EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Mrs Michele Rivasi, MEP
European Parliament
ASP 08G 309
60 rue Wiertz
1047 Brussels
Belgium

26 October 2011
EMA/858830/2011
Executive Director

Dear Mrs Rivasi,

Subject: Statement on your website dated 12 October 2011: 'Il faut réformer d'urgence l'Agence européenne du médicament'

I am writing to you to clarify a few facts in relation to the statement on the European Medicines Agency (EMA) posted on your website on 12 October 2011.

I would like to inform you that Dr Xavier Kurz has never been 'head of the Belgian pharmacovigilance centre'. He started working for the Belgian pharmacovigilance centre on 1 July 1994 as a part-time external University-based scientific expert in the context of a service contract between the University and the Ministry. In this function he also participated as Belgian representative in the Pharmacovigilance Working Party of the CHMP from 1995 to 30 August 2004. Dr Kurz has worked at the European Medicines Agency as a pharmacovigilance expert since 1 September 2005.

Shortly after he started working at the Belgian pharmacovigilance centre Dr Kurz initiated a review of all available cases of aortic valve deficiencies in patients taking anorectic agents reported to the centre, consulted with experts of the Belgian Evaluation Commission for medicines for human use and prepared a report for this Commission. During the course of this evaluation, Dr Kurz and another staff member of the Belgian centre of pharmacovigilance organised a meeting with Dr Ewalenko during which they discussed information about the cases and a possible association with anorectic agents.

Dr Kurz's report of 17 December 1994 was discussed by the Belgian Evaluation Commission for medicines for human use on 13 January 1995 and brought to the attention of other European Member States. The Belgian Evaluation Commission for medicines for human use endorsed the conclusions of the report that, based on data available at that point in time, no further measures were necessary.

At that time, no signal of a similar adverse reaction had been received in other countries, including France. Furthermore, from the second trimester of 1995 onwards, cases of valvulopathy were regularly transmitted to the database of adverse reactions maintained by the World Health Organization (WHO) programme for the monitoring of adverse drug reactions. This database can be consulted by all countries who are members of the WHO programme (including the United States since 1968). Competent authorities had therefore access to information about the reported cases since 1995. Until 1998, no other country than Belgium had communicated cases of valvulopathy to the WHO database.

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Therefore the statement that Dr Kurz did not relay the information reported by Belgian physicians is incorrect.

I would also like to clarify that in no way did Dr Kurz minimise or contest the risk of signal of valvulopathy. Quite to the contrary, Dr Kurz was the coordinator in Belgium for the epidemiological study (IPPHS), conducted to assess the risk between the occurrence of pulmonary primary hypertension and anorectic agents. The IPPHS study included patients with primary pulmonary hypertension diagnosed between 1 September 1992 and 30 September 1994. The study showed an increased risk associated with fenfluramines and was a key element in the first European review of the benefit/ risk balance of anorectic agents. The European Commission Decision of 9 December 1996 on this review can be linked directly to the issues raised in the study co-authored by Dr Kurz1 demonstrating his important contribution to public health.

The European Medicines Agency was founded in 1995 and was only officially involved in the scientific assessment of the safety of fenfluramines through a referral procedure initiated in May 1995 by the German regulatory medicines agency, due to concerns regarding primary pulmonary hypertension leading to a series of labelling restrictions to minimise the risks. Subsequently in 1997, further to reports of cardiac valve disorders, all European Member States suspended the marketing authorisations and triggered a follow up referral procedure, leading to a Commission decision to withdraw the marketing authorisations.

Since that time the pharmacovilance legislation and European regulatory system have been strengthened and since the year 2005 national authorities are now obliged to automatically refer new emerging safety issues for nationally authorised medicines to the EMA for review at European level (Article 107 of Directive 2001/83/EC). In addition, the new European pharmacovigilance legislation, adopted in December 2010, is currently being implemented and gives further responsibilities and powers of action to the Agency in relation to the supervision of nationally authorised medicines, notably to the new Pharmacovilance and risk management Committee (PRAC).

I would like to reiterate my absolute confidence in Dr Kurz's scientific and personal integrity. He has been a most valuable expert in pharmacovigilance and pharmacoepidemiology, both prior to starting work at the European Medicines Agency and since joining the Agency. His contribution to European public health is highly appreciated throughout the European regulatory network.

I should be grateful if you could consider these elements of clarification to correct the information presented in the statement on your website dated 12 October 2011 and for any future statements on the above subject.

Yours sincerely

Andreas Pott

Acting Executive Director

[1] Abenhaim L, Moride Y, Brenot F, Rich S, Benichou J, Kurz X, Higenbottam T, Oakley C, Wouters E, Aubier M, Simonneau G, Bégaud B. Appetite-suppressant drugs and the risk of primary pulmonary hypertension. International Primary Pulmonary Hypertension Study Group. N Engl J Med. 1996 Aug 29;335(9):609-16