

The WIHS Woman

The Connie Wofsy Women's HIV Study



S ummer Shower

by Emily Dickinson

A drop fell on the apple tree,
Another on the roof;
A half a dozen kissed the eaves,
And made the gables laugh.

A few went out to help the brook,
That went to help the sea.
Myself conjectured, Were they pearls,
What necklaces could be!

The dust replaced in hoisted roads,
The birds jocosely sung;
The sunshine threw his hat away,
The orchards spangles hung.

The breezes brought dejected lutes,
And bathed them in the glee;
The East put out a single flag,
And signed the fete away.

Woman Be Wise

Don't weaken your HIV medicines!

By Ruth Greenblatt, MD
Professor of Clinical Medicine, UCSF



Some of you may remember hearing that St. John's Wort, or hypericin (an herbal medicine often used for depression) can lower the amount of Crixivan (or indinavir) in your blood. Recent studies have found that St. John's Wort can reduce the amount of most of the protease inhibitors in your blood. Protease inhibitors (PIs) include amprenavir, nelfinavir, saquinavir, ritonavir, indinavir, lopinavir or Abbott 378. If you are taking one of the PIs, it is a very important part of your HIV medicines. St. John's Wort increases the action of proteins that metabolize, or break down PIs

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WIHS BIOS

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in your body. This means if you take St. Johns Wort and take PIs, the amount of PI in your blood may be lower than it is supposed to be, even low enough not to stop HIV. Dr. Les Benet, a UCSF expert on medicines, says, "patients who are taking PIs, should not use St. John's Wort". Since the same proteins that St. John's Wort activates also break down many other medicines, using this herb could reduce the action of medicines besides PIs. If you are taking St. John's Wort, make sure your medical provider knows. If you depend on St Johns Wort to help with depression, or any other problem, be sure to ask your provider about alternatives (there are many).

Other names for St. John's Wort

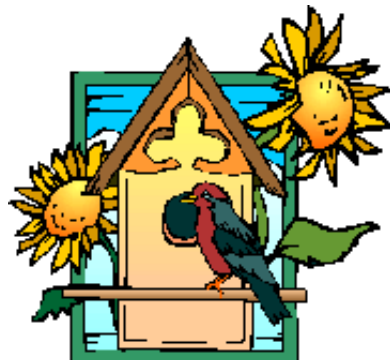
- Amber
- Goat weed
- Hardhay
- Klamath weed
- Tipton weed

HIV Protease Inhibitors:

- Indinavir (Crixivan)
- Nelfinavir (Viracept)
- Saquinavir (Invirase)
- Amprenavir (Agenerase)
- Ritonavir (Norvir)
- Liponavir (ABT 378)

Hi. My name is Claudia Ponath and I started working with the WIHS in June as the coordinator for a new sub-study that will look at how women respond to anti-viral medications. Before joining the WIHS, I worked with another group at UCSF researching different approaches to substance abuse treatment. I have also done HIV counseling and testing. Back in Germany, where I grew up, I worked with a non-profit group providing HIV education and advocacy to people affected by HIV. I moved to San Francisco 11 years ago, and like the city a lot. In my free time, I like to read, go for walk and cook. I'm very excited about my new job, and I will have some more information about the new sub-study in the next newsletter.

Hi, there! I'm Paula, the new research coordinator here at the Women's Study, where I'll be working on things like getting studies' approval from the Committee on Human Research and interviewing study participants. I'm a recent college graduate who was drawn to the WIHS by its focus on women's health research and by its excellent staff, and I hope to continue in the realm of women's health through the study of medicine. Outside of work, I read, meet new people, enjoy good food, and learn about different cultures.



Staff Comings and Goings

By Nancy Hessel, Project Director

This spring, our research project has gone through some change in the field staff personnel. Donna Williams, project assistant with the WIHS since the beginning, has decided to leave and to pursue an educational degree in social work. Jessica Matchett, a research associate with the WIHS, is leaving to go to medical school. Joining our field staff is Janice Rothstein, a vocational nurse and study interviewer, and Paula Wichienkuer, a new interviewer. Janice is bilingual, speaking English and Spanish, and Paula is trilingual, speaking English, Spanish, and Thai. I will keep you posted of any other changes in our field staff. We wish Donna and Jessica good luck in school and welcome aboard Janice and Paula.



A Fond Farewell

By Jessica Matchett

Well, after nearly four years of working with the wonderful, inspiring staff and participants of WIHS, the time has come for me to move on. For those of you who don't know me, I have been both interviewing and/or working behind the scenes on WIHS since September '96. In July I will be moving to Portland, Oregon to start medical school and begin a new and exciting phase of my life. Specifically, I will be in the MD/MPH program at Oregon Health Sciences University (OHSU), which means that while I am training to become a doctor, I will also be working towards my Masters in Public Health. Why work on both degrees at the same time? Because I want to use what I learn while caring for individual patients to better understand the bigger picture of women's health. This will help me to ask the "right questions" when working to improve the health of women in general, just as the investigators are doing here at WIHS.

