Dr. KASSOUF. No, not at the moment.

Mr. DUFFY. Doctor, would it be fair to say that you really are not too certain whether you do know how to conduct medical research?

Dr. KASSOUF. I came here telling you I am a practitioner, not a researcher. I did not misrepresent myself.

Mr. DUFFY. I would submit, therefore, that the man who really does not know how to conduct research may not be fully capable of interpreting it. He may agree with the conclusions stated.

Dr. KASSOUF. You may be right. However, when sudden deaths occur in an experimental series—and there is not a physician I have talked to, researcher or not, who said these should not have been reported to the FDA. That may have nothing to do with the academic training. It may be just commonsense.

Mr. DUFFY. Let us pass over that question because I think I have made my point there.

The British studies that you allude to, have you seen the supporting data for these studies or are you only advised as to what the conclusions are?

Dr. KASSOUF. No. Most of us have just seen the press reports.

Mr. DUFFY. You have merely seen the press reports, but it appears you accept their conclusions.

Dr. KASSOUF. Well, you know in medicine you have got to have confidence in certain bodies, and I think over the years, we found the companies stating that estrogen is not dangerous, and the British saying it is. What is the alternative?

Mr. DUFFY. But you are willing to accept these studies never having seen the underlying data.

Dr. KASSOUF. I am willing to accept the British conclusion. There is no reason for not cutting back to the lowest dosage as they are equally effective. If studies next year show the British are wrong, the advisory can be withdrawn, but vice versa, patients who are injured cannot have their injuries withdrawn.

Mr. DUFFY. All I can say, Doctor, to be very willing to accept the conclusions of a study without even having access to the fundamental supporting data is a very interesting way to do research.

Dr. KASSOUF. I am willing to accept it to make a clinical judgment on that basis. The alternative we accept here is to use drugs that are equally effective.

I will ask you, what would be the rationale for continuing to use the high-dose tablet if there is a fear that it is causing these injuries in greater incidence, when both the high and low dose are equally effective? I do not think there is any alternative but to start using the low-dosage tablet. Why should one wait until the patient or the British provide incontrovertible proof of injury? We do not have to do that in medicine.

We do not have to wait for incontrovertible proof. We have waited too long if we do that in this instance.

Why mistrust the British is another question? We usually confirm their results. The drug companies still say there is no risk or at least one of them does.

Mr. DUFFY. Doctor, I am not prepared to say that anybody is right or anybody is wrong. But even if I had access to the fundamental