	DEPARTMENT OF HEAD	LTH AND HUMAN SER	RVICES	
DISTRICT ADDRESS AND PHON	E NUMBER	D/	ATE(S) OF INSPECTION	
4040 North Ce	entral Expressway, Suite 300)1/07/2013 - 03/15/ EINLMBER	2013*
(214) 253-520	00 Fax: (214) 253-5314		3003426453	
Industry Info	ormation: www.fda.gov/oc/indu	stry	A A A A A A A A A A A A A A A A A A A	
TO: Stanisla	aw R. Burzynski, M.D., Ph.D.,	Clinical Inve	estigator	
Stanislaw R E	Burzynski, MD	9432 Katy Rd	d TED	- 1414
Houston, TX	77055-6349	Clinical Inve		
observations, and do observation, or have action with the FDA	observations made by the FDA representative(s) not represent a final Agency determination reg implemented, or plan to implement, corrective representative(s) during the inspection or submate tact FDA at the phone number and address about	arding your compliance action in response to an it this information to F	e. If you have an objection regard n observation, you may discuss	arding an sthe objection or
DURING AN INSPEC	TION OF YOUR FIRM WE OBSERVED:			
OBSERVATION	1			
An investigation w	as not conducted in accordance with the si	gned statement of inv	vestigator and investigation	al plan.
Specifically,				
a. You failed to o	comply with protocol requirements related and for 18 of 27 (67%) of stud			
Protoco				
antitumor activ	Section 10.0, Criteria for Therapeutic Responds as "one who meets the entrance criteria and has been complianed by the complete Response as the co	ia, has complete	realm	ent with
(6) (4)	Subpart 10.3, Partial Response (PK), d	nnes Partial Respon	se as (6) (4)	
(b) (4)				
the protoc	wing 2 of 4 study subjects who were assign ol criteria noted above: ct 005297	ed a therapeutic resp	oonse of "CR" did not meet	one or more of
• Subje	ct 007197			
ii. The following in protocol criteria no		therapeutic response	of "PR" did not meet one o	r more of the
	EMPLOYEE(S) SIGNATURE	allet		DATE ISSUED
SEE REVERSE OF THIS PAGE	Joel Martinez, Investigator Cynthia F. Kleppinger, Inve Hugh M. Mcclure, Investigat	stigator		03/15/2013
FORM FINA 482 (20/40)	DREVIOUS EDITION OBSOLETE INSP	ECTIONAL OBSERVAT	TIONS	PAGE 1 OF 10 PAGES

01/07/2013 - 03/15/2013 FEI NUMBER 3003426453 Investigator
3003426453
Investigator
Investigator
Investigator
ty Rd
NT INSPECTED
Investigator

Protocol

Study Section 7.2, Definitions Subpart 7.2.1 defines a complete nation for evaluation as "one who meets the entrance criteria, has complete entrance entranc

Kesnonse as(b) (4)

(b) (4) (b) (4) Subpart 7.2.5 defines Stable Disease as (b) (4)

- iii. The following 3 of 3 study subjects who were assigned a therapeutic response of "CR" did not meet one or more of the protocol criteria noted above:
 - Subject 06389
 - Subject 11819
 - Subject 13660
- iv. The following 2 of 2 study subjects who were assigned a therapeutic response of "PR" did not meet one or more of the protocol criteria noted above:
 - Subject 21428
 - Subject 23399
- v. The following 5 of 7 study subjects reviewed who were assigned a therapeutic response of "SD" did not meet one or more of the protocol criteria noted above:
 - Subject 005974
 - Subject 011373

EMPLOYEE(S) SIGNATURE	DATE ISSUED
Joel Martinez, Investigator JM. Cynthia F. Kleppinger, Investigator Hugh M. Mcclure, Investigator	03/15/2013

