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TÉL. 16 (1) 306.19.19

Paris, July 30th, 1984.

Dr. Peter FISCHINGER
NATIONAL CANCER INSTITUTE
National Institutes of Health
Bethesda, Maryland 20014
U. S. A.

Dear Peter,

Enclosed copy of a letter I have sent to Nature. It is not my intention to reply to all false statements appearing in the general Press. But I would like to let you know that in contrast to what Bob Gallo and you were supposed to have said in interviews (enclosed yours), there was not direct training of our people on HTLV. Françoise Barré stayed in Bob Gallo's lab in 1979 for six weeks and was not involved in T cell growth.

I did myself the first four LAV isolates (homosexual with LAS, Kaposi sarcoma, one hemophiliac, one Zairian woman). I have a-25 years experience in tissue culture and Virology and I did not need training for growing T cells. The TCGF received by Bob Gallo in 1980 was utilized for another project where it is aknowledged (enclosed reprint). TCGF used for LAV isolation was from French or commercial sources.

Sincerely,

Luc

Luc Montagnier, M.D.
Head of Viral Oncology Unit

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TÉL. 16 (1) 306.19.19

Paris, July 24, 1984

The Editor of Nature
4, Little Essex Street,
LONDON WC2R 3LF
(Grande Bretagne)

Sir,

Some comments of your collaborator, Tim Beardsley ("Dispute over AIDS patent priority" in News, Nature, 310, July 19, 1984, p. 174) can leave the reader with the impression that HTLVIII reagents were supplied to our group by Dr. R.C. Gallo in our early investigations on LAV. On the contrary, we supplied Dr. Gallo with LAV first isolate on July 17 and September 23, 1983. According to Dr. Gallo, the first sample failed to grow in his laboratory, but the second did.

HTLVIII was brought to our laboratory by a coworker of Dr. Gallo, Dr. Sarngadharan, on May 15, 1984 for comparison with our own isolates. In our earlier investigations, we received from Dr. Gallo only HTLVI reagents, which were useful to show that LAV was not related to HTLVI.

Our virus has been deposited at the French National Collection of Culture of Microorganisms on July 15, 1983. It is since freely available to any qualified laboratory and has been sent indeed to more than a dozen of laboratories, throughout the world.

Moreover, I disagree with the statement that "antibody to core proteins are less well correlated with disease symptoms" than the p41 putative glycoprotein of HTLVIII.

Data published from our laboratory (1) (2) as well as from other laboratories (3) indicate a high degree of correlation between antibody against the major core proteins of LAV and AIDS and pre-AIDS (lymphadenopathy syndrome). The lack of antibody to the p25 protein in sera of some AIDS patients may be due to a profound impairment of their humoral response. Indeed we have observed a decrease or even a disappearance of antibody titer in some patients during evolution of the disease (2) (4).

This phenomenon may be of prognostic value.Furthermore the presence of antibodies to any of the LAV/HTLVIII antigens cannot be considered per se as a sign of AIDS or pre-AIDS, since a number of healthy homosexuals or haemophiliacs, as well as some asymptomatic carriers, have such antibodies. Although the incubation period of the disease may be very long, it is fair to assume that as in other viral diseases, the AIDS agent will not induce in all infected individuals a severe pathological disorder The significance of antibodies to the various antigens of LAV/HTLVIII remains therefore to be determined, and it is one of the real stakes of current research on AIDS.

L. MONTAGNIER

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References :

(1) Montagnier L, et al. In Human T-cell leukemia / Lymphoma viruses. By Cold Spring Harbor Laboratory. eds. : R.C. Gallo, M.E. Essex, L. Gross, 363-379. (1984).

(2) Vilmer E, et al. Lancet, i : 753-57. (1984).

(3) Kalyanaraman V.S, et al. Science, 225, 321-325. (1984)

(4) Brun-Vezinet F. et al. Lancet, ii, 1253-56. (1984).

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cc. : Dr. R.C. Gallo, Chief, Lab Tumor Cell Biology National Cancer Institute
Dr. J. Wyngaarden, Director, National Institutes of Health
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