In late 2001, I came across Nicholas Regush’s website, ‘RedFlagsWeekly.com’, and contacted him regarding lupron. Nicholas responded nearly immediately and showed great interest in the problems lupron victims were facing (and especially in my concerns regarding lupron’s pituitary effects and the need for pre-testing). Of all the journalist/reporters I’ve contacted and provided this info to, Nicholas Regush stands out as one who mobilized quickly, genuinely wanted to help, wrote numerous articles, and planned more installments for the future. Unfortunately Nicholas died quite suddenly, and so did not ever pursue the avenues he intended regarding future lupron stories. Prior to his death, Nicholas had given me written permission to publicize his RedFlagsWeekly articles on lupron, and so I am re-printing them below with gratitude.


Lynne's Story: A Preamble To RFW's Lupron Investigation

By Nicholas Regush

January 19, 2002 - This particular saga began a decade ago with injections of a powerful prescription drug called Lupron. Lynne Millican took the shot for endometriosis, a condition in which pieces of the lining of the uterus are found in other parts of the body, especially in the pelvic cavity.

Ten years later, Millican believes she is still suffering from the effects of those injections. Her many symptoms have included the development of a noncancerous tumor, breast cysts, cardiac arrhythmias, dizziness, swelling and fatigue.

Millican is a registered nurse (and paralegal) living in the Boston area who has become deeply involved in a grass-roots movement to force the U.S. Food and Drug Administration (FDA), and Members of Congress to take a close look at Lupron.

The FDA first approved Lupron in 1985 for treatment of men with advanced prostate cancer, and then approved it for treatment of endometriosis in 1990 and uterine fibroids in 1995.

"There are thousands in the United States who say they have been victimized by this drug," Millican said, emphasizing that symptoms can be severe, such as tremors, seizures and memory loss.

"Many women I know say their symptoms didn't stop when they stopped taking the drug."

The FDA has received a wide range of reports of serious side-effects, including death, suspected to be associated with the use of Lupron, but the agency, which holds that the drug's benefits outweigh the risks, does not believe there is sufficient proof to blame Lupron.

TAP Pharmaceuticals Inc., jointly owned by Abbott Laboratories and Takeda Chemical Industries of Japan, has steadfastly maintained that Lupron is safe.

Millican, who feels that the FDA has been very slow on the draw with Lupron, is also frustrated by the lack of response from almost all of the many senators and representatives in Congress to whom she has written. She has even submitted written testimony to various committee hearings - but to no avail.

"It seems that no one but the people who suffer from Lupron are interested in looking into this drug," she said.
Millican cannot even recall anyone with an MD degree who has voiced strong concern about Lupron.

At the very least, she feels Lupron's safety should be an issue because doctors use it for purposes that were never approved by the FDA. While legal under federal law - once approved for an indication, a drug can be used for other purposes - unapproved use often occurs without the benefit of appropriate safety and efficacy studies.

One of Millican's main concerns is Lupron's unapproved use in fertility clinics. The drug is essentially used to suppress female hormones which produce a mature egg. This allows fertility doctors to then induce "controlled" stimulation of multiple eggs.

"I am concerned that women who undergo these procedures are not being sufficiently informed about Lupron's side-effects," Millican said.

There is even much more at stake, according to Millican. On September 5, she provided testimony to congressional committee hearings on stem cell research, pointing out that the use of Lupron in the process of creating embryos may cause the very diseases that are being claimed as those diseases necessitating embryonic stem cell research for a cure."

Millican finds it hard to swallow that the debate over stem cell research has totally ignored Lupron.

