Summary minutes of Nov. 3, 1983 meeting of a working group of the NCI/AIDS Task Force:

The meeting opened with general discussions about recent articles and announcements on the etiology of AIDS, the effects on the political atmosphere that these announcements have, and general concerns on the distribution of funding for the program as a whole.

Dr. M. Popovic summarized the biologic effects of HTLV as follows: (1) HTLV can immortalize T cells, (2) the cells become bi-or multi-nucleated, (3) the nuclei are lobulated or indented, (4) the receptors for TCGF increase in number to as high as ten times the amount as stimulated normal cells from the same person, (5) there is an alteration in HLA class I antigens and (6) the virus can induce syncitia formation. There was a general discussion of how other types of leukemias developed in HTLV endemic areas (Jamaica, South Africa). Perhaps HTLV infected cells produce growth factors that cause proliferation of other lymphoid cells. In Jamaica, thirty percent of childhood ALL's are HTLV positive.

Dr. J. Lautenberger from Takas Papas' lab briefly outlined experiments designed to develop expression of the env region of HTLV in a bacterial expression vector. Dr. Wm. Haseltine established that the nucleic acid sequence of CR1 was identical to the Japanese HTLV sequence except for 1 or 2 point mutations. The EP clone from an AIDS patient had a few different point mutations; however the promoter regions (TATA and CAT box) were untouched.

Dr. B. Haynes using RIA to whole virus studied antibody in various risk groups. The results are as follows:

Group	# tested	# positive (%)
hemophiliacs	93	13 (13.9%)
HTLV+ ATL's	8	8 (100%)
Lab Workers	42	0 (0%)
AIDS	59	1 (1.6%)
Normal Homosexuals	27	0 (0%)
Lupus	20	1 (5%)
Transplant patients with CMV	24	1
Normal hospital workers who received hep. vacc.	57	1 (pos. before vaccine as well)

Dr. W. Parks reviewed the Haitian community in Miami that he has been following. Thirty percent of the women at the time of delivery are positive by immunoprecipitation to p-61. AIDS is showing up in adults and infants as well as Kaposi's sarcoma. It appears that if one child in a family has AIDS, the sibships are at risk to develop it also. Cells of one mother and a father (different families) were cultured, both have HTLV and are p-61 +, p-24 +. The father is a Haitian married to a black woman with two children (a 4 month old with KS and AIDS, and a 3 year old with AIDS).

Dr. Tun-Hou Lee from Max Essex's lab presented their membrane antigen data. Sixteen percent of healthy people on the island of Kyushu are antibody positive by indirect membrane immunofluorescence. In general, AIDS patients have very low titers compared to ATL patients. All sera positive for membrane antigen by fluorescence do not immunoprecipitate p-61. Dr. J. Schupbach added that some ATL cases have anti p-61 and are low or negative for anti-p-24.

Dr. S. Oroszlan presented amino acid sequence data on the presumptive p-61 protein and discussed his views on why this is a viral protein.

Concluding discussions centered on the following major points:

1. Unequivocal determination that p-61 is a viral protein is of utmost importance. Equally important is verification that the immunofluorescence test for MA is in fact measuring this same p-61 protein.

2. More work is needed to completely clarify the immunological picture. Some apparent discrepencies between different labs and different tests need to be studied. The very low titers against HTLV proteins in the AIDS sera is a continuing problem.

3. The next meeting of the task force should include strong representation from the CDC so that complete cooperation for transfer of data and samples in collaborative studies can be worked out.