Dr. Will Drop

862474

Summary minutes of the December 20, 1983 meeting of the NCI-AIDS Task Force:

The meeting opened with a discussion of the monkey model disease, AIDS. Dr. Arthur summarized his knowledge of the disease, based on collaborations with the N.E. Primate Center and the California Primate center. The variety of species known to be infected with an HTLV-like or cross-reacting virus was discussed, including serological data by Dr. Saxinger. No one was aware of any new world monkey which was positive. It was pointed out that there is not yet a test which could distinguish a human lymphotropic from a presumptive simian lymphotropic retroviurs, assuming that there would be weak serological cross reactivity.

Dr. Curran summarized the most recent trends in CDC epidemiology. Although a slight decline in the rate of increase of cases in the N.Y.C. area has been noted, overall patterns of at risk groups have not changed substantially. Transfusion cases continue to increase, with males and females equally divided and extremes of age predominating.

Drs. Guroff and Popovic from the NCI/LTCB discussed their data on the MJ cell line and core protein serology. Anti p61 assays continue to be of prime importance, but the low titers of patient sera continues to trouble many with regards to meaning, and chance of false positives. However, Dr. Essex felt that there was not a problem due to the fact that he did not experience false positive reactions.

Dr. Francis reviewed the membrane assay which had been used to test sera from transfusion AIDS cases and their donors. Questions on the apparent need for fresh serum and the differences in percentage positives from different labs were attributed to the fact that the test is working at the limit of sensitivity and therefore slight changes in any parameter will affect the result. Recommendations for testing of lots of factor VIII were made to determine if transforming HTLV or positive serological reactions could be found in lots suspected of having transmitted AIDS.

Dr. Parks reviewed his patients from Miami, all of Haitian origin. He emphasized that he has not found any serum which is p24 positive which is not also p61 positive, reinforcing the importance of the p61 reaction seen by others. He is following eleven households for detection and expression of HTLV, and has three infants in this group who show as virus positive by antibody assay but do not have detectable virus in their serum.

Dr. Oroszlan presented a detailed background of the general retrovirus genome and polyprotein expression from it as a model to predict what proteins should be expressed by HTLV. He gave preliminary results of work with a site-directed antibody derived from a peptide of the presumed p61 protein which will detect that protein in cells producing HTLV. More detailed analyses of the genome of an HTLV AIDS isolate were presented by Drs. Shaw and Ratner of the NCI LTCB. By restriction mapping and detailed sequence analysis of selected regions, the virus appears to be substantially the same as the published HTLV sequence of Seike et. al.

Major agreement on the following points of emphasis:

- o p61 is the predominant antigen to focus on for AIDS study.
- o p61 is expressed on the cell surface (by 125-I label) and is not a cellular gene.
- o The demonstration of all the serological specificities on a single collaborative paper would be very important for the scientific public.
- o Ready access to fresh spleen, thymus, lymph nodes, and bone marrow is important. Contract to a hospital if necessary to obtain.

Drs. Parks and Bolognesi were to prepare a list of major research efforts which should be supported by the Task Force and present this to Dr. Gallo.