

Letters To PV

1982

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SANTA BARBARA • SANTA CRUZ

SCHOOL OF MEDICINE
CANCER RESEARCH INSTITUTE

SAN FRANCISCO, CALIFORNIA 94143

July 6, 1982

Miriam Budinger, M.D.
Department of Clinical Research
Cutter Laboratories
P.O. Box 1986
Berkeley, CA 94701

Dear Dr. Budinger:

Enclosed please find a copy of the protocol "Evaluation of Lymphadenopathy in Homosexual Men: A Clinical Study." We are currently evaluating approximately fifty men as outlined. I am also sending the recently published definition of the syndrome from the CDC bulletin. The third enclosure is an article describing a case of Cytomegalovirus infection simulating lymphoma in a homosexual man. The data supporting an actual CMV infection here appears weak however.

As mentioned in our telephone conversation last week, preliminary analysis of our data reveals some definite trends. The lymph node biopsies of all of our patients demonstrate a marked degree of follicular hyperplasia. Serum immunoglobulin determinations have confirmed B cell stimulation with the majority of the patients demonstrating a polyclonal increase in gamma globulins. Quantitative immunoglobulin studies reveal an elevation in the IgG fraction. Coincident with the B cell activation, T cell abnormalities have been found in the work done by Dr. Arthur Ammann on these patients. Although the total T cell number appears to be normal, a reversal of the helper to suppressor ratio has been shown in men with the syndrome of persistent lymphadenopathy. In vitro studies of T cell function including MLC and PHA have been essentially normal.

The pattern of abnormalities of immune function seen in our patients is similar to that which has been described in chronic viral infections, especially those secondary to members of the Herpes family, including CMV and the Epstein-Barr virus. Serologic determinations of antibodies to CMV and EBV suggest that all of our patients have been infected at some time. Many patients demonstrate an IgM antibody to CMV which correlates with recent (re-)infection or reactivation of latent infection. Similarly antibodies to early antigens of EBV are present in nearly all of our patients with lymphadenopathy. These antibodies are not normally seen in a healthy population and again suggest possible reactivation of latent infection. We plan to look for active shedding of EBV in throat washings of our patients. CMV has been cultured from semen specimens in half of the patients sampled. It appears that the height of the CMV titer does not correlate with the ability of the host to neutralize the virus.

Many of the patients who have subsequently been diagnosed with Kaposi's sarcoma give a history of antecedent lymphadenopathy present for up to two years prior to the diagnosis of their malignancy. There is a growing body of evidence suggesting that CMV may be implicated in the pathogenesis of Kaposi's sarcoma. Other anecdotal reports suggest that some patients with previously benign lymphadenopathy have evolved into aggressive Hodgkin's and non-Hodgkin's lymphomas. One of our primary objectives is to establish long term longitudinal follow-up on a cohort of these patients in order to chart the natural history of the syndrome. The majority of our patients are not comforted by their benign histology. Many feel akin to a time bomb. They complain of fatigue, fevers, night sweats, weight loss and susceptibility to serial viral, fungal and protozoan infections. These processes wreak further havoc on an already unbalanced immune system. The patients are frustrated by the lack of any potential therapeutic intervention.

As you well know, a growing body of evidence suggests that intravenous gamma globulin preparations may have some efficacy against CMV infection in immune-compromised hosts. We are preparing to treat two patients with documented CMV infections (one also has *Pneumocystis carinii* pneumonia) and severe T cell dysfunction with the Cutter product. Both of these men failed to produce antibody following antigenic challenge with Key-hole limpet hemocyanin and Pneumococcal polysaccharide. Both have high titer CMV antibodies. It is possible that the antibody produced by these hosts is ineffective in viral neutralization. Hopefully passive immunity will be conferred by infusion of pooled gamma globulin with high titer CMV antibodies. Our hope would then be to treat a subgroup of the patients with persistent lymphadenopathy with high dose intravenous gamma globulin in a controlled fashion and follow the response of their nodes, immune studies and viral profiles compared to an untreated group.

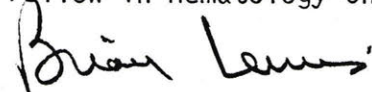
We look forward to meeting with you, your consultant immunologist and Dr. Ammann to discuss your suggestions regarding the development and implementation of the treatment protocol. If you could inform us of a convenient time for this meeting after July it would be much appreciated. If any problems or questions arise, please call 666-1421.

Again, looking forward to meeting with you some time in the near future.

Sincerely yours,



Donald I. Abrams, M.D.
Fellow in Hematology Oncology



Brian J. Lewis, M.D.
Associate Clinical Professor
of Medicine

cc: Art Ammann, M.D.
Mike Friedman, M.D.
Paul Volberding, M.D.



2/26/82

FOR IMMEDIATE RELEASE

Contact: LINDA DE LA YSLA

821-5310

Interview with Dr. Paul Volberding
Chief of Oncology,
San Francisco General Hospital
KALW -FM 91.7, Tuesday March 16
10:00A.M. Repeated 10:30 P.M.

"KAPOSI'S SARCOMA" and PNEUMOCYSTIS PNEUMONIA"
Rare diseases affecting the Gay Community

More than 110 cases of two rare diseases, Kaposi's Sarcoma and Pneumocystis Pneumonia, were reported during the last half of 1981 in the U.S. Forty three of these cases were fatal. All of the victims were young, healthy homosexual men.

Kaposi's Sarcoma is a rare diseases most often found in Equatorial Africa. Only two in three million people are affected. The victims are usually elderly men.

Why are these diseases appearing more frequently now in the Gay Community? What is the victim's medical background? What are the signs and symptoms of the diseases and how are they treated? These questions will be discussed on the March 16 program of VISITING HOURS - THE URBAN HOSPITAL IN TRANSITION, broadcast at 10:00 A.M. and repeated at 10:30 P.M. on KALW, 91.7 FM. Dr. Paul Volberding, Chief of Oncology, San Francisco General Hospital Medical Center, will share the findings of a research project being conducted at the hospital. Dr. Marcus A. Conant, U.C.S.F. Associate Clinical Professor of Dermatology is co-investigator of the study.

VISITING HOURS - THE URBAN HOSPITAL IN TRANSITION, is an ongoing radio series highlighting people and programs at S.F.G.H. Medical Center. San Francisco General Hospital is the City's tax-supported acute-care hospital and medical center. Ruth Rankin, Physician Assistant, hosts the ½ hour, taped interview program. VISITING HOURS airs Tuesdays at 10:00 A.M. and is repeated at 10:30 P.M. on KALW-FM, 91.7

KALW-FM 647-1177



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PRESS RELEASE:

"KAPOSI'S SARCOMA" and "PNEUMOCYSTIS PNEUMONIA"
Rare Diseases affecting the Gay Community

Background Notes:

Kaposi's Sarcoma and Pneumocystis Pneumonia often occur in people whose immune systems are impaired. Volberding and Conant are investigating several hypotheses. These include:

- 1) Poly-drug use; particularly the use of Amyl Nitrate.
- 2) A mutation effect possibly caused by a specific drug such as FLAGYL - widely used in the Gay Community to treat diseases caused by amoebas.
- 3) A weakened immune system caused by repeated infections by a number of viruses.
- 4) One specific virus that may change in structure, leaving its victims with impaired immunity, such as CYTOMEGALO VIRUS.

For information regarding these two diseases and the research project:

Dr. Paul Volberding 821-8317

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Marcus Augustine Conant M.D.

A PROFESSIONAL CORPORATION
DERMATOLOGY
(415) 661-2614

350 Parnassus Avenue, Suite 808,
San Francisco 94117

*Note on calendar
from me*

July 29, 1982

Ms. Florence Stroud
Deputy Dir. for Community Health Pro.
City & County of San Francisco
101 Grove Street
San Francisco, CA 94102

Dear Ms. Stroud:

I wanted to write to thank you again for organizing the community meeting to address some of the problems raised by Kaposi's sarcoma and pneumocystis pneumonia. I feel that the exchange of information was extremely useful, and I am certain that your office can be pivotal in providing much needed emotional support, community information and physician referral.

