

FOOD AND DRUG ADMINISTRATION (FDA)
CENTER FOR DRUG EVALUATION AND RESEARCH (CDER)

NARCOLEPSY PUBLIC MEETING ON
PATIENT-FOCUSED DRUG DEVELOPMENT

Tuesday, September 24, 2013

Food and Drug Administration

White Oak Campus

10903 New Hampshire Avenue

Silver Spring, MD 20993

Reported by: Bryan Young

Capital Reporting Company

	C O N T E N T S	PAGE
1		
2	Welcome	4
3	Soujanya Giambone, MBA	
4	Office of Strategic Programs (OSP),	
5	Center for Drug Evaluation and Research	
6	(CDER), FDA	
7	Opening Remarks	8
8	Ellis Unger, MD	
9	Director, Office of Drug Evaluation I,	
10	CDER, FDA	
11	Overview of FDA's Patient-Focused Drug	
12	Development Initiative	13
13	Theresa Mullin, PhD	
14	Director, OSP, CDER, FDA	
15	Background on Narcolepsy and	
16	Therapeutic Options	24
17	Ronald Farkas, MD, PhD	
18	Lead Medical Officer, Division of	
19	Neurology Products, CDER, FDA	
20	Overview of Discussion Format	31
21	Soujanya Giambone, FDA	
22	OSP, CDER, FDA	

	PAGE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	

C O N T E N T S (Contd.)

Panel #1 Comments on Topic 1 44

Topic 1: Patients' perspectives on disease symptoms and daily impacts that matter the most. A panel of patients and patient representatives will provide comments to start the discussion.

Large-Group Facilitated Discussion on Topic 1 77

Patients and patient representatives in the audience are invited to add to the dialogue.

Break 103

Panel #2 Comments on Topic 2 104

Topic 2: Patients' perspectives on current approaches to treating narcolepsy.

Large-Group Facilitated Discussion: Topic 2 133

Open Public Comment 171

Closing Remarks 188

Eric Bastings, MD
Acting Director
Division of Neurology Products
CDER, FDA

1 P R O C E E D I N G S

2 Welcome

3 MS. GIAMBONE: You know what I want to do, I
4 want to just quickly do a round of applause for each
5 other because you've all come out to join us, and there
6 are so many people joining us on the web, so thank you
7 so much.

8 (Applause.)

9 MS. GIAMBONE: Thank you for starting us off
10 on such a successful note.

11 So my name is Soujanya Giambone, and I will
12 be the facilitator for today's meeting. And I've
13 spoken to quite a few of you now, so it's great to put
14 some faces to the people I've spoken to.

15 So I'm with the FDA Center for Drug
16 Evaluation and Research, CDER, Office of Strategic
17 Programs. And we've been preparing for this meeting
18 for a long time, so I'm so glad the day is here because
19 we get to hear from you directly.

20 So what I'll do quickly is go over the
21 agenda, and you all should have a copy of it, so you
22 can follow along there. And I'll go over a few

1 housekeeping items. And then we'll get started.

2 So first we're going to hear from Dr. Ellis
3 Unger. He is the Director of the Office of Drug
4 Evaluation I at CDER, the Office of New Drugs.

5 Then we're going to have Dr. Theresa Mullin,
6 who is the Director of the Office of Strategic
7 Programs, and she is going to go over the FDA's
8 Patient-Focused Drug Development Program.

9 Following Theresa, we'll have Dr. Ron Farkas,
10 who is a medical officer within the Division of
11 Neurology Products, and he is going to give us a
12 background on narcolepsy and current treatment options.

13 And then I'll come back and go over the
14 discussion topics and discussion format.

15 So, as you know, we have two discussion
16 topics today. The first is on the most significant
17 symptoms of narcolepsy and their impact on daily
18 activities. And the second topic is on patients'
19 perspectives to current treatment options.

20 So we'll do Panel 1 for Topic 1. We'll do
21 the panelists and then we'll have a group discussion.
22 Then we'll take a break. We'll come back. We'll do

1 the same thing for Topic 2, so panel discussion
2 followed by group discussion. And then once that's
3 done, we'll have the Open Public Comment period, which
4 is basically if anybody wants to provide some comments,
5 but it's sort of outside the scope of Topic 1 or Topic
6 2, we welcome you to sign up for public comment, and
7 you can sign up for it out on the registration desk,
8 and you can sign up for it until break time, I believe,
9 and what we'll do is we'll go back and see how many
10 people have signed up and how much time each speaker
11 will have during public comment.

12 And then we'll have closing remarks by Dr.
13 Eric Bastings, who is the Acting Director for the
14 Division of Neurology Products.

15 So just a few housekeeping items. Bathrooms
16 are located out the door, back into the lobby area, and
17 if you make a right, go all the way down the hallway
18 and you'll see the bathrooms over there. And as you're
19 going there, you'll pass a kiosk that serves coffee,
20 tea, and other snack items that you can feel free to
21 purchase. And we also actually have some reserved
22 breakout rooms that you can go for rest or for if you

1 just need a break, you can feel free to go down to
2 those rooms also, which are down as you're going
3 towards the bathrooms. Okay?

4 And if you have any questions, please feel
5 free to ask me or any of my FDA colleagues, and we'll
6 be happy to help you.

7 So what I'll do is I'm going to ask my FDA
8 panel, my colleagues here, to introduce themselves, and
9 if you can just say what office you're from.

10 DR. UNGER: Good afternoon. I'm Ellis Unger.
11 I'm from Office of Drug Evaluation I.

12 DR. MULLIN: Hi. I'm Theresa Mullin, and I
13 head up the Office of Strategic Programs in the Center
14 for Drugs.

15 DR. BASTINGS: Hi. I'm Eric Bastings, Acting
16 Director of the Division of Neurology Products.

17 DR. FARKAS: Ron Farkas. I'm a medical
18 officer in the Division of Neurology Products.

19 DR. YASUDA: Sally Yasuda. I'm a safety team
20 leader in Division of Neurology Products.

21 MR. BAUER: I'm Larry Bauer, from the Office
22 of New Drugs, Rare Diseases Program.

1 DR. BONA: And Jim Bona, from the Office of
2 Orphan Products Development here at the FDA.

3 MR. THOMPSON: Graham Thompson, Office of
4 Strategic Programs.

5 MR. VALENTINE: James Valentine, FDA's Office
6 of Health and Constituent Affairs.

7 MS. VAIDYA: Pujita Vaidya, Office of
8 Strategic Programs.

9 MR. MILBURN: Chad Milburn, CDER.

10 MS. TAN: Hi, everyone. I'm Andrea Tan, with
11 CDER's Office of Strategic Programs.

12 MS. GIAMBONE: Thank you. Okay. So with
13 that, I am going to turn it over to Dr. Ellis Unger for
14 his remarks.

15 Ellis?

16 Opening Remarks

17 DR. UNGER: Okay. Good afternoon, everybody.
18 And we're delighted you're here. I'm delighted to be
19 here. As I mentioned, I'm Ellis Unger. I'm the
20 Director of the Office of Drug Evaluation I in the
21 Office of New Drugs. Our office oversees the Division
22 of Neurology, and the Division of Neurology regulates

1 drugs for narcolepsy. So you have the relevant people
2 here. And we're so happy to see patients here and
3 patient advocates here in the audience and reaching out
4 to the government. We're the FDA. And I know you all
5 have a commitment to the development of safe and
6 effective drugs for narcolepsy. That's why you're
7 here, that's why we're here, and there is no cure for
8 this, and we need to do our best for patients.

9 This is actually the fourth meeting in a
10 series of meetings. We have Patient-Focused Drug
11 Development meetings, but this is the first one on a
12 rare disease in our series of meetings, and the
13 Patient-Focused Drug Development initiative involves
14 obtaining, trying to obtain, a better understanding of
15 patients' perspectives on particular diseases and
16 treatment. And Theresa Mullin is going to talk about
17 the initiative a little more in a couple minutes.

18 Admittedly, White Oak is a little bit of an
19 "ivory tower," I'll be the first to admit that. We're
20 mostly working here and not seeing patients, most of
21 us, too much anymore, and we get isolated, and it's
22 really good to have patients here who can say, "This is

1 what's important to us," to kind of shake us up a bit
2 so that we understand what it is we're actually trying
3 to do. We play an important role obviously in
4 protecting and promoting the health of the public, so
5 we ensure that drugs are safe and effective and all
6 that, but this I hope will take us a little farther
7 than where we usually go.

8 And we play a critical role in drug
9 development. A key role is to ensure that clinical
10 trials that are done are safe, and then we ultimately
11 evaluate the safety and the effectiveness of drugs that
12 are submitted for marketing approval.

13 There is a misperception out there, I hear
14 all the time that we test drugs at the FDA. Well, we
15 don't test any drugs at the FDA, we're not directly
16 involved with drug development, but the companies come
17 in to us and they say, "Here is a study we want to do.
18 We want to do this study in order to show the safety
19 and efficacy, or the effectiveness, of a drug in a
20 particular disease." They come in. We opine on their
21 study plan. We say this is a pretty good study, but
22 what we want to do is make sure that at the end of the

1 day that the study is focused on the symptoms that
2 matter to the patients, that we get data that we can
3 actually interpret, that we don't get a big pile of
4 spaghetti that we can't understand. We want to get
5 clarity at the end of the day so we can say without any
6 hesitation that the drug is effective for a given
7 condition and that it's safe. And so that's our role
8 when the studies are being planned. So you're here to
9 help us understand what symptoms are important, so when
10 the studies are planned we can put appropriate emphasis
11 on that.

12 The other side of this is that after the
13 studies are completed, which is 2 or 3 years later,
14 whatever it is, the company comes in and they say,
15 "Okay, we think we showed the drug is safe and
16 effective and we want you to approve it for marketing,"
17 and that's where we have to analyze the data extremely
18 carefully, make sure it is as it's represented, that it
19 shows the drug is safe and effective, and that it
20 focuses on symptoms and concerns of patients, and
21 that's our role. It's kind of a dual role, but we
22 don't actually test drugs here.

1 For us to approve a drug, we have to show
2 that the benefits outweigh the risks, and that's a
3 large part of what we end up doing here. So this
4 benefit and risk decision is an integral part of our
5 review process, and we hope today we can gain a better
6 understanding of how you view benefits and risks in
7 this particular disease that's a devastating disease,
8 and that's why we're here.

9 Narcolepsy is rare, it's underrecognized,
10 it's underrepresented, it's a terrible devastating
11 disease, and it's an area where we really wanted to
12 understand better how you think about your condition,
13 what's important to you. We wanted to hear directly
14 from you in terms of how you experience the different
15 symptoms of narcolepsy, how those symptoms affect your
16 daily lives, and what you're looking for in terms of
17 future treatments.

18 My approach when I used to take care of
19 patients, which wasn't that long ago, when I saw
20 patients with complex diseases, I would basically say,
21 "Mrs. Smith, if we could fix one thing, I understand
22 you have all these symptoms, if we could fix one thing

1 for you, what would you like us to fix?" and then if we
2 could get there, we might even get to, "Okay, what
3 would be the second thing you would like us to fix?"
4 And that's a way to kind of focus on what's important,
5 and maybe you might kind of put that in the back of
6 your head during these discussions and think about,
7 what's really important to you? What is it, for
8 example, that you cannot do in your life that you wish
9 you could do and that a drug could potentially help you
10 with? So I would like you to think about that.

11 So once again I really thank you for coming.
12 Some of you probably traveled from far away, and
13 welcome.

14 And with that, I will turn it over to Theresa
15 Mullin, and she'll talk more about our efforts in
16 Patient-Focused Drug Development. Thanks.

17 Overview of FDA's Patient-Focused
18 Drug Development Initiative

19 DR. MULLIN: I'm going to just ask a
20 technical question. Am I going to advance my slides,
21 or are you going to do that? I'm going to do it? Yes,
22 all right. I just got a head nod. Okay.

1 So hi again. I'm Theresa Mullin, and I'm
2 going to take a minute to tell you about the overall
3 initiative that this meeting is a part of. We planned
4 a series of meetings, and we're very happy to have this
5 be -- this is actually the final meeting for our fiscal
6 year.

7 Can you do it? Okay. Pujita is going to
8 help me out here. Okay.

9 So this begins -- and as Dr. Unger was saying
10 and he talked about the benefit-risk assessment in
11 which we consider various information that we get from
12 a drug sponsor, you know, the person who develops the
13 drug and wants it to get approved for marketing, but we
14 realize that in that weighing of benefit and risk,
15 critical considerations for that decision relate to the
16 severity of the disease and the degree to which it
17 meets some unmet medical need. So what treatments are
18 available today? How well do they work? How severe is
19 this disease as the patients experience it? And we
20 came to realize that, you know, patients, it's not a
21 new realization, but we realized that we could take
22 steps like this meeting and do something about it to

1 get more information.

2 Patients are uniquely positioned, of course,
3 to help us understand better that clinical context, the
4 severity of the condition, and the degree of unmet need
5 and that we would benefit from having a more systematic
6 way to reach out to patients and hear from them
7 directly about how it is to live with the disease.
8 What do they think about the treatments that are
9 available? Even beyond what we got from the clinical
10 evidence in the submission package from the drug
11 developer and all that, what do patients make of what's
12 available to them? And what are they doing to treat
13 their disease when there is no approved therapy? And
14 the mechanisms that FDA had in place already didn't
15 really fill this need.

16 We can get the help of individual patient
17 representatives in the context of an advisory committee
18 meeting, those are typically about a particular drug
19 product to treat a particular disease. And so what we
20 didn't have was a broader opportunity to hear from
21 patients more as a community around a disease area, not
22 just in the context of a particular drug but really to

1 help us understand better the whole context of that
2 disease area so that we can use your input today not
3 just with one drug coming in that may be able to treat
4 narcolepsy but really informing us for any future drugs
5 that may come in and development programs where
6 companies are interested in developing a drug to treat
7 narcolepsy.

8 So, Pujita, next slide, please.

9 So we thought we needed a more systematic way
10 to do this, and this is a new effort, and every time we
11 do another one of these meetings we try to improve it
12 and do better about how to get input and help us
13 understand and hear, as Dr. Unger said, what are the
14 most important considerations for you?

15 We took advantage of having discussions with
16 industry where they were considering giving additional
17 -- we were trying to get more money to basically cover
18 -- you know, increase our capacity to do these
19 meetings, and we got a little bit more resource, or at
20 least we hope to get it someday -- the budget situation
21 is kind of challenging these days in Washington -- but
22 we said we would convene at least 20 of these meetings

1 over the 5 years of 2013 to 2017, and we view that 20
2 as a way to pilot a good approach for trying to collect
3 this information, and we're open to whatever is
4 effective, whatever works well for patients, and then
5 the information that comes back can be used by FDA to
6 help give us insight about what patients are
7 experiencing. So we agreed to do these 20 and develop
8 a more systematic approach.

9 Next slide, please.

10 In trying to figure out what the 20 would be,
11 since 20 is such a small -- it looks like a big number,
12 I guess, when you're trying to get these meetings set
13 up. They're a lot of work, and I really appreciate my
14 staff, who have put in long hours to make these
15 meetings work well, but where should we focus that
16 first 20? And so we worked with the review divisions
17 and others in the FDA and listening to input we got
18 from patient advocates to come up with this set of
19 criteria that helped us to try to figure out where to
20 start.

21 So we looked at diseases where chronic
22 symptomatic and -- that affect the functioning, the

1 daily life, of patients, where these things may not be
2 very well captured in the clinical trials that are
3 conducted and the information that's gathered in those
4 trials today; diseases where there may not be any
5 currently approved therapies or anything that's
6 particularly effective to treat the disease; diseases
7 that reflect a range of severity across the patients
8 who experience them, and it would be valuable to hear
9 from the community to understand better that range of
10 variation; diseases that have different subpopulations
11 that may experience the disease differently or perhaps
12 more severely and understanding that better; and
13 finally, as a set of 20, we wanted it to cover a range
14 of disease areas and give us a broad range of affected
15 populations and perspectives.

16 So a lot to ask, you might say, of 20
17 diseases, but we took those criteria, and FDA
18 internally developed an initial list of almost 40 to
19 post in the Federal Register and ask for public
20 comment, and our question was more or less, "What do
21 you think? Which of these sound like the right ones?
22 Which ones should we focus on in this 5-year period?"

1 And we received about 4,500 comments in the
2 docket that we opened up for this for public comment,
3 and they addressed 90 disease areas. We sort of went
4 through very carefully and reviewed every one of these
5 comments and took it back and discussed with review
6 divisions to get more input from them about wanting to
7 know which areas they had the greatest questions that
8 were coming up now, in fact, maybe there were questions
9 coming forward to them that they needed to have
10 addressed and they would benefit from hearing from
11 patients sooner, so we tried to take into consideration
12 both the volume of interest on the part of the
13 community that gave us comments to the docket and also
14 the information needs of our reviewers.

15 I will tell you we got a very strong response
16 from the narcolepsy community, and that's one of the
17 reasons why we're having this meeting today. We got a
18 very strong of expression of desire to have a meeting,
19 and so that's why we're doing this meeting, in fact, in
20 large part. It got up to the top of the list and we
21 realized there was a really strong need for this
22 meeting.

1 So we came up with a list of 16 for the first
2 3 years -- and if you go to the next slide, please,
3 Pujita -- these are the meetings that we've covered in
4 this fiscal year, which ends next Monday, and so we had
5 a meeting on chronic fatigue syndrome in April, on
6 HIV/AIDS treatments and the future there in June; a
7 lung cancer meeting in June; and then this narcolepsy
8 meeting is our final meeting for the first year.

9 And on the next slide we show what we have
10 lined up for the coming 2 years, and it's, as you can
11 see, a fairly wide range, including some diseases that
12 are regulated by our sister center, the Center for
13 Biologics, and so some of them are related to blood
14 disorders, and you can see we have a very wide range,
15 and generally speaking, we think this does a pretty
16 good job of trying to help meet those criteria that we
17 laid out. Every one of them has a very significant
18 impact on daily life, and that's one of the things we
19 felt would be real opportunities for us to try to get
20 the patients' perspective.

21 And on the next slide, this tells you a
22 little bit how we're trying to be consistent in some

1 areas across all these meetings, but we're also trying
2 to tailor the questions to address the special
3 characteristics of the disease, perhaps challenges of
4 the disease, that our reviewers are aware of and they
5 want to hear more about. They may have questions that
6 are coming up for them in the review, general
7 questions, that they also want to explore in these
8 meetings, so that's how we're tailoring them.

9 For example, in our meeting with the chronic
10 fatigue syndrome community, we focused on the impact of
11 the disease on patients' daily life, and what are they
12 doing today to treat their disease? This a condition
13 for which there are, according to patients, very few
14 effective treatments, although they are trying a range
15 of ways to deal with their disease.

16 In the HIV/AIDS meeting, we not only asked
17 patients about their experience with living with the
18 disease and current treatments, but we wanted to know
19 what their perspective would be on participating in
20 what's called cure research because that would require
21 that they stop taking treatments that they are using
22 today.

1 And in the case of lung cancer, we wanted to
2 probe not only what it's like to live with the
3 condition but what it's like to go through treatment
4 for lung cancer, and to hear and understand from
5 patients what they consider to be a meaningful benefit.
6 What is a meaningful survival benefit? Sometimes a
7 drug company will come in with an application that may
8 show that the patient survives for another week or two
9 or a little bit longer, and the question we had for
10 patients is, is that worth it to you? Do you consider
11 that to be a meaningful benefit? And you can't get an
12 answer to a question like that from anybody but the
13 people who are experiencing the disease and
14 experiencing what it's like to have been treated. So
15 it was extremely valuable for us.

16 And so we've been also looking at different
17 ways to get input. Again, we're having these meetings
18 -- I haven't really thought of it as an "ivory tower"
19 before, but I guess that's one way to describe our
20 location here out in the suburbs, but we are a place
21 you have to travel to. So one of the things we've been
22 trying to do is look at ways to maximize remote input

1 that we get from people who can't make it here. We
2 really appreciate so much that you made it to this
3 meeting today. We know it's not easy to travel here,
4 in some cases for some patients easy to travel at all.
5 We really appreciate your being here, and we're trying
6 to figure out how to not make getting here a barrier to
7 hearing from people, so we are looking and
8 experimenting with clickers to get questions answered
9 in some cases, and use of the webcast option to get
10 additional input.

11 And on the next slide, each of these meetings
12 will result in a report that will be shared with our
13 reviewers and will be a resource for them that will be
14 available for all future applications and development
15 programs in that disease area. We are also posting
16 this report that we will develop on our website. We've
17 recently posted the one for chronic fatigue syndrome,
18 if you're interested, to go and look at what that looks
19 like and the way that format takes place. It tries to
20 reflect what we heard from patients. We have gotten
21 some good comments back from the patients who were at
22 that meeting telling us that they thought it was a good

1 capturing of what they said. We're trying to literally
2 capture what people are telling us, not change the
3 wording or anything else to make this as faithful as
4 possible to what you have to tell us today. And this
5 will be helpful to us in conducting our future
6 assessments for treating the disease, for drugs to
7 treat the disease.

8 And with that, I will turn it over to Dr.
9 Farkas to talk about a background on narcolepsy and
10 current treatments. Thank you.

11 Background on Narcolepsy and Therapeutic Options

12 DR. FARKAS: Hello. I am Ron Farkas. I'm a
13 medical officer in the Neurology Division. And I would
14 like to explain first a few things about the FDA, and
15 then after that, there are a few slides that give kind
16 of a bird's eye view of narcolepsy, and it's really you
17 who are the experts in this, and it's really just to go
18 over some of the topics that we're going to go into
19 more as the afternoon proceeds and that we're going to
20 hear more about from the people who really know the
21 most about the disease, and that's the patients.

22 It was mentioned that this is the first

1 patient- focused meeting that's on a rare disease, and
2 the FDA has a definition of rare diseases that it uses
3 to help promote the development of safe and effective
4 treatments for rare diseases. So we often refer to
5 rare diseases as orphan diseases, and it's defined as a
6 condition that affects 200,000 people or fewer in the
7 United States. There are estimated to be 7,000
8 different rare diseases affecting 30 million Americans,
9 so that's almost 1 in 10 Americans that suffers from a
10 rare disease.

11 This slide has a few different groups at FDA
12 that work together actually as a team to develop drugs.
13 The top office there is the FDA Office of Health and
14 Constituent Affairs. And there are actually many
15 different ways to find out information about the FDA.
16 The FDA has a website that has many different sections
17 to try to explain a lot of different aspects of what we
18 do, and also you can call us if there are issues or
19 questions, and, in truth, there are several different
20 numbers, but here is a number that you can call to get
21 your questions answered and also I think -- yeah, and
22 an e-mail there, too.

1 So the Office of Health and Constituent
2 Affairs is particularly focused on being a liaison
3 between FDA and stakeholders, that's patients and
4 advocates. It also runs a variety of programs to allow
5 patients to communicate with FDA.

6 There is also the CDER, which is the Center
7 for Drug Evaluation and Research -- we have a lot of
8 acronyms -- Office of New Drugs, Rare Disease Program.
9 I think all of us at FDA are very focused on rare
10 diseases, and we have Larry Bauer, from the Office of
11 New Drugs, Rare Disease Program, here, and we work
12 closely together on applications, and that office is
13 particularly focused on getting a broad view of the
14 conditions and drug development and helping to figure
15 out what kind of policies and approaches can help us,
16 help other people really, develop drugs for rare
17 diseases.

18 And then there is also the Office of Orphan
19 Products Development, and they are involved in
20 identifying rare diseases and helping people understand
21 what they are, and they're also involved in funding
22 research into finding treatments for rare diseases.

1 Certainly one big issue that I'm sure we'll
2 hear a lot about today is that narcolepsy is
3 underrecognized and underdiagnosed. It's estimated to
4 affect more than 1 in 2,000 people in the United
5 States. Fewer than 50,000 are diagnosed, which is
6 something like a third of the people who have the
7 condition.

8 Now, I'm just going to go and describe in
9 kind of very general terms narcolepsy. We like to talk
10 about different categories and percentages and whatnot,
11 and so I'll be saying that. I'll just kind of say
12 before that that we understand there is a lot of
13 subtlety and there is a lot of variety, variation, in
14 what people experience, but this is again, in the most
15 broad sense, kind of an overview of what we'll go into
16 more in the afternoon.

17 So narcolepsy has been categorized as two
18 different kinds: narcolepsy without cataplexy and
19 narcolepsy with cataplexy, with narcolepsy with
20 cataplexy affecting about 1 in every 3,000 Americans.
21 The symptoms often start in childhood around the age of
22 7, but it's variable. Symptoms can also start later in

1 life. Patients can experience symptoms, including
2 excessive daytime sleepiness, which is more than
3 ordinary sleepiness, it's a permanent, steady
4 sleepiness, well, waxing and waning, I think, but it
5 doesn't go away ever completely during the daytime.
6 Also, symptoms of decreased alertness, and in a
7 majority of cases, for most people with narcolepsy,
8 excessive daytime sleepiness is the first symptom to
9 appear.

10 Cataplexy is a loss of muscle tone that can
11 cause physical changes like slurred speech or muscle
12 weakness. It's uncontrollable. Here it lists triggers
13 that are common: intense emotions, excitement, fear,
14 sometimes it can come when none of these are present,
15 and that occurs in about 60 to 90 percent of patients
16 with narcolepsy.

17 Hallucinations that occur near sleep onset,
18 called hypnagogic hallucinations, or near awakening,
19 hypnopompic hallucinations, also occur in about 40 to
20 80 percent of patients. Sleep paralysis is another
21 symptom, a temporary inability to move or even to
22 breathe with your full breathing muscles upon falling

1 asleep or waking up from sleep, and this occurs in 20
2 to 50 percent of patients.

3 Disrupted nighttime sleep is really very
4 common in narcolepsy. Patients can have a very easy
5 time falling asleep but have difficulty maintaining
6 sleep, and actually the condition is not only a problem
7 of being too sleepy during the day, but it's a problem
8 of sleep consolidation at night.

9 Other symptoms can accompany those that were
10 just described, including restless leg symptom or
11 periodic limb movement, which is this urge, a very
12 difficult to describe urge, to move one's legs when
13 trying to sleep, and this occurs in about half of
14 patients with narcolepsy.

15 There are other types of problems that a
16 smaller group of patients with narcolepsy have. There
17 are automatic behaviors, continuing to perform an
18 activity in a semiconscious way without remembering
19 what it was, something like sleepwalking. There is REM
20 sleep behavior disorder in about a third of patients
21 with narcolepsy where the normal kind of way that
22 people are supposed to be inactive during dreaming

1 doesn't work right, and so people can act out their
2 dreams, other problems like obstructive sleep apnea,
3 and then really especially as we learn more about the
4 molecular basis of narcolepsy, we understand that it's
5 connected to other fundamental biological controls like
6 those that are related to obesity, type 2 diabetes, and
7 depression.

8 Narcolepsy can be treated with drugs and also
9 lifestyle changes. Drug treatments include stimulants,
10 and on that list there is modafinil, armodafinil,
11 methylphenidate and amphetamines. Antidepressant drugs
12 are not approved for narcolepsy or cataplexy, but they
13 are used for that, some of them are used for that. And
14 then I mentioned that narcolepsy is also a condition
15 involving sleep consolidation, and so sodium oxybate is
16 approved for nighttime use to improve sleep.

17 Lifestyle or behavior changes that patients
18 sometimes find effective are scheduled naps, diet and
19 exercise, and counseling and support groups.

20 The treatments that are available have side
21 effects. Stimulants can cause irritability and
22 nervousness, shakiness; people worry about disturbances

1 in heart rhythm, rightly so; there are GI problems,
2 upset stomach, nausea; nighttime sleep disruption from
3 stimulants; and stimulants can also cause anorexia or
4 affect your appetite.

5 Antidepressants can be associated with
6 impotence, high blood pressure, heart rhythm
7 irregularities, GI problems, headache and insomnia, and
8 the presence can in themselves cause drowsiness and
9 sleepiness, breathing problems, depression,
10 hallucinations, and sleepwalking.

11 (Laughter.)

12 DR. FARKAS: It didn't seem to end quite that
13 way when I was reading over the slides, but I think
14 with that, thank you.

15 (Applause.)

16 Overview of Discussion Format

17 MS. GIAMBONE: Great. So very quickly I'm
18 going to ask our FDA panel to do a little bit of
19 musical chairs here. So if you could just move down to
20 these side tables, and we'll have our Topic 1 panelists
21 come on up and have a seat. Thank you.

22 And thank you to Ellis, Theresa, and Ron for

1 your remarks.

2 Okay. Great. And for those of you standing
3 in the back, there are a few empty chairs sort of
4 scattered around in the room. If you would like to
5 have a seat, please feel free to do so.

6 Thank you so much, everyone.

7 So once again, my name is Soujanya Giambone,
8 and I am the facilitator for today's meeting. And I
9 want to take this time to go over the discussion topics
10 and the discussion format. So this meeting might
11 actually be a little bit different than other public
12 meetings that you've attended in that the main purpose
13 of today's meeting is to engage patients and patient
14 representatives in dialogue. And so just to set the
15 definition quickly, by "patient," I mean anybody living
16 with narcolepsy, and by "patient representative," I
17 mean anyone, a caretaker, a loved one, who is here
18 speaking on behalf of somebody who is unable to speak
19 for themselves today.

20 So let's first go over the discussion format.

21 Again, we have two topics: Topic 1, on the
22 most significant symptoms of narcolepsy and their

1 impact on daily life; and Topic 2, on current treatment
2 options and patients' perspectives to treatment
3 options.

4 So first we're going to hear from our first
5 set of patients and patient representative panelists,
6 and they're going to really set a strong foundation for
7 the bigger dialogue, and I'm going to have you all
8 introduce yourselves in just a minute.

9 So we have five panelists per topic, and they
10 reflect a range of experience with narcolepsy. They
11 have each prepared 3 to 4 minutes of remarks in
12 response to the topic questions, and after we hear from
13 them, we're going to follow up with some questions from
14 -- we'll see if the FDA panel has some questions for
15 you.

16 After our panelists speak, we are going to
17 turn it over to patients and patient representatives in
18 our audience and invite you to share your perspectives
19 and your experiences and contribute to the dialogue.
20 So here is where we want to hear what is generally
21 similar, what's slightly different, from what you've
22 heard on the panel in response to the topic questions.

1 And I'll ask some follow-up questions. And
2 we do have some microphone runners in the room, they'll
3 go around. If you're comfortable to do so, raise your
4 hand, and one of our microphone runners will run over
5 to you, and if you could state your first name before
6 you speak and you can provide your comments then.

7 And actually I did forget to mention earlier
8 on that this meeting is being recorded and transcribed,
9 so everything that we share here today and for those of
10 you joining us on the web, it will all be part of the
11 public record.

12 All right. And we're also going to do
13 something today that has worked really well in our last
14 several patient-focused meetings. We're going to have
15 some polling questions, and the purpose of the polling
16 questions is to aid the discussion and really gain a
17 better understanding and perspective of what's in the
18 audience, your experiences, and your perspectives.
19 It's just another way to gain that information.

20 Actually, with that, Chad, would you mind
21 passing out the clickers for the polling questions?
22 Some fancy technology here that we'll be passing around

1 to answer the polling questions.

2 And web participants can also respond to the
3 poll through your webcast comment box, actually through
4 the polling questions that you can see on the webcast.

5 And I would like to say for the polling questions we do
6 want to make sure that it's patient and patient
7 representatives responding to the polling questions.

8 Okay? And we'll try out some of these in just a few
9 minutes.

10 And a special welcome to those of you joining
11 us remotely. It's actually an incredible response that
12 we've had for this meeting. We have close to 700
13 people, I believe, joining us on the web, so that is
14 just amazing. And so a special welcome to you all.

15 And I urge all of you on the web to contribute to the
16 dialogue. You can submit comments through your webcast
17 comment box, and although we may not be able to
18 summarize all of them today, we're listening, and
19 you're part of this dialogue. We're going to check in
20 periodically with my FDA colleagues to read off some of
21 the comments, and it is considered part of the public
22 record.

1 And last but not least, we do have this
2 public docket which is basically it's online space that
3 we have where it will be open for 2 months after this
4 meeting ends, and it's another place where you can go
5 and submit your comments, any other thoughts that come
6 to mind, you can feel free over the 2 months to
7 contribute your comments via the public docket. And
8 again that's part of the public record. Okay?

9 And we're actually going to do something new
10 today, and we're very excited about it. In addition to
11 those of you joining us remotely, we're going to invite
12 some of our remote participants to join in the
13 discussion via the phone. So towards the later part of
14 our group discussion, I am going to check in with my
15 FDA colleagues, and they'll bring in some web
16 participants to speak over the phone.

17 So for those of you on the web, I do want to
18 say that check your webcast, check on the webinar,
19 you'll see a prompt come up towards halfway through the
20 group discussion, and it will provide the number that
21 you'll dial into if you would like to contribute to the
22 dialogue over the phone, and we'll get to you towards

1 the later part of the discussion.

2 Great. So let's go ahead and go through the
3 discussion ground rules, and these are just some ground
4 rules that we have that apply to all of us so that this
5 discussion is the most fair to all of us.

6 First and foremost, we are here to listen to
7 the patients' experience with narcolepsy and patient
8 representatives here. So it's very valuable and we're
9 much looking forward to hearing that. We're also very
10 happy to see that we have representation from industry
11 and government agencies and research, and we're so
12 thankful that you're here. We just ask that you stay
13 in listening mode so that we can hear from our patients
14 and patient representatives.

15 Next, the FDA panel is here to listen, and
16 I'm going to make a disclaimer here. I am not a
17 medical expert, so I am going to rely on my FDA
18 colleagues to help me out with any questions. If you
19 have any questions, please feel to ask, and my goal is
20 to get through today's meeting without messing up any
21 of the drug names or anything, so I'm going to be
22 relying on them for that.

1 Common ground. So as I mentioned before,
2 this is a large-group facilitated discussion, and we
3 want to stay on topic, we want to generally stay on
4 topic, but we will stray a bit from that, and I just
5 want to make sure that if we -- we don't want to spend
6 too much time on one specific thing, we want to
7 continue to broaden and build the dialogue. Okay?

8 Next, feedback. So your feedback is very
9 important to our meeting. We have evaluation forms out
10 on the registration desk. It's completely voluntary,
11 but it would be really beneficial for the FDA to hear
12 your feedback on how you think the meeting went today
13 and what we can do better for our future meetings.

14 And last but not least, respect and courtesy
15 for each other is paramount. So today is a meeting
16 where we are going to hear a lot of personal opinions,
17 personal experiences, and so we want to make sure we
18 respect that. And so on that note, let's keep side
19 conversations to a minimum. If you need to take a
20 phone call, please do so out in the hallway. And as I
21 mentioned before, if you have any questions or if you
22 need anything, please feel free to ask us, feel free to

1 go out to the restrooms or the breakout rooms. And I'm
2 looking forward to an excellent and great conversation
3 today.

4 So with that, let's start with some of our
5 polling questions to practice here. And is that one
6 up?

7 Okay. So everybody have your clickers? All
8 right. Great. So the first one is: Where do you live
9 within the Washington, D.C., metro area or outside of
10 the Washington, D.C., metro area? So you'll press 1
11 for within metro area and 2 for outside the metro area.

12 (Pressing clickers.)

13 MS. GIAMBONE: Okay. So can we advance to
14 the next slide?

15 Great. Wow. Okay. So we have quite a bit
16 of local neighbors here, but it's also great to see how
17 many of you have come from outside the D.C. metro area.
18 We thank you so much for making the trip out here. So
19 thank you.

20 Okay. So let's move on to Question 2. Have
21 you ever been diagnosed as having narcolepsy? Again, 1
22 for yes, or 2 for no.

1 (Pressing clickers.)

2 MS. GIAMBONE: Okay. Great. Wow. So it
3 looks like we have about two-thirds of our audience
4 here today has been diagnosed as having narcolepsy. So
5 we are very much looking forward to hearing from you
6 during today's dialogue. Thank you.

7 Okay. Next, let's do the next one.

8 MR. VALENTINE: And can I chime in from the
9 webcast just to compare to what we have in the room?
10 So for the first question, we actually have, as might
11 be expected, a very large proportion, about 90 percent
12 of participants, being from outside the D.C. area. And
13 for the second question, we have about 85 percent of
14 participants having been diagnosed with narcolepsy.

15 MS. GIAMBONE: Great. Great. I'm so happy
16 to hear that we have so much representation here in the
17 room and also joining us on the web, so that's really
18 going to be an excellent conversation.

19 All right. Let's move to the next question.
20 Are you male or female? 1 for male, 2 for female.

21 (Pressing clickers.)

22 MS. GIAMBONE: Okay. So we have about over

1 two- thirds of our audience here is female, and we also
2 have just about a third male. So looking forward to
3 hearing conversation from both, from both males and
4 females, so thank you.

5 MR. VALENTINE: And the breakdown for the web
6 is about the same.

7 MS. GIAMBONE: It's about the same? Okay.
8 Thank you.

9 And the next question. Okay, age. And I
10 know the print is a little small, so I'm going to go
11 through all of them. So A, younger than 10; B, 11
12 through 20; C, 21 to 30; D, 31 to 40; E, 41 to 50; F,
13 51 to 60; or G, 61 or greater.

14 (Pressing clickers.)

15 MS. GIAMBONE: Okay. So let me try to see
16 this here. Okay. So we actually have a pretty good
17 spread of age representation here. I am also so happy
18 to see that we actually do have some representation
19 from the pediatric population. We were so excited to
20 see that. Thank you so much for being here.

21 And generally, let's see, we have age group
22 here between 41 to 50 is the largest representation

1 here, so great. And any updates from the web for that
2 question?

3 MR. VALENTINE: The largest age group for the
4 web is 31 to 40, with about a quarter of the
5 participants, and about a fifth of the participants are
6 in the 21 to 30 range, as well as another fifth in the
7 41 to 50.

8 MS. GIAMBONE: Great. Okay. Good. All
9 right.

10 And the last question. What is the length of
11 time since your diagnosis? A, less than 5 years ago;
12 B, 5 years to 10 years ago; C, 10 to 20 years ago; D,
13 more than 20 years ago; or E, I'm not sure.

14 (Pressing clickers.)

15 MS. GIAMBONE: Okay. All right. So let's
16 see here. So we actually -- you know, this is great.
17 So based on the results, it looks like we have a good
18 bit of our audience members who this is a recent
19 diagnosis, so it will be really great to hear your
20 perspectives on this recent diagnosis. And then it's
21 also good to see that we have some representation from
22 those that have been living with narcolepsy for quite

1 some time. So you'll have some really great
2 perspectives to offer there, too. Thank you.

3 MR. VALENTINE: And on the web, we have about
4 45 percent with the less than 5 year ago diagnosis, and
5 then about a fifth for the next two, B and C.

6 MS. GIAMBONE: Okay. Great. Thank you.

7 Okay. So that wraps up the first set of
8 polling questions. And I'm done talking now. What I'm
9 going to do is I'm going to have our patient and
10 patient representatives on the panel for Topic 1
11 introduce themselves.

12 MS. LENZI: Hi, everyone. I'm Kerry. And I
13 am talking about Discussion Topic 1.

14 Do you want to do it person-by-person?

15 MS. GIAMBONE: Yeah, we'll do introductions
16 first and then we'll go ahead and get started.

17 MR. COONROD: Hi. I'm Brandon Coonrod. I'm
18 also a panelist on Discussion 1.

19 MS. ROSEN: Hi. I'm Fran Rosen.

20 MS. BOLLINO: I'm Carrie Bollino.

21 MR. POPLAWSKI: I'm Joe Poplawski. I'm a
22 narcoleptic.

1 MS. GIAMBONE: Great. All right. So once
2 again the panelists have prepared 3 to 4 minutes of
3 remarks in response to Topic Question 1. And we
4 actually will -- okay, there you go. So you see the
5 Topic 1 questions. But really it's what symptoms you
6 experience because of your condition and what symptoms
7 have the most significant impact on your life. Are
8 there specific activities that are important to you but
9 you can't do at all or as fully as you would like
10 because of your condition? And how have your symptoms
11 changed over time?

12 So with that, let's get started. So, Kerry?

13 Panel #1 Comments on Topic 1

14 MS. LENZI: Thank you. Hi, everyone. Like I
15 said, my name is Kerry, and I was very recently
16 diagnosed with narcolepsy. I just found out in July
17 that I have it. I had severe symptom onset about 2
18 years ago, and it's been just repeated misdiagnosis for
19 the past about year and a half until July, when I was
20 diagnosed. So I'm still trying to find a medication
21 regimen and lifestyle changes that work for my
22 condition.

1 So to highlight some of the symptoms that I
2 feel are most severe in my life, the disturbed
3 nighttime sleep is one of them. I go through cycles in
4 my ability to sleep, so I can have a stretch of time
5 where I can sleep very easily, fall asleep for any
6 amount of time at any time, and then I'll go through
7 stretches of time where I can't sleep at all. So it
8 will be several nights with no sleep, 45 minutes is a
9 good night's sleep, 2 hours is fantastic, and that will
10 go on for months and months, and then it will turn into
11 now I can sleep at all times. So that's kind of a
12 cycle that I'm noticing.

13 And then obviously not sleeping very well
14 during the night would increase the excessive daytime
15 sleepiness that I experience as well as the other
16 symptoms would increase in severity. And as I said,
17 excessive daytime sleepiness is another one of the top
18 three that I experience. I'm currently an undergrad
19 student, so the excessive daytime sleepiness definitely
20 impacts that. I have noticed that my -- I've always
21 been a decent student, but with the onset of symptoms,
22 it's definitely gone down a little bit from I was on

1 the Dean's List, I was doing great, Honor Society, and
2 then a little decline, so it's just been a hard time
3 being in class and staying focused and being awake. If
4 I have a class that's longer than 50 minutes or after a
5 meal, I probably won't stay awake. If I am awake, I'm
6 not alert, I'm not really retaining much or
7 understanding much. So it's a lot of catch-up work
8 trying to go back and look at what I was not really
9 alert for in class and so reading ahead.

10 And so it's been a struggle to stay in
11 school, especially with my doctors have been urging me
12 to leave. So I think that is definitely impacted a lot,
13 especially with the third symptom that I think is
14 probably the most severe. I'm not really sure how to
15 classify it or what category. Like I said, I'm not
16 really too familiar with what I have yet, but I have
17 episodes when I don't sleep very frequently, it's like
18 a state of like loopiness where it will go from one
19 extreme of hyperactivity to another extreme of not
20 really being like mentally present. So it will start
21 out that I'm talking a lot and not really making a lot
22 of sense and repeating some of the same phrases and not

1 a whole lot of control of especially like my head and
2 neck, I'll just start like drooping over, I can't hold
3 onto things, and I'll just keep talking and talking and
4 talking, and then it will switch to the other extreme
5 where I can't really respond any longer, it's just a
6 blank stare, people asking questions, and I'm just
7 like, "Huh? Huh?" and I'm not really able to
8 participate in conversation any longer. And that was
9 happening like four times a day at the least, and it
10 would last either like 10 minutes or a couple hours,
11 and that ranges in severity, so it could be like a 2-
12 minute thing in the grocery store. So that happens
13 very frequently, and I think that's the hardest thing
14 to deal with, with being in public and trying to carry
15 on with daily activities.

16 And then to again talk about I kind of
17 already highlighted, it asked in the discussion some
18 specific activities that are important to you but that
19 you cannot do as fully as you would like. Again, going
20 back to school, that's definitely been difficult. I
21 have seen 20 -- like 20 to 25 different specialists in
22 the last 2 years, and most of them have encouraged me

1 to leave school. And then when I didn't leave school,
2 "You shouldn't go back. You should get a handle on
3 your health." And school is really important to me, so
4 trying to stick through that has been hard, especially
5 in the beginning when I didn't have a diagnosis, and my
6 professors were kind of assuming that with my grades
7 not being consistent, if there was a week where I was
8 really not feeling well, and that grade wasn't great
9 compared to like a really good grade, they kind of just
10 assumed that I wasn't trying or I was putting school
11 last, and that was kind of a struggle when I didn't
12 know the reason for that either with my professors. So
13 school I think definitely is the most affected.

14 And I also have a hard time exercising, which
15 is another thing. I was running 5K every day before
16 severe symptom onset, but now I -- like walking more
17 than usual or standing more than usual will trigger
18 those episodes like I mentioned, and just like it adds
19 onto lifestyle changes, like I have to leave for class
20 early so I don't have to walk quickly and things like
21 that. So that was a drastic change as far as something
22 I can no longer do.

