

**Ryan White Part A Planning Council (RWPC) of the Philadelphia EMA  
Meeting Minutes  
Thursday, January 8, 2009  
2 p.m. - 4 p.m.  
Office of HIV Planning 340 N. 12<sup>th</sup> St., Suite 203, Philadelphia, PA 19107**

**Present:** Christine Ambrose, Dafne Armstrong, Alicia Beatty, Gary Bell, Jose Benitez, Henry Bennett, Carmell Bolden, William Brawner, Tamara Brickham, Kevin Burns, Michael Cappuccilli, Ramona Christian, John Churchville, Karen Coleman, Alan Edelstein, Raymond Hayward, Tiguida Kaba, Gerry Keys, Richard Lampkins (Co-Chair), Waleska Maldonado, Miguel Matos, Thomas McCoy (Co-Chair), Tyron McCray, Michael Myers, Harry Pack, Arnetta Sojourner, Tara Stancil, Ronald Sy, Sandra Thompson, Emery Troy, Lorrita Wellington, Belinda Williams

**Excused:** Maryann Andrews, Christopher Coleman, Jacinto Grant, Peter Houle, Kate Kozeniewski, Carlos Morales, Mark Pletcher, Ann Ricksecker, Nurit Shein

**Absent:** Stefan Hobbs, Betty Jane Leon, Brenda Shelton-Dunston, James Sylvester Smith, Robert Thomas, Alameen Wallace, Melvin White, Ann Williams

**Guests:** Jane Baker (AACO), Chris Chu (AACO), Wayne Coleman, Terry Davis, Darius Hallett, Brian Langley, Ronald Lassiter, James Taylor, Gail Thomas, Blair C. Weikert (Drexel University), Jacqueline Whitfield

**Staff:** Monica Getahun, Nicole Johns, Debbie Law, Michael Milsop, Briana Morgan

**Call to Order/Moment of Silence/Introductions:**

R. Lampkins called the meeting to order at 2:20 p.m. A moment of silence and introductions of those present followed.

**Approval of Agenda:**

R. Lampkins presented the agenda for approval. **Motion:** T. McCray moved, G. Keys seconded to approve the agenda. **Motion passed:** All in favor.

**Approval of Minutes:**

R. Lampkins presented the November 13, 2008 minutes for approval. **Motion:** K. Coleman moved, C. Ambrose seconded to approve the minutes from the November 2008 meeting. **Motion passed:** All in favor.

**Public Comment:**

None.

**Report of Co-Chairs:**

No report.

**Report of Staff:**

B. Morgan requested that all committee members respond to email reminders for meetings to minimize unexcused absences and to allow Office staff to properly prepare for the meetings. She explained that this would allow staff to make a proper number of meeting packets as well as for lunches at meetings with lunch to make the most of their budget.

D. Law asked all members of the Planning Council to sign up for subcommittees.

R. Lampkins stated that he made a commitment this year to communicate attendance or inability to attend, and went on to say that it was particularly important to remember this in the face of various budget cuts.

**Presentation:**

B. Weikert explained that he would begin his presentation with the 2008 report from AACO (*see – attached slides*). He noted that there were new more effective treatments that he would review in the presentation, as well as issues surrounding heart disease and HIV. He went on to review incidence data, pointing out that heterosexuals have the highest percentage of diagnoses, possibly because they may not perceive themselves as being at risk. He next pointed out that Philadelphia has a much higher new-infection rate than other areas, including New York City. He continued on to review prevalence data. He stated that nationally 25% of those infected were not aware that they were HIV+, and that this same group accounts for 54-70% of new infections. He pointed out that there were 1446 new AIDS cases in 1992, and only 490 in 2007, which indicated a slower progression of disease due to better medications. However, he did not that late-testers have increased.

B. Weikert continued on to review the current treatments for HIV. He explained that NRTIs prevent the virus from replicating, NNRTIs work similarly to NRTIs, and protease inhibitors prevents creation of the proteins that make the virus. He went on to say that consumers need to take a cocktail – two NRTIs with one of another class. He next reviewed integrase inhibitors, which inhibit a different enzyme. Raltegravir is an example of this class of medication, and B. Weikert explained that it works very well for people with resistance to other medications. He went on to say that raltegravir caused viral loads to drop much more than efavirenz. He next reviewed a new NNRTI called etravirine, which had been approved in Jan 2008. He explained that etravirine is not susceptible to resistance to other NNRTIs.

