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VIA EMAIL

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Re: Discrepancies in deaths in Pfizer clinical trial

Dear Drs. Naik, Wollersheim, Schwartz, and Yang:

We write on behalf of our client, Informed Consent Action Network. Upon reviewing the publicly released data and the FDA's basis for approval for Pfizer's COVID-19 vaccine, Comirnaty, there are several inconsistencies relating to reports of deaths in the clinical trial for the product which demand your prompt attention.

Please clarify the following:

(1) Why do the death counts in the Statistical Review not add up to the numbers in the Clinical Review Memo from which they are said to be sourced and why do both of those differ from the death counts in the Summary Basis for Regulatory Action?[1]

[1] Both of these documents can be found in the "Approval History, Letters, Reviews, and Related Documents – COMIRNATY" folder available at https://www.fda.gov/vaccines-blood-biologics/comirnaty.

The FDA's *Summary Basis for Regulatory Action* for COMIRNATY, dated November 8, 2021, states: "From Dose 1 through the March 13, 2021 data cutoff date, there were a total of 38 deaths, 21 in the Comirnaty group and 17 in the placebo group. None of the deaths were considered related to vaccination."[2]

Table 6 in *Statistical Review-COMIRNATY*,[3] also reporting on data through March 13, 2021, provides death data, yet the numbers of deaths do not add up to 21 in the vaccine group or to 17 in the placebo group as reflected in the *Summary Basis for Regulatory Action*.

Further, the Clinical Review Memo states: "A total of 15 (0.2%) deaths in vaccine recipients and 14 (0.2%) in placebo recipients were reported during blinded, placebo-controlled follow-up, and an additional 6 deaths were reported during unblinded follow-up following vaccination with BNT162b2."[4]

The numbers reported in these reports are not consistent. Additionally, according to Table 6 in the *Statistical Review-Comirnaty*, by the first month after dose 2, there were 3 deaths in the vaccine group and 5 in the placebo group. By six months or unblinding, deaths in the vaccine group overtook the placebo group by 15 to 14. By March 13th, there were 21 deaths in the vaccine group and 17 in the placebo group. Notably, 21 deaths is nearly 20% more than 17 deaths. Assuming observation period in the trial was extended, it could very well be that the difference in deaths between these two groups would continue to diverge. Are you aware whether this is the case, and if not, please advise what you intend to do to find out of this is the case?

(2) Why are the death data from a randomized controlled trial ("RCT") treated like a clinical case-series rather than an RCT when it comes to assessing causality? And can you confirm that causality (a biostatistical construct in this case) is being assessed by biostatisticians rather than by clinicians?

It is common knowledge that RCTs, by the very nature of their biostatistical design, are endowed with the capacity to ascribe causality to an intervention should there be statistically significant differences found in certain outcomes between a placebo group and an intervention group. While the confounding factors might undermine causality in non-randomized studies, the very purpose of randomization of trial participants in an RCT is to cancel out the effects of any potential confounders by having them being evenly distributed between the two groups. Therefore, it is not up to a clinician to guess whether any particular death in an intervention group is caused by the intervention. Rather, it is up to a biostatistician to assess outcome differences between the two groups in an unbiased manner for their statistical significance, effect size, *etc*., and draw the appropriate causality conclusions.

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[2] https://www.fda.gov/media/151733/download at 23.

[3] https://www.sirillp.com/wp-content/uploads/2021/11/Statistical-Review-COMIRNATY-eb953499b6ab7a7eeafc3d660feb9866.pdf.

[4] https://www.sirillp.com/wp-content/uploads/2021/11/Clinical-Review-Memo-August-23-2021-COMIRNATY-d5462dd4647c8c42fbd844ac312c472d.pdf.

In this context, the Clinical Reviewer's comment which states*: "Based on clinical review of the individual cases, the lack of a clear temporal association to vaccination, the presence of confounding factors (e.g., pre-existing comorbidities) and the small number of cases, FDA assessed these deaths as unlikely to be related to vaccination*"[5] is nonsensical, given that the FDA was reviewing an RCT and not a clinical case-series. And the FDA simply parroted this conclusion in its Summary Basis for COMIRNATY approval: "*None of the deaths were considered related to vaccination.*"[6]

Interestingly, the data in Table 32 of the Clinical Review Memo[7] indicate that even though the number of COVID-related deaths in the placebo group were higher (6 deaths) than in the vaccine group (1 death), cardiac-related deaths were nearly doubled in the vaccine group (9 deaths (+1 in the crossover group consisting of the placebo recipients who got the vaccine after the unblinding of the trial) as compared to the placebo group (5 deaths). Why is the reduction in COVID deaths assumed to be causally related to the vaccine, while the accompanying increase in cardiac deaths is not assumed to be causally related to the vaccine?

It is claimed that "vaccines (including COVID vaccines) save lives." In order to be able to definitively determine whether this holds true for a new vaccine, all data must be consistent. That does not appear to be the case. Additionally, from the death data in Comirnaty's RCT, it is already crystal clear that death reduction from one cause (i.e., COVID-related) is simply counter-balanced by death increase from another cause (i.e., cardiac), resulting in no net benefit, and even slightly more overall deaths in the vaccine group apparent toward the end of the trial's cut-off date. The Comirnaty vaccine therefore does not appear to save lives overall. Please clarify (i) the inconsistencies within the data and (ii) whether and why causality is being assessed by clinicians rather than by biostatisticians in an RCT.

Regards,

EA Brehm

Aaron Siri, Esq.
Elizabeth A. Brehm, Esq.

[5] *Id*. at 71.

[6] https://www.fda.gov/media/151733/download.

[7] https://www.sirillp.com/wp-content/uploads/2021/11/Clinical-Review-Memo-August-23-2021-COMIRNATY-d5462dd4647c8c42fbd844ac312c472d.pdf at 71.