TUFTS UNIVERSITY

Department of Molecular Biology and Microbiology
136 Harrison Ave.
Boston MA 02111

April 17, 2009

John L. Hennessy, PhD
President
Stanford University, BLDG 10
Stanford CA 94305-2061

Dear Dr. Hennessy:

I am writing to express my support for the Stanford HIV Drug Resistance Database, developed and managed by Dr Robert Schafer, and my concern for its continued existence and its future availability to the entire scientific community.

At the outset, I should point out that I have neither the expertise nor sufficient knowledge of the facts to be able to comment on the specific legal issues in dispute regarding the Database. As a long-time researcher in the basic, clinical, and translational aspects of retrovirus – particularly HIV – host interaction, and the founding director of the highly successful HIV Drug Resistance Program of the National Cancer Institute, what I can comment on is its importance to my work and that of many of my colleagues in the academic, government, and corporate HIV research enterprise. Since the onset of the AIDS pandemic nearly 30 years ago, the extraordinarily rapid progress in discovering its cause, understanding the basics of its biology and pathogenesis, and developing novel antiviral therapies and novel strategies for their effective use has been largely the result of a unique partnership among HIV research scientists from all three groups.

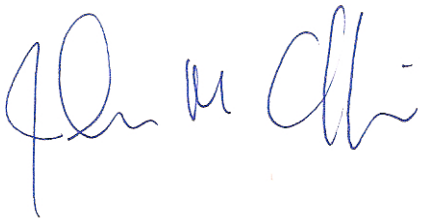
A particularly critical and complex issue in the development of effective anti-HIV strategies is that the virus is capable of rapidly developing resistance to all known antiviral drugs if administered individually or in suboptimal combinations. Hundreds of different mutations have been identified in the HIV genome that, either singly or in combination make the virus completely resistant to inhibition by any one of them. Current therapy is based on the principal of treating patients with combinations of drugs

such that no single virus genome in a patient is likely to carry mutations making it resistant to all of drugs in the combination at once. In the last decade, we have gotten much better at treating HIV infection, and many patients have had their lifespans greatly extended, but there are still large numbers of treatment failures and much work remains to be done at all levels. From a personal standpoint, my colleagues at the NCI and I are engaged in the development and application of extremely sensitive technology to monitor the evolution of HIV in infected patients particularly appearance of drug resistance mutations. The Stanford Drug Resistance Database is a crucial resource for all of these efforts, because it centralizes in one place, and in a very timely fashion, the accumulated knowledge on the subject from data provided by academic, government, and corporate researchers. Furthermore, it provides a very useful toolkit for analysis of the potential for resistance to known drugs for sequences obtained in the course of one's own research, a feature used extensively by my colleagues.

In creating the Database, Dr. Shafer has performed a valuable service to the entire HIV research community. Its loss or restriction to certain groups would, in my opinion, cause significant harm to ongoing efforts to gain the upper hand on the AIDS epidemic.

Thank you for your attention.

Sincerely,



John M. Coffin
American Cancer Society Research Professor and Distinguished Professor

cc: Robert Schafer