1 And the discussion also asked if symptoms
2 have changed over time. I haven't really been in the
3 narcolepsy area for too long, but the only change that
4 I really notice is obviously the different side effect
5 profiles that I've had from being diagnosed with
6 several different conditions, so that made the symptoms
7 I'm already experiencing a little more challenging.
8 But as far as the symptoms themselves, only making
9 lifestyle adjustments has really been I've seen a
10 slight change. Like making diet changes and things like
11 that helps a little bit now that I know what I do have,
12 but the medication that I'm on hasn't really improved
13 my symptoms very much. And I don't really think that
14 there has been any change in my symptoms.

15 And it also asked us if my symptoms come and
16 go and if anything makes them worse or better. I know
17 that there are several things that make them worse. So
18 stress, anxiety, being even more sleep deprived,
19 dehydrated, like in the sun, being hot, working out, or
20 any like walking, like I said. So a range of things
21 make it more severe. And like I mentioned, being more
22 anxious and stressed and sleep deprived really

1 aggravates this, so if I have like a big test on
2 Thursday, so Thursday I'm going to be extra stressed,
3 extra anxious, extra sleep deprived, so my narcolepsy
4 symptoms are going to be even more severe, which will
5 make that test even harder. So it's kind of a cycle in
6 that regard.

7 And with these flare-ups, it's been hard to
8 tell obviously with a diagnosis. Like, for example, I
9 was treated for epilepsy for about 6 months, and I do
10 not have epilepsy. I had a positive EEG, so we went
11 along those lines, and my doctor said that if my
12 symptoms did improve, then that would be conclusive
13 when adding those medications. So I did start taking
14 anticonvulsives, and my symptoms appeared to improve,
15 so that was conclusive in their eyes. So when my
16 symptoms appeared to get worse, I kept increasing them
17 and increasing the anticonvulsives until I was on I
18 think it was 9 tablets of 200 mg Trioptal every day for
19 a condition I don't have with a side effect profile I
20 couldn't handle. And that was only one of several
21 misdiagnoses which have been aided by these flare-ups.
22 And now that I do know what I have luckily, it's been

1 hard to determine if a medication regimen is helping or
2 if it's better or worse or if my flare-ups are just
3 happening. So that's been difficult to tell if there
4 is progress being made or if it's just a good week.

5 So I think that about sums up the comments
6 that I had on Topic 1. So thank you.

7 MS. GIAMBONE: Brandon?

8 MR. COONROD: Hi. I would just like to start
9 off by saying thanks to the FDA for having us all here.
10 It's really exciting to see them taking interest in
11 this disorder, and I'm honored to be speaking in front
12 of you all today as part of this panel.

13 I am 15 years old and I'm a sophomore in high
14 school, so, as you can imagine, this has kind of
15 impacted my life profoundly. Daytime sleepiness is
16 probably my symptom that impacts me the most. It
17 causes me to be more drowsy when I'm awake, and if I'm
18 sitting down in class or just like sitting anywhere
19 pretty much, you can pretty count that I'm going to
20 fall asleep.

21 Before I was diagnosed with narcolepsy, which
22 was 2 years ago, I had always scored in like the 99th

1 percentile on standardized tests and stuff and I was a
2 pretty decent student, but like I just started falling
3 asleep in class and ended up getting kicked out of all
4 honors and getting C's and D's before I got medication.
5 So the daytime sleepiness is definitely the one that
6 impacts me the most.

7 Cataplexy, I've been blessed to not have that
8 as bad as it could be, but I definitely have a little
9 bit of that. When like one of my friends would tell a
10 joke or something like that, my facial muscles would
11 like slack up. So I definitely know what that's like
12 for those of you that have severely.

13 Hallucinations, that's a hard one to explain
14 to somebody that doesn't have it. The way I explain
15 that is since us narcoleptics are able to go into REM
16 sleep so quickly, if you like when you fall asleep or
17 if you're taking a nap, you're automatically dreaming,
18 so it's like you're just going in and out of dreams so
19 quickly that you can't handle it, it's like, "Okay, was
20 I dreaming or is that real or what?"

21 And another one of the symptoms that Dr.
22 Farkas mentioned that I didn't even think about was the

1 automatic behavior thing. Sometimes when I get really
2 drowsy I can find myself like nodding off when I'm
3 standing up almost. And the automatic behavior thing
4 was kind of interesting for me because the only time
5 I've ever experienced that was when I was mowing, so it
6 actually worked out pretty well for me because I got
7 the lawn mowed that way.

8 (Laughter.)

9 MR. COONROD: Yeah, just the daytime
10 sleepiness is the main one for me.

11 The effect of these symptoms, like I
12 mentioned school, that's a big one for me, and I'm sure
13 for all of you that are students. It's hard to get
14 schoolwork done. Falling asleep in class is hard, you
15 miss some of the lectures. Socially also in school,
16 you know, kids, fellow classmates see another student
17 falling asleep a lot in class, their instant opinion
18 may be that that student is lazy or just doesn't care,
19 and the same with the teachers. I mean, it's not their
20 fault, they don't know what's going on, but before I
21 got diagnosed, I didn't know what was going on either,
22 so that's hard socially.

1 Driving, that's a big one for me because I'm
2 15 and I'll be thinking about driving next year, and
3 that's going to be tough for me because I've got to
4 realize that I do have something that could potentially
5 endanger others if I was to fall asleep while driving,
6 but at the same time, I definitely want to drive. So
7 that's a big thing. Hopefully with medication I'll be
8 able to drive even if there are some strings attached
9 to that.

10 Some other affects would be military. That's
11 definitely out of the picture for me, which is
12 something I kind of always wanted to do. And another
13 thing Dr. Farkas mentioned was obesity and depression.
14 And these aren't something that like narcolepsy
15 directly causes, but the symptoms of this definitely
16 can bring on these things. If you're falling asleep a
17 lot, you don't have the energy to, like she said,
18 exercise or anything like that, so you may be like
19 laying down more and sitting more, and that can
20 definitely cause obesity. I also think narcolepsy
21 causes decreased metabolism, but like that's just
22 something I've experienced. And depression goes along

1 with that. As I fell asleep in school and fell behind
2 in my grades and such, and with all the social issues
3 that that brought up, depression is definitely
4 something that can be brought along by these symptoms,
5 just like, "Why am I falling asleep?" like, "Why can't
6 I help this?" and everybody is like, "You're lazy. Get
7 it together," or something like that. And at the same
8 time, I thought that I was getting mad at myself, so,
9 yeah, that's definitely hard.

10 Another question was, "Have your symptoms
11 changed over time?" And they definitely have. Before
12 medications, like I said, I would fall asleep pretty
13 much like 5 minutes into class and miss pretty much the
14 whole class, which was tough, but I started Strattera,
15 and then I'm now on Strattera and Nuvigil, and that's
16 definitely helped me with school and the symptoms and
17 stuff, so that's changed my symptoms. Also it varies
18 on the amount of sleep that I get. If I get a good 10
19 hours of sleep, it definitely helps my symptoms
20 compared to not getting as much sleep. And diet,
21 that's a big thing for me. I've gone on a gluten-free
22 diet, and it seems to help with feeling less lethargic

1 and such.

2 And so that pretty much sums up my experience
3 with narcolepsy. So, yeah, thanks for this opportunity
4 to bring my experience in front of you guys. I'm glad
5 to have had it.

6 MS. GIAMBONE: Thank you, Brandon.

7 Fran?

8 MS. ROSEN: I, too, want to thank the FDA,
9 and I, too, am super, super honored to be part of this.

10 So I think my whole thing is very different
11 from everybody else's, although maybe it isn't. But
12 this is also the first time I have ever met someone
13 else who has narcolepsy, so this is a big day for me.
14 I'm 62 years old, and I was diagnosed when I was 48,
15 and 2 years before I was diagnosed, I was hired to be a
16 pharmaceutical sales rep for a giant pharmaceutical
17 company, and you would think that working for the
18 Number 6th in the world that someone somewhere would
19 get it. Well, they didn't. And I'm driving the company
20 car, and they're oblivious to the whole thing.

21 Okay. So I'm not even sure when I started to
22 get symptoms because it was normal for me to take a nap

1 every day and it was normal for me to fall asleep in
2 the dentist's office. I was a great patient. And it
3 was normal for me to fall asleep getting my hair cut
4 because I was relaxed. So none of that really impacted
5 my life, but when I was 29, out of nowhere I got sleep
6 paralysis. Well, oh, my god, I thought I was becoming
7 mentally ill, and I would not tell anyone, and the
8 reason why I was afraid to tell anyone was because if
9 I'm going nuts, my ex-husband is going to take me to
10 court, he's going to take my son away from me, and so I
11 was going to be mentally ill by myself and no one was
12 going to know about it. Okay, but I lived with that --
13 I mean, I'm joking about it, but I lived with that all
14 by myself for 19 years. Okay.

15 I also started to have hallucinations, and
16 initially I thought it was my father coming from the
17 other side because I could see him and I could smell
18 him and I could feel him, but then when I hallucinated
19 that my sister was there, I realized, okay, this is not
20 my father coming from the other side because my sister
21 was well and whatever.

22 And then they weren't fun anymore. Then they

1 would be I would be in my bedroom, but not my present
2 bedroom, like another bedroom that I had like years
3 ago, and there would be men in my bedroom, but I would
4 be afraid of them and I wouldn't be able to do
5 anything, and that was that.

6 Okay, then in my thirties I developed
7 cataplexy, and it always happened when my son would
8 make me laugh, and he was the only one in the world who
9 could just get me hysterical like at the wrong time,
10 and all of a sudden I wouldn't be able to breathe and
11 everything would stop, and then my jaw would drop, and
12 to me it felt like an eternity, but I think it was only
13 a few seconds, but now I'm thinking, "Oh, my god, now
14 I'm mentally ill and now I'm going to have a stroke."
15 And again I didn't know who to tell.

16 So I lived like that and I beat myself up
17 because I wasn't the best mother in the world. I never
18 had the wherewithal to stand in the kitchen and bake,
19 and I used to beat myself up because, what's wrong with
20 me? Why can't I do more for my son? You wouldn't want
21 to come into my home and eat off the floors because I
22 didn't have the energy to clean my house. And so I had

1 a lot of guilt having to do with that.

2 Then mine I truly believe is hormonal because
3 as I started to go into perimenopause, all of a sudden
4 I would fall asleep when I'm driving, but it's not the
5 kind of sleep that you have control over, it's like an
6 invisible man comes and injects Sodium Pentothal in
7 you, and you're asleep, and that would happen, and then
8 I wouldn't be able to get up in the morning. And as I
9 got into more of perimenopause, the symptoms became
10 more.

11 And then I was hired by this pharmaceutical
12 company, the job of my dreams, and I can't get out of
13 my house in the morning because I shower, get dressed,
14 put makeup on, eat breakfast, and then I'm asleep on my
15 couch, and my manager never knew. And then I said, oh,
16 my god, I'm too comfortable at home, I'm going to have
17 breakfast out. So I would eat breakfast out, and by
18 the time I got to my first doctor's office, I had to
19 take a nap in the car. Okay, so what is wrong with me?

20 And gradually my life began to change. So I
21 used to call on pulmonologists, and all of a sudden I
22 saw a brochure, and it said, "Narcolepsy." And I said

1 -- oh, and there was one next to it called, "Menopause
2 and Insomnia." So I said I don't have insomnia, but
3 I'll read the "Narcolepsy," and oh, my god, oh, my god,
4 I could have written that brochure. It was like I did
5 write that brochure.

6 So now I get to go in and talk to the doctor,
7 and I said, "I have narcolepsy." He said, "What are
8 you talking about?" And actually then I had the sleep
9 studies and I was so excited that I had a label because
10 I wasn't mentally ill and I wasn't having a stroke, and
11 this is why I was sleeping, and I wasn't a bad mother,
12 it was because I had narcolepsy. But the symptoms
13 really, really got worse.

14 So for me, the worst symptom of this whole
15 thing -- and I put it together -- is the excessive
16 daytime sleepiness, but that for me is two things, that
17 could be those sudden sleep attacks where the only way
18 I can describe it is it's encompassing and it is so
19 powerful, the need, and as crazy as this sounds, the
20 desire to sleep that nothing else matters, and that's
21 why you can be driving in a car. You have no control.

22 And what happened to me was I had to give

1 narcolepsy control of my life because narcolepsy was
2 winning, and narcolepsy tells me how long I can shop in
3 a mall for, and narcolepsy tells me how long I'm going
4 to stay wide awake in a meeting, and narcolepsy tells
5 me if I'm going to be able to go to that party or that
6 show, and narcolepsy tells me if I'm going to be able
7 to drive.

8 And I'm sitting here telling you that I am so
9 proud of myself because I retired after 14 years of
10 being a wreck, and I put up with such abuse from my
11 managers. I was accused of being a liar, of trying to
12 fake it to get out of things. Oh, I was accused of
13 doing drugs, illegal drugs. I was forbidden to bring
14 up the word "narcolepsy" to any of my doctors, and
15 that's because I did a lunch with my manager and a
16 doctor, and he said to my manager, "You know, I just
17 have to tell you something, Fran is unbelievable, how
18 she can do this job and do it so well with narcolepsy."
19 Okay, so in the meantime, I'm like, oh, my god, I felt
20 like a million dollars. I go out and my manager says
21 to me, "What was that all about?" I said, "What do you
22 mean?" He said, "Now I know you use your narcolepsy so

1 that the doctors will feel sorry for you and write the
2 drugs. You are now forbidden to ever bring up that you
3 have narcolepsy." Well, talk about feeling ashamed.
4 Oh, I was so ashamed. And then he told me that nobody
5 wanted to work with me, but that really wasn't true.
6 His manager said to me, "You're so stupid," and she
7 wondered how I graduated from college. And what she
8 was referring to was because, not only would I have
9 sudden sleep attacks, but I get really drowsy, and when
10 I get drowsy, it's what you guys said, you don't think
11 right, you're half there, you're not there, you're in a
12 daze, you don't remember things. My facial expressions
13 change. I get a weird thing in my brain, and I get
14 drowsy. Sometimes it passes; other times I'm walking
15 around and I am asleep.

16 So what I wanted to say is I don't know how I
17 did it, but I did it. I retired after 14 -- well, they
18 got rid of me, but then I retired because I was there
19 long enough. But I am so proud of myself. I was a
20 successful wreck, but in spite of the narcolepsy and in
21 spite of life just chipping away at my self-esteem and
22 having horrible feelings of self-doubt and being

1 ashamed and embarrassed, I accomplished what I wanted
2 to accomplish, and I can't tell you the stress because
3 you all know we only have a short window that we can
4 really do what we need to do, and for me, that was so
5 much stress, but I did it. And I'm proud to say that I
6 am proud of myself. My managers may not have said that
7 about me, but I don't care. I, in spite of narcolepsy,
8 I did what I wanted to do.

9 (Applause.)

10 MS. ROSEN: Well, thank you, but you know
11 what? I'm sure you guys do it, too. I'm sure you've
12 done it because it's a fight, it's a battle. It
13 changed me life. I am half the woman I used to be, and
14 I don't say that like to be negative, but I used to be
15 super independent. Now I have to discuss with my
16 friends, "So I'll drive, I'm fine driving, but you'll
17 have to drive my car if I get a little drowsy," or --
18 it's such a mishmash, but it is what it is, and I'm so
19 happy to be here because the big thing is I suffered
20 alone. So if anything I say helps someone in the
21 future, then that's what it's all about.

22 MS. GIAMBONE: Thank you so much, Fran.

1 MS. ROSEN: Thank you. Thanks.

2 MS. GIAMBONE: Thank you.

3 Carrie?

4 MS. BOLLINO: Wow. Can you hear me now? I
5 look back on the days, so many days, and simply shake
6 my head that I can even be sitting here today because
7 of the years driving behind the wheel of a car and
8 nodding off into a deep daze and lose entire chunks of
9 20, 30 minutes of time. Somehow I always ended safely
10 parked on the side of the road or at a truck stop or
11 anywhere where it was legal to park, and I would
12 suddenly snap back and rethink, "Where did that sign go
13 that was back there?" and realize how long had gone by.
14 I even drove under the edge of an 18-wheeler once and
15 looked up, and calmly pulled back into the lane, no
16 adrenaline rush, no sense of urgency at all.

17 And over time the driving to me, I learned
18 how to deal with it. I learned don't drive when you're
19 tired, always know where there is a stop ahead, always
20 stop and nap if you need to, if you start feeling that
21 like fading away feeling, always stop. And I double
22 the driving time whenever I go anywhere. You know, if

1 somebody says, "It takes about an hour to get there,"
2 and I leave 2 hours so that I know that I've got time
3 to stop. I always knew I was more tired than most
4 people and I tried not to view myself as lazy, but many
5 times that vicious circle of being a little bit
6 depressed, and dropping the proverbial ball, and being
7 a little late, and not really being in control of why,
8 it would drag me down. My social life was a huge
9 casualty in college and beyond because needing naps
10 became the priority, not going out and having fun.

11 In my freshman year in college, my sleep
12 paralysis began, and I remember one night my senior
13 year, we were all kind of gathered in a room having a
14 slumber party of sorts, telling ghost stories to each
15 other, and I was kind of dozing off, not really
16 involved in the conversation, but I was listening, and
17 apparently it appeared as though I had fallen asleep,
18 but I was there, and I wanted to interject something,
19 so I sat up, and I looked and I said, "It won't let me
20 wake up," and laid back down, and I listened to
21 everybody discussing, "Is she possessed? Is she faking
22 it?" and I'm laughing inside, but I'm not moving, and

1 finally I woke up, and when I did, I recited back to
2 them everything that they had said, and they were all
3 just amazed.

4 But the thing that amazes me about that
5 moment is how normal it felt to be in that place where
6 I was awake and very aware of everything that was going
7 on around me but unable to move. It also strikes me
8 how normal it felt to have "it" there. My
9 hallucinations always included a dark being that was
10 always there, always there as I faded to sleep, always
11 there as I woke up, and by that point I guess he had
12 become normal. He is very scary, but I had gotten used
13 to him.

14 Anyway, the downward spirals of circumstances
15 in my life and symptoms drew me into depression,
16 although I was never clinically diagnosed. Once I
17 graduated from college, I went on two job interviews,
18 and I didn't get either job, and by that point, I was
19 feeling not worthy that I could have a job in the
20 design field. So I let go of that dream and went on to
21 other things.

22 During this low period of my life, my mom

1 witnessed a few times the sleep paralysis. There were
2 a couple of times when she came in the room and would
3 wake me from a nap because it was dinnertime, and I
4 would try to get up, but I couldn't move, and she
5 described it like it looked like a mild seizure because
6 I was fighting so hard to wake up. And we did go to
7 the doctor soon after that, asked him a couple
8 questions about it, brought it up, but he just kind of
9 brushed it aside, and so I brushed it aside, too, and
10 moved on.

11 My first cataplexy attack that I can remember
12 was at my graduation party in 1996. We were all
13 standing around in a circle, and we all got laughing,
14 and it felt like the lights were flickering, my head
15 dropped to the side a little bit, my hand dropped to
16 the side, thankfully I had my drink in my other hand,
17 but I looked around, and nobody reacted to it, nobody
18 seemed to have seen it, and so I moved on. And my
19 cataplexy attacks were so far apart from each other
20 that it took me even a couple of years to even realize
21 that they were real and recurring, and it was not
22 something I could ever describe to a doctor to the

1 point that he could pull me to where I needed to be to
2 understand what was happening to me. It was very
3 difficult to put those things into words.

4 I've been impulsive and irrational with my
5 eating habits forever. I believe, now looking back,
6 that the reason that I've always eaten the way I've
7 eaten is to survive and stay awake as much as I can,
8 carbs and sugars, carbs and sugars, and it has clearly
9 taken its toll on my body, and I'm catching up with
10 that, I don't know, I'm going to keep working at it,
11 but anyway.

12 I went 20 years with the mingling of these
13 symptoms and always that underlying excessive daytime
14 sleepiness, always with a short fuse, always with an
15 overwhelming negative attitude when someone woke me up.
16 Do you know how infuriating it is for someone to say,
17 "Good morning, Sunshine!" when all you want to do is
18 reel obscenities back at them?

19 (Laughter.)

20 MS. BOLLINO: My moods were -- they cost me
21 some jobs, they cost me some career things. In 2009, a
22 couple months before my 39th birthday, I was sent to a

1 neurologist by my primary care doctor because my hand
2 was falling asleep, and I was sitting in my living room
3 filling out the 12 pages of new patient forms that I
4 needed to fill out to go to a new doctor, and I came
5 across a question, and it described a loss of muscle
6 tone or temporary paralysis when struck with a strong
7 emotion, and I dropped the pen, and I said, "It's real.
8 Oh, my goodness." I couldn't even believe it. This
9 thing, this fleeting sensation that I had had and
10 experienced periodically for 20 years was real,
11 somebody knew what it was. And there were two other
12 questions that I ran across in that survey and had
13 similar reactions for me.

14 And when I went into the neurologist's
15 office, I sat down, and it became very clear within
16 about 2 minutes that my carpal tunnel was not the topic
17 of discussion for the day. He sent me home with a
18 pamphlet about narcolepsy and one about cataplexy, and
19 I got back to my car, and I sat and I read them, and it
20 was the answer to everything that had ever slipped
21 through my fingers, every dream, every sleep paralysis
22 episode, why I deeply knew that pursuing a career in

1 interior design was not just something I could do
2 because I didn't feel that I could ever stay awake for
3 a full day of work on a consistent basis, and why I
4 always avoided driving or doubled my driving time when
5 I went anywhere. I cannot describe to you the feeling
6 of relief that comes from finally knowing that the
7 labels "lazy," "antisocial," and "unmotivated" were
8 everyone else's labels on me and not in me, not part of
9 me, they were a part of narcolepsy.

10 Nowadays I prioritize my energy as much as I
11 can. I prioritize my meds as much as I can, that's a
12 roller coaster, because the tolerance levels always
13 have to be monitored, and going back and forth between
14 those things, my family is the ones that pay the price,
15 and that gets very frustrating. I try not to back down
16 from emotions for the fear of having cataplexy attacks
17 because, what is life if you're not living it?
18 Thankfully, my cataplexy attacks are rare. When
19 they're laughing, I can feel it coming, and I can calm
20 myself down, but in the case of anger, I try not to be
21 angry. That's the one emotion that I've tried to fight
22 the most because they bring on the most severe attacks.

1 I was baited into some big decisions in my
2 life by low self-esteem, lured by loneliness and
3 depression, into what I now realize is a trap, and I'm
4 somewhat limited in my tools to break out of that trap
5 because of my inability to make a full-time income,
6 support my family, and the only thing I have to say
7 about the trap is I'll find a way out, and narcolepsy
8 is a darn good trap.

9 It's stifling and frustrating to not be able
10 to use the talents I possess to give back to the world,
11 to the people around me, to those I love, and springing
12 that trap is my mission, and I hope that being here
13 today is going to lead to treatments that can help us
14 all spring that trap.

15 Thank you for inviting me here today, for
16 setting up this initiative and including narcolepsy.
17 I'm grateful to have had this opportunity to represent
18 the narcolepsy family and especially to represent those
19 people who have not been diagnosed.

20 Thank you.

21 MS. GIAMBONE: Thank you, Carrie. Thank you.

22 (Applause.)

1 MS. GIAMBONE: Joe?

2 MR. POPLAWSKI: For me, the absolute worst
3 symptom of narcolepsy is the excessive daytime
4 sleepiness. The daytime sleepiness pervades my every
5 waking moment. It is a horrible feeling to constantly
6 have the urge to lay down and sleep no matter where I
7 am. I rarely, if ever, feel fully awake. I feel like
8 I'm in a constant battle between being asleep and being
9 awake, never really sure which realm I'm actually in.
10 In general, I sleep 12 to 18 hours a day with my
11 longest stretch of sleep being about 42 hours.

12 These sleep attacks and falling asleep in
13 public or inappropriate times is embarrassing and quite
14 often humiliating, so most of the time I decline
15 invitations to do things. However, any plans that I do
16 make always include a way out or an escape to get away
17 so I can sleep without people realizing it. I find
18 reasons to run errands or go home just so I can sleep
19 in my car in a parking lot or sleep at home without
20 people realizing it.

21 I also find that the foginess from being in
22 a half-sleep state during my limited waking hours to be

1 maddening. The fogginess causes me to forget
2 conversations or commitments that I have made or made.
3 This has caused me a lot of problems over the last
4 several years because people decide that I'm unreliable
5 or that I'm ignoring them or neglecting them or not
6 honoring my commitments that I've made to them or to
7 others. Imagine the horror of waking up, looking at
8 your phone, and realize that you have had several
9 lengthy phone conversations that you have absolutely no
10 recollection of. This has happened to me quite often.

11 Finding the right combination of the
12 medications is also a never-ending challenge.
13 Balancing the side effects against the effectiveness
14 and then battling the insurance companies, that is, if
15 you can find a doctor who will actually write you the
16 prescriptions in the first place, not to mention the
17 judgmental pharmacists.

18 There was one time I had a pharmacist leave
19 addiction information in one of my prescription bags.
20 When I confronted him, he said there is no need for
21 anyone to have my level of medications. Needless to
22 say, I found a new pharmacy. That pharmacy is no

1 longer in business.

2 Overall, my symptoms have changed
3 considerably since 2005. Before, naps would refresh me
4 for short periods of time, but now even on medication I
5 feel like an alert zombie. I also originally did not
6 have cataplexy, but in the last couple years I've been
7 developing cataplexy that manifests itself when I get
8 into extremes of mood or emotion. I have also found
9 that over time that my sleep paralysis is becoming
10 increasingly worse, and if you have never experienced
11 this, consider yourself lucky.

12 Just a few years ago, I was exercising,
13 walking and running 2 to 3 hours a day. I was quite
14 active, going backpacking, camping, and on other high
15 adventures with my sons. However, since things have
16 started getting worse, I am largely inactive, and as a
17 result, in less than 3 years I have gained well over
18 100 pounds. Also, as a result of years of different
19 medications, I have lost most of my teeth, and now I
20 need to go through the embarrassment of having the rest
21 of them removed.

22 Because of narcolepsy and my excessive need

1 to sleep, I have largely withdrawn and isolated myself
2 socially, and because of such, I have lost or detached
3 from most of my family and friends. I avoid
4 invitations to activities and events, my sons have
5 largely seen me sleep away the days for the last 7
6 years. I constantly feel that I have let them and my
7 wife down. I would love to be able to work, but
8 unfortunately I have not found a job that can
9 accommodate me. I was self-employed and had a
10 successful business but had to close it down and sell
11 it off in 2005 because I was no longer able to keep up
12 with the demands of being a business owner.

13 Despite all this, I do try to keep a positive
14 attitude and attempt to use my wakeful time as
15 productively as possible, especially with my sons.
16 They're awesome. I constantly hope that at some point
17 someone will come to me with something that will give
18 me true wakefulness, even if only for a few hours a
19 day.

20 Thank you.

21 (Applause.)

22 MS. GIAMBONE: Thank you, panelists. I want

1 to thank our panelists for so courageously sharing your
2 stories. So thank you.

3 So what we'll do now is we'll have a polling
4 question which I think will help kick off our group
5 discussion, so everybody get your clickers out again.

6 And again I'm going to read this out for you.
7 So of all the symptoms you have experienced because of
8 narcolepsy, which do you consider to have the most
9 significant impact on your daily life? And you can
10 choose up to three symptoms: cataplexy, daytime
11 sleepiness, hallucinations while waking up or falling
12 asleep, sleep paralysis, difficulty sleeping, restless
13 leg syndrome, activity while sleeping, such as
14 sleepwalking, or other symptoms not mentioned.

15 (Pressing clickers.)

16 MS. GIAMBONE: Okay. All right, so it looks
17 like overwhelmingly that the daytime sleepiness is the
18 most significant symptom followed by cataplexy and
19 difficulty sleeping. Okay. And then it looks like we
20 actually do have a good bit of -- we have a spread, we
21 do see some hallucinations and also sleepwalking and
22 other activities while sleeping, but I do see that

1 there are other symptoms not mentioned, so I definitely
2 want to make some time during our group discussion to
3 address those also. Okay?

4 So let's get started with our group
5 discussion. I'm going to --

6 MR. VALENTINE: And I'll just note that on
7 the webcast it almost is an exact mirror of what was
8 displayed here in the room.

9 MS. GIAMBONE: Okay, great. Thank you.

10 Large-Group Facilitated Discussion on Topic 1

11 MS. GIAMBONE: All right. So does anybody
12 want to share their experience with cataplexy to kick
13 off our conversation?

14 Yes.

15 MS. FLYGARE: Hi. I'm Julie Flygare. I have
16 severe cataplexy, so for me, it took a few years to
17 develop from a slight drop of my muscle to being a full
18 body attack. I would just like to describe what it
19 feels like, the best I can describe to be in a full
20 cataplexy attack, it feels to me like I am awake inside
21 a corpse. I am completely conscious, and all I think is
22 just move your toe, just move your finger, do anything,

1 and nothing responds. And those milliseconds or
2 minutes that go by feel like the longest of my entire
3 life and makes everything else so much sunnier.
4 Anytime I can stand feels like a gift. And also you
5 feel like you can't breathe even though you can, and
6 your heart goes. All I think is I just want to breathe
7 deeper, just give me my breathe. Am I going to stop
8 breathing? Where am I? Am I awake? Is this closer to
9 not being alive? I don't know.

10 So for me, having severe cataplexy is a huge
11 part of my experience, and something that is
12 terrorizing of almost every second. Even when I have
13 my muscle tone right now, I know what it feels like to
14 not trust this because this might be this any second.
15 Thank you.

16 MS. GIAMBONE: Thank you, Julie.

17 Does anybody want to follow up on that?

18 Yes.

19 UNIDENTIFIED SPEAKER 1: Thank you. My son,
20 who is 16, has narcolepsy. When he started with his
21 symptoms at age 10, they hit hard and fast, the
22 excessive sleepiness and the cataplexy. One example

1 was during an Easter egg hunt that April a couple of
2 months after the onset of symptoms. At that point, he
3 had not been diagnosed and we were having our annual
4 Easter egg hunt in my house with my three children.
5 The one with narcolepsy and cataplexy is the oldest
6 one, and he was 10 then, and my children, my younger
7 two, were running around grabbing the eggs like crazy,
8 so excited, but my 10-year-old couldn't move his arms
9 and couldn't walk. So my husband and I were scurrying
10 around grabbing eggs and throwing them in his bag, and
11 he was crying and just it was an awful scene. And his
12 cataplexy was constant throughout the day. He missed 3
13 weeks of school straight while we tried to visit doctor
14 from doctor trying to find an answer.

15 We had to videotape his cataplexy because the
16 doctors didn't believe anything was wrong because in
17 the office he would pass every neurological exam.
18 Finally, he had the diagnosis of narcolepsy. But one
19 thing that he said through the beginning when things
20 were starting to happen for him quickly is he felt a
21 popping feeling a lot throughout his body, and it's
22 something that we've brought up to doctors, but he said

1 inside his body he felt things popping at the beginning
2 of the onset of the symptoms. So that's my son's
3 experience with cataplexy in the beginning.

4 It is controlled now, but he said it is
5 always there. And I think what he means by that, he
6 has to be on guard knowing that any emotion can trigger
7 it. We still see it in his facial muscles, but he
8 doesn't drop down to a full collapse anymore.

9 MS. GIAMBONE: Thank you. And I actually saw
10 quite a few heads nodding, so can we do a quick show of
11 hands to see how many others have experienced that
12 popping sensation for an oncoming cataplexy attack?

13 (Show of hands.)

14 MS. GIAMBONE: Okay. Thank you.

15 Anybody else want to follow up?

16 UNIDENTIFIED SPEAKER 2: Thank you. My son
17 was diagnosed at the age of 7 with narcolepsy and
18 cataplexy and -- I didn't think today would be so
19 emotional. The biggest -- all I can say is anyone who
20 has a child, if you look over and what you think is
21 your perfectly normal, healthy boy is laughing at
22 dinner with the rest of his family and he falls off the

1 chair in a complete puddle, your first instinct is to
2 obviously be scared to death that something is severely
3 wrong.

4 My older kids -- he's the oldest -- my
5 younger two, when we were living here in Virginia at
6 this time, his cataplexy was not under control, he was
7 at that point 9, 9 and 10. The younger two, my
8 youngest, at that point being 4, would run upstairs and
9 say, "Mom, John is having really bad cataplexy, really
10 bad cataplexy. You need to come down now." The fact
11 that my 4-year-old had to see her brother, who she
12 admired and looked up to, in a complete puddle on the
13 ground, and being scared at that age is not something
14 that a younger child should have to see. And my son
15 who is right below him would always warn me, "Mom, he's
16 having really bad cataplexy, you need to come down now.
17 He's not moving. He's not moving." And they knew, and
18 they had seen it, so they knew what to expect, but it
19 was still so scary to see.

20 My son, now at the age of 16, is under, I
21 would say, control, but he is a wrestler, and I do see
22 him when he's around the mat with his friends crouch --

1 he crouches when he feels a cataplexy attack come on,
2 and I can tell, and his friends just think he's tired.
3 But he gets into a crouching and he's on the ground so
4 that if he does fall, he doesn't have far to go. And
5 that's his experience.

6 MS. GIAMBONE: Thank you.

7 Let's take another comment. How about right
8 here in the back? Sure.

9 UNIDENTIFIED SPEAKER 3: Hi, there. I just
10 wanted to express that my worst situations for
11 cataplexy happened when I was in a medical facility
12 with people of every range of knowledge around me that
13 did not know what cataplexy was, and I think anyone
14 with cataplexy would agree, that's one of the other
15 areas we need to conquer.

16 I had a severe attack once when I was with
17 friends that didn't know I had narcolepsy or cataplexy,
18 and as it was happening I had enough time to say, "I
19 have narcolepsy. I something called cataplexy. This
20 is what's happening. Leave me alone. Don't call
21 anybody. I'll be fine. Just lay me down." In fear,
22 they called an ambulance. By the time the ambulance

1 off his shift that day and went home and he Googled it,
2 and he came back in and told me he talked to the rest
3 of the staff, and he came to personally apologize. I
4 still was in a war with the doctor, and unfortunately,
5 because of that, I lived close enough to Johns Hopkins,
6 I won't go anywhere else again. And I think we need
7 awareness and knowledge in the medical community as
8 much as everything else.

9 MS. GIAMBONE: Thank you for that.

10 Let's switch gears a little bit and talk
11 about if anybody would like to share some comments on
12 daytime sleepiness. I know we heard -- yes. And like
13 I said, if you're comfortable to do so, please state
14 your first name. And we'll take a few comments on
15 daytime sleepiness, and then I would really like to
16 touch upon some of the other symptoms that haven't been
17 mentioned.

18 MICHELLE: My name is Michelle, and I was
19 initially diagnosed back in my twenties and initially
20 starting off around seven or eight, I would actually
21 pass out. So anywhere from two to three times a year
22 the paramedics would always come for me. And back

1 then, of course, my parents and everyone else, they
2 called it spells, and most people thought that I was
3 just faking, they were saying, hey, I just wanted
4 attention.

5 But getting back to excessive daytime
6 sleepiness, I'm now in my forties, and it's been so
7 overwhelming as far as losing friends, not being able
8 to spend time with family and so forth, even working.
9 I started off as a software developer, and I would
10 actually develop programs, and people would come in my
11 office and they would make statements later to me,
12 "Michelle, you were so rude. I was trying to hold a
13 conversation with you, and you just continued to type
14 and design -- write scripts and so forth," and what was
15 actually happening was it was I was falling asleep, but
16 I was able to still halfway perform.

17 But, again, my point is just going through
18 it, it really has been difficult because friends and
19 family to this day, they still do not understand.
20 Most, they see it as a joke, they laugh and so forth.
21 There have been times that I have been out eating, and
22 my face would fall into the plate, and it's so

1 embarrassing at times. Meetings and so forth, just
2 dozing off, and walking, and even standing up at places
3 at times and then just passing out.

4 But, again, my biggest struggle is, again,
5 besides the excessive daytime sleepiness, is the fact
6 that I just wish people would be willing to at least
7 find out what it is because, like you said, once you
8 tell a person what it is, the least I tell people that
9 you can do is to at least look it up because it is
10 something that is serious, and just having to go
11 through life for so long and just having to manage
12 time.

13 Another example I can give everyone, too.
14 Just for me to get dressed, I have to set timers every
15 day. I have anywhere from 20 to 25 timers. So on my
16 cell phone now I have to time myself so I don't spend
17 too much time getting dressed, I don't spend too much
18 time eating. I have to use my navigation system
19 everywhere that I go, and I make it a point to put
20 little sticky notes because at times when I'm driving I
21 can get to a point that I have no idea where I'm going,
22 it's just like I completely forget.

1 But, again, I thank everyone for giving us an
2 opportunity, those people that are narcoleptic,
3 regardless whether you have cataplexy or not, for just
4 giving us an opportunity to come out today and to at
5 least express ourselves because this is a disability
6 that really needs to be taught. Thank you.

7 MS. GIAMBONE: Thank you.

8 Let me turn to my FDA panel. Does anybody
9 have any questions?

10 Yes, Dr. Farkas.

11 DR. FARKAS: Yeah. So a lot of people are
12 talking about a state of not complete awareness and
13 some kinds of forgetfulness, and I was just wondering,
14 I don't know how you want to ask people about this, if
15 that was when people were feeling sleepy or if that was
16 something that could happen when people weren't really
17 so aware of feeling sleepy.

18 MS. GIAMBONE: I see quite a few hands here.
19 Yes.

20 UNIDENTIFIED SPEAKER 4: Hi. So the question
21 was about like half awareness/half asleepness, and
22 whether or not you're aware of feeling that way? Is

1 that right?

2 DR. FARKAS: Well, I mean, if there was a
3 feeling of sleepiness that would tell you it was coming
4 or during it, if it was really something that could be
5 really like a separate symptom from sleepiness, a
6 separate event.

7 UNIDENTIFIED SPEAKER 4: Oh, you mean like a
8 sleep attack versus a persistent all-day sleepiness?

9 DR. FARKAS: Well, I mean, I guess that --

10 UNIDENTIFIED SPEAKER 4: Maybe I'm
11 misunderstanding and I should pass this on.

12 DR. FARKAS: Some of the descriptions I think
13 were like finding oneself having a phone conversation
14 and then not remembering or doing kind of automatic
15 behavior, and I just wasn't really clear if people even
16 knew they were sleepy at those times.

17 SARIAH (ph): My name is Sariah. My personal
18 experience is that if I am sleepy but not too sleepy,
19 then I have insight into the fact that I'm starting to
20 get more confused, make more errors, and I can say to
21 people, "I'm sorry. I'm aware that I'm making
22 mistakes." But when my sleepiness, whatever you want to

1 enough for me. The amphetamine-like stimulants don't do
2 it. I can't take Xyrem because of side effects. I am
3 a talented woman, and yet I can't hold a job because I
4 can't rely on my brain to cooperate on a reliable
5 basis. It is so deeply frustrating.

6 MS. GIAMBONE: Thank you.

7 Let me actually check in with our -- let's
8 see if we have any comments coming in from the web.
9 Let's see here. Do we have a microphone runner going -
10 - Kim, would you mind taking the microphone over to
11 James?

12 MR. VALENTINE: Thank you. So in terms of
13 the questions that were presented in terms of Question
14 1, all of the symptoms that you experienced that
15 because of your condition have the most significant
16 impact, a lot of those are the same that have been
17 discussed in the room, the big focus being on EDS and
18 cataplexy. We did hear some interesting comments from
19 many of the web participants, probably the largest
20 response to Question 2 about specific activities that
21 are important to you, is work, whether it be lateness
22 or inability to drive, lack of enough sick leave, and

1 napping during work, and other effects of EDS. There
2 is a lot of difficulty being able to work.

3 A lot of people also mentioned activities of
4 daily living, simple things like walking stairs, doing
5 chores, being able to exercise, and in addition to
6 other complications with weight gain, not being able to
7 exercise, not helping with that.

8 I would say the other biggest category
9 discussed on the web is that there is a large stigma
10 and misconception about narcolepsy and people not
11 understanding that you don't necessarily just fall
12 asleep out of nowhere, that there is this overwhelming
13 fatigue. And then there is also, related to stigma,
14 also an embarrassment for when people do fall asleep in
15 public. And one person also wanted to mention something
16 a little unique, that there is not really a focus on
17 the emotional health toll that relates to narcolepsy,
18 especially with children. If emotions trigger
19 cataplexy or other onsets of the disease, it could be
20 something like laughter, and so with children, they try
21 to hold back that emotion, and that has a toll on them.

22 MS. GIAMBONE: Thank you. Thank you.

1 So let's take a few more comments and then we
2 do have a break coming up, so I want to make sure we
3 stay on track with that.

4 Yes, go ahead. Let's take the gentleman over
5 there. If you could state your first name if you're
6 comfortable to do so.

7 SHANNON: Yes. My name is Shannon, from
8 Indiana. My wife, Patty. I'll speak on her behalf.
9 To answer your question, Doctor, in kind of more of a
10 clinical term, it's kind of like a conscious sedation.
11 She can be completely with a conversation and
12 completely be out of it at the same time. And I can
13 speak as to there are times that even cooking dinner
14 that I'm with her almost every day almost all the time
15 because if I'm not there, she's afraid that her safety
16 net is gone because I'm there to protect her. I have
17 to protect her in many different ways, but I protect
18 her from other people and knowing that it's time to go,
19 it's time to do this, or it's time to do that, and
20 oftentimes her forgetfulness goes very deeply, almost
21 to the point where she's afraid of Alzheimer's being
22 considered something or some sort of dementia or

1 diminished capacity.

2 MS. GIAMBONE: Thank you for that.

3 Let's do a quick show of hands here. I see
4 that a few comments brought up this forgetfulness, how
5 you describe sort of your brain not being able to --
6 not having control of your brain. By a quick show of
7 hands if you're comfortable, how many can relate to
8 that experience?

9 (Show of hands.)

10 MS. GIAMBONE: Okay. Thank you.

11 Sorry, Dr. Unger, did you have a question?

12 (No audible response.)

13 MS. GIAMBONE: Oh, yes, please.

14 DR. BASTINGS: I have a question. I heard
15 from Kerry about really a fluctuation of symptoms where
16 you had like a cycle where at times you could not sleep
17 at all for a duration of time, but then symptoms got
18 better and they were not as inundating for you, and I'm
19 wondering if it's something that other patients also
20 experience, where you have that cycle at times.

21 UNIDENTIFIED FEMALE SPEAKER: We can't hear.

22 MS. GIAMBONE: Okay.

1 DR. BASTINGS: Yes. My question is related
2 to the cycle of symptoms. Kerry mentioned that she at
3 times has significant symptoms where she can hardly
4 sleep at all, and at other times she is not quite as
5 inundated by the symptoms, and I'm wondering if that
6 cycle is something that other patients experience.

7 MS. GIAMBONE: Who would like to answer?

8 UNIDENTIFIED FEMALE SPEAKER: It's
9 unpredictable for me. I never know.

10 MS. GIAMBONE: Okay. Let's hear from --
11 Justin, would you like to answer that?

12 MR. GREENE: Of course, I'm sure we're all
13 experiencing it differently, but I have noticed annual
14 cycles. Seasons, especially season changes, are the
15 worst for me, especially when it goes from winter to
16 spring. So severe bouts -- well, I call it insomnia,
17 but I can't sleep, and therefore excessive daytime
18 sleepiness is at its best, so to speak. And it's not
19 just then, the summer months, the hotter months, are
20 always the worst. On a daily basis, it's really hard to
21 say. I think annual is the only dependable routine
22 that I've experienced in the past 5 years. I hope that

1 answers your question.

2 MS. GIAMBONE: Thank you.

3 Yes.

4 MS. BARKER: Hi. I'm Eileen Barker. I think
5 I was one of the first people diagnosed 50 years ago.
6 And I thank you all for coming and being interested in
7 this. First I wanted to say I'm like the most organized
8 person to handle like disorganization because there are
9 so many changes you have to deal with. And in answer
10 to the question about changes, it's like daily there
11 are changes, but I don't know if anybody else has found
12 this, I found them totally affected by the moon, like
13 the moon, I have a lot of energy, I feel great, and
14 very organized, and I don't have the problem with like
15 losing my brain organization, and then all of a sudden
16 after those like 6 days, I'm back to where it's totally
17 disorganized. And even though I control my everyday
18 life, I can't work to my fullest capacity when it's not
19 a full moon.

