

August 9, 1984

National Institutes of Health National Cancer Institute Bethesda, Maryland 20205

Dr. Luc Montagnier Head, Viral Oncology Unit Institut Pasteur 28, Rue Du D'Roux 75724 Paris CEDEX 15

Dear Luc,

Thank you for the reprints and the preprint of your letter to Nature. I very much appreciated the recent discussion we had at Talloires which, as I remember, did not pose unresolvable conflicts. It is obviously important that quotations or paraphrases in press attributed to any of us are accurate. In terms of the enclosed specific statement in the Wichita Eagle-Beacon supposedly emanating from me, I can only say that, to the best of my recollection, I have never been interviewd by that newspaper. The contention that Jean Claude or Francoise were trained in my lab on retroviruses, i.e., murine and feline, is correct. We very much enjoyed their presence for extended periods of time on several occasions. Obviously, these times were very much in the distant past before the existence of HTLV's. Therefore, any press quotation implicating me in their training on HTLV's is false, and I would be happy to correct it. To be fair to the Kansas newspaper, however, their statement on page 11A is ambiguous, rather than blatantly false, because it states that Jean Claude "had learned how to grow the kind of viruses involved" (i.e., interpretable as either the general set of retroviruses or the subset of HTLV's). We all recognize your contributions to the field, and your individual isolations of LAV are of course uncontested.

Your statements in the letter to Nature which outlines the chronology of the interaction will undoubedly be addressed by Bob. The comments on the presence of antibody in high risk groups and its implications relative to disease prognostication are well stated. However, I wonder if your paragraph four, where you disagree with the idea that "antibody to core proteins are less well correlated with disease symptoms" is exactly compatible with the data which you recently published in Science (Kalyanaraman et al., July 20, 1984). Your Table 1 data states that 41% of AIDS patients are positive for the LAV p25. In the note added in proof, you state that in the ELISA test with total LAV proteins, the rate of positivity increased to between 70 and 95% of ALDS patients, presumably because of the reactivity with the p4l or another protein. Could it be that the ELISA plates made with whole HTLV III or LAV, containing all the viral proteins, are more efficient in identifying AIDS patients because there are antibodies in some AIDS patients directed more strongly against some other protein rather than the p25? An amplification of your thoughts on this point would be scientifically welcome.

I am indeed sorry if incorrect statements have appeared which were attributed to me and which have negative implications for you. In the past, I have been very cognizant of the need for making accurate statements. Alternatively, I have deferred on, or correctly qualified any answers to questions I was not certain of. It is important that any incorrect statements attributed to me are ameliorated, and I will be happy to do so personally. It is gratifying that you and Bob will be getting together very soon in Europe to discuss the final-juication of the comparative analysis of LAV and HTLV III. It is clear to me that both you and Bob have made important contributions to the solution of this problem. As in the past, I continue to extend my respect and recognition for the fine work of you and your colleagues.

Sincerely yours,

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