I was pleased that a number of individuals from the new Kaposi's Sarcoma Foundation were present because of their involvement in the community in a variety of different roles. At future meetings, I feel that it would be useful to invite Mr. Frank Jacobson, General Counsel to the Foundation and the acting Executive Director, to participate in these discussions with us.

Unfortunately I will not be here on Wednesday, August the 25th. I am sending a copy of this letter to my colleague, Dr. Volberding, and I am in hopes that he can attend the meeting in August in my place.

Thank you again for your efforts.

Sincerely yours,

Marcus A. Conant, M.D.

MAC:jb

cc: Mr. Frank Jacobson
Dr. Paul Volberding ✓

Dear Paul,

This is an important new committee that the City has established in an effort to get a variety of different organizations who are working with this population together to talk about their needs and anxieties. It is particularly useful for us, for it is one forum where we have an opportunity to talk to the BAFRA doctors.

I will be away on August 25th but I am in hopes that you will be able to attend the meeting for me. The meeting is held at the Dept of Health, 101 Grove St., from 5:30 to 6:30.

I will send you a copy of my formal invitation.

A PROFESSIONAL CORPORATION
DERMATOLOGY

350 Parnassus Avenue, Suite 808,
San Francisco 94117

Dr. Donald Abrams
A 502, UCSF

Dear Don:

We would greatly appreciate your cooperation in referring all of the studies on all of the Kaposi sarcoma patients, and their contacts, to Helen Schietinger, who will arrange for all of the necessary studies and will see that all of the data gets back to each of us involved in this project.

Marcus A. Conant, M.D.

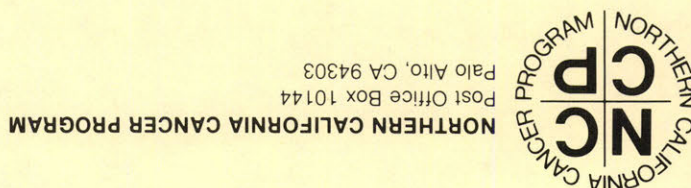
cc: Dr. Paul Volberding
Dr. Beth Colombe

DATE	LOCATION	CE CREDIT	SUBJECT/SPONSOR
JAN.			
4 +	San Francisco		Sexuality and the Cancer Patient. San Francisco Regional Cancer Foundation. Contact: Terry Sheehy, PhD, (415) 221-2132.
4 +	Redwood City		Stop Smoking (eight sessions). Kaiser-Permanente, Redwood City; ACS, San Mateo County; San Mateo County Community College District. Contact: Mary Gorth, (415) 780-2433.
4, 18	Palo Alto		Group for Caregivers to Cancer Patients. Mid-Peninsula Health Services Agency; ACS, California Division. Contact: Sally Hayman, LCSW, (415) 324-1964.
5 +	Burlingame		Stop Smoking. Peninsula Hospital; ACS, San Mateo County. Contact: (415) 697-4061, ext. 548.
7	Fresno		New Agents and New Approaches to Chemotherapy. NCOG Outreach; Central California Cancer Council. Contact: Chris Pooley, (415) 497-7431.
9	San Francisco		Breast Self-Examination Workshop. San Francisco Regional Cancer Foundation. Contact: Terry Sheehy, PhD, (415) 221-2132.
9	San Francisco	RN (6)	Childhood Cancer: Impact on the Family. ACS, San Francisco; UC-San Francisco. Fee: \$25. Contact: Gail Perin, (415) 666-1848.
10-12	Tucson, AZ	MD	Human Tumor Cloning. University of Arizona. Contact: Mary Humphrey, (602) 626-6044.
12 +	Mountain View		I Can Cope (8 weekly meetings). For patients and families. ACS, Santa Clara County; El Camino Hospital. Contact: Faith Tuban, (408) 968-8111, ext. 44601.
13 +	Sacramento		I Can Cope (8 weekly meetings). Sutter Community Hospitals; ACS, Sacramento-Amador County. Contact: Janet Feil, (916) 454-3333, ext. 1409.
16	San Jose		Benefits for Laryngectomees. ACS, Santa Clara County. Contact: (408) 287-5973.
19 +	Concord		I Can Cope (9 weekly meetings). ACS, Contra Costa County; Mt. Diablo Hospital. Contact: Linda Cannon, RN, (415) 682-8211, ext. 7381.
23	San Francisco		Polyamines as Targets for Cancer Chemotherapy. NCCP. Contact: Victor Levin, MD, UC-San Francisco, (415) 666-3878.
24-26	Los Angeles		Association of American Cancer Institutes (annual meeting). Contact: Dr. Richard Steckel, UCLA Jonsson Comprehensive Cancer Center, 924 Westwood Blvd., Suite 640, Los Angeles, CA 90024.
28-30	Stanford	MD (15)	Modern Drug Therapy. Stanford University, School of Medicine. Fee: \$255. Contact: (415) 497-5594.
29	San Francisco	RN (5)	Breast Cancer: the Alternatives. St. Francis Memorial Hospital. Fee: \$20. Contact: Nursing Education, (415) 775-4321, ext. 3220.
29-30	Berkeley	MD (9)	Cancer Update, 1982. Peralta Hospital; Peralta Medical Foundation. Contact: Education Dept., (415) 451-4900, ext. 2327.
FEB.			
4	Oakland		New Agents and New Approaches to Chemotherapy. NCOG Outreach; East Bay Oncology Program. Contact: Chris Pooley, (415) 497-7431.
8	San Francisco		Drugs, the Pharmacist, and the Cancer Patient. San Francisco Regional Cancer Foundation. Contact: Terry Sheehy, PhD, (415) 221-2132.
13	San Francisco	MD, RN (4)	Women and Cancer. San Francisco Regional Cancer Foundation. Contact: Terry Sheehy, PhD, (415) 221-2132.
13	San Francisco		Breast Self-Examination Teach-In. ACS, San Francisco; Children's Hospital, San Francisco; Oncology Nursing Society, San Francisco; San Francisco Regional Cancer Foundation; UC-San Francisco. Contact: (415) 673-7979.
17	Los Angeles	MD (7)	Advances in Cancer Detection. The Hospital of the Good Samaritan. Fees: \$75, \$35. Contact: Bonnie VanWaardenburg, (213) 977-2345.
21-26	Mill Valley		Mental Health Skills for Hospice Workers. Berkeley Hospice Training Project. Contact: (415) 548-8433.



The Cancer Calendar is part of an NCCP clearinghouse service for cancer-related events and activities. For assistance in advance scheduling, call Heather Dore at (415) 497-7431. Information for the Calendar should be mailed to: Calendar editor, Northern California Cancer Program, P.O. Box 10144, Palo Alto, CA 94303. Items must be received at least five (5) weeks before the first of the month in which the event occurs. Inclusion in the Calendar does not constitute an endorsement by the Northern California Cancer Program.

