National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20205

Building 37, Room 6A09
(301) 496-6007

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Dr. Jean Paul Levy
Laboratoire Immunologie
et Virologie Des Tumeurs
Bat. Gustave Roussy - 7e etage
Hopital Cochin
27, r.du Fg St-Jacques
75674 Paris
France 14

Dear Jean Paul:

Thank you so much for your letter of February 21, which I found remarkably interesting. I deeply appreciate the way you have kept me informed, and I must apologize to you about telephone problems. If you need to reach me quickly it is perhaps best to telex a message. Otherwise the mail is best.

Regarding your fascinating data, I shall comment on each point.

1. I am astonished by your negative results in Africa. Although we have not tested the precise regions (Gabon, Soudan, and Central Africa), we have tested numerous parts of Africa, and all areas from Ethiopia to South Africa have a substantial per cent of unequivocal antibody positive people. This is a very peculiar problem and one for which I cannot imagine the explanation.

2. Your South Europe studies are indeed interesting. Incidentally, they fit very well with results of molecular hybridization studies carried out in Rome by Vittorio Manzari, a former post-doc. with Flossie Wong-Staal and me. He will be submitting a short report on a lymphoma positive case from Sicilia and a Kaposi positive case from Milan to Nature very shortly. Perhaps you should communicate with him since the data of your 2+++ serum antibody lymphoma cases from Sicilia and Yugoslovia will fit very nicely with his. Nature might be more prone to publish the two together than either one alone.

3. Your Caribbean results are of considerable interest, and except for the somewhat lower rate of endemic positive people, is not unexpected. The higher per cent positive in old people is being found all over the endemic regions. I do not believe it has anything to do with living in an institution. Unless you have comparative data which demonstrates a corelation, I feel it is simply the age factor again. Why this is so we do not fully understand.

4. Your myeloma results are obviously very exciting, and no we do not have data on myelomas to speak of.

5. Regarding the various assays: Yes, I do believe the envelope assay picks up more positives even in the leukemias and certainly in AIDS, but as you and I know when the assay is less than definitive one pays another price. It is, in short, a double-edged sword.

The purified envelope is now available because Yoshida and Tanaguchi have it expressed in E. coli, but I doubt if they will give it out. Marv Reitz in my group also appears to have success recently --, but it is too early. Steve Oroszlan has synthesized some envelope fragments. They could be available soon. First, we will put them through a preliminary survey to determine if any are useful. Keep in touch and I will fill you in.

Regarding AIDS (SIDA), we now have over 50 isolates. Some are HTLV-I, some are HTLV-I variants, some are HTLV-II, many others are something else. We call them HTLV-III. They are all T4 lymphotropic, cytopathogenic, (some kill T-cells), have 100,000 Dalton RT with Mgtt preference, and have some cross reactive antigenic determinants. HTLV-III is as close to II as II is to I. Whether III is only one subgroup or more has yet to be determined, and whether it is related to the Pasteur particles is not yet clear, chiefly because they do not have theirs in a permanent cell line, i.e., truly isolated so as to be able to give out the virus to others in a permanent cell line, and in the literature to date it is not sufficiently characterized, and I am still unclear what is being measured in their seroepidemiological studies.

We will speak about our other isolates when they are sufficiently characterized.

By the time you read this we will already have met in Marseille!

Sincerely yours,

Robert C. Gallo, M.D.

RCG:gme

P.S. Overall, I suspect you are obtaining less true positive sera than others, and I am not sure why, but Carl Saxinger's new ELLSA approach in our laboratory is clearly better than p24 RIAs. You may want to look into this.