

Community Consortium News

Volume 1, Issue 2

July 2003



Strategies for Management of AntiRetroviral Therapy is a trial for subjects with CD4+ cell counts greater than 350/mm³ currently on or naïve to antiretroviral therapy. There are two strategies to which patients are randomized in the study. In the Viral Suppression (VS) arm the goal is to use antiretroviral therapy to maintain viral load as low as possible throughout the anticipated six to nine years of study follow-up. In the Drug Conservation (DC) arm, antiretroviral therapy is stopped (or deferred) until the CD4+ cell count drops to less than 250/mm³, at which time episodic antiretroviral therapy is initiated to increase the CD4+ cell count to greater than 350/mm³. Three thousand participants are required per arm for a total target sample size of 6000. Thus far the Community Consortium has enrolled 64 of the 1113 study participants. We are in the process of establishing a relationship with clinician/investigators at UCSF Fresno who have expressed an interest in participating in the trial. In addition, the CPCRA is establishing a worldwide network of SMART sites to expedite enrollment into this exciting trial.

A number of additional SMART substudies are in development. Currently we are participating in two substudies. One is evaluating the risk of HIV transmission in participants in the VS vs. the DC arm. The second substudy is investigating quality of life and cost of care differences between the two arms of the trial. The three studies that are currently being developed will take advantage of the initial strategic randomization to compare the rates of development of 1) atherosclerosis, 2) anal dysplasia and 3) neurologic complications in the VS and DC arms. It is hoped that these additional substudies will be available for enrollment by the end of the year.

If you or your patients might be interested in participating in the SMART study, please contact Pierre Crouch, R.N., at (415) 476-9554, ext. 333 for further information, or visit the SMART Study website at: <http://www.smart-trial.org/>

SMART SITE BREAKDOWN

Here's a breakdown of SMART enrollments by Community Consortium site and providers as of 7/15/03:

Site	Site Totals and Providers	Provider Breakdown
001 (Ward 86)	Total = 4	
	Steve Deeks, M.D.	1
	Lawrence Hicks, N.P.	1
	Jeffrey Klausner, M.D.	1
	Jody Lawrence, M.D.	1
004 (Owen)	William Owen, M.D. (Private Practice)	13
005 (CMHC)	Total = 16	
	Nilda Alverio, M.D.	1
	Jane Bailowitz, M.D.	4
	Toby Dyer, M.D.	2
	Walter Krampf, M.D.	6
	Lawrence J. Price, M.D.	1
	Fred Strauss, M.D.	2
009 (Estes)	Milton Estes, M.D. (Private Practice)	6
010 (EBAC)	Total = 4	
	Michael D'Arata, N.P.	3
	Debra Royale, N.P.	1
018 (UCSF)	Total = 5	
	Susan Coffey, M.D.	2
	Monica Gandhi, M.D.	1
	Malcolm John, M.D.	1
	Yoko Tsukamoto, N.P.	1
036 (VAMC)	Total = 11	
	Harry Lampiris, M.D.	11
037 (Goldyn)	Lawrence Goldyn, M.D. (Private Practice)	1
038 (Cafaro)	Virginia Cafaro, M.D. (Private Practice)	4

Total Enrollments

64

Thanks to all of you for your participation!



Enrollment into ESPRIT (The Evaluation of Subcutaneous Proleukin in a Randomized International Trial) closed on May 30, 2003 with 4150 participants randomized in this 25-nation international trial. This makes ESPRIT the largest randomized HIV treatment intervention trial to date! The Community Consortium enrolled 42 of our target goal of 50 subjects, with the majority coming from our Emory University "satellite" site in Atlanta. The study is designed to assess the clinical benefit of IL-2 and hence will follow the 4150 patients worldwide for disease progression events for a minimum of five years. Participants randomized to the IL-2 arm will repeat cycles of therapy to maintain their CD4+ cell counts at twice baseline or above 1000 cells/mm³. Now that the study is fully enrolled our focus shifts to maintaining participants in follow-up as well as making sure that those individuals randomized to the IL-2 intervention receive cycles of therapy to maintain their CD4+ cell counts at the target level. Information about your patients enrolled in ESPRIT and whether or not they are at their goal can be found on the ESPRIT website <http://www.espritstudy.org/>

