

[REDACTED]

---

**From:** Woolley, Dr Jane  
**Sent:** 18 April 2017 14:14  
**To:** [REDACTED]  
**Subject:** RE: Finasteride article in May DSU

Nothing from me, thanks.  
Jane

---

**From:** [REDACTED]  
**Sent:** 18 April 2017 13:01  
**To:** Woolley, Dr Jane; [REDACTED]  
**Subject:** RE: Finasteride article in May DSU

Hi Jane and [REDACTED]  
Thank you for your thoughts. I have made the changes in the attached. In regards to experiencing depression, I agree and have changed to "some men (more than 1 in 1000) report episodes of depressive illness". I think the draft looks strong but was wondering whether you had anything further?  
We are awaiting June's comments from the April issue at the moment but once we get those I will send her the May draft.  
Best wishes  
[REDACTED]

---

**From:** Woolley, Dr Jane  
**Sent:** 18 April 2017 12:10  
**To:** [REDACTED]  
**Subject:** RE: Finasteride article in May DSU

[REDACTED] – I think the variation for the 5mg has only recently been proposed so I don't imagine it will be completed anytime soon.  
J

---

**From:** [REDACTED]  
**Sent:** 18 April 2017 11:42  
**To:** Woolley, Dr Jane; [REDACTED]  
**Subject:** RE: Finasteride article in May DSU

Me too re frequency of reporting. I have just seen that it has been agreed at PRAC that the 5 mg dose should be aligned (sorry I'm still trawling through emails). I think that the changes are ok in that case.  
Best  
[REDACTED]

---

**From:** Woolley, Dr Jane  
**Sent:** 18 April 2017 11:29  
**To:** [REDACTED]  
**Subject:** RE: Finasteride article in May DSU

Dear both,

[REDACTED] - I agree with your proposal for referring to the frequency of reporting. Just a thought, are we able to use the word "experience" if this is based on reports of depression? That is, we don't know how many men experience depression with finasteride but don't report it? Do you know what we normally say – I note that neither [REDACTED] has corrected it (and I obviously didn't spot it before!) so maybe it's fine.

My only other thought was that [REDACTED]'s comment for the 3<sup>rd</sup> bullet in the advice (about swapping the order of stopping and informing) needs to be implemented.

Thanks  
Jane

---

**From:** [REDACTED]  
**Sent:** 18 April 2017 10:25  
**To:** [REDACTED]  
**Cc:** Woolley, Dr Jane  
**Subject:** RE: Finasteride article in May DSU

Hi [REDACTED]  
Thank you for adding your comments.  
For the 5 mg dose—do you know when this procedure will complete? It would be good to make it as up to date as we can, but I understand we don't want to jump the gun. If it will not complete before the end of April, will the "warnings about depression" encompass it? We could always edit the article after publication and add a grey box footnote to say that new advice is available for the 5 mg dose.  
For the risk estimates—we would usually prefer to state the most conservative estimate in a range, so in this case, how does this sound: "Post-marketing experience suggests that some men (more than 1 in 1000) may experience episodes of depressive illness in association with the use of Propecia for male pattern hair loss."  
Happy to meet to discuss this afternoon if there's not an easy answer.  
Best wishes  
[REDACTED]

---

**From:** [REDACTED]  
**Sent:** 18 April 2017 09:33  
**To:** [REDACTED]  
**Cc:** Woolley, Dr Jane  
**Subject:** RE: Finasteride article in May DSU

Dear [REDACTED]  
I agree with most of the changes and have added a couple of comments. Let me know if you would like to discuss further. I could meet either this afternoon or Thursday afternoon if it would be helpful.

**Jane** I'm not sure if you wanted to add anything?

Best  
[REDACTED]

---

**From:** [REDACTED]  
**Sent:** 13 April 2017 11:18  
**To:** [REDACTED]  
**Cc:** Woolley, Dr Jane  
**Subject:** Finasteride article in May DSU

Hi [REDACTED]  
I hope you had a good time on holiday.  
I attach [REDACTED] comments on the finasteride article for the May issue of DSU.  
I've tried to help by offering suggested edits via track changes, but happy for you to lead on this and rebut as necessary.

█ asked to remove deaths by suicide since they weren't included in the PSUSA. I'm not sure how best to proceed with this since I know you worked quite closely with the families. Happy to act as an immediately or for you to discuss with █ directly.

I understand that you will probably be extremely busy when you return. If it would help, I could schedule a short meeting on Tuesday or Wednesday to collect your thoughts.

Best wishes,

█

