Donald S. Coffey, the Brady Long Rifles, and the war on prostate cancer

Markham C Luke

Division of Therapeutic Performance, Office of Research and Standards, Office of Generic Drugs, U.S. Food and Drug Administration, Silver Spring, Maryland 20993, USA

Received March 12, 2018; Accepted March 19, 2018; Epub April 1, 2018; Published April 15, 2018

This editorial and memorial article reflects on the scientific teaching and mentorship of Donald S. Coffey, Ph.D., his intellectual gifts and humanity, and the Brady Long Rifle meetings.

I believe I met Dr. Donald Coffey, “the Chief”, for the first time when I was introduced to him by fellow M.D.-Ph.D. at Johns Hopkins, Dr. Bill Nelson. I had completed my second year medical school rotations and at least a couple of Ph.D. laboratory rotations. I was “doing my rounds” of various Pharmacology Department laboratories, exploring possibilities for a graduate thesis. Dr. Coffey struck me as someone who had a huge personality, a voracious appetite for knowledge, and a quest for integrating that knowledge into his world view. I heard various things about how Dr. Coffey had taught a few graduate students, but those who he taught loved his style, and how much he was changing the world of cancer research at Johns Hopkins. I was not sure about how I would fit into his laboratory until I met the man. I remember him taking me into the Marburg conference room, going to the white board and then proceeding to diagram out his view of how cancer worked, how cell nuclei worked, what was tensegrity, how physical forces might affect protein production and gene expression in cells. To me he was presenting a unifying theory and a vision of how information could be integrated from what was being taught in medical school and my one year of graduate school. The year was 1989.

I would treasure the next four years at Johns Hopkins to be some of my most scientifically creative, if not productive, years in the sense that I was learning how to be a scientist from one of the best minds in the world. That relationship would color my world view, my understanding of the experiment, and how bench science can translate to the bedside, a fundamental necessity for integrating MD knowledge with Ph.D. comprehension. As the years went by, I confirmed that Dr. Coffey was a modern Renaissance man, a Benjamin Franklin of the 1980s. Dr. Coffey was the epitome of scientific generosity, of careful encouragement, and of love for the people around him.

Before venturing south to Johns Hopkins, Baltimore, I had always considered myself a New Yorker, having been educated at Stuyvesant High School and New York University. Dr. Donald Straley Coffey, born in 1932, in Bristol, Virginia, represented to me, the best of the South and a window into that culture through the fabric of a scientist. One of these windows was the regular, irregular meetings of the Brady Long Rifles.

My first exposure to the Long Rifles was when I was first starting out as a Coffey M.D., Ph.D. graduate student. I arrived in Dr. Coffey’s backyard, early, as was my usual approach to going somewhere new. So I followed the lead of others who were there. We put tiki torches out, refreshments and drinks on long tables, set up of a projection screen outdoors, with folding chairs, and anything else that folks could sit on.

The “long rifle” was one of the first rifles used for hunting and warfare. The unusually long barrel was unique for American rifles. Rifling are
the spiral grooves in the bore of the barrel that give the projectile a spiral motion which increases the stability of its trajectory.

The talks came from the various oncology labs that all had history with Dr. Coffey, Bert Vogelstein, Drew Pardoll, Billy Isaacs. The discussion came from everyone as well - post-docs, techs, graduate students, fellows, Ken Pienta, Billy Nelson, Alan Partin, Steve Ward, Dianne Hardy, Don Vindivich (Figure 1). No question or comment was considered outside the bounds. Relevant discussion points, possible lines of questioning, considerations for future experiments. Questions about why, how, who else might we involve all came up. The meeting would go from early afternoon till late at night. The tiki torches were up to keep the insects away, but the flights of buzzing bugs were attracted to the slide projector nonetheless. To me, this was scientific discourse as only could be had by Dr. Coffey. This was how science was done in the South. This was a fascinating mix of beer, Baltimore munchies and food, smoke from tiki torches, and the whirring fan and bright light of the Kodachrome projector in the wooded backyard of one of Hopkins senior professors who worked across the most departments out of anyone that I knew. This was a group drawing strength from group strategy on how to fight a common enemy in the backwoods of Towson, that enemy being prostate cancer (Figure 2).

I do want to stress, however, that Dr. Coffey, aside from being a Southern gentleman, was a man of complexity. I loved how he incorporated a devotion to meditation and the Buddhist faith into what he did. I recall fondly the St. Patrick’s Day talks in the days when electronic coordination of multiple Kodachrome projectors was deemed to be a form of performance art. I remember the reverence he had for the cultural integration that I brought him as a birthday present to provide color for his “chaos theory”. I found a second-hand Pachenko machine that I had put in a box and shipped from Japan along with a plaque. He displayed that machine for
years in his office. I loved how he would tell stories that could go on and on about various aspects of his life and those around him. At the same time, he would love nothing more than to sit down and hear your story, or my story. I think there was a trafficking of stories that went around the Coffey laboratories (Figure 3).

I think, to this day, in my current life as a science-based regulatory pharmacologist and dermatologist, I take lessons from the backyard meetings of the Brady Long Rifles. In evaluating scientific evidence, we look for whether the stories that are being told make good sense. Do they tell the whole story? What is missing from the story that could result in a future ambush? What additional reinforcements do we need to make the story/evidence stronger. I am proud to be part of the legacy of Dr. Donald S. Coffey and to be counted on in the ranks of the Brady Long Rifles.

Address correspondence to: Dr. Markham C Luke, Division of Therapeutic Performance, Office of Research and Standards, Office of Generic Drugs, U.S. Food and Drug Administration, Room 4712, Building 75, New Hampshire Avenue 10903, Silver Spring, Maryland 20993, USA. Tel: (301) 796-5556; E-mail: Markham.Luke@fda.hhs.gov