

# MEMORIAL SLOAN-KETTERING CANCER CENTER

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AUG 11 1978

C O N F I D E N T I A L

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August 7, 1978

Joshua Lederberg, M.D.  
Department of Genetics  
Stanford University  
School of Medicine  
Stanford, California 94305

Dear Josh:

Let me begin this letter by reiterating the conviction held by both of us which emerged as an important part of our discussion in your office last week: the greatest need in medical science (as distinguished from biological science in general) for the years ahead will be to expand and deepen research on the underlying mechanisms of human disease. The enterprise called "clinical" science has not, in the past, been primarily committed to this aspect of medicine, partly for the good reason that the basic sciences have only recently moved far enough along to make the venture a realistic one. Generally speaking, the basic science community has itself had little interest in problems of disease mechanisms. The most notable exceptions to this generalization, I suppose, are the fields of immunology and genetics, perhaps also virology, where new opportunities have become conspicuous in just the last few years. Cancer and its "allied diseases" exemplify diseases ready for approach, par excellence, but not yet really moving as fast as they should considering the quality of today's opportunities for penetration.

The just-rising generation of M.D.-Ph.D. graduates from certain of the country's medical schools ought to be providing the talent and skill needed for disease exploration, but I doubt that this will happen unless an institutional effort is made to engage the interest of the best of these people, and to provide the setting needed for work of this kind.

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Such a setting exists here, if we can combine the resources of the Rockefeller University Hospital and the clinical research beds of Memorial Hospital. Memorial can provide the technologies and staff personnel needed for the study and care of severely ill patients, while Rockefeller has ideal facilities for longer-term study of ambulatory patients, or hospitalized patients with milder degrees of disease. Memorial's charter would place few constraints on clinical research on diseases other than cancer, since the definition of "allied disease" is very broadly interpreted here (indeed, some of our present programs appear more directly related to rheumatoid arthritis, multiple sclerosis and congenital enzyme deficiencies than to cancer).

I propose the following possibilities for consideration and discussion:

- 1. That a formal document of affiliation be drawn up, linking the two hospitals - perhaps in the same sense that Memorial is now linked to Cornell, or the Massachusetts General Hospital to Harvard (although now that I think of it these are not really analogous situations; I cannot think of a model quite like the possibility here.)
- 2. That Attallah Kappas be appointed as the Vincent Astor Professor at Memorial Sloan-Kettering and Director of the Clinical Research Center in Memorial Hospital, while retaining his professorial appointment and administrative responsibilities in Rockefeller University Hospital;
- 3. That Dr. Kappas' principal charge, on behalf of both institutions, be the recruitment of young clinical investigator-trainees from the M.D. -Ph.D. graduates (or their equivalent) from Rockefeller University and other major universities. These Fellows would have their laboratory bases in the research laboratories of either institution;
- 4. That joint faculty appointments be provided in the future by both institutions, for the recruitment

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of a limited number of new, young but established investigators for the combined clinical research unit;

- 5. That we seek endowment funds for the stable support of the new Fellows and Established Investigators from various foundations, including the Rockefeller Brothers Fund, the Mellon, Commonwealth and Macy Foundations, the R.W. Johnson Foundation and others.

Eventually, I can imagine a future time when it might be determined that a combined Clinical Research Center which would meet the needs of both institutions might be established on one floor of Memorial. If this were done, it would free up space in Rockefeller Hospital for research laboratories for clinical scientists, as well as facilities for the study of ambulatory patients. Obviously, this is a possibility for the perhaps distant future and beyond the scope of the present discussions, but I mention it here because it does seem a realistic objective.

I have discussed all these possibilities with Bob Good, Ted Beattie and John White on this side of the street, and they are in serious agreement that such a move would have very long-range benefits for Memorial Sloan-Kettering. I have also discussed the matter with Laurance Rockefeller and Benno Schmidt, who would certainly support the move in principle if there were concurrence on the part of Rockefeller University.

I have also talked with Attallah Kappas about the possible affiliation and his scientific role, and I have the impression that he would very much like to take this on.

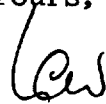
I believe that we have an opportunity here to create a setting which will attract the brightest of the country's young talent for the study of human disease mechanisms, including cancer. I do hope you will agree, and that we can begin meeting before long to come to grips with the details.

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I don't know where you are, but I am in hopes that this will reach you while you are still on holiday. I expect to be available on short notice throughout the month, in case you wish to be in touch.

With best wishes,

Yours,

A handwritten signature in cursive script, appearing to read "Lewis".

Lewis Thomas, M.D.