20 And I just wanted to also add that you have
21 to encourage the young people that you definitely
22 should stay in school, you just have to work out a

1 schedule, and I don't know whether these people have
2 scheduled to have naps, but you have to know you have
3 to take naps. So I started with Dr. Pollock, he was
4 one of the original doctors for narcolepsy, and it's so
5 important to be able to schedule your life. If you
6 schedule your life, and you know that you have to take
7 rests, you know that you have to not drink alcohol, not
8 ever take any other drugs, and I hope that other
9 people, you'll be able to handle it better.

10 MS. GIAMBONE: Thank you. Thank you very
11 much.

12 Let's actually check in -- oh, I'm sorry,
13 Theresa, did you have a question?

14 DR. MULLIN: I would just like to ask a quick
15 follow-up to some of the things people were just saying
16 about the things that they think affect the cycling of
17 their symptoms, and I wondered if others were
18 experiencing what you're describing, sort of a seasonal
19 fluctuation, and maybe by a show of hands, have others
20 noticed seasonal variations with it?

21 (Show of hands.)

22 DR. MULLIN: So that looks like a fair number

1 of you are seasonal. And then maybe even possibly
2 monthly or kind of lunar kind of cycle as well?

3 (Show of hands.)

4 DR. MULLIN: Some of you, not as many, but
5 have also noticed that. Okay, thank you.

6 MS. GIAMBONE: Thank you. That's a great
7 question. Thank you.

8 So let's actually check in with the phone for
9 just a few comments. Okay, so, Operator, would you
10 mind conferencing in the first speaker?

11 OPERATOR: Thank you. Our first question
12 comes from Samantha. And your line is open.

13 SAMANTHA: Hi. I'm Samantha. Hello,
14 everybody. I'm really interested to know like how
15 exactly it happens. I had a grand mal seizure that was
16 caused by nothing when I was 19 years old, and just
17 like that, I was narcoleptic. I was able to go from
18 sleeping 4 hours a night and then going to work all the
19 next day, and then going out with my friends the next
20 night to all of a sudden, all of a sudden, having to
21 sleep 18 hours a day, just out of nowhere. I mean,
22 it's affected everything, like I can't go to school

1 more than one semester at a time, which in turn means I
2 have tons of student loans and my credit is shot
3 because I can't work enough to pay them off. It's been
4 taking a toll on everything. My relationships,
5 everything, everything.

6 MS. GIAMBONE: Thank you so much for that.

7 Operator, can we bring in the next caller?

8 OPERATOR: Yes. The next question comes from
9 Sue.

10 SUE: Hi, everybody. I just wanted to
11 comment about whether you know that the sleepiness is
12 coming on and how it affects you. I am fortunate that
13 I am able to have a very successful career. I was
14 diagnosed 17 years ago, but it wasn't always easy, and
15 narcolepsy still affects me during the day, not so much
16 that I fall asleep during the day but that I lose a
17 sense of concentration and focus. I was once called
18 intellectually lazy by one of my previous bosses
19 because there were times that I was very much on
20 target, productive, and just very with it -- and this
21 was before I was diagnosed -- and then other times it
22 would take me a very long time to generate the simplest

1 of work because I just wasn't focused and it was a
2 struggle, and I find that even now when the medication
3 is not working well or if I haven't slept well.

4 The same kind of thing with driving, I could
5 sleep very well at night and feel like everything is
6 going fine and I get in the car to drive, and at about
7 45 minutes I might have to pull over and take a nap,
8 whereas other times I might feel fine and I could drive
9 a few hours. And I don't really know if there is a
10 specific pattern or not, I haven't noticed specifically
11 seasonal or anything like that other than menstrual
12 cycle sometimes affects the sleepiness. Thank you.

13 MS. GIAMBONE: Thank you very much.

14 And actually on that note I would like to
15 ask, because I did see some heads nodding, to Theresa's
16 question, how many women here have noticed the cycle
17 with the menstrual cycle triggering your symptoms?

18 (Show of hands.)

19 MS. GIAMBONE: Okay. Great. Thank you. And
20 we'll take one more caller over the phone, Operator.

21 OPERATOR: And next we have Kara.

22 Ma'am, your line is open.

1 MS. MILLER: Thank you. Hi, my name is Kara
2 Miller. I wanted to comment on the symptom that has
3 the biggest impact on my life, which is brain fog. It
4 feels as if I'm floating on a cloud through life, but
5 it's not a like fluffy one --

6 (Laughter.)

7 MS. MILLER: -- it's like a gray and rainy
8 one. My head always feels heavy, my vision is usually
9 blurred, and I never feel clear, which affects my
10 education, work environment, and my social life. It
11 becomes very depressing to the point where I've been
12 admitted to multiple psychiatric units, and after I was
13 finally diagnosed with narcolepsy, I failed multiple
14 semesters at school, although I did get my bachelor's
15 degree and recently quit my job because of the onset of
16 losing focus. What I want to feel is being able to be
17 clear.

18 MS. GIAMBONE: Thank you so much.

19 Okay. So let's see if we have any more
20 burning questions either from the FDA panel or if there
21 is any other symptom that we haven't talked about,
22 we'll take another comment.

1 Yes.

2 DR. COMO: Oh, yeah, hi. Peter Como. I'm
3 from FDA in the Center for Devices and Radiologic
4 Health. I just noticed that 21 percent of you
5 mentioned that you had other symptoms. I would just be
6 curious as to what those were.

7 MS. GIAMBONE: Yes. So, let's see, why don't
8 we --

9 UNIDENTIFIED FEMALE SPEAKER: Brain fog.

10 UNIDENTIFIED FEMALE SPEAKER: Yeah, brain
11 fog.

12 MS. GIAMBONE: Okay. Let's see a show of
13 hands for brain fog.

14 Okay. Oh, and, Operator, you can go ahead
15 and mute the line. We'll wrap up. Okay. Thank you.

16 (Show of hands.)

17 MS. GIAMBONE: Okay. So I see quite a bit of
18 hands for the brain fog.

19 Any other symptom that we haven't heard about
20 that you would like to speak to?

21 UNIDENTIFIED SPEAKER 5: I would just like to
22 say that for me daytime sleepiness is not just during

1 the day, it's also waking up in the mornings. I will
2 regularly set over 38 alarms and not wake up, or turn
3 them off in my sleep, and then once I'm awake,
4 automatic behaviors kind of control my life where I'll
5 put, let's say, the remote control to the TV in the box
6 of fish sticks, and it makes total sense when you're
7 doing it because, you know, maybe the next time you
8 watch TV you're going to want to remember to eat fish
9 sticks, but when you're conscious and aware, you have
10 no idea where these things are, and so your life, you
11 constantly go around in circles trying to find, well,
12 where are my keys? They're not where I left them. Did
13 I leave the garage door open? Did I shut it? Did I
14 lock the door? Did I feed the dogs? Did I take my
15 medicine? And the two of those have made the biggest
16 impact in my life.

17 MS. GIAMBONE: Thank you. Thank you.

18 So actually let's do this, we'll take a break
19 now. We did go over into break time a little bit, so
20 let's take a 10-minute break. And remember we do have
21 the public docket open. You can continue to submit
22 your comments there. It will be open for 2 months, so

1 if we didn't get to you during the Topic 1 discussion,
2 please do so there.

3 (Break.)

4 MS. GIAMBONE: Could we have everyone take
5 their seats?

6 Okay. And I think there are a few more
7 people outside, but we'll go ahead and get started so
8 we can stay on time.

9 So before we move on to Discussion Topic 2,
10 we would like to summarize the comments that came in
11 via the web for Topic Number 1 and just see if anything
12 new has come up.

13 So, Pujita, would you mind?

14 MS. VAIDYA: Thank you, Soujanya.

15 So, so far we have received hundreds of
16 comments coming from the web, so I won't be able to
17 summarize all of them. I would like to quickly mention
18 some symptoms that have been mentioned, and that
19 includes forgetfulness, a lot agreed with the seasonal
20 fluctuations and extreme change in temperature and its
21 effect on them; memory loss; constant fatigue;
22 depression; this is another one, they mentioned

1 injuries from other symptoms; anger and mood changes,
2 which put a lot of stress on their relationships;
3 symptoms affecting intimacy; and interactions and
4 relationships between onset of symptoms and everyday
5 substances, such as caffeine and alcohol.

6 Thank you.

7 MS. GIAMBONE: Thank you, Pujita.

8 Panel #2 Comments on Topic 2

9 MS. GIAMBONE: Okay. So let's go ahead and
10 get started with Discussion Topic 2. Once again, my
11 name is Soujanya Giambone, and I am with the Center for
12 Drug Evaluation and Research, Office of Strategic
13 Programs, and I'm the facilitator for today's meeting.

14 So Topic 2 is on patients' perspectives to
15 treatment options. So here we're looking at what
16 generally works, what are the downsides, and what are
17 your perspectives in decision making that go into
18 current treatment options?

19 So can we actually advance to the next slide?

20 Once again, we have five panelists, just as
21 we did with Topic 1, and they reflect a range of
22 experience with narcolepsy. We have patients and

1 patient representatives. And again they've each
2 prepared 3 to 4 minutes of remarks in response to the
3 topic questions. So what I'll have them do is go ahead
4 and introduce yourselves again and then we'll get
5 started with the panel discussion.

6 DR. GREENSTEIN: I'm Allison Greenstein, and
7 I'm from Radford, Virginia.

8 MS. RAY: LaShun Williams, LaShun Ray.

9 MS. THOMPSON: My name is Casey Thompson, and
10 I am from Littlestown, PA.

11 MS. O'SHAUGHNESSY: My name is Sharon
12 O'Shaughnessy, and I'm suburban Philadelphia.

13 MR. GREENE: My name is Justin Green. I'm
14 from Leesburg, Virginia. I have narcolepsy without
15 cataplexy, and I'm pretty happy to be here.

16 MS. GIAMBONE: Thank you so much. So let's
17 start once again with Allison.

18 DR. GREENSTEIN: I would like to thank
19 everybody and the FDA for allowing us all to be here
20 and all the fellow narcoleptics for being in the room.

21 Tired. Tired is the only feeling that I ever
22 knew. I had plenty of reasons of why I was tired.

1 Medical school makes everyone tired. Working 90 hours
2 makes everyone feel tired. Overnight call in the
3 hospital makes everyone tired. I could have slept for
4 a year and I still would have been tired. Spring of
5 2012 I finally complained enough to my attending
6 physician that my tired wasn't everyone else's tired.
7 Falling asleep eating wasn't normal. A series of blood
8 work and several sleep studies, four of them to be
9 exact, came to the conclusion that I have narcolepsy
10 without cataplexy. Having an actual diagnosis was both
11 comforting and both very scary. I was immediately
12 started on Provigil, and I felt amazing. I could sit
13 through noon lectures without falling asleep, but
14 within 3 weeks of being on Provigil, I noticed I was
15 getting short of breath. I could no longer go up a
16 single flight of stairs without gasping for air at the
17 top. I was seeing patients in the hospital one morning
18 and got so short of breath, my chest was tight, and I
19 felt miserable. I thought I was having a heart attack.
20 I walked to the nurse's station, I took my vitals, my
21 heart rate was 180, my blood pressure was 150 over 90,
22 and I thought, great, I really am having a heart

1 attack.

2 More tests occurred, more blood work, EKGs,
3 echocardiograms, and several Holter monitors later, it
4 turns out I wasn't dying, my heart was just beating
5 entirely too fast. It took months to sort out my heart
6 rate. It would jump from 60 to 160 in one second with
7 any movement. I could not do my laundry without
8 sitting and resting. Six months prior to my diagnosis
9 and starting medications, I ran my first half marathon
10 with my mother, who now runs faster than I do. I
11 couldn't make my bed. I saw cardiologist after
12 cardiologist, specialist after specialist, and I
13 usually receive the same perplexed look, I call it the
14 "dog ear" one where they tilt their head to the side
15 and go, "You take what medication and it does what
16 again?"

17 We all went to the same medical school, we
18 all know the same things, but my doctors couldn't help
19 me. My pharmacist had only seen Provigil prescribed a
20 handful of times; she wasn't very helpful either. My
21 choices were take your medication so you don't fall
22 asleep or don't take your medications, but then your

1 heart rate will be so fast that you might want to pass
2 out, so there wasn't a really great option.

3 I found a new neurologist at an academic
4 center, and she changed me from Provigil to Nuvigil.
5 This was slightly better, so instead of my heart rate
6 being 170, it was 140. I considered that to be an
7 improvement because I could now do my laundry. We
8 started out in heart medications then. The first
9 medication, I didn't notice any improvement. I could
10 see my heart rate was a little slower, but I still felt
11 terrible. After several trials, we finally found a
12 medication that works. My biggest frustration still is
13 any sort of incline, whether it be a stair, a mountain,
14 or a hill; they completely and absolutely wind me.

15 I'm a runner, and I'm a runner who lives in
16 Southwest Virginia. We don't have flat roads. There
17 is no flat road near my house. I have adjusted my
18 methods for running to accommodate my heart rate. I
19 use a Jeff Galloway run-walk method. Previously I
20 could run 4 minutes (sic) straight without having to
21 stop at an 11- minute pace, which I thought was pretty
22 good for someone who never considered themselves a

1 runner. Now I can barely get two, and then I have to
2 walk. Any sort of big hill I have to take an extra
3 walk break and hope that my running partner doesn't get
4 too far ahead of me.

5 In the middle of starting out my medications
6 and doses, I finished residency and started my real
7 doctor job as an outpatient internist. My insurance
8 didn't kick in for a month. My former hospital was
9 less than stellar with their paperwork, and my COBRA
10 coverage didn't happen, so I had no insurance for 2
11 months. My medications cost \$500 a month, and I had no
12 income.

13 During that time I was also taking my
14 internal medicine boards, so it was about medicine,
15 getting ready to study for the biggest test of my
16 entire life. Thankfully, my insurance finally kicked
17 in, my copay is now \$160 for 3 months, and I realized
18 why my patients don't take their medications: \$500 is
19 the difference between keeping their electricity on or
20 taking their meds.

21 Not only does my medication cause side
22 effects, it interferes with how my other medications

1 are metabolized. Frustrated, I have sought out
2 alternative methods for my symptoms. I have also
3 switched to a gluten-free diet. I know a couple of
4 people have also mentioned that. This has helped me
5 feel like I have not been hit by a Mack truck when I
6 wake up. While I do not have celiac, I was tested for
7 antibodies, and I do have them, indicating I have a
8 sensitivity to gluten.

9 I have been to an acupuncturist. One of my
10 worst physical symptoms I think is muscle tension and
11 overwhelming fatigue. The more tired I am, the more my
12 shoulders and back muscles hurt. My acupuncturist had
13 never treated anyone with narcolepsy, but he had good
14 results with a similar patient who had MS and her
15 fatigue. I have not been many times yet, as I just
16 recently started it, but it does seem to appear to be
17 helping. I try to stick to a regular sleep schedule,
18 and I made sure that when I bought my bed that it's the
19 most amazing bed that has ever existed.

20 (Laughter.)

21 DR. GREENSTEIN: It cost a ridiculous amount
22 of money, but I love it. We call it the magical bed.

1 I exercise 3 to 4 days a week. I try to avoid
2 caffeine. And while I realize my medication isn't
3 perfect, I remember 2 years ago when I would have to
4 take a nap after taking a shower in the morning because
5 I was already too exhausted to continue with my day.

6 MS. GIAMBONE: Thank you, Allison.

7 LaShun?

8 MS. RAY: Hello. My name is LaShun Ray. I'm
9 a single mother. It's important to know that I'm
10 representing my 9-year-old daughter, LaShun Williams,
11 and her first concern was, would she be able to take a
12 nap? LaShun's symptoms started at the age of 5.

13 When I pick my daughter up from aftercare,
14 her body is in a battle to sleep and eat. Her will is
15 to eat first and then sleep, but her body will is to
16 sleep first. By the time we reach the front door, she
17 is crying and I have to help her to bed because she can
18 barely walk, and still she needs to eat. When she does
19 wake up, her body is now battling hunger and a
20 headache. This is a hostile battle of the body's needs.

21 Currently, LaShun is taking two medications,
22 and we're trying to find a third medication that will

1 help control her narcolepsy symptoms. This means at
2 the age of 9 she will be taking two medications to stay
3 awake and one medication to sleep at night. LaShun
4 would like to play with friends at school without
5 needing a scheduled nap. Her naps take priority over
6 playing with classmates because missing a nap means she
7 will sleep for more the next day, sometimes 18 to 20
8 hours. I have been called home because she slept the
9 whole day in school, or I have missed work because she
10 doesn't wake up. LaShun feels like she is missing out
11 with class activities, which has created an issue for
12 socializing with classmates.

13 LaShun is taking the highest dose available
14 for one medication and the highest dose allowed for a
15 child for another medication, and she has scheduled
16 naps, but there is no relief, and her narcolepsy
17 symptoms are starting to change. The downside from my
18 daughter's viewpoint is taking large pills that
19 sometimes get stuck in her throat, and this is with
20 them being cut in half. And every day she keeps asking,
21 why does she have to take them? Her nighttime
22 medication is salty (sic), and she has to be woken up

1 at the second dosage between 12:00 a.m. and 2:00 a.m.

2 The side effects that she has experienced
3 with her medications are headaches, making it difficult
4 for her to function or go to school; sleepiness, making
5 her arrival to school 2 hours late or missing a school
6 day; dizziness, making it difficult for her to stand or
7 walk or sometimes she can't even sit up; extreme
8 swelling of the face. Other symptoms that she has
9 experienced with the medication that she is currently
10 taking is appetite:

11 it depresses her appetite. So while we are
12 battling weight gain because of narcolepsy, we are also
13 battling the fact that she doesn't eat.

14 The downside from my viewpoint is the long-
15 term effects from taking these medications at the
16 highest doses, as the medications can become
17 ineffective quickly, and the effect these medications
18 are having on the liver and other organs.

19 As the sole caregiver, inconvenient dosing at
20 midnight, from 12:00 to 2:00 a.m., is taking a toll on
21 me, which has led me to being sleep deprived. I am now
22 scheduled to do a sleep study myself.

1 While trying to maintain LaShun's health, my
2 health is deteriorating. My daughter would like
3 smaller pills, and just one. As a parent, I would like
4 to see medications approved for children and teenagers.
5 The medication she is taking now is approved for adults
6 only. I tell LaShun the medications are to improve her
7 quality of life. No medication should decrease the
8 quality of life because of adverse side effects.

9 We would both like to thank you and thank FDA
10 for allowing us to speak.

11 MS. GIAMBONE: Thank you so much, LaShun.

12 Casey?

13 MS. THOMPSON: Hi, there. Just for a little
14 background, I'm going to be 44 next month, and I was
15 diagnosed when I was 27, but my earliest symptoms I can
16 remember were probably middle school. I was always the
17 girl that got in trouble for having her head on the
18 desk. And in high school I was always the one driving
19 into the school parking lot putting on my mascara at
20 the same time because of course I was out the door at
21 the last minute.

22 When I was first diagnosed, the first

1 prescription I was given was Ritalin. Previous to my
2 narcolepsy diagnosis, I had been diagnosed with an
3 essential tremor when I was 21, so Ritalin being my
4 first stimulant, we did not get along well at all. At
5 the time, I worked in the beauty business, and you can
6 all imagine what someone is thinking in a chair when
7 you're coming up there with scissors or clippers and
8 your hands are shaking like this.

9 So stimulants were out of the question, but I
10 did have a doctor ask me if I would like to try
11 Provigil, and of course I did because I wanted anything
12 to be able to function and be normal. Provigil made me
13 feel like I had toothpicks holding my eyelids open 24
14 hours a day, 7 days a week. I think it was the third
15 or the fourth day I had to quit because there was one
16 moment, I will never forget that day, that I was
17 looking this way and turned my head, and I felt like my
18 head was still over here, and it was moving across, but
19 I was like -- I literally thought people were looking
20 at me and seeing my eyes bulging and bugging out of my
21 head.

22 I went years without any medication and tried

1 to find ways to survive. I myself was also a single
2 mom with four kids, and when that occurred, I wound up
3 going into self-employment. It allowed me to sleep in
4 my business. At that time, I had a sofa in a back
5 room. Today I actually have a bed in my basement in my
6 business. Years went by. I could not lose weight. I
7 only gained weight when I was pregnant, but when you
8 come home from giving birth to twins, and you've gained
9 2 (sic) pounds, depression is beyond the word to use
10 for that. I did not know until maybe about 3 years ago
11 that the weight gain and inability to lose weight was a
12 component of narcolepsy, but before that, I tried
13 everything to lose weight. I had gone to doctors, I
14 had gone to weight loss specialists. I had somebody at
15 Weight Watchers once tell me that I wasn't going to get
16 anywhere if I was lying on my logs, and that was a real
17 struggle for me because I felt like I was an active
18 person, and I wanted to move around, but I just
19 couldn't lose weight no matter what I did.

20 When I finally reached the medical facility
21 where I'm at now and was offered Xyrem, I jumped at the
22 opportunity. For me personally it's been my miracle.

1 I hesitate to say that because I said that once to
2 someone and they said, "Well, then what's your
3 problem?" So I say it's a miracle to an extent, but I
4 still battle. My cataplexy has -- I don't want to say
5 it's completely gone, real stressful moments, I feel
6 the weight hit my thighs, and I tell myself to keep
7 standing, I have not gone down, I have not had full-
8 blown cataplexy since about 6 months into taking Xyrem.

9 I will say even though with taking Xyrem I
10 struggled in the beginning because the first doctor
11 that actually prescribed it to me, I was not aware that
12 I was the first person he had prescribed it to, and he
13 prescribed it at the full 4.5 dose for me to start. By
14 some miracle, I tolerated it well. I dealt with
15 incredible, incredible muscle cramps the first 3
16 months, but I was doing so well I was determined I was
17 going to get through those muscle pains. I've learned
18 now that I must eat a banana every day. I think it
19 helps with everything, from what I understand, with the
20 magnesium and the sodium and the potassium. If I go a
21 couple days without having that banana, I'm back with
22 leg cramps.

1 I haven't had a lot of the other side effects
2 that many people I have connected with on the internet
3 have had with Xyrem, but I do have a problem with the
4 seasonal situation. I feel like my body is controlled
5 by the sun. When the fall comes and the darkness
6 comes, my body wants to sleep when it gets dark, and my
7 body wants to awake with the sun. My doctor last year
8 suggested I try Philips goLITE. I did purchase that in
9 the spring. I can't really make a comment on it yet,
10 how it's working. I figure that when I begin using it
11 this fall as we're starting to change with the lighting
12 now that maybe I'll see some type of difference, but my
13 greatest struggle that still remains is, of course, the
14 daytime sleepiness and the seasonal battle. I really
15 go through a war in the winter and fall months until
16 April/May comes along.

17 I felt like the worst mom in the world
18 because I used to get up and get my kids off to school
19 and come home and lay back down again. It's really
20 hard to feel like you can't do something you should be
21 able to do. If I didn't have the ability to be self-
22 employed, I don't know where I would be.

1 And my greatest challenge, and I think this
2 is a really big component of the medication factor, is
3 I want a job. I want a job that's Monday through
4 Friday. I've worked my entire life more than all of
5 it, including weekends. I would love to know what a
6 9:00-to-5:00 Monday through Friday job is, and I'm
7 terrified of going back to school. I used to love
8 reading books, and I'll get four pages into it and be
9 done. It's like somebody injected me with something,
10 and, whew, gone. Even now with the Xyrem, I mean,
11 that's still a problem, that I think, my god, how could
12 I go back to school? But yet at the same time, if I
13 had had Xyrem when I was in high school, I think, wow,
14 where could I be? I really could be somewhere else if
15 I had had this opportunity and this advancement back
16 then.

17 But right now I look towards what I consider
18 the next half of my life, and what can I do and where
19 will I be? And I don't want narcolepsy to control me,
20 I want to control it, and I'm hoping at some point I
21 get that power, and also that the people around me can
22 understand that it's real, it's not the joke in the

1 movies, and that it's just not a joke in any way,
2 shape, or form.

3 And that's all I have to say. Thank you for
4 allowing me to be here and share this. Thank you.

5 MS. GIAMBONE: Thank you so much, Casey.
6 Sharon?

7 MS. O'SHAUGHNESSY: Thank you very much for
8 giving us the opportunity to share our stories. Part
9 of what makes this disorder so difficult is that you
10 really can't talk about it to people because everybody
11 has been tired, this is just a different level that
12 people don't understand. Since my earliest memories,
13 I've had extreme sleepiness, fractured sleep, and
14 hypnagogic hallucinations. I was finally diagnosed
15 with narcolepsy at 42, and I've been under treatment
16 for 6 years.

17 You asked in your questions about other
18 conditions? I also have fibromyalgia, Raynaud's,
19 eosinophilic esophagitis and other digestive issues,
20 allergies and asthma, high blood pressure, and short-
21 term memory issues, and a lot of these disorders are
22 often seen with long-term nonrestorative sleep, and

1 many people complain of multiple autoimmune disorders.

2 In the 35 years it took me to get a
3 diagnosis, my doctors and I muddled through a lot of
4 well-worn but ineffective options, mostly in the
5 sedation family. When I got the narcolepsy diagnosis,
6 I tried Xyrem. The morning after the second night I
7 bounded out of bed awake and joyful, but my husband
8 said, "You don't remember last night, do you?" It
9 turns out I was having seizure-like movements for over
10 an hour that wouldn't subside even when my distressed
11 husband tried to physically stop them from happening.
12 So I called Jazz hoping for a dosage tweak, and they
13 told me to stop taking Xyrem immediately. I was
14 crestfallen. Even with that hour of flailing, it was
15 still the best I've ever felt waking up.

16 So for me and other people who can't take
17 Xyrem, we really need a pharmaceutical option for
18 fixing sleep architecture rather than mere sedation.
19 Having experienced both, I can tell you there is a huge
20 difference in how the patient understands the feeling
21 of being the sleep architecture improved rather than
22 just being sedated and out cold for a couple of hours,

1 not to mention a monetary option.

2 I administer a website of over 500 diagnosed
3 narcoleptics, and people are documenting that they are
4 being charged over \$10,000 a month for Xyrem. That's
5 the dark side of orphan drug status. Yeah. I've got
6 documentation. And it varies all over the country, so
7 that's interesting, too. But that's the dark side of
8 orphan drug status, a \$6,000-a-month increase, just
9 since I became aware of this drug, per month. We need
10 a pharmaceutical alternative that competes with Xyrem.
11 It's a wonder drug for many, and we are really grateful
12 that it's on the market, but the market needs an
13 option.

14 Lacking something like Xyrem that I can take,
15 my treatment consists of frequent naps, Lunesta,
16 Nexium, Norvasc, Lyrica, Claritin, and asthma
17 medications when needed. I think a lot of this is just
18 the sleep part of it, all these other systems go awry.
19 Supplements I've found to be helpful are multivitamin,
20 magnesium, B complex, EPA/DHA, Vitamin D, and broad
21 spectrum pre- and probiotics. Exercise is always
22 helpful, but it's really hard when you're always

1 exhausted, and everybody knows that, but it does help
2 if you can just make yourself do it. Good nutrition
3 helps my energy level. I eat almost no processed food,
4 the majority fruit and vegetables, some meat, and a
5 very small amount of whole grains.

6 I take Lunesta. It's mildly sedating. I
7 feel mostly awake when I'm supposed to be asleep. If
8 someone moves in the house, I hear them. My kids say I
9 never sleep, and in the morning it feels like I didn't
10 sleep. I set multiple alarms in different places in my
11 room to wake up in the morning.

12 Digestive issues, I have pared down to a very
13 basic diet. I have immediate gastric symptoms if I
14 ingest something that's in natural flavors, but since
15 companies won't tell me what those ingredients are even
16 when I write to them, I can't isolate it, so I'm left
17 rarely eating out. I cook at home from scratch.

18 B complex helps with memory and cognition.
19 Pre- and probiotics are supposed to help digestive
20 health, but I haven't seen any difference with the
21 natural flavors issue. People who don't have
22 narcolepsy but have stayed up for 2 days straight,

1 maybe during college and exams, report an uneasy creepy
2 feeling in your stomach, like if you eat something, it
3 may not go well, and I live with this feeling all the
4 time, and I wonder if that's also related to sleep
5 deprivation.

6 How well has this therapy worked? It hasn't.
7 I have a master's degree in a scientific field. I
8 have, on my own schedule, without deadlines, written
9 legislation that got passed, and raised several million
10 dollars for causes I support, but my productivity just
11 cannot be predicted. This obviously makes it
12 impossible to support a family. Employers won't put up
13 with chronic lateness and perpetual missed
14 appointments. I only volunteer so that when I
15 inevitably hit a few days or even a week at a time of
16 forced sleep, no one can be mad because they're not
17 paying me.

18 A few years ago I had a friend who wanted to
19 hire me for a six-figure position doing something I
20 really wanted to do. I was excited, but I said, "Give
21 me 2 weeks to see if I can live on a human schedule."
22 So I woke up at 8:00 a.m., took my Provigil, and tried

1 to stay awake for 10 hours, and then wound down at
2 night and went to bed early, and by Thursday I had such
3 bad hypnagogic hallucinations during the day that I
4 couldn't even read a newspaper. I also discovered at
5 that time that a couple of days of a full dose of
6 Provigil caused auditory hallucinations that were
7 gravely concerning, so I stopped taking Provigil as
8 well.

9 So I am here to convey to you the frustration
10 of having intelligence and a solid educational
11 background but not being able to contribute
12 productively on the awake schedule that society
13 demands. I look forward to hearing that our organized
14 cohesive patient base and willingness to participate in
15 research yield treatment alternatives for narcolepsy.

16 Thank you.

17 (Applause.)

18 MS. GIAMBONE: Thank you, Sharon.

19 And, Justin?

20 MR. GREENE: Hello. First of all, I talk
21 loud, I'll back up. These are some awesome comments,
22 and I thank every one of you and everyone in the

1 audience for your attention to this, and certainly
2 thank you to everyone here at the FDA. It's a
3 fantastic session and a fantastic opportunity.

4 I'm really glad that someone else has a
5 tremor. I'm not alone.

6 My strategy for living with narcolepsy
7 depends on many things like stress, tolerance to
8 medication, and the season of the year, as I mentioned
9 earlier, and yet success is only guaranteed if I follow
10 a very strict weekly regimen that includes a stimulant
11 for my daily awareness, depressant for sleep at night,
12 and a weekly drug holiday to continually fight the need
13 or rather fight the problem of tolerance, and a
14 faultless determination to avoid interruptions to my
15 schedule. It sounds like a tall order. It is. It
16 doesn't happen.

17 My chief concern with treatment, albeit there
18 are many discouraging symptoms and side effects, is the
19 increased physiological tolerance to the medication.
20 Prior to using narcolepsy-approved medication, I was
21 incapable of participating in my life. I cannot stress
22 that enough. I was incapable of participating in my

1 life. Nevertheless, the benefits have diminished and a
2 standard of living is now harder to maintain when the
3 short hours of the day are further limited by the
4 combined threat of excessive daytime sleepiness, sleep
5 deprivation, medicinal side effects, physical and
6 psychological stress, and societal expectations, which
7 can and have rendered my treatment completely void.

8 Undoubtedly, I believe that early detection
9 and efforts to improve the social awareness of the
10 condition should be required aspects to a holistic
11 approach to treatment. I am confident that there is
12 not a single solution; rather, there are many.
13 Tailored strategies based on the differing needs of at
14 least three groups of people that I can identify:
15 those without cataplexy; those with; and those with
16 additional comorbid afflictions, like myself and as you
17 mentioned. I suggest that it's from these three groups
18 that requirements be collected and independently used
19 to develop new medicinal solutions.

20 Additionally, I believe that there are device
21 innovations that can help, but the short- and long-term
22 consequences of introducing things like normal life,

1 normal people do, like drinking caffeine, drinking
2 alcohol, experiencing stress, and just downright
3 ineffectual medication should be evaluated during the
4 drug development process. It's not just, "Does it
5 work?"; it's, "Does it work under these circumstances?"
6 It is this information that will assist a patient in
7 developing a careful balance between managing what it
8 is that engages them and also avoiding the triggers of
9 the condition.

10 So now here is my story. At age 9, I was
11 evaluated to have a 153 IQ. For those of you who don't
12 know, that's pretty high. At age 11, the night terrors
13 started. By 12, I couldn't sleep and I couldn't stay
14 awake. Ten years later, by age 22, I was finally
15 diagnosed. Two years after dropping out of college
16 because I slept through it, and I could not maintain
17 the GPA that I needed in order to maintain the
18 financial aid that many institutions were so grateful
19 to give me.

20 Now I'm 27, and as my meds start to fade, I
21 am losing more than just a few hours of sleep; I am
22 losing my ability to help others. I'm pretty good at

1 it. I'm losing my ability to care for my children.

2 And I'm losing the ability to care for myself.

3 So I have a few requests. I want us to go
4 back to the drawing board. I want us to start over.
5 This time I want us to include all the demographics,
6 not just a blanket approach, "We think this might
7 work." And I would really like to be the last of the
8 children that had no choice but to sleep through a
9 bright future.

10 (Applause.)

11 MR. GREENE: That is the most important.
12 Thank you.

13 MS. GIAMBONE: Thank you so much, Justin.
14 And let's give all of our panelists a round
15 of applause for sharing their stories.

16 (Applause.)

17 MS. GIAMBONE: And one thing I do want to do
18 before we go to our polling question and begin our
19 group discussion is to, if you're comfortable to do so,
20 by a show of hands, how many of you heard something
21 that's similar to your experience in what the panelists
22 have shared?

1 (Show of hands.)

2 MS. GIAMBONE: Great. Okay.

3 So let's do our next polling question, which
4 we'll go through that one and then -- okay. So once
5 again let's get your clickers out. Okay. Have you
6 ever used any of the following drug therapies to help
7 reduce your symptoms of narcolepsy? And you can check
8 all that apply. A, modafinil, armodafinil,
9 methylphenidate, or amphetamine; B, antidepressant
10 drugs, off-label use; C, Xyrem, or sodium oxybate; D,
11 other drug therapies not mentioned; or, E, I'm not
12 sure.

13 (Pressing clickers.)

14 MS. GIAMBONE: Okay. Wow. So we do see that
15 for answer A, modafinil, armodafinil, methylphenidate,
16 and amphetamine, that 100 percent of those of you in
17 the room today responding to this question have used
18 these drug therapies, followed by Xyrem. And then we
19 see antidepressant drugs, and then other drug therapies
20 not mentioned, which we'll certainly talk about. And
21 we also see a little bit of other treatments that
22 you've used that you're not sure of.

1 MS. GIAMBONE: Thank you. And I did see a
2 lot of heads nodding when she mentioned the dry mouth.

3 All right. And how about dizziness and
4 headaches?

5 (Show of hands.)

6 MS. GIAMBONE: Okay. All right. Dizziness
7 and headaches, I wanted to see by show of hands because
8 that was another symptom, but, okay, great.

9 So let's go ahead, and let's do the next
10 polling question if that's all right. Okay.

11 Besides your drug therapies, what therapies
12 have you used to help reduce your symptoms of
13 narcolepsy? A, naps; B, dietary modifications; C,
14 exercise; D, counseling and support groups; E, other
15 therapies not mentioned; and, F, I'm not using any
16 additional therapies. So we'll take a minute to answer
17 that polling question.

18 (Pressing clickers.)

19 MS. GIAMBONE: Okay. So naps definitely
20 seems to be the most prevalent therapy used other than
21 drug therapy. We also seem to have dietary
22 modifications and exercise have an equal standing,

1 followed by counseling and support groups, other
2 therapies not mentioned, which we'll talk about, and
3 I'm not using any additional therapies, which is also
4 very interesting to see.

5 So let's check in with the web and see what
6 the polling results look like there.

7 MS. VAIDYA: On the web, we actually have a
8 pretty similar distribution, so it's quite identical.
9 Thank you.

10 MS. GIAMBONE: Okay. Great. And I do want
11 to mention before we start with the group discussion
12 that if we're not able to get to all of your comments -
13 - and I know that in Topic 1 we weren't able to get to
14 everyone's comments -- just a reminder that we do have
15 the public docket open, available. It's just as
16 important as our group discussion here today. It's all
17 part of the public record, and we very, very much value
18 all of the comments that come in through the public
19 record.

20 Large-Group Facilitated Discussion: Topic 2

21 MS. GIAMBONE: So let's go ahead and start
22 with: What therapies have you used to help reduce your

1 symptoms of narcolepsy? Does anybody want to talk
2 about how -- let's start with naps and see, how are the
3 naps a significant part of your therapy? Does anybody
4 want to --

5 UNIDENTIFIED SPEAKER 7: It's not something
6 voluntary. It's necessary. And a couple a day.

7 MS. GIAMBONE: Okay. Thank you. And again
8 if you could please state your name if you're
9 comfortable to do so.

10 MS. GRADY: I'm Kim Grady. But with that
11 being said, our society is not very nap-friendly, and I
12 have a child who is trying to take naps during school,
13 but the school doesn't accommodate it because of the
14 schedule. And I had a glimpse into how well he could do
15 in school if he did not have narcolepsy, which was
16 pretty -- I mean, he's a bright kid, and like you, has
17 a high IQ, but he was able to take the PSAT and he was
18 able to take it with a nap after we fought to get this
19 where he didn't need more time. I mean, the worst
20 thing for a person with narcolepsy is more time. I
21 mean, you don't need more time, you need time to take a
22 nap. So he would take a section of the test and then

1 he would nap, he would take a section and nap, take a
2 section and nap, and he did phenomenal. But our
3 schools and our society does not revolve around that,
4 they cannot accommodate that, and that's a fact, but
5 it's very upsetting as a parent to see what the
6 potential of your child is and know that they can't
7 reach that because of, A, medication, and, B, our
8 world.

9 MS. GIAMBONE: Right. So from what I
10 understand, on one hand it's something necessary, but
11 from hearing what you just described and also hearing
12 from our panel, that naps are not well received
13 sometimes in school or in the workplace, so I see --

14 UNIDENTIFIED MALE SPEAKER: It's based on the
15 school system.

16 MS. GIAMBONE: Okay.

17 UNIDENTIFIED FEMALE SPEAKER: Yeah, it's the
18 school.

19 UNIDENTIFIED SPEAKER 8: There is a law. You
20 do have to go to a public school, but if you go to a
21 public school, Section 504 of the Americans with
22 Disabilities Act is your friend, and it does guarantee

1 equivalency and you work with teachers individually
2 into the classroom, and you should look into that.
3 My actual comment is about naps. People have
4 called me a high-functioning narcoleptic. I guess that
5 means that the medications work halfway decent for me,
6 and I've been through high school, college, and now
7 I've just completed my master's work. So I have gotten
8 through school. I did really well on the SATs without
9 having the additional time. I got 5s and 4s on AP
10 exams without additional time. But I couldn't have
11 done that if they were at a bad time of the day. So
12 the thing with naps is that if your workplace or your
13 school says, "We can schedule you a nap, but it has to
14 be between the hours of 10:00 and 10:30," that doesn't
15 work because you have this thing, the excessive daytime
16 sleepiness, it's affected by what you've eaten, it's
17 affected by your mood, it's affected by, I don't know,
18 if the moon looked green one night. There are all
19 sorts of things that affect it, it's a complex
20 interaction, and so just having a set time to take a
21 nap doesn't always work. You might need a nap after
22 lunch one day and the next day you don't, but you could

1 really use one mid-morning.

2 There are times of day I think that tend to
3 be worse for people with narcolepsy. Like I've been to
4 the conferences, and right after lunch, they just
5 really ought to just schedule everybody takes a nap
6 because people aren't terribly functional, but it does
7 differ from person to person. It's very individual,
8 and I think that's something that a lot of people lose
9 sight of when they're talking, "Well, just have a
10 scheduled nap." Well, a scheduled nap doesn't always
11 work.

12 While I have the microphone, I am going to
13 comment that Xyrem is a wonder drug, but the price is
14 exorbitant. If I had not had insurance, I would have
15 paid \$9,382 for the shipment I got last week. I have
16 insurance, but insurance also means that -- I just
17 finished my master's work. I would love to go do
18 something for a nonprofit and like, say, kids with AIDS
19 in Africa, but, A, I can't travel, Xyrem is only here
20 in the States and I think maybe Great Britain if you're
21 not depending on National Health Service. So that
22 complicates my life: it makes it so I can't do what I

1 want to do. And I have to find a job with health
2 insurance, I have to, and I have to do that before it
3 runs out, and without the extension given by so-called
4 Obamacare, I would not have been able to complete
5 school because I wouldn't have had insurance, I
6 couldn't have paid for Xyrem, and without Xyrem, I'm
7 not functional. I hate the side effects of Xyrem, and
8 somebody needs to come up with a time-released version.

9 MS. GIAMBONE: Thank you.

10 Let me actually turn to the FDA panel and see
11 if there are any specific questions on treatment
12 options and downsides and so forth.

13 Yes.

14 DR. YASUDA: I was wondering for the
15 antidepressants that people take, is that for the
16 symptom of depression or is that to help you sleep at
17 night or for some other reason?

18 MS. GIAMBONE: Okay, so let's see, did
19 everybody hear the question?

20 UNIDENTIFIED FEMALE SPEAKER: No.

21 MS. GIAMBONE: Okay. Would you mind
22 repeating, Dr. Yasuda?

1 DR. YASUDA: For the antidepressants that
2 people take, I was wondering if that's for the symptom
3 of depression or to help you sleep at night or for some
4 other reason.

5 MS. GIAMBONE: Okay. So, let's see, by a
6 show of hands -- why don't we do that? -- for a show of
7 hands, antidepressants for depression?

8 (Show of hands.)

9 MS. GIAMBONE: And what was -- for sleeping?

10 (Chorus of "cataplexy.")

11 MS. GIAMBONE: Oh, cataplexy. Okay. Okay.
12 So let's see, okay, for cataplexy, let's see a show of
13 hands.

14 (Show of hands.)

15 MS. GIAMBONE: Okay. To help fall asleep --
16 oh, to depress the REM sleep?

17 (Show of hands.)

18 MS. GIAMBONE: Okay. And is there some other
19 reason perhaps?

20 UNIDENTIFIED SPEAKER 9: Antidepressants,
21 SSRIs and SNRIs can be very effective in depressing REM
22 intrusions during the day and decreasing the amount of

1 REM sleep during the night. They can be effective to
2 some degree. Tricyclics are very useful in treating
3 cataplexy, but there is certainly no panacea.

4 And they have side effects that can be bad
5 for dental health.

6 MS. GIAMBONE: Okay. So the comment was and
7 there are also side effects that are bad for your
8 dental health.

9 UNIDENTIFIED SPEAKER 9: Among others.

10 MS. GIAMBONE: Mental or -- I'm sorry. Did
11 you say dental?

12 UNIDENTIFIED SPEAKER 9: Dental.

13 MS. GIAMBONE: Dental. Okay. Yep. Okay.

14 Yes. Can we have the microphone over here,
15 please?

16 UNIDENTIFIED SPEAKER 10: Would you please
17 leave just a few minutes for the future research and
18 treatment?

19 MS. GIAMBONE: Sure. Yeah. And also, yeah,
20 thank you. And I also want to encourage once again, we
21 do have the public comment, which I believe at this
22 point we've already -- it's closed at this point.

1 Okay. So we might hear something there, too. Okay.

2 And public docket also. We will save some time for
3 that, but just a reminder that we also have the public
4 docket to contribute comments there.

5 UNIDENTIFIED SPEAKER 11: Can you please
6 share the URL for the public docket so people can
7 contribute?

8 MS. GIAMBONE: Okay. It's on the website.
9 And is it also on the agenda or no? Okay. It's on the
10 website. Okay. Thank you.

11 Sorry?

12 UNIDENTIFIED SPEAKER 12: I just wanted to
13 bring to the FDA's attention that if you talk to people
14 with narcolepsy, they are using many, many, many
15 different medications, OTC, prescriptions, in a
16 tremendous attempt to deal with the symptoms. It's not
17 just the approved medications. And people will be
18 using them in multiple layers. So some people will
19 take a Ritalin before they drive home from work just to
20 get home on top of other stimulants that they're taking
21 at the beginning of the day, and Xyrem at night. And
22 so it's just really a pharmacopeia of options, and you

1 really need to be aware of that. They're trying
2 everything, everything, and the behavioral, and
3 vitamins and anything that anybody suggests to them.
4 So please be aware that's what's going on.