Next Week: Part One of RFW's Lupron Investigation

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**LIVING HELL**

**Women Speak Out About Lupron**

By Nicholas Regush

January 26, 2002 - Last week, we published a preview of a few of the issues that we are examining in our investigation of Lupron. This drug, made by TAP Pharmaceuticals Inc, a joint venture of Abbott Laboratories and Takeda Chemical Industries of Japan, is used commonly in the treatment of endometriosis (among numerous other purposes), a condition in which pieces of the lining of the uterus are found in other parts of the body, especially in the pelvic cavity. These pieces of endometrium respond to the menstrual cycle and bleed. Because the blood cannot escape, it builds up and causes the development of
small or large painful cysts. Lupron, a synthetic hormone-like substance, acts on this process by suppressing the ovaries and is supposed to temporarily interrupt estrogen output. Hence a drug-induced menopause. The goal of treatment is to shrink any lesions produced via endometriosis.

In this edition of redflagsweekly.com, we present the stories of several women diagnosed with endometriosis who say they have suffered severely since taking Lupron. They have complicated medical histories. Here is the essence of what they have experienced since their Lupron injections. Later in our series, we shall deal with some of these and other case examples in greater depth as they pertain to key issues surrounding Lupron, particularly its safety.

**Paulette Wilson, Age 41**

Paulette was diagnosed with endometriosis in 1996. Her doctor prescribed two monthly injections of Lupron.

"I was okay after the first month, but after the second shot I woke up with chest pain and needed to go to the emergency room."

She was told she had "reflux disease," a gastrointestinal disorder. "I never had any problem like that before," she said. "I was given a wide variety of medications but had no relief at all."

In just one month, she lost forty pounds. "Tests showed that I had acid burns from my esophagus to my rectum."

Her pain and discomfort was accompanied by suicidal feelings. "My doctor told me that I was depressed."

And there has been no shortage of prescriptions for antidepressants.

Paulette now lives with severe pain, which sometimes affects her entire body. "I've seen forty doctors and only one has suggested that Lupron might have done something to me."

Her current diagnosis is fibromyalgia, which is essentially a chronic and systemic pain condition.

**Lisa Plante, Age 45**

Lisa was diagnosed with endometriosis in the mid-1990s and given several monthly injections of Lupron.

"I had been dealing with abdominal pain for ten years and was told constantly that it was due to irritable bowel syndrome," she said. "But I finally found a
doctor who concluded - wrongly I learned later - that it was likely endometriosis."

Lisa was told that any side-effects associated with Lupron would likely go away after her injections ended. "He said it would be no big deal."

A few hours after the first injection of lupron, she developed unbearable bone pain.

Her doctor gave her some hormone treatment, which helped a little, and she carried on with her program of injections.

But after the third shot, she could not handle the pain any longer and had surgery to remove an ovary.

Now six years after receiving Lupron shots, she still suffers symptoms, such as bone and joint pain, extreme fatigue, vision loss and confusion.

"I sometimes get lost in my housework. I have to try to remember what I'm doing. And when I'm in the car at a street light, I sometimes have trouble thinking about what a particular color means."

Lisa has been told by doctors that she is stressed or is suffering from fibromyalgia.

"Doctors tell me that I'm an aging woman and that I'm having hormone problems, but no one wants to explore the possibility that Lupron did something to me."

Irene Rybicki, Age 40

Irene had been living with endometriosis for years. "It was painful, but it was manageable," she said.

But when she finally decided to undergo surgery and have an ovary removed, she was prescribed Lupron injections. No other options were discussed.

"I was told that it just dries you up."

Irene had a "horrendous reaction" to the injections.

"I couldn't sleep well, I was anxious, had hot flashes and had been put into a semi-menopausal state. I was told it would be temporary."

Irene had previously been ill with a thyroid condition. "After Lupron, my thyroid problems got much worse. I became extremely hyper, sleepless, couldn't eat -
and in my entire life eating had never been a problem."

She asked her doctor whether the symptoms were Lupron-related. "She told me they weren't due to Lupron. My system would get back to normal. She told me that nothing really had gone wrong."

But her condition deteriorated so much that she eventually had to quit her job as an occupational therapist.

"I was experiencing joint pain, severe memory loss, which was close to amnesia because I sometimes would have no recall of what people told me. I had mood swings. I got depressed. I cried, even though on the job where I dealt with people in distress, I usually could keep my emotions under control."