B. Weikert next went on to review maraviroc, which is a CCR5 inhibitor. He explained that there was a theory that the CCR5 molecule helps the virus get into the cell, and maraviroc blocks the CCR5 receptors. He added that this drug had been approved in August 2007. He went on to say that scientists were not sure what the CCR5 protein does in the body, so any long term affects are unknown.

B. Weikert continued on to review co-morbidities. He stated PLWHA are more likely to have cardiovascular problems than negative people of the same age, so these people have

to exercise, watch hypertension, and take other precautions. He referenced the DAD trial that showed that PLWHA were twice as likely to have heart attacks as negative people in age-matched groups. He noted that PLWHA taking abacavir and didanosine showed an increased risk of heart attacks, but that this risk decreased six months after stopping medication. He went on to say that liver disease, kidney disease, and cancers are also issues for PLWHA. He noted that hepatitis C has a very difficult treatment, but hepatitis B has a similar treatment to HIV and some HIV meds can also treat hepatitis B.

R. Hayward asked if they had tried a low dose of aspirin to help combat heart disease for those at-risk PLWHA. B. Weikert replied that this had not been done specifically in the HIV+ population, but that he would assume that this would help for this group as well.

R. Lampkins asked if intellice and eistentris are accessible and affordable. B. Weikert replied that they are expensive, though most insurance carriers are now covering them. He went on to say that many are worried that insurance companies will restrict coverage for these medications to people that are already resistant. He added that atripla has changed the world in that PLWHA only take one pill once a day, and adding even one pill to a regimen can be a barrier

R. Lampkins asked if it is possible that heart problems are a side effect of these medicines that PLWHA did not become aware of until they started getting older. B. Weikert agreed that this is a possibility for certain medications, but that some people will have to take more of a risk due to their resistance profiles. A. Edelstein stated there are also medications for those with high cholesterol and high blood pressure that can be provided to HIV patients. B. Weikert replied that they would also have to think about prevention for PLWHA, because they are living longer than before. He added that PLWHA have to be very careful with drug interactions. He noted that a primary care doctor that is not an HIV doctor must be informed about certain medications that could interact with other medications. .

R. Hayward asked about the practice of community members coming to the ER to offer testing to those in the waiting room. B. Weikert replied that this was in practice at Hahnemann. J. Baker agreed that this was happening in multiple locations.

**Action Items:**

None.

**Discussion Items:**

R. Hayward asked if it would be possible for PLWHA to get training from AACO to go into ERs in order to conduct HIV testing. He continued on to say that this would help get positive people into work, especially since positive people are living longer. R. Lampkins thanked him for this comment and suggested speaking with the Positive Committee about this topic. A. Edelstein stated that his organization was looking at conducting more outreach to senior citizens as well.

**Points of Integration Update:**

M. Milsop stated that the workgroup met in November to follow up on the progress and implementation of a counseling and testing model that the CPC had presented to the grantee in 2006. He added that the next meeting would be on January 15 from 3 – 5 p.m.

**Report of Committees:**

- ***Finance Committee – Alan Edelstein, Co-Chair***

A. Edelstein stated that the committee did not have a meeting, but that they were looking forward to having a meeting on February 5. He stated that it would be the last month of the Part A year, so they expected to see reallocation requests from the grantee. He also welcomed everyone to attend the meeting.

- ***Needs Assessment Committee – Christine Ambrose, Co-Chair***

C. Ambrose welcomed everyone to attend their meeting on Monday, January 12 at 2 p.m. She noted that their December meeting had been a joint meeting with the Comprehensive Planning Committee, where they had seen a presentation from Evelyn Torres from AACO.

- ***Comprehensive Planning Committee – Karen Coleman, Co-Chair***

K. Coleman stated that the committee had reviewed outpatient substance abuse and mental health services at their January meeting. She went on to say that they had had representatives OAS, OMH, CBH, Cooper University, FSDC, and Mazzoni present. She stated that they had been able to identify gaps and limitations of services, including income eligibility, access to care, public funding, and problems paying for co-pays. She added that they had also spent a few minutes discussing a new priority setting tool from New York, which they were reviewing for possible use in Philadelphia. She concluded by welcoming all to their next meeting on February 4 from 10 a.m. – 12 p.m.