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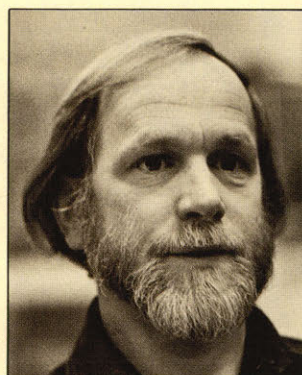
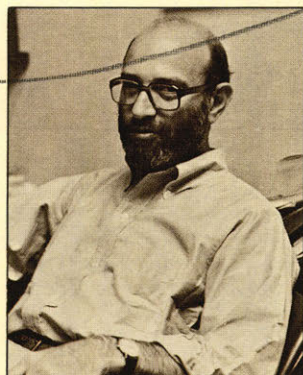
CURRENTS

● **The Marin County Cancer Council** held its first formal election of officers, October 19. Richard Evans, MD, a radiation therapist at Marin General Hospital, was elected chairman. Pat Ferjancsik, RN, executive director of Marin Home Care, Inc., will serve as vice-chairperson. The Council, which has been organized with the help of NCCP's Cancer Control program and of the West Coast Cancer Foundation, represents a cross-section of community cancer professionals and health agencies. Their purpose: to help coordinate cancer-related activities and assist in the development of cooperative programs. Kathie Graham, MPH, staffs the group. Her telephone is (415) 668-3363.

● **Monterey-area physicians** have begun enrolling patients in NCOG clinical trials. Oncologist Jerome L. Rubin, MD heads the community clinical committee, the seventh in the NCOG Outreach program. Interested physicians in Monterey and San Benito counties may call Dr. Rubin or coordinator Will Webber at the Central Coast Cancer Council, (408) 649-0340.

● **A multidisciplinary Kaposi's sarcoma clinic** has been opened by UCSF, with dermatologist Marcus A. Conant, MD and oncologist Paul A. Volberding, MD as codirectors. Previously considered a rare cancer, affecting primarily elderly Jewish and Italian men, Kaposi's has recently been identified among younger homosexual males in several American cities. For information, call Dr. Conant, (415) 666-3261.

● **Stanley N. Cohen, MD** of Stanford has been selected to receive the 1981 Wolf Prize in medicine for his role in discovering and developing recombinant DNA. The award, which he will share with Dr. Barbara McClintock of the Carnegie Institution, is to be presented in March at the Israeli Knesset. Dr. Cohen is professor and chairman of the Stanford Department of Genetics.



● **J. Michael Bishop, MD**, UCSF microbiologist, received the first Association of American Medical Colleges "Award for Distinguished Research in Biomedical Sciences," on November 3, in Washington, DC. Bishop, recently named director of the UCSF Hooper Foundation, was cited for "fundamental and extremely promising recent work with tumor viruses."

● **Dietary suggestions to minimize cancer risk** are outlined in a new booklet prepared by a committee of East Bay educators, including faculty and students of the UC-Berkeley School of Public Health. The booklet's development was funded by the national American Cancer Society and administered by the NCCP and Bay Area Tumor Institute. *Nutrition and Cancer Prevention* represents a preliminary attempt to inform the public of current research findings and their implications for food choices and preparation. Address inquiries to Carrie Ewing, NCCP Cancer Control, (415) 497-7431.

● **Physicians with DES-exposed patients** may be interested in an updated NCI booklet, *Prenatal Diethylstilbestrol (DES) Exposure*, which contains recommendations on identifying and managing both mothers and offspring. The publication is available, at no charge, by calling 800-638-6694 (toll free).

● **Precancerous moles** (dysplastic nevi) associated with melanoma are the subject of another NCI physician-education project including video cassettes and written material. For information, call Heather Dore, NCCP, (415) 497-7431.

● **A Home Care Handbook** for Santa Clara County has been compiled by the American Cancer Society. The guide lists home health and homemaker agencies, hospice programs, nursing registries, and other services. For copies, contact the ACS, Santa Clara County Unit, (408) 287-5873.

Marcus Augustine Conant M.D.

A PROFESSIONAL CORPORATION
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[415] 661-2614

*350 Parnassus Avenue, Suite 808,
San Francisco 94117*

March 11, 1982

Dr. Jay A. Levy
M 1282, UCSF

RE: Kaposi's Sarcoma Angiogenesis Studies

Dear Doctor Levy:

David Nighton was kind enough to take material from one of our Kaposi's sarcoma patients to test for angiogenesis factor. The two pieces that he took from the Kaposi's sarcoma tumor were positive for angiogenesis factor, but unfortunately the normal skin was also positive.

Dave suggests that the next step should be to take the supernatant from specially grown cells from one of these tumors and see if the factor is present. I have told him that you have been successful in growing the cells and that I would ask you to call him at extension 2659 to proceed with this next step.

If I can assist you in any way, please do not hesitate to call.

Sincerely yours,


Marcus A. Conant, M.D.

MAC:jb

cc: Dr. David Nighton
Dr. Paul Volberding
Dr. John Ziegler
Dr. William Epstein

SF CHRONICLE 3/26/82

No Discrimination

Editor — In response to a recent announcement in the local press that the American Cancer Society had awarded a grant of \$50,000 to three San Francisco physicians to study Kaposi's Sarcoma, we were dismayed to receive a letter, part of which follows:

"After reading the enclosed news item, I was very angry to learn that the Cancer Society is giving money to degenerates. There will not be any further donations to the Cancer Fund by me, as I expected the Society to use contributions for a more worthwhile purpose."

Kaposi's Sarcoma is a rare form of skin cancer which, in this country, has shown increasing incidence among homosexual males. The research is to be carried out at the University of California at San Francisco.

Let there please be no doubt that the American Cancer Society does not discriminate among the victims of cancer it serves, the research scientists it supports, or contributors to its support, on the basis of sexual preference, race, creed, sex or political beliefs.

When cancer strikes, it does not discriminate.

GEORGE YAMASAKI JR.
President, S.F. Unit
American Cancer Society

SF Chronicle - 3-26-82

April 5, 1982

Dr. Bruce A. Chabner
Director, Division of Cancer Therapy
National Cancer Institute
Building 31, Room 3A52
Bethesda, MD 20205

Dear Dr. Chabner:

As you, I'm sure, are aware we have been treating a number of patients with Kaposi Sarcoma here at the University of California San Francisco. I understand through John Ziegler that you are in the process of evaluating where we stand in the therapy and therefore I would like to summarize briefly our experience to date.

We have primarily treated patients with either a single agent or combination chemotherapy with Vinblastine being the most commonly used single agent and combination of Adriamycin, Bleomycin and Vinblastine as our usual combination. The patients have, in general, tolerated both of these therapies extremely well although they seem to be unusually sensitive to bone marrow suppression with either approach. With this approach we have seen three patients achieve either partial remission or disease stability with Vinblastine, with two patients progressing outright. With the combination we have seen three responses in four completely evaluable patients with one complete remission. In addition, we have several patients who are still too early in their therapy for full evaluation. We have also been examining these patients' immune status prospectively and as other centers have noted we find a variable suppression of their cell mediated immunity. We have found no single test which appears most predictive of this deficiency but we have seen in our patients before or during therapy a number of unusual infections, including of course pneumocystis pneumonia. Because of our findings of immune deficiency and these infections we have given particular emphasis recently to exploring possible therapeutic modalities which include some attempt at immune restoration, (e.g. thymosin). While it doesn't seem likely

Dr. Bruce A. Chabner - 2

to me that restoring the immune system alone will be sufficient for treating these patients once the malignancy develops, it is possible that this will aid in their ability to tolerate aggressive chemotherapy which we would then apply earlier in the course of their illness.

I hope you find this information useful in your considerations of therapeutic approaches. We look forward to submitting an application for assistance in this exciting area once the RFA's are announced.

Sincerely,

Assistant Professor of Medicine
Acting Chief, Oncology

PAV:rj



OCCUPATIONAL SAFETY AND HEALTH COMMITTEE MINUTES
WEDNESDAY, APRIL 28, 1982

PRESENT : Beverly Collins, Walter Coulson, M.D., Mary Crowley, R.N.,
June Fisher, M.D., Gail Grynbaum, R.N., Tracy Henrey,
Jerry Rankin, Art Reyes, Meri Weigner

GUESTS : Jean Ross (SFIRA), Ted Tong (Poison Control)

ABSENT : Charles Becker, M.D., Keith Hadley, M.D., Freida Harriston,
Carl Kriletich

RESULTS : 1. The Committee and Jean Ross (SFIRA) discussed issues
related to the use of some rooms on 5B both for
housestaff sleep rooms and Oncology Clinic rooms.
Four principal concerns were stated:

1. Unavailability of these rooms for housestaff
sleeping while in use as clinic rooms.-
2. Infrequent or irregular linen changes for these
rooms.
3. Possible exposure of oncology patients to
housestaff carried germs.
4. Possible exposure of housestaff to anticancer
medication residue.

