

Institut Pasteur

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U. S. A.

Dear Bob,

In the report of the Task Force Meeting to which I participated on the 18th of July, all my presentation is summarized by one line: "HTLV type 3 is a single isolate by the French group from an AIDS patient."

This is misleading and does not reflect nor my own opinion, which I expressed, nor that of the Group as a whole: there was some discussion on the meaning of HTLV. I remember to have said -and probably you had said it too- that if HTLV means Human T Lymphotropic Virus, then our isolate can be a member of this family. But the more common meaning of HTLV is Human T Leukemia Virus. There is not a single data suggesting that our virus, which we call now Lymphadenopathy Associated Virus (LAV), is involved in human leukemia. I should be grateful to you if this could be brought to the knowledge of the other members of the group.

With regard to the next C.S.H. Meeting, I find it very hard to report in 15 minutes all our new data on LAV. Those include:

- The lack of homology of P25 LAV with HTLV and BLV, and its homology with an animal retrovirus.
- The first results of RIPA and ELISA assays of LAV antibodies in 4 groups of individuals: LAS and AIDS patients, homosexuals, controls. The data show clearly the high incidence of LAV antibodies in LAS patients.

- The characterization of two other viral isolates made independently from two patients with frank AIDS : they are identical or very similar to LAV.
One isolate was made in cultured lymph node lymphocytes of a homosexual patient with Kaposi Sarcoma.
The other was made from cultured lymphocytes of the blood of an haemophiliac boy. He had already antibodies against his virus two years ago.

I am asking you and Max Essex (the organizer) to allot me 30 minutes, and possibly not at the very end of the meeting.

With best regards,

Sincerely yours,

Luc

L. Montagnier