5 MS. GIAMBONE: Thank you for that comment.

6 Yes. I see a hand here.

7 UNIDENTIFIED SPEAKER 13: This will be my
8 last comment for a while. But the Xyrem -- my son was
9 the 9th child in the country on Xyrem, and he is 16,
10 and he was diagnosed at 9. I want you to know, as
11 Richard said, it is a pharmacopeia of drugs that our
12 kids and our adults are on. John goes from three drugs
13 to four drugs to sometimes five drugs, depending on
14 what he's doing and where he's going. He's currently a
15 16-year-old boy who takes Xyrem at night, that does not
16 take away his cataplexy, he takes Effexor for
17 cataplexy, he takes Ritalin in the morning, he takes
18 the highest dose of Nuvigil, and he still cannot make
19 it through a day without falling asleep three to four
20 times and having a nap at night before he goes to try
21 and get his homework done, and that's the reality of
22 many people with narcolepsy.

1 MS. GIAMBONE: Thank you.

2 UNIDENTIFIED SPEAKER 1: Can I just add to
3 that as well? My son is 16, and he is on the highest
4 dose of Xyrem. That does control his cataplexy for the
5 most part; however, we see it in his face. He is on
6 the highest dose of Nuvigil. He's on Ritalin in the
7 morning, and if he needs Ritalin at lunch, that's there
8 for him as well. He needs to nap at school. He sleeps
9 on the way to school. He sleeps on the way home from
10 school. He sleeps when he gets home after he has a
11 snack. And he has to have his homework done by 10:30
12 to start the Xyrem dose in order to get up by 6:30 in
13 the morning. So if his homework is not done, then he
14 has to close the books and go to school. He does play
15 a sport, so to squeeze that in as well. And I would
16 never have him give the sport up because I think having
17 that addition to his life helps socially and also helps
18 him stay physically fit. He is a junior now. He has
19 big plans for college. But to squeeze everything in
20 and function and get the good grades, it's very
21 difficult. Thank you.

22 MS. GIAMBONE: Thank you.

1 So we'll take one more comment and then we'll
2 also check in with the web. And I'm glad that you
3 brought up that the exercise is something that you're
4 keeping important for your son.

5 Would anybody like to build on that and talk
6 about since that is -- I do see that that was one of
7 the therapies that helps reduce your symptoms. Anybody
8 want to share some thoughts on that?

9 Why don't we take this gentleman right here?

10 GARY: Thank you very much. My name is Gary.
11 I'm speaking on behalf of my wife, Nancy. We just want
12 to point out that "nap" is a very relative term. Some
13 people, 15- to 20-minute naps might work. In our case,
14 it's a 2- to 3-hour, quote/unquote, nap. So if you
15 have to take two or three of those a day, that's
16 already a large chunk out of whatever time you had of
17 your waking time. So at what point does a nap stop
18 being a therapy and start being just part of the
19 problem?

20 MS. GIAMBONE: Sure. Thank you for that
21 comment.

22 Let me check in with the web with my

1 colleagues here. Any new comments coming up on the
2 web?

3 MR. VALENTINE: Yes. So I'll just run
4 through some of the, I guess, high-level comments that
5 a lot of people are saying. One, first, a lot of
6 people are raising issues with therapies needed for
7 comorbidities. Some examples include beta blockers,
8 other opioids, and allergy medications. There are
9 several comments about still not -- even though the
10 medications are helpful, they still can't drive and
11 they're still afraid to get a job, so there are still
12 those impacts on their lifestyle. While many of the
13 medications help decrease the daytime sleepiness, the
14 alternative is that it makes it harder to sleep at
15 night, and it also does not help with, minimize, the
16 brain fog or forgetfulness. There are a lot of
17 comments about everything with this treatment regimen,
18 everything has to be planned, so you can't have
19 spontaneity in your life. And related to that, it
20 makes it difficult because when you're raising
21 children, you don't often have control over spontaneity
22 in your life.

1 There are issues with the stimulants with a
2 buildup of tolerance as well as addiction and abuse,
3 and that although there is a reduction in the symptoms,
4 it does not eliminate them, and they agreed with a lot
5 of the conversation in the room that therapies need to
6 address sleep structure.

7 MS. GIAMBONE: Thank you.

8 Pujita?

9 MS. VAIDYA: In addition to that, some web
10 participants have mentioned that they appear to be
11 awake when they take the medications, but they're more
12 like in a zombie-like state. And one web participant
13 also mentioned that keeping the room cold actually
14 helped with their symptoms.

15 Just to mention a few treatments that were
16 mentioned, a web participant mentioned that a gluten-
17 free diet has helped them, caffeine, and taking Vitamin
18 B supplements, and blue light-blocking eyewear.

19 Thank you.

20 MS. GIAMBONE: Thank you.

21 So I do see that people have brought up
22 different downsides to treatment, some of the brain fog

1 and so forth. Would anybody like to talk about your
2 experience with some of the downsides of the treatment
3 that you're taking?

4 Let's see. Let's hear from back there, the -
5 - yeah, there is a lady back in the third row.

6 Exactly.

7 LIZ: I'm Liz. And there are people that
8 have these symptoms that are very enormous to describe,
9 but then there is a large percentage of people that
10 either don't get diagnosed or have the diagnosis but
11 have a lot more simple versions of a lot more like
12 sedate comments to give a doctor, where you don't have
13 giant comments. Then you have things like the
14 amphetamines, which recently we've discovered might be
15 creating at times in my day pressed speech is what a
16 therapist in family therapy had said, and I just get
17 maybe more energized in that point in the day, but to
18 my parents, it really pisses them off to hear the way
19 that I'm talking to them, and I can't control it, and
20 they don't realize that it's not within my control, but
21 it's one of those things that's a very more subtle
22 concept, it's not a huge deal, and I think there are a

1 lot of other things that over time after you've had the
2 diagnosis and after you're on the drugs, you begin to
3 compensate. Someone asked like, "What's it like? Are
4 you sleepy?" I would say I don't even really know what
5 the differences are anymore because you've just like
6 ameliorated everything, and not to say that I don't
7 still have ups and downs of your day, it's just you
8 begin to forget what it ever felt like before you had
9 narcolepsy.

10 So in describing, it's good to talk to other
11 people because like the word "brain fog," I wouldn't
12 have come up with that on my own, but as you talk to
13 others and have the support groups, then you realize,
14 yeah, yeah, that's it, or things like the
15 hallucinations and stuff. To me, I said it wasn't
16 seeing pink elephants, it was I knew my housemate was
17 talking about me, or my dreams are very real, and until
18 I had someone discuss it similarly in a setting like
19 that, you wouldn't have ever told anyone because it was
20 just paranoia on your part or something like that.

21 So more of the commenting on the simple
22 things to understand what it is that is aggravating

1 your life because otherwise it's just things that, you
2 know, someone else was saying they woke up in the
3 morning and was always really nasty to their mother.
4 Well, you could say that was a teenage thing or you
5 could later realize that that was a sleep-related
6 thing.

7 So it's kind of having doctors listen to
8 narcolepsy, listen to the symptoms, and maybe use
9 narcolepsy as more quick of a possible than just
10 treating all these other things separately.

11 MS. GIAMBONE: Sure. Thank you. And that's
12 actually a great place to see -- I did see some heads
13 nodding when she was speaking. So in terms of the
14 impact on speech and how you -- I believe we heard on
15 the web the zombie-like state where you're sort of out
16 of control of what it is you're experiencing. Does
17 anybody else experience that, by a show of hands,
18 impact on speech and --

19 (Show of hands.)

20 MS. GIAMBONE: Okay. Okay. So let's move on
21 to one of the questions for this particular topic is
22 also: What is your perspective on the ideal treatment?

1 So who would like to offer some thoughts on that? Yes,
2 this gentleman right here.

3 UNIDENTIFIED SPEAKER 14: Orexin. It's all
4 about orexin. We need orexin replacement therapy
5 somehow. That's the whole business right there.

6 MS. GIAMBONE: Okay. I'm sorry?

7 (Off mic comments.)

8 MS. GIAMBONE: Okay. In the back, let's give
9 them --

10 VIRGINIA: Hi. I'm Virginia. I have
11 bipolar disorder and narcolepsy, and Xyrem is pretty
12 much the only thing that doesn't interact with my
13 bipolar meds. And I would really like to see if there
14 is something else out there that could -- or if there
15 would be something else out there in the future that
16 could not interact because it's nice to have other
17 options because although it's really great, Xyrem is
18 inconvenient sometimes because you have to plan ahead
19 your schedule, but that's what I wanted to say.

20 MS. GIAMBONE: Okay. Thank you.

21 So I have heard from our panelists and also a
22 few other comments that the planning ahead with the

1 Xyrem and the dosing schedule is challenging. Would
2 anybody else like to follow up on that? Let's see.
3 Oh, okay, here, yeah, right here.

4 UNIDENTIFIED SPEAKER 15: Hi. I have
5 something really important to say about Xyrem. It is a
6 miracle drug, and I would not be functional, I would be
7 in a wheelchair, without it. And it's also an issue
8 because I am 24, I will be under my dad's insurance
9 until I'm 26, and I cannot pay \$8,000 a month for
10 Xyrem. Currently I pay a \$35 copay under the
11 insurance, and even though it's a wonder drug, it's not
12 accessible, it's not realistic, and, I mean, some
13 people, like one of the panelists said she's so
14 thankful she's self-employed, and, I mean, I just have
15 such a hard time, I make maybe \$5,000 a year at a part-
16 time job, I can't afford my own health insurance, so
17 that was one issue.

18 But the biggest issue with Xyrem is I have
19 severe like sleep eating, kind of a zombie-like state,
20 that's what I call it. I've gained a significant
21 amount of weight. Every night I end up walking
22 downstairs and I'm half aware of it sometimes, I will

1 eat like a frozen loaf of bread out of the freezer, I
2 will eat things that I would normally never eat. I
3 will wake up feeling positively ill, like a family size
4 bag of potato chips, like just any and everything. And
5 for the past I want to say like 6 weeks I haven't, and
6 that is because we have been barricading me in my
7 bedroom, which is both dangerous and very concerning.
8 The other thing with Xyrem is -- and I have talked to
9 other people I know, this is a concern -- if there was
10 a fire, if anything were to happen to you, I mean,
11 especially for those who live alone, I live with my
12 family, I mean, what would you do? How would you be
13 roused in the event of that happening, especially now
14 that I am barricaded in my room?

15 So Xyrem, you know, on the one hand, it
16 allows me to function at a much higher rate than I was
17 functioning, but it is not -- you know, it's almost
18 causing more problems -- it's at the point where you're
19 at one end or the other. Do you go with just keep
20 getting late, just keep eating this food, making
21 yourself feel sick, having all kinds of problems, or
22 where you're pretty much wheelchair-bound and

1 cataplectic and having hallucinations all the time?

2 So my idea of an ideal treatment would be
3 something that's, first of all, not like \$10,000 a
4 month, and second of all, almost, like they were
5 saying, treats like the cause, like treats the
6 hypocretin loss, you know, whatever the problem is to
7 begin with that it would kind of more address that
8 without the extreme side effects.

9 And I know everything has side effects, but
10 some of these side effects are really scary. And I've
11 had narcolepsy since I was 11, so when you're a child,
12 to give your child that kind of medicine, I mean, it's
13 scary. Like she said, her son is on the highest dose,
14 I'm on the highest dose, I take a million other drugs.
15 I mean, at what point -- you know, I'm 24 now. I mean,
16 how is this going to affect me, my body? It's a
17 concern. So that's all.

18 MS. GIAMBONE: So may I ask a follow-up
19 question, and this could be for the greater group, too,
20 is I think you described it as irrational eating, is
21 that how you described --

22 UNIDENTIFIED SPEAKER 15: I'm in a zombie-

1 like -- almost like they say, what everyone has said,
2 where they're in that fog, it's almost like a fog. So
3 I might have a vague recollection of going into the
4 kitchen and having this intense need for popcorn. And
5 my mom -- I mean, it is disruptive at our household --
6 she will find me rummaging through -- and sometimes
7 I'll be mean, I'll say I just need a little bit of this
8 or a little bit of that, and I won't remember it.
9 They'll tell me this in the morning, or I'll wake up
10 covered in chocolate, and my bed is covered, you know,
11 with -- it is -- and I have no memory of it. So it's
12 not really irrational, it's that I have no control over
13 it. I have no control over it.

14 MS. GIAMBONE: Yep. I do remember that
15 somebody had also described something very similar and
16 had called it irrational eating or this uncontrolled
17 eating.

18 (Off mic comment.)

19 MS. GIAMBONE: Okay. Automatic behavior.
20 Okay.

21 UNIDENTIFIED FEMALE SPEAKER: Like just go
22 and do.

1 MS. GIAMBONE: Sleep eating. Okay.

2 Yes, Theresa.

3 DR. MULLIN: Can I just ask a question? I
4 mean, we talked earlier in the day about the symptoms
5 and the things that were most bothersome, and if there
6 were a therapy, and since you have it, you all probably
7 know what you mean when you say it's a miracle drug or
8 it's great, but what are the things that you would most
9 like the drug to get rid or take care of or reduce?
10 The things that you talked about earlier, what's your
11 list, short list, maybe of things you would like the
12 drug to deal with that you're experiencing?

13 MS. GIAMBONE: Let's take right over here.
14 Yes.

15 UNIDENTIFIED SPEAKER 16: Good afternoon.
16 Thank you for the opportunity to answer this question.
17 If I could name two things, it would be, one, keep me
18 awake; two, get rid of the brain fog. I don't have
19 some of these multiple medications that a lot of the
20 brave people in this room have, but let me just very
21 quickly tell you about my last 24 hours. I stopped at
22 my mom's house. I was supposed to go back to my

1 boyfriend's house after that and be there to help get
2 his daughters ready for school in the morning. I ended
3 up falling asleep at my mom's, where I spent the whole
4 night, the next day, woke up after it was too late to
5 get the girls off to school, even though I went over
6 there anyway, thought, gee, I better get my act
7 together, had a few family questions come up that I
8 needed to address, which really were not rocket
9 science, but by the time I was able to address those
10 issues that naturally come up in a family, try to shift
11 gears, I was so dopey and brain foggy that for me to
12 organize everything I wanted to pack up in my car, get
13 dressed, and come here, I showed up here today at 3:15
14 in the afternoon when all I wanted to do was be here at
15 1:00.

16 I live in Falls Church, Virginia. I didn't
17 have to buy a plane ticket or anything to come here,
18 but anything that would help not only keep my eyes
19 open, because sometimes people see you standing up,
20 sitting there out of bed, and assume that you are fully
21 wide awake and functional, and that is not always the
22 case.

1 One more comment, this list here, first of
2 all, thank you to whoever came up with the questions
3 for being willing to listen to people who live with
4 what we live with on a daily basis. That having been
5 said, for me to think of a nap as therapy sounds
6 absurd. I don't mean to be disrespectful, but a nap is
7 not therapeutic, a nap is a symptom. It happens
8 whether we want it to or not --

9 (Applause.)

10 UNIDENTIFIED SPEAKER 16: -- and we can't organize it
11 around anything else. It will hit at my office, it
12 will hit in my car in the parking lot before I go into
13 the office. I was caught dozing off plenty of times by
14 coworkers at that office where I am unfortunately no
15 longer working.

16 So thank you very much for listening to that,
17 but it's not just keeping your eyes open, although that
18 would be a great start.

19 Thank you very much.

20 MS. GIAMBONE: Okay. So we'll take one more
21 comment addressing Theresa's question: For the ideal
22 therapy, what is it that you would want to address? So

1 we hear keeping awake and addressing the brain fog.

2 And anybody else want to -- let's go ahead and take a
3 comment in the back.

4 UNIDENTIFIED SPEAKER 17: This gentleman is
5 right, it is all about orexin. And I just want to say
6 that being on a no sugar and gluten-free diet has
7 improved everything for me.

8 MS. GIAMBONE: Okay. Thank you very much.

9 UNIDENTIFIED FEMALE SPEAKER: Soujanya?

10 MS. GIAMBONE: Yes.

11 UNIDENTIFIED FEMALE SPEAKER: This lady asked
12 if she --

13 MS. GIAMBONE: Oh, okay. Yes.

14 UNIDENTIFIED SPEAKER 18: I have not slept
15 longer than about 2-1/4 hours since I was in my
16 twenties. To me a miracle drug would be something that
17 would allow me to sleep through the night.

18 MS. GIAMBONE: Thank you very much for that
19 comment. And, yes, we'll take one more.

20 Kim, if you don't mind.

21 UNIDENTIFIED SPEAKER 19: Thank you. Thank
22 you very much for having this opportunity. I've worked

1 with people with narcolepsy for 20 years, and it's not
2 just the symptoms that we see over there. It affects
3 their lives in every way, their social lives, their
4 relationships with school, with kids, with coworkers.
5 And it's kind of, as we discussed at the break, an
6 invisible disorder. A lot of people will say, "Well,
7 you look okay. You're not in a wheelchair. You're not
8 going to die from it."

9 I don't have narcolepsy, my family doesn't
10 have it, but it's very devastating, it affects every
11 part of life, and as you could see here today, many
12 people are crying and getting very emotional. There is
13 just not enough choice of medications, of options, of
14 understanding. I'm so glad that you hear this. I'm
15 very passionate about it. I think we need to
16 understand it's a very serious devastating disorder,
17 and people need to really focus -- and I hope you will
18 -- on more options so that there will be better
19 management for this sleep disorder.

20 MS. GIAMBONE: Thank you. So it is almost
21 time for our public comment period, but I just want to
22 see if there are any more burning questions from the

1 FDA panel or anything else that somebody would like to
2 bring up.

3 (No audible response.)

4 MS. GIAMBONE: Okay. Sir, I know you did
5 have a comment earlier, and I did say we'll take a few
6 minutes for it. Do you want to repeat your question?

7 UNIDENTIFIED SPEAKER 20: Thank you. I have
8 a question for the FDA people here. My experience in
9 the past 10 years or so in on again and off again
10 support groups in this area is that people with
11 narcolepsy with cataplexy, a lot of them have been
12 greatly helped by Xyrem. Those who are not helped by
13 Xyrem and people with narcolepsy but without cataplexy
14 -- well, some of them may get some help from Xyrem --
15 but that whole other category, those with cataplexy who
16 are not helped, and the great majority of people
17 without cataplexy who are not helped, use a whole bunch
18 of different kinds of naps and medications and
19 trazodone to fall asleep or try and get a slow wave
20 sleep, you just try this, that, and the other thing.

21 And so far as I know, there is only one real
22 approach, there is a basic genetic approach largely

1 centered with Dr. Mignot at Stanford University.
2 People at Emory have come up with a treatment perhaps
3 for idiopathic hypersomnia. And I'm a real outsider, I
4 have not heard of any research on trying to promote
5 slow -- a good night's sleep. Of course, everybody
6 with narcolepsy that I've ever met has said you don't
7 get restorative sleep.

8 So my question is, do you people know of what
9 research is being done where outside of these obvious
10 areas that we hear about every year at narcolepsy
11 network conventions?

12 Thank you.

13 DR. BASTINGS: Unfortunately, we are not
14 allowed to discuss that. You know, there are trade
15 secrets issues and we are never to tell you what
16 research is going on or what we are reviewing at the
17 agency, so -- what I said is that there are trade
18 secret issues, and we are unable to discuss with you
19 any application or drugs that we are reviewing at the
20 agency. The law does not allow us to discuss --

21 UNIDENTIFIED SPEAKER 20: I'm asking whether
22 there are new lines of research, not --

1 DR. UNGER: Yeah, I mean, if a company has a
2 great idea and they have patents on a drug or drugs
3 that they are developing and they discuss those with
4 us, we go out of our way to have those discussions with
5 the drug companies because we want to facilitate drug
6 development, but those are trade secrets, so therefore
7 we're bound and unable to discuss those with you. So
8 we're not stonewalling, we're just doing what we need
9 to do.

10 MS. GIAMBONE: Okay. So -- oh.

11 UNIDENTIFIED SPEAKER 21: That's okay. I'm
12 going to refer to Dr. Mignot like in 2004 said that he
13 was close to finding the cause of narcolepsy. So could
14 you give us an idea whether you're funding any research
15 to find the cause so that --

16 DR. UNGER: We can say we're not funding any
17 research because in general we don't fund research for
18 drug development. We're very much involved, for
19 reasons we've talked about, but we don't actually fund
20 it. I mean, NIH funds the research. Yeah.

21 And the other source -- I mean, you are a
22 very bright and articulate group. I suspect you all

1 know about the NIH has a -- there is a website,
2 Clinicaltrials.gov, where you can see what's being
3 studied for narcolepsy. So, you know, even though we
4 can't divulge much, it is pretty much an open society
5 now. You guys are probably very well connected and
6 when somebody gets wind of an idea, it spreads around
7 pretty quickly. But if we knew of something you don't
8 know about, we wouldn't be able to tell you
9 unfortunately.

10 MS. GIAMBONE: Thank you.

11 Okay. So we're going to get started with our
12 open public comment period. And just one last note,
13 once again as a reminder, we do have the evaluation
14 forms. They're still either out on the -- yeah, I
15 believe they're still out on the registration desk, so
16 again it's voluntary but very beneficial for us to know
17 how the meeting went today.

18 So let's get started with the Open Public
19 Comment period.

20 Open Public Comment

21 MS. TAN: Hi, everyone. Again I would
22 like to reiterate that I know there have been a lot of

1 hands up and we haven't been able to get to everyone,
2 but there is always the public docket available. If
3 you're not familiar with how to get to that docket and
4 what that web link is, then we would be happy to post
5 that and send that out via e-mail.

6 So we are now going to move into the Open
7 Public Comment session, and for those of you that
8 aren't aware, the purpose of this session is to allow
9 an opportunity for those who haven't had a chance to
10 speak on issues that are not related to our two main
11 discussion topics. This is also an opportunity for
12 folks who are not patients or patient representatives
13 to comment.

14 Please keep in mind that we will not be
15 responding to your comments, but they will be
16 transcribed and will be part of the public record.
17 Since we would like this to be a transparent process,
18 we encourage you to note any financial interests that
19 you have that are related to your comment. If you
20 don't have such interests, you can feel free to state
21 that. And if you don't want to discuss this, that's
22 fine, and you can still provide your comment.

1 So we've collected sign-ups before the
2 meeting and during the break. We have 10 people signed
3 up and about 20 minutes to do this, so please be
4 respectful of your other colleagues here and other
5 patients and please try to stick to the 2-minute limit.
6 We won't have a timer system or anything, but I will be
7 keeping track of time here, so if you approach the 2
8 minutes, then I'll let you know to start wrapping up.

9 So the order of speakers, I will just briefly
10 run through them, and I apologize if I mispronounce
11 your name. We have Nancy Ackerman, Julie Flygare,
12 Monica Gow, Kim Grady, Meaghan Doyle, Jed Black, Mark
13 Patterson, Moshe Turner, LaShun Ray, and then Patricia
14 Higgins. So if our first speaker, Nancy Ackerman,
15 could we get her a mic?

16 MS. ACKERMAN: I mark my age of onset as 17
17 because that is the first time I can remember walking
18 into a public restroom, locking the door, and lying
19 with my face on the floor just to get a bit of respite.
20 Years passed before I considered that I might have an
21 actual medical condition rather than just a character
22 flaw. I graduated college, was a Peace Corps

1 volunteer, obtained two graduate degrees, and worked,
2 all before diagnosis and treatment. How? Through
3 sheer self-hatred for not trying hard enough, for being
4 lazy, for lacking self-discipline, and willpower. I
5 put myself through hell in order to keep up with those
6 around me.

7 Most days I woke up stuck between wakefulness
8 and dreaming, and as my brain battled it out, the
9 dreams usually won. I would fall back asleep,
10 powerless against their pull. When professors,
11 employers, and others questioned my tardiness or
12 absences, I would lie. What was I going to say? I
13 slept in? I was tired? In today's world, tired is not
14 an acceptable excuse.

15 It was 15 years from onset to diagnosis. I
16 saw between 20 doctors, 15 to 20 doctors. When a
17 neurologist said my MRI looked perfect, I was actually
18 disappointed. When the blood work showed no
19 abnormalities, I would be referred once again to a
20 psychiatrist. When I didn't get better after taking a
21 series of medications for conditions I didn't have,
22 lithium was suggested, I balked. The psychiatrist

1 smiled politely and said I was in denial.

2 Since receiving the first-line treatments for
3 narcolepsy, I still have EDS, but I no longer have the
4 feeling that if I don't go to sleep at this very
5 moment, I will die. And truth be told, without
6 diagnosis and treatment, I believe I would have died.
7 I am ashamed to say it in such a public forum, but I
8 feel it must be said. I wonder how many people have
9 been misdiagnosed with a psychiatric illness and ended
10 up taking their own lives in order to escape the utter
11 misery and desperation of what was actually narcolepsy.

12 I am now married with two children. Even
13 after treatment, my symptoms continue to worsen, and
14 narcolepsy still takes a serious toll on my life. I am
15 only able to work part-time now, and I am considering
16 disability. After work, I should look forward to seeing
17 my kids, but instead I am either too exhausted from the
18 narcolepsy or too high strung and agitated from the
19 meds to enjoy that time. Seemingly simple tasks like
20 packing their lunches or choosing their clothes for the
21 next day leave me feeling as if I have run a marathon.
22 My relationship with my husband is strained. I am

1 unable to go for a night out, I don't want to sit and
2 chat after dinner, I am too tired. We go to bed in
3 separate rooms so that I receive optimal sleep.

4 Suffering from narcolepsy has forced me to
5 confront the reality that my life will never be the one
6 that I imagined for myself, be it as a professional, a
7 companion, or a mother. And of the countless pills
8 I've taken, that is the hardest one to swallow.

9 Thank you.

10 (Applause.)

11 MS. GIAMBONE: Thank you.

12 Next we have Julie Flygare. And if you would
13 like, we can just provide the mics to you instead.

14 MS. FLYGARE: Thank you. I'm just going to
15 sit because I do have cataplexy, and communicating is
16 one of the harder symptoms -- triggers for my
17 cataplexy.

18 I just want to talk about a few things that I
19 feel could be stressed a little bit more after today's
20 discussion, including hypnagogic hallucinations and
21 sleep paralysis. For me, these come together. The
22 experience is that someone has come into my room and I

1 want to move usually because I think someone is
2 attacking me, and I can feel someone touch my neck and
3 try to strangle me, and I want to move, and I can't,
4 and that's the sleep paralysis part, and the
5 hallucination is that I actually see that and feel
6 touch and hear things as if they're real.

7 The best way I can explain this is to say
8 that I can't distinguish what's real and what's not to
9 the point where a kid was screaming in my apartment
10 building hallway on a Sunday morning around 10:00, and
11 I was in and out of sleep, and so when I eventually
12 woke up later, I assumed that didn't happen because
13 nothing around my sleep I can trust to be reality, and
14 it wasn't until that evening when my roommate said to
15 me, "Oh, my god, did you hear that kid screaming this
16 morning in the hallway?" and I said, "Oh, that actually
17 happened?" So it's the realness, it's not like a dream
18 you think of, this is just as real as reality to me. I
19 just wanted to stress that. And when you have someone
20 attacking you and you wake up from that, I feel fully
21 like adrenalin, it feels very chemical, and sometimes I
22 have to take a 20-minute walk around my neighborhood

1 just to walk off that experience because it was
2 completely real to me.

3 I just wanted to mention that exercise has
4 been a big part of my life actually since I was
5 diagnosed. The first 2 years I stopped exercising
6 completely, and I went back to running to run the
7 Boston Marathon with narcolepsy with cataplexy.
8 However, I can say that running and exercise and yoga
9 does not actually improve my symptoms. For me, I feel
10 it improves my life. I feel stronger and happier, but
11 it didn't really have any actual effect on my actual
12 symptoms, so I still have to take two naps a day and
13 deal with my cataplexy and all that. So I just wanted
14 to mention that.

15 And also that mood regulation around
16 sleepiness is a huge issue for me. I wake up from a
17 nap and I don't feel rested, and my boyfriend said,
18 "How was your nap?" I want to just scream at him. It's
19 not restful to me. It's like spending 30 minutes with
20 my brain racing in a dreamlike state, and I have a lot
21 of mood regulation issues. When I wake up, for the
22 next 1/2 hour I usually just don't speak to my

1 boyfriend for that time, and then I come back to me,
2 which is actually usually a pretty nice person.

3 So I just wanted to mention some of those
4 issues as well. Thank you so much.

5 MS. TAN: Thank you, Julie.

6 And next we have Monica Gow.

7 MS. GOW: Thank you. My name is Monica Gow,
8 and I'm a cofounder of Wake Up Narcolepsy. My son, his
9 symptoms started at age 10, and he was diagnosed 3
10 months later, was way too long for us. In those 3
11 months, he saw approximately 15 doctors and underwent
12 multiple expensive, sometimes painful, tests to be
13 diagnosed with narcolepsy. At the beginning when he
14 was sleeping a lot, I asked one of my ER doctor friends
15 if she thought it could have been narcolepsy because
16 growing up there was a family friend with narcolepsy,
17 so I was familiar with it, and she said, "Absolutely
18 not. He is having growing pains and that's why he is
19 so tired." And I had also never heard of cataplexy,
20 which he was experiencing terribly, so I put the
21 narcolepsy out of my mind. And the first pediatric
22 neurologist who specialized in sleep accused my son of

1 avoiding school when he had missed 3 weeks of school
2 straight because he was sleeping up to 18 hours a day.
3 She thought he possibly had depression and was avoiding
4 school, and this was somebody who could have helped us.
5 So we immediately left her and just forgot about
6 insurance and just went on our way to Boston
7 Children's, and he was diagnosed with another incorrect
8 diagnosis, and then finally we got to narcolepsy with
9 cataplexy. But what we learned about narcolepsy after
10 he was diagnosed, like I said, I knew somebody growing
11 up with it, and I thought it was -- this man was a
12 dentist, my dentist, and I thought he just took a nap
13 in the back room and was able to continue with his
14 dentistry all day, but it is so complex and affects
15 every single part of a person's life. So taking that
16 and learning that. And then also experiencing how we
17 were treated and how he was treated by doctors and the
18 waste of money with all of these medical exams was
19 something that drove us, my husband and I and another
20 adult we met with narcolepsy, drove us to start Wake Up
21 Narcolepsy, which is a nonprofit organization dedicated
22 to raising funds through fundraisers to support

1 research.

2 And we founded this in November of 2008, and
3 since then we have donated over \$200,000 to research at
4 Stanford University, Beth Israel Hospital, Toronto, to
5 sick kids in Toronto, and also a study going on at
6 Vanderbilt in Tennessee. And we also have a lot of
7 activities that promote increased awareness. So
8 through Wake Up Narcolepsy and looking at this FDA
9 invitation, which we thought was an amazing
10 opportunity, we joined forces with other community
11 leaders, Julie Flygare, and we created Unite
12 Narcolepsy, and through Unite Narcolepsy, we produced a
13 survey and collected over -- at this point, we have
14 interim results -- we collected over 1,300 responses of
15 people in the country, which is so huge because most
16 people with narcolepsy don't want to talk about it,
17 they're embarrassed. It's politically okay to make fun
18 of narcolepsy. And we're thrilled with the results.
19 It's shown the medical world and it will show the rest
20 of the world how serious this disorder is. And with
21 that, just outside on the table out there I left some
22 brochures about Wake Up Narcolepsy and what we do and

1 some school programs we have to educate teachers and
2 school nurses. And we just have some awareness like
3 paraphernalia, the bracelets, pencils, whatnot, and
4 also after today's meeting back over at the Courtyard
5 Marriott, we're having a reception over there, if
6 anybody would like to join us and meet and talk more
7 about this. And the instructions are out there as well.
8 And also the results of our survey are on this table,
9 and it's a very interesting read. And it's just a
10 wonderful opportunity now for the narcolepsy community
11 to have voices heard.

12 Thank you.

13 (Applause.)

14 MS. TAN: Thank you. Next we have Kim
15 Grady. And I would just like to remind everyone to try
16 to please stick to the 2-minute limit just because
17 we're short on time unfortunately.

18 MS. GRADY: I will stick to the 2 minutes,
19 you can raise your hand. I just wanted to share on
20 what Monica said about the Unite Narcolepsy initiative.
21 It was started on August 26th, and to date, we have
22 1,476 responses, 75 percent of which are from people

1 diagnosed with narcolepsy by a physician and 12 percent
2 were received from close family members, spouses,
3 parents, and children of people with narcolepsy.

4 And I just wanted to highlight because there
5 have been studies done and surveys done, but they've
6 been from the doctors' standpoint or the pharmaceutical
7 standpoint, not from the patients' standpoint. So I
8 think not only the FDA bringing us here today has been
9 phenomenal for all of us, but some of these statistics
10 I think were very shocking to me, who as somebody that
11 has been dealing with this for 9 years, one of the more
12 shocking statistics I read was that 40 percent of
13 people diagnosed -- 40 percent were between the ages of
14 11 and 17 when symptoms first began.

15 It's worthwhile to note that there are no
16 FDA- approved treatments for children. There is a high
17 rate of comorbid conditions; two-thirds of respondents
18 have one or more other conditions. Cataplexy was
19 reported by 65 percent of respondents, and that's much
20 higher than some clinic-based studies indicate. 84 of
21 respondents reported not being able to perform at work
22 or school as they would like.

1 The thousands of comments submitted, some of
2 which were quite lengthy and detailed, tell a
3 heartbreaking story of dreams deferred, career and
4 educational plans put on hold, self-image and
5 confidence eroded, independence lost, and families torn
6 apart. The simplest pleasures, things that make us
7 human, like laughing with friends or holding an infant
8 child, are abandoned out of incapacity or fear of
9 sudden loss of muscle control and wakefulness. 82
10 percent described their untreated condition as severe,
11 meaning it significantly impacts daily activity. And
12 with treatment, 22 still consider themselves in the
13 severe group, so that tells you how effective our
14 medications are. And 61 percent are moderate with some
15 impact on daily activity. Nearly 95 percent of
16 respondents have tried one or more of the four FDA-
17 approved medications for narcolepsy, EDS, or cataplexy.
18 79 percent use one or more of the medications
19 currently.

20 Thank you.

21 MS. TAN: Thank you.

22 Next we have Meaghan Doyle.

1 MS. DOYLE: Hi. I just want to take a moment
2 to thank you guys and go into a little bit more details
3 on my symptoms. As Julie was saying, the dreams and
4 reality with hallucinations, I often have a difficult
5 time determining which is which. I will get text
6 messages from, let's say, CNN and look at my phone in
7 the morning and also get an e-mail from my professor
8 saying, "Because there was a road cop, class is
9 cancelled." Well, I go back and check my phone, the
10 CNN text message was real, the e-mail was not.

11 My medication stops working after about 2
12 months. I am on the highest dose of Xyrem, and
13 although it helps, it does not help like it did when I
14 first started. During my cycle, it does not work at
15 all. And narcolepsy in general has a big toll on my
16 relationship between the alarms, losing things, not
17 being able to come up with words that I'm looking for,
18 and having to play the, "You know, that thing that you
19 sit in to go to the grocery store, and it's blue, and
20 it has four wheels," and my husband finally has to say,
21 "Oh, the car." I'm often treated like a child because
22 of these things.

1 The last thing I wanted to talk about real
2 quickly on the obesity, I feel an insatiable desire to
3 eat sugar and carbs. I could eat a pound of sugar
4 literally, like straight from the bag, and want more.
5 And it's frustrating because I don't feel good on it,
6 but my body physically needs it, it seems like.

7 So that's all I had to say.

8 MS. TAN: Thank you.

9 Next we have Jed Black. We'll bring the mic
10 over if that's easier. Thank you.

11 DR. BLACK: Hi. I'm Jed Black. I'm a
12 physician and faculty at Stanford University, and I
13 have over the past 20-plus years conducted much
14 research on sleep disorders and narcolepsy and have
15 seen hundreds of narcolepsy patients, and I just wanted
16 to comment on this event. I'm impressed with what's
17 transpired here. I think this is a remarkable process
18 that the FDA has established and kudos to them for this
19 effort, and especially congratulations to all of the
20 patients and family members and others that have shown
21 up here. And what I've seen over the past 20-plus
22 years is exactly what has been expressed here, the

1 profound impact of the condition on the lives of the
2 individuals and their family members. And recently I
3 have joined Jazz Pharmaceuticals in their efforts to
4 try to develop better treatments and provide greater
5 community awareness and physician education and patient
6 awareness.

7 The comments that have come up about
8 physicians not knowing about narcolepsy are a major
9 issue, and unfortunately physicians are a dense and
10 arrogant group and do not recognize their lack of
11 understanding and knowledge, and in fact I am one of
12 those. The first real kind of rap upside the head I
13 had was many years ago, a woman with narcolepsy I had
14 been treating, she would come back each time and say,
15 as I wrote the triplicate prescription for her
16 methylphenidate, that everything was fine, she was
17 doing well. One time her husband came back, and when
18 she said this, he looked at me and said, "Dr. Black,
19 you don't know. She is not doing well. Yes, she's
20 better, but she's far from having a normal degree of
21 alertness and function."

22 And with the work that's been done in the

1 field, the amount of sleepiness and brain fog that
2 patients with narcolepsy experience is akin to what
3 someone without narcolepsy would experience with 2 to 3
4 hours of sleep a night for about 2 weeks, and so for
5 those of us that don't have narcolepsy, that kind of
6 puts in perspective how impactful and the profound
7 amount of sleep propensity that exists in narcolepsy,
8 and that's not to mention all of the other ancillary
9 features that have been so well described.

10 I have found that a lot of times patients
11 feel hesitant to tell their physician, to be aggressive
12 in telling the physicians, that they're not doing as
13 well as they should be, they're having problems with
14 the medications, it's easy to sort of just say
15 everything is going well, but I would encourage you to
16 continue to do what you've done today and to tell the
17 world and to tell your physicians and others and
18 continue to rally. I think there is a tremendous
19 amount of work that needs to be done on the research
20 side, but also on the communication to the medical
21 community, how impacted your life is by this condition.

22 Thank you.

1 MS. TAN: Thank you.

2 Next we have Mark Patterson.

3 DR. PATTERSON: Hi. My name is Mark
4 Patterson. I have a daughter with narcolepsy. I'm a
5 pediatrician and I'm on the Board of Trustees of the
6 Narcolepsy Network. And I agree with Dr. Black, that
7 the biggest part is teaching physicians about
8 narcolepsy. That's become one of my missions. That's
9 why I'm here to say I have two comments. One, with
10 Xyrem, the big problem that's been mentioned before,
11 which is the fact -- because it is -- I mean, it's not
12 clear what its function is, whether it's a hypnotic or
13 what it does, it definitely makes people sort of
14 incapacitated. It's like being extraordinarily drunk.
15 And it is a big safety issue when it comes to that
16 because when people get up in the middle of the night
17 because you have to dose it twice a day, when people
18 get up in the middle of the night to take their second
19 dose, it's common to fall asleep in the bathroom, to
20 fall asleep in other places, or fall off the toilet,
21 kind of wander around the house, or conditions with the
22 eating issue, this can be a problem just in the safety

1 once you're on medication because it's like being
2 extraordinarily intoxicated.

3 The other big issue is just the extreme
4 measures to which some patients go to try and find
5 medications for the treatments. One of the things I do
6 is kind of monitor things on Facebook, and there are
7 several narcolepsy sites that are out there, and last
8 week an issue came up, someone posted about a natural
9 food additive or natural product called Orexinal that's
10 based on the orexin and the real thing, and it's sold
11 by a pharmacy or a lab out in San Francisco, and it was
12 selling for \$1,000 for a month's supply, and they sell
13 it as an all natural product, so the FDA didn't follow
14 it because it's sort of a food additive, and it was
15 proprietary material, so there was no information as
16 far as what the ingredients actually were, but people
17 were actually discussing online as far as whether they
18 should buy it or not. And so just to me, being a
19 physician, the fact that they were so desperate they
20 were willing to spend \$1,000 to buy this unknown
21 product to spray up their nose to try and stay awake
22 just shows again the amount of desperation in these

1 people's lives.

2 So I applaud you all for having this forum
3 and actually hearing from patients because that's the
4 thing that's lacking a lot of times when we're trying
5 to come up with research ideas. So I appreciate
6 everyone's comments, and I hope this ever continues.

7 Thanks.

8 MS. TAN: Thank you.

9 Next we have Moshe Turner.

10 MR. TURNER: Thank you. My name is Moshe
11 Turner, and I've been a narcoleptic without cataplexy
12 for 45 years or so. I didn't come here to tell my
13 personal story, and it's a good thing because everybody
14 else has told it for me, all these other comments, it's
15 like listening to myself.

16 What I would like to do is I would like the
17 FDA and the wider world also, but particularly the FDA,
18 to understand that what we call narcolepsy is only that
19 group of symptoms which are the most visible physical
20 manifestations of the underlying neurological
21 condition. The Federal Register listing for this
22 meeting misidentifies narcolepsy as a chronic disorder

1 of the central nervous system caused by the brain's
2 inability to control the sleep-wake cycles. This is
3 absolutely not true. Narcolepsy is a neurological
4 disorder of the brain caused by interrupted or
5 unavailable orexinergic signaling. Orexin directly
6 regulates or is involved in the regulation of the
7 monoamines, dopamines, serotonin, adrenalin, histamine,
8 and -- I can never pronounce this -- norepinephrine,
9 something -- as well as the cholinergic, GABAergic, and
10 glutamatergic systems. The interruption or absence of
11 orexinergic signaling has been found to very highly
12 correlate with the dysregulation of a wide range of
13 processes throughout the body, such as breathing, blood
14 pressure, heart rate, feeding, intestinal motility,
15 olfactory perception, homeostasis, motivation, mood,
16 and, of course, the sleep-wake cycle, just to name a
17 few.

18 Giving me drugs that keep me awake during the
19 day or help me to sleep better at night is like giving
20 me a Band-Aid. These drugs merely provide symptomatic
21 relief at best. What narcoleptics need is a drug
22 which, if it can't restore orexinergic signaling, will

1 at the very least restore the proper functioning of
2 these other systems.

3 Now, with all due respect for my younger
4 colleagues here, I have found that the effects of
5 narcolepsy, particularly in regard to homeostasis, have
6 become ever more crippling as I have progressed into
7 middle age. Where at one time EDS was my main enemy,
8 now it's homeostasis. While we certainly want to
9 address the issues that are important to narcoleptics
10 of all ages, we have to keep in mind that as a person
11 gets older, the ability of the body to compensate for
12 the dysregulation of all these other neurotransmitters
13 diminishes.

14 I would like to see that the FDA pays close
15 attention to the science behind this condition -- and
16 it's not a disease, it's a condition -- and that the
17 FDA not be driven off course by a lot of the things
18 that are said by both the patients and the
19 pharmaceutical companies. To paraphrase a saying from
20 an old political campaign from a while back, it's about
21 the orexin, stupid, and that's the truth.

22 That's all I've got to say. Thank you.

1 (Applause.)

2 MS. TAN: Thank you.

3 Next we have LaShun Ray?

4 (No audible response.)

5 MS. TAN: Oh, okay. Okay, and then
6 finally we have Patricia Higgins.

7 MS. HIGGINS: I'm Patricia Higgins, a trustee
8 of the Narcolepsy Network, and we're committed to
9 helping people diagnosed with narcolepsy or idiopathic
10 hypersomnia. I started falling at age 16, and at age
11 32 the falls became more frequent. The falls were
12 alarming and I was trying to figure out what was
13 happening to me. I was working in the emergency
14 department as a registered nurse. Many were witnessed
15 by medical staff. If a nurse was witnessed sleeping on
16 the job or taking a nap, they were fired automatically
17 on the spot. Physicians had rooms that you could lay
18 down in and take naps. So we developed the idea of I
19 could go in the physicians room and sleep and take a
20 nap because nursing administrators would not go in
21 there, and that's how we tried to solve the problem.
22 Cataplexy is the number one symptom that

1 impacts my life. I've been referred to as a drunk on
2 several occasions where alcohol had not been consumed.
3 I do not drink alcohol today. It was during that time
4 that I lived the reality of a deep depression. I was
5 thinking about suicide and a plan was evolving. The
6 depression must be addressed; it almost killed me.