I will bring a lot to the table in my studies because of my work here, and hope to share with fellow classmates the lessons I have learned from you. You have influenced me greatly and permanently, shown me more of the world by trusting and sharing your lives with me, your experiences with both struggle and triumph. For this I am most grateful. Everyone has something to teach and to learn from everyone else in the world, but we all know that often there isn't a time or a place for people to connect. For this reason, I consider the time spent getting to know so many of you as precious. I wish all of you the best, and hope for strength and joy in your lives.

Oral Acquisition of HIV Infection

By Kim Page-Shafer, PhD



Early studies of risk factors for HIV transmission/acquisition found little or no risk associated with orogenital (oral sex) transmission, probably because of confusing issues since most subjects engaged in multiple sexual practices. However, case reports of orogenital transmission increased among men who have sex with men (MSM) and heterosexual couples who denied practicing other risk behaviors including anogenital, vaginal intercourse or intravenous drug use. Discussion increased regarding this potential pathway, and many researchers thought that receptive oral intercourse, while not an efficient route of transmission, nonetheless appeared to carry a small risk of HIV infection. More detailed studies of oral sex transmission have been conducted in some established epidemiologic studies among homosexual men. These studies showed evidence of a small but elevated risk associated with oral sex.

Current safe sex guidelines specify that oral sex without barrier protection is considered unsafe. However, the low risk of orogenital transmission in epidemiologic studies is difficult to interpret and, as a result, it is understandable that people are interpreting messages about oral sex being “low risk” or “no risk”. Confusion about the safety of oral sex may be exaggerated with other prevention messages such as Oral sex is “safer sex”. Orogenital sex, nearly always without a condom, continues to be widely practiced among

MSM, the population with the highest prevalence of HIV infection in California.

Oral sex has not been widely studied and as a result, it is unknown whether specific oral sex activities or practices may increase or decrease the chances of becoming infected. Among MSM, for instance, we are able to ascertain that receptive oral sex is widely practiced however, very little data is available regarding degree of exposure to ejaculatory fluids, such as swallowing, the prevalence of deep throat level intercourse, or practices among those who frequent oral sex clubs. As with anal or vaginal exposure, risk of infection may increase among those who practice oral sex with a partner in the early or late stages of infection as a result of exposure to high levels of viremia. Sexually transmitted diseases (STDs) that produce ulcers or swelling and redness such as syphilis, rectal gonorrhea, gonococcal and nongonococcal urethritis, and herpes simplex virus 2 (HSV-2) have been shown to be risk factors for HIV acquisition by anal and vaginal sex in men and women. STDs are potential cofactors for oral acquisition as well. Both herpes (HSV-1, and HSV-2) and gonorrhea can occur in the oral cavity. Non-injection substance use including both drug and tobacco use, are potential cofactors for new HIV infection. In studies of MSM, HIV infection has been associated with amyl nitrite use, amphetamines, marijuana and cocaine.

Two case reports of HIV seroconversion attributable to oral exposure have suggested a possible role of gingival or periodontal disease as possible cofactors for HIV acquisition. Similarly, oral health practices that may increase bleeding such as brushing or flossing, if done prior to receptive oral sex may result in increased susceptibility.

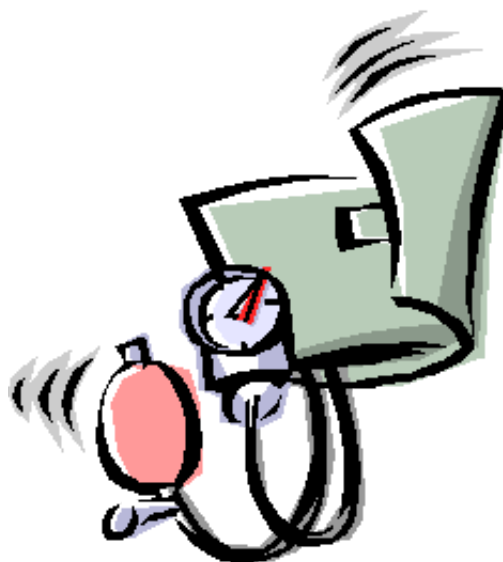
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The HIV Oral Transmission (HOT) Study (PI: Kimberly Page-Shafer) is designed to investigate these factors. The HOT Study is now actively recruiting both here in San Francisco and in Los Angeles. This five-year study is investigating various behavioral, biological and clinical risk factors hypothesized to be associated with the oral acquisition of HIV infection. Participants for the study are being recruited through local HIV Testing Sites. The study is collaboration with the [AIDS Health Project](#) and the [Oral AIDS Center \(UCSF\)](#) here in San Francisco, and the [Los Angeles Gay and Lesbian Center](#) and [AIDS Project Los Angeles](#).

For more information, please call: Kimberly Page-Shafer at 415-597-4954.

Please refer interested persons to the study **HOT**line at: 1-877-ORAL HIV (1-877-672-5448).



WIHS NCAB Meeting Chicago April 30 - May 3, 2000

By Donna Haggerty



At our NCAB meeting on April 30, we had fewer issues to discuss but these issues were important and needed the support from the WIHS members of each site.

