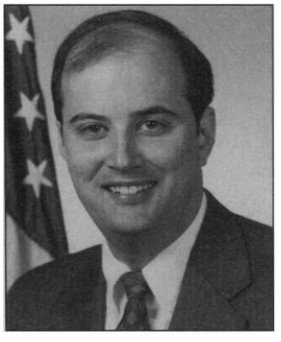
THE GALLO PROBE

HHS Cancels Gallo's Moment in the Sun

Ever since the National Institutes of Health (NIH) formally opened a misconduct probe into Robert Gallo's early AIDS research more than two and a half years ago, Gallo has remained uncharacteristically silent, at least in public—the result of a gag order from his superiors. Last week, however, Gallo was scheduled to get his moment in the spotlight, courtesy of NIH director Bernadine Healy. Convinced that he had defended himself well in a closed-door session with the directors of NIH's institutes, she had arranged for him to appear on 24 June at an open meeting of the National Cancer Advisory Board Subcommittee on AIDS to answer questions from committee members and the public (*Science*, 15 May, p. 955). Gallo was certain to get all the exposure he needed and maybe more: At least 30 news organizations had planned to send reporters, and CNN had even arranged to cover the meeting live.



Let's call the whole thing off. Michael Astrue.

But the day before the meeting was to begin, NIH called it off, citing legal concerns raised at the last minute by Michael Astrue, general counsel of NIH's parent body, the Department of Health and Human Services (HHS). On 23 June, Astrue wrote to Nobel Prize–winning biologist Howard Temin of the University of Wisconsin, who chairs the AIDS subcommittee, to inform him that the meeting "exceeds the statutory authority of your committee and therefore must be canceled."

A top-level HHS official involved in the decision, who spoke on condition that he not be identified, cited two main reasons for the cancellation. First, the meeting "essentially amounted to an investigation of the underlying facts in the Gallo case"—an investigation Temin's subcommittee had no authority to conduct, the official said. Furthermore, such a public forum could have been "unfair" to Gallo, the official said, since in addition to the NIH investigation he also faces probes by Representative John Dingell's (D–MI) oversight subcommittee, the General Accounting Office, and the HHS inspector general—all of whom would have been watching his public statements closely. The meeting "was just a bad idea to begin with," the official concluded.

Whether a bad idea or not, the meeting had certainly promised to be highly unusual—and potentially explosive. For one thing, it would have marked the first time the federal government had provided the subject of an ongoing misconduct investigation a public platform to make his defense. For another, it could have touched on issues that are still the subject of international dispute, such as the validity of a multimillion dollar Franco-American patent on the AIDS blood test. U.S. lawyers for the Pasteur Institute, in fact, had scheduled a press conference immediately following the advisory board meeting "to respond to anything Gallo was going to say," says Michael Epstein, a lawyer at the New York firm of Weil, Gotshal, and Manges, which represents the institute.

Temin insists that the meeting could have steered clear of such potential land mines. The idea, he says, was "to enable Dr. Gallo to present, in his own voice, information relative to this controversy" and "to have a discussion of some of the lessons that can be learned from this controversy about the processes of scientific discovery, scientific management, and scientific administration." The meeting was "expressly" not a review of the misconduct investigation or the harsh criticism of Gallo offered by an outside panel of advisers chaired by Yale biochemist Fred Richards (*Science*, 8 May, p. 738), Temin says.

Despite such protestations, however, Temin's own statements suggest that the meeting would have covered some of the same ground as the NIH probe. For example, Temin says that Gallo had been asked to respond to six specific charges, among them that he may knowingly have used LAV, an HIV isolate he received from the Pasteur Institute, to make his AIDS blood test in 1983 and 1984; that he had repeatedly denied growing LAV in his laboratory; and that he may not have given the French credit for knowledge he gained by growing LAV. Several of these charges have been addressed in NIH's misconduct report or by the Richards panel.

The decision to call off the meeting doesn't mean that Gallo has lost his chance to make his case publicly—just that he can't do so at the government's expense. Says the HHS official: "If [Gallo] wants to pick a forum and present his views as a private individual, the department has no problem with that." So far, however, Gallo hasn't said whether he's willing to emerge from NIH's protective cocoon to get his side of the story out on the table.

–David P. Hamilton

DRUG REGULATION

Do Antidepressants Promote Tumors?

As if cancer patients don't already have enough to worry about, a new animal study conducted by a team of Canadian researchers has raised a disturbing possibility. The study, which is published in the 1 July issue of *Cancer Research*, shows that two widely used antidepressants, Elavil and Prozac, act as "tumor promoters" in rats and mice. That means that the drugs, although they are not carcinogens by themselves, accelerate the growth of existing tumors in those animals.

While there's currently no evidence that the antidepressants promote tumor growth in humans, the new results are troublesome because cancer patients are more likely to suffer from depression—and thus to be prescribed antidepressant drugs—than members of the general population. Says oncologist Lorne Brandes of the Manitoba Institute of Cell Biology in Winnipeg, the leader of the team that did the work: "I think that the antidepressants are valuable drugs. But the message is disturbing, and there's no way around that."

Indeed, officials at both Canada's Health Protection Branch and the U.S. Food and Drug Administration (FDA) are taking a look at the Brandes group's results. Agnes Klein, chief of the Health Protection Branch's Oncology Division, characterizes the work as "interesting" and "well done," although she declined to comment on what action, if any, her agency is considering. And Gregory Burke, director of the FDA's Division of Oncology and Pulmonary Drug Products, says he too is interested, because the Brandes team's results bear on the wider issues of how tumor promoters work and how to assess the cancer risks of such compounds. At present, for example, carcinogen screens aren't set up to detect promoters. "The agency and the whole world are trying to design better tests," says Burke, who has invited Brandes to FDA headquarters to discuss his results.

Brandes and his colleagues decided to undertake the animal studies as an outgrowth of their research on an intracellular receptor known as the "anti-estrogen binding site" (AEBS), which was identified by Robert Sutherland and his colleagues at the Ludwig Institute in Sydney, Australia, on the basis of its ability to bind Tamoxifen, the anti-estrogen drug used to treat breast cancer. The Manitoba group wanted to pin down the role the AEBS plays in the cell, and to do this they needed a compound that would bind specifically to the receptor and tweak its activity. Tamoxifen itself wasn't suitable be-