# AIDS Task Force Fizzles Out

A once-promising effort to speed drug development offers an object lesson in the hurdles faced by even the loftiest research commissions

In November 1993, faced with an urgent need to speed the development of anti-HIV drugs, the Clinton Administration announced plans to form a star-studded task force to help clear the way. "This is not just another government panel appointed to study an issue and write a report that will gather dust," proclaimed Donna Shalala, the secretary of Health and Human Services (HHS). Rather, Shalala promised that the National Task Force on AIDS Drug Development would "identify and remove any barriers or obstacles to developing effective treatments."

Now, more than 2 years later, the high-powered task force has disbanded, and even panel members agree that it fell short of its goals. They say that many of the obstacles to drug development, such as a lack of financial incentives for pharmaceutical companies, are still in place. And they say the lifting of key barriers by agencies like the Food and Drug Administration (FDA) occurred independently from the task force. "I cannot point to anything that the group accomplished that would not have happened without it," says panel member Deborah Cotton, an AIDS clinician at the Harvard Medical School.

AP/WIDE WORLD PHOTOS

**Force fanfare.** Shalala and Lee announce the panel in 1993.

Not every panel member's assessment is so dour. National Institutes of Health (NIH) Director Harold Varmus says "on the whole," the task force was worthwhile because it stimulated "new dialogues." But he acknowledges that the panel achieved few concrete results. The broader lesson is that groups like this task force "don't accomplish a lot," says Edward Scolnick, president of research at Merck & Co. "Their most important role is to air issues."

That's a timely message for the AIDS community, as a bevy of other groups are now attempting to reorganize AIDS efforts, tackling everything from the way NIH spends its research dollars to the interactions among various scientific branches of the government (see table). A dissection of the task force's history suggests that these groups will need clear goals, strong support, and a commitment to action. And the task force's tale also suggests, surprisingly, that a panel laden with too many top-ranked members may in the end accomplish less, offering mere sizzle instead of steak.

### The dream team

Over the years, dozens of groups have tried to coordinate the AIDS research behemoth. But the 15-member National Task Force on AIDS Drug Development stood out from the crowd. In addition to the heads of NIH and FDA, the group included prominent AIDS activists, pharmaceutical executives, top researchers, and the assistant secretary of health.*

The task force was the brainchild of FDA Commissioner David Kessler, who in 1993 was both inspired by a new pharmaceutical industry collaboration to test combinations of drugs and disturbed by the mediocrity of available anti-HIV drugs. Kessler believed that more cooperation among government, industry, academia, and AIDS activist groups might further speed new treatments.

He was pragmatic. "No promises here," he told *Science* at the time. "We're only going to try." Yet he was optimistic that an AIDS drug task force could spur development of screens for new drugs, identify the most promising ones already being tested, and clarify how best to run combination studies. Those who later joined the task force had a long list of ambitious goals, too, many of which were specific to the constituencies they represented, ranging from infants to pharmaceutical companies.

One yardstick to gauge how well the task force lived up to its billing is a draft HHS "status report," obtained by *Science*, that lists task force recommendations made in January and June of 1995, and HHS responses. The final 20 November 1995 report, written 2 days before the group's charter expired, reveals modest successes that don't reflect the original high hopes.

Consider the panel's recommendations about the NIH's Recombinant DNA Advisory Committee (RAC), a "success" highlighted by Kessler, Varmus, and others. The task force suggested that the NIH's RAC and the FDA should consolidate their reviews of gene therapy protocols, rather than conducting two separate reviews, as was then being done. As of September, the RAC only scrutinizes protocols that use novel approaches.

This removed an obstacle to gene therapy for AIDS, but many question how much influence the task force had. The change "could have been done by the Administration with the stroke of a pen since it is such a comparatively straightforward issue," says member Dan Hoth, who headed the Division of AIDS at the National Institute of Allergy and Infectious Diseases before joining Cell Genesys Inc. in 1993. In any case, Hoth and others say, the review process would have been streamlined without the task force. Nelson Wivel, head of the RAC, agrees, but says the task force's persistence "probably put the process of selective review on a fast track."

Whether or not the task force can take credit for this change, many members agree that they made no visible headway in the area that most needed their attention: getting new anti-HIV drugs into the pipeline. Although companies have invested heavily in drugs that attack two HIV enzymes, reverse transcriptase (RT) and protease, the panel concluded that there are few financial incentives to develop drugs against other viral components. So the task force crafted six recommendations that ask the Clinton Administration to propose legislation designed to create incentives such as patent extensions and tax credits.

No such legislation now exists. The HHS status report notes that the department is "deeply concerned by the perception that there may be inadequate market incentives for private investment in HIV/AIDS-related research" and plans to sponsor a more detailed study of the issue.

Kessler acknowledges that there are few drugs in the pipeline aimed at new HIV targets, but he also emphasizes that the AIDS drug situation isn't as grim as he believed it was when the task force began. "The truth of the matter is there weren't as many hurdles as

* The task force members not named in this story and their affiliations at the time are: Moises Agosto, National Minority AIDS Council; Stephen Carter, Bristol-Myers Squibb; Charles Nelson, National Minority AIDS Council; Kirk Raab, Genentech; and Flossie Wong-Staal, University of California, San Diego.

we thought," says Kessler. Today, with six anti-HIV drugs on the market and promising new ones in the wings (all of which target RT or protease), he says "we're in a very different situation." But panel member David Ho, head of the Aaron Diamond AIDS Research Center, says that despite such improvements, the drug pipeline remains a critical issue. And Ho says he is "certainly disappointed" that the panel recommendations haven't been implemented. "I don't think we need more studies. I think we need more actions," says Ho.

