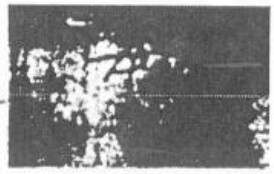
C. The first and the most important of the four *Science* Papers said to prove HIV the cause of AIDS. This is the typed draft produced by the Lead Author M. Popovic, with all the handwritten editing and comments made by R. Gallo just 7 days before the manuscript went in for publication. (The cover page unfortunately has faded.)

Science -- First draft

Popovic



RESCUE AND CONTINUOUS PRODUCTION

OF HUMAN T-CELL LYMPHOTROPIC RETROVIRUS (HTLV-III)

FROM PATIENTS WITH AIDS

— WAY to deal w the

LAV - [illegible]

① Lack of cross hybridy w I, II

② " " Ag. " [illegible]

③ [illegible] to CIA

④ [illegible]

When the

hell is [illegible]

ABSTRACT

A [redacted] and permissive human neoplastic T-cell population is described for routine isolation of cytopathic variants of human T-cell lymphotropic retroviruses (HTLV-III) [redacted] from pre-AIDS or AIDS patients. The infected T-cell population preserves its capacity for permanent in vitro growth and exhibits continuous virus [redacted] suitable for isolation of cytopathic variants of HTLV from patients with lymphadenopathy (pre-AIDS) and AIDS. [redacted] production in high amounts enables us to prepare specific viral probes for immunological and nucleic acid studies. The cytopathic effect of HTLV-III can be prepared. One infection [redacted] is the induction of multi-nucleated giant cells which can be used as an indicator for the detection of this virus. [redacted].

This abstract is rather trivial for a [redacted] publication. Breakthrough paper for Science.

A family of human T-cell lymphotropic retroviruses (HTLV) comprises two major and well characterized subgroups of human retroviruses, called HTLV-I ( ) and HTLV-II ( ). Recently, a new variant of HTLV has been isolated from a patient with lymphadenopathy named also as lymphadenopathy associated virus (LAV) ( ) which is described here as HTLV-III. The most common isolate obtained from patients with mature T-cell malignancies is HTLV-I ( ). Seroepidemiological and nucleic acid hybridization data indicate that HTLV-I, ~~including its new subtype~~, is etiologically associated with T-cell leukemia/lymphoma of adults ( ). The disease clusters in the south of Japan ( ), the Caribbean ( ), Africa ( ) and can be found in other parts of the world. HTLV of subgroup II (HTLV-II) was first isolated from a patient with a ~~benign~~ form of a T-cell variant of hairy cell leukemia ( ). To date, this ~~virus represents~~ the only isolate obtained from a patient with neoplastic disease. However, isolation of retroviruses and seroepidemiological data suggest that HTLV of both subgroups, ~~including new variants from subgroup III~~, may be ~~involved in the pathogenesis of~~ the acquired immune deficiency syndrome (AIDS) ( ).

Epidemiologic data strongly suggest that AIDS is caused by an infectious agent which is transmitted by intimate contacts or blood products ( ). To date, over 3000 cases of AIDS have been reported in the U.S. ( ). Patients with the disease include mainly homosexuals ( ), intravenous drug users ( ), Haitian immigrants to the U.S. ( ), and hemophiliacs ( ). Recently, an increased number of AIDS cases have been reported in children whose parents have AIDS or intimate contact(s) with a person having the disease ( ). Although the disease in patients is

manifested by opportunistic infections, predominantly Pneumocystis carinii pneumonia and Kaposi's sarcoma, the underlying disorder affects the patient's cell-mediated immunity ( ). The T-cell dysfunction is often marked by an absence of delayed hypersensitivity, with absolute lymphopenia and reduced helper T-lymphocyte (OKT4+) subpopulation(s). [redacted] reverse ratios of helper-to-suppressor T-lymphocyte [redacted], poor lymphocyte responsiveness to mitogens ( ). In some cases, a decreased natural killer cell activity [redacted] ( ).

