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Ian Munro, M.B., M.R.C.P.
Editor, The LANCET
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Dear Dr. Munro:

We have held the paper by M. Robert-Guroff et al. first because it is not possible to reduce the number of authors and references, and more importantly because upon reflecting on the situation we are concerned that other data we will submit for publication in the future might be misinterpreted if we published this paper now. Let me try to explain. We have many (over 40) isolates of human T-lymphotropic retroviruses (i.e., of the HTLV family) which differ significantly from our original HTLV isolates. The original isolates all belong to subgroups we call I and II (i.e., HTLV-I, HTLV-II) and which are etiologically linked to adult T-cell leukemias. The over 40 new virus isolates were obtained over the past two years from AIDS and lymphadenopathy patients and are presently being characterized in detail. Moreover, (and confidentially) we have very very exciting patient serological results with these viruses. We are debating whether to call them HTLV-III or HTLV-A (A = AIDS). They may be related to what the French group have described in one paper last May in Science, but unfortunately their virus (viruses) have never been characterized nor transmitted permanently to recipient target cells. Therefore, no one has been able to work with their particles, and because of the lack of permanent production and characterization it is hard to say they are really "isolated" in the sense that virologists use this term. We have evidence that sera of more than 95% of AIDS patients react with viral proteins of some of our new isolates. We feel that these viruses belong to the HTLV family in that they are human, T-lymphotropic retroviruses; they have a reverse transcriptase which is extremely similar; they have some cross reacting antigens; they all can have effects on T-cells which lead to T-cell death. Naturally, of course, HTLV-I and II can also in some instances cause T-cell growth which is undoubtedly why I and II can cause leukemias or lymphomas. HTLV-A does not have this

property. My concern is that the mostly negative HTLV-I data will be construed as negative to all HTLV. I need some time to think about the best way to present this to avoid confusion. The French group have used a new name which gives an impression of an unrelated finding. If our exciting new isolates are what they have, I can tell you they are of the HTLV family. Ours are as close to HTLV-II as HTLV-II is to HTLV-I.

Sincerely yours,

Robert C. Gallo, M.D.
Chief, Laboratory of Tumor
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RCG/am