

(Comment 2) A comment from CSPI to the current petition asserted that FDA has never conducted in-depth investigations (beyond reviewing the medical records of a few individuals) of any of the anecdotal reports, including those reports involving rectal bleeding, hospitalization, and death. The comment further asserted that the agency has ignored all of the anecdotal reports and has said that there is no proof that any of the reports were due to olestra. The comment also stated that in some reports, a patient's physician attributed his/her symptoms to olestra. The comment also quoted FDA review memoranda (Refs. 6 and 7) stating that olestra may have been responsible for some of the effects reported.

FDA does not agree that it has ignored anecdotal reports. Nor does it agree that it must conduct further investigation of the anecdotal reports. FDA regularly reviews the reports forwarded to the agency by P&G and CSPI. The reports are analyzed and summarized using criteria such as sex, age, symptoms reported, duration of symptoms, and amount of olestra-containing food consumed. The agency also reviews any medical records forwarded with the reports. CSPI provided no evidence to support its allegation that anecdotal reports have been ignored. Nor has CSPI provided any reason to suspect that serious adverse health effects could have been caused by olestra. The agency will continue to monitor reports as they are forwarded to the agency.

As stated in the memoranda cited by the comment, some of the effects reported may have been caused by olestra. These reports were collected using passive surveillance. As noted previously, passive surveillance is useful in that it can lead to hypothesis generation about why specific effects are occurring. These hypotheses can then be tested in controlled clinical trials. For example, the reports received from consumers attributing their symptoms to olestra served as a basis for some of the hypotheses tested in the petitioner's most recent controlled clinical studies. However, while passive surveillance data have utility, such data are limited in that they do not allow for the determination of a causal association between the product consumed and effects reported. Thus, based on the passive surveillance data alone, it is not possible to determine whether the effects reported were caused by consumption of an olestra-containing food.

The agency has reviewed all of the medical records that it has received from CSPI and P&G about consumers who saw a physician for an effect attributed to the consumption of an olestra-containing food. In fact, FDA has conducted an investigation into the death mentioned in the previous comment. FDA has also obtained and examined the pathology slides of a patient who had undergone an appendectomy that the patient associated with consumption of an olestra-containing food. The agency has not found sufficient evidence to conclude that olestra is likely to have caused the symptoms that led the consumers to see a physician.¹⁸

(Comment 3) A comment from CSPI to the current petition stated that letters and electronic mail messages sent to P&G describing GI symptoms have not been included in reports that P&G submitted to the agency; therefore, the agency has not received all of the symptom-related reports. The comment recommended that the agency investigate whether it had received all reports.

FDA recognizes that not every report from a consumer will provide enough information for FDA to determine whether an effect was possibly related to olestra and that some judgement is needed in compiling data. In light of this limitation, the agency recognizes that P&G may not forward all reports it receives, such as those reports containing incomplete information, to the agency. While this may mean that less than 100 percent of reports are collected, the agency has no reason to believe that the complaints not forwarded to the agency constitute a unique data set or raise an issue not previously considered. Indeed, the reports gathered and forwarded independently to the agency by P&G and CSPI are consistent in terms of the nature of the complaints and the amounts of olestra consumed. CSPI's comment provides no specific information that would lead the agency to conclude that it has not received an accurate and representative sample of the effects reported to P&G or that such reports raise an issue not already considered. Thus, the agency finds that there is no basis for concluding that it should obtain and evaluate each and every report that P&G receives.

(Comment 4) A comment from CSPI to the current petition stated that the agency should obtain and disclose to the public the number of consumers (without identifying any particular individuals) who attributed their

symptoms to olestra and reached an out-of-court settlement with the petitioner. The comment also asked for the number of consumers who, after attributing their symptoms to olestra, received or were offered reimbursement for their medical expenses. The comment requested that the agency consider this information in its rulemaking.

FDA does not agree that it should obtain and disclose to the public the number of consumers who attributed their symptoms to olestra and reached an out-of-court settlement with the petitioner. Importantly, the comment does not demonstrate the relevance of the requested information to the question at issue: *i.e.*, whether FDA should continue to require special labeling for olestra-containing foods. Moreover, settlement of lawsuits may be reached for a variety of reasons, including improved public relations or avoidance of unnecessary conflict, and do not address any factual issues regarding whether olestra is capable of causing the effects claimed.

C. Studies Regarding GI Effects

1. Rechallenge Study

The petitioner submitted a report of a study designed to test whether individuals who complained of a GI effect after consuming olestra-containing snacks would have the same experience with subsequent exposure (Refs. 8 and 9). This test was designed to show whether the GI effect is consistently associated with consumption of the olestra-containing snack. The petitioner's study was a randomized, double-blind, placebo-controlled, four-period, within-subject crossover study. Subjects were recruited from consumers who had voluntarily called the snack manufacturer and reported GI symptoms associated with consumption of olestra-containing snacks. Each subject made four visits to the study site, at least 1 week apart, and was provided with 2 ounces (oz) of either potato chips containing olestra (olestra chips) or potato chips containing conventional triglyceride¹⁹ (triglyceride chips). At each visit, subjects were to consume as much as they could of the 2 oz serving. Each participant was randomly assigned to receive olestra chips at two visits and triglyceride chips at two visits. Participants were contacted after each visit and asked whether they had

¹⁹ In the various reports submitted by the petitioner, the terms triglyceride, full-fat, regular, and conventional were all used to describe the oil used in savory snacks. These terms mean the same thing. For consistency in this document, we use the word triglyceride.

workers about the events leading up to the patient's death.

¹⁸ Ref. 5 and Transcript, vol. 1, pp. 271–276.