

The WIHS Woman



The Connie Wofsy Women's HIV Study

From Us ... To You

By Heneliaka Jones & The WIHS Staff

Each year we host an Appreciation party for you, the study participant. Aside from the gifts, food, and entertainment, the appreciation party is our way of saying "Thank You!" Thank you for your commitment to our study. Thank you for coming to your WIHS appointment, even if you did not feel up to it. Thank you for sharing information about your personal lives. Your participation is one of the main reasons why this study has been a success for so many years! In many ways we have grown together. We have learned from each other. And it is because of this partnership why we have lasted for so long. As in past years, our annual Appreciation party is a way of bringing us together as one big family, the WIHS family. I have only been a part of the WIHS family for 2 ½ years, (I say only 2 ½ years because many of you have been with the WIHS for 10+ years), but one thing that I have come to know is that despite our hardships and woes, our fortitude has and will continue to carry us forward in the future. From us, the WIHS Staff, to you, the study participant, have a blessed 2009!

Report on the WIHS Executive Committee Meeting Chicago, Illinois, October 19 - 21, 2008

By Sheila Bryant, NCAB Representative

Hello Ladies, this is Sheila Bryant, one of your NCAB representatives. Our 2nd bi-annual Executive Committee meeting was held at the Drake Hotel, on the magnificent mile in Chicago, IL. Our NCAB meeting began Sunday Oct 19, 2008 at 9am in the beautiful Drake Ontario room. Each attending NCAB site welcomed each other and said good morning. As always it was a pleasure seeing my fellow NCAB representatives. The chairperson this year is Marta Santiago from Chicago. After the introduction and welcome, the minutes were read by Marta and approved by each site. Next, Yvonne Barrant, the Project Director from the LA WIHS site, gave her report on the cardiovascular study. We then



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updated the NCAB by-laws and reviewed and approved the manuscripts and concept sheets. After we completed our NCAB business, Dr. Marek Nowicki made a presentation on HIV and plasma viral loads among the MAC study participants; and then we adjourned for lunch. After our lunch break Christine Alden and Dr. Mardge Cohen made a presentation on Adherence to Medication. They also informed the NCAB about a new survey that will be administered at the next study visit regarding racism. After their presentation, we adjourned for the day.

Monday morning Marta Santiago gave the NCAB report on what was accomplished at Sunday's NCAB meeting. Next, Dr. Ruth Greenblatt gave a report on phenotypes and menopause. From her presentation, I learned that SNPs are samples from the phenotype. That evening, we all went to dinner at Café Iberico and I had the pleasure of walking with Dr. Kathy Anastos to the restaurant. We talked about the passing away of a very good friend of mine while I was in Florida. I thought September through October were going to be very good months for me, being that I was turning 50, but they turned out to be not so good. Despite my problems, Grace be to God, I am still here, and in my right mind. This study is my life and I have learned so much while being a part of it. The WIHS has taught me how to read lab test results, and how to live with the virus and not die from it. Stress can kill you, so give all of your troubles to your higher power. Let each one teach one, if not for yourself, then for others and the future to come. Have love, peace, and joy in your hearts, and let no one take that away from you, because joy, peace and happiness helps to give us happier longer lives.

The United States Conference on AIDS (USCA) Fort Lauderdale, Florida September 17 - 21, 2008

By Nilda Rodriguez, WIHS CAB Co-Chair

On September 17 - 21, I attended the United States Conference on AIDS in Fort Lauderdale, Florida, as one of the Community Advisory Board (CAB) representatives for the San Francisco Bay Area WIHS.

I attended the plenary session and a few workshops; however, there was one workshop that really stood out for me. This workshop discussed how to attract people of color to become a member of a Board of Directors of an organization. I was one of 8 persons asked to be on the panel with other people of color. The other panel consisted of all white people. Different questions were asked of our panel such as, "What can a white person bring to a Board that is made up of persons of color?" I responded by saying that I could learn from them by getting their views and expertise. One of the white panelist who was a Board member said she sits on a Board that consists mainly of people of color and she feels that she has to prove herself even more and show that her color doesn't lessen her work or commitment. A person from the audience said that he would never select a white person as a Board member. For him it wouldn't work.

I also attended the opening plenary session. It was about the growing numbers of Latinos with HIV/AIDS. The numbers are getting larger and the ability to receive health care is very hard. There are many Latinos that are in the US illegally and they don't have money, transportation or any services that can help them through the process. Similar to African Ameri-

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can women, Latinas are the fastest growing ethnic group in their communities. Puerto Ricans have so many issues within their health care system, that people are wait-listed for medication. Here in the United States, many women with HIV infection are so hidden that by the time they go to the Emergency Room, they already have AIDS. This phenomenon is also happening to our men.

