of cases suffering from neoplasms of epithelial or endothelial origin, and to exert little or no effect in cases of lymphoid or mesodermal tumors.

(3) The effects observed appear to be nutritional. The patient often experiences a sense of well-being soon after administration of TEROPTERIN Sodium Pteroyl Triglutamate has been started. This situation frequently is maintained up to, or nearly up to, the time of exitus.

(4) The effects of the triglutamic compound upon the epithelial and endothelial tumors themselves are variable. Some tumors appear definitely to be inhibited in certain cases, while others appear actually to be stimulated. It appears likely that in the last analysis it will be found that the effect upon the tumor is a matter of biochemical chance which is relatively unimportant in comparison with the general nutritional effects.

(5) The palliative action of this compound in greatly improving the well-being of many patients suffering from certain types of malignancy, and its ability to lessen pain in the majority of cases where pain is a major factor, makes it well worth employing solely as a palliative in cases of malignancy until such time as methods may be available for the cure of malignancy.

(6) All forms of treatment—radium, X-ray, surgery—for the primary malignancy and its metastases should always be employed, since pteroyl triglutamic acid is not a substitute for any of these recognized methods of arresting neoplastic growth.

The following dosage plan has been found appropriate by a number of clinical investigators:

DOSAGE

1 cc. of solution (10 mg. per cc.) should be administered either intravenously or intramuscularly once daily for the first 2 or 3 days. Then the dose should be increased to 10 mg. (1 cc.) twice daily for a period of 3 to 4 weeks. (If it is inconvenient to use this dosage regime, one injection of 20 mg. [2 cc.] daily may be given.) At the end of this time, it may be desirable to stop therapy to evaluate the situation and decide whether or not it is advisable to continue further medication.

see attached

References

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3. *Farber, S.; Cutler, E. C.; Hawkins, J. W.; Harrison, J. H.; Pierce, E. C., II, and Lenz, G. G.: Science 106:619 (Dec. 19) 1947.*

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Printed in U.S.A.

5052-3-BC-2/48