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REPOSITORY RECORDS Holding Area Bldg. 494
 COLLECTION PROTOCOLS - CLINICAL
 BOX No. 4
 FOLDER HUMAN PROTOCOLS 1950-1963

Dear Sid:

Thanks for your letter.

As you know, the work with Cl-38 is in an investigative status. There has been improvement in some patients as evidenced by a reduction in accumulation of ascitic fluid. One patient showed a pronounced reduction in the size of metastatic deposits by clinical examination.

I have material from autopsies on two cases. Both had extensive tumor deposits at autopsy. One showed necrosis of the peritoneal tumor deposits. This change appeared to be due to the radiations. A total of 8 cases has been treated to date. The type cases chosen for this investigative work are those in which the primary tumor has been removed and there are peritoneal deposits and ascites.

As you know, colloidal gold Au 198 is being employed for the same purpose and I believe that if you desire to use radio isotopes in your patient that Au 198 would be preferable since this could be done by someone in your area. The colloidal gold may be obtained from Abbott.

Chlorine 38 has a half life of 38 minutes and it is therefore necessary for the patient to be here. This material is produced by neutron bombardment in the pile and is immediately administered to the patient upon removal from the pile. It is not evident at this time that chlorine 38 is sufficiently more advantageous than Au 198 such that it would be worthwhile for your patient coming this distance for treatment.

There are inherent dangers in the administration of Cl-38 to the physician due to gamma emission, and because of this other materials are being studied among which is Krypton. This is a pure beta emitter of high energy and may be more effective. However, as stated in the beginning, this is investigative work and no definite answers are forthcoming at this time due to limited experience.

I hope this answers your question. However, if there is any further information you might like, please let me know.

With best regards, I am

Sincerely,

John T. Godwin, M.D.
 Head, Div. of Pathology

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