Despite intensive research efforts, the causative agent of AIDS has not yet been identified. Although patients with AIDS are often chronically infected with cytomegalovirus ( ), or hepatitis B virus ( ), we [redacted] have proposed that the [redacted] causing AIDS [redacted] from a family of HTLV. This assumption, besides being a well known precedence of causing an animal retrovirus can cause immune deficiency in cats (feline leukemia virus) ( ), [redacted] (1) that the facts that retroviruses of the HTLV family are characterized by T-cell tropism, [redacted] preferentially infect "helper" T-cells (OKT4+), [redacted] (4) have cytopathic effects on various human and mammalian cells as demonstrated by induce cell formation syncytia induction ( ), [redacted] (5) alter some of [redacted] T-cell function ( ), [redacted] in some cases may result in a selective T-cell killing ( ). and (7) are transmitted by intimate contact and blood products. [redacted] demiological [redacted] showed that the presence of antibodies directed to cell membrane antigens of HTLV infected cells is from 30-40% of patients with AIDS ( ). In addition, over 20 HTLV isolates of both subgroups and numerous new variants were obtained from patients with AIDS ( ). The successful detection and isolation of HTLV was made possible by the discovery of TCGF which enabled selectively grow different subsets of normal and

neoplastic mature T-cells ( ). The viral rescue and transmission of HTLV into permissive cells followed well established procedure worked out, in the system of avian sarcoma virus transformed mammalian cells ( ). The cocultivation procedure using cord blood T-cells from newborns as recipient cells for HTLV enabled preferential to with immortalizing (transforming) capability ( ). HTLV variants which possess "weak" or lack immortalizing properties for normal T-cells and exhibit mainly cytopathic effect on them can only be transmitted transiently using normal T-cells as target in cocultivation or cell-free transmission experiments. This was our main obstacle for frequent isolation and particularly for detailed biological, immunological and nucleic acid characterization of cytopathic variants of HTLV. To overcome these obstacles, we performed an extensive survey for a cell population which is highly susceptible to and permissive for cytopathic variants of HTLV and preserve capacity for permanent growth after infection with the virus. We report here the establishment and characterization of an immortalized T-cell population which is susceptible to and permissive for HTLV cytopathic variants and can be used for the rescue and continuous production of

Several in vitro established permanent cell lines originated from human malignancies were assayed for susceptibility to infection with cytopathic HTLV as a reference virus (gift from Dr. Montagnier) have been used in the first series of experiments. Two cell lines with characteristics of mature T-cells were susceptible to infection as determined by reverse transcriptase (RT) assays,

One of them, however, was positive for [illegible] virus particles, the second one established from a patient with [illegible] was negative for HTLV infections as well as no viral particles were found by an extensive electron[illegible]. The [illegible] parental cell line by HTLV-III [illegible] for particulate reverse transcriptase activity in culture fluids and about 20% of the infected cell population was positive in indirect immune fluorescent assay (IFA) using serum from a hemophiliac patient (E.T.) with lymphadenopathy. The serum of the patient (E.T.) exhibited [illegible], disrupted HTLV-III ( ) and reacted with p61 of HTLV transformed human T-cells in [illegible] precipitation assays ( ).

[illegible] to [illegible] susceptible and [illegible] permissive T-cell population for HTLV-III [illegible], [illegible] would preserve [illegible] permanent growth and continuous virus production, extensive cloning of the parental T-cell population was performed. A total of 51 single-cell clones were obtained by both capillary ( ) and limited dilution ( ) techniques [illegible] for [illegible] HTLV-III infection.