- ***Positive Committee – Tom McCoy, Committee Member***

T. McCoy stated that the next meeting would be held on Monday, January 12 at 12 p.m. and asked anyone wanting to attend to RSVP. R. Hayward stated that the committee used to meet on the Monday before the Planning Council meeting, and asked if the committee would always be meeting after the Planning Council. T. McCoy replied that they had changed the meeting date to the second Monday of the month approximately a year prior, so it would occasionally fall after the Planning Council meeting.

- ***Nominations Committee – Kevin Burns, Co-Chair***

K. Burns stated that W. Brawner had been elected as a new committee co-chair. He went on to say that eight Planning Council members would have terms expiring, and that applications for spring seating would be due by February 6. He also noted that application packets had been sent to providers. He went on to explain that the committee had reviewed membership gaps, and the Planning Council particularly needs applicants from African-American and Hispanic male communities. He noted that applications are available at ASOs around the city, in the Office, and online. He

added that they had reviewed nine applications during their meeting, and that they will seat new members in March.

A. Edelstein stated that he had heard that HRSA would be making two separate awards again this year, as they had two years prior. He questioned whether it would be a good idea to put new members on the Planning Council just before they would have to vote on allocations. He asked how they might properly prepare new members to know what they are voting about. He explained that they had received criticism about this particular issue two years prior, and he hoped that they would not have to go through that again. K. Burns asked if a change in seating dates would require a change to the policies surrounding appointments. D. Law replied that they did ask people what their knowledge of the system is on the application, and that this is taken into consideration. A. Edelstein asked if new members have any kind of orientation. D. Law replied that they do. M. Ross-Russell stated that the bylaws simply stated that they seat new members in Spring and Fall, but historically they have seated new members in March and September. She explained that this had not been a problem until they began to get award letters in March, when they had previously received them in December. She noted that they could potentially move seating of new members to April. She added that there is also a gap between the time when Nominations recommends applicants and when the health commissioner approves them. A. Edelstein stated that he felt that there was no way to properly explain the events of two years ago to new members, and that he did not want the new members to feel as though they were voting on things they did not fully understand. K. Burns replied that Nominations had had a conversation on how to incorporate new members, and that this would be an important consideration.

J. Baker stated that it might help to seat new members a month or two later. K. Burns asked if Nominations has the authority to push seating back by a month. M. Ross-Russell replied that shifting seating of new members to April should not be a problem.

T. McCray stated that he and K. Burns could review the language in the bylaws together.

- ***Policy and Procedures Committee – Tyrone McCray, Chair***

T. McCray stated that Policy & Procedures would be meeting on February 10 from 10 a.m. – 12 p.m.

**Old Business:**

None.

**New Business:**

None.

**Announcements:**

J. Churchville stated that he was a part of a radio program on Wednesdays at 1 p.m. called Life, Liberty, and the Pursuit of Happiness on 1540AM which had fifteen minutes on each program dedicated to HIV/AIDS. He noted that R. Lampkins would be on the program the next week, and invited others in the room as guest speakers. He added that this is the only radio program in Philadelphia with a segment devoted to HIV.

**Adjournment:**

The meeting was adjourned at 3:24 p.m. by general consensus.

Respectfully Submitted,

Briana L. Morgan, Staff

**Handouts Distributed at the Meeting:**

- Meeting Agenda
- Meeting Minutes (*November 13, 2008*)
- OHP Calendar

# Philadelphia EMA Ryan White Part A Planning Council

Thursday, January 8, 2009 2:00-4:00 pm

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**Call to Order/ Moment of Silence**

**Introductions**

**Approval of Agenda**

**Approval of Minutes** (*from 13 November 2008*):

**Public Comment**

**Report of Co-Chairs**

**Report of Staff**

**Presentation:**

- Treatment Update – *Dr. Blair C. Weikert, Drexel University*

**Action Items:** None.

**Discussion Items:** None.

**Points of Integration Update**

**Report of Committees**

- Finance Committee – Alan Edelstein, Co-Chair
- Needs Assessment Committee—Christine Ambrose, Co-Chair
- Comprehensive Planning Committee—Karen Coleman, Co-Chair
- Positive Committee—Stefan Hobbs, Co-Chair
- Nominations Committee—Kevin Burns, Co-Chair
- Policy and Procedures Committee—Tyrone McCray, Chair

