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Howard Brown

www.howardbrown.org

Launch into Action

By: Blase Masini, Ph.D., Director of Research

Howard Brown is pleased to announce that it has been awarded five new research grants or subcontracts.

Breast and Cervical Cancer screening promotion among lesbian and bisexual women

**Illinois Department of Public Health,
Office of Women's Health**

Funding from the Illinois Department of Public Health, Office of Women's Health, with subcontracts to Howard Brown Health Center, will support Alicia Matthews, Ph.D. at UIC, to develop and pilot an intervention to promote breast and cervical cancer screening among lesbians and bisexual women. The innovation behind this intervention is the pairing of standard education about cancer screening with patient navigation. Patient navigators are paraprofessionals who work with individual patients to help them navigate the health care system. As with many underrepresented populations, lesbians and bisexual women experience barriers to consistent health care. Patient navigation has proven effective in overcoming these barriers. We will be comparing education-alone to education-plus-patient navigation. Our hypothesis is that rates of cancer screening for education-plus-patient navigation will be higher than for standard education-alone. If this hypothesis is supported, the next step is to apply for a federal grant to run a full randomized control study.

Cancer screening among LGBT population

**Cancer Research and Prevention
Foundation**

Dr. Matthews has received a grant from the

Cancer Research and Prevention Foundation. This development grant will allow us to explore the barriers and beliefs around breast, cervical, and colorectal cancer screening among the lesbian, gay, bisexual, and transgender (LGBT) population. The information will be used to develop computerized tailored messages designed to motivate individuals to get screened for cancer. Dr. Usha Menon, Ph.D. of the UIC College of Nursing, has worked extensively to test the effectiveness of tailored messaging and she is working with Dr. Matthews to apply this method to LGBT individuals. The messaging developed under this grant will be used in future research, including an outstanding NIH application from Drs. Usha Menon, Alicia Matthews, Judy Bradford (Fenway), and Blase Masini (Howard Brown) to run a multi-site randomized control study in Boston and Chicago.

HIV intervention with African American MSM

Centers for Disease Control

A collaboration with South Side Help Center (SSHC).

We are continuing our efforts in HIV prevention research. Howard Brown Health Center was awarded a three-year grant from the CDC to develop and test a culturally tailored HIV intervention for African American men who have sex with men (MSM). Under the direction of Dr. David McKirnan, Ph.D., Jason Bird, MSW, led a team of Howard Brown staff to write this successful grant application. Principal investigator Dr. McKirnan, UIC and Howard Brown will team with HIV

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(Launch, from page 1)

prevention experts at the SSHC, a long-standing HIV prevention and direct care agency on the south side of Chicago. This project opens the doors to future research and programmatic partnerships around HIV prevention, particularly in communities of color where they are most needed.

HIV prevention among young transgender women

Centers for Disease Control

Past successes of Rob Garofalo, M.D., Howard Brown Deputy Director, in addressing HIV risk among transgender women have paved the way for new and exciting work. Dr. Garofalo was awarded a two-year grant to develop and pilot a ground-breaking “Life Skills” intervention to prevent HIV transmission and acquisition among young transgender women. Project Coordinator Amy Herrick, MA did an outstanding job working with Dr. Garofalo to write this application. She and Dr. Garofalo will be running focus groups in Year 1 to better understand the

beliefs and barriers to safer sex. Attention will be given to the fact that many transgender women put themselves at risk for HIV through commercial sex, primarily out of economic need. Besides covering standard sexual safety topics, this intervention will approach HIV risk by directly addressing employability; topics may include resume writing, interview skills, make-up and hair style (and other dimension of “passing” as women). The outcome of the Year 1 focus groups will determine the topics. From there, this intervention will be piloted with 50 transgender women. Promising results will lead to a larger efficacy study.

HIV prevention with transgender youth of color

Centers for Disease Control

Howard Brown was awarded a five-year CDC grant to administer an HIV prevention intervention for transgender youth of color. This grant calls for a tailored version of a CDC HIV prevention

intervention called Sister’s Informing Sisters on Topics of AIDS (SISTA). Aptly named Transgender Women Informing Sisters on Topics of AIDS (TWISTA), this intervention is appropriate for transgender women. While largely viewed as a programmatic grant by the CDC, and based in Howard Brown Youth Services, we see this as an excellent opportunity to compare the outcomes of this program to those of the Life Skills intervention. Amy Herrick, Coordinator of Youth Research, will work with Youth Services to design a comprehensive evaluation plan that parallels the survey data collected under the Life Skills research grant. This will afford us the opportunity to compare the two.

Howard Brown Department of Research has several new applications that are in development. Stay tuned for new studies in the next issue!

For more information about current and past studies, visit www.howardbrown.org.

Meet Alicia Matthews, Howard Brown’s new Principal Investigator

We are happy to introduce to you our new Principal Investigator; Alicia K. Matthews, Ph.D. Alicia is a clinical psychologist and Associate Professor in the Department of Public Health, Mental Health, and Administrative Nursing at the University of Illinois at Chicago. Her primary research interests are in cancer prevention and control, psychosocial adjustment to illness, and identifying sociocultural predictors of mental and physical health outcomes in African American and other underserved populations. She has conducted funded research studies examining information seeking and treatment decision-making among newly diagnosed African American cancer patients; factors associated with breast cancer quality of life in lesbian women; prevalence and predictors of anxiety among breast cancer survivors; evaluation of a targeted breast and cervical cancer education program for African American lesbian and bisexual women; and mental illness stigma in the African American community members.



Her previous collaborations with Howard Brown Research Department have included a funded study by Komen Breast Cancer Foundation to study quality of life and adjustment of lesbian cancer survivors. We are proud to be working with Alicia again on two new funded projects to examine strategies to increase cancer screening activities among LGBT. The first study, funded by the Illinois Department of Public Health Office of Women’s Health, will develop and pilot an intervention to promote breast and cervical cancer screening among lesbians and bisexual women. The second study, funded by a grant from the Cancer Research and Prevention Foundation, will allow us to explore the barriers and beliefs around breast, cervical, and colorectal cancer screening among LGBT. The information will be used to develop computerized tailored messages designed to motivate individuals to get screened for cancer. Alicia is also currently expanding into research on cancer control through smoking cessation.

