found effective for uncomplicated urinary tract infections and for prophylaxis in rheumatic fever. The industry, and any other interested parties, will be given an opportunity, of course, to react to these findings.

I hope that these examples have given the Committee some indication of how we are proceeding with the chalenging task of carrying out the NAS–NRC recommendations. Let me turn now, Mr. Chairman, to another challenge I believe is involved; namely, that of disseminating the information from the Academy as widely as possible within the medical profession. We are using a variety of approaches to achieve this end.

When safety is not an issue, we do not plan to remove a drug from distribution while a hearing is in progress. But in those cases, we will insist that all promotional material for such products state the Academy's finding, and FDA's concurrence, regarding the drug's lack of efficacy. The physician is entitled to this information and we intend to see that he gets it.

When new labeling is required as a result of Academy recommendations, we will require the firms involved to publicize the changes in their advertising and other promotional material. Their detail men also will be required to provide this information to physicians and to others with whom they deal. FDA itself