Her entire life came apart. A relationship ended. Friends became invisible. She would lie in her bed day after day.

Finally, she read a book that focused on hormonal issues, which led her to a doctor willing to treat her. She is now able to better manage some of her symptoms and has returned to part-time work.

But she still has bad headaches and becomes exhausted very quickly.

**Melody Hampton, Age 43**

Here are some of the symptoms that Melody has suffered after being treated for endometriosis with Lupron. Some continue to the present day.

Tremendous headaches.
Rash.
Joint pain.
Nausea.
Heart palpitations.
High white cell count.
Low iron count.
Bone loss in two vertebrae
High blood pressure.
Blood in urine.
Atrophy of muscles.
Leg swelling.

This all began shortly after Melody had the first of her six Lupron injections in 1995.

"After my first injection, I had a tremendous headache and rash, but my obgyn said it wasn't Lupron. But when it kept happening after each
injection, my family doctor thought it might be Lyme Disease or Lupus, but he ruled those out."

Instead, her doctor classified Melody's condition as "unidentified autoimmune disease."

He too said it didn't have anything to do with Lupron because Lupron didn't cause those kinds of things.

Melody now sees a rheumatologist who dismisses the idea that Lupron may have triggered a damaging process in her body.

More than six years after receiving Lupron injections, Melody says that, "at 43, I often feel like 93."

FALSE PROMISES, IGNORANCE AND FAST-PACED MEDICINE
A Doctor Speaks Out Against Lupron
By Nicholas Regush

February 2, 2002 - In this week's edition of redflagsweekly.com's ongoing investigation of Lupron, a prominent surgeon speaks out plainly about what he believes is wrong with Lupron, and, indeed, broadens the scope of issues that touch on the drug's safety and efficacy.

Our approach in publishing these reports is to provide one small slice of the big picture each week, gradually extending the scope of the investigation to include all players - such as more of the women and some of the men who take Lupron for different medical conditions, the manufacturer (Tap Pharmaceuticals, Inc.), the U.S. Food and Drug Administration, the professional medical societies, and advocates and other critics of the drug.

As is the case in any complex medical story, there are many viewpoints and levels of argument and many will be represented in this series. First and foremost, however, redflagsweekly.com has been digging into the bottom line - the science behind Lupron. This will become increasingly apparent as our segments continue.

"They feel their doctors have lied to them and they are angry and disappointed."

This is Dr. David Redwine's assessment of the predicament of some of the patients that end up at
his endometriosis treatment program at the 181-bed St. Charles Medical Center in Bend, Oregon.

"Most of them have been on Lupron or other therapies," he told redflagsweekly.com this week in a long phone interview. "The stories I hear from my endometriosis patients is that they were told Lupron would take care of their problems - and it has not."

A "minority" of the several thousand patients he has seen from the U.S., Canada and Europe have lingering symptoms after taking Lupron, including memory loss, severe joint pain, and emotional upheaval.

But he says that it is difficult to determine any real numbers because "so many women are not getting the proper treatment for endometriosis and are poorly followed by their doctors."

Redwine, an ObGyn, has pioneered several diagnostic and treatment approaches to endometriosis, and uses surgery to remove diseased tissue.

According to Redwine, endometriosis patients, including those on Lupron, get a raw deal in several ways:

- To begin with, patients are sometimes misdiagnosed.
- There is inadequate determination if a particular therapy, including Lupron, is achieving results.
- There is inadequate long-term care and what happens to the patients later is unclear.

"The typical ObGyn gives the drug because it's the easiest thing to do and there is often just not enough time to do much else after diagnosis," Redwine said.

Endometriosis is a condition in which pieces of the lining of the uterus are found in other parts of the body, especially in the pelvic cavity. These pieces of endometrium respond to the menstrual cycle and bleed. Because the blood cannot escape, it builds up and causes the development of small or large painful cysts.

Lupron, a synthetic hormone-like drug is supposed to temporarily interrupt estrogen output. Hence, a drug-induced menopause.