Treatment Advocacy Program: Preliminary Findings

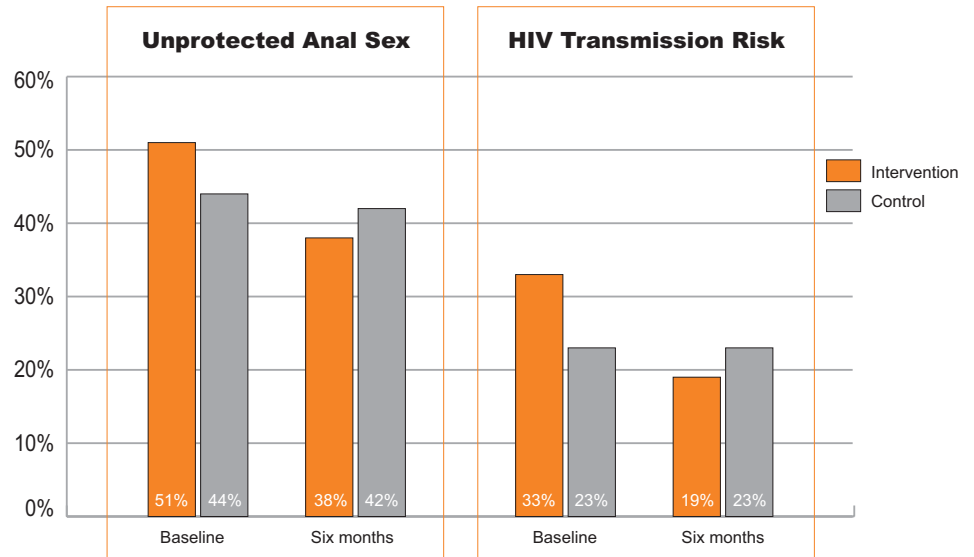
By: David Fingerhut, TAP Research Assistant

The fall of 2006 marks the completion of the Treatment Advocacy Program (TAP) Research Study, a 12-month randomized controlled behavioral intervention aimed at enhancing sexual safety and treatment adherence among men who have sex with men (MSM) who are HIV-infected. TAP was part of a national multi-site research study (along with agencies located in Miami and San Francisco) sponsored by The Centers for Disease Control and Prevention (CDC).

TAP was designed to help HIV-infected men cope with HIV challenges, stay sexually safe, and take their HIV medications regularly. The formal intervention consisted of four semi-structured counseling visits with an HIV-infected peer advocate, with regular counseling check-in visits every three months for 12 months. Thorough assessments were administered to participants at enrollment, six months post-enrollment, and at the study completion—12 months post-enrollment.

The TAP intervention combined sexual risk reduction, medication adherence, and general HIV coping skills into an integrated, structured package. Intervention materials were designed using theoretically grounded techniques from cognitive-behavioral therapy and motivational interviewing. At enrollment, participants were randomly assigned to the Intervention or Control arm. The Control group received their normal standard of care for 12 months before receiving the coping program.

In all, 320 HIV-infected MSM were recruited in Chicago. Local recruitment sites included Howard Brown Health Center, TRIAD, Klein and Slotten Medical Associates, and Uptown HIV Primary Care Clinic. The overall sample was 48% White, 35% African American, 14% Latino, and 3% Other. The average age was 40. Education level ranged from 'less than a high school diploma' to 'post-undergraduate work'. A slight majority of the sample (51.9%) was



unemployed, with the 39.7% of the sample reported income between \$10,000-30,000. Of the employed participants, the most typical income reported was between \$30,000-40,000.

Initial data analyses examining baseline and six-month follow-up data is underway. Preliminary findings are promising. The six-month retention rate was 81.3% with no difference between the Intervention and Control groups. Note that typical covariates (SES, ethnicity, age, follow-up time) were controlled in the following analyses. Statistical analyses included General Estimating Equation procedures using SAS software and General Linear Modeling Repeated Measures in SPSS software comparing intervention group by follow-up time.

Unprotected anal sex

Intervention effects on unprotected anal sex (UPA) were robust. For the Intervention group, 51.1% reported UPA at baseline. At follow-up, the incidence of UPA had dropped to 37.8% of the Intervention sample. This reduction in UPA is statistically significant. Conversely, the Control group did not demonstrate any statistically significant reduction in UPA (44% at baseline to 42.4% at follow-up). (See table, above)

Transmission risk

Any unprotected anal sex with HIV-negative or HIV-unknown partners ("transmission risk") illustrated similar intervention effects. At baseline, 33% of the Intervention group reported transmission risk. Transmission risk was reduced to 18.5% of the Intervention sample at follow-up. Again, the Control group did not demonstrate statistically significant reduction in transmission risk (23% at both baseline and follow-up). (See table, above)

Treatment non-adherence

Due to the multi-leveled approach of managing HIV infection (medication management, regular laboratory analyses, and doctor visits), HIV non-adherence is more complex than simply measuring medication non-adherence. As such, a treatment non-adherence index (missed doses, missed doctor visits) was used to capture this feature.

From baseline to follow-up, the Control group demonstrated improvement in treatment non-adherence measures (36% to 31.2%), but these gains were not statistically significant. However, the

(continued on page 11)

Unseen Risk: A Descriptive Study of WSW Youth

By: Amy Herrick, Youth Research Coordinator

The sexual and behavioral health risk of women who have sex with women (WSW) continues to be an overlooked and potentially misunderstood facet of public health. There appears little agreement among researchers and medical professionals about the level of risk faced by lesbian and bisexual women. Studies have found that WSW fall anywhere from low risk, to moderate risk and, less often, high risk. Perhaps more importantly, the vast majority of research to date has overwhelmingly found that WSW women perceive themselves to be of low, or even no risk, for HIV and STD infections.

