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VISITS TO THE LABORATORIES OF DR. ROBERT S. STONE, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (OCTOBER 14, 1959) AND HENRY KAPLAN, STANFORD UNIVERSITY, PALO ALTO (OCTOBER 15, 1959).

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Reports of the two visits are presented together because of similarities of the work and in order that comparisons and contrasts can be made more easily. The visits were made in connection with a meeting of the Cancer Advisory Committee in the San Francisco area October 14-16.

With respect to Dr. Stone's research activity on the therapeutic value of 70 Nev X-rays, I went on the trip with somewhat biased views. I had the feeling that criticisms heard from time to time of the activity, and particularly of Gail Adams, were not justified. However, on hearing the presentations by Drs. Stone, Adams, and Kolm, my views changed considerably.

The position taken by Dr. Stone, and especially Dr. Adams, appeared to be that the use of higher voltage radiation is automatically a good thing, and accordingly that work with it (also AEC support) should continue almost indefinitely. Accepting the point of view that higher energy radiation may provide some therapeutic advantages, there was little effort and apparently little inclination to consider whether the same or essentially the same results could be obtained by simpler and less expensive means.

At the time of the meeting, only 125 cases had been treated. Dr. Stone indicated that this would not be nearly enough to enable a satisfactory evaluation of the facility for purposes of cancer therapy. He stated also that, although he was chief of the Department of Radiology and could take whatever cases he chose, his practice was to take only those that were referred by other physicians for particular reasons.

Dr. Kaplan, who at Palo Alto is using high energy electrons, takes quite a different attitude. Although having treated only about 35 cases, he has developed rather firm opinions about the kinds of cases that can be treated with advantage by using the higher energy radiations. He appears to regard higher energy as one of a number of factors to be

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December 1, 1959

varied in treatment pattern design. Inasmuch as he feels that higher energy is advantageous in dealing with certain types of patients (comparatively a small proportion), he wishes to have a higher energy facility as part of the radiation treatment armamentarium of the Department of Radiology at Stanford; furthermore, he wishes to have the AEC support replaced by institutional support at the earliest possible date. Dr. Kaplan's views thus appear more sensible and realistic.

With respect to the Stone enterprise, it seems to me that we are faced with a perpetuity situation (with prospects of meager returns at best) unless concrete steps are taken. Further, it seems to me that steps should be taken promptly to fix a date for termination of AEC support. I suggest the end of 1960. Meantime, should the university indicate that it is not enough concerned about the advantages of higher energy radiation sources to want to provide maintenance support, I feel we should terminate the project.

The comments made here are in no way intended to reflect adversely on the quality of physical and biological studies being carried forward - only the wisdom of indefinite support of an expensive activity that provides so little in the way of prospects for significant results. There are numerous reasons for saying that other phases should be continued over a longer period of time.

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