7 Depression was clouding so much of my
8 judgment. Treating the depressed individual should be
9 focused on immediately regardless of what else is going
10 on. Reckless behaviors and actions are not realized
11 when an individual is severely depressed. People
12 diagnosed with narcolepsy are chronically ill.
13 Chronically ill patients are often most vulnerable,
14 disenfranchised, underfunded, and often forgotten.
15 Thank you for not forgetting us.

16 (Applause.)

17 MS. TAN: Thank you. So before we get
18 started on our last agenda item, if I could just ask
19 everyone to pass the clickers down to the end of the
20 row, and if our FDA staff could collect them. Thank
21 you very much.

22 And I would like to call Dr. Bastings up to

1 the podium. Thank you.

2 Closing Remarks

3 DR. BASTINGS: Well, I want to thank each and
4 every one of you for participating in this meeting. It
5 is incredibly helpful for us to hear from you about
6 your experience with narcolepsy. I will try to briefly
7 summarize some of the highlights of what I heard from
8 you today.

9 First of all, I was impressed by the lack of
10 awareness of the condition in the community and the
11 delay in diagnosis that some of you have encountered
12 before you really could have your condition addressed.

13 The key symptoms that most of you have
14 reported has been daytime sleepiness with cataplexy
15 also a big issue in a significant number of you.

16 Another symptom that was mentioned by many is
17 the brain fog that can be a major hassle in your daily
18 lives. Hallucinations are also an important symptom
19 that was mentioned.

20 And because of all of these symptoms, I heard
21 many of you talk about how scary the condition is, how
22 terrorizing it can be in terms of planning your daily

1 activities, and the fear that these various symptoms
2 provoke in your daily lives.

3 So I think I heard loud and clear that the
4 disease has a huge impact on your lives starting from
5 school, whether you are in high school or whether you
6 are in college. The condition can have a huge impact
7 on your choice of career, it can have a huge impact on
8 you getting a job, on you being able to keep your job,
9 it has a huge impact on you being able to participate
10 in social activities, to go out, to dine with friends.
11 Basically it has a huge impact on your activities of
12 daily living. It causes some of you to lose your
13 friends and to lose contact with some members of your
14 family. So we really appreciate the impact of
15 narcolepsy in your lives.

16 In terms of treatments, most of you have
17 tried all of the FDA available drugs and many of you
18 are also trying other drugs or other approaches. Naps
19 has been mentioned. It's not really a treatment, but
20 some of you use it to manage your symptoms. Some of
21 you use diet. Exercise has been mentioned as well.
22 There is no magic bullet unfortunately for narcolepsy,

1 and many of you continue to experience significant
2 symptoms despite the treatments, and there remains a
3 big unmet medical need for this condition, and there is
4 a lot that remains to be done. Many of you are taking
5 several drugs at the same time, and despite taking
6 these different treatments, continue to experience
7 symptoms. And you discussed the various side effects
8 that these drugs can be causing and that can be
9 limiting.

10 Another issue that has been mentioned is the
11 tolerance that can occur on some of these treatments.

12 In terms of what you would like to see in new
13 drugs being developed, the idea is that there would be
14 a drug that targets what we think is the cause of the
15 disease rather than having a less specific treatment.
16 The key symptoms that you would like the drug to
17 address is the daytime sleepiness, you want a drug to
18 let you be awake during the day. And another symptom
19 that was also mentioned is brain fog, you would like a
20 drug to really improve the brain fog that many of you
21 experience.

22 Another aspect is that you would like a drug

1 that would let you sleep through the night. Many of
2 you have spoken about your great difficulties with
3 sleep, with sometime duration as short as 2 hours for
4 many, many months or maybe even for most of your life.
5 So a drug that could help to restore sleep is also
6 something that is wanted.

7 So again thank you, everybody, for
8 participating to this. And the feedback is incredibly
9 helpful to us.

10 Thank you.

11 (Applause.)

12 (Whereupon, at 5:06 p.m., the
13 Narcolepsy Public Meeting on Patient-
14 Focused Drug Development was
15 adjourned.)

16

17

18

19

20

21

22

1 CERTIFICATE OF COURT REPORTER

2 I, BRYAN YOUNG, the Court Reporter before
3 whom the foregoing proceeding was taken, do hereby
4 certify that the proceeding was recorded by me; that
5 the proceeding was thereafter reduced to typewriting
6 under my direction; that said transcript is a true and
7 accurate record of the proceeding; that I am neither
8 related to nor employed by any of the parties to this
9 proceeding; and, further, that I have no financial
10 interest in this proceeding.

11

12

13

14

BRYAN YOUNG
Digital Court Reporter

15

16

17

18

19

20

21

22

1 CERTIFICATE OF TRANSCRIPTION

2 I, DEBORAH ARBOGAST, hereby certify that I am
3 not the Court Reporter who reported the following
4 proceeding and that I have typed the transcript of this
5 proceeding using the Court Reporter's notes and
6 recordings. The foregoing/attached transcript is a
7 true, correct and complete transcription of said
8 proceeding.

9

10

11

12

Date _____

DEBORAH ARBOGAST _____

13

14

15

16

17

18

19

20

21

22

<u> </u> \$	100 74:18 130:16	172:2	2005 74:3 75:11
\$1,000 182:12,20	103 3:12	180 106:21	2008 173:2
\$10,000 122:4 153:3	104 3:13	188 3:18	2009 68:21
\$160 109:17	10903 1:11	18-wheeler 64:14	2012 106:5
\$200,000 173:3	10-minute 102:20	19 57:14 97:16 158:21	2013 1:7 17:1
\$35 151:10	10-year-old 79:8	1996 67:12	2017 17:1
\$5,000 151:15	11 41:11 108:21 128:12 141:5 153:11 175:14	<u> </u> 2	20993 1:12
\$500 109:11,18	12 69:3 72:10 128:13 141:12 175:1	2 3:13,14,16 6:1,6 11:13 20:10 30:6 33:1 36:3,6 39:11,20,22 40:20 44:17 45:9 47:11,22 51:22 56:15 65:2 69:16 74:13 80:16 90:20 102:22 103:9 104:8,10,14 109:10 111:3 113:5 116:9 123:22 124:21 133:20 144:14 165:7 170:5 174:18 177:11 180:3,4 191:3	20-minute 144:13 169:22
\$6,000-a-month 122:8	12:00 113:1,20		20-plus 178:13,21
\$8,000 151:9	13 2:12 142:7		21 41:12 42:6 101:4 115:3 162:11
\$9,382 137:15	133 3:16		2-1/4 158:15
<u> </u> 1	14 61:9 62:17 150:3		22 128:14 176:12
1 3:2,3,8 5:20 6:5 25:9 27:4,20 31:20 32:21 39:10,21 40:20 43:10,13,18 44:3,5,13 51:6 77:10 78:19 90:14 103:1,11 104:21 133:13 143:2	140 108:6		24 1:7 2:16 115:13 151:8 153:15 155:21
1,300 173:14	15 51:13 54:2 144:13 151:4 153:22 166:15,16 171:11		25 47:21 86:15
1,476 174:22	150 106:21		26 151:9
1/2 170:22	153 128:11	2,000 27:4	26th 174:21
1:00 156:15	16 20:1 78:20 81:20 142:9 143:3 155:15 157:10 186:10	2:00 113:1,20	27 114:15 128:20
10 25:9 41:11 42:12 47:10 55:18 78:21 79:6 81:7 125:1 140:16 160:9 165:2 171:9	160 107:6	20 16:22 17:1,7,10,11,16 18:13,16 29:1 41:12 42:12,13 47:21 64:9 68:12 69:10 86:15 112:7 159:1 160:7 161:21 165:3 166:16	29 57:5
10:00 136:14 169:10	16-year-old 142:15		2-minute 165:5 174:16
10:30 136:14 143:11	17 98:14 158:4 165:16 175:14		<u> </u> 3
	170 108:6	200 50:18	3 11:13 20:2 33:11 44:2 74:13,17 79:12 82:9 83:18 105:2 106:14 109:17 111:1 116:10 117:15 171:9,10 172:1 180:3
	171 3:17	200,000 25:6	3,000 27:20
	18 72:10 97:21 112:7 158:14	2004 162:12	3:15 156:13
			30 25:8 41:12 42:6

<p>64:9 131:15 170:19 31 2:20 41:12 42:4 32 186:11 35 121:2 38 102:2 39th 68:22 3-hour 144:14 3rd 83:20</p> <hr/> <p style="text-align: center;">4</p> <hr/> <p>4 2:2 33:11 44:2 81:8 87:20 88:7,10 97:18 105:2 108:20 111:1 4,500 19:1 4.5 117:13 40 18:18 28:19 41:12 42:4 175:12,13 41 41:12,22 42:7 42 72:11 120:15 44 3:2 114:14 45 43:4 45:8 99:7 183:12 48 56:14 4s 136:9 4-year-old 81:11</p> <hr/> <p style="text-align: center;">5</p> <hr/> <p>5 17:1 42:11,12 43:4 55:13 89:18 94:22 101:21 111:12 5:06 191:12 50 29:2 41:12,22 42:7 46:4 95:5</p>	<p>50,000 27:5 500 122:2 504 135:21 51 41:13 5K 48:15 5s 136:9 5-year 18:22</p> <hr/> <p style="text-align: center;">6</p> <hr/> <p>6 50:9 83:10 95:16 117:8 120:16 131:12,14 152:5 6:30 143:12 60 28:15 41:13 107:6 61 41:13 176:14 62 56:14 65 175:19 6th 56:18</p> <hr/> <p style="text-align: center;">7</p> <hr/> <p>7 27:22 75:5 80:17 115:14 134:5 7,000 25:7 700 35:12 75 174:22 77 3:8 79 176:18</p> <hr/> <p style="text-align: center;">8</p> <hr/> <p>8 2:7 83:19 135:19 8:00 124:22 80 28:20 82 176:9 84 175:20 85 40:13</p>	<p style="text-align: center;">9</p> <hr/> <p>9 50:18 81:7 112:2 128:10 139:20 140:9,12 142:10 175:11 9:00-to-5:00 119:6 90 19:3 28:15 40:11 106:1,21 95 176:15 99th 51:22 9th 142:9 9-year-old 111:10</p> <hr/> <p style="text-align: center;">A</p> <hr/> <p>a.m 113:1,20 124:22 abandoned 176:8 ability 45:4 118:21 128:22 129:1,2 185:11 able 16:3 35:17 47:7 52:15 54:8 58:4,10 59:8 61:5,6 71:9 75:7,11 85:7,16 91:2,5,6 93:5 96:5,9 97:17 98:13 100:16 103:16 111:11 115:12 118:21 125:11 133:12,13 134:17,18 138:4 156:9 163:8 164:1 167:15 172:13 175:21 177:17 189:8,9 abnormalities 166:19 absence 184:10</p>	<p>absences 166:12 absolute 72:2 absolutely 73:9 108:14 171:17 184:3 absurd 157:6 abuse 61:10 146:2 academic 108:3 acceptable 166:14 accessible 151:12 accommodate 75:9 108:18 134:13 135:4 accompany 29:9 accomplish 63:2 accomplished 63:1 according 21:13 accurate 192:7 accused 61:11,12 171:22 Ackerman 165:11,14,16 acronyms 26:8 across 18:7 21:1 69:5,12 115:18 act 30:1 135:22 156:6 Acting 3:20 6:13 7:15 actions 187:10 active 74:14 116:17 activities 5:18 44:8 47:15,18 75:4 76:22 90:20 91:3 112:11 173:7 189:1,10,11</p>
---	---	---	--

<p>activity 29:18 76:13 176:11,15</p> <p>actual 106:10 136:3 165:21 170:11</p> <p>actually 6:21 9:9 10:2 11:3,22 14:5 25:12,14 29:6 32:11 34:7,20 35:3,11 36:9 40:10 41:16,18 42:16 44:4 53:6 60:8 72:9 73:15 76:20 80:9 84:20 85:10,15 90:7 96:12 97:8 99:14 102:18 104:19 116:5 117:11 133:7 138:10 146:13 149:12 162:19 166:17 167:11 169:5,16 170:4,9 171:2 182:16,17 183:3</p> <p>acupuncturist 110:9,12</p> <p>add 3:10 95:20 143:2</p> <p>addiction 73:19 146:2</p> <p>adding 50:13</p> <p>addition 36:10 91:5 143:17 146:9</p> <p>additional 16:16 23:10 127:16 132:16 133:3 136:9,10</p> <p>Additionally 127:20</p>	<p>additive 182:9,14</p> <p>address 21:2 77:3 146:6 153:7 156:8,9 157:22 185:9 190:17</p> <p>addressed 19:3,10 187:6 188:12</p> <p>addressing 157:21 158:1</p> <p>adds 48:18</p> <p>adjourned 191:15</p> <p>adjusted 108:17</p> <p>adjustments 49:9</p> <p>administer 122:2</p> <p>Administration 1:1,9</p> <p>administrators 186:20</p> <p>admired 81:12</p> <p>admit 9:19</p> <p>admitted 100:12</p> <p>Admittedly 9:18</p> <p>adrenalin 169:21 184:7</p> <p>adrenaline 64:16</p> <p>adult 172:20</p> <p>adults 114:5 142:12</p> <p>advance 13:20 39:13 104:19</p> <p>advancement 119:15</p> <p>advantage 16:15</p> <p>adventures 74:15</p> <p>adverse 114:8</p> <p>advisory 15:17</p>	<p>advocates 9:3 17:18 26:4</p> <p>Affairs 8:6 25:14 26:2</p> <p>affect 12:15 17:22 27:4 31:4 96:16 136:19 153:16</p> <p>affected 18:14 48:13 95:12 97:22 136:16,17</p> <p>affecting 25:8 27:20 104:3</p> <p>affects 25:6 54:10 98:12,15 99:12 100:9 159:2,10 172:14</p> <p>afflictions 127:16</p> <p>afford 151:16</p> <p>afraid 57:8 58:4 92:15,21 145:11</p> <p>Africa 137:19</p> <p>aftercare 111:13</p> <p>afternoon 7:10 8:17 24:19 27:16 155:15 156:14</p> <p>against 73:13 166:10</p> <p>age 27:21 41:9,17,21 42:3 78:21 80:17 81:13,20 111:12 112:2 128:10,12,14 165:16 171:9 185:7 186:10</p> <p>agencies 37:11</p> <p>agency 161:17,20</p> <p>agenda 4:21 141:9 187:18</p>	<p>ages 175:13 185:10</p> <p>aggravates 50:1</p> <p>aggravating 148:22</p> <p>aggressive 180:11</p> <p>agitated 167:18</p> <p>ago 12:19 42:11,12,13 43:4 44:18 51:22 58:3 74:12 95:5 98:14 111:3 116:10 124:18 179:13</p> <p>agreed 17:7 103:19 146:4</p> <p>ahead 37:2 43:16 46:9 64:19 92:4 101:14 103:7 104:9 105:3 109:4 132:9 133:21 150:18,22 158:2</p> <p>aid 34:16 128:18</p> <p>aided 50:21</p> <p>AIDS 137:18</p> <p>air 106:16</p> <p>akin 180:2</p> <p>alarming 186:12</p> <p>alarms 102:2 123:10 177:16</p> <p>albeit 126:17</p> <p>alcohol 96:7 104:5 128:2 187:2,3</p> <p>alert 46:6,9 74:5</p> <p>alertness 28:6 179:21</p> <p>alive 78:9</p> <p>all-day 88:8</p>
--	---	--	--

<p>allergies 120:20 allergy 145:8 Allison 105:6,17 111:6 allow 26:4 158:17 161:20 164:8 allowed 112:14 116:3 161:14 allowing 105:19 114:10 120:4 allows 152:16 alone 63:20 82:20 126:5 152:11 already 15:14 47:17 49:7 111:5 140:22 144:16 alternative 110:2 122:10 145:14 alternatives 125:15 Alzheimer's 92:21 am 8:13 13:20 24:12 32:8 36:14 37:16,17 41:17 43:13 46:5 51:13 55:5 56:9 61:8 62:15,19 63:6,13 72:7 74:16 77:20,21 78:7,8 82:22 88:18 89:22 90:2 98:12,13 104:11 105:10 106:22 110:11 113:21 125:9 127:11 128:21 137:12 151:8 152:14 157:14 167:7,12,14,15,1 7,22 168:2 177:12 179:11</p>	<p>192:7 193:2 amazed 66:3 amazes 66:4 amazing 35:14 106:12 110:19 131:21 173:9 ambulance 82:22 83:2,4,21 ameliorated 148:6 Americans 25:8,9 27:20 135:21 Among 140:9 amount 45:6 55:18 110:21 123:5 139:22 151:21 180:1,7,19 182:22 amphetamine 130:9,16 amphetamine-like 90:1 amphetamines 30:11 131:15 147:14 analyze 11:17 ancillary 180:8 Andrea 8:10 anger 70:20 104:1 angry 70:21 annual 79:3 94:13,21 anorexia 31:3 answer 22:12 35:1 69:20 79:14 92:9 94:7,11 95:9 130:15 132:16 155:16 answered 23:8</p>	<p>25:21 answers 95:1 antibodies 110:7 anticonvulsives 50:14,17 antidepressant 30:11 130:9,19 antidepressants 31:5 138:15 139:1,7,20 antisocial 70:7 anxiety 49:18 anxious 49:22 50:3 anybody 6:4 22:12 32:15 77:11 78:17 80:15 82:21 84:11 87:8 95:11 134:1,3 142:3 144:5,7 147:1 149:17 151:2 158:2 174:6 anymore 9:21 57:22 80:8 148:5 anyone 32:17 57:7,8 73:21 80:19 82:13 110:13 148:19 anything 18:5 24:3 37:21 38:22 49:16 54:18 58:5 63:20 77:22 79:16 99:11 103:11 115:11 142:3 152:10 156:17,18 157:11 160:1 165:6 Anytime 78:4 anyway 66:14</p>	<p>68:11 156:6 anywhere 51:18 64:11,22 70:5 84:6,21 86:15 116:16 AP 136:9 apart 67:19 176:6 apartment 169:9 apnea 30:2 apologize 84:3 165:10 apparently 65:17 appear 28:9 110:16 146:10 appeared 50:14,16 65:17 appetite 31:4 113:10,11 131:6 applaud 183:2 applause 4:4,8 31:15 63:9 71:22 75:21 125:17 129:10,15,16 157:9 168:10 174:13 186:1 187:16 191:11 application 22:7 161:19 applications 23:14 26:12 apply 37:4 130:8 appointments 124:14 appreciate 17:13 23:2,5 183:5 189:14 approach 12:18 17:2,8 127:11 129:6 160:22</p>
---	---	--	--

<p>165:7</p> <p>approaches 3:15 26:15 189:18</p> <p>appropriate 11:10</p> <p>approval 10:12</p> <p>approve 11:16 12:1</p> <p>approved 14:13 15:13 18:5 30:12,16 114:4,5 141:17 175:16 176:17</p> <p>approximately 171:11</p> <p>April 20:5 79:1</p> <p>April/May 118:16</p> <p>ARBOGAST 193:2,12</p> <p>architecture 121:18,21</p> <p>area 6:16 12:11 15:21 16:2 23:15 39:9,10,11,17 40:12 49:3 160:10</p> <p>areas 18:14 19:3,7 21:1 82:15 161:10</p> <p>aren't 54:14 137:6 164:8</p> <p>armodafinil 30:10 130:8,15</p> <p>arms 79:8</p> <p>arrival 113:5</p> <p>arrogant 179:10</p> <p>articulate 162:22</p> <p>ashamed 62:3,4 63:1 167:7</p>	<p>aside 67:9</p> <p>asleep 29:1,5 45:5 51:20 52:3,16 53:14,17 54:5,16 55:1,5,12 57:1,3 59:4,7,14 62:15 65:17 69:2 72:8,12 76:12 85:15 91:12,14 98:16 106:7,13 107:22 123:7 139:15 142:19 156:3 160:19 166:9 181:19,20</p> <p>asleepness 87:21</p> <p>aspect 190:22</p> <p>aspects 25:17 127:10</p> <p>assessment 14:10</p> <p>assessments 24:6</p> <p>assist 128:6</p> <p>associated 31:5</p> <p>assume 156:20</p> <p>assumed 48:10 169:12</p> <p>assuming 48:6</p> <p>asthma 120:20 122:16</p> <p>attached 54:8</p> <p>attack 67:11 77:18,20 80:12 82:1,16 88:8 106:19 107:1</p> <p>attacking 169:2,20</p> <p>attacks 60:17 62:9 67:19 70:16,18,22 72:12</p> <p>attempt 75:14</p>	<p>141:16</p> <p>attended 32:12</p> <p>attending 106:5</p> <p>attention 85:4 126:1 131:6 141:13 185:15</p> <p>attitude 68:15 75:14</p> <p>audible 93:12 160:3 186:4</p> <p>audience 3:10 9:3 33:18 34:18 40:3 41:1 42:18 126:1</p> <p>auditory 125:6</p> <p>August 89:4 174:21</p> <p>autoimmune 121:1</p> <p>automatic 29:17 53:1,3 88:14 102:4 154:19</p> <p>automatically 52:17 186:16</p> <p>available 14:18 15:9,12 23:14 30:20 112:13 133:15 164:2 189:17</p> <p>Avenue 1:11</p> <p>avoid 75:3 111:1 126:14</p> <p>avoided 70:4</p> <p>avoiding 128:8 172:1,3</p> <p>awake 46:3,5 51:17 61:4 66:6 68:7 70:2 72:7,9 77:20 78:8 102:3 112:3 118:7</p>	<p>121:7 123:7 125:1,12 128:14 146:11 155:18 156:21 158:1 182:21 184:18 190:18</p> <p>awakening 28:18</p> <p>aware 21:4 66:6 87:17,22 88:21 89:8 102:9 117:11 122:9 142:1,4 151:22 164:8</p> <p>awareness 84:7 87:12 126:11 127:9 173:7 174:2 179:5,6 188:10</p> <p>awareness/half 87:21</p> <p>away 13:12 28:5 57:10 62:21 64:21 72:16 75:5 142:16</p> <p>awesome 75:16 125:21</p> <p>awful 79:11</p> <p>awry 122:18</p> <hr/> <p style="text-align: center;">B</p> <hr/> <p>bachelor's 100:14</p> <p>background 2:15 5:12 24:9,11 114:14 125:11</p> <p>backpacking 74:14</p> <p>bad 52:8 60:11 81:9,10,16 125:3 131:16 136:11 140:4,7</p> <p>bag 79:10 152:4</p>
--	---	--	--

178:4 bags 73:19 baited 71:1 bake 58:18 balance 128:7 Balancing 73:13 balked 166:22 ball 65:6 banana 117:18,21 Band-Aid 184:20 barely 109:1 111:18 Barker 95:4 barricaded 152:14 barricading 152:6 barrier 23:6 base 125:14 based 42:17 127:13 135:14 182:10 basement 116:5 basic 123:13 160:22 basically 6:4 12:20 16:17 36:2 189:11 basis 30:4 70:3 90:5 94:20 157:4 Bastings 3:19 6:13 7:15 93:14 94:1 161:13 187:22 188:3 bathroom 181:19 bathrooms 6:15,18 7:3 battle 63:12 72:8 111:14,20 117:4	118:14 battled 166:8 battling 73:14 111:19 113:12,13 Bauer 7:21 26:10 beat 58:16,19 beating 107:4 beauty 115:5 became 59:9 65:10 69:15 122:9 186:11 become 66:12 113:16 181:8 185:6 becomes 100:11 becoming 57:6 74:9 bed 107:11 110:18,19,22 111:17 116:5 121:7 125:2 154:10 156:20 168:2 bedroom 58:1,2,3 152:7 begin 118:10 129:18 148:2,8 153:7 beginning 48:5 79:19 80:1,3 117:10 141:21 171:13 begins 14:9 behalf 32:18 92:8 144:11 behavior 29:20 30:17 53:1,3 88:15 154:19	behavioral 142:2 behaviors 29:17 102:4 187:10 behind 55:1 64:7 185:15 believe 6:8 35:13 59:2 68:5 69:8 79:16 127:8,20 140:21 149:14 163:15 167:6 beneficial 38:11 163:16 benefit 12:4 14:14 15:5 19:10 22:5,6,11 benefit-risk 14:10 benefits 12:2,6 127:1 besides 86:5 132:11 best 9:8 58:17 77:19 94:18 121:15 169:7 184:21 beta 145:7 Beth 173:4 better 9:14 12:5,12 15:3 16:1,12 18:9,12 34:17 38:13 49:16 51:2 93:18 96:9 108:5 156:6 159:18 166:20 179:4,20 184:19 beyond 15:9 65:9 116:9 bigger 33:7 biggest 80:19 86:4 91:8 100:3 102:15 108:12	109:15 151:18 181:7 biological 30:5 Biologics 20:13 Biotin 131:20 bipolar 150:11,13 bird's 24:16 birth 116:8 birthday 68:22 bit 9:18 10:1 16:19 20:22 22:9 31:18 32:11 38:4 39:15 42:18 45:22 49:11 52:9 65:5 67:15 76:20 84:10 101:17 102:19 130:21 154:7,8 165:19 168:19 177:2 Black 165:12 178:9,11 179:18 181:6 blank 47:6 blanket 129:6 blessed 52:7 blockers 145:7 blood 20:13 31:6 106:7,21 107:2 120:20 166:18 184:13 blown 117:8 blue 146:18 177:19 blurred 100:9 board 129:4 181:5 boards 109:14 body 68:9 77:18 79:21 80:1
---	---	---	--

<p>111:14,15,19 118:4,6,7 153:16 178:6 184:13 185:11 body's 111:20 Bollino 43:20 64:4 68:20 Bona 8:1 books 119:8 143:14 bosses 98:18 Boston 170:7 172:6 bothersome 155:5 bought 110:18 bound 162:7 bounded 121:7 bouts 94:16 box 35:3,17 102:5 boy 80:21 142:15 boyfriend 170:17 171:1 boyfriend's 156:1 bracelets 174:3 brain 62:13 90:4 93:5,6 95:15 100:3 101:9,10,13,18 145:16 146:22 148:11 155:18 156:11 158:1 166:8 170:20 180:1 184:4 188:17 190:19,20 brain's 184:1 Brandon 43:17 51:7 56:6</p>	<p>brave 155:20 bread 152:1 break 3:12 5:22 6:8 7:1 71:4 92:2 102:18,19,20 103:3 109:3 159:5 165:2 breakdown 41:5 breakfast 59:14,17 breakout 6:22 39:1 breastbone 83:11 breath 106:15,18 breathe 28:22 58:10 78:5,6,7 breathing 28:22 31:9 78:8 184:13 briefly 165:9 188:6 bright 129:9 134:16 162:22 bring 36:15 54:16 56:4 61:13 62:2 70:22 98:7 141:13 160:2 178:9 bringing 175:8 Britain 137:20 broad 18:14 26:13 27:15 122:20 broaden 38:7 broader 15:20 brochure 59:22 60:4,5 brochures 173:22 brother 81:11 brought 55:3,4 67:8 79:22 93:4</p>	<p>131:6 144:3 146:21 brushed 67:9 Bryan 1:19 192:2,14 budget 16:20 bugging 115:20 build 38:7 144:5 building 169:10 buildup 146:2 bulging 115:20 bullet 189:22 bunch 160:17 burning 100:20 159:22 business 74:1 75:10,12 115:5 116:4,6 150:5 buy 156:17 182:18,20</p> <hr style="width: 20%; margin: 0 auto;"/> <p style="text-align: center;">C</p> <hr style="width: 20%; margin: 0 auto;"/> <p>caffeine 104:5 111:2 128:1 146:17 caller 98:7 99:20 calm 70:19 calmly 64:15 campaign 185:20 camping 74:14 Campus 1:10 cancelled 177:9 cancer 20:7 22:1,4 capacity 16:18 93:1 95:18 Capital 1:20</p>	<p>capture 24:2 captured 18:2 capturing 24:1 car 56:20 59:19 60:21 63:17 64:7 69:19 72:19 99:6 156:12 157:12 177:21 carbs 68:8 178:3 cardiologist 107:11,12 care 12:18 53:18 63:7 69:1 129:1,2 155:9 career 68:21 69:22 98:13 176:3 189:7 careful 128:7 carefully 11:18 19:4 caregiver 113:19 caretaker 32:17 carpel 69:16 Carrie 43:20 64:3 71:21 carry 47:14 case 22:1 70:20 144:13 156:22 cases 23:4,9 28:7 Casey 105:9 114:12 120:5 casualty 65:9 cataplectic 153:1 cataplexy 27:18,19,20 28:10 30:12 52:7 58:7 67:11,19 69:18 70:16,18</p>
--	---	---	---

<p>74:6,7 76:10,18 77:12,16,20 78:10,22 79:5,12,15 80:3,12,18 81:6,9,10,16 82:1,11,13,14,17 ,19 83:3,15 87:3 90:18 91:19 105:15 106:10 117:4,8 127:15 139:10,11,12 140:3 142:16,17 143:4 160:11,13,15,17 168:15,17 170:7,13 171:19 172:9 175:18 176:17 183:11 186:22 188:14</p> <p>catching 68:9</p> <p>catch-up 46:7</p> <p>categories 27:10</p> <p>categorized 27:17</p> <p>category 46:15 91:8 160:15</p> <p>caught 157:13</p> <p>cause 28:11 30:21 31:3,8 54:20 109:21 153:5 162:13,15 190:14</p> <p>caused 73:3 83:12 97:16 125:6 184:1,4</p> <p>causes 51:17 54:15,21 73:1 124:10 189:12</p> <p>causing 152:18 190:8</p> <p>CDER 1:2</p>	<p>2:6,10,14,19,22 3:22 4:16 5:4 8:9 26:6</p> <p>CDER's 8:11</p> <p>celiac 110:6</p> <p>cell 86:16</p> <p>center 1:2 2:5 4:15 7:13 20:12 26:6 101:3 104:11 108:4</p> <p>centered 161:1</p> <p>central 184:1</p> <p>certain 89:1</p> <p>certainly 27:1 126:1 130:20 140:3 185:8</p> <p>CERTIFICATE 192:1 193:1</p> <p>certify 192:4 193:2</p> <p>Chad 8:9 34:20</p> <p>chair 81:1 115:6</p> <p>chairs 31:19 32:3</p> <p>challenge 73:12 119:1</p> <p>challenges 21:3</p> <p>challenging 16:21 49:7 151:1</p> <p>chance 164:9</p> <p>change 24:2 48:21 49:3,10,14 59:20 62:13 103:20 112:17 118:11</p> <p>changed 44:11 49:2 55:11,17 63:13 74:2 108:4</p> <p>changes 28:11 30:9,17 44:21 48:19 49:10</p>	<p>94:14 95:9,10,11 104:1</p> <p>character 165:21</p> <p>characteristics 21:3</p> <p>charged 122:4</p> <p>chat 168:2</p> <p>check 35:19 36:14,18 90:7 96:12 97:8 130:7 133:5 144:2,22 177:9</p> <p>chemical 169:21</p> <p>chest 106:18</p> <p>chief 126:17</p> <p>child 80:20 81:14 112:15 134:12 135:6 142:9 153:11,12 176:8 177:21</p> <p>childhood 27:21</p> <p>children 79:4,6 91:18,20 114:4 129:1,8 145:21 167:12 175:3,16</p> <p>Children's 172:7</p> <p>chime 40:8</p> <p>chipping 62:21</p> <p>chips 152:4</p> <p>chocolate 154:10</p> <p>choice 129:8 159:13 189:7</p> <p>choices 107:21</p> <p>cholinergic 184:9</p> <p>choose 76:10</p> <p>choosing 167:20</p> <p>chores 91:5</p>	<p>Chorus 139:10</p> <p>chronic 17:21 20:5 21:9 23:17 124:13 183:22</p> <p>chronically 187:12,13</p> <p>chunk 144:16</p> <p>chunks 64:8</p> <p>Church 156:16</p> <p>circle 65:5 67:13</p> <p>circles 102:11</p> <p>circumstances 66:14 128:5</p> <p>Claritin 122:16</p> <p>clarity 11:5</p> <p>class 46:3,4,9 48:19 51:18 52:3 53:14,17 55:13,14 112:11 177:8</p> <p>classify 46:15</p> <p>classmates 53:16 112:6,12</p> <p>classroom 136:2</p> <p>clean 58:22</p> <p>clear 69:15 88:15 100:9,17 181:12 189:3</p> <p>clearly 68:8</p> <p>clickers 23:8 34:21 39:7,12 40:1,21 41:14 42:14 76:5,15 130:5,13 132:18 187:19</p> <p>clinical 10:9 15:3,9 18:2 92:10</p> <p>clinically 66:16</p>
--	--	---	--

<p>Clinicaltrials.gov 163:2</p> <p>clinic-based 175:20</p> <p>clippers 115:7</p> <p>close 35:12 75:10 84:5 143:14 162:13 175:2 185:14</p> <p>closed 140:22</p> <p>closely 26:12</p> <p>closer 78:8</p> <p>closing 3:18 6:12 188:2</p> <p>clothes 167:20</p> <p>cloud 100:4</p> <p>clouding 187:7</p> <p>CNN 177:6,10</p> <p>coaster 70:12</p> <p>COBRA 109:9</p> <p>coffee 6:19</p> <p>cofounder 171:8</p> <p>cognition 123:18</p> <p>cohesive 125:14</p> <p>cold 121:22 146:13</p> <p>collapse 80:8</p> <p>colleagues 7:5,8 35:20 36:15 37:18 145:1 165:4 185:4</p> <p>collect 17:2 187:20</p> <p>collected 127:18 165:1 173:13,14</p> <p>college 62:7 65:9,11 66:17 124:1 128:15 136:6 143:19</p>	<p>165:22 189:6</p> <p>combination 73:11</p> <p>combined 127:4</p> <p>comes 11:14 17:5 59:6 70:6 97:12 98:8 118:5,6,16 181:15</p> <p>comfortable 34:3 59:16 84:13 92:6 93:7 129:19 134:9</p> <p>comforting 106:11</p> <p>coming 13:11 16:3 19:8,9 20:10 21:6 57:16,20 70:19 88:3 89:14 90:8 92:2 95:6 98:12 103:16 115:7 145:1</p> <p>comment 3:17 6:3,6,11 18:20 19:2 35:3,17 82:7 98:11 100:2,22 118:9 136:3 137:13 140:6,21 142:5,8 144:1,21 154:18 157:1,21 158:3,19 159:21 160:5 163:12,19,20 164:7,13,19,22 178:16</p> <p>commenting 148:21</p> <p>comments 3:2,7,13 6:4 19:1,5,13 23:21 34:6 35:16,21 36:5,7 44:13 51:5 84:11,14 90:8,18 92:1 93:4 97:9</p>	<p>102:22 103:10,16 104:8 125:21 133:12,14,18 141:4 145:1,4,9,17 147:12,13 150:7,22 164:15 176:1 179:7 181:9 183:6,14</p> <p>commitment 9:5</p> <p>commitments 73:2,6</p> <p>committed 186:8</p> <p>committee 15:17</p> <p>common 28:13 29:4 38:1 181:19</p> <p>communicate 26:5 83:1</p> <p>communicating 168:15</p> <p>communication 180:20</p> <p>community 15:21 18:9 19:13,16 21:10 84:7 173:10 174:10 179:5 180:21 188:10</p> <p>Como 101:2</p> <p>comorbid 127:16 175:17</p> <p>comorbidities 145:7</p> <p>companies 10:16 16:6 73:14 123:15 162:5 185:19</p> <p>companion 168:7</p> <p>company 1:20</p>	<p>11:14 22:7 56:17,19 59:12 162:1</p> <p>compare 40:9</p> <p>compared 48:9 55:20</p> <p>compensate 148:3 185:11</p> <p>competes 122:10</p> <p>complain 121:1</p> <p>complained 106:5</p> <p>complete 81:1,12 87:12 138:4 193:7</p> <p>completed 11:13 136:7</p> <p>completely 28:5 38:10 77:21 86:22 92:11,12 108:14 117:5 127:7 170:2,6</p> <p>complex 12:20 122:20 123:18 136:19 172:14</p> <p>complicates 137:22</p> <p>complications 91:6</p> <p>component 116:12 119:2</p> <p>concentration 98:17</p> <p>concept 147:22</p> <p>concern 111:11 126:17 152:9 153:17</p> <p>concerning 125:7 152:7</p> <p>concerns 11:20</p>
---	---	--	---

<p>conclusion 106:9</p> <p>conclusive 50:12,15</p> <p>condition 11:7 12:12 15:4 21:12 22:3 25:6 27:7 29:6 30:14 44:6,10,22 50:19 90:15 127:10 128:9 165:21 176:10 179:1 180:21 183:21 185:15,16 188:10,12,21 189:6 190:3</p> <p>conditions 26:14 49:6 120:18 166:21 175:17,18 181:21</p> <p>conducted 18:3 178:13</p> <p>conducting 24:5</p> <p>conferences 137:4</p> <p>conferencing 97:10</p> <p>confidence 176:5</p> <p>confident 127:11</p> <p>confront 168:5</p> <p>confronted 73:20</p> <p>confused 88:20</p> <p>congratulations 178:19</p> <p>connected 30:5 118:2 163:5</p> <p>conquer 82:15</p> <p>conscious 77:21 92:10 102:9</p> <p>consequences</p>	<p>127:22</p> <p>consider 14:11 22:5,10 74:11 76:8 119:17 176:12</p> <p>considerably 74:3</p> <p>consideration 19:11</p> <p>considerations 14:15 16:14</p> <p>considered 35:21 92:22 108:6,22 165:20</p> <p>considering 16:16 167:15</p> <p>consistent 20:22 48:7 70:3</p> <p>consists 122:15</p> <p>consolidation 29:8 30:15</p> <p>constant 72:8 79:12 103:21</p> <p>constantly 72:5 75:6,16 102:11</p> <p>Constituent 8:6 25:14 26:1</p> <p>consumed 187:2</p> <p>contact 189:13</p> <p>Contd 3:1</p> <p>context 15:3,17,22 16:1</p> <p>continually 126:12</p> <p>continue 38:7 102:21 111:5 167:13 172:13 180:16,18 190:1,6</p> <p>continued 85:13</p>	<p>continues 183:6</p> <p>continuing 29:17</p> <p>contribute 33:19 35:15 36:7,21 125:11 141:4,7</p> <p>control 47:1 59:5 60:21 61:1 65:7 81:6,21 93:6 95:17 102:4,5 112:1 119:19,20 143:4 145:21 147:19,20 149:16 154:12,13 176:9 184:2</p> <p>controlled 80:4 118:4</p> <p>controls 30:5</p> <p>convene 16:22</p> <p>conventions 161:11</p> <p>conversation 39:2 40:18 41:3 47:8 65:16 77:13 85:13 88:13 92:11 146:5</p> <p>conversations 38:19 73:2,9</p> <p>convey 125:9</p> <p>cook 123:17</p> <p>cooking 92:13</p> <p>Coonrod 43:17 51:8 53:9</p> <p>cooperate 90:4</p> <p>cop 177:8</p> <p>copay 109:17 151:10</p> <p>copy 4:21</p> <p>Corps 165:22</p>	<p>corpse 77:21</p> <p>correct 193:7</p> <p>correlate 184:12</p> <p>cost 68:20,21 109:11 110:21</p> <p>couch 59:15</p> <p>counseling 30:19 132:14 133:1</p> <p>count 51:19</p> <p>countless 168:7</p> <p>country 122:6 142:9 173:15</p> <p>couple 9:17 47:10 67:2,7,20 68:22 74:6 79:1 110:3 117:21 121:22 125:5 134:6</p> <p>courageously 76:1</p> <p>course 15:2 85:1 89:9 94:12 114:20 115:11 118:13 161:5 184:16 185:17</p> <p>court 57:10 192:1,2,15 193:3,5</p> <p>courtesy 38:14</p> <p>Courtyard 174:4</p> <p>cover 16:17 18:13</p> <p>coverage 109:10</p> <p>covered 20:3 154:10</p> <p>coworkers 157:14 159:4</p> <p>cramps 117:15,22</p> <p>crazy 60:19 79:7</p> <p>created 112:11 173:11</p>
---	---	--	--

<p>creating 147:15 credit 98:2 creepy 124:1 crestfallen 121:14 crippling 185:6 criteria 17:19 18:17 20:16 critical 10:8 14:15 crouch 81:22 crouches 82:1 crouching 82:3 crying 79:11 111:17 159:12 C's 52:4 cure 9:7 21:20 curious 101:6 current 3:15 5:12,19 21:18 24:10 33:1 104:18 currently 18:5 45:18 111:21 113:9 142:14 151:10 176:19 cut 57:3 112:20 cycle 45:12 50:5 93:16,20 94:2,6 97:2 99:12,16,17 177:14 184:16 cycles 45:3 94:14 184:2 cycling 96:16</p> <hr/> <p style="text-align: center;">D</p> <hr/> <p>D.C 39:9,10,17 40:12 dad's 151:8 daily 3:4 5:17</p>	<p>12:16 18:1 20:18 21:11 33:1 47:15 76:9 91:4 94:20 95:10 126:11 157:4 176:11,15 188:17,22 189:2,12 dangerous 152:7 dark 66:9 118:6 122:5,7 darkness 118:5 darn 71:8 data 11:2,17 date 174:21 193:12 daughter 111:10,13 114:2 181:4 daughters 156:2 daughter's 112:18 day 4:18 11:1,5 29:7 47:9 48:15 50:18 56:13 57:1 69:17 70:3 72:10 74:13 75:19 79:12 84:1 85:19 86:15 92:14 97:19,21 98:15,16 102:1 111:5 112:7,9,20 113:6 115:14,15,16 117:18 125:3 127:3 134:6 136:11,22 137:2 139:22 141:21 142:19 144:15 147:15,17 148:7 155:4 156:4 167:21 170:12 172:2,14 181:17</p>	<p>184:19 190:18 days 16:21 64:5 75:5 95:16 111:1 115:14 117:21 123:22 124:15 125:5 166:7 daytime 28:2,5,8 45:14,17,19 51:15 52:5 53:9 60:16 68:13 72:3,4 76:10,17 84:12,15 85:5 86:5 94:17 101:22 118:14 127:4 136:15 145:13 188:14 190:17 daze 62:12 64:8 deadlines 124:8 deal 21:15 47:14 64:18 95:9 141:16 147:22 155:12 170:13 dealing 175:11 dealt 117:14 Dean's 46:1 death 81:2 DEBORAH 193:2,12 decent 45:21 52:2 136:5 decide 73:4 decided 89:11 decision 12:4 14:15 104:17 decisions 71:1 decline 46:2 72:14 decrease 114:7 145:13</p>	<p>decreased 28:6 54:21 decreasing 139:22 dedicated 172:21 deep 64:8 187:4 deeper 78:7 deeply 69:22 90:5 92:20 deferred 176:3 defined 25:5 definitely 45:19,22 46:12 47:20 48:13 52:5,8,11 54:6,11,15,20 55:3,9,11,16,19 77:1 95:21 132:19 181:13 definition 25:2 32:15 degree 14:16 15:4 100:15 124:7 140:2 179:20 degrees 166:1 dehydrated 49:19 delay 188:11 delighted 8:18 demands 75:12 125:13 dementia 92:22 demographics 129:5 denial 167:1 dense 179:9 dental 131:7,9 140:5,8,11,12,13 dentist 172:12 dentistry 172:14</p>
--	--	---	---

