

# COLUMBIA SPECTATOR ARCHIVE

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## Experts discuss new AIDS drugs and treatment at CU conference

By Amanda McLean

Current pharmaceutical treatments for AIDS are effective only in prolonging the lives and easing the discomfort of people infected with the Human Immunodeficiency Virus (HIV), according to medical experts at the day-long Columbia Conference on AIDS Saturday at the Kathryn Bache Miller Theatre.

HIV can manifest itself either as full-blown AIDS or AIDS-related Complex (ARC). So far, AIDS, which makes sufferers more susceptible to infections a healthy person's immune system would normally be able to combat, has affected almost 70,000 people in the United States.

Experts predict that by 1992, 365,000 people will be affected, according to "The Essential AIDS Fact Book," prepared by Paul Douglas and Laura Pinsky, who run the Gay Health Advocacy Project, which sponsored the conference.

Jonathan Gold, associate attending physician of the Infectious Disease Service at the Memorial-Sloan Kettering Cancer Center, said while there is still no cure for AIDS, treatments for the symptoms of the disease are becoming more effective.

"There has been improvement in the survival of HIV individuals. They are living longer because we know how to treat them better. Now the chronic illness that accompanies AIDS can be managed successfully. . . However, there is no cure in sight," he said.

Dr. Michael McGrath, an assistant professor of medicine at the University of California at

San Francisco, said a new drug, Compound Q, can be effective in preventing the contraction of AIDS in people who carry the HIV virus but who have not developed the symptoms of the disease.

“Compound Q prevents the synthesis of p24 [a protein which is synthesized only in HIV carriers] and reduces the chances of opportunistic infection,” McGrath said.

McGrath admitted that he conducted tests of the drug on 23 patients without the approval of the Food and Drug Administration (FDA).

While 10 of the 23 patients who took Compound Q suffered from side effects ranging from flu-type symptoms to seizures or even a coma, the steroid Decadron, if administered within 48 hours of the symptoms, can alleviate

the problems, according to Martin Delaney, co-director of Project Inform, a public information group.

Delaney sharply criticized the clinical investigators of the tests, charging that their negligence in refusing to administer Decadron promptly to a patient suffering from severe side effects caused that patient's coma and subsequent brain damage.

“The comatose patient would not have suffered brain damage if the clinical investigators did not have the ego reaction that they did,” he said.

Delaney also downplayed the importance of McGrath's findings on Compound Q, saying the experiments McGrath conducted were preliminary, or Phase I, experiments and therefore not conclusive.

“There is no case for efficacy in Dr. McGrath's findings,” he said. “What we merely look for in Phase I experiments are simply trends and an indication of what the drug's effects are. However, there is no point of comparison, nor are there any control groups.”

Another doctor, Jeffrey Laurence, director of the Laboratory for AIDS Research and an associate professor of the Cornell Medical Center, defended the drug Azidothymide (AZT), the most widely used pharmaceutical

(AZT), the most widely used pharmaceutical treatment of AIDS.

“Everything has been dumped on AZT. AZT is the best thing that we have out there,” Laurence said.

Fred Valentine, director of the AIDS Clinical Trial Unit at the NYU Medical Center, introduced the findings of Phase I experiments with two new drugs, Dideoxyinosine (DDI) and Dideoxycytidine (DDC).

“We do know that these drugs reduce the chances of getting opportunistic infection,” he said. “The infected cells die off and new cells are not being infected.”

At the close of the conference, Morningside Heights residents John Robles, Senior Public Health advisor, and Vera Ajanaku, a member of the board of directors of the National Association of People With AIDS, discussed ways to inform the public about these clinical trials and to improve the representations of minorities and women in these tests.