The goal of treatment is to shrink any lesions produced via endometriosis.
The problem is that there are conditions that mimic the pain of endometriosis, such as fibroid tumors, chronic inflammation, adhesions and cysts.

"There is a lack of studies that use biopsies to ensure that the patients actually have endometriosis," Redwine said. "This makes no sense."

Lack of biopsy control in studies, which sets the tone for everyday diagnosis in the doctor's office, also makes it "extremely difficult to determine whether the lesions have been eradicated. It's not enough to use laparoscopy to view whether lesions have disappeared. This can lead to false conclusions."

And since there is little or no followup of many patients, you have to wonder what happens to them. How many require surgery later? How many have persistent endometriosis? How many have enduring side-effects?

Redwine believes that while Lupron can treat the pain of endometriosis, "albeit temporarily," it has been his experience that Lupron does not treat the disease effectively over time. "It just doesn't do it," he said. "My experience tells me that I'm right."

And he added:
"There are thousands of women from around the world coming to a small town in Oregon. Why?"

ARE PERSISTENT LUPRON-RELATED SIDE-EFFECTS DUE TO A MALFUNCTIONING PITUITARY GLAND?
By Nicholas Regush

In our continuing long-term investigation of Lupron and its use in the treatment of endometriosis and a wide range of other conditions, from time to time, we shall provide you with a preliminary report on an issue that we think is important. For example, it appears to us after consultation with experts and a review of the medical literature that a malfunctioning pituitary gland may be involved in some of the persistent symptoms so many women claim to suffer after ending Lupron therapy for endometriosis.

Therefore, consider some of the following issues we are pursuing and the questions we believe need to be asked about Lupron and its potential impact on women being
treated for endometriosis, a condition in which pieces of the lining of the uterus are found in other parts of the body, especially in the pelvic cavity. These pieces of endometrium respond to the menstrual cycle and bleed. Because the blood cannot escape, it builds up and causes the development of small or large painful cysts.

The pituitary, shaped like a bean, weighing less than a gram and lying below the brain in the skull, is the "master gland." IT AFFECTS EVERY FUNCTION IN THE BODY.

Lupron suppresses the pituitary-gonadal system. This synthetic hormone-like drug is used to temporarily interrupt estrogen output. Hence, a drug-induced menopause. The idea is to reduce pain and shrink lesions produced via endometriosis.

In the package insert for Lupron, which is made by TAP Pharmaceuticals Inc., the claim is made that normal function of the pituitary-gonadal system is "usually restored within three months after treatment is discontinued." It is also made clear that "diagnostic tests of pituitary gonadotropic and gonadal functions conducted during treatment and for up to three months after discontinuation of Lupron Depot may be misleading." In other words, a clear picture of, say, POTENTIALLY NORMALIZED pituitary functioning, will likely be possible ONLY three months after stopping Lupron.

The package insert also indicates that patients have been treated with lupron for up to three years with doses as high as 10 mg/day and for two years with doses as high as 20 mg/day without demonstrable pituitary abnormalities.

The problem is this: Most studies focused on Lupron and endometriosis have been very small. Just how much testing and long-term follow-up has been done to determine if there is pituitary dysfunction? The answer? Very little. And meanwhile lupron is widely used for the treatment of endometriosis.

With long-term studies missing, the obvious question is: just how many women who were ill when they started taking Lupron did not have the capacity to reverse the effects of Lupron treatment - in other words, to get back the full capacity of the pituitary.

There are some leads that researchers must follow. Common symptoms of pituitary disorders include irregular menses, sexual dysfunction, infertility, changes in physical appearance, and unexplained mood changes. These are the types of complaints some women have after stopping Lupron.
There is also no research to determine whether Lupron treatment “sticks.” That is, does Lupron continue to affect certain receptors in the body, once treatment has stopped? Can Lupron continue to have an effect in certain susceptible women?

WHERE’S THE SCIENCE?
LUPRON, INFERTILITY, AND WOMEN AS GUINEA PIGS
By Nicholas Regush

March 11, 2002 - It’s a disgrace. A drug named Lupron that is unapproved by the Food and Drug Administration for treatment of infertility is being used widely at infertility clinics.

