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VISIT TO COUNCIL FOR TOBACCO RESEARCH, NEW YORK, USA -

WEDNESDAY, 8 MARCH, 1984

Present: L. C. F. Blackman) BAT
R. E. Thornton)
Kendrick Wells - Brown & Williamson
Dr. Sheldon C. Sommers - CTR

1. This visit had been arranged by Mr. E. Pepples, ostensibly as a possible entree into cohort analysis in the USA. In the event, after a presentation on this subject by BAT, very well received by Dr. Sommers, we concluded that our ideas were in advance of those in the USA. There was, however, considerable spin-off value from the visit because of Dr. Sommers' very broad account of the smoking and health scene in the USA.
 2. The CTR has a budget of \$8.5 million, funded on a % market share basis by all companies except Liggett & Myers. It has 122 current grants world-wide, chosen out of some 200 applications. Some 50 outside consultants are used in an initial vetting of the applications.
 3. Grant applications are carefully vetted and scored by a committee twice yearly. Four of the 12 members of the Scientific Advisory Board made a final recommendation; the 12 then vote on a score of 1-5. 1-2½ means funding, 2½-3 is borderline. They currently average \$65,000 per grant, including 15% standard institution mark-up. 80% of applicants get what they ask for, 20% get about 80%. The aim, not always achieved is to visit grantees once a year. In the last fiscal year the budget increased by an extra \$750,000 (9.7%) against a 6½% inflation rate.
 4. The Scientific Staff of the Council are listed in enclosure 1.
- Dr. Sommers, who is medically qualified and 67 years old, discussed research on smoking issues on a world-wide basis. His recall of facts and people was a "tour de force". Particular points he made are now listed:
- He thought the Ames test was ultra sensitive, and this led to the comment that conversely mice used in skin painting studies no longer got tumours, thereby rendering the test insensitive.
 - He seriously questioned whether Homburger ever got tumours in smoke inhalation studies. He considered metaplasia more likely, the whole affair being a 'commercial adventure'.
 - The increasing use of electron microscopy would probably lead to changes in the definition of lung cancer types.
 - En passant, he thought that Vitamin A was important - A propos environmental factors such as motor car exhaust, he referred us to relevant papers involving tunnel workers.
 - There are no proven animal models for emphysema, bronchitis, atherosclerosis and lung cancer.

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6. In an interesting discourse on various aspects of epidemiology Dr. Sommers said:
 - (a) Epidemiological studies could be usefully carried out in Austria eg 96% autopsy rate in Graz. Professor Rotzenhoffer at the National Lung Station was mentioned.
 - (b) 'Cluster' epidemiology should be carried out (not too clearly defined but apparently to identify family effects).
 - (c) Garfinkel was a good scientist but suffered from substantial errors in his basic data (too few autopsies).
 - (d) Mormon studies should be treated with suspicion; some members (Jack Mormons) broke the rules!
 - (e) There were no obvious effects of smoking in the health of Maori's, and there were differential effects in various sub-groups in Hawaii.
 - (f) CTR were supporting identical-twin studies in Nordic countries.
 - (g) Auerbach was a nice guy but his results were scientifically unreliable and his lesions were almost certainly not pre-cancerous.
 - (h) He recommended a book called "Predicting Longevity", and gave us the reference.
 - (i) He was interested in a multi-risk analysis of emphysema involving exposure to stove combustion products, diet, ethnic origin [black/white] etc.
 - (j) Burch is probably a genius and certainly not the crank some people think.
7. He was very well read on recent developments in cancer. He was interested in the relation between oncogenes and growth factors and was proposing the use of growth factors in a synergistic animal model for evaluating biological effects of smoke (cf use of ionising radiation). This possibility has various implications but not the least is its possible extrapolation to the human situation.
8. Dr. Sommers drew our attention to the Smokeless Tobacco Research Council recently formed to look after the interests of manufacturers of smokeless tobacco and with a budget of \$1m. (Compare even this total to the TAC research budget!). Details of this organisation are given as enclosure 2.
9. All in all, this was a very interesting visit to an organisation which sponsors a large amount of high quality research and which appears to administer its fund and evaluate possible projects in a very professional way. The visit was further enhanced by Dr. Sommers remarkable, if idiosyncratic, grasp of the ongoing scene.

R. E. THORNTON

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