A similar lack of action mars other so-called "successes" of the task force, which receive mixed reviews from panel members. For example, member Terry McGovern, an attorney who heads New York's HIV Law Project, was the prime mover behind the task force's recommendation that drug companies include more women in clinical trials and analyze gender-specific effects. Member Robert Schooley, a leading AIDS clinician at the University of Colorado, argues that McGovern's efforts had an impact. "We're clearly seeing more women in trials than before," says Schooley. "She had a lot to do with it."

But McGovern herself is dissatisfied. "I'm very frustrated with the whole experience," she says. "We unanimously voted to get FDA to do certain things, and FDA hasn't done them." Specifically, the task force urged that companies conducting clinical trials stop automatically excluding women "of childbearing potential"—which means most women between 15 and 50. The panel said that if a company insists on excluding these women in the absence of evidence of "reproductive toxicities," the FDA should halt the trial. So far, the FDA has not begun to change its rules. Kessler responds that he is "committed" to that change, but that the FDA has been swamped approving new drugs.

Such explanations aren't likely to soothe impatient task force members, who think there should have been more action on several fronts. For example, member Arthur Ammann, head of the Pediatric AIDS Foundation, is concerned that new anti-HIV drugs often are approved for adult use long before they are even studied in children and infants. This delay is especially critical for infants, he says, because of evidence that the anti-HIV drug AZT can prevent transmission from infected mothers. Ammann had hoped that the task force would prod the government into offering incentives for industry to include children and infants in drug studies. But all he could get was a promise from the FDA to ask companies for a "pediatric plan." Says Ammann, "If our goal was to solve problems of drugs in infants, we failed."

### What went wrong

Why did this muscular task force have so much difficulty removing barriers to AIDS drug development? Members point to several reasons—including their own shortcomings.

Government bureaucracy is high on the list. An initial goal of the group was to determine which companies were developing which drugs, but a government regulation prohibited them from surveying more than eight people at any one time. "That brought things to a halt fairly quickly," says Ben Cheng, an activist with Project Inform. "We started working on less substantive issues, and everybody started to lose enthusiasm." The government policy of opening all meetings to the public also prevented the group from getting at the "roots of the problem," says Ammann. Harvard's Cotton agrees: "Those same 15 people, had they been able to meet periodically off the record, could have moved further."

Several members say the Clinton Administration only had halfhearted support for the task force. Member Peter Staley is an activist with the Treatment Action Group who overall has high praise for the Administration's support of AIDS research. But Staley says this group—which had only part-time administrative help—was "never given the structural and financial support to really accomplish anything." The panel had a high-ranking chair—Assistant Secretary of Health Phil Lee—but that wasn't necessarily a boon, task force members said, because the panel had to compete with other urgent issues for Lee's attention. "This was too small an issue for the assistant secretary of health to be dealing with," says Harvard's Cotton. Lee defends his record, saying that "there are few areas I have a higher priority interest in than HIV and AIDS." But he acknowledges that he "obviously had many competing demands" and wishes he could have put more effort into the task force.

Other members freely admit their own failings, too. Some rarely attended, and those who did had such diverse interests that meetings often veered into tangential topics. "We were bombarded with smaller issues," says Staley. Psychiatrist Mindy Thompson Fullilove of Columbia University says her fellow panel members refused to look at the big picture: how different bureaucracies—government, industry, and academia—fit together. She says that if they could have analyzed how these groups "intermingle" to bring a drug to market, they might have found ways to improve the process.

Behind all these structural difficulties, says Schooley, is the fact that HIV itself is an extraordinarily difficult drug target—posing a biological challenge no panel can solve. "I think the people here wanted to solve an engineering problem, but it's a biological problem," he says.

The task force's problems are over now, but there's a large family of other attempts under way to speed and coordinate AIDS research, and this panel offers lessons that may translate to many of its cousins. Member Hoth says that in addition to having a clear mission and a definable outcome, a commission will only succeed if the "customer"—in this case, the government—"is willing to buy the product."

Indeed, many panel members are enthused about a review now being spearheaded by NIH's Office of AIDS Research (OAR)—because it's led by NIH Director Varmus, who has enough power to make change and is close to the issues. "The person at the top is a peer among us," says Ho, one of many researchers helping the OAR. "With the national task force, we had to convince politicians, whose agendas are more important than what we're dealing with, to implement it."

Yet Ho notes that Shalala could still act on the task force recommendations. "But she'd better hurry," he says—or else the legacy of the National Task Force on AIDS Drug Development may indeed be yet another report that gathers dust.

**–Jon Cohen**

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| Group | Formed | Sponsor | Aims |
|---|---|---|---|
| National Task Force on AIDS Drug Development | 30 Nov. 1993 | HHS Secretary Shalala | Identify and remove barriers or obstacles to new drugs |
| National AIDS Policy Director/ Office of National AIDS Policy | 24 June 1993 | President Clinton | Provide a central focus for governmental efforts against HIV/AIDS |
| Inter-Company Collaboration for AIDS Drug Development | 19 April 1993 | 15 pharmaceutical companies | Speed development of combination therapies |
| NIH's Office of AIDS Research | Revamped June 1993 | Congress | Oversee all NIH-funded AIDS research and conduct large review |
| Vice President Gore Meeting with Pharmaceutical Industry | Announced 6 Dec. 1995 | President Clinton | Accelerate development of vaccines, therapies, and microbicides |
| Interdepartmental Working Group | Announced 6 Dec. 1995 | President Clinton | Develop coordinated HIV/AIDS plan for all governmental departments |
| White House AIDS Council | 14 June 1995 | President Clinton | Provide advice and information |