FORM FDA 483 (09/01

PREVIOUS EDITION OBSOLET

INSPECTIONAL OBSERVATIONS

PAGE 2 OF 10 PAGES

				- 1°
	DEPARTMENT OF HEA	LTH AND HUMAN S UG ADMINISTRATION	SERVICES	
DISTRICT ADDRESS AND PHON	D PHONE NUMBER		DATE(S) OF INSPECTION	
The second secon	entral Expressway, Suite 300		01/07/2013 - 03/15/	′2013 *
Dallas, TX 7 (214) 253-520	/5204 00 Fax:(214) 253-5314		3003426453	
	ermation: www.fda.gov/oc/ind	istry	3003420433	
C and the second				
TO: Stanisla	aw R. Burzynski, M.D., Ph.D.	, Clinical In	vestigator	
Stanislaw R E	Burzynski, MD	9432 Katy	Rd	
CITY, STATE, ZIP CODE, COUNT	RY	TYPE ESTABLISHMENT INS	PECTED	
Houston, TX	77055-6349	Clinical In	vestigator	
• s	Subject 012184			
5750 0-				
• S	Subject 012206		*	
	0.11			
•	Subject 12252			
Protocol				
Ovices				
Study Complete Res	Section 10.0, Criteria for Therapeutic Res	ponse, Subpart 10.	2, Complete Response (CR), (lefines
(b) (4)	OURSE AS		7 Su	opart 10.3,
Partial Respon	se (PR), detines Partial Response as (6) (4	的 美国的 19		
vi. The f	ollowing 1 of 2 subjects who were assigned	ed a therapeutic res	ponse of "CR" did not meet o	ne or more of
the pr	rotocol criteria noted above:		2	
•	Subject 009990			
vii. The f	ollowing 1 of 2 subjects who were assigned	ed a theraneutic res	ponse of "PR" did not meet or	ne or more of the
12	col criteria noted above:		F	
• S	Subject 004881			
Protoco				
Study	Section 7.2, Subpart 7.2.1, defines a comp	lete patient for eva	luation of antitumor activity a	is "one who
	ance criteria, has complete compliant w <u>ith the procedures required i</u>	(b)(4) eatm		
(b) (4)		THE SHOP	art 7:2.5 dermes complete Re	Sponse as
		50 A 3 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4	Subpart :	7.2.4 defines
Partial Respon	se as (b) (4)			
(b) (4)			一个一种" 特"。	
	EMPLOYEE(S) SIGNATURE		20 Section	DATE ISSUED
	Joel Martinez, Investigator			
SEE REVERSE	Cynthia F. Kleppinger, Investigat			03/15/2013
OF THIS PAGE	Hugh M. Mcclure, Investigat	.01		2537
	Thiop	ECTIONAL OBSERV	ATIONS	DACE 3 OF 10 BACES
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INSP	ECTIONAL OBSERV	ATIONS	PAGE 3 OF 10 PAGES