The city of Fort Lauderdale was very welcoming and very pretty. The beach, the blue water, and the white sand really made the place inviting. The 2009 Conference will be held in San Francisco. Hopefully more of our local women will be able to participate in the meeting. I will see all you ladies at the next WHIS CAB meeting.

Report on the USCA

By Sheila Bryant, NCAB Representative

Well ladies I must say that this conference covered many basic topics on HIV and AIDS. The first workshop I attended was called, *Reflections: Looking back, moving forward...* it dealt with faith-based issues, one of my favorite topics.

Another workshop I attended was *The New DEBI-Focus On Youth with Impact: An Effective HIV Prevention For African American Youth*. I learned how to assess agency readiness. They presented each of us with a checklist for a youth program: the first assessment was to determine what population you're trying to reach; an example would be *HIV and STD among African American youth* or *pregnancy prevention*. The second assessment was to determine, how your target population will best receive messages or learn about your focus on youth programs. Lastly, we were given a maintenance budget

and different types of skill building tasks. Once the workshop was over, the presenters gave us their contact information so that we can contact them in the future. After that workshop, I attended another one called, *Putting the Prevention back in Prevention*.

As always, I learn a great deal from attending the USCA. In 2009 the USCA will be held in San Francisco, CA - in October. I advise that if you can attend, to please do so - it will be worth your while. There are also scholarships available. Looking forward to seeing you there next year.

The New HPV Vaccine

By Annie Luetkemeyer, MD

Human papilloma virus (HPV) is responsible for genital warts, and some strains can lead to cervical cancer. HPV infection is very common, with up to 80% of women exposed to HPV infection by age 50. The first FDA approved HPV vaccination (Gardasil) became available in 2006 and protects against the 4 strains of HPV most commonly associated with warts and cervical cancer. In HIV uninfected women, the vaccine was 98% effective in preventing precancerous cervical changes caused by these 4 HPV strains.

This vaccine has not been studied in HIV-infected women, who have a higher risk both of persistent HPV infection and cervical cancer. The San Francisco General Hospital ACTG (Adult AIDS Clinical Trial Group) is currently studying this vaccination in HIV-infected women aged 18-45 to see if the vaccine is safe, well tolerated, and leads to antibodies against HPV that may protect against infection. Women interested in participating should call Mary Payne at 415 514-0550, ext 356.

Diet & Nutrition

Fruit & Veggies



New Year's Resolution

It is 2009 and you are thinking I need to watch my weight or how do I improve my diet. In the past two weeks we have eaten our fair share of rich foods, high in fat, salt, and sugar. We rationalize it away by saying that it is only once a year we eat these rich foods. Then the birthday parties, anniversaries, and more holiday parties will take place in the New Year.

A healthy diet that is low in fat and salt is important in maintaining your health. If you are concerned about your diet you can take control by cooking your own meals. However, you do have a social life and are on the go. You go out with friends or go over to a relative's house for a meal. How do you control those calories?

First of all, you have to eat smart. You may want to have a healthy snack before going over to a friend's house or meet friends at a restaurant. These snacks can be taken to work so you can avoid the office treats or vending machine snacks. This way you will eat a smaller portion of food and consume fewer calories. Examples of healthy snacks:

- Fruit
- Whole-grain crackers
- Baby carrots
- Rice cakes
- Whole wheat pretzels (try to get the reduce salt ones)
- Raisins
- Trail mix made from 1 cup whole grain toasted oats, quarter cup of almonds and a quarter cup of dried cranberries.



If you find you have to go to a fast-food restaurant you can make healthier choices on most menus.

Burger Chains:



- Regular, single patty ham-burger, without mayo and cheese
- Grilled chicken sandwich without the mayo
- Veggie burger
- Garden salad with gilled chicken and low-fat dressing or no dressing
- Yogurt parfait
- Grilled chicken strips
- Limit or eliminate the cheese, mayo, and special sauces.

Fried Chicken Chains:



- Skinless breast without the breading
- Honey BBQ chicken sandwich
- Garden salad with low fat or no dressing
- Mashed potatoes
- Limit the gravy and sauces.

Italian:



- Thin-crust pizza with half or no cheese and extra veggies
- Plain rolls or breadsticks
- Antipasto with vegetables
- Pasta with tomato sauce and veggies
- Entrée with side of veggies
- Grilled ("Griglia") dishes

Sub Sandwich Chains:



- Six-inch sub
- Lean meat (turkey, chicken breast, lean ham) or veggies
- If you have to have cheese, one slice of low-fat cheese

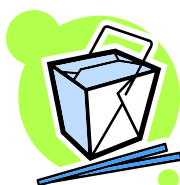
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- Use mustard instead of mayo
- Add extra veggies toppings
- Choose whole-grain bread or take the top slice off your sub and eat it as an open faced sandwich.

