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## **LETTERS**

### Guidelines for Xenotransplantation

In the ScienceScope item "FDA airs qualms over xenotransplants" (6 Jan., p. 19), it was stated that the U.S. Food and Drug Administration (FDA) is concerned that "'Xenografts' might allow dangerous pathogens lurking in animals to jump to humans." Readers might assume that Institutional Review Boards (IRBs) and Institutional Animal Care and Use Committees (IACUCs)



**Organ donor?** Concerns about potential risks of animal-to-human transplants being addressed at medical centers.

at universities are not paying enough attention to this issue. This is not the case. For example, we at the Columbia-Presbyterian Medical Center in New York City are committed to conducting a thorough review of this possibility.

As noted in the ScienceScope item, surgeons at our institution have requested permission from the IRB and the IACUC to transplant a baboon heart into a human as a life support measure until a human heart becomes available. After initial review, many issues arose that were discussed with the investigator, including possible infectious disease consequences. A half-day workshop was held by the two committees to which the investigative group and several outside experts in various disciplines were invited. Again, the infectious disease issue and the possibility of a threat to the public health received close scrutiny. Thus, an extensive initial review of the protocols was conducted.

Several experts in infectious diseases from outside the institution were consulted who expressed a range of opinions. There are little data on the possibility of a

new infectious agent arising from xenotransplantation and, hence, there is a wide range of opinion on the probability of such an occurrence and its potential danger. Therefore, our institution has recommended that a group of experts on recurrent and emerging infections be convened to help decide this issue. The Institute of Medicine will hold a workshop to attempt to develop an acceptable protocol for minimizing the possibility of an emerging infection. The findings of the workshop could act as a guide for us and for other institutions interested in clinical xenotransplantation and for agencies such as the U.S. Centers for Disease Control and Prevention, the National Institutes of Health, and the FDA, should they decide to proceed with xenotransplantation.

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### **U.S. Neutron Sources**

In the article "The looming neutron gap" (News & Comment, 17 Feb., p. 952), Daniel Clery and Andrew Lawler discuss the consequences of the cancellation of the Advanced Neutron Source (ANS) for neutron-scattering research in the United States. I have been a strong supporter of the ANS and agree that cancellation of the project will prevent the United States from taking the lead in this important field. However, the analysis presented was incomplete because the most productive, costeffective U.S. neutron source is not mentioned. The research reactor at the National Institute of Standards and Technology (NIST) is in the final stages of completion of a major enhancement to its capabilities, the Cold Neutron Research Facility. The combined neutron facilities at NIST serve many more researchers than does any neutron facility at the Department of Energy (DOE), with nearly 1200 participants from 48 industries and 85 universities in the United States (and from many non-U.S. institutions). The array of instruments,