

Comment to the paper: The response and survival of children with recurrent diffuse intrinsic pontine glioma based on phase II study of antineoplastons A10 and AS2-1 in patients with brainstem glioma

Stanislaw R. Burzynski, Tomasz J. Janicki, Gregory S. Burzynski, Ania Marszalek

Robert Blaskiewicz

Received: 10 July 2014 / Accepted: 24 July 2014
© Springer-Verlag Berlin Heidelberg 2014

Although Burzynski et al. conclude that antineoplastons are a useful treatment, their results do not adequately support their conclusion, and much of what we know about antineoplastons suggests that antineoplastons can have serious and potentially life-threatening side effects, with no evidence of efficacy that could justify that risk. While many of the problems with the paper will be immediately apparent to readers (for instance, the decision to exclude over half of the patients from analysis), readers should also be aware of the context in which the study, BT-11, was conducted.

In the 1990s, when the BT-11 trial was initiated, it was one of over 70 clinical trials of antineoplastons that, according to Stanislaw Burzynski's lawyer, Richard Jaffe, would allow Burzynski "to treat almost any patient Burzynski would want to treat!"¹ In all the years since, not a single one of those 70+ clinical trials has culminated in a meaningful paper. For all intents and purposes, the medical community knows nothing more about antineoplastons than they did when the trials opened, and the current paper does not change that.

Over the course of these never-ending and apparently unpublishable clinical trials, the US Food and Drug Administration has periodically inspected the Burzynski Research Institute (BRI) and the principal investigator, Stanislaw Burzynski. The FDA have released the observational notes (form 483s) and

other documents from these inspections which specifically refer to BT-11, as well as to studies underway at the BRI concurrently with BT-11 and the BRI Institutional Review Board (IRB) that oversaw all of the studies. They are shocking reading, and detail an unbroken string of abysmal FDA site reviews of the Burzynski Research Institute spanning the last 14 years.² For instance, a 483 form 2001 noted that "Subjects were started on antineoplaston treatment prior to the protocol-specified interval following prior chemotherapy and/or radiation therapy," including a patient participating in trial BT-11, who had too recently been treated with etoposide. During the same visit, inspectors observed that "Not all serious adverse events and adverse events are reported to FDA and IRB," including two patients in BT-11, including one patient who had to be removed from the chemotherapy all together because of recurring pancreatitis. Inspectors also observed a "failure to address and resolve reported patient overdoses in BRI query reports to determine the reason for the possible overdose and to take corrective action to prevent recurrence," including two patients in BT-11.

Additionally, the files of at least two patients in the BT-11 did not record independent tumor measurements by consultants. In the Establishment Inspection Report, the FDA investigator recorded:

"Dr. Burzynski stated that he has been contracting consultant radiologists since approximately 1996. I asked Dr. Burzynski [sic] if he reports the consultant radiologists' evaluations, i.e. tumor measurements. He said no. I explained to Dr. Burzynski that all tumor assessments should be reported in the case report forms. He stated he

¹ Jaffe, R. Galileo's Lawyer: Courtroom Battles in Alternative Health, Complementary Medicine and Experimental Treatments. Houston: Thumbs UP P, 2008. 107.

R. Blaskiewicz (✉)
Skeptics for the Protection of Cancer Patients, PO Box 484,
Chippewa Falls, WI 54729, USA
e-mail: rjblaskiewicz@gmail.com

² Copies of the form 483s are available at <https://www.documentcloud.org/documents/815634-march-2013.html>

was unaware of a requirement to report the consultant's tumor measurements."³

Under normal circumstances, this would be bad enough, but over a decade later, at the beginning of 2013, Burzynski and his IRB had still not cleaned up their act.

Between January and March of 2013, the Food and Drug Administration conducted an extensive site review of Stanislaw Burzynski's antineoplaston trials and the Institutional Review Board that oversaw them. Inspectors observed a series of egregious ethical and procedural lapses in the conduct of the clinical trials of antineoplastons, both on the part of the Burzynski Research Institute's IRB and the principal investigator, Stanislaw Burzynski. In the inspection notes issued to the principal investigator, the FDA informed him:

"You failed to protect the rights, safety, and welfare of subjects under your care. Forty-eight (48) subjects experienced 102 investigational overdoses between January 1, 2005 and February 22, 2013, according to the [trial number redacted] List of Hospitalizations/SAE (serious adverse events) [redacted]/Overdose [redacted]/Catheter Infection report. Overdose incidents have been reported to you [...] There is no documentation to show that you have implemented corrective actions during this time period to ensure the safety and welfare of subjects."³

In the warning letters that came out of the 2013 visits, the FDA inspectors noted:

"From our review of the FDA establishment inspection report, the documents submitted with that report, and

your April 5, 2013, written response, we conclude that BRI did not adhere to the applicable statutory requirements and FDA regulations governing the conduct of clinical investigations and the protection of human subjects."⁴

In the warning letter to the Institutional Review Board that oversaw these trials, the FDA warned:

"Based on the continuing pattern of deficiencies found during the last three inspections, BRI IRB does not meet the requirements of 21 CFR part 56. We have no assurance that the IRB procedures are adequately protecting the rights and welfare of the human subjects involved in research."⁵

Pediatric DIPG is a devastating disease with a dismal prognosis. Parents who are desperate are liable to turn to anyone who offers hope, even if it is completely illusory, and I am afraid that the publication of this shoddy, selective, compromised data set will be used to attract desperate parents into Burzynski's orbit. This is not idle speculation, as I first heard that this article was going to be published on a pro-Burzynski website run by a former member of Burzynski's Board.⁶

Because of these grave and longstanding issues are not addressed in the text of the study, I have little confidence that those responsible for running and overseeing this trial have consistently safeguarded patient rights. The Texas Medical Board apparently agrees with that assessment; they recently filed over 200 pages of charges against Burzynski based in part on the FDA's observations.

³ <https://www.documentcloud.org/documents/817441-fda-march-inspection-of-burzynski-principal.html#document/p6/a131010>

⁴ The warning letter to the BRI IRB can be found here: <http://www.fda.gov/iceci/enforcementactions/warningletters/2013/ucm378233.htm>

⁵ The warning letter can be accessed at: <https://www.documentcloud.org/documents/815620-fda-restriction-letter-on-irb-2013.html#document/p9/a131008>

⁶ This announcement was archived in April 2014 at <https://web.archive.org/web/20140416155732/http://www.anpcoalition.org/childs-nervous-system-dr-buzynski-publication/>.