

Canada's McMaster University in Hamilton, Ontario, who was the principal investigator in the CAPRIE study, says that "When they started this study in 1988, there was clear evidence from a number of published studies that antiplatelet drugs, particularly aspirin, prevented stroke ... in these patients." The 1649 people in the placebo group were unnecessarily exposed to a higher risk, he says.

Erasmus's Koudstaal says that there may have been room to doubt aspirin's efficacy at the beginning of the trial. But later studies, such as the 1991 Swedish Aspirin Low-dose Trial (SALT) and the "aspirin papers," a series of meta-analyses published in the *British Medical Journal* in 1994, "convincingly proved" that aspirin worked, he says, and should have been reason to stop the placebo arm of the trial. Yet, the study continued until March

1995. "It was probably a mistake at the time," adds Charles Warlow, a neurologist at Western General Hospital in Edinburgh, U.K. "I personally wouldn't have put people in the trial. But there are many perfectly respectable people who did. People vary in what they regard as definite evidence."

Verhorst and Lowenthal dismiss these criticisms, arguing that the efficacy of aspirin, as well as the optimal dosage, was not known when the trial started. Says Verhorst: "The study was submitted to ethical committees in every center. If 59 ethical committees approve, then there is no ethical problem." And Lowenthal says that the trial was monitored by a central ethics committee, which discussed the study each year. It reported in 1995 that use of placebos was justified because of doubts about aspirin's efficacy and

side effects. However, Verhorst confirms that the study was turned down by *The Lancet* largely due to ethical concerns.

Neurologists are now debating whether the results of the study should guide clinical practice. Some previous studies have found no benefit from the combination of dipyridamole and aspirin compared with aspirin alone in stroke prevention, although one other study, published 10 years ago by the same group, reported very positive results with a smaller number of patients. A meta-analysis of all relevant trials will be needed to give a definitive answer. "There is some discomfort about this," says Gent, "but the results are interesting."

—Martin Enserink

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AIDS POLICY

Baltimore to Head New Vaccine Panel

With powerful new cocktails of AIDS drugs beginning to make headway against HIV (see p. 1988), researchers and AIDS activists alike are turning more attention to a research area that has been something of a stepchild: development of a preventive vaccine. William Paul, head of the Office of AIDS Research at the National Institutes of Health, announced on 12 December that the NIH AIDS vaccine budget would be raised from \$109.5 million to \$129 million in fiscal year 1997, and that Nobel Prize-winning retrovirologist David Baltimore will head a new AIDS vaccine panel to help coordinate the effort. "The NIH has often been accused by others of not taking AIDS vaccine development seriously," says Paul. "We think this appointment, aside from its scientific value, is saying to the nation and the pharmaceutical industry we are taking it seriously."

Baltimore, a researcher at the Massachusetts Institute of Technology (MIT), well knows that reinvigorating the AIDS vaccine field—which has suffered from industry's lackluster interest and a sobering list of scientific obstacles—is a tall order. "The major challenge is to create more scientific opportunities and to produce a vaccine preparation that will give such an exciting result in preclinical testing that industry will say, 'Yes, this is something we want to do,'" says Baltimore. But no one, including Baltimore, yet knows how he and his panel—which will mix extramural researchers and representatives from various branches of NIH—will accomplish this.

The idea for the panel stems from a task force, consisting of 100 extramural researchers, who just this spring completed a massive review of NIH's AIDS research portfolio (*Science*, 15 March, p. 1491). The report concluded that "the entire AIDS vaccine research

effort of the NIH should be restructured"—although it didn't say how—and overseen by an AIDS Vaccine Research Committee (AVRC). The AVRC, it stipulated, should coordinate direction for all the AIDS vaccine research—intramural and extramural—funded by NIH. Although Baltimore won't have any formal authority, he will advise Paul, NIH Director Harold Varmus, and NIH institute directors on what his committee believes should be done to stoke the vaccine effort. "Having someone of David's breadth of experience and extraordinary creativity and intelligence cannot help but be a positive thing," says Anthony Fauci, head of the National Institute of Allergy and Infectious Diseases.

Baltimore, who first surfaced as a candidate for the job this summer (*Science*, 20 September, p. 1647), says he thought about the offer long and hard. "When I was first asked, I decided I had to look carefully at whether I believed it was possible to make a vaccine," says Baltimore. After considering data from several promising studies, including one showing that monkeys given a live, but weakened, AIDS virus vaccine were protected from subsequent challenge with lethal virus, Baltimore decided that it would be. "At that point," he says, "I was honored and excited by the possibility that I could contribute to that."

Baltimore acknowledges that he was also hesitant to take the job until after the national elections in November. Had the Democrats reestablished a majority in the House, Representative John Dingell (D-MI)—with whom Baltimore had battled over charges that a co-

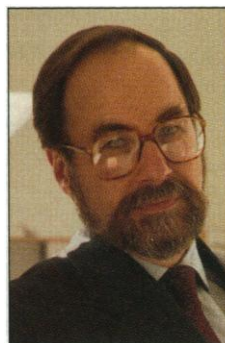
author on one of his papers had falsified data—likely would have once again chaired the subcommittee that oversees scientific misconduct. "I certainly did feel if the House became Democratic, I had to come to some understanding with him before I could take the job," says Baltimore.

Baltimore's appointment is being received enthusiastically—although with some reservations. "Clearly, David is one of the best and brightest scientists that the United States has," says Margaret Johnston, scientific director of the Rockefeller Foundation's International AIDS Vaccine Initiative. "That said, he's got some things to learn about vaccine development, and there are very serious issues that need to be taken on by NIH." Johnston points to what she believes is a need to direct some areas of AIDS vaccine development, such as launching a targeted program to determine which immune responses protected the monkeys in the 1992 vaccine experiment Baltimore cited.

Another serious issue, as highlighted in a report issued this month by the AIDS Vaccine Advocacy Coalition, a new group of AIDS policy analysts, is the low-level interest of industry. The report concludes that it is "extremely troubling that only a handful of companies are actively attempting to develop an AIDS vaccine."

Baltimore, who will devote about 20% of his time to the vaccine effort, intends to survey people in the field over the next few months to figure what, exactly, he'd like his committee to do. "I may find 2 years down the road that it's all frustration," says Baltimore. "But I doubt it."

—Jon Cohen



Vaccine chief. MIT's David Baltimore.