CAB Conference Call October 28, 2010 12:00 EST Meeting Minutes

Participants:

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MEETING MINUTES

The minutes for September 23, 2010 were accepted with minor changes.

NETWORK MEETING

Jennifer, the CAB Chair, spoke about the Network Meeting. The meeting was in Baltimore. The meeting started with the Plenary Session. Dr. Marsit talked about epigenetics. Epigenetics studies the interaction between genes and the environment. Dr. Marsit talked about critical times of development when environment can decide if genes are expressed. Dr. Armstrong talked about the long-term follow-up of pediatric cancer patients. He presented a model of how the researchers have tried to keep patients on this study. Phone interviews and monthly newsletter are used to help keep patients on the study. By sending out the newsletter, the study staff is able to see who has moved. The tools from this cancer study can be applied to PHACS research.

Jennifer shared about working groups as well. The Adolescent Working Group discussed mental health issues. Mental health issues are more widespread in exposed but uninfected populations. They had a higher rate of mental illness than the infected group. Another researcher spoke about how HIV affects brain functioning during childhood. Patsy and Molly talked about the safety of ARV therapy during the neonatal period. This group is also looking at sex and drug use behavior, mental health problems, and nonadherence to treatment. There is also research looking at viral load and adherence in HIV infected youth. Sexual activity information is collected using the ACASI. The ACASI stands for audio computer-assisted self-interview.

The ND Behavioral Working Group spoke about the study of adaptive and executive functioning on adherence. They are also looking at psychiatric disorders among the caregivers of children who were perinatally exposed to HIV.

Jennifer attended a workshop about the ACASI. The ACASI asks questions about sexual behavior and drug use. Some participants and families are concerned about the ACASI because there are questions about sex and drug use. Many families are concerned that the ACASI starts with kids who are 10

years old. However, the National Youth Risk Behavior Survey in 2009 found that 50% of students in high school have already had sex. Of those, 50% do not use protection, and 22% use drugs and alcohol. These facts show why it may be important to start using the ACASI at a young age rather than waiting.

In another workshop, Julie from Harvard updated the group about the version 4.0 protocol changes. For SMARTT, after the year five visit, the visits will be every two years. There will be phone interviews during the off years. For AMP, there will be annual visits instead of visits every six months. There were a few changes to the consent forms.

The Neurological Development and Behavioral Working Group went over the v4 objectives for AMP. Rohan also discussed how researchers are monitoring how teens view their future. There are teens with a lack of hope that once had dreams and goals. As the teens are getting older, they lose hope and have dying dreams. This can lead to adolescents' becoming nonadherent with their treatment.

In the Cardiopulmonary Working Group, it was announced that the echocardiograms have all been completed for AMP. The rate of asthma and eczema in AMP and SMARTT was also discussed.

Day two of the meeting began with the Maternal Exposures Working Group. There are researchers looking at interactions of maternal drug use, alcohol, and tobacco use in HIV positive women. They are also looking at how drugs interact with HIV and HIV medicines.

The Complications Working Group talked about the immunological outcomes of perinatally HIV-infected children who interrupt their ARV therapy. Of those who interrupted their therapy, 79% restarted their therapy. After the break, there were no reports of death or class C incidents.

At the end of the network meeting, the working groups reported to the whole group. The CAB also reported to the group. Jennifer, Delia, and Rosia shared about the Mission Statement, and the goals and responsibilities of the CAB. There was also an invitation for people from Working Groups to participate on CAB calls. In the future, there will be PHACS money to fund one CAB member from each clinical site to go to the PHACS Network meetings.

PROJECT UPDATES

Julie Davidson gave the following updates about the PHACS projects:

- 1) Accrual as of 10/27/2010 For SMARTT, there are 998 Dynamic, 51 people on the Reference Cohort, and 74 people on the Nutrition Sub Study. For AMP, there are 114 people on the Memory Sub Study.
- 2) Version 4.0 Approvals Most sites have obtained IRB approval to start using the Version 4.0 protocols.
- 3) Two new PHACS sub studies will be starting soon: For the SMARTT study, there is a study looking at newborns whose mothers took the HIV medication called Tenofovir during their third trimester of pregnancy. This study will compare that group to newborns whose mothers did not take Tenofovir during pregnancy. For the AMP study, there is a study looking at mitochondrial dysfunction in people with HIV. This problem may cause metabolic problems such as insulin resistance. Mitochondria are the "powerhouse" of cells. They act like a digestive system that takes in nutrients, break them down, and create energy for the cell.
- 4) CROI 2011 Abstract Submissions The PHACS researchers have submitted five abstracts for presentation at the February 2011 Conference on Retroviruses and Opportunistic Infections.

NOTE: the next CAB call will be on Thursday, December 2, 2010 at 12:00 pm EST.