



January 15, 1982

Dr. Edward N. Brandt, Jr.
Assistant Secretary for Health, HHS
Humphrey Building
200 Independence Avenue, S.W.
Room 716G
Washington, D. C. 20201

Dear Ed:

I just received your memorandum of January 7, 1982, concerning Kaposi's sarcoma associated with opportunistic infections. You asked that Dr. DeVita and I discuss this matter with Dr. Foege. I write this informal note now to give you a brief rundown on our activities in this area, prior to my departure to Geneva.

I have not yet had an opportunity to be in touch with Bill Foege, but I have had a discussion with Vince DeVita. There is clearly already a good deal underway at the NIH on this matter. The Cancer Institute has had a workshop recently at which a number of the issues were identified, and I believe research steps are being taken as a consequence. Vince tells me a summary of the workshop is in preparation, and will be available shortly and it will, of course, be available to your office and the CDC. Epidemiologists at the National Cancer Institute have a special interest in this problem and have various studies underway.

We at NIAID have a major interest in this problem because it is an unusual opportunity to investigate the possible role of chronic cytomegalovirus in pathogenesis. Lines of investigation include a search for alterations of immunological function, as well as the pathogenesis of tumors in connection with chronic virus infections. In addition the association of opportunistic infections such as pneumocystis in all probability is a result of acquired defects in immunity. My own hunch is that chronic exposure to cytomegalovirus in this special population may be a major factor in the etiology of the syndrome. But, of course, this matter must be sorted out with clinical, laboratory and epidemiological investigations. Sexually transmitted diseases are the primary responsibility of the NIAID at NIH. So we will examine the infectious aspect closely. Certainly, the homosexual population has a high frequency of exposure to cytomegalovirus as well as other pathogens.

Our intramural scientists are especially interested in this unusual syndrome of immune deficiency. There are prominent immunologists who refer to such a syndrome as an "experiment of nature." The implication of such a term is that we can exploit the experiment to uncover nature's secrets. I have never been completely comfortable with the phrase "experiment of nature." I am not sure nature performs experiments, and, furthermore, I do

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believe this is not a compassionate view of the matter. I prefer the term "accident of nature" to describe such unfortunate circumstances which we must try to prevent.

I cannot at present give you a full report of NIAID work now underway on this syndrome. Further information will be collected and sent to you later. Let me just say that NIH responds rapidly to requests for assistance on this problem. Yesterday, during the "holiday" due to the snow, I was manning the telephones, and received at 10 a.m. an emergency call from a Norristown, Pa. physician who had a very ill patient with the pneumocystis manifestation of the syndrome. The patient is being transferred today to the Clinical Center where Dr. Michael Frank, Clinical Director, NIAID, and his colleagues, Dr. Anthony Fauci, Chief, Laboratory of Immunoregulation and Dr. Stephen Straus, Head, Medical Virology Section, will begin treatment, as well as studies on the immunologic defects and the infectious complications. Such studies require the cooperation of all at the NIH. For example, in this case the patient who is extremely ill, will be admitted to the Intensive Care Unit of the Clinical Center.

I hope this informal letter gives you an indication of the attention we are giving this problem. We will, of course, work closely with the CDC, so that we not only learn all we can from these "accidents of nature" but at the same time find ways to prevent and treat these unfortunate people with this strange syndrome.

With best regards.

Yours sincerely,

Richard M. Krause, M.D.
Director, National Institute of
Allergy and Infectious Diseases.

cc: Dr. Thomas Malone
Dr. Vincent DeVita
Dr. Michael Frank
Dr. William Foegee