There is no surveillance to speak of, no adequate research being done, and little or no informed consent. It’s become a free-for-all and a glaring example of why modern medicine, drug companies and the FDA cannot be easily trusted.

Lupron, manufactured by Tap Pharmaceuticals Inc., is approved for treatment of men with advanced prostate cancer and for treatment of endometriosis and for the pre-operative treatment of anemia resulting from heavy bleeding associated with fibroids.

That’s it. Nothing more.

There is, however, a legal loophole, and one widened considerably by tradition. Once the FDA approves a drug for a specific indication, doctors can use it for any purpose. That’s right, any purpose, and the more doctors that use it for an unapproved purpose, the more it becomes part of standard medical practice. It’s assumed that along the way some real evidence, beyond whispers in hallways of hospitals or anecdotes spun at medical symposia (financed by drug companies), has actually been gathered, and maybe even published.

That may be the case with some drugs being used for unapproved indications, but I’d like to issue a challenge to Tap Pharmaceuticals and any medical body or doctor to pony up the “real” science that has been done to support the contention that the use of Lupron for treatment of infertility is safe and effective, over both the short-term and long-term.

Any public revelations that solid safety and efficacy data exist to support the use of Lupron in the treatment of infertility could be viewed as reassurance to women that they are not guinea pigs in some giant medical experiment — which I believe they are.

As things stand, for example, there are already many serious questions about the use of Lupron in the treatment of endometriosis, an approved indication. The studies supporting the approval were amazingly scant, and long-term research has seriously gone missing.

Endometriosis is a condition in which pieces of the lining of the uterus are found in other parts of the body, especially in the pelvic cavity. These pieces of endometrium respond to the menstrual cycle and bleed. Because the blood cannot escape, it builds up and causes the development of small or large painful cysts.
Lupron is a synthetic hormone that is said to act on this process by suppressing the ovaries and is supposed to temporarily interrupt estrogen output. This creates a drug-induced menopause. The goal of treatment is to shrink any lesions produced via endometriosis.

Many women with endometriosis who are given Lupron injections have horrendous side-effects, including cardiac arrhythmias, dizziness, swelling, chest pain, depression and confusion, bone pain, extreme fatigue, vision loss, high blood pressure, and nausea. Some of the women claim their side-effects last long after treatment is completed.

TAP says its product is safe and that the normal function of the pituitary-gonadal system is usually restored within three months after Lupron injections are discontinued. The FDA agrees with the company.

It's fine for TAP to say their product is safe, but quite another to produce evidence on the basis of well-controlled long-term research that the pituitary-gonadal system is not altered in any way by Lupron.

Meanwhile, IVF doctors often use the very same drug — Lupron — for the treatment of infertility, an unapproved indication.

Usually Lupron injections are begun approximately one week after ovulation. The idea is to suppress female hormones that normally can produce one mature egg. Shutting off the body's production of hormones enables the IVF doctors to use hormonal preparations that can lead to multiple egg development.

Fine, but where's the solid science on safety and efficacy?

April 10, 2002

LUPRON AND FERTILITY TREATMENT: ONE WOMAN'S AGONIZING ODYSSEY

By Nicholas Regush

Introduction

When we first met Lynne Millican in January, when this series on Lupron was launched, we learned that she still suffers a range of serious ailments more than a decade after injections of the drug, Lupron, for treatment of endometriosis, Millican, a registered nurse and paralegal, believes her problems are associated with Lupron.

Millican’s numerous symptoms have included the development of a noncancerous tumor, breast cysts, cardiac arrhythmias, pain, dizziness, swelling and fatigue.

She is one of many women treated for endometriosis who have complained over the years about these and other lingering symptoms they believe are related to Lupron. Other symptoms include depression and confusion, bone pain, vision loss, high blood pressure, and nausea.

