

United States Food and Drug Administration  
10903 New Hampshire Avenue, FDA Building 1  
Silver Springs, MD 20993-0002  
Commissioner Dr. Stephen M. Hahn

March 16, 2020

**Formal FDA Citizen Petition**

**Calling for Immediate Corrective Action**

Dear Dr. Stephen M. Hahn, FDA Commissioner:

**Introduction:**

**As required under:**

[Code of Federal Regulations]

[Title 21, Volume 1]

[Revised as of April 1, 2014]

[CITE: 21CFR10.30]

TITLE 21--FOOD AND DRUGS  
CHAPTER I--FOOD AND DRUG ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SUBCHAPTER A--GENERAL

PART 10 -- ADMINISTRATIVE PRACTICES AND PROCEDURES

Subpart B--General Administrative Procedures

Sec. 10.30 Citizen petition.

This is a:

**Citizen Petition being refiled 03/28/2020 through email as requested to:**

**Dynna Bigby**

*Supervisor, APO – FDMS Administrator – co-Chair CCB*

Food and Drug Administration

**OC/OO/OEMS/DIG**

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I, the undersigned, acting as a concerned medical professional and American citizen, tenders this petition under multiple relevant statutory sections of Title 21 including drug labeling (example Title 21, Chapter1, Subchapter C, Part 201, Subpart B, section 201.57 (b) and (c)), pharmacovigilance, clinical pharmacology, mechanisms of action, use, clinical considerations, risk statements based on pharmacology, risk statements based on animal studies and best understood causational mechanisms, warning and precautionary statements (example Title 21, Chapter1, Subchapter C, Part 201, Subpart B, section 201.57 (a)(10)), adverse reactions (example Title 21, Chapter1, Subchapter C, Part 201, Subpart B, section 201.57 (a)(11)), clinical studies protocols and mandated understandings to facilitate drug and device safety and effectiveness, providing “good faith” and accurate statements as conveyed in the development, manufacture, sale, delivery, holding, and offer of a food, drug or device. Under Title 21, the FDA cannot give guaranty or undertake statements that are false or misleading in any way. Section 505 of the Federal Act mandates a drug must be proven safe and effective, providing full reports of investigation and clinical trials, fully describing all methods used in developing and labeling such use, and best practices and labeling are held to ensure safety and effectiveness in new drug applications and in currently approved drugs. It is the FDA’s duty to properly evaluate all material facts and ensure labeling and facts are not false or misleading in any particular. If facts are incorrect or false, all advertisement and promotional claims made to the public and FDA must be evaluated and resubmitted by the drug sponsor to properly address risks. When hazardous complaints and harms are misstated or incorrect, it is the duty of the FDA to make these concerns known through all available news media and FDA resources. These statutes are found broadly in multiple sections of Title 21 Food and Drug laws pertaining to pharmaceutical manufacturing,

prescribing and dispensing requirements. FDA law also forms the basis of pharmacy laws in every federal and state regulating drug manufacturing, health and human services, pharmacy and medical practice law. Specific statutes and requirements of the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act and any other statutory provision for which authority has been delegated to the Commissioner of Food and Drugs and to request the Commissioner of Food and Drugs to issue, amend, or revoke a regulation or order or take or refrain from taking any other form of administrative action can be listed in detail if further details are requested. Rote quotation of statutes should not be necessary in a petition. The statutes are widely distributed and are generally well known by most health care professionals.

#### **A. Action Requested**

This citizen petition demands the FDA Commissioner issue proper warnings related to causal mechanisms for drugs with noted mechanisms of actions that lead to the adverse medical condition known broadly as nephrotic syndrome (also known as nil disease, minimal change disease, podocytopathies, and a variety of other named medical conditions where proteins are lost through the urine). These adverse events can be either mild or severe and can be life-threatening. It is necessary to amend statements of facts and misstatements made regarding causal mechanisms and that these drugs may not be safe and effective for all individuals, and it is necessary to revoke or deny applications and approvals for drugs submitted in error with false and misleading evidence with respect to the FDA's regulatory duty. As required to be stated in exact wording by regulation, the FDA must follow existing regulations and must follow proper risk evaluation and

mitigation strategies and standards of care protocols to properly address serious adverse concerns related to numerous medications, including the development of new drugs and vaccines. A new drug (including vaccines) cannot be approved or fast-tracked simply to satisfy a political entity. The science must be accurate, and the science must be stated in public documents, especially in documents medical professionals use to inform patients and interested parties. These statements cannot be speculative or inaccurate in any fashion.

This petition demands the FDA halt promoting speculative and potentially seriously harmful medication protocols and investigational medicines that do not meet a level of safety and efficacy as determined by clinical studies and standards of practice. All patients have a constitutional right to be informed of risks and benefits, as doctors and pharmacists have a duty to inform patients of all risks as they relate to approved drugs and devices being used for approved and off-label uses in any manner promoted by the drug sponsor or an individual prescriber. Approved and promoted mechanisms of actions are the foundational basis of evaluation of risk and adverse events.

This petition demands the “brand name- a.k.a. original” sponsors of a manufactured drugs listed below must address all known and understood concerns related to the risks and mechanisms of action of their sponsored drug. This duty cannot be waived by any government agent or agency regardless of immediate or ongoing concern. The original sponsor of a drug, not generic manufacturers, must address these concerns as it is their duty to address pre and post marketing safety concerns to balance promotion of suggested benefits. Every patient has a right to understand the risk-benefit safety profile of any drug or device being chosen for their medical condition and treatment plan. Generic drugs do not give legal redress

for any misuse for unlabeled and misappropriated prescribing. Brand drugs set the bar in the FDA approval process. The FDA must address facts and assist in establishing proper standards of practices by limiting harm to any citizen that may be injured by a drug or device, no matter how small in number the affected population may be.

This petition demands the Commission issue a warning of the currently understood causal mechanisms of nephrotic syndrome, noted in various literature as albuminuria and related terminology as causing nephrotic-range proteinuria with a low serum albumin level and edema where nephrotic-range proteinuria is the loss of 3 grams or more per day of protein into the urine or, on a single spot urine collection, the presence of 2 g of protein per gram of urine creatinine. The cause of this widely known risk is podocytopathy and must be properly addressed in drug literature for FDA approved and promoted sponsored drug regimens. The Commissioner must amend false statements of sponsored and investigational drugs which are not accurate and false in particulars. A drug cannot be safe and effective and given approval on false “good faith” statements. The exact wording of such amendments and warnings fall to the Commissioner and the drug sponsors for currently approved drugs listed below and for those in clinical trials and research going forward. It is mandated all parties start with the facts issued and adjudged in the Federal Courts and the Supreme Court of the United States that nephrotic syndrome has a causal mechanism related to podocytopathy, and is not immune-mediated as suggested in numerous pharmaceutical product information full disclosure statements and clinical/post-marketing pharmacovigilant statements reviewed and issued by drug sponsors and

has been FDA approved and reviewed by designated experts as sufficient and conclusive evidence for such acceptance.