ESPRIT SITE BREAKDOWN

Here's a final breakdown of ESPRIT enrollments by Community Consortium site:

<u>Site</u>	<u>Provider</u>	<u>Enrollments</u>
004	William Owen	1
005	CMHC	5
010	EBAC	4
018	UCSF	3
038	Virginia Cafaro	2
040	PHP-West	4
041	Emory	23
<u>Total Enrollments</u>		42

Thank you for your participation in this international study!

CALENDAR OF EVENTS

COMMUNITY CONSORTIUM EDUCATIONAL OFFERINGS

"REPORT BACK FROM IAS

CONFERENCE ON HIV PATHOGENESIS AND TREATMENT"

DINNER AND MEETING

JULY 30, 2003

6:00 PM – 8:30 PM

CALIFORNIA PACIFIC MEDICAL CENTER, DAVIES
CAMPUS, AUDITORIUM – B LEVEL

CASTRO AND DUBOCE STREETS

SAN FRANCISCO, CA 94109

More info at:

http://communityconsortium.org/about/about_calendar.html

CONFERENCES

2nd IAS CONFERENCE ON PATHOGENESIS AND TREATMENT

JULY 13 –16, 2003

PARIS, FRANCE

<http://www.ias2003.org/>

SAVE THE DATE

"REPORT BACK FROM ICAAC (INTERSCIENCE
CONFERENCE ON ANTIMICROBIAL AGENTS AND
CHEMOTHERAPY)"

WEDNESDAY, OCTOBER 1, 2003

6:00 PM - 8:30 PM

More info at:

http://communityconsortium.org/about/about_calendar.html

Community Consortium Studies

DHEA

We recently completed enrollment of our study of dehydroepiandrosterone (DHEA) and its effects on latent HIV replication and host immunity; follow-up continues through November 2003. Data will be analyzed and results forthcoming later in the year. Thanks to everyone who referred participants to this trial!

Marijuana for HIV Neuropathy

The pilot study of smoked marijuana for patients with painful peripheral neuropathy has been completed. Analysis of the 16 patients enrolled revealed that a significant number had relief of their pain resulting in the design of the follow-on randomized placebo-controlled trial. The sample size for the randomized trial was calculated at 50 participants. To date, six subjects have completed the RCT. Eligible patients need to have persistent pain of greater than 3/10 for the week prior to randomization. Participants are admitted for 7 days to the General Clinical Research Center at San Francisco General Hospital. After a two-day lead-in period, they are randomized to smoke one marijuana or placebo cigarette three times daily for the next five days. Individuals are compensated \$650 for completion of the study. This is our first attempt to conduct a randomized placebo-controlled trial investigating smoked cannabis. We need your patients with persistent pain from peripheral neuropathy secondary to either HIV, antiviral therapy, or both. Please have potential participants contact Hector Vizoso, R.N., at 415-476-9554, ext. 366 for more information.

Marijuana for Cancer Pain

Venturing for the first time into non-HIV territory, we are now also investigating the effects of smoked marijuana in patients with persistent cancer pain despite opioid analgesics. The study will investigate the potential synergy between the cannabinoids and opioids, the potential decrease of opioid side effects by the cannabis and the pharmacokinetic interaction between the two drug classes. Eligible subjects should have persistent cancer pain of any origin of greater than 3/10 despite opioid analgesics. In this open label pilot study, 16 subjects will be enrolled for a 9 day admission to the General Clinical Research Center at San Francisco General Hospital. After a two-day lead-in period, they will smoke three marijuana cigarettes daily for seven days. Individuals are compensated \$600 for completion of the trial. If you know of patients who may be interested in participating in this trial, please have them contact Hector Vizoso, R.N., at 415-476-9554, ext. 366.