		TH AND HUMAN SERVICES G ADMINISTRATION	
DISTRICT ADDRESS AND PHON	NUMBER	DATE(5) OF INSPECTION	00/05/00104
Dallas, TX 7	entral Expressway, Suite 300 75204	01/07/2013 - FEI NUMBER	03/15/2013*
(214) 253-520	00 Fax: (214) 253-5314	3003426453	
	ormation: www.fda.gov/oc/indu		
TO: Stanisla	aw R. Burzynski, M.D., Ph.D.,	Clinical Investigator	
Stanislaw R F	Burzynski, MD	9432 Katy Rd	
Houston, TX	77055-6349	Clinical Investigator	
	wing study subject (1 of 1) who was assign ol criteria noted above;	ed a therapeutic response of "PR"; did	not meet one or more of
• Subje	ect 006239		
TO AND LONG TO SERVICE	ving study subject (1 of 1) who was assign ol criteria noted above:	ed a therapeutic response of "SD" did	not meet one or more of
•Subj	ect 004240		
	assure that all subjects met the inclusion and the following examples:	d did not meet exclusion criteria of the	e study protocols as
i. Subject 23643: The study protocol required the subject to be off chemotherapy for at least 4 weeks. The subject discontinued chemotherapy on 7-17-12 and began treatment with the investigational product, one day later, on 7-18-12.			
ii. Subject 8198: The protocol required that subjects have a Karnofsky Performance Scale (KPS) of 60% to 100% at baseline to be eligible for the study. KPS was not evaluated at baseline for this subject.			
iii. Subject 13677: The protocol required evidence of tumor by MRI or CT scan. For Subject 13677, the case history notes that the subject has atypical myxopapillary ependymoma throughout the spine with negative MRI of (4).			
c. Protoco Section 7.4.2.1, required arrangements to be made, prior to entering the patient in the study, for a physician in the patient's local area to provide continuing medical care and collect and report the data required in the protocol. Subject 011234 was consented on 1/10/07 and received first dose of study medication 1/11/07. You received a letter dated 1/19/07 from the subject's private physician in (b) (a) agreeing to provide supportive medical care but refusing to be involved with the protocol or participate in any protocol procedures. You did not make other arrangements for involvement of a physician in the patient's local area prior to entering the patient in the study.			
d. You failed to comply with Study requirements for discontinuation of study treatment.			
 Appendix G of the study protocol requires treatment be discontinued in patients until a serum sodium level of less than or equal to 147 mmol/L has been achieved. 			
i. Subject 21305 had a serum sodium of 148 mmol/L reported on 10/5/11. The treatment was not discontinued until 10/10/11. Subject resumed treatment on 10/13/11. Subject had a serum sodium of 159 mmol/L reported on 10/13/11. The was not discontinued until (b) (c) when the subject was admitted to the hospital for left-sided facial palsy, increased intracranial pressure and hypernatremia.			
	Joel Martinez, Investigator	74	DATE ISSUED
SEE REVERSE OF THIS PAGE	Cynthia F. Kleppinger, Inve Hugh M. Mcclure, Investigat	stigator	03/15/2013
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE: INSPI	CTIONAL OBSERVATIONS	PAGE 4 OF 10 PAGES

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

	TH AND HUMAN SERVICES GADMINISTRATION	
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	
4040 North Central Expressway, Suite 300	orth Central Expressway, Suite 300 01/07/2013 - 03/15/2013*	
Dallas, TX 75204	FEI NUMBER	
(214) 253-5200 Fax: (214) 253-5314	3003426453	
Industry Information: www.fda.gov/oc/indu	stry	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED		
TO: Stanislaw R. Burzynski, M.D., Ph.D., Clinical Investigator		
FIRM NAME	STREET ADDRESS	
Stanislaw R Burzynski, MD	9432 Katy Rd	
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED	
Houston, TX 77055-6349	Clinical Investigator	

- Section 7.1.5.2 of the protocol states "Patients should be removed from treatment for a third episode of Grade 3 or 4 toxicity or for any Grade 4 toxic effect that is truly life threatening or is not easily and rapidly reversible."
 - ii. Subject 4570 had the following serum sodium levels with protocol specific grading:
 - Sodium level on 7/19/96 was 157 mEq/L Grade 3
 - Sodium level on 7/23/96 was 155 mEq/L Grade 3
 - Sodium level on 7/25/96 was 158 mEq/L Grade 3
 - Sodium level on 7/26/96 was 166 mEq/L Grade 4
 - Sodium level on 7/29/96 was 160 mEq/L Grade 4
 - Sodium level on 8/06/96 was 160 mEq/L Grade 4

Subject was not terminated from the study treatment until 9/26/96.

- iii. Subject 9896 had the following serum sodium levels with protocol specific grading:
 - Sodium level on 11/19/04 was 164 mEq/L Grade 4
 - Sodium level on 11/29/04 was 157 mEq/L Grade 3
 - Sodium level on 11/30/04 was 157 mEq/L Grade 3
 - Sodium level on 12/01/04 was 157 mEq/L Grade 3
 - Sodium level on 12/22/04 was 156 mEq/L Grade 3
 - Sodium level on 12/23/04 was 155 mEq/L Grade 3
 - Sodium level on 12/26/04 was 162 mEg/L Grade 4

Subject was not terminated from the study treatment until 1/29/05.

e. Not all Adverse Events (AE) experienced by study subjects during their participation in the studies were reported to the sponsor as required by the study protocols. For example:

Study Number	Subject Number	Date of AE	AE Description
	010526-05	11/04/2005	Hypernatremia (165 meq/L)
		11/07/2005	Hypernatremia (152 meq/L)
	1	11/14/2005	Hypernatremia (159 meq/L)
	l l	11/16/2005	Hypernatremia (156 meq/L)
		11/22/2005	Hypernatremia (156 meq/L)
		11/25/2005	Hypernatremia (202 meq/L)
	004721	01/15/1997	Twitching uncontrollably, cold sweats, hair loss, frequent urination, incontinence, headaches, confusion, numbness and weakness-arms/legs
	004721	02/19/1997	Headaches, tunnel vision
	007197	06/21/2001	Hypernatremia (152 meq/L)
	ě	07/18/2001	Hypernatremia (151 meq/L)
	Note that the second of the se	10/29/2001	Hypernatremia (153 meq/L)

EMPLOYEE(S) SIGNATURE	DATE ISSUED
SEE REVERSE Cynth	Martinez, Investigator Jy. ia F. Kleppinger, Investigator M. Mcclure, Investigator	03/15/2013