Endometriosis is a condition in which pieces of the lining of the uterus are found in other parts of the body, especially in the pelvic cavity. These pieces of endometrium respond to the menstrual cycle and bleed. Because
the blood cannot escape, it builds up and causes the development of small or large painful cysts.

Lupron is a synthetic hormone that is said to act on this process by suppressing the ovaries and is supposed to temporarily interrupt estrogen output. This creates a drug-induced menopause. The goal of treatment is to shrink any lesions produced via endometriosis.

The FDA first approved Lupron in 1985 for treatment of men with advanced prostate cancer, and then approved it for treatment of endometriosis in 1990 and, in 1995, for the pre-operative treatment of anemia resulting from heavy bleeding associated with fibroids.

TAP Pharmaceuticals Inc, Lupron's manufacturer, says its product is safe and that the normal function of the pituitary-gonadal system is usually restored within three months after Lupron injections are discontinued. The U.S. Food And Drug Administration (FDA) agrees with the company.

However, Lupron is also widely used as a fertility drug in most In Vitro Fertilization (IVF) clinics. This use is not approved by the PDA. But once the PDA approves a drug for a specific indication, doctors can use it for any purpose.

As Lynne Millican personally discovered, the use of Lupron as a fertility drug comes with little scientific knowledge of its safety and efficacy and little or no informed consent. As she puts it, based on a decade-long odyssey to call attention to these facts, "No one really seems to care about this blatant lapse in regulation."

Lynne's Story Continued

Lynne Millican wanted a child and because of her long-term infertility, the only hope she felt she had was to undergo fertility treatment at an IVF clinic. She was particularly concerned her battle with endometriosis would require her to have a hysterectomy. "So I decided to give IVF a shot. I really wanted to have a baby and time was running out on me."

But this meant more Lupron, one of the widely used fertility drugs. She had already associated numerous symptoms with the drug during treatment of her endometriosis. But the medical opinion was that her symptoms had nothing to do with Lupron and the medical team continued the injections.

The idea of using Lupron for fertility treatment is that the drug suppresses female hormones that normally can produce one mature egg. Shutting off the body's production of hormones enables the IVF doctors to use hormonal preparations that can lead to multiple egg development.

The attempt failed. There was no egg development. And her physical ailments continued.

"I wanted to try again, only I wanted to do so without Lupron," Millican explained. "My doctor told me that if I wanted IVF, I had to have Lupron. His exact words were, 'You must use Lupron'."

Millican was again assured that Lupron was indicated and effective and that "it had been used successfully around the world and was harmless."

So why did she agree to take Lupron again? "I knew my opportunity was limited and so I went ahead once
more." The result: no egg development and more of the side-effects that had been plaguing her.

Millican was to try one last time — without Lupron, but to no avail. "I think my body was pretty much incapable of responding," she said.

To this day, Millican believes that Lupron should not have been forced on her for IVF.

She also believes that women are being given the drug for fertility treatment without proper informed consent.

"I am concerned that women who undergo these procedures are not being sufficiently informed about Lupron's side-effects," she said.

Millican has spent the last decade "attempting to expose the plight of the Lupron victims and the claims and science behind Lupron."

On March 28, 1995, for example, she testified before the Massachusetts House of Representatives on behalf of a bill she and a colleague had help to present in 1992. The Act was aimed at regulating IVF.

Among her statements:

*This drug (Lupron) has been investigated since the 1970s as an ovulation inducing agent yet has never gained FDA approval for the indication of ovulation induction. This fact is significant.

*National IVF failure rate of 86.7% and no long-term studies of women and children exposed to these fertility drugs or assisted reproductive technologies should speak to the experimental nature of these procedures in and of itself.

*It is the repeated and deliberate misrepresentations made by this industry (fertility industry) that "IVF is safe, is effective, is proven, is non-experimental" and "the fertility drugs are safe and effective and proven" that epitomizes the plea for regulation.

*If I were writing that consent form, what I would say to that woman is that you will have daily injections of medications, that this will require multiple visits for monitoring, and there is an unknown future risk to the receipt of these medicines — it's not been established or identified, but we don't have the data that says it's completely innocuous.

