

Five Groups of HTLV-Infected Individuals Studied to See How Many Developed AIDS

Among 725 persons from five groups at risk for AIDS, 276 (38 percent) were found to be infected with HTLV-III, the virus that causes AIDS. Over a 3-year period, 34 percent of the infected individuals in one of the studied risk groups developed AIDS.

This highest percentage of AIDS cases was among 44 infected homosexual men in Manhattan. In the other four groups, AIDS developed in 25 percent of 24 infected drug abusers in Queens, N.Y.; 17 percent of 42 infected homosexual men in Washington, D.C.; 13 percent of 40 infected hemophilia-A patients in Hershey, Pa.; and 8 percent of 26 infected homosexual men in Denmark.

"Scientists do not know what the full latency period is between infection with HTLV-III, the virus that causes AIDS, and development of disease," explained Dr. James J. Goedert of NCI, the principal investigator.

"We also do not know what percentage of infected individuals will eventually develop AIDS, and if the risk differs among groups. However, the longer a person carries the virus and continues to experience damage to his immune system, the more likely it is that he will develop AIDS. Continued followup of these groups will be important to try to answer these questions."

The study is reported in the Feb. 28 issue of *Science* by Dr. Goedert and coauthors: Drs. Robert J. Biggar, Stanley H. Weiss, Robert C. Gallo, and William A. Blattner of NCI; M. Elaine Eyster, Milton S. Hershey Medical Center of the Pennsylvania State University, Hershey, Pa.; Mads Melbye and Peter Ebbesen, Institute of Cancer Research, Aarhus, Denmark; Susan Wilson, ORI Inc., Bethesda, Md.; Drs. Harold M. Ginzburg, National Institute on Drug Abuse, Rockville, Md.; Ronald J. Grossman, New York City; Richard A. DiGioia and William C. Sanchez, Washington, D.C.; and Jose A. Giron, Flushing Hospital, New York City.

All study participants were enrolled before

October 1982, and none had AIDS at the time of enrollment.

The high rate of AIDS among infected men in the Manhattan homosexual group may be because HTLV-III was introduced into this group earlier, Dr. Goedert said. New York City homosexuals were one of the first groups in the United States to be struck by the AIDS epidemic. The epidemic among American homosexual men is generally believed to be about 1 year ahead of the epidemic in drug abusers, and more than 2 years ahead of the epidemic in hemophiliacs and European homosexual men.

When the study began, 52 percent of homosexual men in Manhattan were infected with HTLV-III; 46 percent of the New York drug abusers; 38 percent of hemophilia-A patients; 26 percent of homosexual men from Washington, D.C.; and 10 percent of the Danish homosexual group. Each year since then, the number of infected individuals has increased in every group.

Dr. Goedert said the Manhattan homosexual group may be at higher risk of developing AIDS than the other groups because of some unknown cofactor or cofactors. A type of cancer called Kaposi's sarcoma developed in nearly half of the Manhattan men with AIDS, a higher proportion than would be expected. For unknown reasons, Kaposi's sarcoma occurs almost exclusively in homosexual male AIDS patients, and generally accounts for less than one-third of all AIDS diagnoses.

By analyzing stored blood samples from the hemophilia-A patients, the investigators were able to estimate that AIDS developed in five of these patients from 28 to 62 months after infection. This supports the belief that the latency before development of AIDS can be long, Dr. Goedert said.

Dr. Goedert also cautioned that the percentage of AIDS in this study may not occur in the general population, since the study group was small and may not represent the typical risk for AIDS.—Linda Anderson □

Warner Wins 'Hot Shot' Regatta; Sailing Classes Start April 9

Huber Warner skippered the 19-ft. Flying Scot, "Chancy," to victory in the NIH Sailing Association (NIHSA) Intramural Championship Regatta ("Hot Shot"). His crew was David Davies and Alison Skeel.

The NIHSA's Basic Training Course, including six Wednesday evening classroom and three on-the-water sessions, will start Apr. 9. Cost is \$85 plus \$35 NIHSA dues.

For further information and to sign up, call Anne Hardman, 496-7321. □

Graphics Packages Forum Scheduled for March 27

The NIH Stat Users Group will hold its second forum on Thursday, Mar. 27 at 3 p.m. in the Medical Board Room of Bldg. 10.

Topic of the forum will be an overview and exchange of information about graphics packages for presenting quality graphs of statistical results. Further information can be obtained from Robert Klein, 496-6832, or Deborah Ismond, 496-3333. (The medical board room is near the ACRF Amphitheater.) □

CONFERENCE

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The high frequency of silent thrombosis and unpresaged embolism underlies the need for prevention.

A number of high-risk groups of patients have been identified. This conference will assess the data concerning the relative risks in these groups and the various forms of prophylaxis (prevention) that have been tested, including anticoagulants, antiplatelet agents, and mechanical methods. In an open forum, participants will evaluate the effectiveness and safety of prophylaxis in the high-risk groups.

The conference will bring together biomedical investigators, hematologists, surgeons, internists, epidemiologists, and representatives of the public. Following two days of presentations by medical experts and discussion by the audience, a consensus panel—drawn from the medical community and lay persons—will formulate a draft statement responding to the following key questions:

- What is the level of risk of venous thrombosis and embolism in various patient groups?
- What is the safety and effectiveness of various forms of prophylaxis in these patient groups?
- What are the recommended forms of prophylaxis in these patient groups?
- What questions remain to be answered about prophylaxis of venous thromboembolism?

On the final day of the meeting, the consensus panel chairman will read the draft statement before the conference audience and invite comments and questions. □

Office Automation Equipment Handbook Now Available

Limited numbers of copies of the *Handbook on Acquisition of Office Automation Equipment*, published by the NIH Office Technology Coordinators, is available through the NIH User Resource Center, Bldg. 31, Rm. B2B47.

This handbook will assist users in defining and evaluating individual office automation needs. It has been designed to provide guidance to office staff on planning, requirements assessment, system design configuration, justification and procurement of office automation systems.

It also includes sections on space requirements and biotechnology issues as well as appendices on resources and policies and procedures for purchase of office automation equipment. □