

June 18, 1971

Dr. F. A. Clark, Jr.
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Dear Fred,

It was kind of you to read our report on EEG profiles of fenfluramine so carefully.

I agree that the choice of the word "tolerance" is unfortunate, and after reading the final report I have accepted your suggestions. I am grateful to be able to correct my text and replacement pages 13 are enclosed. These reflect a better discussion and should replace page 13 in the earlier draft. I will correct the text in galley.

Our clinical study of fenfluramine was unsatisfactory in that we observed the subjects weekly and depended on verbal reports and recollections of interim events. Our subjects reported drowsiness the first few days, waning by the end of 7-10 days, and not recurring with gradual dosage increases. On cessation, I recollect 2 subjects complaining of irritability and insomnia. This was insufficient evidence and discontinued by us. We did start some patients on placebo and transfer to fenfluramine. In retrospect, we should have started some on fenfluramine and transferred to placebo. I did not comment in my report because I did not "understand" that the various symptoms may form some kind of a syndrome.

I regret that Rickles' summary was presented in a prejudicial way. While "Drug A is no better than" is equivalent to "Drug A was as good as" as a summary of data showing no differences, the connotations are indeed different and we should await the actual data. In his second study, as you summarize it, his patients had weight loss and were sedated. If this combination were anticipated by some obese patients, it may be favorably received.

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It has been my impression that a wider trial of fenfluramine as an anorexigenic was indicated, particularly since the many difficulties with amphetamines. I would be pleased to read the NDA material.

Many thanks for your comments and help in improving our fenfluramine report.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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