*Women in Massachusetts (and throughout the world) have a fundamental right to be provided informed consent. Women need to know that the safety and efficacy of assisted reproductive technologies and the safety and efficacy of fertility drugs has not been proven.

In 1997, and again in 1999, Millican presented testimony to lawmakers in Massachusetts, exploring similar issues in regard to Lupron and IVF.
“There really was no response,” she said.

TO BE CONTINUED
PART ONE: SOME ISSUES UNDERLYING LUPRON LAWSUITS

Lupron, manufactured by Tap Pharmaceuticals Inc., is approved for palliative treatment of men with advanced prostate cancer, for treatment of endometriosis, for the pre-operative treatment of anemia resulting from heavy bleeding associated with fibroids, and for treatment of central precocious puberty.

TAP claims its product is safe and the U.S. Food and Drug Administration (FDA) appears to agree with the company.

1. ENDOMETRIOSIS-RELATED LAWSUITS

Endometriosis is a condition in which pieces of the lining of the uterus are found in other parts of the body, especially in the pelvic cavity. These pieces of endometrium respond to the menstrual cycle and bleed. Because the blood cannot escape, it builds up and causes the development of small or large painful cysts.

Lupron is a synthetic hormone that is said to act on this process by suppressing the pituitary-gonadal system and thereby temporarily interrupting estrogen output. This creates a drug-induced menopause. The goal of treatment is to control pain and shrink any lesions produced via endometriosis.

Many women with endometriosis who are given Lupron injections have reported serious side-effects, including cardiac arrhythmias, dizziness, swelling, chest pain, depression and confusion, bone pain, extreme fatigue, vision loss, high blood pressure, and nausea. Some of the women claim their side-effects last long after treatment is completed. There are now several Lupron lawsuits already in progress and very likely
Consider the case of one woman in her thirties, suffering from endometriosis, who received an injection of Lupron in her doctor's office in 1998. Soon after the shot, she began to experience a wide range of adverse reactions. Over time, they included: fatigue, nausea, headaches, musculo-skeletal pain, numbness of the extremities, visual defects, reactivation of irritable bowel syndrome, weight gain, reduction in physical activities, memory dysfunction, sleep disorder, depressive moods, episodes of memory loss and short-memory decline, short attention span, inability to perform complex tasks and reduction in overall cognitive and intellectual abilities.

That's quite a litany of complaints and it doesn't match the more limited array of potential side-effects listed on Lupron's 1998 label, which is essentially the prescribing information for doctors. The potential side-effects listed are: headaches, muscle pain, joint disorders, small loss of bone density, eye disorders, depression, mood swings and memory disorder.

One red flag that has caught the eye of attorneys and their researchers is the suggestion that Lupron's side-effects are due to low estrogen levels and are therefore temporary, as the pituitary-gonadal system is supposedly not altered in any way by the drug. TAP has made clear in its labeling that normal function of the pituitary-gonadal system is "usually restored within three months after treatment is discontinued."

This flies in the face of a consistent complaint of many women who have taken Lupron: some of the side-effects they suffer continue well beyond three months.

Also, many of the complaints about side-effects, both short term and longer term, go well beyond the kind of symptoms that women might experience when Lupron induces a physiological state similar to the suppressed ovarian hormonal function identified with natural menopause. One investigator working for an attorney reported that there were scores of side-effects reported to the FDA that were not on the Lupron label. In other words, the strong possibility was raised that the drug was having a much broader and more harmful effect than TAP was claiming.

Lawyers considering Lupron lawsuits have also noted well that there is medical literature indicating known side-effects can be more frequent and more severe than TAP suggests in its Lupron labeling. For example, one investigator reported that TAP reports the frequency of sleep disorders to be 2 per cent, whereas a German multicenter study (Clin Ther 1992; 14 Suppl A: 3-16) shows it is 62 per cent.

This has raised the obvious question of whether TAP provided sufficient warning about side-effects, both short-term and long-term, to both doctors and patients.

