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Baby's Breath - The Surfactant Story—an Update

—Infasurf Goes to Market

The spring 1999 issue of *Buffalo Physician* featured a Special Report titled “The Surfactant Story,” which chronicled pioneering contributions made to the field of surfactant therapy by University at Buffalo scientists and physicians over the past four decades.

Prominent among those profiled in the article was Edmund “Ted” Egan, MD, UB professor of pediatrics and physiology and president and chief operating officer of ONY, Inc., a company he founded in 1985 to manufacture and distribute Infasurf, an exogenous surfactant product that he and his colleagues had developed for the treatment of neonates with respiratory distress syndrome (RDS).

At the time that issue of *Buffalo Physician* went to press in May [1999], ONY, Inc., was unable to commercialize Infasurf due to a legal challenge from one of its competitors, Abbott Laboratories, which in 1994 claimed Infasurf infringed on the patents of its surfactant drug, Survanta. In September 1998, a jury in District Court in Buffalo ruled in favor of Abbott Laboratories, but a final judgment had not been entered.

On June 23, 1999, Judge Richard J. Arcara ruled that Abbott Laboratories failed to prove ONY, Inc., had infringed on its patent. The judge also issued an “estoppel,” which prevents Abbott Laboratories from claiming infringement based on a principle-of-fairness doctrine.

“We’re jubilant here,” says Egan. “This is the culmination of a 14-year odyssey. That’s how long we’ve been working on this project.”

The decision will allow ONY, Inc., to proceed with manufacturing Infasurf at its facility in the Baird Research Park on Sweet Home Road in Amherst, New York. “We will also be able to hire more employees and to rehire employees who were laid off after the decision that came out last year,” says Egan.

In addition to being used as a treatment for neonates with RDS, Infasurf is also currently being studied in clinical trials involving pediatric patients who receive the drug for a wide spectrum of respiratory disorders. In a study published in January 1999 in *Critical Care Medicine* (Vol. 27, No. 1), it was shown that these patients experienced rapid improvement in oxygenation and, on average, were extubated 32 percent sooner and spent 30 percent less time in the pediatric intensive care unit than control patients. As a result, larger, blinded, controlled studies are planned.