PRODNO = MDL-FOREM0001515
CD_NAME = MDLDVD001
TREATMENT : CONFIDENTIAL
FROM : Lawrence, Jeffrey <jeffrey.lawrence@forest>
TO : Tiseo,Paul <paul.tiseo@forest laboratories.com>
CC : Goetjen, Christina <christine.goetjen@forest laboratories.com>
DATE = 10/15/2001
TIME : 13:14:31
SUBJECT : FW: Ped data
FOLDER : Personal Folders\Celexa/Lexapro\GCIGroup\Pediatric Guidelines
SOURCE : Christina Goetjen
MESSAGEID : 2F54E33330409943BEFC912FC7DCB3EB010BCFDC@MAIL-NYC
BODY :

From: Lawrence, Jeffrey <jeffrey.lawrence@forest>
Sent: Monday, October 15, 2001 1:15 PM
To: Tiseo,Paul <paul.tiseo@forest laboratories.com>
Cc: Goetjen, Christina <christine.goetjen@forest laboratories.com>
Subject: FW: Ped data

Paul,
Have you heard anything else about the Pediatric data? When we last talked, you mentioned some of the measures didn't look that great, but you weren't sure if some of the data were compared to baseline, or compared to placebo. Any thoughts would be greatly appreciated. Thanks for you help!
Jeff

Oh, one other thing, do you know who is analyzing the data?
-----Original Message-----
From: Prescott, Mary [mailto:mprescott@webershandwick.com]
Sent: Monday, October 15, 2001 1:58 PM
To: 'Jeffrey.Lawrence@frx.com'
Cc: Christina.Goetjen@frx.com; Mitchner, Natasha
Subject: RE: Ped data

Jeff,

These are my thoughts, as I haven't had a chance to discuss with Natasha. Also, I don't know that any decision has been made about who is going to write the manuscript (not to be confused with who is going to be the author[s] of the manuscript, which also isn't decided, as far as I know). But, for reasons I'll list below, I think it would make sense to have a first draft prepared in-house (meaning at Forest, if there is someone with time to do it, or here, if Bill Heydom's group is swamped).

I think the most important consideration is to get a manuscript submitted as quickly as possible. Because of the considerable interest in the topic, and the dearth of positive studies in this area, it's very likely that the paper will receive rapid review and acceptance. If submitting to JAMA (which was the target journal discussed at the ad board meeting), one can request expedited review (acceptance or rejection within a matter of weeks). Once a paper is "accepted for publication" or "in press," it's easier to reference it (i.e., use it in CME) without jeopardizing eventual publication.

As we all know, it is easier to react to or edit something than it is to write it from scratch. Additionally, I've heard through the grapevine that not all the data look as great as the primary outcome data. For these reasons (speed and greater control) I think it makes sense to prepare a draft in-house that can then be provided to Karen Wagner (or whomever) for review and comments. Since a poster is being developed for ACNP, it is really not that much extra effort to develop a manuscript in the same timeframe.

Regarding PR, it will be possible to generate some PR around the presentation of the data at ACNP (whether ACNP does a release or Forest does its own). Media coverage in connection with a meeting is exempt from journals' rules banning pre-publication disclosure of findings. Similarly, once the data are presented at a meeting, you can reference that presentation in other materials. (Technically, ACNP forbids this, because they do not produce an abstract book or proceedings that are publicly available, but people still do it all the time.)

Additionally, there is a meeting in January in New York sponsored by the American Academy of Child and Adolescent Psychiatry called the 2002 Psychopharmacology Update Institute that might be an appropriate place to present the data. Again, PR could accompany this without jeopardizing publication.

Finally, once the data are published -- and especially if published in a top-tier journal like JAMA -- Forest can expect substantial media coverage. As you probably know, JAMA does its own PR that can be supplemented with your own efforts. One word of caution: there is a cadre of anti-psychopharmacologists out there (the Church of Scientology, Peter Breggin, etc.) who can be expected to criticize the findings and even question the premise of treating children with antidepressants. The more coverage that your study generates, the louder you can expect the protests to be.

Please let me know if you have any questions or if we can provide additional assistance at this time.
Thanks.

Mary

-----Original Message-----
From: Jeffrey.Lawrence@frx.com [mailto:Jeffrey.Lawrence@frx.com]
Sent: Monday, October 15, 2001 10:56 AM
To: mprescott@webershandwick.com; NMitchner@webershandwick.com
Cc: Christina.Goetjen@frx.com
Subject: Ped data

Mary, Natasha,

I apologize, but I've forgotten some of the details we've talked about with regards to the Pediatric data and Karen Wagner. First of all, did we decide who would be writing the manuscript? Have you been in contact with Karen Wagner at all?

As you know, we don't want to compromise the publication but we would like to wrap some PR and CME around this data. Let me know your thoughts when you get a chance, thanks.

Jeff Lawrence
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Forest Laboratories
(212) 224-6845
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Fig. 1. Email correspondence from Mary Prescott at Weber Shandwick, Inc. to Jeffrey Lawrence (Forest Marketing Department), Christina Goetjen (Forest Celexa® Product Manager), and Natasha Mitchner (ghostwriter at Weber Shandwick).