This petition demands the Commissioner take administrative action on drug sponsors promoting these drugs as safe and effective, and demands the Commissioner issue appropriate warning for medical professionals and the public. This petition also demands the Commissioner refrain from approving drugs and vaccines with known risks of triggering nephrotic syndrome, as related to known related reactive drug-induced causational mechanisms. It must be labeled as a risk of an adverse event for patients taking any of the listed medications below, as treatment plans often impose the drug's withdrawal and the addition of an immunosuppressing treatment plans to resolve the adverse nephrotic state. This is not an acceptable explanation and is false in misleading the public of a potentially serious adverse risk of a suggested treatment plan. This petition demands the Commission take immediate action against currently approved drugs with known causational mechanisms leading to nephrotic syndrome and to specifically address all new drugs that have suggestive and higher risk of injury in patients receiving treatment by a sponsored drug. The patient has a constitutional right to be fully informed and given accurate and complete data regarding drug facts. It cannot be informed consent if all parties are not properly informed. If the drug sponsors refuse to address this petition, it is appropriate to force withdrawal and halt new drug investigational trials where the facts suggest a serious risk but do not give evidence to support the claims submitted for approval. This applies to all drugs regardless of the implied benefits and immediacy of its need for treatments.

## B. Statement of Grounds

**This petition is based on the foundational evidence and facts presented in the Federal Court of Claims, The Federal Appeals Court, and in writ of certiorari to the Supreme Court of the United States.**

**This petition is additionally promoted by the Secretary of Health and Human Services, his agents, and experts. And is strongly supported by drug laws and the National Academy of Medicine (NAM) guiding principles for recognized and suspected causational mechanisms of action in medicine.**

**Additional evidence and facts can be found in numerous facts and evidence noted in FDA literature submitted in clinical trials and post-marketing studies for each drug. These causational actions have been submitted and discussed with multiple experts in the FDA, outside the FDA, and in its sister agencies. All facts are historically noted and recorded.**

**The FDA does not formally address podocytopathy in any found research linking causation. Suggestive evidence noted as immune-mediated causation is claimed in “good faith” statements found in numerous PI and sponsored drug clinical literature submitted to the FDA. The above noted authorities state these good faith statements are false and must be corrected as it was unfavorable to the petitioner and is dangerous to future claimants as it is a noted but rarely addressed adverse drug safety concern.**

## C. Environmental Impact

**The FDA formally claims: “We claim categorical exclusion under 25.30, 25.31, 25.32, 25.33, or 25.34 of this chapter or an environmental assessment under**

*25.40 of this chapter.” This petition does not claim any specific environmental impact beyond the harm done to individuals injured by this known adverse drug peril.*

#### **D. Economic Impact**

**The economic impact of addressing this petition is enormous. It impacts many individuals in small drug treatment populations and has an exponentially large effect on those not impacted directly through economic factors but are tied directly and indirectly to injuries sustained from the listed drugs below. Nephrotic syndrome does not occur in every patient administered the drugs below but can be highly impactful to those individuals it does disturb. On the larger scale, this petition addresses a wide range of drugs that have known or highly conjectured links to causational mechanisms that cause, or trigger, nephrotic syndrome. The FDA has permitted good faith efforts and linkage to immune-mediated causational mechanisms as permissible suggestive mechanisms. This is not in alignment with current understood facts in domestic and global research. legal and regulatory actions. This petition affects current and proposed regulatory actions that impact current and future treatments with a very large impact on all stakeholders in society and directly impacts our constitutional rights to be informed citizens, given factual and correct statements to evaluate a drug or device based on current scientific facts and drug information.**

### E. Certification

The undersigned hereby certifies, that, to the best knowledge and belief of the undersigned, this petition includes the basic information listed above and below and views on which the petitioner and the Courts and Secretary of HHS relies, and that it includes reference to representative data and information known to the FDA and the petitioner which are favorable to the arguments found in this petition, with unfavorable costs to American citizens.

 (Signature) Signed below at bottom of petition!

\_\_\_\_\_ (Name of petitioner) (b) (6)

\_\_\_\_\_ (Mailing address) (b) (6)

\_\_\_\_\_ (Telephone number) (b) (6)

These are the required elements of the FDA citizen petition as dictated by the FDA. I list below my petition in further detail.

#### Petition Details:

It is required that the FDA address this citizen petition which embraces the accepted and instructed science recognized in January 2020 by The Supreme Court of the United States that confirmed the ruling of United States Court of Federal Claims, Case Number 12-254V. The proof submitted to the Supreme Court are facts and evidence accepted and reported by the FDA and pharmaceutical manufacturers in research and pharmacovigilance literature. The FDA and manufacturers actively proclaim nephrotic syndrome has a causational mechanism related to immune-mediated causational mechanisms as reported in pharmaceutical

package product inserts, pharmacovigilance reports, post-marketing studies and clinical studies. The Federal Courts however pronounce this reported causal mechanism as being both false and inaccurate. The Courts proclaim the cause of nephrotic syndrome to be podocytopathy, for example Angiopoietin-like 4 acting specifically on the podocyte cells not immune system interconnective cell relationships.

While the FDA claims its rights to grant drug sponsors discretion on drug facts, the FDA is obligated to take immediate action, and to halt the false and misleading information from being distributed to medical professionals and scientists, as it relates to a serious adverse event. These faulty statements must be addressed by the FDA and all pharmaceutical manufacturers where nephrotic syndrome is a noted or inferred adverse risk related to the drug's mechanisms of action. Numerous drugs notably cause or trigger nephrotic syndrome and necessitate medical intervention and actions to address the adverse reaction.

The highest United States Courts have judged and pronounced the causation of nephrotic syndrome to be podocytopathy mechanisms, not immune-mediated factors. The Secretary of Health and Human Services, Alex Michael Azar II, and his staff and experts also assert the causation as being podocytopathy. The significance of conflicting causal statements by government officials and ruling federal judges is unacceptable and does not properly address the flawed statements made in drug product literature accepted and asserted by the FDA. The Federal Courts do not permit the belief that both mechanistic actions may play a role in causation, but select podocytopathy, such as ANGPTL-4, as the understood influencers acting on podocytes leading to nephrotic syndrome and further medical complications.

The role of the FDA is to develop and disseminates information to the public about important drug safety issues, including emerging drug safety information. An important drug safety issue is one that has the potential to alter the risk-benefit analysis for any drug in such a way as to affect decisions about prescribing or taking the drug, including, but not limited to: Serious adverse drug reactions identified after a sponsored drug's approval, medication reporting errors, improper promotion and use of a sponsored drug, prescribing and administering an improper dose that can cause harm, or to a patient's taking another medication with which the drug interacts. All sponsored drugs must be monitored, analyzed and reported for all known and understood emerging drug safety information. The FDA must disseminate important drug safety information by appropriate means and at times understood as relevant to proper medical guidance, issuing a Public Health Alert or a press release about a drug(s) or device(s) and hold a media briefing to communicate important risk information to all stakeholders.

