**Glad Day Bookshop**

From: Colman Jones [colman@colman.net]
Sent: Friday, November 21, 2003 10:29 AM
To: gdbooks@on.aibn.com
Subject: Cornelson/Voroney exchange

Correspondence about the Toronto initiative for a syphilis PCR screening test.

Date: Thu, 20 Nov 2003 12:23:16 -0500
From: "Philip Berger" <BergerP@smh.toronto.on.ca>
To: <jscythes@infinity.net>
Subject: Fwd: Re: Syphilis proposal

Please see attached.

Philip B. Berger, MD, FCFP
Medical Director, Inner City Health Program, Core Services
Chief, Department of Family & Community Medicine
St. Michael's Hospital
30 Bond Street
Toronto, ON M5B 1W8
Canada
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Phone: (416) 867-3712
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E-Mail: bergerp@smh.toronto.on.ca

Date: Thu, 20 Nov 2003 11:48:03 -0500
From: "Brian Cornelson" <bcornels@smh.toronto.on.ca>
To: "Philip Berger" <BergerP@smh.toronto.on.ca>
Subject: Fwd: Re: Syphilis proposal

JP's response

Date: Thu, 20 Nov 2003 11:42:33 -0500
From: jp.voroney@utoronto.ca
To: Brian Cornelson <bcornels@smh.toronto.on.ca>
Subject: Re: Syphilis proposal

Hi Brian,

Thanks for letting me know, and I appreciate your taking the time to think about it. I would have liked to be able to do more of the work, but it's not realistic for me to try and work part time in an std clinic while switching into a new residency that really, really demands a lot of learning.

Jp

Quoting Brian Cornelson <bcornels@smh.toronto.on.ca>:

> Hi JP!
> Just to close the loop on your syphilis proposal: I see this
> undertaking as a lot of advance work, researching the values and
> limitations of current syphilis testing, pro's and con's of PCR testing,
> cost and cost/benefit analysis, etc. in order to even make a proposal to
> the Prov Lab, then to walk through funding, ethics, etc. Even if all
> the advance work were done, it takes a lot of time to shepherd such a
> proposal thru the appropriate channels, and I don't have time to do
> everything necessary to make this happen, in light of the other things
> I'm working on.
> I apologize for not getting back to you earlier on this; I was hoping
> to be able to do it, but I just can't take it on. Hanka already knows,
> and I think she's going to work with Leah on another project.
> Hope all goes well with you in your new career!
> Brian

Dr. Robert Notenboom
Phoenix Biotech
6810 Kitimat Rd Unit 1 - 2 , Mississauga ,
Ontario L5N-5M2

Dear Dr. Notenboom:

Enclose please find the abstract and primers/sequences that you requested. Because the primer sequences are not published yet, please consider this as confidential.

thanks,

Hsi Liu
404 639 3348
CDC
Mail Stop D13

| | |
|---|---|
| Forward | CAGGATCCGGCATATGTCC |
| Reward | AAGTGTGAGCGTCTCATCATTCC |
| Probe | CTGTCATGCACCAGCTTCGACGTCTT |

Hi John,
Please let me know if/when you want to contact him directly
Regards
Bob.

To: mapleleafmedical@hotmail.com
From: John Scythes <jscythes@infinity.net>
Subject: syphilis whole blood PCR in Toronto
Cc:
Bcc:
Attached:

Att'n of Dean Roberts: Dear Dean: Dean was medical secretary for Dave Tilley MD
for hand delivery to people I know - any interest?
Please give a copy of this note to my physician, David Tilley.

As you know from my previous meetings and lunches with David, we have been evaluating a syphilis whole blood PCR in Budapest (as a screening tool), at the AIDS laboratory of the National Dermato-Venerology Institute (OBNI), attached to the Semmelweis Medical School.

It is not a surprise to me, and not a recent finding, that during latent syphilis, one of the hiding strategies of T. pallidum is inside the red blood cell, and therefore in the bone wherefrom the erythrocyte emerges after expelling its nucleus, and then living a few hours in circulation, before entering tissues for about three months of life. The CDC has recently verified this hiding strategy. Horvath Istvan, at the OBNI in Budapest, proved this fifteen years ago. The surprise for us nowadays is the finding of red cells with syphilis DNA, in young gay men who make no antibody to either lipoidal or treponemal antigens. Maybe they are not processing the antigens properly. They do not have clinical signs or symptoms, and seem to stay either sero-negative, or in one case TPHA-40 borderline, on repeated bleedings. The antigen load may be as high as secondary syphilis. This is all very preliminary, we emphasise. One case was HIV positive as well. Syphilis may be different now, after 60 years of penicillin, at least in some strains. These observations are in-print.

The reason for contacting David is to ask once again for well-documented specimens. This is not inconvenient for patients, as the PCR is performed on whole blood collected in EDTA lavender top BD vacutainers, which can be frozen and archived until DNA isolation. Informed consent for such an experimental test is very important, and I am happy to write a consent form, and review it with you and David. The matter of specimen collection and integrity will be the concern of the laboratory here in Toronto, where our Hungarian colleagues have generously consented to come over and set up the test, and where we already have a PCR facility, and an offer for help from the Toronto lab director.

We can limit this testing to perhaps 50 persons, some with AIDS, some only HIV positive, etc etc. David may communicate directly with Dr Karoly Nagy, MD, Ph D, at any time. His email is <nagkar@bor.sote.hu>. You may address Professor Nagy as Karoly, which is Charles in English.

When I wrote David in early 2002 about the TrepChek and the many missed cases at Hassle Free, I mentioned as well the PCR project under development in Hungary. I assured him at that time that I would tell him at once if we found a problem: syphilis DNA detection and negative blood reactions. We have seemingly found this problem. We would like to refine this further, and now work here in Toronto, to verify if indeed we are on the right track. How should we treat these men in Budapest? What would be our indicator for therapeutic success - a negative PCR after 90 days maybe? Or sero-conversion to syphilis?

Dean, please help us with this, best,
John Scythes <jscythes@infinity.net> tel: 416 538 2662