

illness or provide symptomatic relief, a showing of effectiveness is usually based on a clinical trial comparing the product to a placebo. Such a showing does not necessarily involve a comparison to another active treatment or a product that is known to be effective.

In certain circumstances, however, it may be important to consider whether a new product is less effective than available alternative therapies, when less effectiveness could present a danger to the patient or to the public. For example, it is essential for public health protection that a new therapy be as effective as alternatives that are already approved for marketing when: (1) The disease to be treated is life-threatening or capable of causing irreversible morbidity (e.g., stroke or heart attack); or (2) the disease to be treated is a contagious illness that poses serious consequences to the health of others (e.g., sexually transmitted diseases).

It should be noted that new products are often developed for particular subpopulations who either do not respond to or are not able to tolerate an existing approved therapy. FDA will generally approve for use in such a subpopulation a product that is shown to have effectiveness in this group, regardless of whether the product can be shown to be as effective in the broad target population as the alternative therapy. This is because, in effect, there is no available alternative therapy for the subpopulation. For example, a number of patients cannot tolerate a widely used therapy for an acquired immune deficiency syndrome (AIDS)-related pneumonia. FDA approved atovaquone for use in these patients even though the drug had been shown to be less effective than the standard therapy when tested in a broad population.

An additional issue related to product effectiveness concerns the assertion, by some industry officials, that the act not be interpreted as requiring multiple clinical studies when one "pivotal" study could suffice.

FDA believes good science dictates that a showing of effectiveness must be methodologically sound and provide a high level of confidence in the validity of the result. For human drug products, this ordinarily is achieved by independently replicating the result in a second study, to constitute an adequate demonstration of effectiveness for a new product. While a second study may well be needed to replicate results demonstrated in a first study, in some instances, it is possible to replicate results within one large, well-designed, multi-center study. FDA emphasizes

that this approach can be successful only when results are strong. The agency has, in the past, approved new human drug products on the basis of a single, multi-center study. Examples include dornase alfa for the treatment of cystic fibrosis, timolol for treatment of people after a heart attack, and zidovudine for AIDS. A statistically marginal result, even in a very large study, cannot provide convincing evidence without replication.

For medical devices, where the mechanism of action is a result of product design and substantially verified by in vitro performance testing, the agency has routinely relied on single studies evaluated for internal and across-center consistency to provide this high level of confidence in the result.

Dated: July 27, 1995.

William B. Schultz,

Deputy Commissioner for Policy.

[FR Doc. 95-18877 Filed 7-31-95; 8:45 am]

BILLING CODE 4160-01-F-M

Statement of Organization, Functions, and Delegations of Authority

Part H, Chapter HF (Food and Drug Administration) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (35 FR 3685, February 25, 1970, and 56 FR 29484, June 27, 1991, as amended most recently in pertinent part at 58 FR 14214, March 16, 1993) is amended to reflect the following reorganization in the Food and Drug Administration (FDA).

The Office of the Center Director (OCD), Center for Drug Evaluation and Research (CDER) is being reorganized to enhance CDER's responsiveness to its internal and external customers. The Executive Operations Staff is being established to combine project management, executive secretariat, and program management functions. The functions and staff of the Division of Regulatory Affairs are being transferred from the Office of Compliance to OCD as the Regulatory Affairs Staff.

Under section HF-B, Organization:

1. Delete the subparagraph *Office of the Center Director (HFN1)* under the *Center for Drug Evaluation and Research (HFN)*, in its entirety and insert a new subparagraph reading as follows:

Office of the Center Director (HFN1). Promulgates, plans, administers, coordinates, and evaluates overall Center scientific, management, and regulatory programs, plans, and policies.

Provides leadership and direction for all Center activities.

Coordinates and directs the Center management, planning, and evaluation systems to assure optimum utilization of Center manpower, financial resources, and facilities.

Directs Center operations for equal employment activities.

2. Insert a new subparagraph *Executive Operations Staff (HFN11)* under the *Office of the Center Director (HFN1)* reading as follows:

Executive Operations Staff (HFN11). Provides executive secretariat support to the Immediate Office of the Center Director, including coordinating executive and legislative correspondence and activities; managing the preparation and coordination of meetings; and preparing background material, graphics, and other information for meetings, speeches, and presentations.

Provides project management support for Centerwide and Agencywide initiatives to improve the quality and timeliness of regulatory reviews and improve team-based management practices.

Provides management support and advice to senior Center management concerning Center programs, including Center extramural contracts and grants activities.

3. Insert a new subparagraph, *Regulatory Affairs Staff (HFN13)*, under the *Office of the Center Director (HFN1)* reading as follows:

Regulatory Affairs Staff (HFN13). Initiates, develops, and reviews regulations, policies, procedures, and guidelines that affect the drug approval process.

Serves as the Center's focal point on regulatory issues providing advice and assistance on such matters as scope, applicability, and intents of the Food, Drug, and Cosmetic Act and other laws, regulations, and policies.

4. Delete the subparagraph, *Office of Compliance (HFND)*, under the *Center for Drug Evaluation and Research (HFN)* and insert a new subparagraph reading as follows:

Office of Compliance (HFND). Monitors the quality of marketed drugs through product testing, surveillance, and compliance programs.

Advises the Center Director and other Agency officials on FDA's regulatory responsibilities for drugs.

Develops standards for drug industry practices, including Current Good Manufacturing Practice (CGMP) regulations, and ensures their uniform interpretation.

Directs the Center's bioresearch monitoring program for drug products.

Identifies problems in drug regulation, manufacturing, and quality assurance and conducts voluntary compliance programs and studies.