<p>dentist's 57:2</p> <p>department 186:14</p> <p>dependable 94:21</p> <p>depending 137:21 142:13</p> <p>depends 126:7</p> <p>depress 139:16</p> <p>depressant 126:11</p> <p>depressed 65:6 187:8,11</p> <p>depresses 113:11</p> <p>depressing 100:11 139:21</p> <p>depression 30:7 31:9 54:13,22 55:3 66:15 71:3 103:22 116:9 138:16 139:3,7 172:3 187:4,6,7</p> <p>deprivation 124:5 127:5</p> <p>deprived 49:18,22 50:3 113:21</p> <p>describe 22:19 27:8 29:12 60:18 67:22 70:5 77:18,19 93:5 147:8</p> <p>described 29:10 67:5 69:5 135:11 153:20,21 154:15 176:10 180:9</p> <p>describing 96:18 148:10</p> <p>descriptions 88:12</p> <p>design 66:20 70:1 85:14</p>	<p>desire 19:18 60:20 178:2</p> <p>desk 6:7 38:10 114:18 163:15</p> <p>desperate 182:19</p> <p>desperation 167:11 182:22</p> <p>despite 75:13 190:2,5</p> <p>detached 75:2</p> <p>detailed 176:2</p> <p>details 177:2</p> <p>detection 127:8</p> <p>deteriorating 114:2</p> <p>determination 126:14</p> <p>determine 51:1</p> <p>determined 117:16</p> <p>determining 177:5</p> <p>devastating 12:7,10 159:10,16</p> <p>develop 17:7 23:16 25:12 26:16 77:17 85:10 127:19 179:4</p> <p>developed 18:18 58:6 186:18 190:13</p> <p>developer 15:11 85:9</p> <p>developing 16:6 74:7 128:7 162:3</p> <p>development 1:5 2:12 5:8 8:2 9:5,11,13 10:9,16 13:16,18</p>	<p>16:5 23:14 25:3 26:14,19 128:4 162:6,18 191:14</p> <p>develops 14:12</p> <p>device 127:20</p> <p>Devices 101:3</p> <p>diabetes 30:6</p> <p>diagnosed 27:5 39:21 40:4,14 44:16,20 49:5 51:21 53:21 56:14,15 66:16 71:19 79:3 80:17 84:19 95:5 98:14,21 100:13 114:15,22 115:2 120:14 122:2 128:15 142:10 147:10 170:5 171:9,13 172:7,10 175:1,13 186:9 187:12</p> <p>diagnosis 42:11,19,20 43:4 48:5 50:8 79:18 106:10 107:8 115:2 121:3,5 147:10 148:2 166:2,15 167:6 172:8 188:11</p> <p>dial 36:21</p> <p>dialogue 3:11 32:14 33:7,19 35:16,19 36:22 38:7 40:6</p> <p>die 159:8 167:5</p> <p>died 167:6</p> <p>diet 30:18 49:10 55:20,22 110:3 123:13 146:17</p>	<p>158:6 189:21</p> <p>dietary 132:13,21</p> <p>differ 137:7</p> <p>difference 109:19 118:12 121:20 123:20</p> <p>differences 148:5</p> <p>different 12:14 18:10 22:16 25:8,11,15,16,17 ,19 27:10,18 32:11 33:21 47:21 49:4,6 56:10 74:18 92:17 120:11 123:10 141:15 146:22 160:18 190:6</p> <p>differently 18:11 94:13</p> <p>differing 127:13</p> <p>difficult 29:12 47:20 51:3 68:3 85:18 113:3,6 120:9 143:21 145:20 177:4</p> <p>difficulties 191:2</p> <p>difficulty 29:5 76:12,19 91:2</p> <p>digestive 120:19 123:12,19</p> <p>Digital 192:15</p> <p>diminished 93:1 127:1</p> <p>diminishes 185:13</p> <p>dine 189:10</p> <p>dinner 80:22 92:13 168:2</p> <p>dinnertime 67:3</p>
---	--	--	--

<p>direction 192:6</p> <p>directly 4:19 10:15 12:13 15:7 54:15 184:5</p> <p>Director 2:9,14 3:20 5:3,6 6:13 7:16 8:20</p> <p>Disabilities 135:22</p> <p>disability 87:5 167:16</p> <p>disabled 89:22</p> <p>disappointed 166:18</p> <p>discipline 166:4</p> <p>disclaimer 37:16</p> <p>discouraging 126:18</p> <p>discovered 125:4 147:14</p> <p>discuss 63:15 148:18 161:14,18,20 162:3,7 164:21</p> <p>discussed 19:5 90:17 91:9 159:5 190:7</p> <p>discussing 65:21 182:17</p> <p>discussion 2:20 3:7,8,16 5:14,15,21 6:1,2 31:16 32:9,10,20 34:16 36:13,14,20 37:1,3,5 38:2 43:13,18 47:17 49:1 69:17 76:5 77:2,5,10 103:1,9 104:10 105:5 129:19</p>	<p>131:3,5 133:11,16,20 164:11 168:20</p> <p>discussions 13:6 16:15 162:4</p> <p>disease 3:4 9:12 10:20 12:7,11 14:16,19 15:7,13,19,21 16:2 18:6,11,14 19:3 21:3,4,11,12,15, 18 22:13 23:15 24:6,7,21 25:1,10 26:8,11 91:19 131:19 185:16 189:4 190:15</p> <p>diseases 7:22 9:15 12:20 17:21 18:4,6,10,17 20:11 25:2,4,5,8 26:10,17,20,22</p> <p>disenfranchised 187:14</p> <p>disorder 29:20 51:11 120:9 150:11 159:6,16,19 173:20 183:22 184:4</p> <p>disorders 20:14 120:21 121:1 178:14</p> <p>disorganization 95:8</p> <p>disorganized 95:17</p> <p>displayed 77:8</p> <p>disrespectful 157:6</p>	<p>Disrupted 29:3</p> <p>disruption 31:2</p> <p>disruptive 154:5</p> <p>distinguish 169:8</p> <p>distressed 121:10</p> <p>distribution 133:8</p> <p>disturbances 30:22</p> <p>disturbed 45:2</p> <p>dive 131:2</p> <p>Division 2:18 3:21 5:10 6:14 7:16,18,20 8:21,22 24:13</p> <p>divisions 17:16 19:6</p> <p>divulge 163:4</p> <p>dizziness 113:6 131:5 132:3,6</p> <p>docket 19:2,13 36:2,7 102:21 133:15 141:2,4,6 164:2,3</p> <p>doctor 50:11 60:6 61:16 67:7,22 69:1,4 73:15 79:13,14 83:9 84:4 92:9 109:7 115:10 117:10 118:7 131:18 147:12 171:14</p> <p>doctors 46:11 61:14 62:1 79:16,22 96:4 107:18 116:13 121:3 149:7 166:16 171:11 172:17 175:6</p> <p>doctor's 59:18</p>	<p>documentation 122:6</p> <p>documenting 122:3</p> <p>dog 107:14</p> <p>dogs 102:14</p> <p>dollars 61:20 124:10</p> <p>donated 173:3</p> <p>done 6:3 10:10 43:8 53:14 63:12 119:9 136:11 142:21 143:11,13 161:9 175:5 179:22 180:16,19 190:4</p> <p>door 6:16 102:13,14 111:16 114:20 165:18</p> <p>dopamines 184:7</p> <p>dopey 156:11</p> <p>dosage 113:1 121:12</p> <p>dose 112:13,14 117:13 125:5 142:18 143:4,6,12 153:13,14 177:12 181:17,19</p> <p>doses 109:6 113:16</p> <p>dosing 113:19 151:1</p> <p>double 64:21</p> <p>doubled 70:4</p> <p>downright 128:2</p> <p>downs 148:7</p> <p>downside 112:17</p>
---	--	---	--

<p>113:14</p> <p>downsides 104:16 131:4,7 138:12 146:22 147:2</p> <p>downstairs 151:22</p> <p>downward 66:14</p> <p>Doyle 165:12 176:22 177:1</p> <p>dozing 65:15 86:2 157:13</p> <p>Dr 5:2,5,9 6:12 7:10,12,15,17,19 8:1,13,17 13:19 14:9 16:13 24:8,12 31:12 52:21 54:13 87:10,11 88:2,9,12 93:11,14 94:1 96:3,14,22 97:4 101:2 105:6,18 110:21 138:14,22 139:1 155:3 161:1,13 162:1,12,16 178:11 179:18 181:3,6 187:22 188:3</p> <p>drag 65:8</p> <p>dramatic 89:3</p> <p>drastic 48:21</p> <p>drawing 129:4</p> <p>dream 66:20 69:21 169:17</p> <p>dreaming 29:22 52:17,20 166:8</p> <p>dreamlike 170:20</p> <p>dreams 30:2 52:18 59:12 148:17 166:9 176:3</p>	<p>177:3</p> <p>dressed 59:13 86:14,17 156:13</p> <p>drew 66:15</p> <p>drink 67:16 96:7 187:3</p> <p>drinking 128:1</p> <p>drive 54:6,8 61:7 63:16,17 64:18 90:22 99:6,8 141:19 145:10</p> <p>driven 185:17</p> <p>driver 83:21</p> <p>driving 54:1,2,5 56:19 59:4 60:21 63:16 64:7,17,22 70:4 86:20 99:4 114:18</p> <p>drooping 47:2</p> <p>drop 58:11 77:17 80:8</p> <p>dropped 67:15 69:7 83:15</p> <p>dropping 65:6 128:15</p> <p>drove 64:14 172:19,20</p> <p>drowsiness 31:8</p> <p>drowsy 51:17 53:2 62:9,10,14 63:17</p> <p>drug 1:1,2,5,9 2:5,9,11 4:15 5:3,8 7:11 8:20 9:10,13 10:8,16,19 11:6,15,19 12:1 13:9,16,18 14:12,13 15:10,18,22 16:3,6 22:7</p>	<p>26:7,14 30:9 37:21 83:6 104:12 122:5,8,9,11 126:12 128:4 130:6,11,18,19 132:11,21 137:13 151:6,11 155:7,9,12 158:16 162:2,5,18 184:21 190:14,16,17,20, 22 191:5,14</p> <p>drugs 5:4 7:14,22 8:21 9:1,6 10:5,11,14,15 11:22 16:4 24:6 25:12 26:8,11,16 30:8,11 61:13 62:2 96:8 130:10,19 142:11,12,13 148:2 153:14 161:19 162:2 184:18,20 189:17,18 190:5,8,13</p> <p>drunk 83:6 181:14 187:1</p> <p>dry 131:19 132:2</p> <p>D's 52:4</p> <p>dual 11:21</p> <p>due 185:3</p> <p>duration 93:17 191:3</p> <p>during 6:11 13:6 28:5 29:7,22 40:6 45:14 66:22 72:22 77:2 79:1 88:4 91:1 98:15,16 101:22 103:1 109:13</p>	<p>124:1 125:3 128:3 134:12 139:22 140:1 165:2 177:14 184:18 187:3 190:18</p> <p>dying 107:4</p> <p>dysregulation 184:12 185:12</p> <hr/> <p style="text-align: center;">E</p> <hr/> <p>ear 107:14</p> <p>earlier 34:7 126:9 155:4,10 160:5</p> <p>earliest 114:15 120:12</p> <p>early 48:20 125:2 127:8</p> <p>easier 178:10</p> <p>easily 45:5</p> <p>Easter 79:1,4</p> <p>easy 23:3,4 29:4 98:14 180:14</p> <p>eat 58:21 59:14,17 102:8 111:14,15,18 113:13 117:18 123:3 124:2 152:1,2 178:3</p> <p>eaten 68:6,7 136:16</p> <p>eating 68:5 85:21 86:18 106:7 123:17 151:19 152:20 153:20 154:16,17 155:1 181:22</p> <p>echocardiograms 107:3</p> <p>edge 64:14</p>
--	---	---	--

<p>EDS 90:17 91:1 167:3 176:17 185:7</p> <p>educate 174:1</p> <p>education 100:10 179:5</p> <p>educational 125:10 176:4</p> <p>EEG 50:10</p> <p>effect 49:4 50:19 53:11 103:21 113:17 170:11</p> <p>effective 9:6 10:5 11:6,16,19 17:4 18:6 21:14 25:3 30:18 139:21 140:1 176:13</p> <p>effectiveness 10:11,19 73:13</p> <p>effects 30:21 73:13 90:2 91:1 109:22 113:2,15 114:8 118:1 126:18 127:5 138:7 140:4,7 153:8,9,10 185:4 190:7</p> <p>Effexor 142:16</p> <p>efficacy 10:19</p> <p>effort 16:10 178:19</p> <p>efforts 13:15 127:9 179:3</p> <p>egg 79:1,4</p> <p>eggs 79:7,10</p> <p>eight 84:20</p> <p>Eileen 95:4</p> <p>either 47:10 48:12 53:21 66:18</p>	<p>100:20 107:20 147:10 163:14 167:17</p> <p>EKGs 107:2</p> <p>electricity 109:19</p> <p>elephants 148:16</p> <p>eliminate 146:4</p> <p>Ellis 2:8 5:2 7:10 8:13,15,19 31:22</p> <p>else 24:3 56:13 60:20 78:3 80:15 84:6,8 85:1 95:11 119:14 126:4 149:2,17 150:14,15 151:2 157:11 158:2 160:1 183:14 187:9</p> <p>else's 56:11 70:8 106:6</p> <p>e-mail 25:22 164:5 177:7,10</p> <p>embarrassed 63:1 173:17</p> <p>embarrassing 72:13 86:1</p> <p>embarrassment 74:20 91:14</p> <p>emergency 186:13</p> <p>Emory 161:2</p> <p>emotion 69:7 70:21 74:8 80:6 91:21</p> <p>emotional 80:19 91:17 159:12</p> <p>emotions 28:13 70:16 91:18</p> <p>emphasis 11:10</p> <p>employed 118:22</p>	<p>192:8</p> <p>employers 124:12 166:11</p> <p>empty 32:3</p> <p>encompassing 60:18</p> <p>encountered 188:11</p> <p>encourage 95:21 140:20 164:18 180:15</p> <p>encouraged 47:22</p> <p>endanger 54:5</p> <p>enemy 185:7</p> <p>energized 147:17</p> <p>energy 54:17 58:22 70:10 95:13 123:3</p> <p>engage 32:13</p> <p>engages 128:8</p> <p>enjoy 167:19</p> <p>enormous 147:8</p> <p>ensure 10:5,9</p> <p>entire 64:8 78:2 83:13 109:16 119:4</p> <p>entirely 107:5</p> <p>environment 100:10</p> <p>eosinophilic 120:19</p> <p>EPA/DHA 122:20</p> <p>epilepsy 50:9,10</p> <p>episode 69:22</p> <p>episodes 46:17 48:18</p> <p>equal 132:22</p>	<p>equivalency 136:1</p> <p>ER 171:14</p> <p>Eric 3:19 6:13 7:15</p> <p>eroded 176:5</p> <p>errands 72:18</p> <p>errors 88:20</p> <p>escape 72:16 167:10</p> <p>esophagitis 120:19</p> <p>especially 30:3 46:11,13 47:1 48:4 71:18 75:15 91:18 94:14,15 152:11,13 178:19</p> <p>essential 115:3</p> <p>established 178:18</p> <p>estimated 25:7 27:3</p> <p>eternity 58:12</p> <p>evaluate 10:11</p> <p>evaluated 128:3,11</p> <p>evaluation 1:2 2:5,9 4:16 5:4 7:11 8:20 26:7 38:9 104:12 163:13</p> <p>evening 169:14</p> <p>event 88:6 152:13 178:16</p> <p>events 75:4</p> <p>eventually 169:11</p> <p>everybody 8:17 39:7 55:6 56:11 65:21 76:5 97:14 98:10 105:19</p>
--	--	--	---

<p>120:10 123:1 137:5 138:19 161:5 183:13 191:7 everyday 95:17 104:4 everyone 8:10 32:6 43:12 44:14 70:8 85:1 86:13 87:1 103:4 106:1,2,3,6 125:22 126:2 154:1 163:21 164:1 174:15 187:19 everyone's 133:14 183:6 everything 34:9 58:11 66:2,6 69:20 78:3 84:8 97:22 98:4,5 99:5 116:13 117:19 142:2 143:19 145:17,18 148:6 152:4 153:9 156:12 158:7 179:16 180:15 everywhere 86:19 evidence 15:10 evolving 187:5 exact 77:7 106:9 exactly 97:15 147:6 178:22 exam 79:17 example 13:8 21:9 50:8 78:22 86:13 89:3 examples 145:7 exams 124:1</p>	<p>136:10 172:18 excellent 39:2 40:18 excessive 28:2,8 45:14,17,19 60:15 68:13 72:3 74:22 78:22 85:5 86:5 94:17 127:4 136:15 excited 36:10 41:19 60:9 79:8 124:20 excitement 28:13 exciting 51:10 excuse 166:14 exercise 30:19 54:18 91:5,7 111:1 122:21 132:14,22 144:3 170:3,8 189:21 exercising 48:14 74:12 170:5 exhausted 111:5 123:1 167:17 ex-husband 57:9 existed 110:19 exists 180:7 exorbitant 137:14 expect 81:18 expectations 127:6 expected 40:11 expensive 171:12 experience 12:14 14:19 18:8,11 21:17 27:14 28:1 33:10 37:7 44:6 45:15,18 56:2,4 77:12 78:11 80:3 82:5 88:18</p>	<p>93:8,20 94:6 104:22 129:21 147:2 149:17 160:8 168:22 170:1 180:2,3 188:6 190:1,6,21 experienced 53:5 54:22 69:10 74:10 76:7 80:11 90:14 94:22 113:2,9 121:19 131:10 experiences 33:19 34:18 38:17 experiencing 17:7 22:13,14 49:7 94:13 96:18 128:2 149:16 155:12 171:20 172:16 experimenting 23:8 expert 37:17 experts 24:17 explain 24:14 25:17 52:13,14 169:7 explore 21:7 express 82:10 87:5 expressed 178:22 expression 19:18 expressions 62:12 extension 138:3 extent 89:8 117:3 extra 50:2,3 109:2 extraordinarily 181:14 182:2 extreme 46:19 47:4 103:20</p>	<p>113:7 120:13 153:8 182:3 extremely 11:17 22:15 extremes 74:8 eye 24:16 eyelids 115:13 eyes 50:15 115:20 156:18 157:17 eyewear 146:18 <hr/> <p style="text-align: center;">F</p> <hr/> face 85:22 113:8 143:5 165:19 Facebook 182:6 faces 4:14 facial 52:10 62:12 80:7 facilitate 162:5 facilitated 3:8,16 38:2 77:10 133:20 facilitator 4:12 32:8 104:13 facility 82:11 116:20 fact 19:8,19 81:10 86:5 88:19 113:13 135:4 179:11 181:11 182:19 factor 119:2 faculty 178:12 fade 128:20 faded 66:10 fading 64:21 failed 100:13</p>
--	---	--	---

<p>fair 37:5 96:22 fairly 20:11 faithful 24:3 fake 61:12 faking 65:21 85:3 fall 45:5 51:20 52:16 54:5 55:12 57:1,3 59:4 82:4 85:22 91:11,14 98:16 107:21 118:5,11,15 139:15 160:19 166:9 181:19,20 fallen 65:17 falling 28:22 29:5 52:2 53:14,17 54:16 55:5 69:2 72:12 76:11 85:15 106:7,13 142:19 156:3 186:10 falls 80:22 156:16 186:11 familiar 46:16 164:3 171:17 families 176:5 family 70:14 71:6,18 75:3 80:22 85:8,19 121:5 124:12 147:16 152:3,12 156:7,10 159:9 171:16 175:2 178:20 179:2 189:14 fancy 34:22 fantastic 45:9 126:3 Farkas 2:17 5:9 7:17 24:9,12</p>	<p>31:12 52:22 54:13 87:10,11 88:2,9,12 farther 10:6 fast 78:21 107:5 108:1 faster 107:10 father 57:16,20 fatigue 20:5 21:10 23:17 91:13 103:21 110:11,15 fault 53:20 faultless 126:14 FDA 1:1 2:6,10,14,19,21, 22 3:22 4:15 7:5,7 8:2 9:4 10:14,15 15:14 17:5,17 18:17 24:14 25:2,11,13,15,16 26:3,5,9 31:18 33:14 35:20 36:15 37:15,17 38:11 51:9 56:8 87:8 100:20 101:3 105:19 114:9 126:2 138:10 160:1,8 173:8 175:8,16 176:16 178:18 182:13 183:17 185:14,17 187:20 189:17 FDA's 2:11 5:7 8:5 13:17 141:13 fear 28:13 70:16 82:21 176:8 189:1 features 180:9</p>	<p>Federal 18:19 183:21 feed 102:14 feedback 38:8,12 191:8 feeding 184:14 feel 6:20 7:1,4 32:5 36:6 37:19 38:22 45:2 57:18 62:1 70:2,19 72:7 74:5 75:6 78:2,5 95:13 99:5,8 100:9,16 106:2 110:5 115:13 117:5 118:4,20 123:7 152:21 164:20 167:8 168:19 169:2,5,20 170:9,10,17 178:2,5 180:11 feeling 48:8 55:22 62:3 64:20,21 66:19 70:5 72:5 79:21 87:15,17,22 88:3 105:21 121:20 124:2,3 152:3 167:4,21 feelings 62:22 feels 77:19,20 78:4,13 82:1 100:4,8 112:10 123:9 169:21 fell 55:1 fellow 53:16 105:20 felt 20:19 58:12 61:19 66:5,8 67:14 79:20 80:1 106:12,19 108:10 115:17</p>	<p>116:17 118:17 121:15 148:8 female 40:20 41:1 93:21 94:8 101:9,10 135:17 138:20 154:21 158:9,11 females 41:4 fewer 25:6 27:5 fibromyalgia 120:18 field 66:20 89:10 124:7 180:1 fifth 42:5,6 43:5 fight 63:12 70:21 126:12,13 fighting 67:6 figure 17:10,19 23:6 26:14 89:5 118:10 186:12 fill 15:15 69:4 filling 69:3 final 14:5 20:8 finally 18:13 66:1 70:6 79:18 100:13 106:5 108:11 109:16 116:20 120:14 128:14 172:8 177:20 186:6 financial 128:18 164:18 192:9 finding 26:22 73:11 88:13 162:13 fine 63:16 82:21 83:3 99:6,8 164:22 179:16 finger 77:22</p>
---	--	---	--

<p>fingernails 83:11 fingers 69:21 finished 109:6 137:17 fire 152:10 fired 186:16 first 5:2,16 9:11,19 17:16 20:1,8 24:14,22 28:8 32:20 33:4 34:5 37:6 39:8 40:10 43:7,16 56:12 59:18 67:11 73:16 81:1 84:14 92:5 95:5,7 97:10,11 107:9 108:8 111:11,15,16 114:22 115:4 117:10,12,15 125:20 145:5 153:3 157:1 165:14,17 170:5 171:21 175:14 177:14 179:12 188:9 first-line 167:2 fiscal 14:5 20:4 fish 102:6,8 fit 143:18 five 33:9 104:20 142:13 fix 12:21,22 13:1,3 fixing 121:18 flailing 121:14 flare-ups 50:7,21 51:2 flat 108:16,17 flavors 123:14,21</p>	<p>flaw 165:22 fleeting 69:9 flickering 67:14 flight 106:16 floating 100:4 floor 83:20 165:19 floors 58:21 fluctuation 93:15 96:19 fluctuations 103:20 fluffy 100:5 Flygare 77:15 165:11 168:12,14 173:11 focus 13:4 17:15 18:22 90:17 91:16 98:17 100:16 159:17 focused 11:1 21:10 25:1 26:2,9,13 46:3 99:1 187:9 191:14 focuses 11:20 fog 100:3 101:9,11,13,18 145:16 146:22 148:11 154:2 155:18 158:1 180:1 188:17 190:19,20 fogginess 72:21 73:1 foggy 156:11 folks 164:12 follow-up 34:1 96:15 153:18 food 1:1,9 123:3</p>	<p>152:20 182:9,14 forbidden 61:13 62:2 forced 124:16 168:4 forces 173:10 foregoing 192:3 foregoing/ attached 193:6 foremost 37:6 forever 68:5 forget 34:7 73:1 86:22 115:16 148:8 forgetfulness 87:13 92:20 93:4 103:19 145:16 forgetting 187:15 forgot 172:5 forgotten 89:20 187:14 form 120:2 format 2:20 5:14 23:19 31:16 32:10,20 former 109:8 forms 38:9 69:3 163:14 forth 70:13 83:5 85:8,14,20 86:1 138:12 147:1 forties 85:6 fortunate 98:12 forum 167:7 183:2 forward 19:9 37:9 39:2 40:5 41:2 125:13 167:16</p>	<p>fought 134:18 foundation 33:6 founded 173:2 fourth 9:9 115:15 fractured 120:13 Fran 43:19 56:7 61:17 63:22 Francisco 182:11 free 6:20 7:1,5 32:5 36:6 38:22 146:17 164:20 freezer 152:1 frequent 122:15 186:11 frequently 46:17 47:13 freshman 65:11 Friday 119:4,6 friend 124:18 135:22 171:16 friends 52:9 63:16 75:3 81:22 82:2,17 85:7,18 97:19 112:4 171:14 176:7 189:10,13 front 51:11 56:4 89:6,10 111:16 frozen 152:1 fruit 123:4 Frustrated 110:1 frustrating 70:15 71:9 90:5 178:5 frustration 108:12 125:9 full 28:22 70:3 77:17,19 80:8 95:19 117:7,13</p>
--	---	---	--

<p>125:5 fullest 95:18 full-time 71:5 fully 44:9 47:19 72:7 156:20 169:20 fun 57:22 65:10 173:17 function 89:21 113:4 115:12 143:20 152:16 179:21 181:12 functional 137:6 138:7 151:6 156:21 functioning 17:22 152:17 185:1 fund 162:17,19 fundamental 30:5 funding 26:21 162:14,16 fundraisers 172:22 funds 162:20 172:22 fuse 68:14 future 12:17 16:4 20:6 23:14 24:5 38:13 63:21 129:9 140:17 150:15</p> <hr/> <p style="text-align: center;">G</p> <hr/> <p>GABAergic 184:9 gain 12:5 34:16,19 91:6 113:12 116:11 gained 74:17 116:7,8 151:20</p>	<p>Galloway 108:19 garage 102:13 Gary 144:10 gasping 106:16 gastric 123:13 gathered 18:3 65:13 gears 84:10 156:11 gee 156:6 general 21:6 27:9 72:10 162:17 177:15 generally 20:15 33:20 38:3 41:21 104:16 generate 98:22 genetic 160:22 gentleman 92:4 144:9 150:2 158:4 gets 70:15 82:3 89:1 118:6 143:10 163:6 185:11 getting 23:6 26:13 52:3,4 55:8,20 57:3 74:16 85:5 86:17 106:15 109:15 152:20 159:12 189:8 ghost 65:14 GI 31:1,7 Giambone 2:3,21 4:3,9,11 8:12 31:17 32:7 39:13 40:2,15,22 41:7,15 42:8,15 43:6,15 44:1 51:7 56:6 63:22</p>	<p>64:2 71:21 72:1 75:22 76:16 77:9,11 78:16 80:9,14 82:6 84:9 87:7,18 90:6 91:22 93:2,10,13,22 94:7,10 95:2 96:10 97:6 98:6 99:13,19 100:18 101:7,12,17 102:17 103:4 104:7,9,11 105:16 111:6 114:11 120:5 125:18 129:13,17 130:2,14 131:13 132:1,6,19 133:10,21 134:7 135:9,16 138:9,18,21 139:5,9,11,15,18 140:6,10,13,19 141:8 142:5 143:1,22 144:20 146:7,20 149:11,20 150:6,8,20 153:18 154:14,19 155:1,13 157:20 158:8,10,13,18 159:20 160:4 162:10 163:10 168:11 giant 56:16 147:13 gift 78:4 gigantic 89:9 girl 114:17 girlfriend 131:17 girls 156:5 given 11:6 115:1</p>	<p>138:3 giving 16:16 87:1,4 116:8 120:8 184:18,19 glad 4:18 56:4 126:4 144:2 159:14 glimpse 134:14 glutamatergic 184:10 gluten 110:8 146:16 gluten-free 55:21 110:3 158:6 goal 37:19 god 57:6 58:13 59:16 60:3 61:19 119:11 169:15 goLITE 118:8 gone 45:22 55:21 64:13 92:16 116:13,14 117:5,7 119:10 goodness 69:8 Google 83:16 Googled 84:1 gotten 23:20 66:12 136:7 government 9:4 37:11 Gow 165:12 171:6,7 GPA 128:17 grabbing 79:7,10 grade 48:8,9 grades 48:6 55:2 143:20 gradually 59:20</p>
--	--	--	--

<p>graduate 166:1 graduated 62:7 66:17 165:22 graduation 67:12 Grady 134:10 165:12 174:15,18 Graham 8:3 grains 123:5 grand 97:15 grateful 71:17 122:11 128:18 gravely 125:7 gray 100:7 great 4:13 31:17 32:2 37:2 39:2,8,15,16 40:2,15 42:1,8,16,19 43:1,6 44:1 46:1 48:8 57:2 77:9 83:12 95:13 97:6 99:19 106:22 108:2 130:2 132:8 133:10 137:20 149:12 150:17 155:8 157:18 160:16 162:2 191:2 greater 41:13 153:19 179:4 greatest 19:7 118:13 119:1 greatly 160:12 green 105:13 136:18 GREENE 94:12 105:13 125:20 129:11 Greenstein</p>	<p>105:6,18 110:21 grocery 47:12 177:19 ground 37:3 38:1 81:13 82:3 group 5:21 6:2 29:16 36:14,20 41:21 42:3 76:4 77:2,4 129:19 131:3 133:11,16 153:19 162:22 176:13 179:10 183:19 groups 25:11 30:19 127:14,17 132:14 133:1 148:13 160:10 growing 171:16,18 172:10 guarantee 135:22 guaranteed 126:9 guard 80:6 guess 17:12 22:19 66:11 88:9 136:4 145:4 guilt 59:1 guy 89:19 guys 56:4 62:10 63:11 163:5 177:2 <hr style="width: 20%; margin: 0 auto;"/> <p style="text-align: center;">H</p> <hr style="width: 20%; margin: 0 auto;"/> habits 68:5 hair 57:3 half 29:13 44:19 62:11 63:13 87:21 107:9 112:20 119:18 151:22</p>	<p>half-sleep 72:22 halfway 36:19 85:16 136:5 hallucinated 57:18 hallucination 169:5 hallucinations 28:17,18,19 31:10 52:13 57:15 66:9 76:11,21 120:14 125:3,6 148:15 153:1 168:20 177:4 188:18 hallway 6:17 38:20 169:10,16 Hampshire 1:11 hand 34:4 67:15,16 69:1 83:22 135:10 142:6 152:15 174:19 handful 107:20 handle 48:2 50:20 52:19 95:8 96:9 hands 80:11,13 87:18 93:3,7,9 96:19,21 97:3 99:18 101:13,16,18 115:8 129:20 130:1 131:3,8,9,11 132:5,7 139:6,7,8,13,14, 17 149:17,19 164:1 happen 59:7 79:20 87:16 109:10 126:16 152:10 169:12</p>	<p>happened 58:7 60:22 73:10 82:11 89:4 169:17 happens 47:12 97:15 157:7 happier 170:10 happy 7:6 9:2 14:4 37:10 40:15 41:17 63:19 105:15 164:4 hard 46:2 48:4,14 50:7 51:1 52:13 53:13,14,22 55:9 67:6 78:21 94:20 118:20 122:22 151:15 166:3 harder 50:5 127:2 145:14 168:16 hardest 47:13 168:8 hardly 94:3 hassle 188:17 hate 138:7 haven't 22:18 49:2 84:16 99:3,10 100:21 101:19 118:1 123:20 152:5 164:1,9 having 15:5 16:15 19:17 22:17 39:21 40:4,14 51:9 59:1 60:10 62:22 65:10,13 70:16 74:20 78:10 79:3 81:9,16 86:10,11 88:13 93:6 97:20 106:10,19,22 108:20 113:18 114:17 117:21</p>
---	--	--	--

121:9,19 125:10 136:9,20 142:20 143:16 149:7 152:21 153:1 154:4 157:4 158:22 171:18 174:5 177:18 179:20 180:13 183:2 190:15 head 7:13 13:6,22 47:1 64:6 67:14 100:8 107:14 114:17 115:17,18,21 179:12 headache 31:7 111:20 headaches 113:3 131:5 132:4,7 heads 80:10 99:15 132:2 149:12 health 8:6 10:4 25:13 26:1 48:3 91:17 101:4 114:1,2 123:20 137:21 138:1 140:5,8 151:16 healthy 80:21 hear 4:19 5:2 10:13 12:13 15:6,20 16:13 18:8 21:5 22:4 24:20 27:2 33:4,12,20 37:13 38:11,16 40:16 42:19 64:4 90:18 93:21 94:10 123:8 138:19 141:1 147:4,18 158:1 159:14 161:10 169:6,15 188:5 heard 23:20 33:22	83:4,5 84:12 93:14 101:19 129:20 131:4,5 149:14 150:21 161:4 171:19 174:11 188:7,20 189:3 hearing 19:10 23:7 37:9 40:5 41:3 125:13 135:11 183:3 heart 31:1,6 78:6 106:19,21,22 107:4,5 108:1,5,8,10,18 184:14 heartbreaking 176:3 heavy 100:8 held 83:22 hell 166:5 Hello 24:12 97:13 111:8 125:20 help 7:6 11:9 13:9 14:8 15:3,16 16:1,12 17:6 20:16 25:3 26:15,16 37:18 55:6,22 71:13 76:4 107:18 111:17 112:1 123:1,19 127:21 128:22 130:6 132:12 133:22 138:16 139:3,15 145:13,15 156:1,18 160:14 177:13 184:19 191:5 helped 17:19 55:16 110:4 146:14,17	160:12,16,17 172:4 helpful 24:5 107:20 122:19,22 145:10 188:5 191:9 helping 26:14,20 51:1 91:7 110:17 186:9 helps 49:11 55:19 63:20 117:19 123:3,18 143:17 144:7 177:13 hereby 192:3 193:2 he's 57:10 81:4,15,17,22 82:2,3 134:16 142:14 143:6 hesitant 180:11 hesitate 117:1 hesitation 11:6 hey 85:3 hi 7:12,15 8:10 14:1 43:12,17,19 44:14 51:8 77:15 82:9 87:20 95:4 97:13 98:10 100:1 101:2 114:13 150:10 151:4 163:21 177:1 178:11 181:3 Higgins 165:14 186:6,7 high 31:6 51:13 74:14 89:21 114:18 119:13 120:20 128:12 134:17 136:6	167:18 175:16 189:5 higher 152:16 175:20 highest 112:13,14 113:16 142:18 143:3,6 153:13,14 177:12 high-functioning 136:4 high-level 145:4 highlight 45:1 175:4 highlighted 47:17 highlights 188:7 highly 184:11 hill 108:14 109:2 hire 124:19 hired 56:15 59:11 histamine 184:7 hit 78:21 110:5 117:6 124:15 157:11,12 HIV/AIDS 20:6 21:16 hold 47:2 85:12 90:3 91:21 176:4 holding 115:13 176:7 holiday 126:12 holistic 127:10 Holter 107:3 home 58:21 59:16 69:17 72:18,19 84:1 112:8 116:8 118:19 123:17 141:19,20
--	--	--	--

<p>143:9,10 homeostasis 184:15 185:5,8 homework 142:21 143:11,13 Honor 46:1 honored 51:11 56:9 honoring 73:6 honors 52:4 hope 10:6 12:5 16:20 71:12 75:16 94:22 96:8 109:3 159:17 183:6 Hopefully 54:7 hoping 119:20 121:12 Hopkins 84:5 hormonal 59:2 horrible 62:22 72:5 horror 73:7 hospital 83:4,9 106:3,17 109:8 173:4 hostile 111:20 hot 49:19 hotter 94:19 hour 65:1 121:10,14 170:22 hours 17:14 45:9 47:10 55:19 65:2 72:10,11,22 74:13 75:18 83:10,19 97:18,21 99:9 106:1 112:8</p>	<p>113:5 115:14 121:22 125:1 127:3 128:21 136:14 155:21 158:15 172:2 180:4 191:3 house 58:22 59:13 79:4 108:17 123:8 155:22 156:1 181:21 household 154:5 housekeeping 5:1 6:15 housemate 148:16 huge 65:8 78:10 121:19 147:22 170:16 173:15 189:4,6,7,9,11 Huh 47:7 human 124:21 176:7 humiliating 72:14 hundreds 103:15 178:15 hunger 111:19 hunt 79:1,4 hurt 110:12 husband 79:9 121:7,11 167:22 172:19 177:20 179:17 hyperactivity 46:19 hypersomnia 161:3 186:10 hypnagogic 28:18 120:14 125:3 168:20 hypnopompic</p>	<p>28:19 hypnotic 181:12 hypocretin 153:6 hysterical 58:9 <hr/> I <hr/> idea 86:21 102:10 153:2 162:2,14 163:6 186:18 190:13 ideal 149:22 153:2 157:21 ideas 183:5 identical 133:8 identify 127:14 identifying 26:20 idiopathic 161:3 186:9 ignoring 73:5 ill 57:7,11 58:14 60:10 152:3 187:12,13 I'll 4:20,22 5:13 7:7 9:19 27:11 34:1 45:6 47:2,3 54:2,7 60:3 63:16 71:7 77:6 82:21 92:8 102:4 105:3 118:12 119:8 125:21 145:3 154:7,9 165:8 illegal 61:13 illness 167:9 I'm 4:15,18 7:7,10,11,12,15, 17,19,21 8:10,18,19 13:19,21 14:1 24:12 27:1,8</p>	<p>31:17 33:7 37:16,21 39:1 40:15 41:10 42:13 43:8,9,12,17,19, 20,21 44:20 45:12,18 46:5,6,14,15,21 47:6,7 49:7,12 50:2 51:11,13,17,19 53:2,12 54:1 55:15 56:4,14,19,21 57:9,13 58:13,14 59:4,14,16 61:3,5,6,8,19 62:14 63:5,11,16,18 65:22 68:9,10 71:3,17 72:8,9 73:4,5 76:6 77:5,15 85:6 86:20,21 88:10,19,21 89:2,17 92:14,15,16 93:18 94:5,12 95:4,7,16 96:12 97:13,14 100:4 101:2 102:3 104:13 105:6,7,12,13,15 108:15 111:8,9 114:14 116:21 117:21 119:6,20 123:7,16 126:4,5 128:20,22 129:1,2 130:11 132:15 133:3 134:10 138:6 140:10 144:2,11 147:7,19 150:6,10 151:9,22</p>
--	--	--	---

<p>153:14,15,22 159:14 161:3,21 162:11 168:14 171:8 177:17,21 178:11,16 181:4,5,9 186:7 imagine 51:14 73:7 115:6 imagined 168:6 immediate 123:13 immediately 106:11 121:13 172:5 187:9 impact 5:17 20:18 21:10 33:1 44:7 76:9 90:16 100:3 102:16 149:14,18 176:15 179:1 189:4,6,7,9,11,1 4 impacted 46:12 51:15 57:4 180:21 impactful 180:6 impacts 3:4 45:20 51:16 52:6 145:12 176:11 187:1 important 10:1,3 11:9 12:13 13:4,7 16:14 38:9 44:8 47:18 48:3 90:21 96:5 111:9 129:11 133:16 144:4 151:5 185:9 188:18 impossible 124:12 impotence 31:6 impressed 178:16</p>	<p>188:9 improve 16:11 30:16 50:12,14 114:6 127:9 170:9 190:20 improved 49:12 121:21 158:7 improvement 108:7,9 improves 170:10 impulsive 68:4 inability 28:21 71:5 90:22 116:11 184:2 inactive 29:22 74:16 inappropriate 72:13 incapable 126:21,22 incapacitated 181:14 incapacity 176:8 incline 108:13 include 30:9 72:16 129:5 145:7 included 66:9 includes 103:19 126:10 including 20:11 28:1 29:10 71:16 119:5 168:20 income 71:5 109:12 inconvenient 113:19 150:18 incorrect 172:7 increase 16:18</p>	<p>45:14,16 122:8 increased 126:19 173:7 increasing 50:16,17 increasingly 74:10 incredible 35:11 117:15 incredibly 188:5 191:8 independence 176:5 independent 63:15 independently 127:18 Indiana 92:8 indicate 175:20 indicating 110:7 individual 15:16 137:7 187:8,11 individually 136:1 individuals 179:2 industry 16:16 37:10 ineffective 113:17 121:4 ineffectual 128:3 inevitably 124:15 infant 176:7 infections 131:17 information 14:11 15:1 17:3,5 18:3 19:14 25:15 34:19 73:19 128:6 182:15 informing 16:4 infuriating 68:16</p>	<p>ingest 123:14 ingredients 123:15 182:16 initial 18:18 initially 57:16 84:19 initiative 2:12 9:13,17 13:18 14:3 71:16 174:20 injected 119:9 injects 59:6 injuries 104:1 innovations 127:21 input 16:2,12 17:17 19:6 22:17,22 23:10 insatiable 178:2 inside 65:22 77:20 80:1 insight 17:6 88:19 89:1 insomnia 31:7 60:2 94:16 instant 53:17 instead 108:5 167:17 168:13 instinct 81:1 institutions 128:18 instructions 174:7 insurance 73:14 109:7,10,16 137:14,16 138:2,5 151:8,11,16 172:6 integral 12:4</p>
--	---	--	---

<p>intellectually 89:22 98:18</p> <p>intelligence 125:10</p> <p>intelligent 89:17</p> <p>intense 28:13 154:4</p> <p>interact 150:12,16</p> <p>interaction 136:20</p> <p>interactions 104:3</p> <p>interest 19:12 51:10 192:10</p> <p>interested 16:6 23:18 95:6 97:14</p> <p>interesting 53:4 90:18 122:7 133:4 174:9</p> <p>interests 164:18,20</p> <p>interferes 109:22</p> <p>interim 173:14</p> <p>interior 70:1</p> <p>interject 65:18</p> <p>internal 109:14</p> <p>internally 18:18</p> <p>internet 118:2</p> <p>internist 109:7</p> <p>interpret 11:3</p> <p>interrupted 184:4</p> <p>interruption 184:10</p> <p>interruptions 126:14</p> <p>interviews 66:17</p> <p>intestinal 184:14</p> <p>intimacy 104:3</p> <p>intoxicated 182:2</p>	<p>introduce 7:8 33:8 43:11 105:4</p> <p>introducing 127:22</p> <p>introductions 43:15</p> <p>intrusions 139:22</p> <p>inundated 94:5</p> <p>inundating 93:18</p> <p>invisible 59:6 159:6</p> <p>invitation 173:9</p> <p>invitations 72:15 75:4</p> <p>invite 33:18 36:11</p> <p>invited 3:10</p> <p>inviting 71:15</p> <p>involved 10:16 26:19,21 65:16 162:18 184:6</p> <p>involves 9:13</p> <p>involving 30:15</p> <p>IQ 89:21 128:11 134:17</p> <p>irrational 68:4 153:20 154:12,16</p> <p>irregularities 31:7</p> <p>irritability 30:21</p> <p>isn't 56:11 89:22 111:2</p> <p>isolate 123:16</p> <p>isolated 9:21 75:1</p> <p>Israel 173:4</p> <p>issue 27:1 112:11 123:21 151:7,17,18</p>	<p>170:16 179:9 181:15,22 182:3,8 188:15 190:10</p> <p>issues 25:18 55:2 120:19,21 123:12 131:6,8,9 145:6 146:1 156:10 161:15,18 164:10 170:21 171:4 185:9</p> <p>item 187:18</p> <p>items 5:1 6:15,20</p> <p>it's 4:13 6:5 9:21 11:7,18,21 12:9,10,11 14:20 20:10 22:2,3,14 23:3 24:16,17 25:5 27:3,22 28:3,12 29:7 30:4 34:19 35:6,11 36:2,4 37:8 38:10 39:16 41:7 42:20 44:5,18 45:22 46:2,7,10,17 47:5 50:5,7,22 51:2,4,10 52:18,19 53:13,19 59:4,5 60:18 62:10 63:12,18,21 69:7 71:9 79:21 83:18 85:6,22 86:22 92:10,18,19 93:19 94:8,18,20 95:10,16,18 96:4 97:22 98:3 100:5,7 102:1 110:18 111:9 116:22 117:3,5 118:10,19 119:9,22 120:1</p>	<p>122:11,12,22 123:6 126:2 127:17 128:4,5 131:21 133:8,15,16 134:5,6 135:5,10,14,17 136:16,17,19 137:7 140:22 141:8,9,16,22 143:20 144:14 147:20,21,22 148:7,10 149:1,7 150:3,16,17 151:7,11,12 152:17,18 153:12,16 154:2,11,12 155:7,8 157:17 159:1,5,10,16 163:16 169:17 170:18,19 173:17,19 174:9 175:15 177:19 178:5 180:14 181:11,12,14,19 182:1,10,14 183:13,14 185:8,16,20 189:19</p> <p>I've 4:12,14 45:20 49:5,9 52:7 53:5 54:3,22 55:21 65:2 68:4,6 70:21 73:6 74:6 83:5 94:22 100:11 117:17 119:4 120:13,15 121:15 122:5,19 136:6,7 137:3 151:20 153:10 158:22 161:6 168:8 178:21 183:11 185:22 187:1</p>
--	---	---	--

