

The WIHS Woman



The Connie Wofsy Women’s HIV Study

Mount Zion Clinic is Moving!

On April 1st, the Mount Zion clinic is moving to 1515 Scott Street @ Geary (1 block away from MZ). There is free 2-hour street parking available across Geary Street or you may park in the lot at our office. To enter the lot, head west on Geary and turn right just past Scott Street. WIHS women will also continue to have the option of going to the SFGH clinic for the time being. We will keep you posted if there are any changes.

If you have any art works stored in the back of your closet or are looking for a home for your new painting, please consider donating it to the clinic. We have bare walls and would love to show off your talent! Please let our staff know if you have something you would like to offer.

Changes for Visit 40

Visit 40 starts on April 1, 2014. One big change is that we are going to begin a new way of completing the interviews. Rather than writing your answers on paper, and then entering them into

a database, we are going to do direct data entry. DDE allows the interviewer to enter the “data” directly into the computer in one step. DDE has been done at the other WIHS sites for quite some time and it is going well! We can assure you that we will use only your ID# along with your answers and the information will remain confidential. For the interviews, we will have some new questions about Treatment as Prevention.

What’s continuing in Visit 40?

Ankle Brachial Index (ABI). During visit 39, we started a new procedure for women age 40 and over called the Ankle Brachial Index (see page 4). The **ABI** is a brief measurement of the blood pressure in the arms and legs that provides the WIHS with a measure of the large blood vessel disease. Disease in the large vessels of the limbs including arms and legs has been associated with cardiovascular disease, decreased muscle strength and difficulty walking. The ABI will be done every two years and involves a brief interview about physical activity and pain or dis-

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comfort you may experience in your legs. This is one of the first large studies of factors related to vessel disease in HIV-infected women and HIV-uninfected women. We hope to use the findings of the study to help with prevention and treatment recommendations for patients and providers.

Fibroscan and MRI Study

The **Fibroscan** study is being done to understand how body fat and metabolism are impacted by HIV, Hepatitis C, or obesity and how this affects the health of your liver. A Fibroscan is an ultrasound scan of your liver to check for stiffness (also called “Fibrosis”). The Fibroscan will be done at the Scott Street Clinic. Reimbursement for the Fibroscan is \$40. About 55 women in the Fibroscan study will also be asked to have a **Magnetic Resonance Imaging (MRI) scan** which is a way to measure the amount of fat in the liver. Your study interviewer can explain more about the study and determine if you are eligible. The MRI will be done at the UCSF China Basin campus. Reimbursement for the MRI is \$50 plus transportation expenses. Mary is the clinical research coordinator for this study.

The **Neuro-cognitive Study** will continue during visit 40. The neurocognitive tasks are administered verbally, using paper and pencil, and a pegboard. You will be asked to read words, recognize shapes, solve problems, memorize things and engage in other mental tasks. Some of the tasks will be familiar from previous WIHS visits and some will be new. The purpose of this component is to look at cognition – that is, mental processes such as memory and learning. It takes about an hour, and you will be reimbursed an additional \$20 at the visit.

The **Musculoskeletal (MSK) Study** will continue during visit 40. This study looks at the effects of transition to menopause on bone mass and structure, muscle mass and strength, and changes in fat distribution and immune function, might affect these associations. If you agree to participate, you will have some additional tubes of blood drawn at your WIHS visit. You will be scheduled to come back for an additional visit, which consists of a Dexa scan to measure bone density, tests of your muscle strength and function, measures of the curvature of your spine, a questionnaire, and a quantitative computed tomography (QCT) of your spine and hip, plus a 6-minute walk. This visit takes about 4 hours and reimbursement is \$85. If you also have an **MRI**, you could earn an extra \$50. If you are eligible for this study, we will offer this study to you when you come in for your WIHS visit. Audrey is the coordinator of the MSK study.

