Experimental studies designed to evaluate the management of patients with incurable cancer

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Cancer is a serious problem and every physician and biomedical scientist must surely welcome new ideas, concepts, and approaches that might hasten solution of the problem. The 1976 paper by Cameron and Pauling (1) presented such a new approach. Their 1978 report in this issue (2), however, presents no new ideas, concepts, or approaches. The authors have not used well-established rules for clinical investigation to support their thesis.

It would now be appropriate to do the following.

(i) Perform prospective instead of retrospective studies, using both a control and a treated group.

(ii) Define rigidly their criteria for "untreatability."

(iii) Require random assignment of carefully matched cases to the placebo-treated or the ascorbate-treated group—the assignment to be made by someone not otherwise associated with the study.

(iv) Arrange that neither the investigators nor the patients know which patient is in which of the two groups ("double-blind" study).

(v) Take into account the fact that matching of patients with cancer requires histologic identification of the type and origin of each cell type in the matching process.

(vi) Establish a system to ensure that the patients receiving ascorbate and those receiving a placebo have taken their medication regularly.

An important need at this point is to construct an experimental design tight enough to confirm or disprove the initial observations reported by Cameron and Pauling in 1976 (1) and to determine whether the ascorbate action (if there is any) is a biochemical one or a placebo effect. Patients with terminal cancer and their physicians deserve a well-designed study.