It is the duty of the FDA to address this concern, as it directly affects the public's constitutional right to make informed choices, known formally as informed consent. Medical professionals cannot provide information and a proper standard of care, if the FDA does not provide the proper pharmaceutical information and guidance standards through its approval process. The Federal Courts have asserted the causational facts of nephrotic syndrome. It is the duty of the FDA to properly address the scientific facts adjudged by the courts, and to spread the facts to medical professionals in an intelligent and appropriate fashion.

The FDA by law must monitor and review safety information regarding a drug throughout the product's lifecycle, interacting with sponsors/manufacturers during product development and clinical investigation of the drug, closely

reviewing all safety issues during consideration of a marketing application, and, if the drug is approved, monitoring safety reports after the drug is marketed. Every approved drug must be labeled (e.g., prescribing information) containing, among other things, information about benefits and risks of using the sponsored drug.

After drug approval, the FDA may learn of new, or more serious or more frequent, adverse drug reactions from, for example, post-approval voluntary or mandatory reporting of adverse drug reactions which occur during use of the drug, post-approval clinical trials exploring new uses of the drug, other post-approval studies including epidemiologic studies or active surveillance evaluations. For example, additional adverse drug reactions, some of them serious, may be identified once a drug is used more widely and under more diverse conditions (e.g., concurrent use with other drugs and unique drug responses to newly characterized and categorized medical conditions such as podocytopathies), or when the drug is prescribed for off-label uses. In many cases, medication errors occur related to factors that influence safe use of the medication. However, as new information related to a drug becomes available, the FDA must review the data and evaluate an emerging drug safety concern. When such a concern arises, relevant medical and scientific experts within the FDA and through application of sponsors must provide information regarding accuracy and must engage in a prompt review and analysis of current available data. There is often a period of uncertainty while FDA evaluates the emerging safety information to determine whether there is an important drug safety issue related to a specific drug or drug class and whether regulatory action is appropriate and, if so, what type of action is necessary. The Federal Courts have preempted this emerging issue to protect public safety and failure by the FDA to act promptly in addressing medical facts and concerns related to the causation of nephrotic syndrome. The FDA must act and accept

declared science and causal mechanisms that has been endorsed by the Courts and advocated by the Department of Health and Human Services' experts. The time to act is now.

The FDA is obligated to actively engage in scientific efforts to gather safety information in an ongoing manner. Drug sponsors (the entities that market pharmaceuticals or that takes responsibility for and initiates a clinical investigation of a drug. Usually, the sponsor is the owner of the application (application holder for the drug)) must gather and evaluate accurate and relevant emerging safety information and provide the results of their analyses to the FDA. Additional data relevant to an emerging drug safety concern often becomes available through various sources (e.g., data from an ongoing study or trial, data from surveillance evaluations, understood mechanisms of actions and causations, as related to data from available clinical databases), these data points of information are considered critical in the analysis and decision-making process by all medical and public stakeholders. The FDA must, based on evaluation of additional data related to any drug, issue further regulatory action. These actions include modifying prescribing information or a Risk Evaluation and Mitigation Strategy (REMS), as is appropriate to address the concern. Although, interpreting post-market safety data is complex, involving analysis of clinical data and detailed review of a wide range of potentially relevant information, including adverse drug experiencing spontaneous reports, pertinent controlled clinical trials and epidemiologic studies, active surveillance efforts, estimates of drug usage and adverse drug experience reporting rates, estimates of background rates of the adverse event, and other relevant information as reported, including understood highly relevant causal statements. Decisions about how to address a safety concern are a matter of

judgment about which reasonable and adequately informed persons with relevant expertise may disagree, but declaration in judgements by Federal Judges cannot be dismissed as inadequate or uninformed. The FDA has simply erred in supporting a causal mechanism its experts have either ignored or misunderstood or deferred concern.

The FDA has a duty to engage in robust and comprehensive discussions with the stakeholders regarding potential drug safety issues. The Drug Safety Oversight Board, established by FDA in February 2005, is required to provide recommendations regarding the management and communication of an emerging drug safety issue and may engage in external discussions by convening an Advisory Committee, or coordinating with other public health agencies, such as the Centers for Disease Control and Prevention, or the National Vaccine Program Office, regarding a noted drug safety issue. Under guidance of the United States Supreme Court, it is necessary to declare regulatory action and decide which method is required to communicate further information to the public regarding errors in understood facts related to numerous drugs now on the market. The FDA's public health duty mandates the FDA take decisively important next steps in addressing the now formal recognized causation of nephrotic syndrome, or to alternatively formally reject the Courts and the Secretary of Health and Human Services and his staff. The FDA, the courts, the Secretary and his oversight agencies should agree on facts, not report misinformation to the public and medical professionals considered standards of care and understood risks and causal mechanisms in treatment plans.

The nephrotic syndrome statements noted here have been listed in numerous FDA and manufacturer literature statements offering broad guidance of the

nephrotic condition as being related to immune-mediated complications generally treated with corticosteroids and immunosuppressants for decades as an immune-mediated adverse condition. Recent nephrology research and testament points to podocytopathy factors as the causational mechanism. It is mandatory medical professionals understand the underlying risk of a podocytopathy-mediated source and type as the causational factor, so that an effective treatment may be offered to an injured patient exposed to these groups of pharmaceutical agents that can lead to nephrotic syndrome. A drug sponsor of an FDA approved product cannot simply assign a causation and list it as being immune-mediated for simplicity and convenience to permit promotion and approval of the sponsored drug when the Federal Courts have stated this information is incorrect and inaccurate. A ruling by the highest Courts is sufficient to define what science is current and accurate.

It is evident, the FDA has been too accommodating to manufacturers and experts offering a simple causational scheme tied to drug protocols that suppress the immune system as being the primary science involved. Podocytopathy is the most recent mechanism of causation and is widely understood by nephrologists, as explained by the Federal Judges' designated Patriarch in Nephrology Dr. Bernard S. Kaplan. Other experts with the FDA, NIH, CDC, ACIP, and pharmaceutical research departments, along with many academic scholars have been consulted and generally agree with the needed change in standards, which have been evolving for over 20 years. Nephrotic syndrome is not a simple one causal mechanism, but a broad term used to cover many mechanisms with similar outcomes. Current science dictates categorization of the podocytopathy. Drug-induced podocytopathy is a well-known and recognized podocytopathy subgroup.