One of the topics discussed was donations to the AIDS and Cancer Specimen Bank or ACSB Study. To date, only 20 donations were recorded. Members of the NCAB wondered why many of the study participants have not responded to this study. Is this due to time or transportation issues? We will have a conference call in the future to discuss this matter.

Another area of concern was the criteria for colposcopy at study visits. This is considered by all to be an important procedure but if a woman is has a normal exam and PAP result, is it necessary to have this performed at the next visit?

The NCAB discussed using the WIHS newsletter as a means of communicating to all study participants in regards to the various tests in the study. Perhaps enclosing a separate flyer that is brightly colored may help to catch a reader's attention.

The use of HAART and its affects on blood pressure was considered to be important information and that all WIHS sites should keep track of this. This was brought up because we know that age, smoking, and viral load can affect blood pressure.

Another topic brought up at the NCAB session

was how to involve more women at the local CAB meetings; most sites have had few participants. One idea was to open the local CAB meetings to women who are participants in other HIV-related studies such as the AIDS Treatment Group. They would not be able to join the WIHS study by they could be part of the local CAB meetings. Other sources would be the SFGH Research Center, WORLD, and Project Inform. These sources could post the local CAB meetings on their bulletin boards or in their newsletters.

The most important issue was saved for the end of our session. We discussed putting together a format for the card that would be carried by all WIHS study women. This card would allow, after a woman's death, the WIHS study to investigate and research a woman's organs by autopsy. Each site would pay for the card and the cardholder. It was suggested that this card be carried with the driver's license or California ID card. It was also mentioned that anyone agreeing to this must have signed the consent form. It was agreed that at the next NCAB conference call the final draft of this card will be presented to the reps, approved, and sent to each site to be shown and discussed with each WIHS participant when they come in for their visit. In order for all of this to work the women will have to have in place one of several options:

- *A living will.*
- *Notification to next of kin or an important person in their life who has been notified of this card and the participant's agreement to the autopsy.*

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The most important factor to having this work is that the next of kin agrees to have the autopsy performed.

Joint Session of NCAB and Executive Committee

A major topic for discussion at the NCAB and the Executive meetings was the re-opening of the WIHS to new people. As soon as the topic was mentioned, many remarks were flying through the air!! This is still in the planning stages and would need serious discussion and approval at the NIH and among the other working groups.

Some the questions brought up at the NCAB meeting and the joint session were as follows:

- Who would be the type of person to add to the study?
- At the Brooklyn site there were reports of men who are part of large study to join the WIHS (this idea did not sit well with the WIHS reps.- as you can imagine!).
- We may recruit people who are on antiviral therapy since most of the research currently in demand is in regards to the use of a particular therapy.

As you can see we had important issues to discuss. I will update you in future newsletters as more progress is made in the areas we discussed at the NCAB.



SF WIHS WEB SITE



Missing issues of The WIHS Woman?

The Web event you've all been waiting for has arrived. The Connie Wofsy Women's HIV Study web page is at the following web address

<http://itsa.ucsf.edu/~wihs/sf/index.html>

On it you can find a description of our study, info on the CAB, an archive of The WIHS Woman newsletters, and a staff directory.

If you would like see other things on the Web site, just email Yvonne at ydes@itsa.ucsf.edu.





The Women's Study

Lucky Visit 13

Keep your **first** visit 13 study appointment and receive an extra gift from the WIHS! Women who cancel or do not show up for their first appointment are not eligible.

WIHS visit #13 runs from è October 2000 through March 2001

To confirm your appointment, call:

In San Francisco (415) 476-5109 *OR*
(415) 476-6018

In the East Bay (510) 437-8551 *OR*
(510) 437-5080



**FREE INTERNATIONAL AIDS CONFERENCE UPDATE FOR WOMEN
WITH HIV
REPORT BACK TO THE COMMUNITY**

**This year the AIDS Conference was held in Durban, South Africa in
July.**

**This is a great opportunity to hear about other women
with HIV from all over the world.**

Learn what's new in treatment & prevention

THURSDAY, AUGUST 10, 2000

WHERE: 1000 Broadway, 5th Floor

(at 10th Street)

Alameda County Public Health Dept.

OAKLAND, CA

2:30 -- 3:00 RECEPTION & BIG FEAST (Door Prizes)

3:00 -- 5:00 PROGRAM & QUESTIONS & ANSWERS

**SPEAKERS INCLUDE: +WOMEN, RESEARCHERS,
AIDS ACTIVISTS, & PROVIDERS**

TO ARRANGE TRANSPORTATION OR FREE CHILDCARE

Free Gifts for the Kids

Call SHARON ALPERT at 415-476-9356

**Sponsored by: The WIHS Study, Project Inform, WORLD,
CAL-PEP, Highland Hospital Adult Immunology Clinic, Alameda County Public
Health Department, Center for AIDS Prevention Studies (CAPS) at the University
of California San Francisco AIDS Research Institute (ARI),
East Bay AIDS Center**