There is even less understanding and shared perception of risk when it comes to lesbian and bisexual youth. The risk behavior profiles of these young women

are often compared to, and thus, overshadowed by their sexual minority counterparts; young men who have sex with men (MSM). In order to adequately examine the health risks and behaviors of WSW youth, they must be examined independently from MSM or their heterosexual counterparts because of their unique sexual practices and sub-cultural norms.

A community-based sample of 496 ethnically-diverse, 16-24 year old, lesbian, gay, bisexual and transgender (LGBT) youth from Chicago participated in a study funded in part by the Lesbian Health Fund. For the purposes of this analysis, biological males (N =343) and female-to-male transgender youth (N = 16) were excluded, leaving a final sample size of 137 self-identified young WSW.

Demographics

The mean age of participants was 19.6 years old (SD= 2.3). The majority of respondents were white (41%) and nearly a quarter were African American or Latina (21% and 24% respectively). The average participant had at least partial college education, was currently a student, lived with their parents or family and reported growing up in a middle class household. Physical attraction ranged from “attracted to only females” (26%) to “only males” (2%). The latter individuals were included in analysis due to their self-identification as lesbian or bisexual. The greatest number of participants (30%) labeled their attraction as “mostly females but some males.”

Risk Behaviors – Substance Use

The majority of participants (94%) reported lifetime alcohol use and 38% reported weekly use over the past 12 months. Nearly one-third of young WSW reported binge drinking (five or more drinks at a time) at least monthly and one in five participants reported weekly binge drinking. Over a third of youth reported having done something sexual after drinking alcohol that they would not otherwise have done.

Risk Behaviors – Tobacco Use

The majority of the sample (74%) had smoked cigarettes in their lifetime and just over half identified themselves as current tobacco users (39% smokers and 15% social smokers) who on average smoke just less than 10 cigarettes a day (M=8.3, SD=7). Half of all participants reported that at least half of their LGBT friends smoke cigarettes.

Risk Behaviors – Sexual Behaviors

The vast majority of the sample (94%) reported being sexually active defined by having had vaginal, anal or oral sex in their lifetime. Seventy-seven percent of the

(continued on page 11)

Figure 1

Reasons for Unprotected Sex

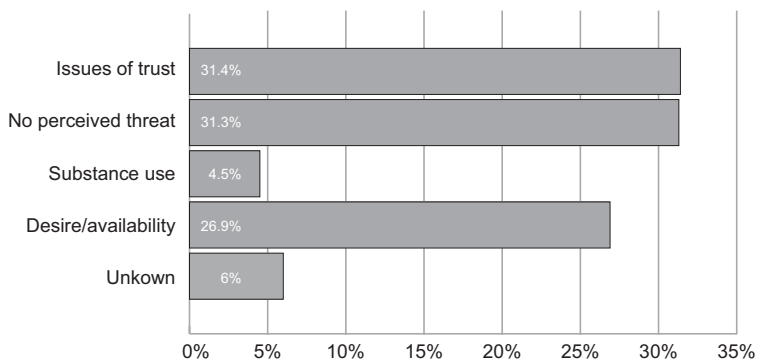
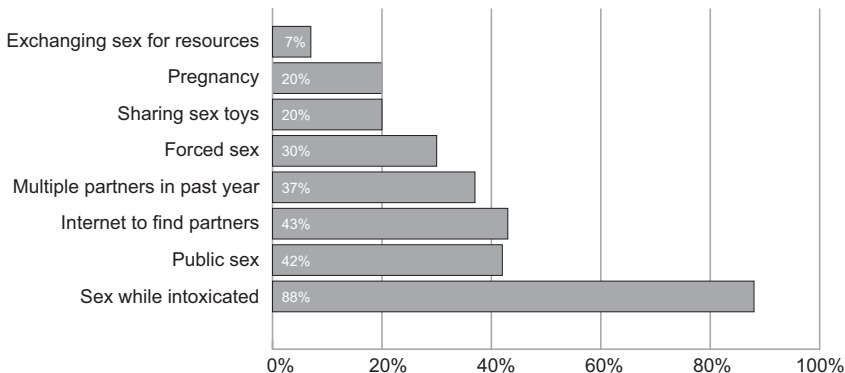


Figure 2

Sexual Risk Behaviors



MACS news

A MACS Update

by Dr. John Phair, Principal Investigator

The Chicago MACS had a productive six months since the last newsletter. Following are some of the events that took place:

- Two posters were presented by Dr. David Ostrow at the International AIDS Conference in Toronto in August. Both dealt with the impact of methamphetamine and other recreational drug use upon the risk behaviors associated with acquiring HIV infection.
- Dr. Palella and colleagues have published a paper in the August 2006 AIDS issue of the Journal of the American Medical Association (JAMA) describing an unusual form of fat accumulation which was found clinically in eight MACS participants on effective antiretroviral therapy. The

men had increased fat across their chest and under their arms in addition to loss of fat in their extremities.

- In a different initiative, Carmon Houston, RN, MA of the CORE center of the Chicago MACS was our representative on a paper published in June 2006 in the American Journal of Public Health describing the efforts of the 4-city MACS campaign to recruit Black and Hispanic men into the MACS.

New Initiatives

The MACS has recently partnered with investigators at Duke University who are funded by the NIH to develop an **HIV vaccine**. The first step will be to ascertain the host genetics that determine the level of HIV replication

after the onset of infection, the so-called "set point". Previous reports from the MACS established that the set point predicted the progression of infection. A high copy number of the virus soon after the beginning of infection in untreated individuals was associated with rapid progression; lower numbers of virus copies were associated with slower progression. The Duke investigators will use the genome scan, the technique developed to delineate the entire human genome.