A representative example of [illegible] response to [illegible] virus infection of 8 T-cell clones which are susceptible to and permissive for HTLV-III is shown in Table 1. In parallel experiments, 2 X 10^6 cells of each T-cell clone were exposed to 0.1 ml of concentrated virus [illegible] containing 10^5 cpm of reverse transcriptase (RT) activity. Then the cell growth, morphology, positivity of [illegible] for the viral antigen(s) and RT activity in culture fluids were assessed after 6 and 14 days of infection. Although all 8 clones were susceptible to and permissive for the virus, [illegible]

Redundant

there were considerable differences between infected clones in capability to proliferate after infection. By 7 days of infection a cytopathic effect was manifested by 10-90% of the initial cell number and a high proportion of multinucleated (giant) cells were consistently found in all 8 infected clones. The percentage of T-cells positive for viral antigen(s) in IFA with the patient's serum (HTLV-III) and hyperimmune rabbit serum raised against the whole disrupted virus ranged from 10% to over 80%. After 14 days of infection, total cell number and the proportion of IFA positive cells for the viral antigens increased in all 8 clones. The highest proliferation was found in clone H/4, H/6; and lowest was in clone H/3. The virus positive cultures exhibited consistently round giant cells which in Wright-Giemsa staining revealed a high number of nuclei (Fig. 1a). Electron microscopic examinations of the infected cultures showed an abundant number of viral particles (Fig. 1b).

To determine whether HTLV-III is continuously produced by the infected T-cells in long term cultures, both virus production and cell viability of the H4/A infected clone H4, were followed for several months. As shown in Figure 2a, there was a fluctuation in the amount of virus production, however, culture fluids harvested from the H4/HTLV-III cell cultures at approximately 14 day intervals consistently exhibited particulate RT activity which has been followed for several months. In addition, the viability of the cells was in the range from 65-85% and the doubling time of the H4/HTLV-III cell cultures was approximately 36-48 hours (data not shown) after 3 weeks of infection. Thus, the data clearly indicate

determined by immunofluorescent assay from A.T.D.S patient (G.T.)
HTLV-III
and the proportion of HTLV-III
clones with the fastest growth rate were
Their multinucleated giant cells are similar to those induced by HTLV-I and HTLV-II except that the nuclei exhibit a characteristic ring formation
that they released considerable amounts of virus

