

Does AZT cause cancer?

An NIH advisory panel says the results of a recent study are inconclusive and warrant no changes for now

▼
by Bob Roehr

A study in mice conducted by the National Cancer Institute has raised fears that AZT might cause cancer. The work was completed in November and prompted an advisory committee meeting at the National Institutes of Health on Jan. 14. The panel concluded that the study was "worrisome" from a theoretical perspective and suggested more research. The panel also said that the data itself bears little immediate relevance for humans and merits no changes in current recommendations for use of AZT as therapy.

Clinical trial ACTG 076, concluded three years ago, demonstrated that AZT is effective in greatly reducing the perinatal transmission of HIV from mother to fetus. The transmission rate was 25.5 percent in the placebo group but only 8.3 percent in the AZT arm of the trial. By mid-1994 AZT had become the recommended standard of therapy for pregnant women.

The NCI study looked at whether exposure to AZT in utero would increase the risk of cancer when the child grew to be an adult. It chose mice and rats as the test subjects.

The pregnant rodents were heavily dosed with AZT, at rates much higher than those used in humans, to the point just short of spontaneously aborting the young. Normal births occurred and the young were followed. Tumors began to appear at abnormal rates at about 12 months, the human equivalent of approximately age 30.

Those results may conflict with an earlier study by Glaxo Wellcome, the manufacturer of AZT, which took a slightly different focus. It was designed to measure the long-term carcinogenic effect of the drug in animals at blood levels that approximated those found in humans under normal dosing. It found no abnormal occurrence of

tumors in at least four different animal species. Advisory committee members found the NCI study interesting but questioned its immediate applicability to human therapy.

Edward Bresnick, an animal researcher at the University of Massachusetts Medical Center, called it "a fine model, but I don't think it is ready for prime time."

Jean-Pierre Sommadossi, a pharmacologist at the University of Alabama at Birmingham, questioned the use of a mouse model. He pointed out that there are "major differences" in the way mice and humans metabolize AZT.

Dr. Lucy Anderson, who conducted the study, was asked for her recommendation on continued use of AZT in pregnant women. She responded, "Whatever the cancer risk might be, it is certainly less than that of HIV infection."

Patricia Whitley-Williams, a professor at the Robert Wood Johnson Medical School, noted the resistance to using AZT within the African American community. She feared "this data is going to raise even more resistance."

Several members of the HIV/AIDS community raised the specter of mandatory testing and possibly mandatory medication of a drug that might cause cancer. They urged the committee to consider the political ramifications of its actions as well as the scientific ones.

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, joined the audience for the afternoon session. He summarized the results by saying, "We're not sure what it [the NCI study] means, but we are obligated to bring it to your attention." He pressed for more research but concluded, "The evidence that we have seen thus far does not warrant any changes" in therapy.



Drug czar funds "research" on marijuana

The Clinton administration is going to spend up to a million dollars compiling scientific evidence on the health effects of marijuana. "A lot of people have said we're not interested in the facts on this—and I think this shows that we are," said Drug Enforcement Administration spokesman Bob Weiner.

The report, not new research but a gathering of what is already known, supposedly was commissioned in December by the DEA from the Institute of Medicine and should be completed in about 18 months. Yet for some unexplained reason the study was not mentioned at a press conference later that month at which drug czar retired Gen. Barry McCaffrey, Attorney General Janet Reno, and Secretary of Health and Human Services Donna Shalala bashed the medical use of marijuana.

"Putting McCaffrey in charge of investigating medical marijuana is like putting Hillary Clinton in charge of investigating Whitewater," said Steve

Michael of ACTUP-Washington, "we know what is going to happen."

There are a vast number of anecdotal accounts but little truly scientific research to examine. Pharmaceutical companies have no financial interest in conducting research into medical marijuana because it cannot be licensed for future profit, while for four years the DEA has effectively blocked the one proposed clinical trial into marijuana's effectiveness as a therapy in AIDS wasting syndrome. That trial protocol was created by San Francisco medical researcher Dr. Donald Abrams with a review and approval by the Food and Drug Administration.