Asian:

- Egg drop, miso, wonton, or hot and sour soup.
- Stir-fry, steamed, roasted or broiled entrees. Order steam fish instead of fried.
- Steamed or baked tofu
- Steamed brown rice
- Sauces such as ponzu, rice-wine vinegar, wasabi, ginger, or low-sodium soy sauce
- Edamame (fresh soybeans), cucumber salad, stir-fried veggies



Mexican:

- Grilled chicken soft taco
- Black beans
- Shrimp ensalada
- Grilled "fresco" style steak burrito
- Veggie and bean burrito
- Limit the sour cream, guacamole, or cheese.



Another diet tip when going out to eat – portion control. Weight watchers says that you can use your hand to estimate the size of those portions.

Fist = 1 cup or 1 medium sized fruit
 Thumb (tip to base) = 1 ounce of meat/cheese
 Thumb tip (tip to first joint) = 1 tablespoon
 Fingertip (tip to first joint) = 1 teaspoon
 Cupped hand = 1.2 ounces
 Palm (minus your fingers) = 3 ounces of meat

Recent Manuscripts from WIHS Investigators

The following articles represent summaries of recently completed manuscripts from WIHS investigators.

Roles of Race, Substance Abuse, and Health Insurance in Use of HAART Among HIV-Infected Women: 2002-2005

Lead Author: Marsha Lillie-Blanton

Summary: Use of highly active antiretroviral therapy (HAART) has been found to extend the quality and length of life of people with HIV disease. Previous studies have also found that there are differences in HAART use between white, African American and Hispanic women. We used the WIHS data to compare racial and ethnic differences in the use of HAART among women in two different years: in 2002 and in 2005. We also examined possible reasons that might explain the differences. In both years, about 3 out of every 10 women with a need for HAART were not taking it. In both years, African American women were less likely than white women to use HAART. The pattern of HAART use among Hispanic women when compared to white women was a little bit different from that of African American women compared to white women. Hispanic women were as likely as white women to use HAART in 2002, but less likely than white women to use it in 2005. The study also found that whether or not a woman has health insurance and the type of health insurance she has also affects HAART use. In both years, women who were either uninsured or privately insured were less likely than women with Medicaid to use HAART. This was found to be true for women of all race/ethnicities. Being enrolled in the AIDS Drug Assistance Program (ADAP) of the Ryan

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White CARE Act also increased the likelihood that a woman who should be using HAART was actually using it. The information from this study and others like it can be used to encourage providers to assist uninsured and privately insured patients to find other ways to pay for HIV medications while also providing information to help policymakers understand that expanding and improving sources of health insurance coverage should improve access to HIV medications.

Retention And Attendance Of Women Enrolled In Two Recruitment Phases Of The Women's Interagency HIV Study (WIHS)

Lead Author: Nancy Hessol

Summary: Our objective was to measure study retention (returning for follow-up visits) and attendance for two recruitment waves of participants in the Women's Interagency HIV Study (WIHS), since recruiting strategies were modified between the two waves. After 10 study visits (five years), the overall retention rate in the new WIHS cohort (enrolled in 2001-2002) was 86 percent for both the HIV-uninfected and HIV-infected women. In the original cohort (enrolled in 1994-1995), after 24 study visits (12 years), the retention rate was 75 percent for the HIV-infected women and 62 percent for the HIV-uninfected women. In analysis of the HIV-infected women, risk factors for early (visits 2 and 3) non-attendance were temporary housing, moderate alcohol consumption, use of crack/cocaine/heroin, having a primary care provider, WIHS site of enrollment, lower CD4 cell count, and higher viral load. Among HIV-uninfected women, the risk factors for early non-attendance were recruitment into the original cohort, household income \geq \$12,000 per year, temporary housing,

unemployment, use of crack/cocaine/heroin, and WIHS site of enrollment. In analysis of HIV-infected study participants, risk factors for non-attendance at later visits (7 through 10) were younger age, White race, not having a primary care provider, not having health insurance, WIHS site of enrollment, higher viral load, and non-attendance at a previous visit. In analysis of HIV-uninfected study participants, younger age, White race, WIHS site of enrollment, and non-attendance at a previous visit were significantly associated with non-attendance at later visits. Preventing early study dropout resulted in better study retention early on, but dropout at later study visits may require different prevention strategies.

Long-term Serologic Follow-up of Isolated Hepatitis B Core Antibody in HIV-infected and Uninfected Women

Lead Author: Audrey French

Summary: Isolated Hepatitis B core antibody is a common finding in the blood of women with HIV but clinicians do not know the significance of the finding. It could mean a person has been exposed to Hepatitis B and is immune or it could mean a person has active Hepatitis B or it could be a lab error. In order to better understand this finding we retested all the women who had isolated Hepatitis B core antibody at the beginning of the study to see whether they developed antibodies that are thought to reflect exposure to Hepatitis B and immunity from getting the infection. We found that 20% of women developed these protective antibodies. Being on HAART made women more likely to develop the antibodies and having Hepatitis C made women less likely to develop the antibodies.

