

March 27, 1984 Bldg. 37, Rm. 6A09

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National Institutes of Health National Cancer Institute Bethesda, Maryland 20205

Daniel Catovsky, MRCPath. Royal Postgraduate Medical School Hammersmith Hospital Ducane Road London W12 OHS England

Dear Daniel,

Thanks so much for your interesting letter of March 6.

1st, Regarding your T-PLL Case: if it is a retrovirus, I would certainly not suspect a passenger for the reason that we simply don't have exogenous retroviruses innocuously running around in the human population. As exogenous agents they are relatively unusual in nature and almost always causing disease.

2nd, I am not convinced your EM's are showing virus but I will have some "experts" look it over.

3rd, If these are virus they still could very well be HTLV-I. Negative serology has been found in many cases where we were able to isolate virus and/or demonstrate proviral sequences by molecular hybridization. However, before doing all this why didn't you check for plp or p24 in the cells growing in vitro? Surely, this is the beginning of any search for HTLV-I.

Last, note how I have used the term HTLV-I. We must now be quite precise. HTLV-II can be missed with reagents only of HTLV-I. Furthermore, we have over 30 isolates now of an HTLV III.

I will be happy to send you the HTLV-I probe for Luzzato and yourself. May I hear from you first to learn your response to the above? (The sera should also be checked for antibodies to HTLV-II and III also). Since HTLV-I is the most common be sure to test cells for pl9 and p24 as indicated above).

Kind regards.

Sincerely yours,

Robert C. Gallo, M.D.

RG/smd

Is Danul, there are strange particles
In not sever what to make y them but they do not
for not sever what to make y them but they do not
look like HTLV-I. We have protes to several new
look like HTLV-I. We have protes to several new
for like HTLV-I. There we are seeping for now, but I would