It was recommended by the Committee that Items 1.
and 2. were purely administrative and could be taken
up with Hospital Administration and Housekeeping
respectively. Also, Item 3. is a topic appropriate
to the Infection Control Committee, which had
discussed the issue and felt that a hazard did not
exist. Item 4. was discussed, including a report by
Jerry Rankin of a conversation with Dr. Volberding
(Chief, Oncology Clinic). It was decided that the
Committee did not know of any evidence to suggest a
hazard to housestaff.

SFIRA was invited to return to the Occupational
Safety and Health Committee if new information was
discovered suggesting a hazard.

2. Merri Weigner presented a summary health promotion
project report on the Data Processing Department.

The principal recommendation from the report was to
investigate the use of antiglare devices for video
display terminals (VDTs). The antiglare devices
could reduce eyestrain for persons working long
periods at the the terminals.

The Committee also discussed the issue of eye examinations for workers using VDTs. The Committee decided to withhold recommendations on eye exams until more information is available from studies in progress on the indications and type of exams needed.

The Committee recommended that Merri Weigner and Jerry Rankin survey SFGH for the number, type, and location of VDTs, and that information be gathered on types and costs of antiglare devices. When this is complete, a general recommendation could be issued to departments with VDTs.

3. The Committee discussed progress on the spills procedure. Merri Weigner presented protocols for several types of spills. Jerry Rankin presented a chart of the intended overall spill procedure. These materials have been developed in cooperation with Art Reich (UCSF) and Dr. Ted Tong.

The Committee approved the protocols and overall spills procedure and recommended that they be pulled together into a complete package for publication as a hospital policy and procedure after approval by Hospital Administration.

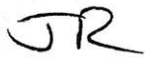
The Committee strongly recommended that the resources which will be available as a result of this procedure be made available to the "U.C." areas on campus.

Merri Weigner, Jerry Rankin and Ted Tong will continue to work on procedure.

4. Next meeting: Wednesday, May 26, 1982
12:00 Noon
Ward 35

Agenda will include:

1. Update: Spills Procedure
2. Update: Laundry Ventilation
3. Update: Boiler Room Noise
4. Update: CPD ETO

JR:af 
5/4/82
cc:✓ Dr. Volberding

Marcus Augustine Conant M.D.

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(415) 661-2614

350 Parnassus Avenue, Suite 808,
San Francisco 94117

May 11, 1982

Dr. David S. Gullion
U 133, UCSF

RE: Kaposi's Sarcoma National Meeting

Dear Dave:

Mr. Cleve Jones chaired the first meeting of the Planning Committee for the Kaposi's Sarcoma National Meeting. We had a good exchange of ideas and I think have a working outline for a useful and exciting program.

We will need to decide on the day of the meeting, the location of the meeting, the size of the mailing list, and the cost to the Committee of each of these items and the other items of University support; such as, printing the syllabus and furnishing the lunch and the registration services.

Mr. Cleve Jones will call you directly regarding these issues and hopefully I will be in a position to invite the speakers from New York, Atlanta and Los Angeles upon my return from Japan on June the 2nd.

Sincerely yours,

Marcus
Marcus A. Conant, M.D.

MAC:jb

cc: Mr. Cleve Jones
Mr. Ronald Feldman (Amer.Cancer Soc.)
✓ Dr. Paul Volberding
Dr. Selma Dritz
Dr. Robert Bolan

Marcus Augustine Conant M.D.

A PROFESSIONAL CORPORATION
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(415) 661-2614

*350 Parnassus Avenue, Suite 808,
San Francisco 94117*

May 12, 1982

TO: Kaposi Sarcoma Study Group

FROM: Marcus A. Conant, M.D. *Mac*

The next Kaposi Sarcoma Clinic will be held at 11:00 o'clock on Thursday, May the 27th. I will be in Japan but Dr. Paul Volberding will chair the meeting.

We have invited Dr. Francina Lozada to present the oral findings that she and Dr. Silverman have made on these patients to the group at that time.

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SCHOOL OF MEDICINE

Please address reply to the undersigned at

UNIVERSITY OF CALIFORNIA SERVICE
SAN FRANCISCO GENERAL HOSPITAL
SAN FRANCISCO, CALIFORNIA 94110
June 2, 1982

Dr. Paul Volberding
Chief, Oncology Service
Department of Medicine
5H-22

Dear Paul,

I'd like you to take a look at this letter and suggest other avenues of potential fruitful contact to enable us to acquire this high-energy deeply penetrating laser for treatment of nonresectable gastrointestinal and hepatic malignancies. Don Trunkey, Bob Lim and Richard Crass together with me are interested in acquiring this laser for use in cancer patients. As you can see, I am in contact with the American Cancer Society. However I am now led to believe that they may not support the purchase of equipment for cancer therapy but would be more interested in paying for patient treatment.

I look to you to give us some additional suggestions as to other organizations that could be contacted concerning support for our purchase of this equipment. Thank you for your assistance in this matter.

Sincerely,

John P. Cello, M.D.
Chief, Gastroenterology
SFGH

jpc/rr

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SCHOOL OF MEDICINE

Please address reply to the undersigned at

UNIVERSITY OF CALIFORNIA SERVICE
SAN FRANCISCO GENERAL HOSPITAL
SAN FRANCISCO, CALIFORNIA 94110
June 2, 1982

Kenneth Yamamoto, M.D.
American Cancer Society
San Francisco Unit
545 Post Street
San Francisco, CA 94102

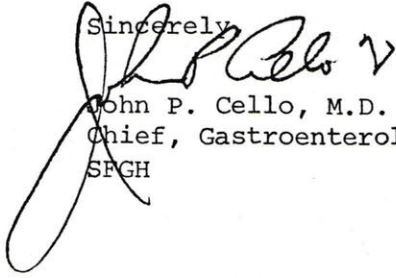
Dear Dr. Yamamoto,

I would like to apply for assistance from your organization in funding the purchase of a Neodymium-YAG laser for the palliative treatment of nonresectable esophageal, gastric, hepatic and rectal cancers. During the past 3 months, I have had experience in using a different type of laser, the argon laser, in the endoscopic treatment of patients with upper gastrointestinal tract bleeding. The argon laser with a flexible quartz fiber guide passed down through the endoscopic biopsy channel allows us to photocoagulate superficial bleeding lesions. The Neodymium-YAG laser has a longer wavelength allowing for much deeper penetration of the energy to a depth of 4 or 5 mm. With higher treatment energies, necrosis of the tissue occurs and with repeated treatments palliative endoscopic resection of esophageal, gastric and rectal cancers is feasible. I enclose for your information a copy of an abstract presented at the American Gastroenterological Association meeting in Chicago on May 19 1982. In this abstract you will note that palliative therapy for esophageal carcinoma was achieved without internal stenting or with gastrostomy.

In addition to the endoscopic use of the Neodymium-YAG laser, we would be interested in using a laser handpiece to treat nonresectable hepatic malignancies at the time of laparotomy. Moreover large bulky rectal tumors could be treated with a short, rigid waveguide through the rigid proctoscope.

The Neodymium-YAG laser would cost in the neighborhood of \$80,000 and I would be interested in your organization providing whatever portion of this funding might be possible. The support might take the form of a single block grant or a monthly contribution to the costs of leasing this equipment. I also provide for your information a copy of our approved protocol dealing with argon laser photocoagulation at San Francisco General Hospital.

