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CPMP issues -against Sam Cohen hypothesis

- Correlation of tumours and stones is not good.
- Increase in micro crystals is not consistent and not observed at lower dose levels.
- Increase in urine pH is not consistent and not observed at lower dose levels.
- Other mechanisms have not been adequately explored:
 - Local proliferative properties of pioglitazone and metabolites

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- Genotoxicity
- PPAR a hypothesis

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Piogltazone has shown affinity for other PPAR activation (which has been associated with cell proliferation).

- Pioglitazone does not produce tumours in tissues where PPAR α and γ are most highly expressed.
- Pioglitazone is not tumourigenic in mice or female rats.
- Pioglitazone is neither a peroxisome proliferator nor a hepatocarcinogen.

Study in this receptor field has greatly advanced since our responses

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How will the company follow up the potential risk of bladder tumours in patients?

- Restate the company position (Sam)
- Investigate any malignancies from trials.
- Outcome study data.
- Clinical testing of patients is not helpful.
- Japanese urine clinical study showed nothing.

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• A case control study is possible.

(S13)May resp.

Risk of colorectal neoplasm?
PPAR γ may inhibit the growth of tumours.
Glitazones only induce tumours in the genetic context of the APC mutation in mice.

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Interaction of pioglitazone and metabolites with DNA needs further study.

- Not genotoxic.
- Urine from pioglitazone treated rats is not genotoxic.

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• Structural activity relationship. - Not a rodent carcinogen

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