The **Pulmonary Study** will continue during visit 40. This study involves an interview, lung function test, and blood draw. This study visit takes about 2 hours and you will be reimbursed \$60. Audrey is also coordinating this study. She will contact you if you are eligible, or if you have already had your first study visit and are due for a 2-year follow-up.

Please remember to bring your medications in their original bottles, your medi-set, or a list of the medications you have taken since your last visit. If you are taking HIV meds, we’ll also need the dosage information. Thank you for bringing your medication information to your interview! It is very helpful for providing us with a complete medical history.

Please fast (don’t eat or drink anything, except water, for at least 8 hours) before your WIHS core visit. Although many beverages, such as

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black coffee, plain tea, and diet sodas don't contain any calories, they do contain other ingredients that can affect some of the measurements. Even sugar free gum has a couple of calories. So, please drink only water for at least 8 hours before your core visit. This is important for getting an accurate test result for your cholesterol, lipids, and glucose. These blood tests are important markers for diseases that affect women, including diabetes, heart disease, and high blood pressure. If you have concerns about fasting or if you have certain medications that need to be taken with food and at certain times, or if you are diabetic, please discuss this with your medical provider.

Hair Samples

If you are HIV-positive, we will ask for your permission to cut a small amount of your hair (about 20-100 strands) depending on the type of HIV medication you take. These hair samples are being tested for levels of HIV medications only. Did you know that we all lose over 100 hairs every day? Having this information is very important to understanding women's response to treatment as new medications become available.

Abbreviated visits will continue for women who are unable to come into the clinic. If you do have an abbreviated visit, we will ask you questions about your health and medications you are taking.

For women undergoing colposcopy, we will continue to ask if you want to donate tissue to the **AIDS and Cancer Specimen Resource (ACSR)**. Women do not need to have cancer or HIV to enroll in this sub-study. Women who are eligible and wish to donate tissue to the bank will have an extra biopsy, oral rinse, and one tube of blood collected at the time of their colposcopy examination.

Thank you!

The WIHS staff would like to thank all of our participants for your dedication and contribution to the study. We truly value and appreciate your time and effort in coming to all of your study visits. We look forward to seeing you for WIHS visit 40. While you are at the clinic, please ask your clinician or interviewer for a confidential **Feedback Form** and let us know how we are doing.

A Special Request for Women Getting an MRI

By Mary Obasi

Some women in the Fibroscan and MSK sub-studies are now also getting an MRI which measures the amount of fat in the abdomen and liver. The MRI is done at China Basin and participants will be reimbursed \$50 for their time in addition to transportation costs.

Since the Radiology Department charges the Women's Study for missed appointments, we also offer a \$5 Safeway Gift Card to women who show up on time. While we are sincerely grateful to everyone who makes it to their study visit, **we are requesting that you notify us of any MRI cancellations 48 hours (2 days) in advance of the appointment.** We understand that life happens and certain things are uncontrollable, but please contact us well in advance if you need to cancel. Here are a few tips for how you can help us help you make your appointment: keep us up to date with your contact information; check your voicemail messages regularly; book appointments at more convenient times; cancel appointments no later than 48 hours prior, if possible; and write down your appointment time.

PEP and PrEP: Preventing HIV Transmission

PEP and PrEP refer to using HIV medications in people without HIV to reduce the risk of their becoming infected. PEP, or post-exposure prophylaxis, is started shortly after a known or suspected exposure to HIV. PrEP, or pre-exposure prophylaxis, is started before a possible exposure and continued for a long time. In both cases, the medicines are prescribed by a health care provider for specific high-risk situations. Neither PEP nor PrEP is 100% effective, but when taken as directed HIV medicines can combat the virus before it has a chance to multiply in the body.