The FDA is the overseer of interpretation of drug data on the listed drugs below. All existing and NDA applicants must provide information about the chemistry, manufacturing, and controls (CMC) for the finished drug product by citing the Federal Register notice and providing safety and effectiveness data. The FDA is bound by the requirement for clinical evidence. Federal courts and officials have abetted in establishing the causal mechanism of nephrotic syndrome as being podocytopathy. The drugs listed below are noted in numerous pharmacovigilance and clinical literature submitted to the FDA concomitant as a trigger or cause of drug-induced cases of nephrotic syndrome. The list is not all-inclusive but lists individual drugs and general classes of drugs with links to nephrotic syndrome causation or triggering nephrotic onset or relapse tied to immune-mediated causal mechanisms in error. These drugs include:

**Influenza vaccines (Type-A, Type-B, trivalent and quadrivalent)**

**Coronavirus (COVID-19) vaccine (currently in clinical trials)**

Abiraterone Acetate

Abraxane (Paclitaxel Albumin-stabilized Nanoparticle Formulation)

ABVD

ABVE

ABVE-PC

AC

Acalabrutinib

AC-T

Actemra (Tocilizumab)

Adcetris (Brentuximab Vedotin)

ADE

Ado-Trastuzumab Emtansine

Adriamycin (Doxorubicin Hydrochloride)

Afatinib Dimaleate

Afinitor (Everolimus)

Akynzeo (Netupitant and Palonosetron Hydrochloride)

Aldara (Imiquimod)

Aldesleukin

Alecensa (Alectinib)

Alectinib

Alemtuzumab

Alimta (Pemetrexed Disodium)

Aliqopa (Copanlisib Hydrochloride)

Alkeran for Injection (Melphalan Hydrochloride) Alkeran Tablets (Melphalan)

Aloxi (Palonosetron Hydrochloride)

Alpelisib

Alunbrig (Brigatinib)

Ameluz (Aminolevulinic Acid Hydrochloride)

Amifostine

Aminolevulinic Acid Hydrochloride

Anastrozole

Apalutamide

Aprepitant

Aranesp (Darbepoetin Alfa)

Aredia (Pamidronate Disodium)

Arimidex (Anastrozole)

Aromasin (Exemestane)

Arranon (Nelarabine)  
Arsenic Trioxide  
Arzerra (Ofatumumab)  
Asparaginase Erwinia chrysanthemi  
Asparlas (Calaspargase Pegol-mkn1)  
Atezolizumab  
Avastin (Bevacizumab)  
Avelumab  
Axicabtagene Ciloleucel  
Axitinib  
Azacitidine  
Azedra (Iobenguane I 131)  
Balversa (Erdafitinib)  
Bavencio (Avelumab)  
BEACOPP  
Beleodaq (Belinostat)  
Belinostat  
Bendamustine Hydrochloride  
Bendeka (Bendamustine Hydrochloride)  
BEP  
Besponsa (Inotuzumab Ozogamicin)  
Bevacizumab  
Bexarotene  
Bicalutamide  
BiCNU (Carmustine)  
Binimetinib

Bleomycin Sulfate  
Blinatumomab  
Blincyto (Blinatumomab)  
Bortezomib  
Bosulif (Bosutinib)  
Bosutinib  
Braftovi (Encorafenib)  
Brentuximab Vedotin  
Brigatinib  
BuMel  
Busulfan  
Busulfex (Busulfan)  
Cabazitaxel  
Cablivi (Caplacizumab-yhdp)  
Cabometyx (Cabozantinib-S-Malate)  
Cabozantinib-S-Malate  
CAF  
Calaspargase Pegol-mknl  
Calquence (Acalabrutinib)  
Campath (Alemtuzumab)  
Camptosar (Irinotecan Hydrochloride)  
Capecitabine  
Caplacizumab-yhdp  
CAPOX  
Carac (Fluorouracil--Topical)  
Carboplatin

CARBOPLATIN-TAXOL

Carfilzomib

Carmustine

Carmustine Implant

Casodex (Bicalutamide)

CEM

Cemiplimab-rwlc

Ceritinib

Cerubidine (Daunorubicin Hydrochloride)

Cetuximab

CEV

CHOP

Cisplatin

Cladribine

Clofarabine

Clolar (Clofarabine)

CMF

Cobimetinib

Cometriq (Cabozantinib-S-Malate)

Copanlisib Hydrochloride

COPDAC

Copiktra (Duvelisib)

COPP

COPP-ABV

Cosmegen (Dactinomycin)

Cotellic (Cobimetinib)

Crizotinib

CVP

Cyclophosphamide

Cyramza (Ramucirumab)

Cytarabine

Cytarabine Liposome

Dabrafenib Mesylate

Dacarbazine

Dacogen (Decitabine)

Dacomitinib

Dactinomycin

Daratumumab

Darbepoetin Alfa

Darzalex (Daratumumab)

Dasatinib

Daurismo (Glasdegib Maleate)

Decitabine

Defibrotide Sodium

Defitelio (Defibrotide Sodium)

Degarelix

Denileukin Diftitox

Denosumab

DepoCyt (Cytarabine Liposome)

Dexrazoxane Hydrochloride

Dinutuximab

Docetaxel  
Doxil (Doxorubicin Hydrochloride Liposome)  
Doxorubicin Hydrochloride  
Doxorubicin Hydrochloride Liposome  
Durvalumab  
Duvelisib  
Eligard (Leuprolide Acetate)  
Elitek (Rasburicase)  
Ellence (Epirubicin Hydrochloride)  
Elotuzumab  
Eloxatin (Oxaliplatin)  
Eltrombopag Olamine  
Elzonris (Tagraxofusp-erzs)  
Emapalumab-lzsg  
Emend (Aprepitant)  
Empliciti (Elotuzumab)  
Enasidenib Mesylate  
Encorafenib  
Enzalutamide  
Epirubicin Hydrochloride  
EPOCH  
Epoetin Alfa  
Epogen (Epoetin Alfa)  
Erbitux (Cetuximab)  
Erdafitinib  
Eribulin Mesylate

Erivedge (Vismodegib)  
Erleada (Apalutamide)  
Erlotinib Hydrochloride  
Erwinaze (Asparaginase Erwinia chrysanthemi)  
Ethyol (Amifostine)  
Etopophos (Etoposide Phosphate)  
Etoposide  
Etoposide Phosphate  
Everolimus  
Evista (Raloxifene Hydrochloride)  
Evomela (Melphalan Hydrochloride)  
Exemestane  
Fareston (Toremifene)  
Farydak (Panobinostat)  
Faslodex (Fulvestrant)  
FEC  
Femara (Letrozole)  
Filgrastim  
Firmagon (Degarelix)  
Fludarabine Phosphate  
Fluorouracil Injection  
Fluorouracil--Topical  
Flutamide  
FOLFIRI  
FOLFIRI-BEVACIZUMAB  
FOLFIRI-CETUXIMAB

FOLFIRINOX

FOLFOX

Folotyn (Pralatrexate)