A second new initiative will deal with the effect of aging upon the mental functioning of HIV infected and uninfected men. This will be a pilot study, entitled "**Brain Structure in Normal Aging**," of 30 to 40 men at each of the

(continued on MACS2)

New Weapon against Lypodystrophy on the Horizon

by Michelle Johns, MACS Research Assistant

The advent of HAART has irrevocably changed the landscape of HIV: allowing HIV+ individuals to live their lives with a normal rhythm. Of course, no drug is without its side effects. In particular, many men and women on HAART have found that the contour of their bodies changes once put on an anti-retroviral regimen, losing weight (lypoatrophy) or gaining weight (lypodystrophy) in new and unusual locations. Those with lipodystrophy may find that their central trunk (stomach, back) starts to thicken. In women, the breasts may enlarge, and in men, fat deposits may collect on the back of the neck, a symptom known as the camel's hump. Lypodystrophy not only alters the shape of the body, but

sufferers may also see a spike in their cholesterol or triglyceride levels.

Recently, Theratechnologies, a Canadian biopharmaceutical company, explored the means to combating lypodystrophy in patients on HAART. TH-9507, a chemical designed to stimulate the secretion of the human growth hormone, has yielded very promising results when administered to men and women receiving HAART. The Theratechnologies study followed 61 HIV infected patients affected by lypodystrophy, separating them in three different groups: those taking daily doses of a placebo, those on 1 mg of TH-9507 per day, and those on 2 mg of TH-9507 per day. Early trials

revealed that those in the 2 mg/ day group improved their Lean Body Mass, decreased their abdominal girth, as well as significantly reduced both their triglyceride and cholesterol levels—essentially giving the one-two punch many of the most prevalent symptoms of lypodystrophy. The primary side effects reported in the 2 mg/ day TH-9507 regimen were headaches and the sensation of pins and needles in their limbs.

Theratechnologies is gearing up for Phase III of their study on TH-9507, recruiting almost 400 patients to participant. With such positive initial data, many are hopeful that TH-9507's use against lypodystrophy will be widely available in the future. With any luck, it will.

What About Hepatitis C?

by Kumasi Gwynne, MACS Administrative Coordinator

MACS is currently screening participants for Hepatitis C (HCV). According to the Centers for Disease Control (CDC), HCV is the most common chronic blood borne infection in the United States. It is four times more common than HIV. 75-85% of cases become chronic infections. A small percentage, 10-15%, will actually clear the virus. One in four people with HIV also have HCV.

HCV is a liver disease caused by the HCV virus. Currently, there is no vaccine for the prevention of HCV. Many people with HCV do not have any symptoms. Symptoms that do exist include dark yellow urine, light colored stools, yellowish eyes and skin, tiredness, fever, diarrhea, stomach pain, and loss of appetite. HCV has the potential to cause cirrhosis, liver failure and cancer.

According to the Centers for Disease Control (CDC), HCV is the most common chronic blood borne infection in the United States.

The primary way that HCV is transmitted is when the blood of an infected person enters the body of a person that is not infected. It is possible for HCV to be transmitted sexually but this is very rare. There is no evidence that HCV has been transmitted by oral sex. According to the CDC, for persons infected with HCV it is best not to share personal items that may have blood on them like toothbrushes or razors.

If you have injected drugs, snorted drugs with shared equipment, been treated for clotting problems before 1987, have received notification that you received blood from a donor with HCV, received an organ transplant or blood transfusion prior to 1992, or have evidence of liver damage

you may be at risk for HCV. In addition, if your mother had HCV while she gave birth to you or if you are a long-term hemodialysis patient you may be at risk.

If you suspect you might have Hepatitis C there are several blood tests that can be done to determine if you have become infected. These blood tests may not show the amount of liver damage done so a liver biopsy may be needed. Treatment for Hepatitis C exists. Combination therapy with pegylated interferon and ribavirin is the most common treatment. Interferon monotherapy is generally reserved for patients for whom ribavirin is contraindicated. Therapy for Hepatitis C has many side effects including but not limited to fever, loss of appetite, fatigue, nausea, vomiting, bleeding problems and depression.

Factors influencing the severity of HCV include alcohol intake, being age 40 or over when infected, having co-infection with HIV, and having chronic Hepatitis B (HBV) infection. There may be interactions between HIV therapy and HCV therapy so it's important to have a doctor working with you that is knowledgeable in both HIV and HCV. It is also important to not take any medications without checking with your doctor first. Many drugs can cause liver damage.

If you have HCV, try to eat a healthy diet, exercise and see your doctor regularly and drink minimally, if at all. There may be support groups available for you to attend.

(MACS Update, continued from MACS1)

four MACS cities who will be asked to undergo an MRI examination of the brain and neuropsychologic testing. The possible effects of age on the neuropsychologic manifestations of HIV/AIDS have become increasingly important as infected individuals benefit from HAART and live into older ages. Such older individuals are more susceptible to vascular disease which can impact mental functioning independent of HIV related neurological problems. Therefore the MACS investigators have decided that understanding age/HIV interaction is of a high priority. Individuals asked to volunteer for the pilot study will be selected on the basis of age and stage of HIV infection. Uninfected men, of similar ages, will be asked to serve as a control group for this innovative study.

Meanwhile, more routine study activities continue in the Chicago MACS and preparation for the start of visit 46 in October 2006 is almost complete.

Recent Publications Using MACS Data

Breen EC, Fatahi S, Epeldegui M, Boscardin WJ, Detels R, Martinez-Maza O. **Elevated Serum Soluble CD30 Precedes the Development of AIDS-Associated Non-Hodgkin's B Cell Lymphoma.** *Tumour Biol* 2006; 27: 187-194.

Cain LE, Cole SR, Chmiel JS, Margolick JB, Rinaldo CR Jr, Detels R. **Effect of highly active antiretroviral therapy on multiple AIDS-defining illnesses among male HIV seroconverters.** *Am J Epidemiol* 2006; 163: 310-315.

