

The WIHS Woman



The Connie Wofsy Women's HIV Study

Changes for Visit 28

By Claudia Ponath, Field Manager

Spring is in the air, (at least in our corner of the universe) and visit 28 is just around the corner as I write this. Below is an update of what you can expect during visit 28.

What's new?

Maybe for the first time in the eight years that I've been writing this article, we are not adding anything new to the WIHS core visit. We do have a new sub-study in the pipeline, though it's not quite ready to start. Look for it to start this summer. It will look at women's risk for emphysema, and consist of a pulmonary function test, a chest CT, a blood draw and a short interview. Heneliaka will be the contact for this study.

What's continuing?

Please continue to **fast (not eat or drink anything, except water, for at least 8 hours)** before your WIHS visit. This is important in order to get a more accurate test result for things like cholesterol, lipids, and glucose. These blood

tests are important markers for diseases that affect women, including diabetes, heart disease, and hypertension (high blood pressure). So please try to fast 8 hour before your next WIHS visit.

Also, please bring either your **medications or a list of your medications** to the study visit. For your HIV medications, we also need to know the dosage you're taking. This makes it easier to complete the forms and therefore makes the interview take less time.

For those of you who are on HIV medications, we will ask you to give us a small **hair sample** of about 20 strands of hair, as we have in previous visits. The hair you previously gave to us is currently being tested for levels of HIV medications. We'll let you know more soon.

We have mailed or given you a **vaccination card** during a previous visit. Please make sure to have all your vaccinations recorded on this card and bring it to your next WIHS visit. This will make it easier for your interviewer to record your previous vaccinations. If you have

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misplaced your card, your interviewer can give you a new one at your next visit.

Abbreviated visits will continue for women who are unable to have a full core visit.

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 for this study at the time of their colposcopy examination. We have had great response from you to this protocol and we thank you for your help!

What's on break?

The lung questionnaire is taking a break this visit and will come back in a slightly shorter version next visit. The same goes for the questions about the pain in your legs and feet, the test of your ankle reflexes and the nerves in your legs and feet – they will take a break this visit and come back next visit. The first wave of follow up ultrasounds at the VA is almost completed. The next wave will start again during visit 29. Thank you all for participating in these important protocols.

What's gone?

The Pharmacy questionnaire completed. We thank you for your participation. Jennifer Cochoba, our resident pharmacy expert, whom some of you may know from the positive health clinic, will be looking at the data that we've collected, and let us know what she found. We have also completed the pilot study in the East Bay called CIDI and would like to thank all the women who participated in the interview.

In conclusion

We look forward to seeing you at your next WIHS visit. We will continue to try to make it as pleasant as possible. We truly value and appreciate the commitment and dedication of each and every participant in this study.



Fact sheet for women: Things to know about Pap tests

Drs. Stewart Massad and Howard Strickler for the WIHS HPV working group.

Cervical cancer rates are higher among most women with HIV than among HIV-negative women. However, that is not the case in WIHS. Many WIHS investigators believe that this is because WIHS women are so careful to stay up-to-date in getting Pap tests done. The purpose of this fact sheet is to give you information that may help you be an informed participant in your health care when it comes to cervical cancer prevention.

Cervical cancer is caused by a virus, the Human Papillomavirus (HPV). Most women get HPV at some point through sex, usually within a few years of the first time they have sex in their teens or twenties. Risk factors for HPV include having had multiple sexual partners or having sex with someone who's had multiple partners. Other factors include a recent new sex partner and smoking. Younger women are more likely to have HPV. Most women who get HPV clear the virus from their bodies as their immune systems recognize the virus and kill it. Women with HIV have trouble clearing HPV. They have HPV infections more often than HIV-negative women, and they more often have infections with multiple types of HPV. HPV infections tend to last longer in women with HIV.

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HPV infects the cervix, the mouth of the womb. It can cause changes in cells. Some of these are changes in genes that can lead to cancer. The risk of this is higher when HPV infections last for months or years, as they can in women with HIV. In most women, even those with HIV, the changes don't develop into cancer until many years have passed. During that time, the cervix develops progressively more severe precancerous changes that can be found with a Pap test.

