

**CAB Conference Call
May 19, 2016
12:00 EST
Meeting Minutes**

Participants:

Alexandria	FSTRF
Delia	University of Miami
Exzavia	Children's Diagnostic and Treatment Center
Grace	Westat
Jennifer	University of Denver, Colorado
Joel	University of Puerto Rico
Juanita	Tulane University
Kimberly	Rutgers University Medical Center
Kimbrae	Texas Children's Hospital
Kylie	Texas Children's Hospital
Lesley	Texas Children's Hospital
Marilyn	Bronx-Lebanon Hospital Center
Marlene	Jacobi Medical Center
Megan	Westat
Raiko	University of Colorado, Denver
Ramona	University of Florida, Jacksonville
Rosetta	Bronx-Lebanon Hospital
Russ	Tulane University
Tatania	Tulane University
Theresa	Texas Children's Hospital
Trenise	Tulane University
Veronica	University of California, San Diego

• **APPROVAL OF MINUTES**

The minutes from the April 28, 2016 call were approved with no changes.

• **NEW SMARTT RESEARCH PRIORITIES**

Dr. Russ Van Dyke talked about new AMP and AMP Up research priorities. AMP participants who turn 18 are invited to enroll into AMP Up. AMP Up is now also open to participants from other similar research studies. The team is working to enroll participants into AMP Up. Researchers want to continue to study the participants as they transition into adulthood.

Dr. Van Dyke summarized the Spring 2016 Leadership Retreat. The retreat was different than past years. Instead of splitting Working Group (WG) presentations up across two days, each day focused on the different protocols. The PHACS team reviewed SMARTT on the first day and AMP/AMP Up on the second day. WG leaders first presented their thoughts about the future of PHACS from their WG's point of view. The team then broke out into small groups to talk about topics related to each WG. The small groups brainstormed ideas about future PHACS research priorities. After the brainstorming session, the team met to vote on the top research priorities for PHACS.

Dr. Van Dyke reviewed the new AMP/AMP Up research priorities. The first priority is to look at the relationship of DNA with the outcomes of HIV and HIV treatment. Many characteristics are passed down in DNA. There are genes in DNA that can protect people from certain diseases. There are also genes in DNA that can make people more susceptible to certain diseases. The team will look at whether there are any genetic factors that influence outcomes of PHACS participants. Outcomes may include behavioral, medical, and developmental. The team will explore the genetic factors that may

influence how people do with HIV treatment. The team already has DNA available from consenting AMP participants. Researchers can use DNA information to answer questions about where someone comes from, but it can also tell them how someone responds to diseases and treatments.

Dr. Van Dyke talked about examples of looking at DNA in relation to the outcomes of HIV and HIV treatment. If someone has two copies of the CCR5 gene, it means they are very resistant to HIV. If someone has one copy of the CCR5 gene, it means they have a much slower rate of progression of HIV. This is an example of a part of DNA that influences how likely a person is to get HIV or how a person would respond to HIV. There is a lot of research going on to look at DNA. There is a lot of information being made available from other studies. PHACS researchers can use that research to look at DNA and associated diseases in PHACS participants. Another recent study looked the HIV medication, Efavirenz. The study showed that some participants processed the drug quickly. Some participants processed the drug slowly. This showed that people may need different doses of the drug based on how quickly their body processes it.

The second priority is to screen for heart disease with computed tomography (CT) exams. During a CT exam, doctors can see inside the body to look at organs, blood vessels, and other body functions. The team will use these exams to look at risk for heart disease and blood vessel disease. The CT scan can see how much fat is in the abdomen and around blood vessels. Amount of fat is a risk factor for future heart and blood vessel disease. This is a way for researchers to look for early evidence of heart and blood vessel disease. This can help doctors to help treat a child before they develop heart and blood vessel disease. CT scans may also be able to help detect risk for lung and kidney disease as well.

The final priority is continuing to study AMP/AMP Up participants as they transition into adulthood and adult healthcare. The team is interested in learning about their long-term health. Researchers are interested in learning about how they transition into the adult healthcare system as well as how they function as adults.

WGs will help figure out the best ways to study the priorities. Research will begin soon. The team plans to talk about the progress during the Spring 2017 Leadership Retreat.

Dr. Van Dyke thanked the CAB for their input and support.

• **CURRENT PHACS CAB NEEDS**

The Health Education and Communication Committee (HECC) CAB Subcommittee asked the CAB about current PHACS CAB needs. The HECC CAB Subcommittee will focus future projects based on these needs. **Megan** reviewed the CAB suggestions from the PHACS CAB Evaluation Survey. Suggested needs included:

- The need to continue to update staff about CAB feedback;
- Training on HIV and research studies;
- Long-term care;
- Health education and preventive medicine; and
- Leadership training and training to attend the CAB Retreats and Network Meetings.

Veronica suggested that the HECC CAB Subcommittee put together a PHACS CAB training for site CABs. **Megan** will bring all ideas to the HECC CAB Subcommittee.

- **PHACS CAB NEWSLETTER, JULY 2016 EDITION**

Megan talked about the PHACS CAB Newsletter, July 2016 Edition. The CAB previously decided on a theme of "Community Involvement." All newsletter submissions are due by July 6, 2016.

NOTE: The next CAB call will be on Thursday, June 23, 2016 at 12:00 pm EST.