

CENTRE  
D'IMMUNOLOGIE  
ET DE  
BIOLOGIE PARASITAIRE

UNITE MIXTE INSERM U.167 - CNRS 624

TEL. 20 87 78 00

TELEX : 820187 - TELECOPIEUR 20 87 78 88

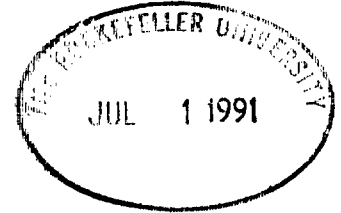
PROFESSEUR ANDRE CAPRON  
DIRECTEUR

INSTITUT PASTEUR

1, RUE DU PROFESSEUR A. CALMETTE  
B.P. 245 - 59019 LILLE CEDEX (FRANCE)

LILLE, LE 25/6/91

Dr Joshua Lederberg



Dear Dr Lederberg,  
Please find enclosed a copy  
of our revised manuscript. As I told  
you on the phone, it contains a significant  
amount of additional data, two new  
half figures (Fig 1 B and Fig 2 B) and a  
new Table (Table 1)

These include:

- 1) T cell proliferative response to PHA and PWM mitogens, to superantigens and to the tetanus recall antigen in 109 HIV-infected asymptomatic individuals and 49 HIV-seronegative healthy controls (instead of the previous 38 HIV-infected individuals and 20 healthy controls) (Fig 1). As controls, we have added 9 HIV-seronegative patients with infectious or autoimmune diseases (Fig 1B), as asked by the two Science referees.

2) In addition to the T cell proliferation assays based on the use of  $^3\text{[H]}$  thymidine of  $1\text{ Ci/mmol}$  specific activity, we have also used  $^3\text{[H]}$  thymidine of  $25\text{ Ci/mmol}$  specific activity (Fig 1B). This leads to higher values of control T cells in response to mitogens (PHA and PWM), and to superantigens, while the values of HIV-infected individual T cells remain very low in response to PWM and to superantigens. This shows (as I indicated in my previous letter) that the low specific activity ( $1\text{ Ci/mmol}$ ) of the thymidine we used accounted for the fact that "the mitogen responses are very small - something is suboptimal in the system" (first comment of the second PNAS referee).

3) Activation-induced T cell death assays have been performed in 59 HIV-infected individuals and 49 healthy controls (instead of the previous 20 HIV-infected individuals and 20 controls), as well as in the additional 9 HIV-seronegative patients with other diseases (Fig 2B). T cells from these 9 patients showed a reduced proliferative response (Fig 1B), but no activation-induced cell death was observed (Fig 2B).

4) Cell death was assayed in  $CD8^+T$  cell- or  $CD4^+$  T cell-depleted peripheral blood mononuclear cells (PBMC) from 12 HIV-infected individuals and from 4 healthy controls (instead of the previous one HIV-infected individual and one control). Cell death was also assayed in purified  $CD4^+$  and  $CD8^+$  T cells from 2 new HIV-infected individuals and from one new control in which the percentage of  $CD4^+$  T cells in unpurified PBMC were assessed. As asked by the Science referee, we have shown and discussed in the Results section (pages 10 and 11) the comparison between the percentage of  $CD4^+$  T cells in unpurified PBMC, and the percentage of cell death in the purified  $CD4^+$  T cell population and in the unpurified ~~mononuclear~~ PBMC.

5) A table (Table 1) has been added, that shows that T cell proliferation and activation-induced death in T cells from 4 HIV-infected individuals (and 2 controls) are identical in the absence or presence of in vitro addition of AZT. This suggests that apoptosis is not related to a cytopathic effect of HIV, such as that recently reported by Terai et al in the May issue of J. Clin. Invest, when T cell lines or mononuclear cells are incubated in vitro with certain strains of HTV.

Finally, in order to reduce the length of this manuscript, I have deleted the final part of the discussion, that was mostly of a speculative nature.

I think that this revised manuscript provides an answer to the main questions that have been raised by the referees, and hope that you will find it suitable for publication in PNAS.

I thank you again for the time and effort you spend in this process, and look forward to hearing from you.

Yours sincerely

J. A. J. J. J.