DUKE UNIVERSITY MEDICAL CENTER,
DEPARTMENT OF MEDICINE,
Durham, N.C., December 10, 1963.

Dr. NELSON H. REAVEY CANTWELL,
Merck Sharp & Dohme,
West Point, Pa.

DEAR DR. CANTWELL: Enclosed are the original data sheets for patients who received Indocin tablets. You will note that some are continuing on capsules. Another 24 patients started on capsules since August 1963, and these data sheets are retained here at present. The presently enclosed sheets represent for the most part those patients covered in the June 1963 summary which I sent to you.

Sincerely yours,

GRACE P. KERBY, M.D.,
Rheumatism Clinic.

DUKE UNIVERSITY MEDICAL CENTER,
DEPARTMENT OF MEDICINE,
Durham, N.C., December 8, 1963.

Dr. NELSON H. REAVEY CANTWELL,
Merck Sharp & Dohme Research Laboratories,
West Point, Pa.

DEAR DR. CANTWELL: I am sorry to have missed seeing you at the recent Boston meeting. However I do want to mention two patients in regard to Indocin, one for your own information and one to raise a question re contraindication to use of Indocin.

A 19 year old CF with unequivocal SLE manifesting most strikingly as acute nephritis with good renal function was admitted in October while I was out of town. Because she was not sufficiently critically ill to require immediate ACTH or steroids, my colleagues started her on Indocin, 50 mg per day increasing over about one week to 150 mg per day, at which time I first saw her on return to town. An originally normal BUN rose slightly in the first few days and then to 47 mg% by the time I first saw her. On the chance that this was the phenomenon you have noted with Indocin in the presence of pre-existing renal disease, Indocin was discontinued. The BUN returned to normal over the next few days.

A young WM with chronic rheumatoid arthritis, on phenylbutazone, was admitted recently to the V.A. hospital here with GI symptoms. Two gastric ulcers near the cardia were demonstrated. He was to be discharged this past weekend with ulcers healing well and promptly, to come to the Rheumatism Clinic at Duke for the first time either this Thursday Nov. 12 or Nov. 19, referred specifically for Indocin. However, recalling the report at the June meeting of patients with previous peptic ulcer/developing multiple gastric ulcers, I question whether Indocin may not be contraindicated in this patient. If it is at all possible to have your comments on any further information concerning the GI tract during Indocin therapy prior to this patient's scheduled first visit to the clinic, I shall most appreciate having them. He has to travel 150 miles from his home, doing his own driving despite severe rheumatoid arthritis. Had I realized that I would be unable to get your comments in Boston, I would not have suggested such an early appointment for the patient.

Following our recent telephone conversation, I sought and obtained permission from NIH to use up to $3600 from my research grant for the proposed work with Dr. Luscher. I am therefore proceeding with my plans as related earlier. I also contacted Dr. Stead, to ask if funds of the sort you proposed were permitted by the department. He was entirely agreeable and felt that such uncommitted funds offered greater latitude in opportunity to work and visit in other laboratories, as well as provide enjoyable contact with the commercial firm. From my own point of view the added advantage of being able to conserve my NIH funds in greater part for the operations in my own laboratory which would continue on a limited scale in my absence. Therefore I am free to accept any research funds from Merck, if you still feel as before that the type of informal report sent you last June on our experiences with Indocin constitutes a valid basis for such funds. This type of informal report on our experience can continue to be furnished, although as I recounted earlier, formal reports from here will never be proper due to the long distances our patients travel, making closer supervision impossible. In answer to your inquiry as to institutional and departmental requirements in addressing funds, the funds from Sandoz three years ago were addressed as follows, and this would be the preferred method now: