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CN : SQ1ED00477988
Date : Tuesday, November 13, 2001 4:06:00 AM GMT
From : May, Malcolm
To : Beamish, Don G; Blessington, James K; Palczuk, Linda S
Cc : Tugend, Georgia L
Subject : FW: Dr. Reinstein
Attachments :  Reinstein, Bourke.doc
 Reinstein Letter.doc

From:
May, Malcolm

Sent:
Tuesday, November 13, 2001 3:47 PM

To:
Palczuk, Linda S; Blessington, James K; Beamish, Don G

Cc:
Tugend, Georgia L

Subject:
FW: Dr. Reinstein

Importance:
High



Attachments:

Reinstein Letter.doc; Reinstein, Bourke.doc

Team:

Here is the latest message regarding Dr Reinstein and his practice. Our sales team met with his practice over lunch and this is the summary of discussion. The attached letter was the one sent by Dr Reinstein to David Brennan.

During our Balanced Score Card meeting last week Michael said that Dr Reinstein could be worth as much as \$500 MILLION dollars to AZ over his career. That will not be the result if these letters, notes, and attitudes continue.

I have no opinion about the standard of our study processes, nor with the criticisms the Dr makes about whether our studies should or should not have been published. I do have a concern about how Dr Reinstein is perceived by our Clinical team. If he is in fact worth a half a billion dollars to AZ, we need to put him in a different category than our other trialists. That means someone who is prepared to answer to his every query, and satisfy any of his quirky behaviours. This gentleman is apparently as valuable to us as several of our commercial accounts. The value he brings needs to be assessed in that vein.

I am not suggesting we kowtow to his whims, nor to support any unethical behavior. I am suggesting that if he has a conflict over trial protocols or personnel, we need to be more responsive to his opinion and needs. We also need to assign someone with whom he is comfortable interacting. Apparently he does not feel he is getting the respect he deserves. If we have a problem with the way he handles studies we should make a greater effort to improve his processes rather than simply reducing his access.

If we have a record of producing outstanding studies in a timely fashion, and people are clamoring for involvement then disregard this memo. If not, we need to review our goals when dealing with this type

of customer. It seems we are annoying possibly our most important single customer, and that is not acceptable. This issue has been going on for quite some time and my concern is that Dr Reinstein could be looking for a trigger to leave our fold. That would be disastrous for our Seroquel business in the short and long term. His continued 'dialogue' suggests to me that his preference is to remain in the AZ camp.

I suggest we need to remove contentious people from Dr Reinstein's environment and develop a communication plan that keeps him on our team. If he has problems with meeting our protocol needs we need to work closely with him to institute change. Either his or ours.

cheers

mal

ASD CNS

Octel 5037

1-800-295-3935

Nashville Business Center

-----Original Message-----

From: Welsh, Michael P

Sent: Monday, November 12, 2001 7:36 PM

To: Allsop, Jeffery

Cc: May, Malcolm

Subject: Dr. Reinstein

Jeff,

I am sending you a couple of letters that I have received that refer to Dr. Reinstein. I know you are very aware of what is going on with his practice and our company, but I feel it is necessary to pass on a couple of letters, one from him and one from two of my PSS.

Good Selling!

Mike

Michael P. Welsh

DSM-LTC, Chicago

AstraZeneca

(800) 822-9209 x 66343

11/1/01

Mike,

The following is a summary of the luncheon discussion between Matt Bourke, Jaeson Kaplan, Dr. Michael Reinstein, Lynn Jones RN, practice manager, and John G. Sonnenberg PH.D., executive director of the Uptown Research Institute. During the lunch meeting several concerns were raised regarding the lack of utilization of their practice in clinical studies. They also mentioned that certain members of the company have been very uncooperative and inaccessible in the discussion of the practice's concerns. Over all, they felt that there was an immense "lack of follow through" by several members of the company.

According to Dr. Sonnenberg and Dr. Reinstein, their disappointment can be put into three major categories. First, They feel that the company has "dropped the ball" by not using them in our multi-centered trials. They are the single largest users of Seroquel in the country, and they feel they can get ample enrollment in a short period of time. As an example, they were given a year to enroll a number of patients in a study for Eli Lilly, and they enrolled their number in two weeks time. They went on to say that they use Seroquel far more often in their practice, and enrolling patients for a Seroquel study would be, "A no Brainer." Dr. Sonnenberg believes there to be " in the range of one thousand patients on doses of Seroquel exceeding 800mg." "75% of the unhappiness would go away, if we could get involved in a study, even as an add-on-site."

The second area of disappointment stems from an overall lack of follow through on the part of AstraZeneca. Dr. Reinstein was very unhappy with the fact that the "Quest Study" has not been published yet. He feels that four years should have been ample time to rewrite the study, and have it published. Dr. Reinstein said that there is no help from medical writers on getting these studies published by AstraZeneca, and that our competition has a definite advantage over us in getting papers prepped and published. Dr. Reinstein also mentioned that there was a lack of help with the writing of the poster he presented at the conference in New Orleans this year.

Also included in this lack of follow through is a "Lack of cooperation by the clinical research people at AZ." In particular they mentioned Faith Yao as being "Terrible to work with". She often makes inappropriate comments such as, "You should realize that you are not the only practice," when confronted about why the office is not used for clinical studies. The practice also routinely calls Faith, to discuss issues, and often do not even receive the courtesy of a return phone call.

