August 17, 1983

Scientific Director, Acquired Immunodeficiency Syndrome Etiology, NCI

Some Policies on Scientific Studies Relating to Human Tumor Leukemia Virus of Acquired Immune Deficiency Syndrome on T-Cell Malignancies

Dr. Edward Gelmann, Building 10, Room 12N226

Ed, this memo is just to be certain we are communicating correctly and you don't misunderstand the needs of this office.

1.) I expect information on AIDS etiological studies, particularly and obviously when they relate to HTLV and retroviruses in general, to be discussed with me in detail prior to submission for publication.

An example which could be improved upon: the abstracts to the Cold Spring Harbor meeting: I would have preferred it if this data were discussed with me in detail before sending in 2 HTLV abstracts.

2.) Collaborations inside NIH and outside NIH on the above subject(s): These should be discussed with me prior to initiation and, of course, of results. This is necessary to avoid duplication and wasteful efforts, to establish priorites of needed materials, and to be sure enough sample material is available for the most important studies.

Three examples of this: a) the lag time in the past on bone marrow specimens being sent to my lab and the possible duplication of the culturing of these samples by you. b) The letter you wrote for the grant Jim Mullin's (of Boston) stating you would supply him valuable and limited DNA samples from NIH AIDS patients. To my knowledge this was not approved by or discussed with Dr. Broder or me. c) The recent case of mycosis fungoides in a homosexual (patient, R.S.) where I am [redacted] the primary material was cultured by you. We are, of [redacted] ultering his cells. I'm aware of the limited material, the [redacted] plication of efforts, the fact that we have the people and [redacted] properly grow the cells and you do not and your earlier [redacted] that you have no intention of duplicating LTCB HTLV [redacted] it is indeed true that you are culturing these cells, could you kindly clarify your intentions, plans, and feelings in relation to these comments.

3) Calling people in the laboratory about data. Calling people on the above case (R.S.) one day after they received material probably did not serve any urgent useful clinical purpose. Please make your requests for information through me unless you feel the information is urgently needed.

4) Following agreed upon plans: An example of a problem was your grand rounds planned lecture on AIDS and HTLV which was announced and publicized. We had agreed not to do this and to be very careful about any discussion of this data until Science published the papers. You did not follow this course, but fortunately it was properly resolved. I am not bringing it up now because it is still a problem, but rather to use it as an example of very poor communication which could have led it to a very serious problem between us and for the Institute.

I do not regard the above matters as serious sore points or problems. I recount them to you to avoid future problems and to be certain you have a clear understanding of what I expect.

5) Consistency in Communication:
When you left this lab I allowed you to take numerous reagents with you with the stipulation that your work would not in anyway overlap with ours. This was and is especially sensitive because with LTCB probes you are in the Medicine Branch you are positioned in a more immediate relationship to clinical people and directly to the patients. This could lead to a serious decline in clinical collaborations with some LTCB people and, of course, would be unfair to them. You assured me this would never be the case because you would be unassociated with ovarian cancer, breast cancer, etc. and not the hematopoietic neoplasias. I believe you have not followed this commitment, and I see evidence of serious overlaps. It is, for instance, my understanding that you are now using human myc gene clones in a Burkitt lymphoma study.

I do not regard the above matters as serious points or problems. I recount them to you to avoid future problems and to be certain you have a clear understanding of what I expect.

Robert C. Gallo

cc: Dr. Broder
Dr. Young
Dr. Chabner