Kasutto S, Maghsoudi K, Johnston MN, Robbins GK, Burgett NC, Sax PE, Cohen D, Pae E, Davis B, Zachary K, Basgoz N, D'agata EMC, DeGruttola V, Walker BD, Rosenberg ES. **Longitudinal analysis of clinical markers following antiretroviral therapy initiated during acute or early HIV type 1 infection.** *Clin Infect Dis* 2006; 42: 1024-1031.

Lau B, Sharrett AR, Kingsley LA, Post W, Palella FJ, Visscher B, Gange SJ. **C-reactive protein is a marker for HIV disease progression.** *Arch Intern Med* 2006; 166: 64-70.

Matthews GV, Bartholomeusz A, Locamini S, Ayres A, Sasaduesz J, Seaberg E, Cooper DA, Lewin S, Dore GJ, Thio CL. **Characteristics of drug resistant HBV in an international collaborative study of HIV-HBV-infected individuals on extended lamivudine therapy.** *AIDS* 2006; 20: 863-870.

Is it time for your next MACS visit?

We look forward to seeing you every six months!
Call your Chicago MACS site to schedule your next visit:

Howard Brown:
773-388-8889

Core Center:
312-572-4567

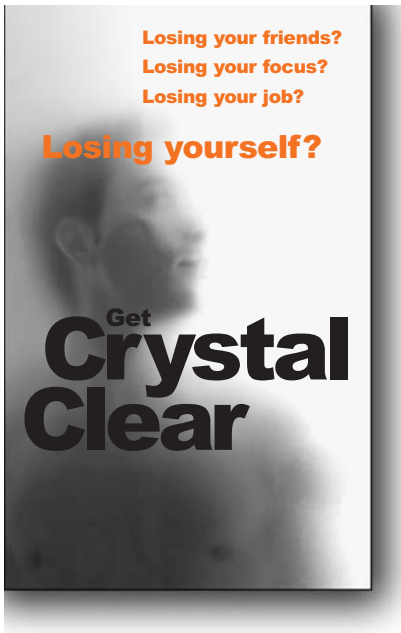
Northwestern:
312-908-4511 or
312-695-0186

Is Tina there?

by Jimm Buffington, MACS Project Coordinator

Crystal methamphetamine or otherwise known as "T," "Tina," "speed," "meth," "chalk," "ice," "crystal," "crank," and the list can continue....has been talked about a lot lately. Concern should be and is being raised among its use with in the LGBTB community. Why? Besides its ability to reduce inhibitions allowing for otherwise safe sexual encounters to become unsafe, it brings along a host of other concerns.

Crystal meth can be ingested, snorted, smoked, and injected. The intense rush and high felt from methamphetamine results from the section of the brain that controls the feeling of pleasure receiving high levels of dopamine which can last for 12 or more hours of what the user



disillusioned, and heartbroken, you need their help to make sure that your emotional, physical, and mental health are not placed in greater jeopardy. Whether living with HIV or not, all crystal methamphetamine users are risking their health. If you are up for hours and days on end, are you really taking your medications as prescribed or eating and drinking enough fluids? If you are not using, great and please, please do not start. Most importantly, if a friend comes to you and informs you of their use, provide uncompromised compassion, love, non-judgmental guidance, while not diminishing their responsibility for their use. Know that there is help available and offer your support.

Crystal methamphetamine is touching your life whether you are a user or not.

perceives to be as euphoric pleasure, desiring more and more of the drug. Its use however can be far from euphoric for your body as side effects include seizures, convulsions, dangerously high body temperature, stroke, cardiac arrhythmia, stomach cramps, sleeplessness, sever dehydration, and loss of appetite. And these are only the physical effects. Psychologically, paranoia, anxiety, and aggression are only a few potential side effects. Once use has been stopped, withdrawal symptoms occur with extreme fatigue causing some to sleep for days on end and depression top the list.

Overwhelming Impact

Make no mistake about it. Crystal is extremely addictive, prevalent, inexpensive, and dangerous. Emergency room visits and hospitalizations have increased due to its increased use not

only in the gay community, but in the straight community as well, and unfortunately at the high school level. City, state, and national health agencies are addressing the increased use and attempting to not only enlighten communities, but also bring awareness to users and addicts that help is out there. Look through any gay publication and you will find more than one advertisement cautioning you of its effects and what it can do to you and your life. ABC's Good Morning America has even run a series about the USA being a "meth nation." Make no mistake about it. Crystal methamphetamine is touching your life whether you are a user or not.

Honesty and Understanding are Key

Please, if you are using, first of all be honest with yourself. Then be honest with a friend that you can trust and your doctor. While they may be upset,

Help is available

Howard Brown Health Center offers Crystal Clear, an intensive outpatient program for dealing with meth use. For more information, call the Crystal Clear hotline at 773-388-8891. Crystal Meth Anonymous (CMA) meetings are conducted by members of the gay community seven days a week on the northside of Chicago. For a list of their meeting times and places, visit their website, www.crystalmeth.org. The organization is a 12- step program, anonymous, and most importantly available to you, for you, and available now. There is help out there for you and your friends, loved ones, partners, co-workers, and family. Know that you are not alone, and all of us with the MACS will do whatever we can to help in any way possible. Stay happy, healthy, and committed to living a long and productive life.

It's a Two-Way Street

By Cheryl Watson, WIHS /MACS Neuropsych & Mental Health Study Coordinator and Carmon Houston, MACS Project Coordinator, CORE Center



Have you ever embarked on a project with a desired outcome and been pleasantly surprised, even delighted with the multiple benefits obtained. The expected feeling of contentment escalates to a real sense of achievement; the warmth of personal fulfillment and the satisfaction of contributing to one's community produce a sense of pride and accomplishment. The benefits far exceed the expectations.