The DEA also has a history of ignoring results it doesn't like. In the late 1980s it charged administrative law judge Frank L. Young with examining the medical use of marijuana. The judge concluded that "Marijuana has been accepted as capable of relieving the distress of great numbers of very ill people and doing so with safety under medical supervision." The DEA rejected his conclusions.

Bob Roehr

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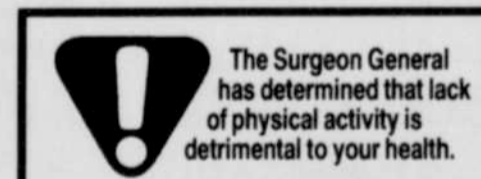
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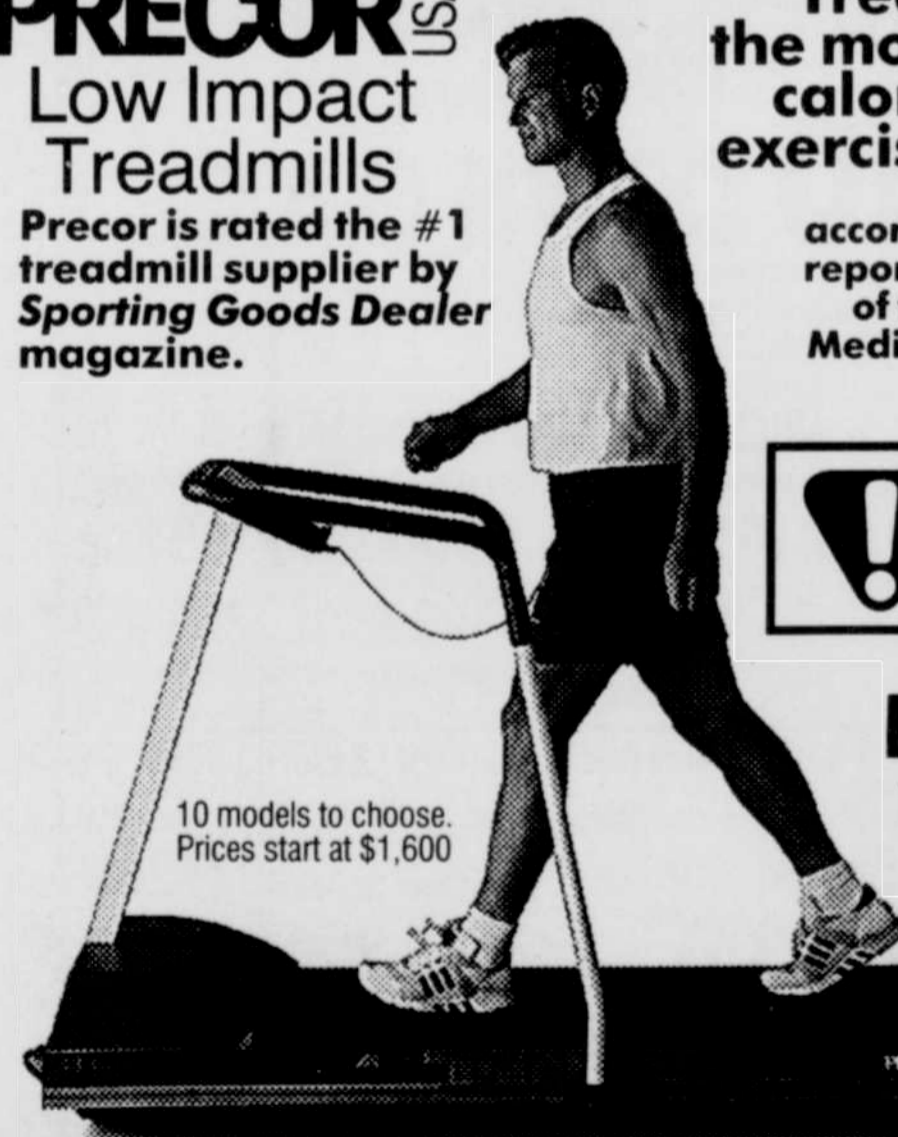
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