Words to know

Prophylaxis- taking a medicine to prevent getting an infection

PEP-Post- Exposure Prophylaxis, taking HIV meds after a possible exposure (by sex or a needle stick)

PrEP- Pre-Exposure Prophylaxis, taking HIV meds before possible exposures to HIV (often in people who have a positive partner, or live in a place where HIV is very common)

PEP has been used for many years in health care providers who've had a needle-stick or other exposure to HIV, but several years ago its use was expanded to include exposure from sexual contact. For example, if an HIV negative man or woman has unprotected sex with a person they know has HIV, they can start taking the medications within 3 days. The medicines must be started within 72 hours and continued for 4 weeks to be effective. PEP is also sometimes prescribed to victims of sexual assault, or

Did you know?

Babies born to mothers with HIV infection often receive prophylaxis for several weeks after birth to reduce the small chance that they have been exposed to HIV during birth.

to people who have shared needles with someone they know has HIV. HIV negative individuals using PEP are given regular HIV tests before, during, and after taking the medicines. Sometimes other blood tests are also done to make sure the person is not having serious side effects.

PrEP is newer, but based on the same principle. In PrEP, HIV medications are taken before likely contact with the virus, and may be continued for months or years. PrEP is most often

How HIV prophylaxis works:

The medicines need to be present in the patient's tissues when HIV exposure occurs, or very quickly after it. So it is essential that patients taking these regimens, take them as directed, every day!

used by people who are HIV negative, but in a steady relationship with a partner who is HIV positive. PrEP can reduce the possibility of transmission by 50 percent to even 90 percent, when taken consistently, according to some studies. Regular HIV testing, usually every 3 months, is also important for anyone taking PrEP. PrEP may also be used by intravenous drug users who share needles. PrEP may be a very important way to prevent HIV infection for sex workers, particularly if they work in a setting in which HIV infection is common.

Where does one get PEP and PrEP? PEP can be prescribed by one's primary care provider, an emergency room or urgent care department, or a community clinic. PrEP is prescribed by one's primary care provider, or by enrolling in a local clinical study. Because the medicines can become expensive, there are medical assistance programs for helping low-income people pay for the medications. In San Francisco, City Clinic is a good resource: 415-487-5538. In the East Bay, contact Highland's ER for PEP (510-437-4800). Any medical provider can prescribe

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 these medications.

Currently, Truvada, which is a combination of tenofovir and emtricitibine, is used for PrEP. Like all medications, Truvada has side effects, mainly headache and stomach pain at first, but it is generally safe. Truvada is also used for PEP, but other combination medications, such as Combivir, can also be used.

While PEP and PrEP are wonderful options for people at high risk for getting HIV, they do not replace using condoms, or having clean needles for IV drug use. Rather, they are part of a "prevention package" for people at high risk of acquiring HIV.

Sources and Resources: Projectinform.org; Centers for Disease Control HIV/AIDs Prevention Research

(CDC.gov/hiv/prevention/research); San Francisco City Clinic (sfcityclinic.org/services)

CAB CORNER



by Joyne Taylor

Spring into action!

As you know, day light savings has started and the longer days provide a great opportunity for you to get motivated for some healthy living. Did you know that morning sunlight can actually boost your mood the most? So, take advantage of the earlier sunrise and get outside and exercise as early as you can.

The latest fitness news; walking is actually as

good if not better for your health than running. Walking for exercise means you've got to move briskly during your walk to get the most benefit. It's a matter of how far you walk, not how long. Walking is one of the easiest ways to get exercise when you need to stay healthy. Experts recommend approximately 2 hours a week. It's fine to walk in segments of 15 minutes or more throughout the day or week. The goal once you've established the routine of brisk walking should be 30 minutes a day for 5 days a week. Stay motivated! Find a walking partner, family, friend, or co-worker. Daily dog walks are also a great way to keep up your walking routine.

