

UNIVERSITY OF CINCINNATI
COLLEGE OF MEDICINE

UCCM / RCC1.958155.003

MAILING ADDRESS:
ISOTOPE LABORATORY
CINCINNATI GENERAL HOSPITAL
CINCINNATI, OHIO 45229

April 6, 1971

Evelyn V. Hess, M.D.
Chairman
Faculty Committee on Research
Division of Immunology

Dear Evelyn:

Thank you for your letter of March 26 concerning your meeting on our total body radiation proposal of February 16, 1971.

We will follow your suggestions in omitting certain references to areas of future work and to the life island facility. Nevertheless, we are currently investigating the cost of laminar flow units for future research. We will continue to employ autologous and isologous marrow transplantation but not allotransplantation at this time.

However, it is difficult to understand your Committee requesting that we exclude the proposed study comparing large fields of radiation with five fluoro-uracil for metastatic carcinoma of the large bowel, because at the same time the Committee is asking for evaluation of results of therapy. The whole purpose of the five fluoro-uracil-total body radiation combined study is to compare the results of a mode of therapy which has a fairly well accepted incidence of response with this experimental mode of therapy.

Our report to the Defense Atomic Support Agency does not contain the total number of patients in the study presently, as you can note from the data appearing on that report. The table submitted with the most recent revision of the proposal lists 27 patients studied since I have been here. I shall clarify which patients did and did not receive marrow transplantations in this table when it is resubmitted. I believe that the first paragraph, page 2 of the proposal which you initially received indicates what parameters are being followed to determine response. We are specifically employing a life table technique as well as comparing days of survival post-irradiation with data obtained in references 7 and 9 of our proposal, as well as with the results of the upcoming five fluoro-uracil total body radiation joint study.

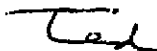
April 6, 1971

In addition to survival we are looking specifically at shrinkage of measurable tumor by more than 50% and relief of pain as well as reduction of liver enzyme levels towards normal post irradiation. However, these data are not significant for many patients who have metastatic disease but are free of pain and have normal liver enzymes. It is for this reason that survival has been our basic variable to follow.

I joined Dr. William Rider at a meeting on the effects of whole body irradiation sponsored by Oak Ridge Associated Universities and the Defense Atomic Support Agency last week. We are continuing to compare our results on patients treated with Ewing's tumor with those of Dr. Hendrickson of Chicago and those of Dr. Rider from Toronto. Enclosed are some abstracts from this meeting.

{ You will shortly receive the second revision of the total body irradiation protocol. Please accept our thanks for the time you have spent in helping us to write a more precise and acceptable protocol. }

Very sincerely,



Edward B. Silberstein, M.D.

EBS/ml

Enclosure