That is a good description of the researchers' point of view in the MACS studies. In the last issue we wrote about the benefits of being a MACS participant; but what is the benefit for the research employee (besides the paycheck, of course)? If you talk with the research staff, you would be pleasantly surprised by the level of commitment, the caring, and the willingness to go the extra mile for the participants and the community.

For the average researcher, this field is a two-way street. We express our commitment through our work in MACS by creating an environment that more accurately reflects the community, that is receptive, supportive and culturally-

sensitive for the participants and conducive of the goal of high-quality healthcare. For the community of color, there is also the knowledge that we are instrumental in making sure the voice and needs of the community are heard by the larger organizations that control the focus and the funds of healthcare study. Every page of collected data that is shared with these organizations represents the words of the community speaking to them and making them aware of what is important and what are the healthcare needs. This translate into more dollars and increased understanding for our communities.

On a more personal level, researchers have the opportunity to express our care and concern for participants and the community by making sure that visits are conducted in a manner that is respectful of the participants' time, healthcare needs, and confidentiality. When our study visits are completed and all the data turned in, there is a very real sense of accomplishment about our contributions that helped make the visits successful. We interact with study participants and get to know them as individuals, not just their healthcare concerns and needs. We know who needs to come in before they go to work and who needs transportation to get here. We are aware from visit to visit who needs a physical exam and who may need a referral. Each study visit is an opportunity to re-connect with participants and rejoice over their achievements and commiserate over the disappointments. We are always glad to offer encouragement when it is needed and wanted. For some, the MACS study is the most stable area of their lives and they depend on that until their lives improve.

We are all very much a part of a larger and ever-changing community. Researchers with the MACS study work hard to be a "part of the solution." Being a part of the solution creates a sense of accomplishment that cannot be included in a paycheck.

Fun facts to brighten your day or make you a quiz show star!

by Marilyn Urso, MACS Clinical Coordinator

- The competition in the first Olympic Games held in 776 B.C. was a foot race. The participants were all males, and they ran in the nude.
- Statistically speaking, 90% of us put on our left sock first.
- Apart from humans, the only creatures that go into battle in formation are ants.
- Yes, the Library of Congress stocks erotic fiction, including examples of modern pornography.
- In 1952, Mr. Potato Head became the first toy advertised on national television.
- Blood has to go through your entire body in order to get from one side of the heart to the other.
- The longest single-word palindrome is "releveler."
- Of the 206 bones in the human body, one-quarter of them are located in the feet.
- Of all the states in the USA, Maine is the only one with a single syllable name.
- More and more is being written about singing as a great stress reliever. There's a simple reason for this. In order to produce singing, you need to breathe properly. You take deeper, fuller breaths as you sing and oxygen floods your blood stream. It also helps release those "feel good" hormones called endorphins.

What is Clinical Research?

By: Natalie Kaech, Clinical Research Manager

New drugs and medications are being made every day. Before patients can get the medication, it must be tested to show that the medication is safe and that it works. Results help the Food and Drug Administration (FDA) approve new medications.

What is a clinical trial?

A clinical trial is a research study designed to answer questions about medications. Clinical trials are conducted with human volunteers and are overseen by a medical professional, usually a doctor. Trials are usually sponsored by government grants, pharmaceutical companies, and private medical companies.

What are the different types of clinical trials?

- **Treatment** trials test medications or combinations of medications.
- **Prevention** trials look for ways to prevent diseases or medical conditions.
- **Diagnostic** trials are designed to find better tests to diagnose a disease or medical condition.

What are the stages of a clinical trial?

Each stage or phase answers different questions and must be passed before the medication or treatment can advance to the next phase.

- Phase I: An experimental drug or treatment is tested for the first time. The study looks at safety in a small number of people and determines the dosage of a new medication.
- Phase II: An experimental drug or treatment is given to a larger number of people to see if it works and is safe.
- Phase III: An experimental drug or treatment is given to an even larger number of people to see how it works compared to other commonly used treatments.
- Phase IV: Drugs or Treatments are FDA approved and studied to see how patients like them or find out additional information.

What happens in a clinical trial?

People volunteer for a clinical trial and

work very closely with the study team. A study team usually consists of doctors, nurses, and other health care professionals. The team will review the clinical trial in great detail with each volunteer. If they chose to continue, their health is reviewed before entering the trial. If the study team feels the subject is a good candidate for the study, the study team will explain what the subject needs to do next. This could mean starting a new medication, keep taking their current medication, or simply keeping a diary of how they feel. The subject will be asked questions on their health and blood is often taken to run tests. The study team will monitor health and safety both during and after the study. The number of study visits will vary with each clinical study.

Who can participate in a clinical trial?

Each study has specific criteria on who can participate in the trial. Some criteria might be age, gender, disease or medical conditions, and past treatments.

Why would someone want to participate in a clinical trial?

Participants in clinical trials are very important to the development of new medications and help others by contributing to the field of clinical research. Participants can often get access to new medical treatments before they are available to the public, as well as access to expert care.

Are there any risks associated with clinical research?

The risks depend on the study. Some experimental medications could produce side effects or discomforts. The experimental medication might not be as effective as the currently approved treatments. Further, some 'burdens' involved could be more trips to the office, blood work, or medications.

Are there benefits associated with clinical research?

Again, the benefits depend on the study. Some experimental medications could be more effective than currently approved medications. Many participants enjoy the

added visits to the office and additional blood work as it gives them more information about their health. Most clinical research protocols offer a stipend to help compensate for participant's time.

What should someone consider before joining a clinical trial?

Find out as much about the study as possible. Be sure to get all questions answered before agreeing to participate. Some examples of questions to ask are:

- What is the purpose of the study?
- What kind of tests and experiments are involved?
- Has it been tested before?
- How long is the study?
- How often will I need to come to the office?
- What are the possible side effects?
- Will I get my results?
- Who will I be working with?
- Are there any expenses I will be responsible for?
- How will my privacy be protected?

How are clinical research participants protected?

