

MASSACHUSETTS GENERAL HOSPITAL

HARVARD MEDICAL SCHOOL

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15 August, 1996

Joshua Lederberg, PhD
Rockefeller University
1320 York Avenue
New York, NY 10021-6399

Dear Dr. Lederberg,

Over six years ago we met, albeit briefly, on the stage of the Rockefeller University auditorium during my graduation from the University. At that time I was being awarded the PhD half of my joint degree, after completing my graduate studies under Ralph Steinman. Subsequently, I completed my medical school training at Cornell, and my internal medicine training at the University of Pittsburgh Medical Center. I am currently a clinical and research fellow in general medicine at the Massachusetts General Hospital, in Boston.

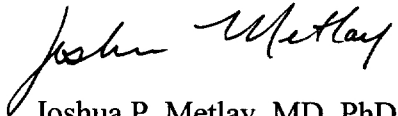
The point of this introduction is to provide a backdrop for my current interest in health services research. I have been studying ways to measure outcomes for acute respiratory infections, such as pneumonia. I remain, however, interested in the area of intersection between this largely patient and population based research and my earlier efforts in basic science. For example, I am studying variations in the management of patients with acute respiratory infections, particularly in terms of antibiotic usage. Underlying this work is the belief that inappropriate antibiotic usage is a major determinant of the rate of emergence of resistant microbial pathogens. Yet, the growing evidence for this phenomenon remains largely irrelevant to the vast majority of primary care physicians.

I was motivated by your recent editorial in JAMA on the importance of emerging and reemerging infectious agents as a major priority for future research. I am writing to inquire about opportunities to collaborate with those leading the basic research on this growing problem, particularly in terms of the implications of these findings for clinical practice. I am particularly interested in studying novel methods for translating the global risks of inappropriate antibiotic usage into guidelines for the management of patients seen in the primary care setting. Such projects could include developing strategies to monitor the rates of antibiotic resistance in primary care settings and using tools such as cost effectiveness analysis to incorporate the costs of antibiotic resistance into individual patient care decisions. Ultimately, I believe that collaborative efforts between health service researchers and basic scientists should form the core of essential future efforts to address the problems of emerging antibiotic resistance.

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I look forward to hearing from you regarding any information you have on potential opportunities for collaboration or support for these projects.

Sincerely,



Joshua P. Metlay, MD, PhD