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LETTERS

NIH Neural Transplantation Funding

We view with considerable interest the funding of a program of neural transplantation recently announced by the National Institute of Neurological Diseases and Stroke (NINDS) of the National Institutes of Health (NIH). This is an encouraging development in support of an increasingly vigorous field of scientific endeavor.

The $4.5-million NIH-NINDS grant is the first major award since the federal ban on fetal tissue research was lifted. It supports a double-blind study of 40 patients with Parkinson's disease; 20 patients will receive neural transplants and be compared with the remainder, who initially will undergo a sham procedure. The study is extensive and costly, and the proposed evaluation protocol is said to be impeccable. The high level of expenditure, high political profile, and probity of the funding agency are such that the results are likely to have a profound influence on the future and funding of the whole field of basic and clinical neural transplantation.

Our particular concern is that only one neural transplantation procedure from a single center is to be assessed. Since transplantation techniques are still at an early stage of development, the optimal methods of tissue procurement, graft preparation, and implantation are not yet established. Consequently the results and implications of any single trial must be considered with great caution. The same strictures apply equally to similar work performed in all other institutions throughout the world.

The Network of European CNS (Central Nervous System) Transplantation and Restoration (NECTAR), formed in 1990, comprises the clinical and basic science groups with an interest in neural transplantation in Europe, and its members have extensive combined experience in both experimental and clinical neural transplantation. Since intracerebral neural transplantation is still in an exploratory phase, the range of procedures currently used is diverse and under development in many centers around the world. We are concerned that the single large trial now funded may be viewed by NIH, NINDS, and others as the critical test of the therapeutic value of neural transplantation despite the fact that only one particular procedure is tested. Although we await the results of this particular NIH-NINDS program with interest, the outcome is unlikely to determine the optimal procedure for clinical application of neural transplantation as a treatment for Parkinson's disease.

The scientific community is acutely aware of the manifold difficulties in determining and developing an effective neural transplantation therapy. We earnestly plead that, in addition to the above study, NIH will also be seeking to explore other grafting protocols at the same time.

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Alloimmunization to Prevent AIDS?

In a recent letter, "Alloimmunization as an AIDS vaccine" (8 Oct., p. 161), Gene M. Shearer, Mario Clerici, and Angus Dalgleish discuss human lymphocyte antigens (HLAs) as "a new approach for AIDS [acquired immune deficiency syndrome] vaccines. . . ." This proposal was inspired by the protective role of xenogeneic major histocompatability complex (MHC) antigens in the simian immunodeficiency virus (SIV) vaccine model (*1*, *2*). In a recent review of AIDS vaccine development (*3*), Bart Haynes also included HLA in a list of experimental immunogens, but suggested that alloimmunization might preclude future organ transplantation. Shearer *et al.* address this criticism in their letter and present several other potential advantages of immunization with HLA with which we agree. We have also been assessing the possible role of HLA in AIDS vaccines and present here experimental evidence that immunization of humans with alloantigens, as opposed to xenoantigens, can induce a potentially protective immune response to human immunodeficiency virus (HIV).