Sincerely,


John P. Cello, M.D.
Chief, Gastroenterology
SFCH

jpc/rr



NOTE
ADDRESS
FILE

STANFORD UNIVERSITY MEDICAL CENTER

STANFORD, CALIFORNIA 94305 • (415) 497-5877

STANFORD UNIVERSITY SCHOOL OF MEDICINE
SAUL A. ROSENBERG, M.D.
Professor of Medicine and Radiology
Chief, Division of Oncology

June 11, 1982

Dr. Paul A. Volberding
Cancer Research Institute
University of California
San Francisco, CA 94143

Dear Dr. Volberding:

As you may know, Dr. Stephen Carter has decided to leave the Northern California Cancer Program, effective August 1, 1982. As Chairman of the Search Committee to find a new Director, I would appreciate your recommendations of individuals who might fill this important role.

The Northern California Cancer Program, incorporated in 1974, is an established and important organization in our region. Its programs are broad and significant and yet it has hardly begun to fulfill its potential. The NCCP has active programs in cancer control, epidemiology, clinical research and basic research. It has stimulated the organization of regional cancer coordinating groups throughout northern California and Nevada. The enclosed brochure is a recent, general description of the NCCP.

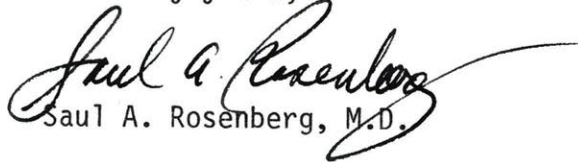
The current annual budget of the NCCP is over four million dollars, it employs 80 individuals and is located in modern facilities in Palo Alto, adjacent to the Stanford University campus.

We are seeking a leader, experienced in some facet of cancer research, who is a proven administrator who can continue to develop this unique organization, so ably developed by Stephen Carter during the past six years. The salary and total compensation package, resources and academic opportunities for a qualified individual are excellent. The NCCP is an Equal Opportunity Employer, with an active affirmative action program.

Please send me the name or names of any candidate you think might fill this important position at the Northern California Cancer Program, P.O. Box 10144, Palo Alto, CA 94303.

On behalf of the Search Committee, listed on the attached page, I appreciate you taking the time to assist us.

Sincerely yours,


Saul A. Rosenberg, M.D.

SAR/ma
Enclosure

SEARCH COMMITTEE FOR DIRECTOR OF
THE NORTHERN CALIFORNIA CANCER PROGRAM

Saul A. Rosenberg, M.D., Chairman
Stanford University

Joseph Castro, M.D.
Chairman, Board of Directors, NCCP

Lawrence Crowley, M.D.
Vice President for Medical Affairs
Stanford University

Julius Krevans, M.D.
Chancellor
University of California, San Francisco

Jerry Lewis, M.D.
Professor, University of California, Davis

Roger Miercort, M.D.
Radiotherapy Practice, Reno

Stanley Parry, ex officio
Associate Director for Administration, NCCP

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SCHOOL OF MEDICINE

Please address reply to the undersigned at
THE MEDICAL SERVICE
Room 5 H 22

San Francisco General Hospital
San Francisco, California 94110

July 5, 1982

Saul A. Rosenberg, M.D.
Northern California Cancer Program

Dear Dr. Rosenberg:

The loss of Stephen Carter as Director of the Northern California Cancer Program will be felt by all of us. However, I do think it should be possible for us to attract individuals of similar stature. In considering recommendations I would obviously attempt to identify individuals of proven clinical research ability, integrity and administrative skill. I have two recommendations that I think might fit these criteria.

First, Dr. Charles Moertel from the Mayo Clinic. There are, I think, few individuals in clinical oncology today who have proven more conclusively their clinical research ability and solid integrity. Dr. Moertel's writings are always extremely informative and readable. Dr. Moertel has not hesitated to argue his beliefs very strongly and effectively, both in print and at national meetings. He has certainly proven his administrative skill at the Mayo Clinic and in the Gastrointestinal Tumor Study Group. I think he would bring a great deal of respect to this position if he could be attracted.

My second recommendation is Dr. Sidney Salmon from the University of Arizona. Dr. Salmon has also clearly proven his research and administrative skills and has organized a department at the University of Arizona that, for its size, is probably unequalled. His research, especially on in vitro cell culture systems, has been and continues to be extremely important. As is the case with Dr. Moertel, I think Dr. Salmon would be an effective leader for the Northern California Cancer Program.

Thank you very much for your consideration of these suggestions. I trust that you will have no difficulty finding a highly skilled and successful Director for this important program.

Sincerely,

A handwritten signature in cursive script, appearing to read "Paul Volberding".

Paul Volberding, M.D.
Assistant Professor of Medicine
Chief, Medical Oncology
San Francisco General Hospital

PV:kam



American Cyanamid Company
Medical Research Division
Lederle Laboratories
Pearl River, NY 10965
(914) 735-5000

June 21, 1982

Paul Volberding, M.D.
Chief, Medical Oncology
San Francisco General Hospital
The Medical Service - Rm. 5 H 22
San Francisco, California 94110

Dear Doctor Volberding:

Enclosed please find check No. 551-86928 in the amount of \$361.00 which defrays your travel expenses incurred for attending the Mitoxantrone prestudy investigators' meeting held April 22-23, 1982 in New York City.

Again, on behalf of American Cyanamid/Lederle Laboratories, we are very grateful for your participation in the meeting. We are pleased with the outcome of your active discussions which in fact further elaborate the fine tuning of the protocol.

We felt that it was of the utmost importance and worthwhile spending time to discuss in detail the multicenter trial protocol for reaching a unanimous and consistent understanding among participating investigators from 22 centers in the U.S.

We look forward to maintaining a close working relationship for the study and if you have any questions, please do not hesitate to contact us either at our Pearl River office or your Regional Medical Research Associate's office. The office numbers are listed in the final protocol which I believe is now in your hands.

Sincerely yours,



Masamoto Fujimori, M.D.
Associate Director
Clinical Investigation
Department 2

MF:mr
Enclosure

LINDA J. LAUBENSTEIN, M. D.
NEW YORK UNIVERSITY MEDICAL CENTER
SUITE 4-K
530 FIRST AVENUE
NEW YORK, NEW YORK 10016
TELEPHONE 212 - 340-7080

August 2, 1982

Paul Volberding, M.D.
Assistant Professor of Medicine
Chief, Medical Oncology
San Francisco General Hospital
San Francisco, California

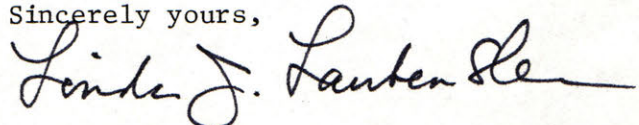
Dear Paul:

Your question regarding the high rate of infection that we are seeing in patients treated with combination chemotherapy is certainly a valid one. Our initial studies, as we talked about, were not really designed to test comparable groups of patients and while the favorable group of patients who received VP-16 obviously did much better, they are in no way the same group of patients who received ABV who had much more advanced Kaposi's Sarcoma and had usually had opportunistic infections even before starting on chemotherapy. It is my feeling that their infectious complications are related to their more profound immunosuppression and are not really a consequence of the more aggressive chemotherapy, however, one could only answer these questions in a strict sense with a randomized study to VP-16 and ABV in a uniform patient group, which is a logical study to do now that we have demonstrated the efficacy of both of these types of therapy in these patients.

I am, however, instead of designing that kind of study at the moment more interested in looking at individual single agents for an exploration of their therapeutic range of toxicities before going on to direct imperative study. It is obvious that there is a large patient population so that these studies certainly can be done with reasonable statistics in the end. We next plan to study DHAD as a pilot study for the Eastern Cooperative Oncology Group which has just been approved and I expect will be activated in early September. We have completed the Thymopentin study and as I think I mentioned at the conference, this was a negative study and did not encourage me to pursue it any further.