<p>ivory 9:19 22:18</p> <hr/> <p style="text-align: center;">J</p> <hr/> <p>James 8:5 90:11</p> <p>jaw 58:11</p> <p>Jazz 121:12 179:3</p> <p>Jed 165:12 178:9,11</p> <p>Jeff 108:19</p> <p>Jim 8:1</p> <p>job 20:16 59:12 61:18 66:17,18,19 75:8 90:3 100:15 109:7 119:3,6 138:1 145:11 151:16 186:16 189:8</p> <p>jobs 68:21</p> <p>Joe 43:21 72:1</p> <p>John 81:9 142:12</p> <p>Johns 84:5</p> <p>join 4:5 36:12 174:6</p> <p>joined 173:10 179:3</p> <p>joining 4:6 34:10 35:10,13 36:11 40:17</p> <p>joke 52:10 85:20 119:22 120:1</p> <p>joking 57:13</p> <p>joyful 121:7</p> <p>judgment 187:8</p> <p>judgmental 73:17</p> <p>Julie 77:15 78:16 165:11 168:12 171:5 173:11</p>	<p>177:3</p> <p>July 44:16,19</p> <p>jump 107:6</p> <p>jumped 116:21</p> <p>June 20:6,7</p> <p>junior 143:18</p> <p>Justin 94:11 105:13 125:19 129:13</p> <hr/> <p style="text-align: center;">K</p> <hr/> <p>Kara 99:21 100:1</p> <p>Kerry 43:12 44:12,15 93:15 94:2</p> <p>key 10:9 188:13 190:16</p> <p>keys 102:12</p> <p>kick 76:4 77:12 109:8</p> <p>kicked 52:3 109:16</p> <p>kid 134:16 169:9,15</p> <p>kids 53:16 81:4 116:2 118:18 123:8 137:18 142:12 159:4 167:17 173:5</p> <p>killed 187:6</p> <p>Kim 90:10 134:10 158:20 165:12 174:14</p> <p>kinds 27:18 87:13 152:21 160:18</p> <p>kiosk 6:19</p> <p>kitchen 58:18 154:4</p>	<p>knew 59:15 65:3 69:11,22 81:17,18 88:16 105:22 148:16 163:7 172:10</p> <p>knowledge 82:12 84:7 179:11</p> <p>knuckle 83:10</p> <p>kudos 178:18</p> <hr/> <p style="text-align: center;">L</p> <hr/> <p>lab 182:11</p> <p>label 60:9</p> <p>labeled 89:9</p> <p>labels 70:7,8</p> <p>lack 90:22 179:10 188:9</p> <p>lacking 122:14 166:4 183:4</p> <p>lady 147:5 158:11</p> <p>laid 20:17 65:20</p> <p>lane 64:15</p> <p>large 12:3 19:20 40:11 91:9 112:18 144:16 147:9</p> <p>large-group 3:8,16 38:2 77:10 133:20</p> <p>largely 74:16 75:1,5 160:22</p> <p>largest 41:22 42:3 90:19</p> <p>Larry 7:21 26:10</p> <p>LaShun 105:8 111:7,8,10,21 112:3,10,13 114:6,11 165:13 186:3</p>	<p>LaShun's 111:12 114:1</p> <p>last 34:13 36:1 38:14 42:10 47:10,22 48:11 73:3 74:6 75:5 114:21 118:7 121:8 129:7 137:15 142:8 155:21 163:12 178:1 182:7 187:18</p> <p>late 65:7 113:5 152:20 156:4</p> <p>lateness 90:21 124:13</p> <p>later 11:13 27:22 36:13 37:1 85:11 107:3 128:14 149:5 169:12 171:10</p> <p>latest 89:3</p> <p>laugh 58:8 85:20</p> <p>laughing 65:22 67:13 70:19 80:21 176:7</p> <p>laughter 31:11 53:8 68:19 83:17 89:16 91:20 100:6 110:20</p> <p>laundry 107:7 108:7</p> <p>law 135:19 161:20</p> <p>lawn 53:7</p> <p>lay 72:6 82:21 118:19 186:17</p> <p>layers 141:18</p> <p>laying 54:19</p> <p>lazy 53:18 55:6 65:4 70:7 98:18</p>
---	--	---	--

<p>166:4 lead 2:18 71:13 leader 7:20 leaders 173:11 learn 30:3 learned 64:17,18 117:17 172:9 learning 172:16 least 16:20,22 36:1 38:14 47:9 86:6,8,9 87:5 127:14 185:1 leave 46:12 48:1,19 65:2 73:18 82:20 90:22 102:13 140:17 167:21 lectures 53:15 106:13 led 113:21 Leesburg 105:14 leg 29:10 76:13 117:22 legal 64:11 legislation 124:9 legs 29:12 length 42:10 lengthy 73:9 176:2 LENZI 43:12 44:14 less 18:20 42:11 43:4 55:22 74:17 109:9 190:15 lethargic 55:22 let's 32:20 37:2 38:18 39:4,20 40:7,19 41:21 42:15 44:12 77:4</p>	<p>82:7 84:10 90:7,9 92:1,4 93:3 94:10 96:12 97:8 100:19 101:7,12 102:5,18,20 104:9 105:16 129:14 130:3,5 131:1,3,8 132:9 133:5,21 134:2 138:18 139:5,12 147:4 149:20 150:8 151:2 155:13 158:2 163:18 177:6 letters 89:9 level 73:21 89:1 120:11 123:3 levels 70:12 liaison 26:2 liar 61:11 lie 166:12 life 13:8 18:1 20:18 21:11 28:1 33:1 44:7 45:2 51:15 57:5 59:20 61:1 62:21 63:13 65:8 66:15,22 70:17 71:2 76:9 78:3 86:11 95:18 96:5,6 100:3,4,10 102:4,10,16 109:16 114:7,8 119:4,18 126:21 127:1,22 137:22 143:17 145:19,22 149:1 159:11 167:14 168:5 170:4,10 172:15 180:21 187:1 191:4 lifestyle 30:9,17</p>	<p>44:21 48:19 49:9 145:12 light-blocking 146:18 lighting 118:11 lights 67:14 limb 29:11 limit 165:5 174:16 limited 71:4 72:22 127:3 limiting 190:9 line 97:12 99:22 101:15 lined 20:10 lines 50:11 161:22 link 164:4 list 18:18 19:20 20:1 30:10 46:1 155:11 157:1 listen 37:6,15 149:7,8 157:3 listened 65:20 listening 17:17 35:18 37:13 65:16 157:16 183:15 listing 183:21 lists 28:12 literally 24:1 115:19 178:4 lithium 166:22 little 9:17,18 10:6 16:19 20:22 22:9 31:18 32:11 41:10 45:22 46:2 49:7,11 52:8 63:17 65:5,7 67:15 84:10</p>	<p>86:20 91:16 102:19 108:10 114:13 130:21 154:7,8 168:19 177:2 Littlestown 105:10 live 15:7 22:2 39:8 124:3,21 152:11 156:16 157:3,4 lived 57:12,13 58:16 84:5 187:4 liver 113:18 lives 12:16 108:15 159:3 167:10 179:1 183:1 188:18 189:2,4,15 living 21:17 32:15 42:22 69:2 70:17 81:5 91:4 126:6 127:2 189:12 Liz 147:7 loaf 152:1 loans 98:2 lobby 6:16 local 39:16 located 6:16 location 22:20 lock 102:14 locking 165:18 logs 116:16 loneliness 71:2 long 4:18 12:19 17:14 49:3 61:2,3 62:19 64:13 86:11 98:22 113:14 171:10</p>
--	---	--	---

<p>longer 22:9 46:4 47:5,8 48:22 74:1 75:11 106:15 157:15 158:15 167:3 longest 72:11 78:2 long-term 120:22 127:21 loopiness 46:18 lose 64:8 89:1 98:16 116:6,11,13,19 137:8 189:12,13 losing 85:7 95:15 100:16 128:21,22 129:1,2 177:16 loss 28:10 69:5 103:21 116:14 153:6 176:9 lost 74:19 75:2 176:5 lot 17:13 18:16 25:17 26:7 27:2,12,13 38:16 46:7,12,21 47:1 53:17 54:17 59:1 72:19 73:3 79:21 87:11 90:16 91:2,3 95:13 103:19 104:2 114:19 118:1 120:21 121:3 122:17 132:2 137:8 145:5,16 146:4 147:11 148:1 155:19 157:12 159:6 160:11 163:22 170:20 171:14 173:6 180:10 183:4 185:17</p>	<p>190:4 loud 125:21 189:3 love 71:11 75:7 110:22 119:5,7 137:17 loved 32:17 low 66:22 71:2 luckily 50:22 lucky 74:11 lunar 97:2 lunch 61:15 136:22 137:4 143:7 lunches 167:20 Lunesta 122:15 123:6 lung 20:7 22:1,4 lured 71:2 lying 116:16 165:18 Lyrica 122:16</p> <hr/> <p style="text-align: center;">M</p> <hr/> <p>Ma'am 99:22 Mack 110:5 mad 55:8 124:16 maddening 73:1 magic 189:22 magical 110:22 magnesium 117:20 122:20 main 32:12 53:10 164:10 185:7 maintain 114:1 127:2 128:16,17 maintaining 29:5 major 179:8</p>	<p>188:17 majority 28:7 123:4 160:16 makeup 59:14 mal 97:15 male 40:20 41:2 135:14 males 41:3 mall 61:3 man 59:6 172:11 manage 86:11 189:20 management 159:19 manager 59:15 61:15,16,20 62:6 managers 61:11 63:6 managing 128:7 manifestations 183:20 manifests 74:7 marathon 107:9 167:21 170:7 mark 165:12,16 181:2,3 market 122:12 marketing 10:12 11:16 14:13 married 167:12 Marriott 174:5 mascara 114:19 master's 124:7 136:7 137:17 mat 81:22 material 182:15</p>	<p>matter 3:5 11:2 72:6 116:19 matters 60:20 maximize 22:22 may 16:3,5 18:1,4,11 21:5 22:7 35:17 53:18 54:18 63:6 124:3 153:18 160:14 maybe 13:5 19:8 56:11 88:10 96:19 97:1 102:7 116:10 118:12 124:1 137:20 147:17 149:8 151:15 155:11 191:4 MBA 2:3 MD 1:12 2:8,17 3:19 Meaghan 165:12 176:22 meal 46:5 mean 32:15,17 53:19 57:13 61:22 88:2,7,9 97:21 119:10 134:16,19,21 151:12,14 152:10,12 153:12,15 154:5,7 155:4,7 157:6 162:1,20,21 181:11 meaning 176:11 meaningful 22:5,6,11 means 80:5 98:1 112:1,6 136:5 137:16</p>
--	---	---	--

<p>meantime 61:19 measures 182:4 meat 123:4 mechanisms 15:14 medical 2:18 5:10 7:17 14:17 24:13 37:17 82:11 84:7 106:1 107:17 116:20 165:21 172:18 173:19 180:20 186:15 190:3 medication 44:20 49:12 51:1 52:4 54:7 74:4 99:2 107:15,21 108:9,12 109:21 111:2,22 112:3,14,15,22 113:9 114:5,7 115:22 119:2 126:8,19,20 128:3 131:18 135:7 177:11 182:1 medications 50:13 55:12 73:12,21 74:19 107:9,22 108:8 109:5,11,18,22 111:21 112:2 113:3,15,16,17 114:4,6 122:17 136:5 141:15,17 145:8,10,13 146:11 155:19 159:13 160:18 166:21 176:14,17,18 180:14 182:5 medicinal 127:5,19</p>	<p>medicine 102:15 109:14 153:12 meds 70:11 109:20 128:20 150:13 167:19 meet 20:16 174:6 meeting 1:4 4:12,17 9:9 14:3,5,22 15:18 19:17,18,19,22 20:5,7,8 21:9,16 23:3,22 25:1 32:8,10,13 34:8 35:12 36:4 37:20 38:9,12,15 61:4 104:13 163:17 165:2 174:4 183:22 188:4 191:13 meetings 9:10,11,12 14:4 16:11,19,22 17:12,15 20:3 21:1,8 22:17 23:11 32:12 34:14 38:13 86:1 meets 14:17 members 42:18 175:2 178:20 179:2 189:13 memories 120:12 memory 103:21 120:21 123:18 154:11 men 58:3 Menopause 60:1 menstrual 99:11,17 Mental 140:10 mentally 46:20 57:7,11 58:14</p>	<p>60:10 mention 34:7 73:16 91:15 103:17 122:1 133:11 146:15 170:3,14 171:3 180:8 mentioned 8:19 24:22 30:14 38:1,21 48:18 49:21 52:22 53:12 54:13 76:14 77:1 84:17 91:3 94:2 101:5 103:18,22 110:4 126:8 127:17 130:11,20 132:2,15 133:2 146:10,13,16 181:10 188:16,19 189:19,21 190:10,19 mere 121:18 merely 184:20 message 177:10 messages 177:6 messaging 37:20 met 56:12 161:6 172:20 metabolism 54:21 metabolized 110:1 method 108:19 methods 108:18 110:2 methylphenidate 30:11 130:9,15 179:16 metro 39:9,10,11,17</p>	<p>mg 50:18 mic 150:7 154:18 165:15 178:9 Michelle 84:18 85:12 microphone 34:2,4 90:9,10 137:12 140:14 mics 168:13 middle 109:5 114:16 181:16,18 185:7 mid-morning 137:1 midnight 113:20 Mignot 161:1 162:12 Milburn 8:9 mild 67:5 mildly 123:6 military 54:10 Miller 100:1,2,7 million 25:8 61:20 83:8 124:9 153:14 milliseconds 78:1 mind 34:20 36:6 90:10 97:10 103:13 138:21 158:20 164:14 171:21 185:10 mine 59:2 mingling 68:12 minimize 145:15 minimum 38:19 minute 14:2 33:8 47:12 108:21 114:21 132:16</p>
---	--	---	--

minutes 9:17 33:11 35:9 44:2 45:8 46:4 47:10 55:13 64:9 69:16 78:2 99:7 105:2 108:20 140:17 160:6 165:3,8 170:19 174:18 miracle 116:22 117:3,14 151:6 155:7 158:16 mirror 77:7 misconception 91:10 misdiagnosed 167:9 misdiagnoses 50:21 misdiagnosis 44:18 miserable 106:19 misery 167:11 mishmash 63:18 misidentifies 183:22 misperception 10:13 mispronounce 165:10 miss 53:15 55:13 missed 79:12 112:9 124:13 172:1 missing 112:6,10 113:5 mission 71:12 missions 181:8 mistakes 88:22 misunderstanding	88:11 modafinil 30:10 130:8,15 mode 37:13 moderate 176:14 modifications 132:13,22 molecular 30:4 mom 66:22 81:9,15 116:2 118:17 154:5 moment 66:5 72:5 115:16 167:5 177:1 moments 89:21 117:5 mom's 155:22 156:3 Monday 20:4 119:3,6 monetary 122:1 money 16:17 110:22 172:18 Monica 165:12 171:6,7 174:20 monitor 182:6 monitored 70:13 monitors 107:3 monoamines 184:7 month 109:8,11 114:14 122:4,9 151:9 153:4 monthly 97:2 months 36:3,6 45:10 50:9 68:22 79:2 94:19 102:22 107:5,8	109:11,17 117:8,16 118:15 171:10,11 177:12 191:4 month's 182:12 mood 74:8 104:1 136:17 170:15,21 184:15 moods 68:20 moon 95:12,13,19 136:18 morning 59:8,13 68:17 89:4 106:17 111:4 121:6 123:9,11 142:17 143:7,13 149:3 154:9 156:2 169:10,16 177:7 mornings 102:1 Moshe 165:13 183:9,10 mostly 9:20 121:4 123:7 mother 58:17 60:11 107:10 111:9 149:3 168:7 motility 184:14 motivation 184:15 mountain 108:13 mouth 131:19 132:2 mouthwash 131:22 move 28:21 29:12 31:19 39:20 40:19 66:7 67:4 77:22 79:8 103:9	116:18 149:20 164:6 169:1,3 moved 67:10,18 movement 29:11 107:7 movements 121:9 moves 123:8 movies 120:1 moving 65:22 81:17 115:18 mowed 53:7 mowing 53:5 MRI 166:17 muddled 121:3 Mullin 2:13 5:5 7:12 9:16 13:15,19 14:1 96:14,22 97:4 155:3 multiple 100:12,13 121:1 123:10 141:18 155:19 171:12 multivitamin 122:19 muscle 28:10,11 69:5 77:17 78:13 110:10 117:15,17 176:9 muscles 28:22 52:10 80:7 110:12 musical 31:19 mute 101:15 myself 53:2 55:8 57:11,14 58:16,19 61:9 62:19 63:6 65:4 70:20 75:1 86:16
---	---	---	--

113:22 116:1 117:6 127:16 129:2 166:5 168:6 183:15 <hr/> N <hr/> Nancy 144:11 165:11,14 nap 52:17 56:22 59:19 64:20 67:3 99:7 111:4,12 112:5,6 134:18,22 135:1,2 136:13,21 137:5,10 142:20 143:8 144:12,14,17 157:5,6,7 170:17,18 172:12 186:16,20 nap-friendly 134:11 napping 91:1 naps 30:18 65:9 74:3 96:2,3 112:5,16 122:15 132:13,19 134:2,3,12 135:12 136:3,12 144:13 160:18 170:12 186:18 189:18 narcolepsy 1:4 2:15 3:15 5:12,17 9:1,6 12:9,15 16:4,7 19:16 20:7 24:9,11,16 27:2,9,17,18,19 28:7,16 29:4,14,16,21	30:4,8,12,14 32:16,22 33:10 37:7 39:21 40:4,14 42:22 44:16 49:3 50:3 51:21 54:14,20 56:3,13 59:22 60:3,7,12 61:1,2,3,4,6,14,1 8,22 62:3,20 63:7 69:18 70:9 71:7,16,18 72:3 74:22 76:8 78:20 79:5,18 80:17 82:17,19 83:14 91:10,17 96:4 98:15 100:13 104:22 105:14 106:9 110:13 112:1,16 113:12 115:2 116:12 119:19 120:15 121:5 123:22 125:15 126:6 130:7 132:13 134:1,15,20 137:3 141:14 142:22 148:9 149:8,9 150:11 153:11 159:1,9 160:11,13 161:6,10 162:13 163:3 167:3,11,14,18 168:4 170:7 171:8,13,15,16,2 1 172:8,9,20,21 173:8,12,16,18,2 2 174:10,20 175:1,3 176:17 177:15 178:14,15 179:8,13 180:2,3,5,7 181:4,6,8 182:7	183:18,22 184:3 185:5 186:8,9 187:12 188:6 189:15,22 191:13 narcolepsy- approved 126:20 narcoleptic 43:22 87:2 97:17 136:4 183:11 narcoleptics 52:15 105:20 122:3 184:21 185:9 nasty 149:3 National 137:21 natural 123:14,21 182:8,9,13 naturally 156:10 nausea 31:2 navigation 86:18 Nearly 176:15 necessarily 91:11 necessary 134:6 135:10 neck 47:2 169:2 needles 83:7 Needless 73:21 negative 63:14 68:15 neglecting 73:5 neighborhood 169:22 neighbors 39:16 neither 192:7 nervous 184:1 nervousness 30:22	net 92:16 network 161:11 181:6 186:8 neurological 79:17 183:20 184:3 neurologist 69:1 108:3 166:17 171:22 neurologist's 69:14 Neurology 2:19 3:21 5:11 6:14 7:16,18,20 8:22 24:13 neurotransmitters 185:12 never-ending 73:12 Nevertheless 127:1 newspaper 125:4 Nexium 122:16 nice 150:16 171:2 night 29:8 45:14 65:12 97:18,20 99:5 112:3 121:6,8 125:2 126:11 128:12 136:18 138:17 139:3 140:1 141:21 142:15,20 145:15 151:21 156:4 158:17 168:1 180:4 181:16,18 184:19 191:1 nights 45:8 night's 45:9 161:5 nighttime 29:3
--	--	--	---

<p>30:16 31:2 45:3 112:21 NIH 162:20 163:1 nobody 62:4 67:17 nod 13:22 nodding 53:2 64:8 80:10 99:15 132:2 149:13 none 28:14 57:4 nonprofit 137:18 172:21 nonrestorative 120:22 noon 106:13 nor 192:8 norepinephrine 184:8 normal 29:21 56:22 57:1,3 66:5,8,12 80:21 106:7 115:12 127:22 128:1 179:20 normally 152:2 Norvasc 122:16 nose 83:13 182:21 note 4:10 38:18 77:6 99:14 163:12 164:18 175:15 notes 86:20 193:5 nothing 60:20 78:1 97:16 169:13 notice 49:4 108:9 noticed 45:20 94:13 96:20 97:5 99:10,16 101:4 106:14</p>	<p>noticing 45:12 November 173:2 Nowadays 70:10 nowhere 57:5 91:12 97:21 nurse 186:14,15 nurses 174:2 nurse's 106:20 nursing 186:20 nutrition 123:2 nuts 57:9 Nuvigil 55:15 108:4 142:18 143:6</p> <hr/> <p style="text-align: center;">O</p> <hr/> <p>Oak 1:10 9:18 Obamacare 138:4 obesity 30:6 54:13,20 178:2 oblivious 56:20 obscenities 68:18 obstructive 30:2 obtain 9:14 obtained 166:1 obtaining 9:14 obvious 161:9 obviously 10:3 45:13 49:4 50:8 81:2 124:11 occasions 187:2 occur 28:17,19 190:11 occurred 107:2 116:2 occurs 28:15 29:1,13</p>	<p>offer 43:2 150:1 offered 116:21 office 2:4,9 4:16 5:3,4,6 7:9,11,13,21 8:1,3,5,7,11,20,2 1 25:13 26:1,8,10,12,18 57:2 59:18 69:15 79:17 85:11 104:12 157:11,13,14 officer 2:18 5:10 7:18 24:13 off-label 130:10 oftentimes 92:20 oh 57:6 58:13 59:15 60:1,3 61:12,19 62:4 69:8 88:7 93:13 96:12 101:2,14 139:11,16 151:3 158:13 162:10 169:15,16 177:21 186:5 okay 7:3 8:12,17 11:15 13:2,22 14:7,8 32:2 35:8 36:8 38:7 39:7,13,15,20 40:2,7,22 41:7,9,15,16 42:8,15 43:6,7 44:4 52:19 56:21 57:12,14,19 58:6 59:19 61:19 76:16,19 77:3,9 80:14 93:10,22 94:10 97:5,9 99:19 100:19 101:12,14,15,17 103:6 104:9 130:2,4,5,14</p>	<p>131:1 132:6,8,10,19 133:10 134:7 135:16 138:18,21 139:5,11,12,15,1 8 140:6,13 141:1,8,9,10 149:20 150:6,8,20 151:3 154:19,20 155:1 157:20 158:8,13 159:7 160:4 162:10,11 163:11 173:17 186:5 old 51:13 56:14 97:16 185:20 older 81:4 185:11 oldest 79:5 81:4 olfactory 184:15 oncoming 80:12 ones 18:21,22 70:14 one's 29:12 oneself 88:13 online 36:2 182:17 onset 28:17 44:17 45:21 48:16 79:2 80:2 100:15 104:4 165:16 166:15 onsets 91:19 onto 47:3 48:19 open 3:17 6:3 17:3 36:3 97:12 99:22 102:13,21,22 115:13 133:15 156:19 157:17 163:4,12,18,20</p>
---	--	--	---

<p>164:6 opened 19:2 Opening 2:7 8:16 Operator 97:9,11 98:7,8 99:20,21 101:14 opine 10:20 opinion 53:17 opinions 38:16 opioids 145:8 opportunities 20:19 opportunity 15:20 56:3 71:17 87:2,4 116:22 119:15 120:8 126:3 155:16 158:22 164:9,11 173:10 174:10 optimal 168:3 option 23:9 108:2 121:17 122:1,13 options 2:16 5:12,19 24:11 33:2,3 104:15,18 121:4 138:12 141:22 150:17 159:13,18 order 10:18 126:15 128:17 143:12 165:9 166:5 167:10 ordinary 28:3 orexin 150:3,4 158:5 182:10 184:5 185:21 Orexinal 182:9 orexinergic 184:5,11,22</p>	<p>organization 95:15 172:21 organize 156:12 157:10 organized 95:7,14 125:13 organs 113:18 original 96:4 originally 74:5 orphan 8:2 25:5 26:18 122:5,8 O'Shaughnessy 105:11,12 120:7 OSP 2:4,14,22 OTC 141:15 others 17:17 54:5 73:7 80:11 96:17,19 128:22 140:9 148:13 166:11 178:20 180:17 otherwise 149:1 ought 137:5 ourselves 87:5 outpatient 109:7 outside 6:5 39:9,11,17 40:12 103:7 161:9 173:21 outsider 161:3 outweigh 12:2 overall 14:2 74:2 overdose 83:6 Overnight 106:2 oversees 8:21 overview 2:11,20 13:17 27:15</p>	<p>31:16 overwhelming 68:15 85:7 91:12 110:11 overwhelmingly 76:17 owner 75:12 oxybate 30:15 130:10 <hr style="width: 50%; margin: 10px auto;"/> <p style="text-align: center;">P</p> <hr style="width: 50%; margin: 10px auto;"/> <p>p.m 191:12 PA 105:10 pace 108:21 pack 156:12 package 15:10 packing 167:20 PAGE 2:1 3:1 pages 69:3 119:8 paid 137:15 138:6 pain 83:12 painful 171:12 pains 117:17 171:18 pamphlet 69:18 panacea 140:3 panel 3:2,5,13 5:20 6:1 7:8 31:18 33:14,22 37:15 43:10 44:13 51:12 87:8 100:20 104:8 105:5 131:5 135:12 138:10 160:1 panelist 43:18 panelists 5:21 31:20 33:5,9,16</p> </p>	<p>44:2 75:22 76:1 104:20 129:14,21 150:21 151:13 paperwork 109:9 paralysis 28:20 57:6 65:12 67:1 69:6,21 74:9 76:12 168:21 169:4 paramedics 84:22 paramount 38:15 paranoia 148:20 paraphernalia 174:3 paraphrase 185:19 pared 123:12 parent 114:3 135:5 parents 85:1 147:18 175:3 park 64:11 parked 64:10 parking 72:19 114:19 157:12 participant 146:12,16 participants 35:2 36:12,16 40:12,14 42:5 90:19 146:10 participate 47:8 125:14 189:9 participating 21:19 126:21,22 188:4 191:8 particular 9:15 10:20 12:7</p>
---	---	--	---

<p>15:18,19,22 149:21</p> <p>particularly 18:6 26:2,13 183:17 185:5</p> <p>parties 192:8</p> <p>partner 109:3</p> <p>part-time 167:15</p> <p>party 61:5 65:14 67:12</p> <p>pass 6:19 79:17 84:21 88:11 108:1 187:19</p> <p>passed 124:9 165:20</p> <p>passes 62:14</p> <p>passing 34:21,22 86:3</p> <p>passionate 159:15</p> <p>past 44:19 89:1 94:22 152:5 160:9 178:13,21</p> <p>patents 162:2</p> <p>patient 3:6,9 9:3 15:16 17:18 22:8 25:1 32:13,15,16 33:5,17 35:6 37:7,14 43:9,10 57:2 69:3 105:1 110:14 121:20 125:14 128:6 164:12 179:5 191:13</p> <p>patient-focused 1:5 2:11 5:8 9:10,13 13:16,17 34:14</p> <p>patients 3:3,5,9,14 5:18 9:2,8,15,20,22</p>	<p>11:2,20 12:19,20 14:19,20 15:2,6,11,21 17:4,6 18:1,7 19:11 20:20 21:11,13,17 22:5,10 23:4,20,21 24:21 26:3,5 28:1,15,20 29:2,4,14,16,20 30:17 32:13 33:2,5,17 37:7,13 93:19 94:6 104:14,22 106:17 109:18 164:12 165:5 175:7 178:15,20 180:2,10 182:4 183:3 185:18 187:13</p> <p>Patricia 165:13 186:6,7</p> <p>pattern 99:10</p> <p>Patterson 165:13 181:2,3,4</p> <p>Patty 92:8</p> <p>pay 70:14 98:3 151:9,10</p> <p>paying 124:17</p> <p>pays 185:14</p> <p>Peace 165:22</p> <p>pediatric 41:19 171:21</p> <p>pediatrician 181:5</p> <p>pen 69:7</p> <p>pencils 174:3</p> <p>Pentothal 59:6</p> <p>people 4:6,14 6:10 9:1 22:13 23:1,7</p>	<p>24:2,20 25:6 26:16,20 27:4,6,14 28:7 29:22 30:1,22 35:13 47:6 65:4 71:11,19 72:17,20 73:4 82:12 85:2,10 86:6,8 87:2,11,14,15,16 88:15,21 91:3,10,14 92:18 95:5,21 96:1,9,15 103:7 110:4 115:19 118:2 119:21 120:10,12 121:1,16 122:3 123:21 127:14 128:1 136:3 137:3,6,8 138:15 139:2 141:6,13,17,18 142:22 144:13 145:5,6 146:21 147:7,9 148:11 151:13 152:9 155:20 156:19 157:3 159:1,6,12,17 160:8,10,13,16 161:2,8 165:2 167:8 173:15,16 174:22 175:3,13 181:13,16,17 182:16 186:9 187:11</p> <p>people's 183:1</p> <p>per 33:9 122:9</p> <p>percent 28:15,20 29:2 40:11,13 43:4 101:4 130:16 174:22 175:1,12,13,19</p>	<p>176:10,14,15,18</p> <p>percentage 147:9</p> <p>percentages 27:10</p> <p>percentile 52:1</p> <p>perception 184:15</p> <p>perfect 111:3 166:17</p> <p>perfectly 80:21</p> <p>perform 29:17 85:16 175:21</p> <p>perhaps 18:11 21:3 139:19 161:2</p> <p>perimenopause 59:3,9</p> <p>period 6:3 18:22 66:22 159:21 163:12,19</p> <p>periodic 29:11</p> <p>periodically 35:20 69:10</p> <p>periods 74:4</p> <p>permanent 28:3</p> <p>perpetual 124:13</p> <p>perplexed 107:13</p> <p>persistent 88:8</p> <p>person 14:12 86:8 91:15 95:8 116:18 117:12 134:20 137:7 171:2 185:10</p> <p>personal 38:16,17 88:17 183:13</p> <p>personally 84:3 116:22</p> <p>person-by-person 43:14</p>
--	--	---	--

<p>personnel 83:2</p> <p>person's 172:15</p> <p>perspective 20:20 21:19 34:17 149:22 180:6</p> <p>perspectives 3:3,14 5:19 9:15 18:15 33:2,18 34:18 42:20 43:2 104:14,17</p> <p>pervades 72:4</p> <p>Peter 101:2</p> <p>ph 88:17</p> <p>pharmaceutical 56:16 59:11 121:17 122:10 175:6 185:19</p> <p>Pharmaceuticals 179:3</p> <p>pharmacist 73:18 107:19</p> <p>pharmacists 73:17</p> <p>pharmacopeia 141:22 142:11</p> <p>pharmacy 73:22 182:11</p> <p>PhD 2:13,17</p> <p>phenomenal 135:2 175:9</p> <p>Philadelphia 105:12</p> <p>Philips 118:8</p> <p>phone 36:13,16,22 38:20 73:8,9 86:16 88:13 97:8 99:20 177:6,9</p> <p>phrases 46:22</p> <p>physical 28:11 110:10 127:5</p>	<p>183:19</p> <p>physically 121:11 143:18 178:6</p> <p>physician 106:6 175:1 178:12 179:5 180:11 182:19</p> <p>physicians 179:8,9 180:12,17 181:7 186:17,19</p> <p>physiological 126:19</p> <p>pick 111:13</p> <p>picture 54:11</p> <p>pile 11:3</p> <p>pills 112:18 114:3 168:7</p> <p>pilot 17:2</p> <p>pink 148:16</p> <p>pisses 147:18</p> <p>places 86:2 123:10 181:20</p> <p>plan 10:21 150:18 187:5</p> <p>plane 156:17</p> <p>planned 11:8,10 14:3 145:18</p> <p>planning 150:22 188:22</p> <p>plans 72:15 143:19 176:4</p> <p>plate 85:22</p> <p>play 10:3,8 112:4 143:14 177:18</p> <p>playing 112:6</p> <p>please 7:4 16:8 17:9 20:2 32:5 37:19 38:20,22</p>	<p>84:13 93:13 103:2 134:8 140:15,16 141:5 142:4 164:14 165:3,5 174:16</p> <p>pleasures 176:6</p> <p>plenty 105:22 157:13</p> <p>podium 188:1</p> <p>point 66:11,18 68:1 75:16 79:2 81:7,8 85:17 86:19,21 92:21 100:11 119:20 140:22 144:12,17 147:17 152:18 153:15 169:9 173:13</p> <p>policies 26:15</p> <p>politely 167:1</p> <p>political 185:20</p> <p>politically 173:17</p> <p>poll 35:3</p> <p>polling 34:15,21 35:1,4,5,7 39:5 43:8 76:3 129:18 130:3 132:10,17 133:6</p> <p>Pollock 96:3</p> <p>popcorn 154:4</p> <p>Poplawski 43:21 72:2</p> <p>popping 79:21 80:1,12</p> <p>population 41:19</p> <p>populations 18:15</p> <p>position 124:19</p> <p>positioned 15:2</p>	<p>positive 50:10 75:13</p> <p>positively 152:3</p> <p>possess 71:10</p> <p>possessed 65:21</p> <p>possible 24:4 75:15 149:9</p> <p>possibly 97:1 172:3</p> <p>post 18:19 164:4</p> <p>posted 23:17 182:8</p> <p>posting 23:15</p> <p>potassium 117:20</p> <p>potato 152:4</p> <p>potential 135:6</p> <p>potentially 13:9 54:4</p> <p>pound 178:3</p> <p>pounds 74:18 116:9</p> <p>power 119:21</p> <p>powerful 60:19</p> <p>powerless 166:10</p> <p>practice 39:5</p> <p>pre 122:21 123:19</p> <p>predicted 124:11</p> <p>pregnant 116:7</p> <p>prepared 33:11 44:2 105:2</p> <p>preparing 4:17</p> <p>prescribed 107:19 117:11,12,13</p> <p>prescription 73:19 115:1 179:15</p> <p>prescriptions 73:16 141:15</p>
--	--	---	---

<p>presence 31:8</p> <p>present 28:14 46:20 58:1</p> <p>presented 90:13</p> <p>press 39:10</p> <p>pressed 147:15</p> <p>Pressing 39:12 40:1,21 41:14 42:14 76:15 130:13 132:18</p> <p>pressure 31:6 106:21 120:20 184:14</p> <p>pretty 10:21 20:15 41:16 51:19 52:2 53:6 55:12,13 56:2 105:15 108:21 128:12,22 133:8 134:16 150:11 152:22 163:4,7 171:2</p> <p>prevalent 132:20</p> <p>previous 98:18 115:1</p> <p>Previously 108:19</p> <p>price 70:14 137:13</p> <p>primary 69:1</p> <p>print 41:10</p> <p>prior 107:8 126:20</p> <p>prioritize 70:10,11</p> <p>priority 65:10 112:5</p> <p>probably 13:12 46:5,14 51:16 90:19 114:16 155:6 163:5</p> <p>probe 22:2</p> <p>probiotics 122:21</p>	<p>123:19</p> <p>problem 29:6,7 95:14 117:3 118:3 119:11 126:13 144:19 153:6 181:10,22 186:21</p> <p>problems 29:15 30:2 31:1,7,9 73:3 152:18,21 180:13</p> <p>proceeding 192:3,4,5,7,9,10 193:4,5,8</p> <p>proceeds 24:19</p> <p>process 12:5 128:4 164:17 178:17</p> <p>processed 123:3</p> <p>processes 184:13</p> <p>produced 173:12</p> <p>product 15:19 182:9,13,21</p> <p>productive 98:20</p> <p>productively 75:15 125:12</p> <p>productivity 124:10</p> <p>Products 2:19 3:21 5:11 6:14 7:16,18,20 8:2 26:19</p> <p>professional 168:6</p> <p>professor 177:7</p> <p>professors 48:6,12 166:10</p> <p>profile 50:19</p> <p>profiles 49:5</p> <p>profound 179:1</p>	<p>180:6</p> <p>profoundly 51:15</p> <p>Program 5:8 7:22 26:8,11</p> <p>programs 2:4 4:17 5:7 7:13 8:4,8,11 16:5 23:15 26:4 85:10 104:13 174:1</p> <p>progress 51:4</p> <p>progressed 185:6</p> <p>promote 25:3 161:4 173:7</p> <p>promoting 10:4</p> <p>prompt 36:19</p> <p>pronounce 184:8</p> <p>propensity 180:7</p> <p>proper 185:1</p> <p>proportion 40:11</p> <p>proprietary 182:15</p> <p>protect 92:16,17</p> <p>protecting 10:4</p> <p>proud 61:9 62:19 63:5,6</p> <p>proverbial 65:6</p> <p>provide 3:6 6:4 34:6 36:20 164:22 168:13 179:4 184:20</p> <p>Provigil 89:22 106:12,14 107:19 108:4 115:11,12 124:22 125:6,7</p> <p>provoke 189:2</p> <p>PSAT 134:17</p>	<p>psych 83:20</p> <p>psychiatric 100:12 167:9</p> <p>psychiatrist 166:20,22</p> <p>psychological 127:6</p> <p>public 1:4 3:17 6:3,6,11 10:4 18:19 19:2 32:11 34:11 35:21 36:2,7,8 47:14 72:13 91:15 102:21 133:15,17,18 135:20,21 140:21 141:2,3,6 159:21 163:12,18,20 164:2,7,16 165:18 167:7 191:13</p> <p>puddle 81:1,12</p> <p>Pujita 8:7 14:7 16:8 20:3 103:13 104:7 146:8</p> <p>pull 68:1 99:7 166:10</p> <p>pulled 64:15</p> <p>pulmonologists 59:21</p> <p>purchase 6:21 118:8</p> <p>purpose 32:12 34:15 164:8</p> <p>pursuing 69:22</p> <p>puts 180:6</p> <p>putting 48:10 114:19</p>
--	---	---	--

<p style="text-align: center;"><u>Q</u></p> <p>quality 114:7,8</p> <p>quarter 42:4</p> <p>question 13:20 18:20 22:9,12 39:20 40:10,13,19 41:9 42:2,10 44:3 55:10 69:5 76:4 87:20 90:13,20 92:9 93:11,14 94:1 95:1,10 96:13 97:7,11 98:8 99:16 115:9 129:18 130:3,17 132:10,17 138:19 153:19 155:3,16 157:21 160:6,8 161:8</p> <p>questioned 166:11</p> <p>questions 7:4 19:7,8 21:2,5,7 23:8 25:19,21 33:12,13,14,22 34:1,15,16,21 35:1,4,5,7 37:18,19 38:21 39:5 43:8 44:5 47:6 67:8 69:12 87:9 90:13 100:20 105:3 120:17 138:11 149:21 156:7 157:2 159:22</p> <p>quick 80:10 93:3,6 96:14 149:9</p> <p>quickly 4:4,20 31:17 32:15 48:20 52:16,19 79:20 103:17 113:17 155:21 163:7 178:2</p>	<p>quit 100:15 115:15</p> <p>quite 4:13 31:12 39:15 42:22 72:13 73:10 74:13 80:10 87:18 94:4 101:17 131:4 133:8 176:2</p> <p>quote/unquote 144:14</p> <p style="text-align: center;"><u>R</u></p> <p>racing 170:20</p> <p>Radford 105:7</p> <p>Radiologic 101:3</p> <p>rainy 100:7</p> <p>raise 34:3 174:19</p> <p>raised 124:9</p> <p>raising 145:6,20 172:22</p> <p>rally 180:18</p> <p>ran 69:12 107:9</p> <p>range 18:7,9,13,14 20:11,14 21:14 33:10 42:6 49:20 82:12 104:21 184:12</p> <p>ranges 47:11</p> <p>rap 179:12</p> <p>rare 7:22 9:12 12:9 25:1,2,4,5,8,10 26:8,9,11,16,20, 22 70:18</p> <p>rarely 72:7 123:17</p> <p>rate 106:21 107:6 108:1,5,10,18 152:16 175:17 184:14</p>	<p>rather 121:18,21 126:13 127:12 165:21 190:15</p> <p>Ray 105:8 111:8 165:13 186:3</p> <p>Raynaud's 120:18</p> <p>reach 15:6 111:16 135:7</p> <p>reached 116:20</p> <p>reaching 9:3</p> <p>reacted 67:17</p> <p>reactions 69:13</p> <p>reading 31:13 46:9 119:8</p> <p>ready 109:15 156:2</p> <p>real 20:19 52:20 67:21 69:7,10 109:6 116:16 117:5 119:22 148:17 160:21 161:3 169:6,8,18 170:2 177:10 178:1 179:12 182:10</p> <p>realistic 151:12</p> <p>reality 142:21 168:5 169:13,18 177:4 187:4</p> <p>realization 14:21</p> <p>realize 14:14,20 54:4 64:13 67:20 71:3 73:8 89:18 111:2 147:20 148:13 149:5</p> <p>realized 14:21 19:21 57:19 109:17 187:10</p> <p>realizing 72:17,20</p>	<p>really 9:22 12:11 13:7,11 15:15,22 16:4 17:13 19:21 22:18 23:2,5 24:16,17,20 26:16 29:3 30:3 33:6 34:13,16 38:11 40:17 42:19 43:1 44:5 46:6,8,14,16,20, 21 47:5,7 48:3,8,9 49:2,4,9,12,13,2 2 51:10 53:1 57:4 60:13 62:5,9 63:4 65:7,15 72:9 81:9,16 84:15 85:18 87:6,16 88:4,5,15 89:2 91:16 93:15 94:20 97:14 99:9 106:22 108:2 118:9,14,19 119:2,14 120:10 121:17 122:11,22 124:20 126:4 129:7 131:16 136:8 137:1,5 141:22 142:1 147:18 148:4 149:3 150:13,17 151:5 153:10 154:12 156:8 159:17 170:11 188:12 189:14,19 190:20</p> <p>realm 72:9</p> <p>realness 169:17</p> <p>reason 48:12 57:8 68:6 89:11 138:17 139:4,19</p>
--	---	---	--

<p>reasons 19:17 72:18 105:22 162:19</p> <p>receive 107:13 168:3</p> <p>received 19:1 103:15 135:12 175:2</p> <p>receiving 167:2</p> <p>recent 42:18,20</p> <p>recently 23:17 44:15 100:15 110:16 147:14 179:2</p> <p>reception 174:5</p> <p>recited 66:1</p> <p>Reckless 187:10</p> <p>recognize 179:10</p> <p>recollection 73:10 154:3</p> <p>record 34:11 35:22 36:8 133:17,19 164:16 192:7</p> <p>recorded 34:8 192:4</p> <p>recordings 193:6</p> <p>recurring 67:21</p> <p>recycling 89:5,7,13,14,19, 20</p> <p>reduce 130:7 132:12 133:22 144:7 155:9</p> <p>reduced 192:5</p> <p>reduction 146:3</p> <p>reel 68:18</p> <p>refer 25:4 162:12</p>	<p>referred 166:19 187:1</p> <p>referring 62:8</p> <p>reflect 18:7 23:20 33:10 104:21</p> <p>refresh 74:3</p> <p>regard 50:6 185:5</p> <p>regardless 87:3 187:9</p> <p>regimen 44:21 51:1 126:10 145:17</p> <p>Register 18:19 183:21</p> <p>registered 186:14</p> <p>registration 6:7 38:10 163:15</p> <p>regular 110:17</p> <p>regularly 102:2</p> <p>regulated 20:12</p> <p>regulates 8:22 184:6</p> <p>regulation 170:15,21 184:6</p> <p>reiterate 163:22</p> <p>relate 14:15 93:7</p> <p>related 20:13 30:6 91:13 94:1 124:4 145:19 164:10,19 192:8</p> <p>relates 91:17</p> <p>relationship 167:22 177:16</p> <p>relationships 98:4 104:2,4 159:4</p> <p>relative 144:12</p> <p>relaxed 57:4</p>	<p>relevant 9:1</p> <p>reliable 90:4</p> <p>relief 70:6 112:16 184:21</p> <p>rely 37:17 90:4</p> <p>relying 37:22</p> <p>REM 29:19 52:15 139:16,21 140:1</p> <p>remains 118:13 190:2,4</p> <p>remarkable 178:17</p> <p>remarks 2:7 3:18 6:12 8:14,16 32:1 33:11 44:3 105:2 188:2</p> <p>remember 62:12 65:12 67:11 102:8,20 111:3 114:16 121:8 154:8,14 165:17</p> <p>remembering 29:18 88:14</p> <p>remind 174:15</p> <p>reminder 133:14 141:3 163:13</p> <p>remote 22:22 36:12 102:5</p> <p>remotely 35:11 36:11</p> <p>removed 74:21</p> <p>rendered 127:7</p> <p>rep 56:16</p> <p>repeat 160:6</p> <p>repeated 44:18</p> <p>repeating 46:22 138:22</p> <p>replacement 150:4</p>	<p>report 23:12,16 124:1</p> <p>reported 1:19 175:19,21 188:14 193:3</p> <p>Reporter 192:1,2,15 193:3</p> <p>Reporter's 193:5</p> <p>Reporting 1:20</p> <p>represent 71:17,18</p> <p>representation 37:10 40:16 41:17,18,22 42:21</p> <p>representative 32:16 33:5</p> <p>representatives 3:6,9 15:17 32:14 33:17 35:7 37:8,14 43:10 105:1 164:12</p> <p>represented 11:18</p> <p>representing 111:10</p> <p>requests 129:3</p> <p>require 21:20</p> <p>required 127:10</p> <p>requirements 127:18</p> <p>research 1:2 2:5 4:16 21:20 26:7,22 37:11 104:12 125:15 140:17 161:4,9,16,22 162:14,17,20 173:1,3 178:14 180:19 183:5</p> <p>reserved 6:21</p>
---	--	---	---