Fostamatinib Disodium

FU-LV

Fulvestrant

Fusilev (Leucovorin Calcium)

Gamifant (Emapalumab-lzsg)

Gazyva (Obinutuzumab)

Gefitinib

Gemcitabine Hydrochloride

GEMCITABINE-CISPLATIN

GEMCITABINE-OXALIPLATIN

Gemtuzumab Ozogamicin

Gemzar (Gemcitabine Hydrochloride)

Gilotrif (Afatinib Dimaleate)

Gilteritinib Fumarate

Glasdegib Maleate

Gleevec (Imatinib Mesylate)

Gliadel Wafer (Carmustine Implant)

Glucarpidase

Goserelin Acetate

Granisetron

Granisetron Hydrochloride

Granix (Filgrastim)

Halaven (Eribulin Mesylate)

Herceptin Hylecta (Trastuzumab and Hyaluronidase-oysk)

Herceptin (Trastuzumab)

Hycamtin (Topotecan Hydrochloride)

Hydrea (Hydroxyurea)

Hydroxyurea

Hyper-CVAD

Ibrance (Palbociclib)

Ibritumomab Tiuxetan

Ibrutinib

ICE

Iclusig (Ponatinib Hydrochloride)

Idarubicin Hydrochloride

Idelalisib

Idhifa (Enasidenib Mesylate)

Ifex (Ifosfamide)

Ifosfamide

IL-2 (Aldesleukin)

Imatinib Mesylate

Imbruvica (Ibrutinib)

Imfinzi (Durvalumab)

Imiquimod

Imlygic (Talimogene Laherparepvec)

Inlyta (Axitinib)

Inotuzumab Ozogamicin

Interferon Alfa-2b, Recombinant

Interleukin-2 (Aldesleukin)

Intron A (Recombinant Interferon Alfa-2b)  
Iobenguane I 131  
Ipilimumab  
Iressa (Gefitinib)  
Irinotecan Hydrochloride  
Irinotecan Hydrochloride Liposome  
Istodax (Romidepsin)  
Ivosidenib  
Ixabepilone  
Ixazomib Citrate  
Ixempra (Ixabepilone)  
Jakafi (Ruxolitinib Phosphate)  
JEB  
Jevtana (Cabazitaxel)  
Kadcyla (Ado-Trastuzumab Emtansine)  
Kepivance (Palifermin)  
Keytruda (Pembrolizumab)  
Kisqali (Ribociclib)  
Kymriah (Tisagenlecleucel)  
Kyprolis (Carfilzomib)  
Lanreotide Acetate  
Lapatinib Ditosylate  
Larotrectinib Sulfate  
Lartruvo (Olaratumab)  
Lenalidomide  
Lenvatinib Mesylate

Lenvima (Lenvatinib Mesylate)  
Leucovorin Calcium  
Leukeran (Chlorambucil)  
Leuprolide Acetate  
Levulan Kerastik (Aminolevulinic Acid Hydrochloride)  
Libtayo (Cemiplimab-rwlc)  
Lomustine  
Lonsurf (Trifluridine and Tipiracil Hydrochloride)  
Lorbrena (Lorlatinib)  
Lorlatinib  
Lumoxiti (Moxetumomab Pasudotox-tdfk)  
Lupron (Leuprolide Acetate)  
Lupron Depot (Leuprolide Acetate)  
Lutathera (Lutetium Lu 177-Dotatate)  
Lutetium (Lu 177-Dotatate)  
Lynparza (Olaparib)  
Marqibo (Vincristine Sulfate Liposome)  
Matulane (Procarbazine Hydrochloride)  
Mechlorethamine Hydrochloride  
Megestrol Acetate  
Mekinist (Trametinib)  
Mektovi (Binimetinib)  
Melphalan  
Melphalan Hydrochloride  
Mercaptoperine  
Mesna

Mesnex (Mesna)  
Methotrexate  
Methylnaltrexone Bromide  
Midostaurin  
Mitomycin C  
Mitoxantrone Hydrochloride  
Mogamulizumab-kpkc  
Moxetumomab Pasudotox-tdfk  
Mozobil (Plerixafor)  
Mustargen (Mechlorethamine Hydrochloride)  
MVAC  
Mvasi (Bevacizumab)  
Myleran (Busulfan)  
Mylotarg (Gemtuzumab Ozogamicin)  
Nanoparticle Paclitaxel (Paclitaxel Albumin-stabilized Nanoparticle Formulation)  
Navelbine (Vinorelbine Tartrate)  
Necitumumab  
Nelarabine  
Neratinib Maleate  
Nerlynx (Neratinib Maleate)  
Netupitant and Palonosetron Hydrochloride  
Neulasta (Pegfilgrastim)  
Neupogen (Filgrastim)  
Nexavar (Sorafenib Tosylate)  
Nilandron (Nilutamide)

Nilotinib  
Nilutamide  
Ninlaro (Ixazomib Citrate)  
Niraparib Tosylate Monohydrate  
Nivolumab  
Nplate (Romiplostim)  
Obinutuzumab  
Odomzo (Sonidegib)  
OEPA  
Ofatumumab  
OFF  
Olaparib  
Olaratumab  
Omacetaxine Mepesuccinate  
Oncaspar (Pegaspargase)  
Ondansetron Hydrochloride  
Onivyde (Irinotecan Hydrochloride Liposome)  
Ontak (Denileukin Diftitox)  
Opdivo (Nivolumab)  
OPPA  
Osimertinib Mesylate  
Oxaliplatin  
Paclitaxel  
Paclitaxel Albumin-stabilized Nanoparticle Formulation  
PAD  
Palbociclib

Palifermin  
Palonosetron Hydrochloride  
Palonosetron Hydrochloride and Netupitant  
Pamidronate Disodium  
Panitumumab  
Panobinostat  
Pazopanib Hydrochloride  
PCV  
PEB  
Pegaspargase  
Pegfilgrastim  
Peginterferon Alfa-2b  
PEG-Intron (Peginterferon Alfa-2b)  
Pembrolizumab  
Pemetrexed Disodium  
Perjeta (Pertuzumab)  
Pertuzumab  
Piqray (Alpelisib)  
Plerixafor  
Polatuzumab Vedotin-piiq  
Polivy (Polatuzumab Vedotin-piiq)  
Pomalidomide  
Pomalyst (Pomalidomide)  
Ponatinib Hydrochloride  
Portrazza (Necitumumab)  
Poteligeo (Mogamulizumab-kpkc)