Taking a Pap test involves more than just looking at the cervix. Your clinician gently scrapes or brushes cells off the cervix that are later inspected for precancerous changes. Pap tests detect changes caused by HPV, usually before they turn into cancer, but they have to be repeated frequently, because a single test may miss precancerous changes. It's unlikely that a woman with multiple Pap tests has a hidden change that will turn into cancer quickly.

Like HPV itself, most early changes found by Pap tests go away, even in women with damaged immune systems like those with HIV. In addition, some will stay the same and not go on to become cancerous. Unfortunately, we don't yet know how to predict who will have low-grade changes progress, so all women with borderline and low grade Pap results (known as ASCUS for "atypical squamous cells of undetermined significance" and LSIL for "low grade squamous intraepithelial lesions") need further evaluation.

In most cases, the additional evaluation required is colposcopy. Colposcopy is the inspection of the cervix with bright light and magnification. Seeing precancerous changes at colposcopy is easier when vinegar (acetic acid) is applied to the cervix. Some clinicians also use iodine to help show up worrisome changes. Neither vinegar nor iodine cause lasting changes to

the lining of the cervix or vagina, though they can sting or dry the tissues temporarily. When abnormalities are seen by colposcopy, they are usually confirmed by taking a biopsy, pinching a fragment of tissue for inspection under a microscope.

One exception to the requirement for colposcopy after an abnormal Pap test is when the diagnosis is ASCUS, which means the doctor found only a borderline abnormality. Sometimes these can be followed with Paps, avoid colposcopy unless repeated ASCUS results are reported.

If a Pap test or biopsy shows a high-grade precancerous change on the cervix, then cells with those changes usually should be destroyed. Usually that is done by cutting the abnormal portion off with a wire loop ("LEEP"), burning them off with a laser beam, or freezing them off ("cryotherapy").

Studies of women in WIHS have shown that women with HIV may need repeated colposcopy and treatment to avoid developing cancer. Often it proves impossible to get rid of HPV, though HAART may help when started for other reasons. Quitting smoking may help the body clear HPV, too. Still, we have learned that regular Pap testing and follow-up when needed with colposcopy and treatment keeps cervical cancer rates in WIHS low.

In short, sometimes it is not possible to completely cure the HPV and abnormal Pap smears, but we can help make it very unlikely that it will become cancer by continued Pap smear / colposcopy and treatment (when necessary).

Your clinician knows more about Pap testing, colposcopy, and cervical cancer prevention treatments. Feel free to ask.

CAB CORNER



By Heneliaka L. Jones,
CAB Liaison and Sub Study Coordinator

Hello CAB! I just wanted to let you know that we are planning another exciting year. First off, we will be having our 1st CAB meeting in May (see flyer in the newsletter). I will mail out another flyer, with more information, closer to the date. Also, we will be having another "Love your Liver" series later on this year. Both events will be informative, interesting and I look forward to seeing your smiling faces. I would also like to encourage everyone to come to our CAB meetings with any ideas or suggestions that you may have that will help to improve the CAB. As your CAB liaison, I look forward to making our CAB as beneficial as possible. And remember, the CAB is open to anyone enrolled in the WIHS, so all are welcomed.



March is Women's History Month

The month of March is National Women's History Month. In previous issues we have focused on women that have made contributions as scientists, political leaders, writers, lawyers, educators, historians, and as informed and active citizens. This year's theme is Women's Art: Women's Vision Celebration. Here are some of the honorees:

Judy Chicago (born Judy Cohen in 1939) is an artist, author, feminist, educator, and intellectual whose career spans four decades. Her work and



life are models for a woman's right to freedom of expression. Two of her major works that demonstrates these beliefs are *The Dinner Party* and *The Holocaust Project*.

In the early seventies Judy pioneered Feminist Art and art education through unique programs for women at California State University, Fresno, and the California Institute of the Arts where she helped establish the Feminist Art Program which resulted in *Womanhouse*, the first installation demonstrating an openly female point of view in art. Judy's ideas helped to initiate a worldwide Feminist Art Movement. In 1974, she turned her attention to the subject of women's history to create her most well-known work, *The Dinner Party*, executed between 1974 and 1979 with the participation of hundreds of volunteers. This monumental multimedia project, a symbolic history of women in Western Civilization, has been seen by more than one million viewers during its 16 exhibitions held at venues spanning six countries.