Their frustrations extend beyond Faith. They mentioned to us that issues with other clinical research people, including Jamie Mullen, have left them with a bad taste in their mouths. Often, Dr. Reinstein has called to find out information on the "Quest Study", and he feels like he gets the "run around". He has been told a countless number of times that the "Quest Study" was being worked on by another physician, and when he calls that

individual, he/she denies that they are currently working on it. He therefore has the impression that he is being lied to.

The final issue that the doctor has with AstraZeneca is the travel policy. Dr. Reinstein has never had to front the money for Hotels, Planes, etc with other companies. He feels that there is a lack of a centralized speakers' Bureau, and that we should take a lesson from the Canadian portion of AZ and the other companies in the industry. Dr. Reinstein was offered a meeting in Delaware with AZ, and then was told that we did not have the budget to fly him out. When he mentioned that he would like a teleconference, it was refused.

In closing, Dr. Reinstein again emphasized that Seroquel was "The best, and **most efficacious** drug available". He feels that it is "Ludicrous that Risperidone has double the market share that Seroquel does after four years on the market." Dr. Reinstein said, "Risperidone has EPS, sexual disfunction, and is just a dirty drug." He and his colleagues feel that one of the reasons Seroquel is underutilized is a lack of clinical studies and medical information. Doctors feel that the drug does not work because they are not using the right dose. He has seen that other healthcare providers are afraid to push the dose, because there is a lack of information about the drug. Often, AZ Professional Sales Specialists from around the country call him for information about Seroquel at high doses. He would love to do a study looking at doses in excess of 800mg. Dr. Reinstein feels that AZ has the best drug, and the best representatives, but wishes the clinical side would match the research scope of companies such as Jansen and Eli Lilly.

Again, Jaeson and I are sharing with you the comments made by Dr. Reinstein and his associates at this luncheon.

Sincerely,

Matt Bourke
&
Jaeson Kaplan

PHONE(773)989-9868 * FAX(773)989-9824

October 23,2001

David Brennan, C.E.O.
AstraZeneca Pharmaceutical, U.S.A.
1800 Concord Pike
P.O. Box 15437
Wilmington, Delaware 19850

Dear Mr. Brennan;

RE:Seroquel(Quetiapine)

We have been informed by several of AstraZeneca's Pharmaceutical Sales Specialist that the physicians In our practice are the largest prescribers of Seroquel In the world and we have consistently taken an active role In promoting Seroquel. We want to express our long term frustration with certain practices of your company which, we feel have limited the overall use of Seroquel. Although the use of this drug is slowly increasing we feel that this drug should have a much higher market share. It seems almost laughable that Risperdol has approximatel double the market share of Seroquel since, Seroquel has now been available for over four years has better efficacy and fewer side effects than Risperdol.

The reasons 'for Risperdol having a higher market share than Seroquel are obvious:

1. The promotion of Seroquel lacks medical direction. Janssen does far more research than AstraZeneca. Risperdol studies are of better quality and Janssen has published far more studies on their product than AstraZeneca has.
2. AstraZeneca still has not promoted an appropriate dosing strategy. When Seroquel was Initially launched in 1997, the dosing strategy was, 300mg/day. Our dosing practices and research Indicate that for a large number of patients a therapeutl dose of 1200mg/day Is needed. The perception of most psychiatrist Is that Seroquel lacks efficacy. This false perception prevents them from using it and/or using it effectively.

Daily we have encountered third pArty payers that refuse to pay for Seroquel prescriptions over 800mg/day due to the dose range listed In the P.D.R. This has made It difficult for us to appropriately treat our patients. When our physicians lecture across the country, we encounter complains from other psychiatrist who have been unable to get third party payers to pay for prescriptions over 800mg/day. More research needs to be done and submitted to the F.D.A. to increase the dose range.

CMHS
COMMUNITY MENTAL HEALTH SERVICES
4755 NORTH KENMORE
CHICAGO, ILLINOIS 60640

3. Functioning as a speaker for Seroquel in the United States is problematic to say the least. Unlike AstraZeneca Canada and other pharmaceutical companies the speaker must pay his airfare, hotel and other expenses. Despite numerous promises collecting our out of pocket expense and honorarium continues to, be very difficult. Complicating this further is the large number of speaking engagements that are canceled due to the Sales Representatives who scheduled the engagement being, "over budget". The speaker doesn't get reimbursed for his/her time scheduling the speaking engagement, long distance calls and faxes to the sales representative or lose revenue due to inability to replace the time slot with another revenue source at such a late date. Another major inconvenience is the lack of a coordinator for AstraZeneca in the United States. The Canadian division and other pharmaceutical companies have such a person. We must mail or fax our vitae and program description to each sales representative.

We feel it is time for some new leadership with this exciting product which could help so many patients. We would like to share our thoughts further with anyone in your organization that is willing to work with us to make the needed changes.

Sincerely,

Michael J. Reinstein M.D.,P.C.

S.C. Mohan M.D., S.C.

Maxim Chasanov M.D.,P.C.

S.A. Patel M.D.,S.C.

Rad Gharavi M.D.,S.C.

Lynne E. Jones R.N.

John Sonneberg Ph.D.