Pralatrexate  
Prednisone  
Procarbazine Hydrochloride  
Procrit (Epoetin Alfa)  
Proleukin (Aldesleukin)  
Prolia (Denosumab)  
Promacta (Eltrombopag Olamine)  
Propranolol Hydrochloride  
Provenge (Sipuleucel-T)  
Purinethol (Mercaptopurine)  
Purixan (Mercaptopurine)  
Radium 223 Dichloride  
Raloxifene Hydrochloride  
Ramucirumab  
Rasburicase  
Ravulizumab-cwvz  
R-CHOP  
R-CVP  
Recombinant Interferon Alfa-2b  
Regorafenib  
Relistor (Methylnaltrexone Bromide)  
R-EPOCH  
Retacrit (Epoetin Alfa)  
Revlimid (Lenalidomide)  
Rheumatrex (Methotrexate)  
Ribociclib

R-ICE

Rituxan (Rituximab)

Rituxan Hycela (Rituximab and Hyaluronidase Human)

Rolapitant Hydrochloride

Romidepsin

Romiplostim

Rubidomycin (Daunorubicin Hydrochloride)

Rubraca (Rucaparib Camsylate)

Rucaparib Camsylate

Ruxolitinib Phosphate

Rydapt (Midostaurin)

Sancuso (Granisetron)

Sclerosol Intrapleural Aerosol (Talc)

Siltuximab

Sipuleucel-T

Somatuline Depot (Lanreotide Acetate)

Sonidegib

Sorafenib Tosylate

Sprycel (Dasatinib)

STANFORD V

Sterile Talc Powder (Talc)

Steritalc (Talc)

Stivarga (Regorafenib)

Sunitinib Malate

Sustol (Granisetron)

Sutent (Sunitinib Malate)

Sylatron (Peginterferon Alfa-2b)  
Sylvant (Siltuximab)  
Synribo (Omacetaxine Mepesuccinate)  
Tabloid (Thioguanine)  
TAC  
Tafinlar (Dabrafenib Mesylate)  
Tagraxofusp-erzs  
Tagrisso (Osimertinib Mesylate)  
Talazoparib Tosylate  
Talc  
Talimogene Laherparepvec  
Talzenna (Talazoparib Tosylate)  
Tamoxifen Citrate  
Tarceva (Erlotinib Hydrochloride)  
Targretin (Bexarotene)  
Tasigna (Nilotinib)  
Tavalisse (Fostamatinib Disodium)  
Taxol (Paclitaxel)  
Taxotere (Docetaxel)  
Tecentriq (Atezolizumab)  
Temodar (Temozolomide)  
Temozolomide  
Tensirolimus  
Thalidomide  
Thalomid (Thalidomide)  
Thioguanine

Thiotepa

Tibsovo (Ivosidenib)

Tisagenlecleucel

Tocilizumab

Tolak (Fluorouracil--Topical)

Topotecan Hydrochloride

Toremifene

Torisel (Temsirolimus)

Totect (Dexrazoxane Hydrochloride)

TPF

Trabectedin

Trametinib

Trastuzumab

Trastuzumab and Hyaluronidase-oysk

Treanda (Bendamustine Hydrochloride)

Trexall (Methotrexate)

Trifluridine and Tipiracil Hydrochloride

Trisenox (Arsenic Trioxide)

Tykerb (Lapatinib Ditosylate)

Ultomiris (Ravulizumab-cwvz)

Unituxin (Dinutuximab)

Uridine Triacetate

VAC

Valrubicin

Valstar (Valrubicin)

Vandetanib

VAMP

Varubi (Rolapitant Hydrochloride)

Vectibix (Panitumumab)

VeIP

Velcade (Bortezomib)

Vemurafenib

Venclexta (Venetoclax)

Venetoclax

Verzenio (Abemaciclib)

Vidaza (Azacitidine)

Vinblastine Sulfate

Vincristine Sulfate

Vincristine Sulfate Liposome

Vinorelbine Tartrate

VIP

Vismodegib

Vistogard (Uridine Triacetate)

Vitrakvi (Larotrectinib Sulfate)

Vizimpro (Dacomitinib)

Voraxaze (Glucarpidase)

Vorinostat

Votrient (Pazopanib Hydrochloride)

Vyx eos (Daunorubicin Hydrochloride and Cytarabine Liposome)

Xalkori (Crizotinib)

Xeloda (Capecitabine)

XELIRI

**XELOX**

Xgeva (Denosumab)  
Xofigo (Radium 223 Dichloride)  
Xospata (Gilteritinib Fumarate)  
Xtandi (Enzalutamide)  
Yervoy (Ipilimumab)  
Yescarta (Axicabtagene Ciloleucel)  
Yondelis (Trabectedin)  
Zaltrap (Ziv-Aflibercept)  
Zarxio (Filgrastim)  
Zejula (Niraparib Tosylate Monohydrate)  
Zelboraf (Vemurafenib)  
Zevalin (Ibritumomab Tiuxetan)  
Zinecard (Dexrazoxane Hydrochloride)  
Ziv-Aflibercept  
Zoladex (Goserelin Acetate)  
Zoledronic Acid  
Zolinza (Vorinostat)  
Zometa (Zoledronic Acid)  
Zydelig (Idelalisib)  
Zykadia (Ceritinib)  
Zytiga (Abiraterone Acetate)  
Ruxolitinib  
Ponatinib  
Erlotinib  
Alectinib

Osimertinib  
Afatinib  
Bosutinib  
Axitinib  
Ceritinib  
Acalabrutinib  
Sunitinib  
Lenvatinib  
Brigatinib  
Imatinib  
Neratinib  
Lapatinib  
Crizotinib  
Cabozantinib  
Ibrutinib  
Dasatinib  
Gefitinib  
Vemurafenib  
Dabrafenib  
Sorafenib  
Regorafenib  
Enasidenib  
Parib category  
Olaparib  
Rucaparib  
Niraparib

Idelalisib

Copanlisib

Sonidegib

Vismodegib

Palbociclib

Ribociclib

Abemaciclib

abciximab (Reopro)

adalimumab (Humira, Amjevita)

alefacept (Amevive)

alemtuzumab (Campath)

basiliximab (Simlect)

belimumab (Benlysta)

bezlotoxumab (Zinplava)

canakinumab (Ilaris)

certolizumab pegol (Cimzia)

cetuximab (Erbitux)

daclizumab (Zenapax, Zinbryta)

denosumab (Prolia, Xgeva)

efalizumab (Raptiva)

golimumab (Simponi, Simponi Aria)

inflectra (Remicade)

ipilimumab (Yervoy)

ixekizumab (Taltz)

natalizumab (Tysabri)

nivolumab (Opdivo)

olaratumab (Lartruvo)

omalizumab (Xolair)

palivizumab (Synagis)

panitumumab (Vectibix)

bevacizumab (Avatin)

pembrolizumab (Keytruda)

Balversa (Erdafitinib)