**Old Business**

**New Business**

**Announcements**

**Adjournment**

**PLEASE TURN ALL CELLPHONES AND PAGERS TO SILENT OR VIBRATE.**

*The next meeting of the Planning Council will be Thursday, February 12, 2009 from 2-4pm at 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107. Please refer to the Office of HIV Planning calendar of events for committee meetings & updates ([www.hivphilly.org](http://www.hivphilly.org)). If you require any special assistance, please contact the office at least 5 days in advance.*

**Ryan White Part A Planning Council (RWPC) of the Philadelphia EMA  
Meeting Minutes  
Thursday, November 13, 2008  
2 p.m. - 4 p.m.  
Office of HIV Planning 340 N. 12<sup>th</sup> St., Suite 203, Philadelphia, PA 19107**

**Present:** Christine Ambrose, Jose Benitez, Carmel Bolden, Tamara Brickham, Michael Cappuccilli, Ramona Christian, John Churchville, Christopher Coleman, Raymond Hayward, Stefan Hobbs, Peter Houle, Tiguída Kaba, Gerry keys, Waleska Maldonado, Tom McCoy (Co-Chair), Michael Myers, Ann Ricksecker, Tara Stancil, Ronald Sy, Sandra Thompson, Emery Troy, Lorrita Wellington, Melvin White

**Excused:** Maryann Andrews, Dafne Armstrong, Kevin Burns, William Brawner, Karen Coleman, Alan Edelstein, Jay Grant, Kate Kozeniewski, Richard Lampkins (Co-Chair), Miguel Matos, Tyrone McCray, Harry Pack, Mark Pletcher, James Sylvester Smith, Nurit Shein, Belinda Williams

**Absent:** Alicia Beatty, Henry Bennett, Betty Jane Leon, Carlos Morales, Brenda Shelton-Dunston, Arnetta Sojourner, Robert Thomas, Alameen Wallace, Ann Williams

**Guests:** Wayne Coleman, Ronald Lassiter, Jacqueline Whitfield, Ken Staver, Terry Davis, Joseph Malloy, Kim McGrory

**Staff:** Monica Getahun, Nicole Johns, Debbie Law, Michael Milsop, Briana Morgan, Mari Ross-Russell

**Call to Order/Moment of Silence/Introductions:**

T. McCoy called the meeting to order at 2:12 p.m. A moment of silence and introductions of those present followed.

**Approval of Agenda:**

T. McCoy presented the agenda for approval. **Motion:** M. White moved, A. Ricksecker seconded to approve the agenda. **Motion passed:** All in favor.

**Approval of Minutes:**

T. McCoy presented the October 16, 2008 minutes for approval. **Motion:** J. Whitfield moved, J. Churchville seconded to approve the minutes from the October 2008 meeting. **Motion passed:** All in favor.

**Public Comment:**

J. Malloy stated that on there would be a protest in Washington, D.C. on November 20 regarding the first one hundred days of President-Elect Obama's term in office. He explained that he thought there were sensitive issues regarding the first African-American president, and that he believed that ACT UP's demonstration was ill-timed. He went on to say that ACT UP had been asked to be a part of a national movement in this protest.

He concluded that this could be very difficult for President-Elect Obama in terms of the press and media coverage, and that he believed that ACT UP ought to pull back on attacks of the President-Elect.

**Report of Co-Chairs:**

No report.

**Report of Staff:**

B. Morgan requested that all committee members respond to email reminders for meetings to minimize unexcused absences and to allow Office staff to properly prepare for the meetings.

D. Law stated that she would be passing around a subcommittee sign-up sheet, noting that RWPC members must be signed up for a committee and participating as an active committee member.

**Action Items:**

None.

**Discussion Item:**

None.

**Points of Integration Update:**

M. Milsop stated that the next meeting would be held on November 25 at 11 a.m., and that the group addresses the overlap between prevention and care.

**Report of Committees:**

- *Finance Committee – Alan Edelstein, Co-Chair*

No report.