Choosing the right meals, snacks and drinks can boost your health all day. Drink plenty of water. Smart food choices can make you feel alert in the morning, lively at lunch or delightful at night. For example, eating rather than skipping breakfast can be healthier. Fruit, juice, yogurt, eggs, and oatmeal are all good breakfast ideas. A snack of whole foods like walnuts, pecans, almonds provides energy for a productive afternoon. A nutritious stir-fry can be a healthy dinner choice. Choose a variety of colorful vegetables to get vitamin C, vitamin A and fiber from your meal. Red bell peppers, green onions, peas, carrots, squash, asparagus, and eggplant are all nutrient packed choices. The best way to cut calories is with a post meal walk. Let's get moving!



Ankle Brachial Index Study

By Phyllis Tien, MD

The Ankle Brachial Index Study (or ABI Study) studies disease in the large blood vessels of the lower legs (which is also known as peripheral arterial disease) in WIHS HIV+ and HIV- women who are over 40 years of age. An abnormal ABI measure has been associated with heart disease (or disease in the blood vessels around your heart), declines in physical function, and an increased risk of death. Because HIV infection is associated with a faster rate of progression to heart disease than in those without HIV infection, the ABI will be an important measure to determine if HIV infection is also associated with more disease in the blood vessels of the lower leg than in women without HIV infection at a given age. We hope to also study whether having an abnormal ABI might be an indicator of the presence of heart disease or neurocognitive disorders in WIHS women.

The ABI is calculated by dividing the blood pressure in your ankle by the blood pressure in your arm. When the ABI is less than 0.9 or greater than 1.4, it is considered abnormal. People who have abnormal ABI values and thus disease in the blood vessels of their lower legs may not have any symptoms. However, as the disease progresses, some may complain of feeling pain in their lower leg, especially when walking or running.

In order to determine how severe the disease might be in your lower leg, two questionnaires will also be administered at the same visit that you get the ABI measure. The first questionnaire is called the San Diego Claudication Questionnaire, because it was developed by investigators in San Diego. "Claudication" is used to describe cramping or pain in the lower legs that you may have due to blocked arteries

in the lower leg. The Questionnaire will ask you about leg symptoms (such as cramping or pain) in your lower legs when you walk and when you are resting. The second questionnaire is called the Physical Activity Questionnaire. This questionnaire will ask you about how active you are, including how much exercise you do. Your physical activity may be affected if you have disease in the blood vessels of your lower leg.

Together, the ABI, the San Diego Claudication Questionnaire, and the Physical Activity Questionnaire will help us determine if you have disease in the blood vessels of your lower legs and if you do, how severe the disease is. The findings from this study will be important in understanding what happens to our blood vessels as we age in the setting of HIV infection. Thank you for participating in this study.



Lab Results- A New Look

By Your WIHS Clinicians

You may have noticed that the labs you are receiving from Visit 39 may look a bit different.

The first change is that now your cholesterol levels will only be collected once a year. You'll be seeing them on the even visits, starting with visit 40. This is an important visit to fast 8 hours prior to the blood draw so that we can collect accurate results. Remember that you can only have plain water before the blood draw and we encourage you to drink lots of it. These results will arrive approximately 4-6 weeks after your WIHS visit separate from your

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metabolic panel, CBC, CD4 and pap results. (depending on what's ordered for you per the WIHS protocol)

The other change is that some participants are having pap tests yearly instead of every six months.

If you joined us in 2011-2012 you will continue to have pap tests every six months until we have 5 years of normal results recorded for you. If you have been with the WIHS greater than five years we will perform yearly pap tests if you are at low risk for pre-cancer. How we assess this is as follows:

Women with a history of moderate dysplasia or HSIL are considered at high risk for recurrence even years later, so these participants will continue receiving pap tests every six months.

As always if you have questions about these changes or questions about your lab results, please talk with your WIHS clinician at your visit or by telephone. We love to hear from you!



Women's History Month

March is Women's History Month. This year's theme, Women of Character, Courage, and Commitment, was selected by members of the National Women's History Project and other participating groups. This year's Honorees represent a wide-range of occupations and accomplishments. Some of the honorees are discussed below.