Develops drug quality assurance and surveillance programs; coordinates and directs their field implementation; and advises other Center components on these programs.

Coordinates Center-field relations; provides support and guidance to the field on legal actions, case development, and contested cases; and reviews and decides disposition of field submissions involving deviations from standards.

Initiates Center-field surveillance assignments to monitor pivotal research data submitted as part of premarketing applications.

Recommends approval, denial of approval, or revocation of approval of activities that use methadone and other drugs for which treatment standards have been promulgated, taking any appropriate compliance action.

Evaluates, in coordination with appropriate Agency Regulatory affairs officials, a firms' conformance with CGMP in producing drugs for procurement by Federal and State agencies.

Evaluates, classifies, and recommends drug recalls and provides Center coordination with field recall activities.

Develops and implements policies and procedures in support of Center compendial operations and directs the Compendial Monographs Development and Evaluation Program.

5. *Prior Delegations of Authority.*

Pending further delegations, directives, or orders by the Commissioner of Food and Drugs, all delegations of authority to positions of the affected organizations in effect prior to this date shall continue in effect in them or their successors.

Dated: July 19, 1995.

David A. Kessler,

Commissioner of Food and Drugs.

[FR Doc. 95-18754 Filed 7-31-95; 8:45 am]

BILLING CODE 4160-01-M

National Institutes of Health

National Institute of Dental Research; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of Dental Research Special Emphasis Panel (SEP) meetings:

Name of SEP: National Institute of Dental Research Special Emphasis Panel-Conference Grant Review-1 Program (Teleconference).

Dates: August 11, 1995.

Time: 12 noon.

Place: Natcher Building, Rm. 4AN-44F, National Institutes of Health, Bethesda, MD 20892.

Contact Person: Dr. George Hausch, Chief, Review Section, 4500 Center Drive, Natcher Building, Room 4AN-44F, Bethesda, MD 20892, (301) 594-2372.

Purpose/Agenda: To evaluate and review grant applications and/or contract proposals.

Name of SEP: National Institute of Dental Research Special Emphasis Panel-R03 Review-3 (Teleconference).

Dates: August 18, 1995.

Time: 2 p.m.

Place: Natcher Building, Rm. 4AN-44F, National Institutes of Health, Bethesda, MD 20893.

Contact Person: Dr. Yong Shin, Scientist Review Administrator, 4500 Center Drive, Natcher Building, Room 4AN-38J, Bethesda, MD 20892, (301) 594-2372.

Purpose/Agenda: To evaluate and review grant applications and/or contract proposals.

Name of SEP: National Institute of Dental Research Special Emphasis Panel-Clinton Core Centers Review.

Dates: October 18-20, 1995.

Time: 9 a.m.

Place: Natcher Building, Rm. 4AN-44F, National Institutes of Health, Bethesda, MD 20893.

Contact Person: Dr. George Hausch, Chief, Review Section, 4500 Center Drive, Natcher Building, Room 4AN-38J, Bethesda, MD 20892, (301) 594-2372.

Purpose/Agenda: To evaluate and review grant applications and/or contract proposals.

The meetings will be closed in accordance with the provision set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

This notice is being published less than fifteen days prior to the meeting due to the urgent need to meet timing limitations imposed by the extramural research review cycle.

(Catalog of Federal Domestic Assistance Program No. 93.121, Oral Diseases and Disorders Research)

Dated: July 26, 1995.

Margery G. Grubb,

Senior Committee Management Specialist, NIH.

[FR Doc. 95-18856 Filed 7-31-95; 8:45 am]

BILLING CODE 4140-01-M

National Institute of Mental Health; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting of the National Institute of Mental Health Special Emphasis Panel:

Agenda/Purpose: To review and evaluate grant applications.

Committee Name: National Institute of Mental Health Special Emphasis Panel.

Date: August 17, 1995.

Time: 1 p.m.

Place: Parklawn, Room 9C-26, 5600 Fishers Lane, Rockville, MD 20857.

Contact Person: Rehana A. Chowdhury, Parklawn, Room 9C-26, 5600 Fishers Lane, Rockville, MD 20857, Telephone: 301-443-6470.

The meeting will be closed in accordance with the provisions set forth in sections 552(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

This notice is being published less than fifteen days prior to the meeting due to the urgent need to meet timing limitations imposed by the grant review cycle.

(Catalog of Federal Domestic Assistance Program Numbers 93.126, Small Business Innovation Research; 93.242, Mental Health Research Grants; 93.121, Scientist Development Awards; 93.282, Mental Health Research Service Awards for Research Training)

Dated: July 26, 1995.

Margery G. Grubb,

Senior Committee Management Specialist, NIH.

[FR Doc. 95-18858 Filed 7-31-95; 8:45 am]

BILLING CODE 4140-01-M

Division of Research Grants; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following Division of Research Grants Special Emphasis Panel (SEP) meetings:

Purpose/Agenda: To review individual grant applications.

Name of SEP: Microbiological and Immunological Sciences.

Date: August 17, 1995.

Time: 1:00 p.m.

Place: NIH, Rockledge II, Room 4200, Telephone Conference.

Contact Person: Dr. Gil Meier, Scientific Review Admin., 6701 Rockledge Drive, Room 4200, Bethesda, MD 20892, (301) 435-1219.

Name of SEP: Behavioral and Neurosciences.

Date: August 17, 1995.

Time: 1:00 p.m.

Place: NIH, Rockledge II, Room 5192, Telephone Conference.

Contact Person: Dr. David Simpson, Scientific Review Administrator, 6701 Rockledge Drive, Room 5192, Bethesda, MD 20892, (301) 435-1278.

The meetings will be closed in accordance with the provisions set forth in secs.