

July 16, 1973

James Klett, Ph.D.
VA
Perry Point, Maryland

Dear Jim,

It was a pleasure to work with you and Sam in Denver. The study seems well-in-hand, and the investigators seem enthusiastic and cooperative.

Enclosed is a reprint of the study of laboratory tests which my associates and I carried out in Missouri as part of the ECDEU program. It suggests that concurrent laboratory tests in suitable controls provide the principal comparison for evaluating whether a new drug alters laboratory tests: the reasons include variations in laboratory standards, technicians, time of year and season, etc.

Holden went on to describe significant changes in laboratory tests, when compared to concurrent controls, with patients receiving thioridazine and/or chlordiazepoxide (*Canad. Psych. Assoc. J.* 14:299-301, 1969); and in another study, in patients receiving haloperidol (*Biol. Psych.* 2: 173-182). (I believe there is also a more recent report, but I do not have it in my lab.)

I would suggest, therefore, that the best control will be concurrent samples in the patients receiving methadone, and that all comparisons be between the groups, rather than against textbook or pre-established laboratory standards.

One other point: the printout of the urine-analyses indicated that no subject had cocaine in the urine. If the test was not done, it would be better to mark this as "N.D." or "----", rather than 0.0---- reserving this notation for a real 'negative'.

I look forward to greeting you 'up-East' in August.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry