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OFFICE OF THE VICE PRESIDENT
DIRECTOR OF THE MEDICAL CENTER

January 26, 1972

CONFIDENTIAL

TO: President Warren Bennis

FROM: Edward A. Gall, M.D.

Dear Warren:

The report from the "Blue Ribbon Committee" which has considered the Whole Body Radiation Project has been carefully reviewed. I think these people have been most dedicated and have demonstrated a great depth of wisdom.

It appears to me that a release could be limited to the introductory pages and the summaries appearing on pages 16, 23, 32, 46, 55, 61 and 66. Editing would be desirable and I think Ray Suskind would be the correct person for this. I would be glad to work with him--and Bud also should be involved.

My recommendation as to future action is contingent upon a careful surveillance of the project if it continues under its present direction.

This recommendation reflects my uneasiness with the varied character of the information that has been provided from time to time. This has not been an indication of nefarious purposes, but rather an inherent superficiality and disorganization. The watchdogging could be the responsibility of the Director of the Radiotherapy Department shared with the Faculty Committee on Research.

There has been more than sufficient length of time utilized in developing the preliminary phases of the study and it should enter now into "Phase III" activities (carefully planned comparative study with other therapeutic modalities). It should moreover be limited for general purposes to hematopoietic neoplasmas, Ewing tumor, and neuroblastoma, tumors which are often treated by whole body radiation. The solid tumor category should also be pursued but only 1 or at the most 2 of these (carcinoma of the colon

and lung). A larger number of cases should be included per year in order to reach conclusions more rapidly than has been case heretofore. This should prevail even if the detailed chemical and psychological studies can not be applied in complete depth.

The nature of the study should now be directed essentially toward a determination of palliative effects and clear definition of the criteria for determining this must be established.

The consent form as presently constituted is a good one but it contains certain legal phrases that make it unwieldy; these should be modified. The committee indicates that the mechanisms of patients withdrawal from the project should be specified. I think this is unnecessary but the opportunity for this should be emphasized.

The schema of the experiment should be more clearly specified and biometrical considerations utilized both in the planning stage and throughout the study.

The university in general and the Medical Center in particular should develop clear guidelines in respect to patient "exploitation" by the news media.

The committee recommends solicitation of support of the project from another source than the Department of Defense. I can understand the reason for this recommendation but I do not concur in it.

I know your implied query is, "Should the study be continued?" I believe it should be but with the limitations indicated above. I've asked Bud to respond independently.

Cordially,



EAG:db