Re: Scientific Interest in Newcastle Disease Virus Is Reviving

Your News article on Newcastle disease virus (NDV) as a cancer treatment (1) pays long-needed attention to this promising field. But it also presents a one-sided and distorted picture of the history of this development.

Intense interest in NDV as a cancer treatment originated in the 1960s. This interest then branched in two directions. After using live NDV in a single patient (2), Dr. Cassel developed tumor oncolyses, which contain killed viruses. He has worked with them ever since.

The other approach was to use the live NDV itself. This approach was pioneered by one of us (L. Csatary) who has worked with the virus intensively for more than 30 years. Although your article calls Csatary "elusive," the scientific record (including 14 MEDLINE® citations) shows otherwise. Csatary’s work did not originate in the 1990s, as the reader might suppose. (The first article by him that you cite (3) dates from 1993.) In fact, his first publication was in Lancet in 1971 and summarized earlier work (4). This fact is even embedded in the name of his viral strain, MTH-68, which stands for “More Than Hope 1968” and refers to the year in which he developed the strain with which he continues to work.

You also fail to mention some of his most significant recent publications: a best-case series published in Anticancer Research in January-February, 1999 (5) and the breakthrough case of a complete remission of high-grade glioblastoma by the use of MTH-68, which is described in a recent issue of Journal of the American Medical Association (6). We find this omission curious, since your reporter contacted the Csatarys about this case.

Your article also repeats unfounded allegations about the Hungarian clinical trial of MTH-68, implying that it was a shady commercial operation. The claim that 4000 people were treated in Hungary with MTH-68 is completely untrue. This figure represents those who, at their own request, were placed on a waiting list but who never received treatment.

Raising the specter of “criminal sanctions” is also highly damaging to the Csatarys and MTH-68. The Csatarys’ involvement was to provide the treatment protocol, to advise, and to cover all expenses. Aside from humanitarian concerns, the purpose of the clinic was to expedite the accumulation of data, with the goal of arranging randomized clinical trials at independent institutions.

Furthermore, to allude to two unspecified websites that “[champion] the benefits of MTH-68” also conveys the erroneous impression that this product is being commercialized via the Internet. Neither the Csatarys themselves nor the United Cancer Research Institute maintain a website, nor do they have any affiliation with the minuscule number of websites that even mention this treatment.

In sum, your article fails to mention L. Csatary’s most relevant publications, denies him credit and priority in the field of live NDV therapy, carelessly allows his name to be linked to allegations of criminality, and is harmful to his reputation and life’s work. This certainly merits, at the least, an apology.

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REFERENCES

patients were registered as having been treated as opposed to the 300 for which the permit had been granted” (6).

The committee reported further that “the processed data provided no conclusive evidence on effectiveness, and the notes on individual patient charts are completely unreliable” (6). On this basis, the Presidium of the Scientific Medical Council requested that the Hungarian National Surgeon General ban the treatment, and the Council’s Secretariat notified the Csatary Center that the study was terminated.

The Presidium of the Scientific Medical Council agreed with the independent committee that “none of the conditions specified had been met over the nearly decade-long period in which the vaccine had been used” and that “conducting experiments on humans without the proper permits was now subject to criminal sanctions” (6).

I attempted to discuss this article (6) with two members of the Hungarian public health community (whose names were provided by the Hungarian Embassy), but neither one returned my telephone calls. Nevertheless, I thought it was important to refer to the article, because viral strain MTH-68 has been promoted in the alternative medicine literature for many years and because at least two websites refer to Csatary’s UCRI (http://www.healthy.net/hwlibraryarticles/canclinic/csatary.htm and http://www.sph.uth.tmc.edu/utcam/therapies/mth68.htm).

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REFERENCES