The drug itself must be labeled as an investigational use drug.

The Food and Drug Administration retains the right to order discontinuance of an investigational exemption, in whole or in part:

If the exemption contains false data;
If data do not show that it is reasonably safe to continue;
If the plan is not being followed;
If the drug is shown to be unsafe or ineffective;
If the manufacturing facilities and controls are inadequate;
If the plan of research is not a reasonable one;
If the drug is being improperly commercialized; or
If the data supplied to the investigators do not provide full information about hazards.

When an investigation is discontinued, all outstanding stocks of the drug must be recalled by the sponsor and investigators notified of the discontinuation.

The FDA regulations serve a dual purpose: They are designed to permit clinical trials only after there are enough data to show that the trials are justified and the subjects are properly cared for; they are also designed to help the sponsor develop a rational plan calculated to secure data that are reliable and can be used to support a new drug application, if one is filed. The responsibility for design and conduct of the investigation rests with the sponsor and his investigators.

Since January of 1963, approximately 6,000 exemptions or IND's have been submitted to FDA. Of these, 2,780 have been voluntarily discontinued by the sponsor and 261 terminated on the request or order of FDA.

Of the voluntarily discontinued IND's, the most frequent reasons given by the sponsors for their decision were that the drug had no commercial interest, did not appear to be effective, or the studies had been completed.

Of the 261 IND's terminated by FDA, most involved the failure of the sponsor to submit additional information as requested. In nearly all cases, we had failed to receive information on animal tests, chemistry, and manufacturing controls.

In August 1966, a program of initial screening of all IND's upon receipt was instituted with the prompt rejection of those which were grossly inadequate or incomplete. The following number of IND's have been rejected upon receipt: Fiscal year 1967, this is from July 1, 1966, to the end of June 1967, 40; for fiscal year 1968, 60; and for fiscal year 1969, 119; a total of 219.

We have recently instituted a plan where we notify the firm by telegram when we reject an IND. This is then followed by a letter to the sponsor giving reasons for the rejection.

Of the 219 IND's rejected upon receipt, the deficiencies causing their rejection were the same as those for which the FDA ordered the 261 IND's terminated, which I have summarized above.

There has been an improvement in recent years in the quality of IND submissions, but still there is need for better designed studies. We have under discussion at this time an extension of the contract between FDA and the National Academy of Sciences/National Research Council in which guidelines for testing new drugs may be developed. Fewer but better studies would reduce the number of clinical investigators and patient exposure to drugs, promote better monitoring, and pro-