Chipeta (1843-1924) - Indian Rights Advocate and Diplomat.

Chipeta was born into the Kiowa Apache tribe in 1843 and lived in Western Colorado with the Uncompahgre Ute tribe. At the age of 16 she married Ouray, chief of the Ute tribe. Chipeta lived during the violent transition of Native American lands to America's western states. She was a peace maker and helped to prevent a war between her people and the white settlers. She was known for her kindness and generosity among the Ute people and white settlers. Chipeta and Ouray led a delegation to Washington D.C. to negotiate a resettlement treaty. Chipeta and her tribe lived the rest of their lives on a Utah reservation.



Frances Oldham Kelsey (1914-present) - Pharmacologist and Public Health Activist.

Frances Oldham Kelsey started her career in pharmacology in the 1930s when a University of Chicago professor hired her as a research assistant. Her research with this professor led to the passage of the Food, Drug, and Cosmetic Act of 1938. She earned her PhD at the University of Chicago and taught pharmacology for 20 years. Frances earned her MD in 1950 and was hired as medical officer in 1960 at the Food and Drug Administration (FDA). Her first assignment was to review the drug, thalidomide, which was widely used in Europe to treat morning sickness. Frances refused to approve the drug because there was not enough evidence to prove it was safe to use. In 1961, it was shown that there was a link to thousands of children born in Canada and Europe with severe birth defects after their mothers took thalidomide for morning sickness. Frances' efforts

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to remove this drug from the market showed how the clinical trial process and the FDA's approval process needed improvement. In 1962 President Kennedy awarded Frances the Distinguished Civilian Service Medal for keeping a dangerous drug off the market. She retired from the FDA at the age of 91.



Carmen Delgado Votaw (1935-present)

International Women's Rights Activist

Carmen Delgado Votaw is a leading advocate for women's rights both nationally and internationally. She served on the International Women's Year Commission, collaborated with all United Nations Conferences on Women, and significantly influenced the advancement of women in Latin America. Born and raised in Puerto Rico, Carmen has worked for over 50 years for the betterment of women, children, Latinos, and other minorities throughout the world. In the 1970s she received two presidential appointments and was the first Hispanic to serve as Congressional Chief of Staff. Carmen served as president of the Inter-American Commission of Women of the Organization of American States from 1978-1980. In 1996, she wrote "Puerto Rican Women," a bilingual women's history book. She received the Veteran Feminists of America Medal of Honor in 1999.



Jaida Im (1937-present) - Advocate for Survivors of Human Trafficking
Human trafficking is illegal in the United States but it is becoming an increasing problem in California,

Texas, New York, and Florida. Jaida Im first became aware of the tragedy and the impact of human trafficking (modern day slavery) in the SF Bay Area in 2009. Jaida learned that this was

taking place in her own community. She left her 20 year career as a healthcare professional to set up Freedom House, a shelter for adult female survivors of human trafficking. In August 2010, Jaida raised enough funds to purchase the shelter and called it "The Monarch". Last fall, Jaida opened The Nest, a shelter to serve young girls age 12-17. Her facilities provide holistic case management, counseling, educational resources, and job training for victims of abduction and enslavement.



Lisa Taylor (1974-present)

Civil Rights Attorney

Lisa Taylor, a leading civil rights trial attorney has worked for over 12 years to ensure that civil rights laws are enforced. Lisa works closely with the Department of Justice (DOJ) and has chaired the Association of Black Attorneys. Lisa was in the Naval ROTC as a student and served as an officer on the USS Tarawa, where she developed the ship's first program on how to address sexual harassment. She currently serves as an advisor to the Consumer Financial Protection Bureau, in which she has helped to provide more economic opportunities for women. Through her work as civil rights attorney and her professional volunteer services, Lisa is determined that Americans live free of discrimination.