Here are two place settings. One for Mary Wollstonecraft (left place setting), an eighteenth-century British writer, philosopher, and feminist. The right place setting is for Sojourner Truth an American abolitionist and women's rights activist.

Later, in a series of drawings, paintings, weavings, cast paper, and bronze reliefs, Judy Chicago brought a critical feminist gaze to the gender construct of masculinity, in a project entitled *Powerplay*. The artist's long concern with

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issues of power and powerlessness, and a growing interest in her Jewish heritage led her to her next body of art, the Holocaust Project: From Darkness into Light, which premiered in October, 1993.



Lihua Lei Lihua Lei was born in 1966 in Taiwan and is a Multimedia Installation artist.

She is the daughter of rice farmers and when she was only 5 months old she contracted polio. As a young child, she was unable to stand and her job was to sit on the edge of her family's rice field and scare the scavenging birds away. She describes this childhood as a time when she would make up stories about the mama birds helping their babies who might have their torn wings or were having other physical problems.



As an adult, she realized that creating these stories was the way she experienced and recognized her own disability. As an artist, she designs installation art that explores, defines, and honors the personal experiences of her own life.

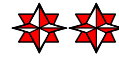
She came to the United States in her early 20's to study art therapy with the idea of becoming a counselor. Instead Lei became interested in ceramics and began taking classes in sculpture. Her aptitude at sculpture was soon recognized by her teachers and colleagues.

To symbolize the sense of inherent bounty and loss to our bodily condition, she uses glass, colored thread, cloth winds, and the knotty bark of trees. She refuses to avoid painful issues. In recent years, she has created installations about

breast cancer, her own affliction with polio, and her reaction to the terrorist attacks of 9/11. She is quoted as saying " Through my art, I accept who I am and hope people will come to see that all those with disabilities are dimensional human beings".



This is a photograph of Lihua Lei's 40-foot installation, Phantom Pain. Transparent, butterfly-like wings float over glass casts of the artist's own legs. Lei, who has polio, invites the viewer to reflect upon the vulnerabilities and transformations of the body.



Faith Ringgold, artist and author, was born in 1930 in Harlem, New York. Her artistic career began more than 35 years ago as a painter. Today, she is best known for her painted story quilts -- art that combines painting, quilted fabric and storytelling.



Her mother and grandmother promoted African-American culture and she had many wonderful role models as neighbors. Among them were Thurgood Marshall, Dinah Washington, Mary McLeod Bethune, Aaron Douglass and Duke Ellington.

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Faith uses her art work to tell her story, and in collaboration with her mother, began to sew fabric borders around her paintings, instead of stretching the canvas over wooden stretchers in the traditional manner.

Her art concerns itself with serious issues, but is resplendent with affirmations; it deals with harsh realities, but in the final analysis is connected to following personal dreams and overcoming all obstacles, with a soaring and unstoppable spirit. As well as her concerns with race and gender, Ringgold uses subjects such as the Oklahoma City bombing, and multi-cultural communities such as Crown Heights, which has twelve different ethnic heritages in residence. Her work aims to celebrate the uniqueness and commonality of all cultures.

Ringgold has written and illustrated over eleven children's books, which she uses as vehicle to communicate her ideas and vision. She says her goal is to give back to children some of the magic she has received from them. Her 'motto' on her site is *If One Can, Anyone Can, All You Gotta Do Is Try*. This motto like her work is joyful, rich and inspiring.



The Sunflower Quilting Bee at Arles, 1991, acrylic on canvas, tie-dyed, pieced fabric border. In this colorful painted quilt image, a group of African-American women proudly display their sunflower quilt, in a field of sunflowers, with Van Gogh standing quietly in the background, holding a vase of his beloved sunflowers. The buildings of the village of Arles are shown in the background, painted with the bright yellows and blues that Van Gogh loved to use in his paintings

Jaune Quick-to-See Smith, painter and print-maker, was born at the Indian Mission on the Flathead Reservation in 1940. She is an enrolled Flathead Salish member of the Confederated Salish and Kootenai Tribes of the Flathead Indian Nation, Montana.



