

## OPRR Berates NIH

■ The Office for Protection from Research Risks (OPRR), the NIH office responsible for enforcing government rules on human volunteers in clinical experiments, has issued a sharp report condemning NIH's "disjointed, compartmentalized system of human subject protections," and singling out NCI researcher Robert Gallo and French scientist Daniel Zagury for a "continuing lack of understanding" of departmental rules regarding human subjects.

The OPRR's year-long investigation began after NIH received allegations that Zagury had conducted AIDS vaccine trials in Zaire on young children without French and Zairan government approval, and that Gallo had sent Zagury biological material without providing documentation regarding its use in human trials. Since February, NIH has required Gallo and several other NCI researchers to obtain special approval before collaborating with foreign institutions in research involving human subjects. In response to the OPRR report, NIH has similarly restricted Gallo's domestic collaborations.

NIH has also decided to create an Office of Human Subjects Research to ensure that its researchers understand that all their collaborations are subject to U.S. rules. It will also audit the existing collaborations of intramural scientists for compliance with these regulations.

## Stanford Finances Take a Beating

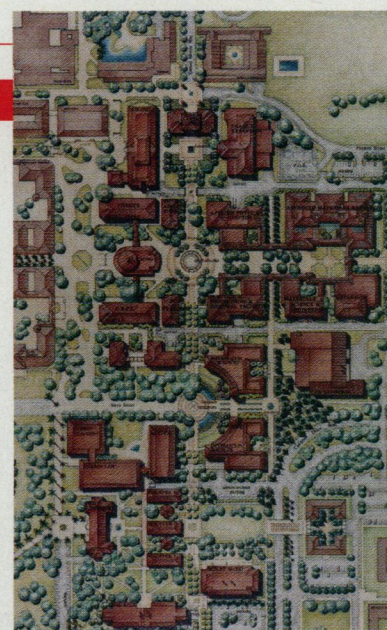
■ Faced with a sharp, government-imposed cut in its overhead rate, Stanford University's medical school has been forced to borrow \$30 million from the main campus—the first bailout in the school's history. Plans are in the works to cut 15 positions from the medical school faculty through attrition. And privately, some university insiders are predicting that the grandiose Near West Campus—Stanford's plan for a \$250-million, 800,000-square-foot science complex—may be dead.

Officially, building plans for the 41-acre project have merely been slowed down and scaled back. The first two buildings of the project are completed, and construction on the third is tentatively planned to begin this fall. But some fear the financial squeeze on Stanford could stop the project completely.

The fate of Near West might

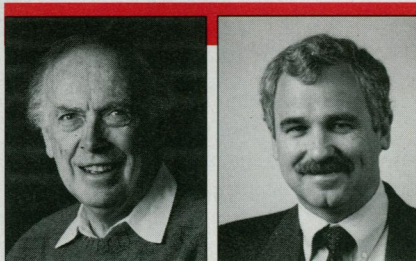
only presage fiscal calamities now looming in other university programs, triggered by the government's reduction of the indirect cost rate from 74% to 55%. In addition to the loan from the main campus, the medical school—which houses half the university's federally funded researchers—will use its \$21-million financial reserve for operating expenses through 1997. Other belt-tightening measures include the cancellation of two national searches for chairmen of pharmacology and neurosurgery. Plans to build a new \$7-million anatomy building have been canceled, and all departments will have to cut expenses by 7%.

Administrators are also planning a number of cuts for the main campus, including a 3-month delay in employees' 1991 salary increases. Against this backdrop of financial catas-



Stanford's endangered Near West Campus development.

trophe, it's easy to see why Near West—which at one time threatened to send the university's indirect cost rate to 84%—might have been moved not just onto the back burner, but off the stove altogether.



Watson (left) and Galas.

## New Hope for International Genome Support

from Japan and other nations may soon become a reality—at least for the new Genome Data Base (GDB) at Johns Hopkins University, the main repository for all human gene mapping data.

Just a few weeks ago, James Watson and David Galas, who head the genome efforts at the National Institutes of Health and the Department of Energy, sent out letters inviting contri-

butions from public and private agencies in Europe and Japan who had expressed interest in the database. A second round of letters will go out soon. The incentive to chip in is strong: Institutions will find that their influence over policies concerning database format, access, and distribution is roughly proportional to the size of their contribution, says Galas.

Funding for the database has long been up for grabs. While the Howard Hughes Medical Clinic paid for its initial development, operational funding wasn't guaranteed until a few months ago, when DOE and NIH agreed to split the roughly \$5-million-a-year tab. Watson and Galas now say they're optimistic about foreign contributions, although they haven't yet received an official commitment from anyone. Their confidence is reflected in their plans for an August meeting in London intended to iron out the details of the new collaboration.

## Drug Designers Eye the Elderly

■ Look for a stream of new medicines for the elderly to flow from the drug development pipeline over the next few years. American drug companies are working on no less than 329 new medicines for 45 diseases that affect older citizens, according to a new survey by the Pharmaceutical Manufacturers Association (PMA). That's an increase of 70 drugs over what they were working on for the elderly 2 years ago (when

PMA took its last survey), and 108 more than they were developing 3 years ago.

Why the push on medicines for the elderly? PMA President Gerald Mossinghoff says that these geriatric diseases "exact an enormous burden on society in terms of lost independence, which leads to high health care costs for institutional or home care. The medicines in development...hold great hope for lifting some of that burden."

Of course, there's also plenty of money to be made. Alzheimer's disease, for instance, could affect as many as 5 million people by the year 2000. And the market for drugs to treat osteoporosis, arthritis, chronic obstructive pulmonary disease, impotence, influenza, pneumonia, and urinary incontinence, among others, is sure to grow. If that list gets you down, don't worry: The same companies also are working on 16 new drugs for depression.

Disease	Annual Incidence	Medicines in development
Cancer	1.1 million	126
Congestive heart failure	400,000	21
Depression	10 million	16
Diabetes	700,000	11
Parkinson's disease	50,000	5
Pneumonia	3.5 million	13
Stroke	500,000	12

Source: The Pharmaceutical Manufacturers Association.

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