UK Research and Innovation

UK Research and Innovation
Polaris House
North Star Avenue
Swindon SN2 1FL

30 August 2019

Sent by email: [redacted]

Dear [redacted],

Freedom of Information request: 2019/0201

Thank you for your request for further information relating to your Freedom of Information request, UKRI 2019/02021 concerning the work of the MRC Working Party on AIDS. Following our response to your request, sent on 21st August, you requested the following information which we identified in our response as potentially being of interest:

Your request:

In your covering letter, you mention that you have identified a report that outlines Dr Anthony Pinching's visit to the United States between 31st July to 6th August 1983, for 5th International Meeting of the International Society for Sexually Transmitted Disease Research, and also his visit to an NIH clinical facility.

Please may I take you up on your kind offer to also supply this report. I note that you have said that it does not specifically mention haemophiliacs and/or blood products, but I would very much like to see the report, not least because Dr Anthony Pinching was the secretary to the MRC Working Party, and this in itself could provide an interesting connection, but also I am interested in the NIH facility in the USA.

Our response

Please find attached the report from the Secretary to the Working Party as requested.

If you have any queries regarding our response or you are unhappy with the outcome of your request and wish to seek a review of the decision, please contact:

Head of Information Governance
UK Research and Innovation
Polaris House
North Star Avenue
Swindon
SN2 1FL

Email: foi@ukri.org or infogovernance@ukri.org

Please quote the reference number above in any future communications.

If you are still not content with the outcome of the review, you may apply to refer the matter to the Information Commissioner for a decision. Generally, the ICO cannot make a decision unless you have exhausted the review procedure provided by UKRI. The Information Commissioner can be contacted at:

Information Commissioner
Wycliffe House,
Water Lane
Wilmslow
Cheshire
SK9 5AF

Enquiry/Information Line: Between 9am and 5pm Monday to Friday 0303 123 1113 or 01625 545745

Further information about the Office of the Information Commissioner can be found at http://www.ico.gov.uk/

If you wish to raise a complaint regarding the service you have received or the conduct of any UKRI staff in relation to your request, please see UKRI's complaints policy: https://www.ukri.org/about-us/policies-and-standards/complaints-policy/

Yours sincerely,

[redacted]
UK Research and Innovation, Information Governance Team
Email: foi@ukri.org

A.J. PINCHING

REPORT ON VISIT TO THE UNITED STATES 31st JULY - 6th AUGUST 1983

A.I.D.S. - The Present Position.

This visit was arranged by A.J. Pinching and was sponsored by a company with an interest in diagnostic tests in infectious disease. The objective of the trip was to present a poster relating to A.I.D.S. in Seattle at the Vth international meeting of the International Society for Sexually Transmitted Disease Research, to exchange views with others working on aspects of A.I.D.S., and to discuss in depth work proceeding at the National Institutes of Health under Dr. A.S. Fauci. I also visited the wards in the clinical facility at the N.I.H. where A.I.D.S. patients were being treated. From this visit the following points emerged.

1. Clinical and Epidemiological.

A review of epidemiology (Curran, CDC) was helpful but contained no new features. An important negative finding was the failure to induce disease in animals, from rodents to primates, by inoculation of the material from A.I.D.S. patients. There were a number of valuable exchanges of experience on patient diagnosis and management Atypical presentations of Kaposi's Sarcoma and the differing prognosis of Kaposi's Sarcoma alone were discussed (Friedman-Kien). The value of diagnostic manoeuvres in A.I.D.S. patients was contrasted with experience in other immunocompromised patients, e.g. increased diagnostic yield for Pneumocystis carinii in sputum; high frequency of isolation of Mycobacterium avium-intracellulare (90% of A.I.D.S. cases have this organism at post-mortem). Attempted (and clinically unsuccessful) therapy with bone marrow transplantation and Interferon was reported while work on Interleuki 2 had not reached a point where possible clinical benefit could be assessed.

2. Research.

The immunological features were especially well reviewed by Dr. A.S. Fauci who emphasised the importance of looking at total T helper and total T suppressor cell numbers, rather than the ratios (in accordance with our own view). He provided additional data to suggest that apart from the numerical loss of T helper cells, those remaining in peripheral blood are functionally abnormal; this lends some indirect support to the idea that the agent of A.I.D.S. may be tropic for T helper cells. He also reviewed his own group's recent work on B cells indicating an extraordinary degree of polyclonal B cell activation in A.I.D.S. patients along with

a failure of response to neoantigens. Possible aetiological agents were reviewed by K Sell but the paper was poor, with a number of unfortunate logical errors; it contained neither new ideas nor critical evaluations of the current hypotheses.