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

INSPECTIONAL OBSERVATIONS

PAGE 5 OF 10 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES					
DATES AND PLOVE NAMER 4040 North Central Expressway, Suite 300 D1/07/2013 - 03/15/2013*		DEPARTME	NT OF HEALTH AND HUMAN	SERVICES	
### Dallas, TX 75204 ### (214) 253-5200 Fax: (214) 253-5314 Industry Information: www.fda.gov/oc/industry ### AND ITHLE OF MONIQUAL TOWNEND REPORT SINEO ### TO: Stanislaw R. Burzynski, M.D., Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator ### TO: Stanislaw R. Burzynski, M.D. Ph.D. ### TO: Stanislaw R. Burzynski, M.D. ### To: Stanislaw R. Burzynski, M.D. ### To: Stanislaw R. Burzynski, M.D. ### To: Stanislaw R. Burzynski, M.D.	DISTORCE AND DUONE AND		OOD AND DRUG ADMINISTRATION	L DATE'S OF INROFFTION	
Dallas, TX 75204 C214) 253-5200 Fax: (214) 253-5314 Industry Information: www.fda.gov/oc/industry Information: www.fda.gov/oc/industry Information: www.fda.gov/oc/industry Investigator To: Stanislaw R. Burzynski, M.D., Ph.D., Clinical Investigator Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator Stanislaw R. Burzynski, M.D. Ph.D., Clinical Investigator Type: Establishawith Respected Type: Establ					
Dallas, TX			ite 300		
TO: Stanislaw R. Burzynski, M.D., Ph.D., Clinical Investigator			4		
TO: Stanislaw R. Burzynski, M.D., Ph.D., Clinical Investigator STREET ADDRESS STREET ADDRESS	Industry Inform	ation: www.fda.gov	/oc/industry		
STREET ADDRESS STREET ADDRESS					
Stanislaw R Burzynski, MD	TO: Stanislaw	R. Burzynski, M.D.	, Ph.D., Clinical I	nvestigator	
TYPE ESTABLISHMENT RISPECTED					
Clinical Investigator	Stanislaw R Bur	zynski, MD	9432 Katy	Rd	
01/07/2002 Hypernatremia (151 meq/L)					
10/30/2001	Houston, TX 77	055-6349	Clinical I	nvestigator	
10/30/2001	Action - Arrestancia - Eric - State				
12/02/2001 Hyponatremia (123 meq/L)	(D) (4) To 2545				
07/10/2002 Hyponatremia (129 mcq/L)		007554			
01/21/2002 Hypernatremia (155 mcq/L)					
01/28/2002 Hypernatremia (153 mcq/L)		1			
02/04/2002 Hypernatremia (152 meq/L)		ı			
02/08/2002 Hypernatremia (156 meq/L)					
05/23/2002 Hypernatremia (151 meq/L)		1			
08/19/2002 Hypernatremia (152 meq/L)					
02/16/2012 Hypokalemia (2.9 meq/L)			08/19/2002		
022914 (SPP) 10/29/2012 Hyponatremia (129.0 meq/L)		020416	04/23/2011	Hypokalemia (2.6 mcg/L)	
023612 07/21/2012 Rash-surgical site 08/06/2012 Fever (103° F) 08/10/2012 Weakness, Fatigue 08/28/2012 Nausea, fatigue, dizziness 09/14/2012 Arthrafajas 09/22/2012 Nausea, Vorniting 11/27/2012 Sprain, right ankle 007341 (SPP) 06/10/2001 Hypernatremia (153.0 meg/L)			02/16/2012		
08/06/2012 Fever (103° F) 08/10/2012 Weakness, Fatigue 08/28/2012 Nausea, fatigue, dizziness 09/14/2012 Arthralgias 09/22/2012 Nausea, Vomiting 11/27/2012 Sprain, right ankle 007341 (SPP) 06/10/2001 Hypernatremia (153.0 meg/L)		022914 (SPP)	10/29/2012	Hyponatremia (129.0 meq/L)	
08/10/2012 Weakness, Fatigue 08/28/2012 Nausea, fatigue, dizziness 09/14/2012 Arthralgias 09/22/2012 Nausea, Vomiting 11/27/2012 Sprain, right ankle 007341 (SPP) 06/10/2001 Hypernatremia (153.0 meg/L)		023612			
08/28/2012 Nausca, fatigue, dizziness 09/14/2012 Arthralgias 09/22/2012 Nausca, Vomiting 11/27/2012 Sprain, right ankle 007341 (SPP) 06/10/2001 Hypernatremia (153.0 meg/L)	in the second				
09/14/2012 Arthralgias 09/22/2012 Nausea, Vomiting 11/27/2012 Sprain, right ankle 007341 (SPP) 06/10/2001 Hypernatremia (153.0 meg/L)					
09/22/2012 Nausea, Vomiting 11/27/2012 Sprain, right ankle 007341 (SPP) 06/10/2001 Hypernatremia (153.0 meg/L)		ľ			
11/27/2012 Sprain, right ankle 007341 (SPP) 06/10/2001 Hypernatremia (153.0 meg/L)		li i			
007341 (SPP) 06/10/2001 Hypernatremia (153.0 meg/L)	则数比预定				
00/341 (SPP) 00/10/2001 Hypernatremia (153.0 mcq/L)		007741 (000)			
		00/341 (SPP)	08/13/2001	Hypernatremia (153.0 meq/L) Hypernatremia (149.0 meq/L)	

You failed to protect the rights, safety, and welfare of subjects under your care.

Forty-eight (48) subjects experienced 102 investigational drug overdoses between January 1, 2005 and February 22, 2013, according to the Weekly List of Hospitalizations/SAE Overdose Catheter Infection report. Overdose incidents have been reported to you on a weekly basis during your Monday, Wednesday, and Friday staff meetings. There is no documentation to show you have implemented corrective actions during this time period to ensure the safety and welfare of subjects. The following are examples of overdoses:

- i. Subject 023916 Overdose: On 11/1/12, the subject's husband accidentally misprogrammed the pump and infused 200 mL of the instead of the intended dose of 25 mL x 6 times a day for a total dose of 150 mL in a 24 hour period. Subject became somnolent and had worsening of slurred speech and headache.
- ii. For Subject 019813, there were several incidences of overdose.
 - Overdose 2/19/12: The pump was misprogrammed by the subject's father which resulted in the subject receiving 210 mL of within 2.5 hours instead of 24 hours. The subject then experienced pronounced somnolence.
 - Overdose 5/5/11: The pump was misprogrammed by the subject's father. The subject received 245 mL of over approximately 2 hours instead of 24 hours resulting in somnolence.
 - Overdose 4/30/11: The pump was misprogrammed by the subject's mother. The subject received 250 mL of Overdose 4/5/11: The IV tubing was switched accidentally by the subject's mother. The subject received 250

FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	PAGE 6 OF 10 PAGES
SEE REVERSE OF THIS PAGE	Joel Martinez, Investigation Cynthia F. Kleppinge Hugh M. Mcclure, Investigation	er, Investigator	03/15/2013
	EMPLOYEE(6) SIGNATURE		DATE ISSUED

		TH AND HUMAN SERVICES G ADMINISTRATION	W Vic
DISTRICT ADDRESS AND PHON	E NUMBER	DATE(S) OF INSPECTION	
A CONTRACTOR OF THE CONTRACTOR	North Central Expressway, Suite 300		15/2013*
Dallas, TX 7 (214) 253-520	00 Fax: (214) 253-5314	3003426453	
	rmation: www.fda.gov/oc/indu	stry	
TO: Stanisla	aw R. Burzynski, M.D., Ph.D.,	Clinical Investigator	
Stanislaw R E	Burzynski, MD	9432 Katy Rd	
Houston, TX	77055-6349	TYPE ESTABLISHMENT INSPECTED Clinical Investigator	
ml. o	f instead of the intende	d dose of 35 mL resulting in somnolence, n	ausea, and vomiting.
(6)(6)(1)		ne subject's wife misprogrammed the pump intended dose of 40 mL every 4 hours over	
infusing 1 3/15/12 su	Subject 021912 Overdoses: On 11/30/11 60 mL instead of 15 mL of the bject's mother accidentally switched the blour, with the subject experiencing somno	the subject's father accidentally switched the within 2 hours. Subject experience ine, infusing 165 mL instead of 15 mL of lence.	ne IV tubing, d somnolence. On
v. For infusing 2 bilateral ti	42 mL of the second over 6 hours	subject's mother accidentally misprogramminstead of the intended dose of 30 mL. The	ned the pump, subject developed
Hospitalizations/S/	veral overdoses recorded in the subjects' c AE Catheter Infection anuary 1, 2005). For example,	harts that were not captured in the Weekly less that were not captured prior to the beginn	ist of ing of the captured
once inste	vi. For Subject 7453 Overdose: On 9/20/01, the subject accidently received 180 mL of once instead of the intended dose of 30 mL. Subject became increasingly less responsive and was admitted to the hospital ICU (b) (6) and intubated. Subject was discharged from the hospital (b) (6)		
vii. Fo Subject 8198 Overdose: On 6/10/02, the subject accidently received 250 mL of once instead of the intended dose of 30 mL. Subject became fatigued and slept several hours.			
OBSERVATION 2 Failure to prepare or maintain adequate case histories with respect to observations and data pertinent to the investigation.			
Specifically,			
a. Your MRI tumor measurements initially recorded on worksheets at baseline and on-treatment MRI studies for all study subjects were destroyed and are not available for FDA inspectional review.			
b. Original case report forms (CRFs) for studies and on which data were originally recorded			
	Investigator	TI	DATE I6SUED
SEE REVERSE OF THIS PAGE	Joel Martinez, Investigator Cynthia F. Kleppinger, Inve Hugh M. Mcclure, Investigat	stigator	03/15/2013
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INSP	ECTIONAL OBSERVATIONS	PAGE 7 OF 10 PAGES