Jaune Quick-to-See Smith is one of today's most acclaimed American Indian artists. Smith has had over 100 solo exhibits in the past 35 years and has done printmaking projects nationwide. Over that same time, she has organized and/or curated over 30 Native exhibitions, lectured at more than 185 universities, museums and conferences internationally, most recently at 5 universities in China. Smith has completed several collaborative public art works in Denver, San Francisco, and Seattle.

Smith calls herself a cultural art worker which is also apparent in her work. Elaborating on her Native worldview, Smith's work addresses today's tribal politics, human rights and environmental issues with humor. Critic Gerrit Henry wrote: "For all the primal nature of her origins, Smith adeptly takes on contemporary American society in her paintings, drawings and prints, looking at things Native and national through bifocals of the old and the new, the sacred and the profane, the divine and the witty."



Salmon Jumping by Jaune Quick-to-See Smith.

Diet & Nutrition

Fruit & Veggies

How Much Do You Need?



By Phillip DeSouza

The daily quantity of fruits and vegetables you need depends much on your caloric requirements and dietary restrictions. This is determined by your age, activity level, and current health condition. Given the plentiful supply, variety, and quality available in grocery stores it can be difficult to choose. However, eating the recommended amount might be easier than you think. Every step taken toward eating more fruits and vegetables can help you be at your best! So, how many cups of fruits and veggies do you need?

The following information can help you on your quest for a healthier tomorrow.

Fruit & Veggie Daily Intake For Women

PHYSICAL ACTIVITY LEVEL*	AGE	FRUITS (cups)	VEGGIES (cups)
Less Active	19-30	2	2 1/2
	31-50	1 1/2	2 1/2
	51+	1 1/2	2
Moderately Active	19-50	2	2 1/2
	51+	1 1/2	2 1/2
Active	19-50	2	3
	51+	2	2 1/2

Source: Centers for Disease Control and Prevention "Know the amounts you need each day"

*Physical Activity Level Definitions

Less Active: You average less than 30 min. per day.
Moderately active: You average 30 to 60 min. per day.
Active: You average more than 60 min. of per day.

Source: Dietary Guidelines for Americans, 2005

What Counts as a Cup?

One cup refers to a common measuring cup (the kind used in recipes). In general, 1 cup raw or cooked vegetables or 100% vegetable juice, or 2 cups of raw leafy greens can be considered as 1 cup. One cup of fruit or 100% fruit juice, or 1/2 cup of dried fruit can be considered as 1 cup.



1 small apple



1 large banana



1 medium grapefruit



1 large orange



1 medium pear



1 small wedge watermelon



2 large or 3 medium plums



8 large strawberries



1 large bell pepper



1 medium potato



2 large stalks of celery



12 baby carrots



1 large ear of corn

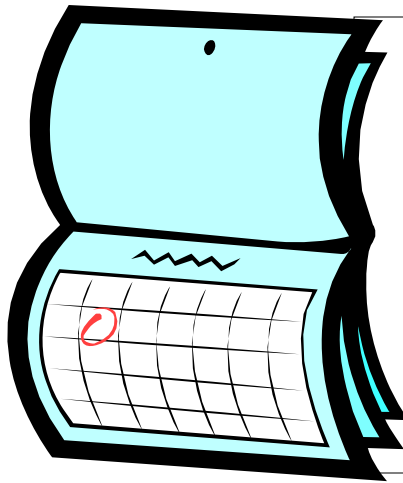
Remember, fruits and veggies are not a substitute for a balanced diet which includes the three major food groups that provide protein, carbohydrate, and fats. Your caloric needs may be specific and different from others, so check with your doctor regarding your daily caloric requirements and the types of fruits and vegetables you are allowed to eat.



http://www.fruitsandveggiesmatter.gov/partner_websites/about.html

<http://www.fruitsandveggiesmorematters.org/>

Save the Date !!!



When: Friday, May 23, 2008

Where: Highland Hospital

Time: 12:00 pm—2:00 pm

More Information to come...

WIHS CAB Meeting