Every research institution, including Howard Brown Health Center, has an Institutional Review Board (IRB). This board reviews every research study before it is approved to begin. The IRB members use strict guidelines to ensure that privacy rights are enforced and incorporated in every research protocol according to HIPAA standards.

Can a participant change their mind once they have agreed to join?

Absolutely. Participation is entirely voluntary and participants can withdraw at any time. If you want to withdraw, let the study team know. There may be some final tests that need to be done to ensure your health and safety when leaving the study.

How can I find our more information on clinical studies?

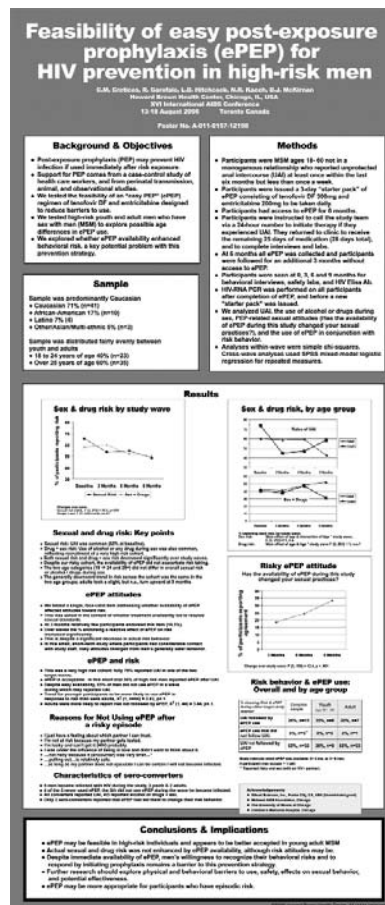
Ask your health care provider or call the Howard Brown Department of Research at 773-388-8880.

ePEP: A Study on Post-Exposure Prophylaxis

Dr. Catherine Creticos presented a poster entitled "Feasibility of easy post-exposure prophylaxis (ePEP) for HIV prevention in high-risk men" at the 2006 International AIDS Conference in Toronto this past August. Previous data has shown that PEP may prevent HIV exposure if used immediately after a risk exposure. Support for this claim comes from case controlled studies of health care workers (for use after a needle stick), and observational studies. This study was designed to test the feasibility of a protocol that would allow men easy access to PEP medications after a sexual encounter that may have put them at risk for contracting HIV. Researchers were also interested to see if access to the medication, or age, would affect risk behaviors.

Dr. Creticos, M.D., along with Dr. Rob Garofalo, M.D., MPH, Dr. David McKirmin, Ph.D., and several members of the Howard Brown research staff enrolled 58 men who have sex with other men (MSM). Of the 58 MSM enrolled, 23 (40%) were youth (18-24 years old) and 35 (60%) were adults (>25 years old). Subjects needed to present with a moderate amount of risk, which was defined as unprotected anal intercourse (UAI) at least once in the past 6 months, but less than once a week. Participants in monogamous relationships were excluded.

Participants were enrolled after behavioral counseling and HIV testing. They were given ePEP; a 3-day "starter pack" of medication, consisting of tenofovir DF 300mg/day and emtricitabine 200mg/day. If a participant experienced a high-risk sexual encounter, he was instructed to call a 24 hour cell phone carried by ePEP staff. The staff would then decipher the sexual risk and decide if this encounter warranted PEP. The participants were then instructed to come to the clinic within the first 3 days of beginning the "starter pack" to obtain the



To download a pdf of the ePEP findings, go to www.howardbrown.org.

remaining part of their PEP regimen. (A full PEP regimen is 28 days)

Participants had access to ePEP for 6 months. After the 6 months, all unused medication was collected and the participants were followed for another 3 months. Throughout the 9 months of the study, participants were seen at 0, 3, 6, and 9 months for behavioral risk assessments, counseling, labs, and HIV testing.

At baseline (month 0), 65% of participants reported UAI. Drug and alcohol use were also common, depicting a very risky cohort. Despite the risky cohort, availability of ePEP did not exacerbate risk. In fact, episodes of reported UAI decreased across the nine-

month period. When asked, "Has the availability of ePEP changed your sexual practices?", 18.5% agreed at three months, while 33% agreed at nine months. Despite this attitude, reported risky behavior actually decreased.

In this study, 26% of men used ePEP after reporting UAI. However, despite the easy availability, 65% of men reported UAI in which they did not initiate the use of ePEP. Youth participants were more likely to use ePEP in response to risk, while the adults were more likely to report risk not followed by ePEP administration. Some reasons for not initiating ePEP included "I just have a feeling about which partner I can trust", "...Pulling out...is relatively safe", and "I'm not at risk because my partner gets tested".

Throughout the course of the study five men seroconverted and became HIV positive. Four of the five, did not take ePEP and the fifth finished one course of ePEP and became infected by another exposure later in the study, for which he did not take ePEP. All five reported UAI and four of the five reported using alcohol or drugs with sex.

These results show that ePEP may be feasible in high-risk individuals and appears to be better accepted with youth MSM than older men. With 76% of participants reporting UAI during the course of the study, a very risky cohort was recruited. ePEP may be more appropriate for participants who have episodic risk. While sexual risk was not enhanced by the availability of ePEP, attitudes about risk were altered. Men's willingness to recognize their behavioral risks and to respond by initiating prophylaxis remains a barrier to this prevention strategy. Further research should explore physical and behavioral barriers to use, safety, effects on sexual behavior and potential effectiveness.

Dr. Creticos can be reached at cathyc@howardbrown.org.

