August 17, 1984

Dr. Luc Montagnier
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FRANCE

Dear Dr. Montagnier:

As you know, the proposal has been made that CDC coordinate the comparisons of prototype strains of LAV and HTLV-3. The data from these comparisons, subject to approval of designated scientists, would be published in a scientific journal with authorship agreed in advance. One option is for the "Cooperative Team" to author the paper with an agreed upon list of team members to follow in alphabetic order.

The means of comparison which we suggest are: 1. morphology, 2. reactivity of target antigens to a panel of sera, 3. competitive RIA and, 4. nucleic acid hybridization. Although the establishment of gene sequences for both prototypes is also desirable, the results of such tests are likely to require much more time than will be needed to complete these four comparisons. Since the need for comparisons is urgent, gene sequencing will have to be differed at present. The objective of the current proposal is to establish whether there are any important or substantial differences between the prototype isolates.

Data are already available for 1 and 2 above that reveal little difference between the two isolates. Some of these data are already published and more are in press or in preparation. For 3 and 4, we propose that materials from each laboratory (NCI and Institut Pasteur) be sent or hand carried to CDC for comparisons. Scientists from both laboratories would be invited to CDC (at CDC expense) to cooperatively perform the assays. There would be no obligation for either laboratory to leave any of the material at CDC after the comparisons are made.

Specific amounts of materials needed would be:

Competitive RIA: 500 micrograms of purified virus

Nucleic acid hybridization:
Clone-clone hybridization: If cloned probes representing the entire genome are available for both prototype viruses, they should be provided.

cDNA hybridization: If cloned probes are not available, banded virus from approximately 10 liters of supernatant fluid should be provided for cDNA hybridization. In addition, at least 10^8 infected and noninfected cells should be provided for genomic hybridization.

It is important that these comparisons be made expeditiously. It is also important that they be done with all procedures and projected outcomes understood and agreed upon in advance by all parties. I would appreciate your comments regarding this proposal.

Sincerely yours,

Donald P. Francis, M.D., D.Sc.
Coordinator, AIDS Laboratory
Activities

cc: Dr. Mason
Dr. Curran

bcc: Dr. Dowdle
Dr. Bennett
Dr. Murphy