	TH AND HUMAN SERVICES G ADMINISTRATION		
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION		
4040 North Central Expressway, Suite 300	01/07/2013 - 03/15/2013*		
Dallas, TX 75204	FEI NUMBÉR		
(214) 253-5200 Fax: (214) 253-5314	3003426453		
Industry Information: www.fda.gov/oc/industry			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED			
TO: Stanislaw R. Burzynski, M.D., Ph.D.,	TO: Stanislaw R. Burzynski, M.D., Ph.D., Clinical Investigator		
FIRM NAME	STREET ADDRESS		
Stanislaw R Burzynski, MD	9432 Katy Rd		
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED		
Houston, TX 77055-6349	Clinical Investigator		

and reported to the Sponsor were not available for FDA inspection and review. As stated by study personnel, original CRFs were not retained with the revised CRF versions. Per the Study Subject Manual MQA-002 Revision A, dated 24 May 04, Section 4:

"It is the investigator's responsibility to ensure that all forms completed by the clinical trial personnel are current. All information recorded on obsolete forms will be redone on the correct form. Information collected on obsolete documents will be marked with a single line through the document, with the initials/date of the investigator (or representative). This document will be stapled to the correct and completed form. All personnel handling the documents are responsible for ensuring all source and case report forms are filed immediately to avoid lost or misplaced subject information."

c. You did not adequately and accurately capture all Adverse Events (AEs) experienced by study subjects during their participation in Study Specifically:

Study Number	Subject	Date of AE	AE Description
0.4 - 5	Number		
	011905	05/30/2008	Hypernatremia (169 meq/L), AE CRF reports Grade 3. However, according to the grading scale that was used (CTCAE 3.0) the AE should have been graded 4.
	005361	03/2/1998	Hypernatremia (161 meq/L), AE CRF reports Grade 2. However, according to the grading scale that was used (CTCAE 3.0) the AE should have been graded 4.

OBSERVATION 3

Failure to report promptly to the IRB all unanticipated problems involving risk to human subjects or others.

Specifically, per the Study Subject Manual MQA-002 Revision A, dated 24 May 04 Section 10.2.14 "Investigator and RA report to the IRB/EC all SAE [sic] within 10 working days".

Concerning Subject 5960

- Subject was admitted to the hospital (b) (6) for pneumonia. This SAE was not reported to the IRB until 3/29/05.
- Subject was admitted to the hospital for bronchitis and UTI This SAE was not reported to the IRB until
- Subject was admitted to the hospital for increased intracranial pressure, fever and cough with loss of consciousness (b) (6) a This SAE was not reported to the IRB until 3/29/05.
- Subject was admitted to the hospital on (b) (6). For confusion, metabolic acidosis and cranial bleed. This SAE was not reported to the IRB until 3/29/05.

PODIA POL 191 /sames	TOPECT	IONAL ORSERVATIONS DAGE & OF 10	ABACEE
	Hugh M. Mcclure, Investigator	03/15/2	2013
SEE DEVEDSE	Joel Martinez, Investigator	M.	

	TH AND HUMAN SERVICES G ADMINISTRATION	
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	
4040 North Central Expressway, Suite 300	01/07/2013 - 03/15/2013*	
Dallas, TX 75204	FEI NUMBER	
(214) 253-5200 Fax: (214) 253-5314	3003426453	
Industry Information: www.fda.gov/oc/indu	stry	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED		
TO: Stanislaw R. Burzynski, M.D., Ph.D.,	Clinical Investigator	
FIRM NAME	STREET ADDRESS	
Stanislaw R Burzynski, MD	9432 Katy Rd	
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED	
Houston, TX 77055-6349	Clinical Investigator	

OBSERVATION 4

The informed consent document did not include a statement of any additional costs to the subject that might result from participation in the research, as appropriate.

Specifically,

The informed consent document did not include a statement of any additional costs to the subject that might result from participation in the research, as appropriate.