<p>residency 109:6 resource 16:19 23:13 respect 38:14,18 185:3 respectful 165:4 respite 165:19 respond 35:2 47:5 respondents 175:17,19,21 176:16 responding 35:7 130:17 164:15 responds 78:1 response 19:15 33:12,22 35:11 44:3 90:20 93:12 105:2 160:3 186:4 responses 173:14 174:22 rest 6:22 74:20 80:22 84:2 173:19 rested 170:17 restful 170:19 resting 107:8 restless 29:10 76:12 restorative 161:7 restore 184:22 185:1 191:5 restroom 165:18 restrooms 39:1 rests 96:7 result 23:12 74:17,18 results 42:17</p>	<p>110:14 133:6 173:14,18 174:8 retaining 46:6 rethink 64:12 retired 61:9 62:17,18 review 12:5 17:16 19:5 21:6 reviewed 19:4 reviewers 19:14 21:4 23:13 reviewing 161:16,19 revolve 135:3 rhythm 31:1,6 Richard 142:11 rid 62:18 155:9,18 ride 83:4 ridiculous 110:21 rightly 31:1 risk 12:4 14:14 risks 12:2,6 Ritalin 115:1,3 131:15 141:19 142:17 143:6,7 road 64:10 108:17 177:8 roads 108:16 rocket 156:8 role 10:3,8,9 11:7,21 roller 70:12 Ron 5:9 7:17 24:12 31:22 Ronald 2:17 room 32:4 34:2</p>	<p>40:9,17 65:13 67:2 69:2 77:8 83:21 90:17 105:20 116:5 123:11 130:17 146:5,13 152:14 155:20 168:22 172:13 186:19 roommate 169:14 rooms 6:22 7:2 39:1 168:3 186:17 Rosen 43:19 56:8 63:10 64:1 round 4:4 129:14 roused 152:13 routine 94:21 row 147:5 187:20 rub 83:10 rude 85:12 rules 37:3,4 rummaging 154:6 run 34:4 72:18 81:8 108:20 145:3 165:10 167:21 170:6 runner 90:9 108:15 109:1 runners 34:2,4 running 48:15 74:13 79:7 108:18 109:3 170:6,8 runs 26:4 107:10 138:3 run-walk 108:19 rush 64:16 <hr style="width: 100%;"/> <p style="text-align: center;">S</p> </p>	<p>safe 9:5 10:5,10 11:7,15,19 25:3 safely 64:9 safety 7:19 10:11,18 92:15 181:15,22 sales 56:16 Sally 7:19 salts 83:12 salty 112:22 Samantha 97:12,13 San 182:11 Sariah 88:17 89:17 sat 65:19 69:15,19 SATs 136:8 save 141:2 saw 12:19 59:22 80:9 107:11 166:16 171:11 scared 81:2,13 scary 66:12 81:19 106:11 153:10,13 188:21 scattered 32:4 scene 79:11 schedule 96:1,5,6 110:17 124:8,21 125:12 126:15 134:14 136:13 137:5 150:19 151:1 scheduled 30:18 96:2 112:5,15 113:22 137:10 school 46:11 47:20</p>
--	---	--	---

<p>48:1,3,10,13 51:14 53:12,15 55:1,16 79:13 95:22 97:22 100:14 106:1 107:17 112:4,9 113:4,5 114:16,18,19 118:18 119:7,12,13 134:12,13,15 135:13,15,18,20, 21 136:6,8,13 138:5 143:8,9,10,14 156:2,5 159:4 172:1,4 174:1,2 175:22 189:5</p> <p>schools 135:3 schoolwork 53:14 science 156:9 185:15 scientific 124:7 scissors 115:7 scope 6:5 scored 51:22 scratch 123:17 scream 170:18 screaming 169:9,15 scripts 85:14 scurrying 79:9 season 94:14 126:8 seasonal 96:18,20 97:1 99:11 103:19 118:4,14 Seasons 94:14 seat 31:21 32:5 seats 103:5</p>	<p>second 5:18 13:3 40:13 78:12,14 107:6 113:1 121:6 153:4 181:18</p> <p>seconds 58:13 89:18</p> <p>secret 161:18</p> <p>secrets 161:15 162:6</p> <p>section 134:22 135:1,2,21</p> <p>sections 25:16</p> <p>sedate 147:12</p> <p>sedated 121:22</p> <p>sedating 123:6</p> <p>sedation 92:10 121:5,18</p> <p>seeing 9:20 106:17 115:20 148:16 167:16</p> <p>seem 31:12 110:16 132:21</p> <p>seemed 67:18</p> <p>Seemingly 167:19</p> <p>seems 55:22 132:20 178:6</p> <p>seen 47:21 49:9 67:18 75:5 81:18 107:19 120:22 123:20 178:15,21</p> <p>seizure 67:5 97:15</p> <p>seizure-like 121:9</p> <p>self 118:21 166:4</p> <p>self-doubt 62:22</p> <p>self-employed 75:9 151:14</p>	<p>self-employment 116:3</p> <p>self-esteem 62:21 71:2</p> <p>self-hatred 166:3</p> <p>self-image 176:4</p> <p>sell 75:10 182:12</p> <p>selling 182:12</p> <p>semester 98:1</p> <p>semesters 100:14</p> <p>semiconscious 29:18</p> <p>send 164:5</p> <p>senior 65:12</p> <p>sensation 69:9 80:12</p> <p>sense 27:15 46:22 64:16 98:17 102:6</p> <p>sensitivity 110:8</p> <p>sent 68:22 69:17</p> <p>separate 88:5,6 168:3</p> <p>separately 149:10</p> <p>September 1:7</p> <p>series 9:10,12 14:4 106:7 166:21</p> <p>serious 86:10 159:16 167:14 173:20</p> <p>serotonin 184:7</p> <p>serves 6:19</p> <p>Service 137:21</p> <p>session 126:3 164:7,8</p> <p>setting 71:16</p>	<p>148:18</p> <p>seven 84:20</p> <p>several 25:19 34:14 45:8 49:6,17 50:20 73:4,8 106:8 107:3 108:11 124:9 145:9 182:7 187:2 190:5</p> <p>severe 14:18 44:17 45:2 46:14 48:16 49:21 50:4 70:22 77:16 78:10 82:16 94:16 151:19 176:10,13</p> <p>severely 18:12 52:12 81:2 187:11</p> <p>severity 14:16 15:4 18:7 45:16 47:11</p> <p>shake 10:1 64:5</p> <p>shakiness 30:22</p> <p>shaking 115:8</p> <p>Shannon 92:7</p> <p>shape 120:2</p> <p>share 33:18 34:9 77:12 84:11 120:4,8 141:6 144:8 174:19</p> <p>shared 23:12 129:22</p> <p>sharing 76:1 129:15</p> <p>Sharon 105:11 120:6 125:18</p> <p>sheer 166:3</p>
--	--	---	---

<p>she'll 13:15 83:3</p> <p>she's 92:15,21 151:13,14 179:19,20</p> <p>shift 84:1 156:10</p> <p>shipment 137:15</p> <p>shocking 175:10,12</p> <p>shop 61:2</p> <p>short 63:3 68:14 74:4 106:15,18 120:20 127:3,21 155:11 174:17 191:3</p> <p>shot 98:2</p> <p>shoulders 110:12</p> <p>showed 11:15 156:13 166:18</p> <p>shower 59:13 111:4</p> <p>shown 173:19 178:20</p> <p>shows 11:19 182:22</p> <p>shut 102:13</p> <p>sic 108:20 112:22 116:9</p> <p>sick 90:22 152:21 173:5</p> <p>sight 137:9</p> <p>sign 6:6,7,8 64:12</p> <p>signaling 184:5,11,22</p> <p>signed 6:10 165:2</p> <p>significant 5:16 20:17 32:22 44:7 76:9,18 90:15 94:3 134:3</p>	<p>151:20 188:15 190:1</p> <p>significantly 176:11</p> <p>sign-ups 165:1</p> <p>Silver 1:12</p> <p>similar 33:21 69:13 110:14 129:21 133:8 154:15</p> <p>similarly 148:18</p> <p>simple 91:4 147:11 148:21 167:19</p> <p>simplest 98:22 176:6</p> <p>simply 64:5</p> <p>single 106:16 111:9 116:1 127:12 172:15</p> <p>Sir 160:4</p> <p>sister 20:12 57:19,20</p> <p>sit 106:12 113:7 168:1,15 177:19</p> <p>sites 182:7</p> <p>sitting 51:18 54:19 61:8 64:6 69:2 107:8 156:20</p> <p>situation 16:20 118:4</p> <p>situations 82:10</p> <p>Six 107:8</p> <p>six-figure 124:19</p> <p>size 152:3</p> <p>slack 52:11</p> <p>sleep 28:17,20 29:1,3,6,8,13,20 30:2,15,16 31:2</p>	<p>45:3,4,5,7,8,9,11 46:17 49:18,22 50:3 52:16 55:18,19,20 57:5 59:5 60:8,17,20 62:9 65:11 66:10 67:1 69:21 72:6,10,11,12,17 ,18,19 74:9 75:1,5 76:12 88:8 93:16 94:4,17 97:21 99:5 102:3 106:8 110:17 111:14,15,16 112:3,7 113:21,22 116:3 118:6 120:13,22 121:18,21 122:18 123:9,10 124:4,16 126:11 127:4 128:13,21 129:8 138:16 139:3,16 140:1 145:14 146:6 151:19 155:1 158:17 159:19 160:20 161:5,7 167:4 168:3,21 169:4,11,13 171:22 178:14 180:4,7 184:19 186:19 191:1,3,5</p> <p>sleepiness 28:2,3,4,8 31:9 45:15,17,19 51:15 52:5 53:10 60:16 68:14 72:4 76:11,17 78:22 84:12,15 85:6 86:5 88:3,5,8,22 94:18 98:11 99:12 101:22 113:4 118:14 120:13 127:4</p>	<p>136:16 145:13 170:16 180:1 188:14 190:17</p> <p>sleeping 45:13 60:11 76:12,13,19,22 97:18 139:9 171:14 172:2 186:15</p> <p>sleep-related 149:5</p> <p>sleeps 143:8,9,10</p> <p>sleep-wake 184:2,16</p> <p>sleepwalking 29:19 31:10 76:14,21</p> <p>sleepy 29:7 87:15,17 88:16,18 148:4</p> <p>slept 99:3 106:3 112:8 128:16 158:14 166:13</p> <p>slide 16:8 17:9 20:2,9,21 23:11 25:11 39:14 104:19</p> <p>slides 13:20 24:15 31:13</p> <p>slight 49:10 77:17</p> <p>slightly 33:21 108:5</p> <p>slipped 69:20</p> <p>slow 160:19 161:5</p> <p>slower 108:10</p> <p>slumber 65:14</p> <p>slurred 28:11</p> <p>small 17:11 41:10 123:5</p>
---	---	---	---

<p>smaller 29:16 114:3</p> <p>smell 57:17</p> <p>smelling 83:12</p> <p>smiled 167:1</p> <p>Smith 12:21</p> <p>snack 6:20 143:11</p> <p>snap 64:12</p> <p>SNRIs 139:21</p> <p>so-called 138:3</p> <p>social 55:2 65:8 100:10 127:9 159:3 189:10</p> <p>socializing 112:12</p> <p>socially 53:15,22 75:2 143:17</p> <p>societal 127:6</p> <p>society 46:1 125:12 134:11 135:3 163:4</p> <p>sodium 30:15 59:6 117:20 130:10</p> <p>sofa 116:4</p> <p>software 85:9</p> <p>sold 182:10</p> <p>sole 113:19</p> <p>solid 125:10</p> <p>solution 127:12</p> <p>solutions 127:19</p> <p>solve 186:21</p> <p>somebody 32:18 52:14 65:1 69:11 116:14 119:9 138:8 154:15 160:1 163:6 172:4,10 175:10</p>	<p>someday 16:20</p> <p>somehow 64:9 150:5</p> <p>someone 56:12,18 63:20 68:15,16 75:17 108:22 115:6 117:2 123:8 126:4 148:3,18 149:2 168:22 169:1,2,19 180:3 182:8</p> <p>sometime 191:3</p> <p>somewhat 71:4</p> <p>somewhere 56:18 119:14</p> <p>son 57:10 58:7,20 78:19 80:16 81:14,20 142:8 143:3 144:4 153:13 171:8,22</p> <p>sons 74:15 75:4,15</p> <p>son's 80:2</p> <p>sooner 19:11</p> <p>sophomore 51:13</p> <p>sorry 62:1 83:22 88:21 93:11 96:12 140:10 141:11 150:6</p> <p>sort 6:5 19:3 32:3 92:22 93:5 96:18 107:5 108:13 109:2 149:15 180:14 181:13 182:14</p> <p>sorts 65:14 136:19</p> <p>sought 110:1</p> <p>Soujanya 2:3,21 4:11 32:7 103:14 104:11 158:9</p>	<p>sound 18:21</p> <p>sounds 60:19 126:15 157:5</p> <p>source 162:21</p> <p>Southwest 108:16</p> <p>space 36:2</p> <p>spaghetti 11:4</p> <p>speak 32:18 33:16 34:6 36:16 92:8,13 94:18 101:20 114:10 164:10 170:22</p> <p>speaker 6:10 78:19 80:16 82:9 83:18 87:20 88:7,10 93:21 94:8 97:10 101:9,10,21 131:12,14 134:5 135:14,17,19 138:20 139:20 140:9,12,16 141:5,12 142:7 143:2 150:3 151:4 153:22 154:21 155:15 157:10 158:4,9,11,14,21 160:7 161:21 162:11 165:14</p> <p>speakers 165:9</p> <p>speaking 20:15 32:18 51:11 144:11 149:13</p> <p>special 21:2 35:10,14</p> <p>specialist 107:12</p> <p>specialists 47:21 116:14</p> <p>specialized 171:22</p>	<p>specific 38:6 44:8 47:18 90:20 99:10 138:11 190:15</p> <p>specifically 99:10</p> <p>spectrum 122:21</p> <p>speech 28:11 147:15 149:14,18</p> <p>spells 85:2</p> <p>spend 38:5 85:8 86:16,17 182:20</p> <p>spending 170:19</p> <p>spent 156:3</p> <p>spirals 66:14</p> <p>spite 62:20,21 63:7</p> <p>spoke 131:17</p> <p>spoken 4:13,14 191:2</p> <p>sponsor 14:12</p> <p>spontaneity 145:19,21</p> <p>sport 143:15,16</p> <p>spot 186:17</p> <p>spouses 175:2</p> <p>spray 182:21</p> <p>spread 41:17 76:20</p> <p>spreads 163:6</p> <p>spring 1:12 71:14 94:16 106:4 118:9</p> <p>springing 71:11</p> <p>squeeze 143:15,19</p> <p>SSRIs 139:21</p> <p>staff 17:14 83:13 84:3 186:15</p>
---	--	--	--

<p>187:20 stair 108:13 stairs 91:4 106:16 stakeholders 26:3 stand 58:18 78:4 113:6 standard 127:2 standardized 52:1 standing 32:2 48:17 53:3 67:13 86:2 117:7 132:22 156:19 standpoint 175:6,7 Stanford 161:1 173:4 178:12 stare 47:6 start 3:7 17:20 27:21,22 39:4 46:20 47:2 50:13 51:8 64:20 105:17 117:13 128:20 129:4 131:8 133:11,21 134:2 143:12 144:18 157:18 165:8 172:20 started 5:1 43:16 44:12 52:2 55:14 56:21 57:15 59:3 74:16 77:4 78:20 85:9 96:3 103:7 104:10 105:5 106:12 108:8 109:6 110:16 111:12 128:13 131:20 163:11,18 171:9 174:21 177:14 186:10 187:18 starting 4:9 79:20 84:20 88:19</p>	<p>107:9 109:5 112:17 118:11 189:4 state 34:5 46:18 72:22 84:13 87:12 92:5 134:8 146:12 149:15 151:19 164:20 170:20 statements 85:11 States 25:7 27:5 137:20 station 106:20 statistics 175:9,12 status 122:5,8 stay 37:12 38:3 46:5,10 61:4 68:7 70:2 92:3 95:22 103:8 112:2 125:1 128:13 143:18 182:21 stayed 123:22 staying 46:3 steady 28:3 stellar 109:9 steps 14:22 stick 48:4 110:17 165:5 174:16,18 sticking 83:7 sticks 102:6,9 sticky 86:20 stifling 71:9 stigma 91:9,13 stimulant 115:4 126:10 stimulants 30:9,21 31:3 90:1 115:9</p>	<p>141:20 146:1 stomach 31:2 124:2 stonewalling 162:8 stop 21:21 58:11 64:10,19,20,21 65:3 78:7 108:21 121:11,13 144:17 stopped 125:7 155:21 170:5 stops 177:11 store 47:12 177:19 stories 65:14 76:2 120:8 129:15 story 128:10 176:3 183:13 straight 79:13 108:20 123:22 172:2 178:4 strained 167:22 strangle 169:3 Strategic 2:4 4:16 5:6 7:13 8:4,8,11 104:12 strategies 127:13 strategy 126:6 Strattera 55:14,15 stray 38:4 stress 49:18 63:2,5 104:2 126:7,21 127:6 128:2 169:19 stressed 49:22 50:2 168:19 stressful 117:5 stretch 45:4 72:11</p>	<p>stretches 45:7 strict 126:10 strikes 66:7 strings 54:8 stroke 58:14 60:10 strong 19:15,18,21 33:6 69:6 stronger 170:10 struck 69:6 structure 146:6 struggle 46:10 48:11 86:4 99:2 116:17 118:13 struggled 117:10 strung 167:18 stuck 112:19 166:7 student 45:19,21 52:2 53:16,18 98:2 students 53:13 studied 163:3 studies 11:8,10,13 60:9 106:8 175:5,20 stuff 52:1 55:17 148:15 stupid 62:6 185:21 submission 15:10 submit 35:16 36:5 102:21 submitted 10:12 176:1 subpopulations 18:10 subside 121:10 substances 104:5</p>
---	--	--	--

<p>subtle 147:21 subtlety 27:13 suburban 105:12 suburbs 22:20 success 126:9 successful 4:10 62:20 75:10 98:13 sudden 58:10 59:3,21 60:17 62:9 95:15 97:20 176:9 suddenly 64:12 Sue 98:9,10 suffered 63:19 Suffering 168:4 suffers 25:9 sugar 158:6 178:3 sugars 68:8 suggest 127:17 suggested 118:8 166:22 suggests 142:3 suicide 187:5 summarize 35:18 103:10,17 188:7 summer 94:19 sums 51:5 56:2 sun 49:19 118:5,7 Sunday 169:10 sunnier 78:3 Sunshine 68:17 super 56:9 63:15 supplements 122:19 146:18</p>	<p>supply 182:12 support 30:19 71:6 124:10,12 132:14 133:1 148:13 160:10 172:22 supposed 29:22 123:7,19 155:22 sure 10:22 11:18 27:1 35:6 38:5,17 42:13 46:14 53:12 56:21 63:11 72:9 82:8 92:2 94:12 110:18 130:12,22 131:13 140:19 144:20 149:11 survey 69:12 173:13 174:8 surveys 175:5 survival 22:6 survive 68:7 116:1 survives 22:8 suspect 162:22 swallow 168:8 swelling 113:8 switch 47:4 84:10 switched 110:3 symptom 28:8,21 29:10 44:17 46:13 48:16 51:16 60:14 72:3 76:18 88:5 100:2,21 101:19 132:8 138:16 139:2 157:7 186:22 188:16,18 190:18</p>	<p>symptomatic 17:22 184:20 symptoms 3:4 5:17 11:1,9,20 12:15,22 27:21,22 28:1,6 29:9 32:22 44:5,6,10 45:1,16,21 49:1,6,8,13,14,1 5 50:4,12,14,16 52:21 53:11 54:15 55:4,10,16,17,19 56:22 59:9 60:12 66:15 68:13 74:2 76:7,10,14 77:1 78:21 79:2 80:2 84:16 90:14 93:15,17 94:2,3,5 96:17 99:17 101:5 103:18 104:1,3,4 110:2,10 111:12 112:1,17 113:8 114:15 123:13 126:18 130:7 132:12 134:1 141:16 144:7 146:3,14 147:8 149:8 155:4 159:2 167:13 168:16 170:9,12 171:9 175:14 177:3 183:19 188:13,20 189:1,20 190:2,7,16 syndrome 20:5 21:10 23:17 76:13 system 86:18 135:15 165:6 184:1</p>	<p>systematic 15:5 16:9 17:8 systems 122:18 184:10 185:2 <hr style="width: 20%; margin: 10px auto;"/> <p style="text-align: center;">T</p> <hr style="width: 20%; margin: 10px auto;"/> <p>table 173:21 174:8 tables 31:20 tablets 50:18 tailor 21:2 Tailored 127:13 tailoring 21:8 taking 21:21 50:13 51:10 52:17 90:10 98:4 109:13,20 111:4,21 112:2,13,18 113:10,15,20 114:5 117:8,9 121:13 125:7 131:14,20 141:20 146:17 147:3 166:20 167:10 172:15 186:16 190:4,5 talented 90:3 talents 71:10 talk 9:16 13:15 24:9 27:9 47:16 60:6 62:3 84:10 120:10 125:20 130:20 133:2 134:1 141:13 144:5 147:1 148:10,12 168:18 173:16 174:6 178:1 188:21 talked 14:10 84:2 100:21 152:8</p> </p>
---	--	--	--

<p>155:4,10 162:19 talking 43:8,13 46:21 47:3,4 60:8 87:12 137:9 147:19 148:17 tall 126:15 Tan 8:10 163:21 171:5 174:14 176:21 178:8 181:1 183:8 186:2,5 187:17 tardiness 166:11 target 98:20 targets 190:14 tasks 167:19 taught 87:6 tea 6:20 teachers 53:19 136:1 174:1 teaching 181:7 team 7:19 25:12 technical 13:20 technology 34:22 teenage 149:4 teenagers 114:4 teeth 74:19 131:16 temperature 103:20 temporary 28:21 69:6 Ten 128:14 tend 137:2 Tennessee 173:6 tension 110:10 term 92:10 113:15 120:21 144:12</p>	<p>terms 12:14,16 27:9 90:12,13 149:13 188:22 189:16 190:12 terrible 12:10 108:11 terribly 137:6 171:20 terrified 119:7 terrorizing 78:12 188:22 terrors 128:12 test 10:14,15 11:22 50:1,5 109:15 134:22 tested 110:6 tests 52:1 107:2 171:12 text 177:5,10 Textbook 83:18 thank 4:6,9 8:12 13:11 24:10 31:14,21,22 32:6 39:18,19 40:6 41:4,8,20 43:2,6 44:14 51:6 56:6,8 63:10,22 64:1,2 71:15,20,21 75:20,22 76:1,2 77:9 78:15,16,19 80:9,14,16 82:6 84:9 87:1,6,7 90:6,12 91:22 93:2,10 95:2,6 96:10 97:5,6,7,11 98:6 99:12,13,19 100:1,18 101:15 102:17 103:14 104:6,7</p>	<p>105:16,18 111:6 114:9,11 120:3,4,5,7 125:16,18,22 126:2 129:12,13 132:1 133:9 134:7 138:9 140:20 141:10 142:5 143:1,21,22 144:10,20 146:7,19,20 149:11 150:20 155:16 157:2,16,19 158:8,18,21 159:20 160:7 161:12 163:10 168:9,11,14 171:4,5,7 174:12,14 176:20,21 177:2 178:8,10 180:22 181:1 183:8,10 185:22 186:2 187:15,17,20 188:1,3 191:7,10 thankful 37:12 151:14 thankfully 67:16 70:18 109:16 thanks 13:16 51:9 56:3 64:1 183:7 that's 6:2 9:6,7 11:7,17,21 12:2,7,8 13:4 18:3,5 19:16,19 20:18 21:8 22:19 24:21 25:1,9 26:3 36:8 40:17 45:11 46:4 47:13,20 51:3 52:11,13 53:12,22</p>	<p>54:1,3,7,10,21 55:9,15,17,21 60:20 61:15 63:21 70:11,21 80:2 82:5,14 97:6 119:3,11 120:3 122:4,7 123:14 124:4 128:12 129:21 132:10 135:4 137:8 139:2 142:4,21 143:7 144:15 147:21 148:14 149:11 150:5,19 151:20 153:3,17 162:11 164:21 169:4 171:18 175:19 178:7,10 179:22 180:8 181:8,10 182:9 183:3,4 185:21,22 186:21 themselves 7:8 31:8 32:19 43:11 49:8 108:22 176:12 therapeutic 2:16 24:11 157:7 therapies 18:5 130:6,11,18,19 132:11,15,16 133:2,3,22 144:7 145:6 146:5 therapist 147:16 therapy 15:13 124:6 132:20,21 134:3 144:18 147:16 150:4 155:6 157:5,22 thereafter 192:5 therefore 94:17 162:6</p>
--	--	--	---

<p>Theresa 2:13 5:5,9 7:12 9:16 13:14 14:1 31:22 96:13 155:2</p> <p>Theresa's 99:15 157:21</p> <p>they'll 34:2 36:15 154:9</p> <p>they're 17:13 26:21 33:6 56:20 70:19 75:16 102:12 124:16 137:9 141:20 142:1 145:11 146:11 154:2 163:14,15 169:6 173:17 180:12,13</p> <p>they've 105:1 175:5</p> <p>thighs 117:6</p> <p>third 27:6 29:20 41:2 46:13 111:22 115:14 147:5</p> <p>thirds 41:1</p> <p>thirties 58:6</p> <p>Thompson 8:3 105:9 114:13</p> <p>thoughts 36:5 144:8 150:1</p> <p>thousands 176:1</p> <p>threat 127:4</p> <p>thrilled 173:18</p> <p>throat 112:19</p> <p>throughout 79:12,21 184:13</p> <p>throwing 79:10</p> <p>Thursday 50:2</p>	<p>125:2</p> <p>ticket 156:17</p> <p>tight 106:18</p> <p>tilt 107:14</p> <p>timer 165:6</p> <p>time-released 138:8</p> <p>timers 86:14,15</p> <p>tired 64:19 65:3 82:2 105:21,22 106:1,2,3,4,6 110:11 120:11 166:13 168:2 171:19</p> <p>today 5:16 12:5 14:18 16:2 18:4 19:17 21:12,22 23:3 24:4 27:2 32:19 34:9,13 35:18 36:10 38:12,15 39:3 40:4 51:12 64:6 71:13,15 80:18 87:4 116:5 130:17 133:16 156:13 159:11 163:17 175:8 180:16 187:3 188:8</p> <p>today's 4:12 32:8,13 37:20 40:6 104:13 166:13 168:19 174:4</p> <p>toe 77:22</p> <p>toilet 181:20</p> <p>tolerance 70:12 126:7,13,19 146:2 190:11</p> <p>tolerated 117:14</p>	<p>toll 68:9 91:17,21 98:4 113:20 167:14 177:15</p> <p>tone 28:10 69:6 78:13</p> <p>tons 98:2</p> <p>tools 71:4</p> <p>toothpaste 131:21</p> <p>toothpicks 115:13</p> <p>top 19:20 25:13 45:17 106:17 141:20</p> <p>topic 3:2,3,8,13,14,16 5:18,20 6:1,5 31:20 32:21 33:1,9,12,22 38:3,4 43:10,13 44:3,5,13 51:6 69:16 77:10 103:1,9,11 104:8,10,14,21 105:3 133:13,20 149:21</p> <p>topics 5:14,16 24:18 32:9,21 164:11</p> <p>torn 176:5</p> <p>Toronto 173:4,5</p> <p>tortured 83:10</p> <p>total 102:6</p> <p>totally 95:12,16</p> <p>touch 84:16 131:1 169:2,6</p> <p>tough 54:3 55:14</p> <p>towards 7:3 36:13,19,22 119:17</p> <p>tower 9:19 22:18</p>	<p>track 92:3 165:7</p> <p>trade 161:14,17 162:6</p> <p>transcribed 34:8 164:16</p> <p>transcript 192:6 193:4,6</p> <p>transcription 193:1,7</p> <p>transparent 164:17</p> <p>transpired 178:17</p> <p>trap 71:3,4,7,8,12,14</p> <p>trash 89:6,12,15</p> <p>travel 22:21 23:3,4 137:19</p> <p>traveled 13:12</p> <p>trazodone 160:19</p> <p>treat 15:12,19 16:3,6 18:6 21:12 24:7</p> <p>treated 22:14 30:8 50:9 110:13 172:17 177:21</p> <p>treating 3:15 24:6 140:2 149:10 179:14 187:8</p> <p>treatment 5:12,19 9:16 22:3 33:1,2 104:15,18 120:15 122:15 125:15 126:17 127:7,11 131:7 138:11 140:18 145:17 146:22 147:2 149:22 153:2 161:2 166:2 167:6,13 176:12 189:19</p>
---	--	--	--

<p>190:15 treatments 12:17 14:17 15:8 20:6 21:14,18,21 24:10 25:4 26:22 30:9,20 71:13 130:21 131:4 146:15 167:2 175:16 179:4 182:5 189:16 190:2,6,11 treats 153:5 tremendous 141:16 180:18 tremor 115:3 126:5 trials 10:10 18:2,4 108:11 Tricyclics 140:2 tried 19:11 65:4 70:21 79:13 115:22 116:12 121:6,11 124:22 176:16 186:21 189:17 tries 23:19 trigger 48:17 80:6 91:18 triggering 99:17 triggers 28:12 128:8 168:16 Trioptal 50:18 trip 39:18 triplicate 179:15 trouble 89:2 114:17 truck 64:10 89:6,8,9,12,13,1 4,15 110:5</p>	<p>true 62:5 75:18 184:3 192:6 193:7 truly 59:2 trust 78:14 169:13 trustee 186:7 Trustees 181:5 truth 25:19 167:5 185:21 try 16:11 17:19 20:19 25:17 35:8 41:15 67:4 70:15,20 75:13 91:20 110:17 111:1 115:10 118:8 142:20 156:10 160:19,20 165:5 169:3 174:15 179:4 182:4,21 188:6 trying 9:14 10:2 16:17 17:2,10,12 20:16,22 21:1,14 22:22 23:5 24:1 29:13 44:20 46:8 47:14 48:4,10 61:11 79:14 85:12 89:5 102:11 111:22 114:1 134:12 142:1 161:4 166:3 183:4 186:12 189:18 Tuesday 1:7 89:4 tunnel 69:16 turn 8:13 13:14 24:8 33:17 45:10 87:8 98:1 102:2 138:10 turned 115:17</p>	<p>Turner 165:13 183:9,10,11 turns 107:4 121:9 TV 102:5,8 tweak 121:12 twenties 84:19 158:16 twice 181:17 twins 116:8 two-thirds 40:3 175:17 type 30:6 85:13 118:12 typed 193:4 types 29:15 typewriting 192:5 typically 15:18 <hr style="width: 20%; margin: 10px auto;"/> <p style="text-align: center;">U</p> <hr style="width: 20%; margin: 10px auto;"/> ultimately 10:10 unable 32:18 66:7 161:18 162:7 168:1 unavailable 184:5 unbelievable 61:17 uncontrollable 28:12 uncontrolled 154:16 underdiagnosed 27:3 underfunded 187:14 undergrad 45:18 underlying 68:13 183:20</p>	<p>underrecognized 12:9 27:3 underrepresented 12:10 understand 10:2 11:4,9 12:12,21 15:3 16:1,13 18:9 22:4 26:20 27:12 30:4 68:2 85:19 117:19 119:22 120:12 135:10 148:22 159:16 183:18 understanding 9:14 12:6 18:12 34:17 46:7 91:11 159:14 179:11 understands 121:20 underwent 171:11 Undoubtedly 127:8 uneasy 124:1 unfortunately 75:8 84:4 157:14 161:13 163:9 174:17 179:9 189:22 Unger 2:8 5:3 7:10 8:13,17,19 14:9 16:13 93:11 162:1,16 UNIDENTIFIED 78:19 80:16 82:9 83:18 87:20 88:7,10 93:21 94:8 101:9,10,21 131:12,14 134:5 135:14,17,19 138:20 139:20 140:9,12,16 141:5,12 142:7</p>
---	---	--	--

<p>143:2 150:3 151:4 153:22 154:21 155:15 157:10 158:4,9,11,14,21 160:7 161:21 162:11</p> <p>unique 91:16</p> <p>uniquely 15:2</p> <p>Unite 173:11,12 174:20</p> <p>United 25:7 27:4</p> <p>units 100:12</p> <p>University 161:1 173:4 178:12</p> <p>unknown 89:11 182:20</p> <p>unmet 14:17 15:4 190:3</p> <p>unmotivated 70:7</p> <p>unpredictable 94:9</p> <p>unreliable 73:4</p> <p>untreated 176:10</p> <p>updates 42:1</p> <p>upon 28:22 84:16 131:1</p> <p>ups 148:7</p> <p>upset 31:2</p> <p>upsetting 135:5</p> <p>upside 179:12</p> <p>upstairs 81:8</p> <p>urge 29:11,12 35:15 72:6</p> <p>urgency 64:16</p> <p>urging 46:11</p> <p>URL 141:6</p>	<p>useful 140:2</p> <p>usual 48:17</p> <p>usually 10:7 100:8 107:13 166:9 169:1 170:22 171:2</p> <p>utter 167:10</p> <hr style="width: 20%; margin: 10px auto;"/> <p style="text-align: center;">V</p> <hr style="width: 20%; margin: 10px auto;"/> <p>vague 154:3</p> <p>Vaidya 8:7 103:14 133:7 146:9</p> <p>Valentine 8:5 40:8 41:5 42:3 43:3 77:6 90:12 145:3</p> <p>valuable 18:8 22:15 37:8</p> <p>value 133:17</p> <p>Vanderbilt 173:6</p> <p>variable 27:22</p> <p>variation 18:10 27:13</p> <p>variations 96:20</p> <p>varies 55:17 122:6</p> <p>variety 26:4 27:13</p> <p>various 14:11 189:1 190:7</p> <p>vegetables 123:4</p> <p>version 138:8</p> <p>versions 147:11</p> <p>versus 88:8</p> <p>via 36:7,13 103:11 164:5</p> <p>vicious 65:5</p> <p>videotape 79:15</p> <p>view 12:6 17:1 24:16 26:13 65:4</p>	<p>viewpoint 112:18 113:14</p> <p>Virginia 81:5 105:7,14 108:16 150:10 156:16</p> <p>visible 183:19</p> <p>vision 100:8</p> <p>visit 79:13</p> <p>visual 89:10</p> <p>vitals 106:20</p> <p>Vitamin 122:20 146:17</p> <p>vitamins 142:3</p> <p>voices 174:11</p> <p>void 127:7</p> <p>volume 19:12</p> <p>voluntary 38:10 134:6 163:16</p> <p>volunteer 124:14 166:1</p> <p>vulnerable 187:13</p> <hr style="width: 20%; margin: 10px auto;"/> <p style="text-align: center;">W</p> <hr style="width: 20%; margin: 10px auto;"/> <p>wake 65:20 67:3,6 102:2 110:6 111:19 112:10 123:11 152:3 154:9 169:20 170:16,21 171:8 172:20 173:8,22</p> <p>wakeful 75:14</p> <p>wakefulness 75:18 166:7 176:9</p> <p>waking 29:1 72:5,22 73:7 76:11 102:1 121:15 144:17</p> <p>walk 48:20 79:9 109:2,3 111:18</p>	<p>113:7 169:22 170:1</p> <p>walked 106:20</p> <p>walking 48:16 49:20 62:14 74:13 86:2 91:4 151:21 165:17</p> <p>wander 181:21</p> <p>waning 28:4</p> <p>war 84:4 118:15</p> <p>ward 83:20</p> <p>warn 81:15</p> <p>Washington 16:21 39:9,10</p> <p>wasn't 12:19 48:8,10 58:17 60:10,11 62:5 88:15 89:7 98:14 99:1 106:6,7 107:4,20 108:2 116:15 148:15 169:14</p> <p>waste 172:18</p> <p>watch 102:8</p> <p>Watchers 116:15</p> <p>wave 160:19</p> <p>waxing 28:4</p> <p>ways 21:15 22:17,22 25:15 92:17 116:1</p> <p>weakness 28:12</p> <p>web 4:6 34:10 35:2,13,15 36:15,17 40:17 41:5 42:1,4 43:3 90:8,19 91:9 103:11,16 133:5,7 144:2,22 145:2</p>
--	---	---	---

<p>146:9,12,16 149:15 164:4</p> <p>webcast 23:9 35:3,4,16 36:18 40:9 77:7</p> <p>webinar 36:18</p> <p>website 23:16 25:16 122:2 141:8,10 163:1</p> <p>week 22:8 48:7 51:4 111:1 115:14 124:15 137:15 182:8</p> <p>weekends 119:5</p> <p>weekly 126:10,12</p> <p>weeks 79:13 106:14 124:21 152:5 172:1 180:4</p> <p>weighing 14:14</p> <p>weight 91:6 113:12 116:6,7,11,13,14 ,15,19 117:6 151:21</p> <p>weird 62:13</p> <p>welcome 2:2 4:2 6:6 13:13 35:10,14</p> <p>we'll 5:1,9,20,21,22 6:3,9,12 7:5 27:1,15 31:20 33:14 34:22 35:8 36:22 43:15,16 76:3 84:14 99:20 100:22 101:15 102:18 103:7 105:4 130:4,20 132:16 133:2 144:1 157:20</p>	<p>158:19 160:5 178:9</p> <p>well-worn 121:4</p> <p>we're 5:2,5 8:18 9:2,4,7,19 10:2,15 12:8 14:4 17:3 19:17,19 20:22 21:1,8 22:17 23:5 24:1,18,19 33:4,13 34:12,14 35:18,19 36:9,10,11 37:8,9,11 94:12 104:15 111:22 118:11 133:12 162:7,8,16,18 163:11 173:18 174:5,17 183:4 186:8</p> <p>we've 4:17 20:3 22:16,21 23:16 35:12 79:22 140:22 147:14 162:19 165:1</p> <p>whatever 11:14 17:3,4 57:21 88:22 144:16 153:6</p> <p>whatnot 27:10 174:3</p> <p>wheel 64:7</p> <p>wheelchair 151:7 159:7</p> <p>wheelchair-bound 152:22</p> <p>wheels 177:20</p> <p>whenever 64:22</p> <p>whereas 99:8</p> <p>Whereupon 191:12</p>	<p>wherewithal 58:18</p> <p>whether 87:3,22 89:5 90:21 96:1 98:11 108:13 157:8 161:21 162:14 181:12 182:17 189:5</p> <p>whew 119:10</p> <p>White 1:10 9:18</p> <p>whoever 157:2</p> <p>whole 16:1 47:1 55:14 56:10,20 60:14 112:9 123:5 150:5 156:3 160:15,17</p> <p>whom 192:3</p> <p>wide 20:11,14 61:4 156:21 184:12</p> <p>wider 183:17</p> <p>wife 75:7 92:8 144:11</p> <p>Williams 105:8 111:10</p> <p>willing 86:6 157:3 182:20</p> <p>willingness 125:14</p> <p>willpower 166:4</p> <p>wind 108:14 163:6</p> <p>window 63:3</p> <p>winning 61:2</p> <p>winter 94:15 118:15</p> <p>wish 13:8 86:6</p> <p>withdrawn 75:1</p> <p>witnessed 67:1 186:14,15</p> <p>woke 66:1,11 68:15 124:22</p>	<p>149:2 156:4 166:7 169:12</p> <p>woken 112:22</p> <p>woman 63:13 89:17 90:3 179:13</p> <p>women 99:16</p> <p>won 166:9</p> <p>wonder 122:11 124:4 137:13 151:11 167:8</p> <p>wondered 62:7 96:17</p> <p>wonderful 174:10</p> <p>wondering 87:13 93:19 94:5 138:14 139:2</p> <p>wording 24:3</p> <p>work 14:18 17:13,15 25:12 26:11 30:1 44:21 46:7 62:5 70:3 75:7 90:21 91:1,2 95:18,22 97:18 98:3 99:1 100:10 106:8 107:2 112:9 128:5 129:7 136:1,5,7,15,21 137:11,17 141:19 144:13 166:18 167:15,16 175:21 177:14 179:22 180:19</p> <p>worked 17:16 34:13 53:6 115:5 119:4 124:6 158:22 166:1</p> <p>worker 89:7,11,13</p> <p>working 9:20</p>
---	--	---	--

<p>49:19 56:17 68:10 85:8 99:3 106:1 118:10 157:15 177:11 186:13</p> <p>workplace 135:13 136:12</p> <p>works 17:4 104:16 108:12 131:20,21</p> <p>world 56:18 58:8,17 71:10 118:17 135:8 166:13 173:19,20 180:17 183:17</p> <p>worry 30:22</p> <p>worse 49:16,17 50:16 51:2 60:13 74:10,16 137:3</p> <p>worsen 167:13</p> <p>worst 60:14 72:2 82:10 94:15,20 110:10 118:17 134:19</p> <p>worth 22:10</p> <p>worthwhile 175:15</p> <p>worthy 66:19</p> <p>wound 116:2 125:1</p> <p>wow 39:15 40:2 64:4 119:13 130:14</p> <p>wrap 101:15</p> <p>wrapping 165:8</p> <p>wraps 43:7</p> <p>wreck 61:10 62:20</p> <p>wrestler 81:21</p>	<p>write 60:5 62:1 73:15 85:14 123:16</p> <p>written 60:4 124:8</p> <p>wrong 58:9,19 59:19 79:16 81:3</p> <p>wrote 179:15</p> <hr/> <p style="text-align: center;">X</p> <hr/> <p>Xyrem 90:2 116:21 117:8,9 118:3 119:10,13 121:6,13,17 122:4,10,14 130:10,18 137:13,19 138:6,7 141:21 142:8,9,15 143:4,12 150:11,17 151:1,5,10,18 152:8,15 160:12,13,14 177:12 181:10</p> <hr/> <p style="text-align: center;">Y</p> <hr/> <p>Yasuda 7:19 138:14,22 139:1</p> <p>Yep 140:13 154:14</p> <p>yet 46:16 89:7 90:3 110:15 118:9 119:12 126:9</p> <p>yield 125:15</p> <p>yoga 170:8</p> <p>you'll 6:18,19 36:19,21 39:10 43:1 63:16 96:9</p> <p>young 1:19 95:21 192:2,14</p> <p>younger 41:11 79:6 81:5,7,14</p>	<p>185:3</p> <p>youngest 81:8</p> <p>yourself 74:11 123:2 152:21</p> <p>yourselves 33:8 105:4</p> <p>you've 4:5 32:12 33:21 63:11 116:8 130:22 136:16 148:1,5 180:16</p> <hr/> <p style="text-align: center;">Z</p> <hr/> <p>zombie 74:5 153:22</p> <p>zombie-like 146:12 149:15 151:19</p>	
--	---	--	--