
From: Harry Fisch [REDACTED]
Sent: Wednesday, April 25, 2018 8:10 PM
To: Jeffrey Epstein
Subject: FDA advisory committee votes to recommend update to celecoxib safety labeling | Family Practice News

https://www.mdedge.com/familypracticenews/article/164177/rheumatoid-arthritis/fda-advisory-committee-votes-recommend-update?channel=290&utm_source=News_FPN_br_042518_F&utm_medium=email&utm_content=BREAKING%20NEWS:%20FDA%20advisors%20squash%20celecoxib%27s%20CV%20concerns
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FDA advisory committee votes to recommend update to celecoxib safety labeling<=h1> SILVER SPRING, MD.
<= style="max-width: 100%;">REPORTING FROM AN FDA ADVISORY COMMITTEE MEETING

– An FDA advisory committee voted (5 yes, 5 no, 1 abstention) to update the safety information in the label of celecoxib, a nonsteroidal anti-inflammatory drug (NSAID), for use in patients with osteoarthritis (OA) and rheumatoid arthritis, on the basis of results of the PRECISION trial.


A Joint Meeting of the Arthritis Advisory Committee and the Drug Safety and Risk Management Advisory Committee was convened April 24-25 to address two issues, the first being the consideration of Pfizer's application for celecoxib and the second, to assess the safety of celecoxib and other common NSAIDs like ibuprofen and naproxen.

The randomized controlled PRECISION <<https://clinicaltrials.gov/ct2/show/NCT00346216>> (Prospective Randomized Evaluation of Celecoxib Integrated Safety vs. Ibuprofen or Naproxen) trial compared celecoxib, naproxen, and ibuprofen and their cardiovascular outcomes. The PRECISION trial was undertaken after another selective COX-2 inhibitor, rofecoxib (Vioxx), was withdrawn from the market because of associated cardiovascular events. It compared the three drugs among more than 25,000 patients with painful arthritis and elevated cardiovascular risk.

<= style="max-width: 100%;">Main results showed that the rates of cardiovascular events (cardiovascular death, myocardial infarction, or stroke) were 2.3% with celecoxib, 2.5% with naproxen, and 2.7% with ibuprofen during a follow-up approaching 3 years, showing noninferiority for celecoxib.

In a post hoc analysis presented by Steven Nissen, MD <<https://my.clevelandclinic.org/staff/1185-steven-nissen>>, patients taking ibuprofen and naproxen experienced adjudicated cardiovascular, GI, or renal events 28% and 15% more than did patients taking celecoxib.

The results of the study could inform clinical strategy, said Dr. Nissen, chair of cardiovascular medicine at the Cleveland Clinic in Ohio. "For arthritis patients who require NSAIDs to achieve an acceptable quality of life, particularly those at high cardiovascular, GI, or renal risk, the PRECISION trial suggests that a clinical strategy of starting patients on celecoxib 200 mg daily may be the safest approach, reserving full therapeutic doses of ibuprofen and naproxen for patients who do not respond to celecoxib."



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