Another red flag in the Lupron labeling is the lack of advice to doctors about how they should treat patients who experience side-effects thought to be associated with the use of the drug.

Also lacking in the Lupron label is advice to doctors about how they might determine whether Lupron is right for any particular patient.

One peculiarity in the "Lupron Story" noted in one report to a lawyer is the decrease of side-effects reported to the FDA between 1997 and 1998. In 1996, for example, there were 1,526 reports; in 1997, 1,530; but in 1998, the number dropped to 470. And in 1999, for
example, it was 407; in 2000, 401; in 2001, 261. Why? The answer for the decrease is not clear. Should this be investigated? Yes.

All told, there have been about 8,000 reports of adverse reactions associated with the use of Lupron. There have been more than 25 deaths of females reported and more than 325 reports of women being hospitalized.

But these figures, reflecting available FDA reports through 2001, may be merely the tip of the iceberg, as it has often been suggested in the medical literature that side-effect reporting represents about 10 per cent of what actually occurs. That could mean hundreds of deaths and thousands of hospitalizations.

2. IGNORING A MALFUNCTIONING PITUITARY GLAND - BASIS FOR A LAWSUIT

The pituitary, shaped like a bean, weighing less than a gram and lying below the brain in the skull, is the "master gland." It affects every function in the body.

As mentioned, Lupron suppresses the pituitary-gonadal system. TAP claims that this system will normalize three months after stopping Lupron.

The problem is this: Most studies focused on Lupron have been very small. And just how much testing and long-term follow-up has been done to determine if a potential Lupron recipient has a pituitary dysfunction? Very little.

A recent analysis of 12 published studies on the prevalence of pituitary disorders conducted by Canadian researchers at the University of Toronto, revealed that it was likely one in five adults may have a noncancerous tumor of their pituitary. And one-third of these tumors may cause serious health problems.

Consider the case of a woman in her 20s who agreed to be an egg donor for a parent seeking an alternative method of having a child. The young woman was prescribed Lupron as a means of suppressing female hormones that normally can produce one mature egg. Shutting off the body's production of hormone enables the doctors at the in vitro fertilization clinic to use hormonal preparations that can lead to multiple egg development.

To date, the FDA has never approved Lupron for this use, but as is often the case in medicine, when a drug is approved for one purpose, doctors begin experimenting with it for other uses. This is legal and it is a practice that has widened considerably by tradition. Many, if not most, fertility clinics prescribe Lupron.

The woman agreeing to donate the egg, however, was never told about any of Lupron's potential side-effects. In fact, she never even spoke with any doctor at the clinic about Lupron's risks prior to taking it.

After she began taking Lupron, she experienced extreme nausea, a severe headache, and her eyes became sensitive to light. Her boyfriend reported the condition to the fertility clinic and was told that the only effects from taking Lupron were breast tenderness, potential headache and nausea.

Soon after, the woman was rushed to emergency. It turned out she had a pituitary tumor that was causing some hemorrhaging (a condition called "pituitary apoplexy"). This resulted in surgery. She also suffered a stroke, which was thought to be the result of a vasospasm triggered by Lupron. She remained in hospital for several weeks and has suffered some permanent damage.
Her attorney began to prepare a case against the fertility clinic that focused, in part, on the lack of testing for a pituitary tumor, prior to the prescribing of Lupron. This involves a blood test to detect a hormone that is secreted by a pituitary tumor. Also, a CAT scan can rule out a tumor.

If pituitary tumors are far more common than once thought, then there is a strong case to be made for ruling out this condition before Lupron is prescribed.

And what other problems are pituitary tumors causing when Lupron acts on the pituitary gland?

The medical literature also reveals studies that link Lupron and similar drugs to pituitary apoplexy, a fact known since at least 1994.

An emerging legal position is that labeling for Lupron should have advised doctors to exclude patients with pituitary tumors, given the state of medical knowledge about pituitary apoplexy. The issue is further heightened by the Canadian research showing that pituitary tumors are not uncommon.