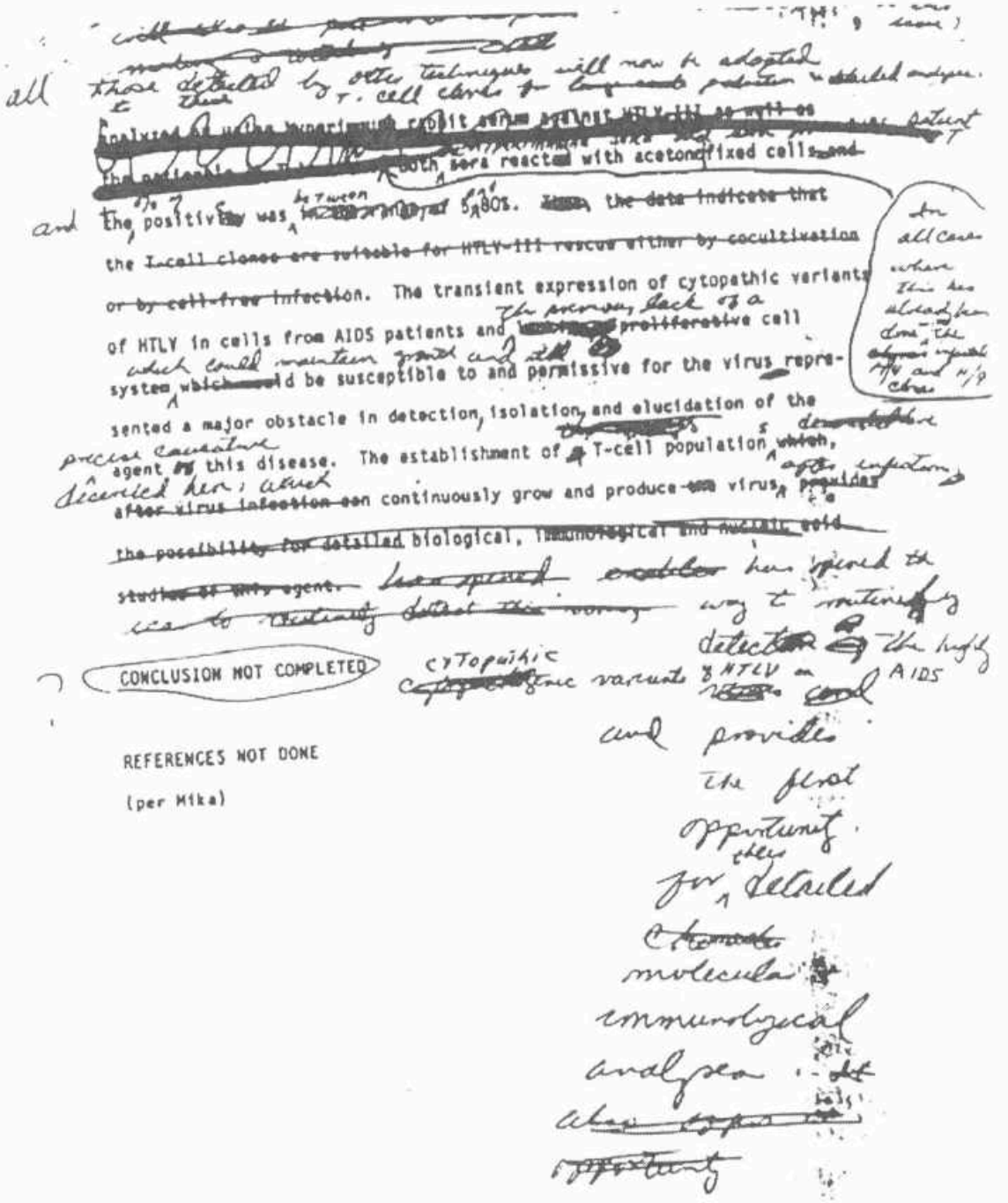
that this

con[illegible] permanently growing T-cell population can continuously produce HTLV-III in long term culture.

[illegible], The yield of the virus produced by H4/HTLV-III cells was assessed by purification of concentrated culture fluids through a sucrose density gradient and assays of particulate RT activity [illegible] in each fraction collected from the gradient. As shown in Figure 2b, similar to other retroviruses, the highest RT activity was found at density 1.16g/ml. Electron microscopic (EM) examinations of the aliquots from the fractions with highest RT activity revealed that the banded virus particles [illegible] were highly purified. An approximate estimation ( ) [illegible] of the number of viral particles determined by EM and RT activity suggests that the [illegible] yield from [illegible] culture [illegible] is about 10^{11} [illegible] particles per L of culture fluid. Therefore, the established T-cell clones are susceptible to and highly permissive for cytopathic variants of HTLV; all of them preserve proliferation capacity after infection; and in addition, as demonstrated in the case of H4/HTLV-III [illegible], [illegible] some of them can proliferate and continuously produce large amounts of HTLV-III in long term culture.

We have used two clones, H/4 and H/9, for the rescue of cytopathic variants of HTLV from patients with lymphadenopathy (pre-AIDS) or AIDS. Examples of [illegible] shown in Table 2 [illegible] cocultivation [illegible] cell-free [illegible] infection, were effective for virus [illegible]. HTLV-III isolates have been successfully obtained in each of these systems by cocultivation (4 patients) and [illegible] by cell-free infection of these T-cell clones (1 patient) [illegible]. (Case summary in Table.) In all five cases, the virus release into culture fluids was found by RT assay and extracellular virus particles [illegible] cases so far.

[illegible] more than — additional [illegible] isolates or detection of HTLV-III have now been [illegible] obtained in our laboratory



CONCLUSION NOT COMPLETED

REFERENCES NOT DONE

(per Mika)

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End of Popovic's Draft.