- *Needs Assessment Committee – Gerry Keys, Co-Chair*

G. Keys stated that the committee had met earlier in the week and completed the last section of their SAMS. She went on to say that they had also had a presentation from M. Getahun regarding the consumer survey, and that they had seen a real need for dental services. She noted that there would be a joint meeting with Comprehensive Planning on Wednesday, December 3 from 10 a.m. – 12 p.m., and that their regular meeting would be cancelled.

G. Keys went on to say that the group would be discussing the needs of African immigrants in coming months, as well as dental services.

- *Comprehensive Planning Committee – Ann Ricksecker, Co-Chair*

A. Ricksecker stated that the committee had met on November 5 to discuss access to DEFA in the PA Counties, as a result of the town hall meetings. She noted that there had been a lack of clarity regarding the appeals process and special cases. She explained that this was an important topic, as the service category had been

experiencing underspending over the past several years, which affects prioritization of service categories. She went on to say that there were three results: Derick Wilson of AACO would send out a clarifying letter to providers; the resource inventory would be updated; and finally, the Positive Committee would sponsor an event surrounding emergency services and DEFA in the coming year.

- ***Positive Committee – Melvin White, Co-Chair***

M. White stated that the committee was setting up meetings with AACO surrounding DEFA and housing services. He added that he would notify the RWPC of these meetings, and that they would also invite representatives from other services into their meetings.

- ***Nominations Committee – Kevin Burns, Co-Chair***

No report.

- ***Policy and Procedures Committee – Tyrone McCray, Chair***

No report.

**Old Business:**

R. Hayward asked for clarification regarding to the email reminders for the meetings, as many Planning Council members did not use email. B. Morgan clarified that she was only referring to the large portion of members that did typically respond by email, as she had noticed that the response rate had dropped once reminders for committee meetings started going out to the entire Planning Council.

R. Hayward stated that the reason the code of conduct for the Positive Committee had originally been brought to the RWPC was due to the fact that Positive Committee co-chairs did not have regular access to a computer or a telephone in the Office. T. McCoy replied that the RWPC had decided that this was an issue to be dealt with between the Positive Committee co-chairs and the Office. R. Hayward replied that a part of the Code of Conduct included outreach, and that the co-chairs needed a phone number to give community members during outreach. T. McCoy replied that R. Hayward had done a great job as co-chair of the committee.

**New Business:**

None.

**Announcements:**

R. Hayward stated that ACT UP was going to Washington, D.C. because the positive community had heard much about health care, but nothing about HIV/AIDS from either candidate. He went on to say that meetings regarding the demonstration had begun before the election was held. He concluded that the ACT UP demonstration had nothing to do with the candidate's race. P. Houle stated that President-Elect Obama has an extensive policy regarding HIV/AIDS, and that he had studied it thoroughly and it is remarkable. M. White stated that the intention for the demonstration is to speak with transition team, not with President-Elect Obama himself. J. Malloy stated that he had an

issue with ACT UP for not addressing the demonstration as a national movement, and went on to say that ACT UP had taken total responsibility for revving up PLWHA in Philadelphia. He went on to say that he thought that those in charge at ACT UP should have rethought this demonstration once Barack Obama was elected.

T. Stancil stated that she had been attending ACT UP meetings, and that PLWHA need more attention. She went on to say that she was sad that many people living in Philadelphia do not receive enough education on resources in their own city. She concluded that President-Elect Obama had a lot of issues on his plate.

S. Hobbs asked when World AIDS Day would be, and asked if anyone knew of any events that day. The group replied that it would be on December 1. J. Baker stated that D. Acosta would be sending a full list of events to providers, and that hopefully this information would make it to consumers as well. M. White stated that there was usually a candlelight vigil as well. C. Ambrose asked that the list of events be forwarded to the RWPC. T. McCoy stated that he would be speaking at SILOAM on World AIDS Day, and that they would have a panel discussion. E. Troy added that the city of Camden would be having an event as well.

T. Kaba stated that her agency held a focus group for African women on the second Friday of each month. She stated that they were looking for a speaker about how to get life insurance as a positive woman. R. Christian agreed to speak with her after the meeting.

**Adjournment:**

The meeting was adjourned at 2:40 p.m. by general consensus.