Bavencio (Avelumab)

rituximab (Rituxan)

tocilizumab (Actemra)

trastuzumab (Herceptin)

secukinumab (Cosentyx)

ustekinumab (Stelara)

aspirin

celecoxib (Celebrex)

diclofenac (Cambia, Cataflam, Voltaren-XR, Zipsor, Zorvolex)

diflunisal (Dolobid - discontinued brand)

etodolac (Lodine - discontinued brand)

ibuprofen (Motrin, Advil)

indomethacin (Indocin)

ketoprofen

ketorolac

nabumetone

naproxen (Aleve, Anaprox, Naprelan, Naprosyn)

oxaprozin (Daypro)

piroxicam (Feldene)

salsalate (Disalsate [Amigesic - discontinued brand])  
sulindac (Clinoril - discontinued brand)  
tolmetin (Tolectin - discontinued brand)  
Gold sodium thiomalate (Brand names: Myochrysine, Aurolate)  
Penicillamine (Brand names: Cuprimine, Depen, D-Penamine, Depen Titratabs)  
Hydralazine  
interferon-alfa (Intron A)  
lithium  
propylthiouracil  
pamidronate (Aredia)  
interferon alfa-2a (Roferon-A)  
interferon alfa-2b (Intron-A )  
interferon alfa-n3 (Alferon-N)  
peginterferon alfa-2b (PegIntron , Sylatron)  
interferon beta-1a (Avonex )  
interferon beta-1a (Rebif)  
interferon beta-1b (Betaseron)  
interferon beta-1b (Extavia)  
interferon gamma-1b (Actimmune )  
peginterferon alfa-2a (Pegasys ProClick)  
peginterferon alfa-2a and ribavirin (Peginterferon)  
peginterferon alfa-2b and ribavirin (PegIntron/Rebetol Combo Pack)  
peginterferon beta-1a (Plegridy)  
interferon alfacon-1 (Infergen has been discontinued in the US)  
lithium (Brand names: Lithium Carbonate ER, Lithobid, Eskalith, Eskalith-CR)  
Biological: PolyPEPI1018 CRC Vaccine

Wilms' tumor protein 1 (WT1) peptides

GVAX vaccine

Captopril (alone or in combination)

Trimethadione

Paramethadione

Probenecid

These listed sponsored and NDA drugs above are representative of drugs with identified misstatements of causational facts related to links to nephrotic syndrome onset or relapse, and must be evaluated for safety and efficacy measures, as the risk of a potentially serious adverse event that is not properly labelled in FDA approved and reviewed statements and not properly understood and promoted by the pharmaceutical manufacturers to medical professionals and the public. Some data has been bridged or inferred from older data, such as in some vaccines, and cannot be considered acceptable by contemporaneous standards. The FDA must address these drugs and any future drug, vaccine or device properly going forward with proper documentation and warning of risks and mechanisms of causation stated to medical professionals and the public. It is not appropriate to use speculative and knowingly flawed science to approve and promote any drug to the public, or to misinform medical professionals with inconsistent data and science.

The FDA has a duty to follow the Manual of Policies and Procedures (MAPP) 4151.1, Scientific/Regulatory Dispute Resolution for Individuals Within a Management Chain, Revision 1, effective September 16, 2010; MAPP 4151.2, Resolution of Differing Professional Opinions: Review by Ad Hoc Panel and CDER Director, Revision 1, effective September 16, 2010; and MAPP 4151.8,

Equal Voice: Discipline and Organizational Component Collaboration in Scientific and/or Regulatory Decisions, effective September 16, 2010. These MAPPs can be accessed at

<http://www.fda.gov/AboutFDA/CentersOffices/CDER/ManualofPoliciesProcedure/default.htm> . See also the CBER Standard Operating Procedure and Policy (SOPP) 8006: Resolution of Differences in Scientific Judgment in the Review Process, Version #2, effective January 15, 2009, available at <http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/ProceduresSOPPs/ucm109584.htm>. 7. As it is the duty of the FDA to address conflict and error of supportive scientific evidence used to promote the safe use of any FDA approved drug.

The FDA's duty is to disseminate emerging drug safety facts through its many channels of adverse risk reporting. Public health implications relating to emerging drug safety information are particularly important. The FDA states its goal is to inform all stakeholders as early as possible with information that is thoroughly verified and accurate. The FDA by law must provide accurate, clear, reliable, and useful drug safety information that is unbiased. Emerging drug safety information should be made available to the public including, but not limited to; seriousness of the event (e.g., severity and reversibility in this case nephrotic syndrome is often reversible and treatable, but can also lead to SAE complications leading to death) relative to the benefits of treatment, which are often less well documented as it relates to poorly developed safety profiles; the magnitude of the risk (e.g., likelihood of occurrence), which may be small, but can be very serious to those patients impacted; the strength of the evidence of a causal relationship between the use of a drug and the adverse event, which are well documented and understood to

be a risk of a serious adverse event; the extent of patient exposure (e.g., how broadly the drug is used), which can be limited to small patient populations, but does not eliminate the need to provide accurate information and training to the medical professionals administering these medications; disproportionate impact on particular populations (e.g., children or the elderly), as nephrotic responses are notably substantively impactful to children and older patient populations, it is highly appropriate to address these concerns. See, for example, guidance for industry on Good Pharmacovigilance Practices and Pharmacoepidemiologic Assessment at pages 6 to 7 and 17 to 18, available at <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>; the potential goal of preventing or mitigating the risk in the noted patient population (e.g., by monitoring patient selection or avoiding a concomitant treatment), or simply giving accurate and correct causational statements in the drug approval and surveillance statements. The FDA must label the causal relationship between a drug and an adverse event is precisely described. The FDA must act in the interest of the American public for whom they serve, by making every effort to keep all forms of communication clear and understandable, to achieve the best result for patients, with full awareness of all known risks and benefits. The FDA and drug sponsors must catch-up on contemporaneous facts and medical understanding immediately, not at some future point in time that the FDA considers acceptable. The FDA must act today on this set of facts.

Drug safety issues constantly arise. The FDA must communicate safety issue to medical professionals and the public through FDA-approved prescribing information (i.e. drug labeling) and Drug Safety Communications. Package Inserts for medical professionals and Medication Guides for patients are noted as the

primary source of established information for standards of care summarizing scientific information needed for drug and device safety and efficacy. These tools are vital for stakeholders as the information must be: Patient-focused information (patient labeling) and assist in prevention of serious adverse risks, as early reporting of any medical condition is vital to good outcomes; and if a drug product has serious risk(s) (relative to benefits) of which patients should be made aware because information concerning the risk(s) could affect a patient's decision to use, or to continue to use the product, as many cases can be life threatening, and there may not be a simple resolution based on older causational statements supported and promoted with the FDA applications and pharmacovigilance reporting literature; all drug products are important to health, and patient adherence to directions for use is crucial to the drug's effectiveness, as nephrotic syndrome is generally not noted in reported clinical data unless a patient is hospitalized, dies or self-monitored through urinalysis measurement strips and self-reported to statistical data collecting agencies. Drug facts must convey information that is clear and in a standardized format to enable medical professionals and patients the chance to make the best choice of an appropriate drug treatment plan and enhance the safe and effective use of the drug or device chosen. All FDA-approved prescribing information must by law present accurate facts, and must be available on the FDA Web site, and in FDA approved medical guidance statements and must be up-to-date drug prescribing information in an easily accessible electronic format on the National Library of Medicine Web site at DailyMed.