Both of our marijuana studies are supported by funding from the University of California Center for Medicinal Cannabis Research (<http://www.cmcr.ucsd.edu/>).

Observational Cohort Study

The Community Consortium has an ongoing observational cohort study that involves 924 patients being followed predominantly at 7 local sites. As follow-up matures, this OCS is becoming a valuable resource of information.

Here's a breakdown of OCS enrollments by Community Consortium site:

<u>Site</u>	<u>Provider</u>	<u>Enrollments</u>
010	EBAC	388
021	MNHC	240
005	CMHC	189
038	VAMC	60
009	Milton Estes	42
008	Ken Mills	3
012	Robert Scott	2
<u>Total Enrollments</u>		924

Stay tuned for future analyses from this incredible local registry!

CPCRA Studies – Follow-Up

FIRST

The CPCRA's Flexible Initial Retroviral Suppressive Therapies (FIRST) trial, the entry point into the CPCRA's menu of strategic antiretroviral studies for naïve patients, closed to further enrollment on January 13, 2002. The study surpassed its target enrollment and continues to follow subjects already accrued. Stay tuned for further information to be made available as the study matures.

Results from the FIRST NRTI substudy were released on May 13, 2003. Although we do not have any patients participating in this substudy, you may find the results of interest. Click on the link and see the section under FIRST to view the NRTI substudy results and Executive Summary documents: http://communityconsortium.org/research/research_closed.html

MDR

MDR is closed to further accrual and all enrolled participants are being followed for an additional two years. This study of an STI in patients with MDR (Multi-Drug Resistance) is the largest randomized treatment interruption trial conducted to date. Results of the trial are currently in press and will soon be reported in a major medical journal with our own Jody Lawrence, M.D., as lead author.

LTM

Do you have patients who have chosen to remain antiviral naïve or who have been long-term non-progressors? The CPCRA Long Term Monitoring team is looking to enrich follow-up of such patients in the LTM database. If you have individuals who may be interested to contributing to the general knowledgebase regarding naïve and LTNP patients and you are currently a collaborating Consortium clinician/investigator, please let your clinical research nurse know. Such individuals are often eager to participate in observational studies so that their experience can be counted! To date, 3,180 patients are being followed on the LTM nationwide, including 153 from our site.

CPCRA Studies - Closed

Adherence

The Adherence Protocol (CPCRA 062) for both FIRST (CPCRA 058) and MDR-HIV (CPCRA 064) study patients closed to followup on June 30, 2003. The Adherence study closed to followup because the planned number of primary events (340) for participants in FIRST and Adherence had been exceeded. A total of 928 FIRST study patients coenrolled into the Adherence study. A total of 190 MDR-HIV study patients were coenrolled into the Adherence study. Locally, 23 patients were enrolled in the Adherence study. Data is currently being analyzed. Stay tuned for the results. Thank you to all who enrolled patients in this study! To view the Adherence Closure letter, go to the link below and see the section under the Adherence study.

http://communityconsortium.org/research/research_closed.html

Community Consortium Phone Numbers

To reach the correct Community Consortium staff member, enter their new extension after dialing the main number: 415-476-9554

Staff	Extensions
Abrams, Donald	312
Child, Carroll	317
Couey, Paul	315
Crouch, Pierre	333
Hammond, Scot	310
Jones, Michael	343
Kamanu, Nnemdi	337
Kelly, Mary Ellen	327
MacLeod, David	328
Mitchell, Tom	319
Murray, Steve	305
Pell, Paula	324
Shade, Starley	326
Tan, Victor	332
Vizoso, Hector	366

Please visit our website at:

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

Please forward comment or suggestions regarding this newsletter to Steve Murray at smurray@php.ucsf.edu