Specifically,

In the Study Monitoring Plan, MQA-001 Revision A, Section 13.1.7 it states "the informed consent form and explanation includes:

Any additional costs to the subject that may result from participation in the research"

The informed consent document (ICD) did not include or reference a separate treatment billing agreement as part of the informed consent process. For 5 of 16 subjects for whom the treatment billing agreement was reviewed, the informed consent document was signed days to weeks prior to the treatment billing agreement:

- Subject 021925: This subject signed the ICD on 11/07/11 and the treatment billing agreement on 11/10/11.
- Subject 021112: This subject signed the ICD on 8/02/11 and the treatment billing agreement on 8/08/11.
 Subject 022124: This subject signed the ICD on 11/14/11 and the treatment billing agreement on 12/6/11.
- Subject 011819: This subject signed the ICD on 3/26/08 and the treatment billing agreement on 3/28/08.
- Subject 021341: This subject signed the ICD on 8/18/11 and the treatment billing agreement on 8/26/11.

OBSERVATION 5

Legally effective informed consent was not obtained from a subject or the subject's legally authorized representative, and the situation did not meet the criteria in 21 CFR 50.23 - 50.24 for exception.

Specifically, a signed informed consent document was not found for the following subjects:

- Subject 5586
- Subject 9896

100000000000000000000000000000000000000	EMPLOYEE(S) SKGNATURE	DATE ISSUED
SEE REVERSE	Joel Martinez, Investigator TM. Cynthia F. Kleppinger, Investigator Rugh M. Mcclure, Investigator	03/15/2013

FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 9 OF 10 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION			
4040 North Central Expressway, Suite 300	01/07/2013 - 03/15/2013*			
Dallas, TX 75204	FEI NUMBER			
(214) 253-5200 Fax: (214) 253-5314	3003426453			
Industry Information: www.fda.gov/oc/indu	stry			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
TO: Stanislaw R. Burzynski, M.D., Ph.D.,	Clinical Investigator			
FIRM NAME	STREET ADDRESS			
Stanislaw R Burzynski, MD	9432 Katy Rd			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
Houston, TX 77055-6349	Clinical Investigator			

OBSERVATION 6

Investigational drug disposition records are not adequate with respect to quantity and use by subjects.

Specifically,

a. Discrepancies exist between the amount of the bags received from the manufacturing facility and the amount dispensed to subjects. For example:

Batch	Quantity Received	Quantity Dispensed	Bags Unaccounted for
	248	230	18
	253	246	7
	245	246 (dispensed one additional than what actually received)	

b. Four subjects' records (009270, 22124, 21341, and 21925) from Studies and were selected at random to determine a full drug accountability of the are approximately 159 bags unaccounted for Subject 009270, approximately 29 bags for Subject 22124, approximately 23 bags for Subject 21341 and approximately 17 bags for Subject 21925.

* DATES OF INSPECTION:

01/07/2013(Mon), 01/08/2013(Tuc), 01/09/2013(Wed), 01/10/2013(Thu), 01/11/2013(Fri), 01/14/2013(Mon), 01/15/2013(Tuc), 01/16/2013(Wed), 01/17/2013(Thu), 01/18/2013(Fri), 01/22/2013(Tuc), 01/23/2013(Wed), 01/24/2013(Thu), 01/25/2013(Fri), 01/28/2013(Mon), 01/29/2013(Tuc), 01/30/2013(Wed), 01/31/2013(Thu), 02/01/2013(Fri), 02/19/2013(Tuc), 02/20/2013(Wed), 02/21/2013(Thu), 02/22/2013(Fri), 02/26/2013(Tuc), 02/27/2013(Wed), 02/28/2013(Thu), 03/01/2013(Fri), 03/12/2013(Tuc), 03/15/2013(Fri)

Joel Martinez, Investigator full Maty	DATE ISSUED
Cynthia F. Kleppinger, Investigator Hugh M. Mcclure, Investigator	03/15/2013

FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLUTE INSPECTIONAL OBSERVATIONS PAGE 10 OF 10 PAGES