Respectfully Submitted,

Briana L. Morgan, Staff

**Handouts Distributed at the Meeting:**

- Meeting Agenda
- Meeting Minutes (*October 16, 2008*)
- OHP Calendar

## HIV Update

Blair C. Weikert MD  
Assistant Professor of Medicine  
Department of Infectious Disease  
Drexel University College of Medicine

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## Objectives

- Discuss trends among newly diagnoses patients and prevalence of infection
- Review new classes of medical therapy for HIV
- Discuss other comorbidities that may affect patients who are now living with a chronic illness

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## Philadelphia HIV Demographics

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## Dept. of Health 2008

■ Incidence = statistics of new diagnosis of HIV in the city

- 2006 55% heterosexuals
- 32% MSM
- 13% Intravenous Drug Use
- Increase in transmission through heterosexual contact

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## Dept. of Health 2008

■ In Philadelphia, yearly infections estimated to be 1,400 people

■ Currently, estimated 16,000 people in the city are living with HIV

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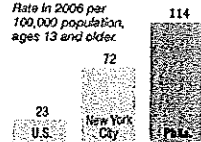
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### New HIV Infections

Philadelphia's new-infection rate is five times higher than the national average.

Rate in 2006 per 100,000 population, ages 13 and older



SOURCES: Phila. Dept. of Public Health; New York City Dept. of Health; U.S. Centers for Disease Control & Prevention

JOHN TENNO / FIGURE BY ENR/MSK

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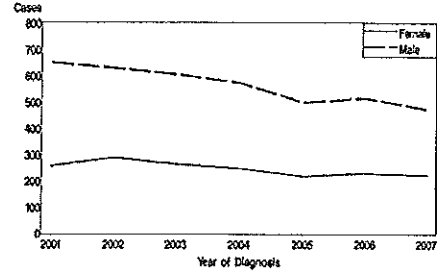
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# AACO 2008

Gender by Year of AIDS Diagnosis




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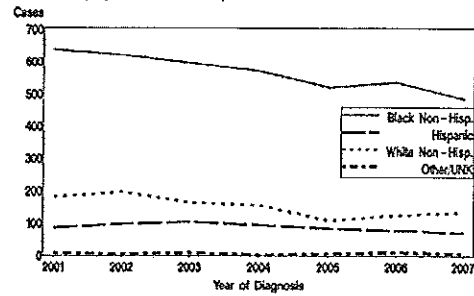
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Race/Ethnicity by Year of AIDS Diagnosis




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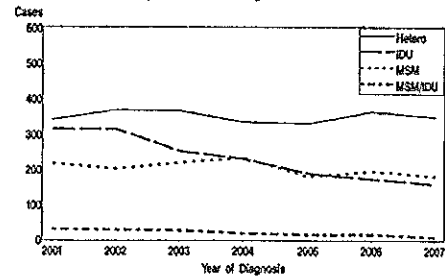
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Mode of Transmission by Year of AIDS Diagnosis




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**Dept. of Health 2008**

- Prevalence as of 12/31/06
- 35% Heterosexuals
- 31% MSM
- 32% Intravenous Drug Use
- 2% Other

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**Dept. of Health 2008**

- Nationally, estimated 25% of all of those infected with HIV do not know they have it
- These patient account for 54%-70% of all new HIV infections

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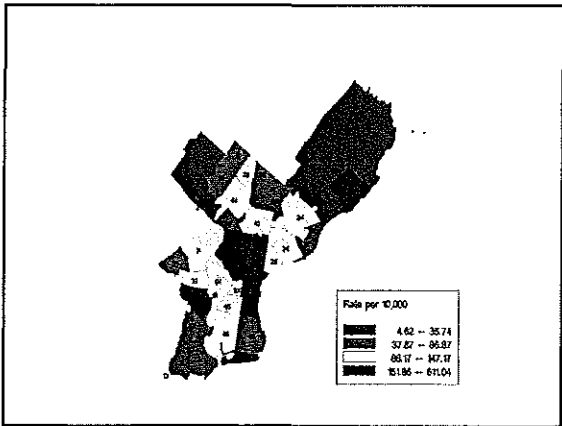
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### Department of Health 2008

- New diagnosis of AIDS
- 1992 = 1446 new cases
- 2007 = 490 new cases
  
- Likely due to better antiviral medicines with less side effects and more convenient dosing schedules

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### Department of Health 2008

- Diagnosis of AIDS at the same time as new diagnosis of HIV
- 2000 = 44.8% of patients diagnosed with AIDS had a new diagnosis of HIV
- 2007 = 64.1%
- Those getting diagnosed not by screening but when they are sick

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### Demographic Conclusions

- Continued EDUCATION
  - Heterosexual community
  - Those that consider themselves low risk
  - All populations, including african american, hispanic, asian, and caucasian
  - Offering testing to all, with little to no cost
  - Safety in getting testing and privacy of results
  - Encouraging prevention with those who do have the virus

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## New Antiviral Therapies

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- ### Current Treatments
- Usually three separate medicines given with different mechanisms of action to prevent resistance
  - Most commonly
    - NRTIs: Tenofovir, AZT, Lamivudine, Abacavir
    - NNRTIs: Efavirenz
    - Protease Inhibitors: Atazanavir, Lopinavir, Ritonavir

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## New Drug Classes

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## Integrase Inhibitors

- Raltegravir (Isentress)
- FDA approval October 2007



- Inhibits Integrase enzyme that incorporates the viral DNA into the human chromosomes for replication

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## Integrase Inhibitors

- Dosage: one tablet twice daily when combined with two other medications
- Proven in studies of patients with extensive history of other antiviral use and resistance
- Side Effects: Diarrhea, nausea, headache, fever

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## Integrase Inhibitors

- Phase II trials in naïve patients compared efavirenz to raltegravir when combined with tenofovir and lamivudine
- Seem to have comparative results, but need Phase III trials
- ? Of faster time to undetectable viral loads in raltegravir group

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## New NNRTI



- Etravirine (Intence)
- FDA approved: January 2008
- Other NNRTIs are very susceptible to resistance, only one point mutation needed to cause multi drug resistance
- This drug can be used in some patients who have resistance to efavirenz

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## Etravirine

- Mostly tested against placebo in non-naïve patients
- Side effects: rash and nausea
- Dosing: one tablet twice daily

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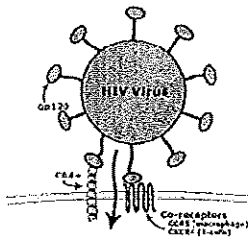
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## CCR5 inhibitors



- Maraviroc (Selzentry)



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### Maraviroc

- FDA approved August 2007
- Dose: 300 mg tablet twice daily
- Side effects: cough, fever, headache
- Phase III: liver disorders, increased cholesterol

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### Maraviroc

- Tropism Assay
- Tests if virus uses CCR5 for cell entry or CXCR 4 or both (dual tropism)
- If the virus uses CXCR4 alone or dual tropism with CCR5, much less efficacy in usage

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### CCR5 inhibitors

- Other options in the class?
- Not yet approved
- Vicriviroc: ? Association with solid organ cancers

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## Comorbidities

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## Heart Disease

- Patients with HIV now living longer having to deal with other chronic conditions
- ? If inflammation caused by the virus, increases the risk of heart disease and stroke
- Increased risk of these diseases in HIV infected individuals

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## DAD trial

- Data Collection on Adverse Events of anti-HIV drugs
- Comparison of 4000 people living with HIV with 1 million uninfected individuals at MGH and BW hospitals in Boston
- Patients with HIV twice more likely to have heart attack compared to age matched controls

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### Cardiovascular Disease

- 33,347 patients with HIV followed for cardiovascular problems, specifically heart attacks
- Common medications that seemed to show increased risk: Abacavir and Didanosine
- No association with Zidovudine, Lamivudine or Stavudine

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### Cardiovascular Disease

- Patients stopping Abacavir and Didanosine showed a decreased risk 6 months after stopping these medications
- Other findings have found similar results in protease inhibitors but unclear linkage between disease and these medications

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### Cardiovascular Disease

- Demonstrates of importance of risk stratification
- Need to control any risk factors: hypertension, hypercholesterolemia, hyper-coagulant state

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### Other comorbidities

- Liver Disease: Hepatitis C, Hepatitis B
- Kidney Disease: Association with antiviral medications, hypertension'
- Cancers: non AIDS defining: colon, breast, prostate. All are increasing in the population as they age, need to be vigilant in screening

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Thank You!

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