(WSW Youth, from page 4)

sample has had oral sex with a woman in the past year and 58% have had oral sex with a male partner. The mean age of vaginal sexual debut was 16.4 (SD=2.7). Almost three quarters of the young women reported having had vaginal sex with either a male or female partner and one-half have had unprotected vaginal sex (defined as vaginal penetration without the use of a condom or other barrier) in the past year. For those who reported unprotected vaginal sex in the past year the reasons given were categorized as 1) issues of trust – 31.4% (i.e. “we’ve been together for awhile”, monogamy); 2) no perceived threat – 31.3% (“because my partner is female”, “it’s safe w/ a women”); 3) substance use – 4.5%; 4) desire/availability – 26.9% (“didn’t want to”, “didn’t have protection”; and 6) unknown – 6%. (See figure 1)

A quarter of participants reported having anal sex with a male partner in their lifetime and 19% have had anal sex with a male partner in the last year. Of those who have had anal sex with a male partner in the last year, approximately 65% have had unprotected anal sex.

Other sexual risk behaviors reported by the young women in this sample were

exchanging sex for resources (7%), pregnancy (20%), sharing sex toys (20%), forced sex (30%), multiple partners in the past year (37%), using the internet to find partners (43%), participating in public sex (42%) and sex while intoxicated (88%). (See figure 2)

Current classifications and self-perceptions as inherently low-risk leave these young women particularly vulnerable. Little information exists that realistically examines the risk behaviors of WSW youth. Therefore, little to no information exists to provide these women with the knowledge needed to protect them. Additionally, because these young women tend to see themselves as low risk, they are unlikely to be tested for HIV and STD, adding to the false impression that WSW are immune to infection. This study sample of young women clearly demonstrates that women who have sex with women may in fact be at significant risk for HIV and STD infection. Based on participation in known risky behaviors, such as high risk sex with male partners and substance use, it is clear that further research into the health risks of LGBT youth is needed in order to provide accurate information they can use to keep themselves safe.

(Treatment Advocacy, from page 3)

Intervention group displayed a statistically significant trend in treatment non-adherence (30.4% to 18.5%).

Clinical measures


Although the TAP intervention did not achieve a statistically significant effect on sexually transmitted infection (STI) reduction (17% at baseline, 13% at follow-up), the clinical impact of reducing STIs is difficult to measure given the importance of avoiding STIs with HIV medication regimens. Other clinical features, such as viral load, and CD4, also were not affected by the TAP intervention. It is likely that these clinical measures are not as responsive as behavioral characteristics and require more time to be realized. Twelve-month follow-up assessments will provide useful data to examine clinical impact.

TAP is an important example of how research has guided clinical practice, marrying these two vital components of client care. The preliminary results of this clinical trial have provided solid, encouraging, empirical evidence of the utility of the Treatment Advocacy Program. In part, this research has supported the decision to fund a full-time Treatment Advocate at Howard Brown as standard of care. Howard Brown’s commitment to offer this vital service to all its patients again demonstrates its mission of providing the best, complete evidence-based HIV care available.

To learn more about current or past research studies, or to participate in a study, please visit www.howardbrown.org.

Howard Brown Health Center is seeking healthy gay men 16-23 to participate in the Human Papillomavirus Vaccine (HPV) Study.


To volunteer, call 773-388-8663



Qualified study volunteers will be compensated for their time and travel.

Prevent Infection. Protect your community.

WANTED: GAY YOUTH FOR RESEARCH STUDY



Howard Brown Health Center

HPV virus causes genital warts and can lead to anal cancer.

Condoms do not protect against HPV and there is no cure.

Research Participant Opportunities



Howard Brown

4025 North Sheridan Road
Chicago, IL 60613
(773) 388-1600

Services at the main location include all medical services, behavioral health and social services, research, youth services, case management, and the Walk-in Clinic. This location serves the community as the preeminent source for LGBT health care. Most HMO/PPO plans accepted.

TRIAD Health Practice
3000 North Halsted Street,
Suite 711
Chicago, IL 60657
(773) 296-8400

TRIAD Health Practice provides all of our medical services, including primary care, gynecological services, family planning, and health screenings and check-ups. TRIAD accepts both HMO and PPO plans, and provides on-site parking.

Broadway Youth Center (BYC)
3179 N. Broadway
Chicago, IL 60657
(773) 935-3151

BYC is a program of Howard Brown and our community partners, offering comprehensive services to all youth 24 and under. Services include: case management for youth who need help with housing, job placement or basic needs; HIV testing and STD screening and treatment; medical services and education; individual and group counseling; and drop-in services including computer and internet use, laundry, food, and shower facilities.



The Brown Elephant
The Resale Shop of Howard Brown Health Center

COOL STUFF.

EVERY DAY.

Lakeview: 3651 N. Halsted
Andersonville: 5404 N. Clark
Wicker Park: 1459 N. Milwaukee
Oak Park: 217 Harrison

Schedule your pick up online at
www.howardbrown.org
or call 773-549-5943

RESEARCH STUDY!

We need HIV-positive volunteers to take part in a research study. The study will look at different ways to confirm new rapid HIV test results.

TAKING PART WOULD INVOLVE:


- getting information on the study
- signing a consent form
- having blood & oral fluid collected for lab tests
- answering some questions

RAPID HIV TEST

Payment is available for qualified study subjects.
Study subjects must be 18-55 years of age.
Please call 773-388-8683 for more information.

PROJECT MIX

Project Mix Additional Recruitment



The Centers for Disease Control (CDC) has approved recruitment for a "3rd Arm" of Project Mix. From now until the end of the calendar year we will be seeking 120 additional substance using men who have sex with men. These participants will be completing an initial visit and one follow up visit 4 ½ months later. The CDC and study investigators are excited to add more power to the study data in enrolling these additional men. Please contact Project Mix at 773-388-8880 for more information.

Participants Needed for Two LGBT Cancer Screening Studies

Lesbian, gay, bisexual and transgendered people are needed to join two different studies that will test different ways to motivate individuals to get screened for colorectal, breast, and cervical cancers. Participants will be paid for their time.

You may qualify if you are:

- Lesbian, gay, bisexual or transgendered
- 21 or older with no history of colorectal, breast or cervical cancer, and
- You have not been screened for these cancers in more than two years

To find out more about the studies or to see if you qualify, please call the research department at Howard Brown Health Center (773) 388-8880.