If you have any particular thoughts about new agents which you think would be interesting to try or immunomodulators which seem worth a major study, I certainly would be interested in hearing about them and perhaps we could work out the logistics of a collaborative study some time in the future.

Sincerely yours,



Linda J. Laubenstein, M.D.

LJL:laj



BAY MEDICAL
RESEARCH & EDUCATION
FOUNDATION

August 12, 1982

Paul Volberding, M.D.
Medical Service 5H22
San Francisco General Hospital
1001 Potrero
San Francisco, California 94112

Dear Paul:

I am writing to follow up our phone conversation of last Tuesday regarding the production of an interactive educational video for Kaposi's Sarcoma and immunologic problems of the gay community.

It seem that this would be an ideal project for our new foundation, since one of our main goals is to develop innovative approaches to medical education in the community. By combining the talents of medical professionals, computer technology and creative scriptwriting, we believe we can put medical information into a format which will be compatible and exciting for the lay person, whether s/he is a patient or simply interested in learning more about health management.

Our plan is to provide the learner with basic medical information, disease mechanisms and current professional approaches. Self-testing will involve the viewer and guide the patient from the familiar feeling of confused helplessness to a greater sense of participation and partnership with the medical establishment.

I am looking forward to meeting with you and presenting our ideas more fully.

Sincerely yours,

Julia McCollum



SAN FRANCISCO UNIT

545 POST STREET • SAN FRANCISCO • CALIFORNIA 94102 • 673-7979

September 9, 1982

Paul Volberding, M.D.
Chief of Oncology
San Francisco General Hospital
Potrero & 22nd Street
San Francisco, CA 94110

Dear Doctor Volberding:

It was with great pleasure that I learned of your acceptance of the nomination to the Board of Directors of the San Francisco Unit of the American Cancer Society. The term is for three years commencing in January, 1983. Your interest in working with us on the many programs we undertake in the community is most welcome.

The election of new Board members and officers will take place at our Annual Meeting on Thursday evening, September 23rd. An invitation should already have reached you and I hope you will be able to join us.

I am looking forward to meeting and working with you.

Sincerely,

A handwritten signature in blue ink, appearing to read "George Yamasaki, Jr.", written over the typed name and title.

George Yamasaki, Jr.
President

gy/nm

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SCHOOL OF MEDICINE
CANCER RESEARCH INSTITUTE

SAN FRANCISCO, CALIFORNIA 94143

September 10, 1982

Paul Volberding, M.D.
Assistant Professor of Medicine
Hematology/Oncology Clinic
San Francisco General Hospital

RE: Tumor Registry Training Program and Conferences for
Personnel of Cancer Patient Data Systems, August 16-27, 1982

Dear Dr. Volberding:

I wish to express my appreciation to you for the excellent lectures, "Introduction to Cancer" and "Cancer of the Colon and Rectum," which you presented at our August training session.

The participants at this training program came to us from the following states: Washington, Kansas, Hawaii, Missouri and Arizona, as well as from California. With the training received here, we hope they will be better able to contribute to the cancer program at their home institutions.

Once again, thank you for your very important contribution to the success of our program.

Sincerely,

Calvin Zippin, Sc.D.

Calvin Zippin, Sc.D.
Professor of Epidemiology

CZ:GP

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
SAN FRANCISCO GENERAL HOSPITAL
INTER-OFFICE MEMORANDUM

Date: September 13, 1982
Subject: Oncology Clinic/Adult Medical Center
From: Janice Louie, R.D.
Nutrition Program Coordinator
To: Dick Fine, M.D.
Center Director/Adult Medical Center

Nutrition Services were provided at the Oncology Clinic on a temporary and trial basis from August 28, 1982 to September 8, 1982. Ms. Laura Gardner, R.D., MPH, Dietetic Field Instructor from UC Berkeley, gave her time and her expertise to counseling patients and consulting with medical staff. In the short time Ms. Gardner was present at the Oncology Clinic she managed to also conduct two inservices for the staff.

From the feedback of Ms. Gardner and Ms. Gayling Gee, R.N., nutrition services are needed. The services of Ms. Gardner were fully utilized.

However, Ms. Gardner is unable to continue to give her time to the Oncology Clinic. She would like to come back in the future and would be available as a Consultant via phone to UC Berkeley, as time permits.

The DOCS Nutrition Staff is quite limited. Services to Adult Medical Center has been difficult since three major clinics, Diabetic, Cardiac and Oncology are at the same time and day. All three clinics request the services of a nutritionist.

To compensate the need for nutrition service, per conversation with Ms. Gayling Gee, R.N., we agreed to have a few slots open on Tuesday and Wednesday afternoons for drop-ins at General Medical Clinic/Adult Medical Center.

As was stated for Cardiac Clinic, when the demand increases for nutrition services at Oncology Clinic, an overall evaluation of all nutrition services at all clinics and Health Centers will be conducted. Priorities will also need to be evaluated, if necessary new priorities will be established. At that time, decisions will be made as to when and where to place nutrition services.

JL:sss

cc: Laura Gardner, R.D., MPH
Gayling Gee, R.N., MPH
Paul Volberding, M.D.
Bob Brody, M.D.
Robert Christmas
Natasha Gorbatenko, R.D.

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SCHOOL OF MEDICINE
CANCER RESEARCH INSTITUTE

SAN FRANCISCO, CALIFORNIA 94143

September 20, 1982

Paul Volberding
Chief, Oncology Service
San Francisco General Hospital
5H22

Dear Paul:

This letter serves to continue our preliminary discussion about allocation of patient care responsibilities when the new Medical policies are implemented. I would like to see the following groups of patients be considered for care at the Moffitt-Long facilities:

1. Acute adult leukemias.
2. Hepatoma patients suitable for combined radiation + chemotherapy + isotopic immunoglobulin.
3. Primary CNS malignancies (V. Levin and the BTRC).
4. Selected patients needing intensive, complicated combined radiation + chemotherapy ± surgery, such as:
 - a. lymphoma
 - b. Hodgkin's disease
 - c. head and neck cancer
 - d. gynecologic tumors

As I mentioned to you previously, the quality of care at the SFGH is consistently excellent. However, the lack of certain facilities (radiation, lead-lined rooms, etc) or certain special skills (leukemic support and multidisciplinary conferences) makes the care of some patients superior at Moffitt-Long. The preceeding lise should provide the basis for an ongoing dialogue.

I would hope that together we could influence both hospital administrations to indicate our enthusiasm, skill and interest in these patients. We all want the same three things: best patient care, best research potential and best educational opportunities.

Sincerely,

A handwritten signature in black ink, reading "MA Friedman".

Michael A. Friedman, M.D.
Associate Professor of Medicine
Interim Director,
Cancer Research Institute

cc: Steve Embury
Brian Lewis
Curt Ries
Ron Lipsy



SENATE OF CALIFORNIA

SENATOR MILTON MARKS
OF
SAN FRANCISCO

ROOM 2070
STATE CAPITOL
SACRAMENTO 95814

September 29, 1982

Paul A. Volberding, M.D.
Chief, Oncology
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Dear Paul,

My heartiest congratulations and good wishes come to you upon being elected to the board of directors of San Francisco's American Cancer Society. No doubt your knowledge and experience will serve you well in this position.

May you enjoy a rewarding and challenging term with this outstanding organization.

Cordially,

A handwritten signature in blue ink that reads "Milton Marks". The signature is fluid and cursive, with the first and last names being clearly legible.

MILTON MARKS

MM:kr



Contra Costa County
Health Services Department

PUBLIC HEALTH DIVISION

October 14, 1982

Paul Volberding, M.D.
Medical Service
Room 5H22
San Francisco General Hospital
San Francisco, Calif. 94110

Dear Dr. Volberding,

I appreciate your coming to talk to the nursing and medical staff at the Richmond Health Center about Kaposi's. The feedback I have received about the session has been ultra positive. There have been more requests for your tape than there have been for any in the last two years. In addition, doctors and nurses who were unable to attend the session, have been telling me the positive comments they heard.

I also want to take this opportunity to apologize for having to pull the PHNs out toward the end of the meeting. There was a conflict that had been supposedly "worked through."

Again, thank you for sharing your valuable time, knowledge and experience. Staff tells me, I can't rave enough.

Sincerely,

Barbara Giles-Wallen
Home Health Services
Training Coordinator

BGW:jlr

Please reply or call:

☐ Administrative Offices
P.O. Box 871
Martinez, California 94553
(415) 372- _____

☐ Pittsburg Office
45 Civic Avenue
Pittsburg, California 94565
(415) 439- _____

☐ Richmond Office
39th & Bissell
Richmond, California 94805
(415) 231-3151

☐ Central County Office
2355 Stanwell Circle
Concord, California 94520
(415) 671- _____



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TELEGRAMS: BROADCASTS LONDON TELEX TELEX: 22182

1st November, 1982.

Dear Paul,

Back in London, I have at last had a chance to see the film we shot together - and it looks fine. I'd like to keep in touch with you about the progress of KS patients I filmed, so that when, in due course, I write commentary I don't get it wrong. Apart from [redacted] (in the Interferon trial) I filmed [redacted] (with Helen Schietinger) and Bobbi Campbell.

My editing has not yet begun, but we plan transmission here in the early Spring. I don't know yet whether there might be an American showing, but in any case I'll write to you again when the programme is complete and let you know how things have turned out.

With many thanks for all your kindness and help.

Yours sincerely,

Alec Nisbett
Senior Producer,
Science & Features, Television

Dr. Paul Volberding,
San Francisco General Hospital,
Potrero Avenue,
SAN FRANCISCO,
C.A. 94110.
U.S.A.

November 8, 1982

Dr. Paul Volberding, M.D.
Chief of Medical Oncology
San Francisco General Hospital
1001 Potrero Ave 94107

Dear Dr. Volberding:

I listened with much interest to the presentations at the AIDS conference last week. I am compelled to offer a few observations based on my extensive research of the literature and on my conversations with CDC, Dr. Abrams, Dr. Friedman-Kien, Dr. Markel (Oakland parasitic study) and others. The topics are wide-ranging so please excuse the terseness of each paragraph.

First, I have come across a report (1) that E. histolytica secretes a "lectin-like" enterotoxin. Perhaps the so-called "non-pathological" amebae do as well. A recent report (2) shows that histolytica was endemic in Uganda's eastern borders especially among children. Of course, it is also endemic in the Caribbean countries. Perhaps the toll due to amebiasis in these countries due to dehydration or hemorrhage prevents the manifestation of long term carriage namely depressed immunity. [either through the production of anti-ameba antibodies that could conceivably cross-react with the HLA-DR carrying Helper-cell population(3); or through the liberation of a lectin-like substance that could promote immune dysfunction. I need not tell you of the explosive increase in amebiasis among gays in the last six years. IV drug users have primarily come down with PCP suggesting that they may have become immune-suppressed without CMV exposure whereas gays who are immune suppressed may be more likely to present with KS (than IV-users). Americanized Haitians may not be suffering the clinical symptoms and attendant effects of amebiasis --rendering them susceptible to the possible long-term effects, namely immunosuppression. This putative enterotoxin with a lectin-like activity may be able to pass through the placenta, explaining why babies of AIDS mothers are immunosuppressed (alternatively a suppressor factor may be responsible). The risk factor assessments of at least two preliminary epidemiological studies have suggested that fecal contact is a primary risk for AIDS. Some 60% of Dr. Abrams' lymphadenopathic patients have had amebiasis and all presented with at least one non-pathological ameba. Estimates from several studies in the bay area and by the CDC suggest that the incidence of histolytica may be anywhere from 20% to 50% in normal gay men.

Second, I was interested to hear you mention that because KS often appears on the extremities a temperature sensitivity may be present. Perhaps localized lesions could be first treated by the novel thermotherapeutic approach that has been used by cancer researchers at UCLA recently.

If anti-sperm antibodies are present might not a semen analysis be an appropriate diagnostic test to determine the extent of a suspected "pre-AIDS" condition?

Lastly, ascorbic acid has been shown to inhibit the infectivity and replication (partially) of avian sarcoma viruses in vitro (4) and have an apparent significant effect on the production and efficacy of action of IF; macrophage fxn and other parameters of immune competence. The NCI has recently announced the funding of Vitamin C studies for 1983 and recently Pauling received a grant for his animal studies. Of course what is needed is a carefully controlled study on the potential synergistic or additive benefits of ascorbic acid (or lack of) and AIDS development, outcome and possible reversibility in the absence of chemotherapy. I will be talking to Dr. Cameron this week. Perhaps there will be room for a vitamin C study vis a vis KS, AIDS, Lymphadenopathy or IF therapies.

Sincerely yours,



Richard B. Pearce, Ph.D. (Endocrinology)
Science Writer
Editor KSR&EF Newsletter

- (1) Reports in Archivos de Investigacion Medica (MEX)
Vol 11(suppl 1) 1980 A lectin-like activity in E. histolytica and Evidence of a lectin-like enterotoxin in E. histolytica
- (2) Sorvillo, et al., 1982 Parasitic Diseases in Karamoja Uganda. The Lancet April 17, 1982:912
- (3) Doubloug, et al., 1982 Con A induces suppressor cell activity in both T-gamma and T-non-gamma cells: Most of the suppressor cells do not carry HLA-DR antigens. Scand. J Immunology 15:87
- (4) Bissell et al., 1980 Ascorbic acid inhibits replication and infectivity of avian RNA tumor virus PNAS 77:2711



The University of Texas System Cancer Center

M. D. Anderson Hospital and Tumor Institute

Texas Medical Center • 6723 Bertner Avenue • Houston, Texas 77030

Cancer Prevention

November 12, 1982

Marcus Conant, M.D.

Dear Dr. Conant:

I want to follow up my recent visit with you in San Francisco with a letter to express my appreciation for the time, assistance, and information you shared with me as I gathered input for the development of a proposed national epidemiological study of AIDS. In my travels around the country, I have talked with nearly one hundred individuals with various ideas and concerns about AIDS, including private practice physicians; researchers in immunology, infectious disease, oncology, and epidemiology; patients; psychologists who work with cancer patients, AIDS patients, and gay clients; gay organizations; public health officials; journalists; politicians; and gay men and women in the various cities. Needless to say, there are nearly as many theories and opinions at this point as there are people to talk with. The input, ideas, advice, and offers of assistance have been both stimulating and encouraging, with rare exception.

It is clear there are still a wide range of opinions and attitudes regarding the etiology of AIDS, some of which are 180° apart from the next. Obviously, there is a great deal of work to be done to further elucidate the problem. I was constantly reminded by those with a great deal of experience in this area that the most challenging part of putting together a national cooperative consortium is to satisfy these differing views. Interestingly, two of the main comments regarding the status of the proposed CARES (Consortium for AIDS Research and Epidemiological Studies) were that, on one hand, some felt that it was apparently already organized and designed, while on the other hand, others felt that the design was not yet substantive or specific enough. Actually, the project design lies somewhere in the middle of these extremes at this point; the concept and objectives are in place while the details await the final input from around the country. Once we complete gathering information from a host of experts we will mold this into a substantive, specific, detailed protocol which we hope will be satisfying to all. It is our intention to be eclectic and have the final research design represent a cumulative effort. Naturally, we will then share this information with potential collaborators for implementation of the data collection in early 1983.