To achieve this duty under law, the FDA is obligated to allow input from medical professionals and the public on its guidance and review statements, and in assisting an advisory committee if necessary. The FDA experts and advisory

committees for the above listed drugs appears to have failed in understanding or updating the causation of nephrotic syndrome for all stakeholders to understand and to be informed of current scientific data.

Manufacturer Product Information statements are methodically developed, evidence-based, clinically workable statements that aim to provide consistent and high-quality care for patients. The traditional standard of care statement measures what is done in clinical practice rather than what parties believe in some manner to be true for the sake of promotion and commerce. The FDA must enforce the use of current and up-to-date statements, rather than outdated causalational statements that “sound good” but are not factually correct. One of the FDA’s main functions is to develop, issue and encourage the use of objective guidelines, promoting ‘best practices’ and standards of care.

Code of Federal Regulations Title 21, Volume 1 as revised as of April 1, 2018 [cited from 21CFR10.115] Title 21 – Food and Drugs, Chapter I – Food and Drug Administration Department of Health and Human Services assigns the duty of the FDA for general administration and regulation of pharmaceutical companies and making good guidance practices available to medical professionals and the public. It is the FDA’s duty to use all communication tools, such as Public Health Alerts, press releases, stakeholder calls, and media briefings, to inform the public quickly and to protect the public from flawed pharmaceutical statements.

The FDA must address CGMP violations involving data integrity which provides the medical industry with information essential to address patient care. The Courts mandate information violations warrant immediate enforcement action against manufacturers. Pharmaceutical excellence can

only be assured by strong quality control, which includes attentive oversight of data veracity and reporting standards.

The Food and Drug Administration Act further presents the FDA with additional requirements, authorities, and resources regarding both pre- and post-market drug safety duties and oversight. The statute contains important new authorities that require post-market studies and clinical trials, safety labeling changes, and Risk Evaluation and Mitigation Strategies (REMS). These evaluations must be conducted using various sources of available safety information about all marketed drugs to determine whether there is any new or contemporaneous serious adverse events not previously identified during developmental phases, known side effects and causational statements that are often underreported in the clinical trial phases. If these statements are incorrect the FDA is obligated to correct or compel accurate statements be addressed by the drug or device sponsor (a.k.a. the pharmaceutical manufacturer). The drug sponsor is required to conduct clinical trials, or a long-term study related to an emerging drug safety issues, such as those reported in research and found as sound and recognized as understood in a court of law. Noted as being the foundational principles created to protect the citizens of the United States through drug regulation and the rights to be informed decisionmakers. The FDA has a duty to mandate drug and device sponsors maintain and issue current safety and efficacy claims easily accessible and transparent to the public and medical professionals by giving facts and evidence based on substantial evidence or substantial clinical experience, and must not be otherwise issued as false or misleading statements in any way.

The FDA approval process and in the past accepted claims regarding nephrotic syndrome causation as being immune-mediated and permitted such risks

to be listed in PI statements and in clinical literature submitted to the FDA for approval. The Federal Courts have decreed these statements to be false and misleading for all the listed drugs and related drugs listed in this petition. Under 21 CFR 310.305, 314.80, 314.98, and 600.80, FDA approved statements by sponsors cannot be false or misleading with regards to scientific evidence and must be corrected to reflect the current science and data.

Immediate action by the FDA is reasonable and mandated. Data integrity is a critical component of the drug and device industry's responsibility to ensure the safety, efficacy, and to ensure the quality of all drugs, and the FDA's duty to act independently to protect the public health and safety. As noted, drugs related to nephrotic syndrome, causation and trigger data integrity-related CGMP violations have led to statements that are incomplete, inconsistent, and inaccurate. Complete, consistent, and accurate data details are required to be attributable, legible, contemporaneously recorded, original or a true copy, and accurate (a.k.a. ALCOA standards). The FDA has a duty to initiate the process of informing all stakeholders listed (as manufacturers of the listed drugs) in this petition to address this concern without delay and to demand compliance with these understood statements and standards.

In summation, this citizen petition demands the FDA act promptly to address the inaccurate listed causation of nephrotic syndrome found in many manufacturer statements in a swift and informative action. The FDA currently has published evidence and accepted statements of causation which are dated, misleading and harmful to the public. The courts have pronounced nephrotic syndrome as being caused by podocytopathy related mechanisms. The FDA's duty is to all stakeholders to provide accurate and informative drug and device facts. All current

and future FDA drug, vaccine and device approvals and post marketing reporting must properly evaluate statements relating to nephrotic syndrome. And must provide current and clinically supported facts and data statements to support such claims.

A swift response and reply to this citizen petition is demanded, as it is fair and a citizen's right to demand accurate and transparent information in regards to products sold and promoted as safe and effective, with accurate and transparent notification of any risks and harm the product may cause. The Supreme Court understands this risk. The Secretary of Health and Human Services and his agencies have also promoted this risk as a known concern in a courtroom setting. It is mandatory the FDA accept the opinions of the authorities around and above them and to inform the manufacturers and the public of this serious health concern related to nephrotic syndrome designated as specific podocytopathy mechanistic actions. Notably all the above listed drugs cause or trigger nephrotic syndrome by podocytopathy mechanisms. The nephrotic state may resolve upon withdrawal of the insulting medication or may progress to a serious medical complication. The current understood cause of nephrotic syndrome is podocytopathy. Every podocytopathy is not currently fully understood, which adds to the complexity of a medical situation. There are no current treatment protocols to resolve all podocytopathy provoked nephrotic syndrome conditions. Immune suppression medication has been widely used to treat nephrotic syndrome but does not directly address the understood causational mechanism for each nephrotic case. An immunosuppressive agent's benefits may be speculative and harmful to the nephrotic patient where the injury to the podocyte is not immune system related. Appropriate close monitoring and clinical follow-ups are mandatory to minimize

adverse risks to the patient. Suggestive and inaccurate causal mechanisms are not helpful or useful in treating affected patients and must be assessed and corrected.

Hopefully the FDA understands the seriousness of this petition, as it directly impacts harm caused to all patients, and the medical professional's understanding of pharmaceutical actions and proper treatment strategies. This petition demands all current and future drugs and devices must follow proper up-to-date guidance and notification standards as required by law.

Further facts, evidence and related materials are in the record at the FDA and its sister agencies, as well as in the Federal courts. The FDA must address this serious drug concern. Additional facts are available upon request, as this petition invokes FDA action mandated by law.

Sincerely,



Mark Miles