

May 29, 1987

Dr. Henry J. Heimlich
President, The Heimlich Institute
Professor of Advanced Clinical Sciences
Xavier University
P.O. Box 8858
Cincinnati, Ohio 45208

Dear Dr. Heimlich:

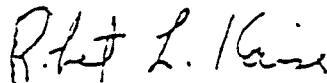
I received your letter of May 7th with the encouraging news of progress in development of your study in malaria therapy for cancer. As CDC has had no recent direct experience with inducing malaria in humans, it seemed that it would be most helpful to identify current clinical investigators involved in carrying out studies requiring induction of malaria in volunteers. Along these lines, I have contacted Dr. David Clyde, who is presently working with the University of Maryland on studies of candidate malaria vaccines in human volunteers in that institution. I have also been in contact with Dr. Jeffrey Chulay, of the Walter Reed Army Institute of Research, who is part of a group carrying out similar studies with that institution. I indicated your interests to each of these individuals, and my concern that you have an opportunity to discuss aspects of clinical management of induced malaria in the context of 1987 standards for clinical investigations employing induction of human malaria. Both individuals expressed willingness to meet with you and review the procedures they currently employ. Clearly, the patient population you will be dealing with will be distinctly different from young, healthy volunteers.

In addition, I have included a number of reprints dealing with induction of malaria dating back to the 1950's which will be helpful as background information for your study. I have included Dr. Clyde's and Dr. Chulay's addresses and would encourage you to contact them at an appropriate time. They both are located in the Washington area which would be convenient to your proposed study.

With respect to obtaining a source of Plasmodium vivax with which to induce infections, our laboratory may be helpful in that regard. It will be important to find a donor, preferably an American who has acquired vivax malaria in the western hemisphere and from whom blood can be obtained prior to antimalarial therapy. We frequently receive notification of cases, occasionally prior to therapy, and would be able to convey this information to you so that you could followup and arrange to obtain infected blood. Because of the critical need for screening for hepatitis, AIDS, etc., it is essential to be able to followup that patient some six to twelve months later for reassurance of absence of such infections prior to using the infected blood to induce malaria in human subjects. Thus, it is important that the donor be an individual accessible to followup screening.

These are just a few general thoughts which I trust will be useful. I believe that Dr. Chulay and Dr. Clyde can be particularly helpful in relation to a specific clinical management and screening procedures for infected donors.

Sincerely yours,



Robert L. Kaiser, M.D.
Director
Division of Parasitic Diseases
Center for Infectious Diseases

Enclosures

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