

July 3, 1970

Dr. Allen Borger
Pfizer & Co.
Groton, Connecticut

Dear Allen,

I enjoyed your visit on June 23, and I am enclosing the first installment of the material we discussed.

1. PCPA. We have prepared a protocol for the assay of the *Influence of PCPA on Tolerance and Physical Dependence in Opiate Addicts*. We have reviewed the administration schedule, and following your discussion, have added trials of PCPA on alternate days and daily, if the schedule of every 4 days is inadequate.

There is one technical problem for this project, that of the measurement of blood 5-HT and urinary 5-HIAA. We do not have the facilities for this measurement, and will have to contract these measurements with a commercial laboratory, unless they can be done in your laboratories. Our estimate for the contract costs, assuming the project proceeds to the maximum number of cases tested, is \$3,000.

2. Cidoxepin. We have reviewed the data on cidoxepin and prepared a protocol, *Clinical Trial of Cidoxepin- Presumed Anti-Anxiety, Anti-Depressant Agent- In Opiate Dependence*. We would like to assess the possibilities of clinical trials of anti-depressants in this special population, and suggest a trial in a limited number of patients. In this study, we should be able to define a dosage range and clinical activity, and based on this data, will be able to suggest a definitive trial.

We will be able to begin the cidoxepin trials only after the summer holidays, on or about September 15.

(We can begin the PCPA study in mid-July or as soon as the supplies are made available. 200 capsules of 25 mg. each should be adequate to start; with matching placebos if possible.)

3. EEG Trials in Prison Volunteers. This suggestion is most interesting, and your follow-up telephone call to indicate that your technician will visit us on July 17 confirmed our enthusiasm. To carry out this program, it will be necessary that equipment be available

at the prison to insure recordings that will be useful. I will describe our procedures and caution the technician, but the following should be considered:

EEG, equivalent to Grass polygraph with 7P511 amplifiers. Grass Instrument makes a small 4 channel instrument, which can be initially equipped for recording on 2 channels only. \$4,500 (\$3,000)

Tape-recorder for FM. A small 1/4 inch unit equivalent to the Hewlett Packard 3690A. \$4,285

Oscillator, equivalent to the HP 202C \$ 425

Oscilloscope, for monitoring, preferably dual beam, any make equivalent to the Tektronix 561 \$1,000

The tapes, paper, and other supplies are relatively inexpensive.

Prior to the studies, it would be useful for me and one member of my staff to visit the installation and develop the initial protocols in collaboration with your staff there. I would envisage the recording of EEG samples on paper and magnetic tape; having the paper records examined in conjunction with the clinical data; and then analyzing those tapes that seem the most useful for the definition of drug dosages using the advanced computer techniques of the EEG laboratory.

As I mentioned, we do not have a 1/4 inch FM tape unit in our computer center. It will be necessary for us to provide a duplicate unit or for you to lend us your unit whenever we undertake the analyses of the tapes.

4. EEG Profile Study of Doxepin Pamoate. I have not received the pharmacological data for this formulation, and so have hesitated to prepare a protocol, but will do so as soon as the information is received.

The thiothixene-EEG profile, and the CP 14,368 EEG profile reports are progressing rapidly.

Thank you for your suggestions, and I look forward to these diverse studies.

Sincerely yours,

Max Fink, M.D.
Professor of Psychiatry

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