Experts in different fields in each city have provided advice and suggestions and are now developing and/or revising portions of the research design and data collection instruments for CARES. There is a strong and distinct feeling shared by many individuals that there are several important medical areas which have not been looked at by researcher; plus the need to expand the data base on the "traditional" gay lifestyle variables seems almost universal amongst the eminent researchers in the area. Likewise, a growing concern about the expense and prognostic/diagnostic reliability of scientific immunologic variables and parameters indicates a different approach to defining AIDS for epidemiological study is needed as a point of comparison for statistical analysis. My feeling in this area was surely confirmed at a recent seminar I attended (University of California at San Francisco, October 29, 1982) where this very issue was aired and discussed. The CARES project has, from its inception, considered an alternative method of defining AIDS patients, prodromal patients, and controls as essential to obtain interpretable data. I find many who now agree with this unique concept.

Also, the expressed desire by multiple groups to collect information about the psychosocial aspects of AIDS (stress as related to disease manifestation and recurrence, depression/anxiety/paranoia, and documentation of a newly-evolving gay lifestyle) has been adopted by the CARES project as an extremely important area of epidemiological research. As one observes gay lifestyles, attitudes, and behaviors on the east coast, mid-America, and on the west coast, significant similarities and differences become evident. I feel a study with a wider geographical base as opposed to a single locale may be meaningful in several distinct ways. Also, recreational drug usage, sexual behaviors, nutritional habits and status, and symptomology of the infectious processes in each stage of the syndrome are all areas which are being expanded in the design of the revised questionnaire, thanks to the input of a national team effort. Those who are familiar with the progress and design of the revised questionnaire have expressed excitement at the potential of such an instrument with the mechanism established to use it nationally with a large data base.

I find a great deal of concern (and fear) among much of the gay-oriented medical community about the lack of definitive answers available after two years of AIDS research. Physicians are unsure of what to tell their concerned patients and the gay community at large, based upon previous studies. Drawing on the experience of the past, it is hoped this national study's design will confirm and/or challenge, as well as expand, the findings of previous studies into aspects of AIDS epidemiology. In order to accomplish this, we will have to rely on the cooperation of collaborators around the country to collect data as described in the final protocol.

I regret that I was unable to meet with you personally to discuss the CARES project. However, I did enjoy the AIDS/KS conference at University of California in San Francisco and the Public Form the following day. I hope that we can gain the support of the medical community within San Francisco to collaborate on the CARES project.

At this time, we are considering the need for a training session for the CARES collaborators and their office staffs in each city. As the logistics of the final protocol are finalized, we will be contacting you regarding the implementation of the study, planned for early 1983. Until then

Health,

Michael B. Wilson

Michael B. Wilson, M.Ed.
Coordinator of Public Health Education
Coordinator of Research
Department of Cancer Prevention

cld

Marcus Augustine Conant M.D.

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DERMATOLOGY
(415) 661-2614

*350 Parnassus Avenue, Suite 808,
San Francisco 94117*

November 14, 1982

Mr. Michael B. Wilson
Coordinator of Public Health Education
University of Texas System Cancer Center
M.D. Anderson Hospital & Tumor Institute
Texas Medical Center
6723 Bertner Avenue
Houston, Texas 77030

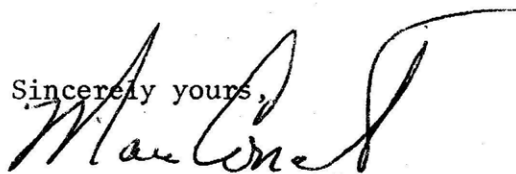
Dear Mr. Wilson:

I was so sorry that you did not learn of my involvement with the AIDS/Kaposi Sarcoma project here in San Francisco until it was too late for us to get together so that I could learn about your interesting project.

I appreciate your taking the time to write regarding your findings on your national trip, and we look forward to hearing more from you as you develop your ideas for a national study. I am so pleased that you were able to attend the Conference at the University on Friday and the Public Forum on Saturday.

If you plan to be in San Francisco again, please call so that Dr. Volberding, who directs the Kaposi Sarcoma Clinic with me, and I can have an opportunity to meet with you.

Sincerely yours,



Marcus A. Conant, M.D.
Co-Director
Kaposi Sarcoma Clinic, UCSF

MAC:jb

cc: Dr. Paul Volberding
Mr. Frank Jacobson

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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HOSPITALS AND CLINICS

SAN FRANCISCO, CALIFORNIA 94143

November 18, 1982

Dr. Gary S. Wood
Department of Pathology
Stanford University
Stanford, CA 94305

Dear Gary,

As promised in my letter of October the 5th, I brought your proposal (along with about ten others that we have received) to our Kaposi Sarcoma Clinic, Principal Investigators' meeting on November the 11th.

It is our sincere desire to furnish material as quickly as possible to all responsible investigators who are interested in pursuing studies of this fascinating new disease process. On the other hand, our resources and the amount of material available to us are limited, and we must assure ourselves that each project that we participate in is meritorious and will give us the greatest amount of useful information in the shortest possible time.

It was decided to ask each investigator to send to us a letter with a succinct description of his proposal. This letter should include the hypothesis, the proposed project to test the hypothesis, and the resources available to perform the work. A copy of your curriculum vita, with the names and titles of your associates in this project, would be useful.

We will ask each collaborator to acknowledge in any publication that material was supplied by the Kaposi Sarcoma Clinic and to assure us that the specimens furnished by the Kaposi Sarcoma Clinic will be used only for the proposed project and will not be given to other investigators for additional studies without our expressed permission.

Finally, as if all of the above was not enough, if upon review of the proposal we find that the investigator plans to perform studies which are already in progress in one of our laboratories, we will ask the investigator to work with, and publish jointly with, those of us doing similar studies. Of course if the proposal is entirely original, we will ask for no recognition on the paper except that the specimens came from the Kaposi Sarcoma Clinic.

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We look forward to receiving your proposal letter within the next week or so, so that we can start furnishing you material as quickly as possible. If I have not been clear on any point in this letter, please do not hesitate to call me at - 661-0538 any evening between 5:30 & 7:00 p.m.

We thank you for your interest and look forward to working with you.

Sincerely yours,

Marcus A. Conant, M.D.
Co-Director
Kaposi Sarcoma Clinic

cc: Dr. Paul Volberding
San Francisco General Hospital
1001 Potrero, Room 5H22
San Francisco, CA 94110

Marcus Augustine Conant M.D.

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DERMATOLOGY
(415) 661-2614

*350 Parnassus Avenue, Suite 808,
San Francisco 94117*

November 22, 1982

MEMORANDUM

TO: Paul Volberding, M.D.
FROM: Marcus A. Conant, M.D. *MAC*
RE: AIDS Clinic--San Francisco General Hospital

As I mentioned while we were waiting to see [REDACTED] on Thursday, Mr. Bob Mackler is a hospital administrator who does grant writing and trouble shooting for thirteen hospitals in the San Jose area. Bob has generously offered to volunteer time to help the Kaposi project here in San Francisco.

When funds become available from the mayor's office for your new AIDS Clinic, you might want to call on Bob to write up the proposal and assist you in budgeting the money for space, salaries and services.

MAC:ig

cc: Mr. Robert Mackler
[REDACTED]
[REDACTED]
[REDACTED]

April 28, 1982

To Whom it May Concern:

This is to certify that [REDACTED] is a patient under my care at San Francisco General Hospital, but is able to return to work. Her disease and therapy are not disabling or confining and she desires to return to work at this time.

Thank you for your consideration.

Sincerely,

Paul Bolberding, M.D.
Assistant Professor of Medicine
Chief, Medical Oncology
San Francisco General Hospital

PV:kam