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Another important finding of our study is that many women in the WIHS who were susceptible to Hepatitis B at the beginning of the study remained susceptible after 5-10 years and that many did not receive the Hepatitis B vaccine. Four percent of women who didn't have Hepatitis B at the beginning of the study got the infection over the course of the study.

Impairments in Verbal Memory and Hippocampal Function in HIV+ Versus At-Risk HIV- Women

Lead Author: Pauline Maki

Summary: This study investigates the impact of HIV on a woman's ability to learn and remember words. This ability is called "verbal memory." The study was done exclusively at the Chicago site of WIHS. We compared women with and without HIV on a test of verbal memory that they completed at the CORE visit. We also invited some WIHS participants to complete a test of verbal memory in a brain scanner. The brain scanner allows us to examine what parts of the brain are involved in learning and remembering words. We can compare this brain activity in women with and without HIV to determine what areas of the brain might be impacted by HIV. Our findings indicated that women with HIV show a reduced capacity to learn and remember words on a memory test. Recent drug use, depressive symptoms, and low quality of education also were associated with lower scores. On brain scans, women with HIV showed differences in brain activity in a brain structure called the hippocampus. The hippocampus is needed to learn and remember words and other kinds of information. These findings are similar to recent findings in men with HIV and suggest that HIV impacts the ability to learn and remember new verbal information.

Association of Hepatitis C virus and HIV infection with subclinical atherosclerosis in the Women's Interagency HIV Study

Lead Author: Phyllis Tien

Summary: There is concern that HIV-positive persons may be at higher risk of cardiovascular disease. Infection with hepatitis C might worsen and speed up the process. Few studies have looked at the association of HIV/HCV coinfection with cardiovascular disease. Studies comparing persons with HCV infection only to those without HCV infection show that those with HCV infection are at increased risk for cardiovascular disease. We sought to determine the relation of HIV infection and HCV infection with measurements of the thickness of the carotid artery wall (which is a marker of atherosclerosis) in WIHS women who underwent carotid ultrasound as part of the carotid ultrasound substudy. Contrary to prior reports, we did not find an association of HCV infection with thickness of the common carotid artery wall after taking into account age, race and traditional cardiovascular risk factors such as smoking, diabetes, high cholesterol, and high blood pressure. However, HIV/HCV coinfection may be associated with a greater risk of carotid lesions. Lesions are determined by measuring a certain amount of thickness in any of three different sections of the carotid artery (common carotid, internal carotid, and carotid bulb). Further study is needed to see if HCV infection might lead to thickness of the carotid artery wall in certain segments of the carotid artery and how this might affect risk for cardiovascular disease.



ACTG Study A5240 (Participant Summary Sheet)

Immunogenicity & Safety of a Quadrivalent HPV Vaccine in HIV-1-Infected Females

Study Background:

Human papillomavirus (HPV) is the most common sexually transmitted disease in the United States. There are over 90 types of HPV. Some types infect genital and anal areas and causes genital and anal warts. HPV can also cause cancer of the cervix (the opening of the uterus). HPV might be more severe and harder to treat in people infected with HIV. The FDA has approved an HPV vaccine (called Gardasil) for use, in females ages 9-26 years old, against 4 types of HPV. These 4 types are the most common causes of genital warts and cervical cancer. This study is the first to test the HPV vaccine in females who are infected with HIV. The use of the vaccine in this study is investigational.

Study Purpose:

This study will see if the HPV vaccine, when given in 3 separate doses, is safe and tolerable in females infected with HIV. The study will also see if the vaccine can help the body make substances to help fight off disease caused by HPV.

Requirements to Enter:

- Women ages 18 to 45.
- If you are taking anti-HIV drugs, you must be on the same combination of medicines for at least 12 weeks before you enter the study. You do not have to be on anti-HIV drugs to be in the study.
- No cervical cancer, no very abnormal Pap smear, and no genital warts within 180 days.
- No prior vaccinations for HPV.

Other things might keep you from entering the study. Your doctor will discuss these with you if you are screened for this study.

Treatment:

Study treatment is “quadrivalent HPV (types 6, 11, 16, 18) recombinant vaccine”, Gardasil, and will be provided to you by the study. Quadrivalent means the vaccine is directed at four types of HPV. If you are currently taking anti-HIV drugs, you should continue taking them unless your doctor tells you otherwise. Your anti-HIV drugs will not be provided to you by the study.

Duration of Study: This study will last about one and a half years.



For More Information Contact: Mary Payne, RN, at 415-476-4082, ext. 356