3. Screening.

The screening of different at-risk populations were described by groups from Chicago and Seattle, as well as our own, and showed by various means that A.I.D.S.-like defects exist in these populations. It can be deduced from these studies, as well as from the development of cases in the U.S.A., that Chicago and Seattle are running about one year behind New York and San Francisco, while the U.K. is probably about two years behind. The difficulty of defining precise causes of the various immunological abnormalities found was discussed in the light of our own data. In particular the uncertainty regarding any predictive value of T helper cell depletion or anergy, when seen in the context of asymptomatic homosexuals or patients with persistent lymphadenopathy, remain. The need for the use of appropriate immunological markers was generally agreed and T helper/T suppressor cell ratios were generally condemned as an inadequate means of expressing data. The progression of asymptomatic homosexuals with immunological abnormalities to persistent lymphadenopathy and from persistent lymphadenopathy to A.I.D.S. was reported privately for a few cases, but it is too early to know whether any of the tests used in these patients can be considered to have predictive value. Because of these uncertainties most people felt that large scale population screening with cellular immunological tests was inappropriate until longitudinal studies of cohorts, such as our own, have been completed. A large number of individuals noted the fact that the United Kingdom was in an unusually good position to study the evolution of the disease in the community. This is largely because we have the opportunity to learn from the American experience, in terms of the type of things that we need to look for, in a population in which the emergence of the disease is at a much earlier stage. The advantages for the study of aetiological and pathogenetic factors in the disease were generally agreed.

4. Safety Aspects.

While the lay reaction to the A.I.D.S. problem in some American cities has perhaps been exaggerated, the need for care in the management of patients and in the handling of specimens in the laboratories was generally accepted. It was felt that the absence of well documented cases in A.I.D.S. in health workers was to some degree reassuring. The recent MMWR Report was felt to contain only one case of possible relevance, as the other cases were thought to have other risk factors. Even the remaining case included a number of uncertainties regarding the means whereby A.I.D.S. might have

been contracted. Current hepatitis B-type recommendations are generally in practice in the management of patients and in the handling of samples. These allow proper patient management while affording an acceptable level of staff protection.

5. FUNDING OF RESEARCH/SERVICE ASPECTS OF A.I.D.S.

(a). Research.

The earmarking of funds by government agencies was seen as a response to pressure from certain quarters. The appropriateness of the measure was doubted by some who felt that the quality of investigation would suffer in consequence. A "band-wagon" effect might attract research of lower calibre and lead to excessive reduplication of research effort. The need to recognise the genuine health and research challenge of A.I.D.S. was emphasised but it was thought that it had to be backed up by appropriate peer review mechanisms.

(b). Clinical.

It is clear that where A.I.D.S. has become a major health problem or where current screening methods have been accepted as necessary in defined clinical settings, major new service commitments have arisen. A.I.D.S. patients who are severely ill require major diagnostic and therapeutic efforts conducted with appropriate safety considerations; this is labour-intensive at all levels of staffing. It is clear that if large numbers of cases are eventually seen in this country, there will be service implications in the form of a need for increased staff and increased facilities (probably in a few centres). Enormous problems are posed by the long latent infective period of A.I.D.S.; they mean that special considerations will have to apply if suitable contact tracing is to be performed, as judged by the sociosexual study reported in Seattle. From the point of view of screening, until existing tests have been shown to be of value, it is doubtful whether they can yet be considered in service terms. Nevertheless it has to be recognised that there is a very large population of individuals who are at moderate to high risk of contracting the disease in the U.K. who will seek advise and/or screening, even in the knowledge of the limitations of such tests. This aspect is already being felt by most centres currentl working in the area.

6. Conclusions.

In summary this visit enabled me to obtain an up to date view of A.I.D.S. from the research and clinical view-points. It was reassuring to find that the majority of the major observations had either been published or had been circulated more informall

to our group and to other groups in the U.K. Nevertheless a few points of detail did emerge at the meeting and subsequent conversations were particularly valuable for getting a "feel" of current attitudes to the research and service aspects of this area. A number of useful contacts have been made.

[redacted]

ANTHONY J. PINCHING
Senior Lecturer
and Consultant Immunologist.

Dictated by Dr. Pinching and signed in his absence.