NATIONAL CANCER INSTITUTE
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Dr. Harold E. Varmus
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Dear Harold:

I am pleased to work with you in the subcommittee for naming human exogenous pathogenic retroviruses. As I indicated in my previous letter I am for changing the names and establishing a unifying nomenclature for AIDS associated viruses. I would now like to submit my proposal for consideration by the committee.

First of all, the existing, widely accepted and appropriate nomenclature for the human T-cell leukemia viruses type-I (HTLV-I) and type-II (HTLV-II) should be retained. This seems reasonable not only to me but many of the involved. A minor change, namely the use of Arabic instead of the Roman symbols may be suggested for type designation.

The AIDS viruses, isolated, cloned and sequenced, however, differ from HTLV in a large extent. They are not more closely related to HTLV-I and -II than to other retroviruses including both lymphotropic and non-lymphotropic viruses. The AIDS viruses do not cause leukemia and do not immortalize T-cells. There is no doubt in my mind that the two structurally greatly different agents (HTLV and AIDS virus), which also have distinct biological properties and pathology, should be distinguished by appropriate names.

As pointed out by Dr. Kingsbury, unlike classification nomenclature is essentially arbitrary. We usually honor the right of a pioneer investigator to name newly discovered virus(es) and readily follow, adopt and use the original (sometimes arbitrary) designations. With such an attitude in order to find the simplest solution in the current debate, one could suggest to combine the two independently assigned original names LAV and HTLV-III into one, HTLAV. This would certainly give credit to and acknowledge the contributions of both groups (Gallo's and Montagnier's). But, as you know, there is strong objection against the use of abbreviations like AIDS and LA by clinicians. I appreciate their concern and respect their view.

To most adequately describe and name LA/AIDS associated viruses, we would like to consider those major biological properties which are uniquely shared. The predominant immune defect in AIDS is the defective T-cell

function due primarily to the destruction of T_4 cells, the principal biological effect of these cytopathogenic retroviruses. Therefore, the new name I am proposing should be:

Human T-Lymphocyte-Destroying Virus (HTLDV)

The various isolates can be designated as:

Bethesda strain - HTLDV/B

Paris (Pasteur) strain - HTLDV/P

San Francisco strain - HTLDV/S

This nomenclature is not very different from HTLAV (hypothetically proposed above) or HTLV-III (the most commonly used), and it should not be objectionable. Most importantly, this nomenclature allows the required distinction of AIDS virus from human T-cell leukemia virus (HTLV). It also provides us a convenient way of classifying the existing subtypes as well as future isolates. Finally, it is readily adaptable for naming human AIDS related viruses isolated from other species.

Sincerely,

Stephen Oroszlan, Ph.D.
Director, Laboratory of Molecular Virology and Carcinogenesis

SO/jc

cc: Dr. John Coffin
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