



Network News • February 2012 • Issue No. 7

What's New in the HPTN?

HPTN 052 Named Top Scientific Breakthrough of 2011

The year, 2011 was a momentous one for the HIV Prevention Trials Network. The year ended with the distinction of HPTN 052 being named the most important scientific breakthrough by Science, the world's leading journal of scientific research, global news and commentary. HPTN 052 was the first randomized clinical trial to demonstrate that early antiretroviral therapy can prevent transmission of HIV. Thirty years after the epidemic first surfaced, 2011 may be remembered as a pivotal tipping point in the fight against AIDS. Science Editor-in-Chief Bruce Alberts wrote, "In combination with other promising clinical trials, the results have galvanized efforts to end the world's AIDS epidemic in a way that would have been inconceivable even a year ago."



"This study provides definitive proof that treatment as prevention works," said HPTN 052 lead investigator Dr. Myron Cohen. "But this study is not the end of journey. We must continue to build on these results and develop strategies that will provide policy guidance on the use of treatment as prevention."

While antiretrovirals alone will not singlehandedly end HIV/AIDS, results from the HPTN 052 study have been catalytic. In her speech, "[Creating an AIDS-Free Generation](#)," U.S. Secretary of State Hillary Clinton referred to the HPTN 052 study and the impact it has had on the fight against AIDS. She

recommended that the fight include combination prevention strategies, such as expanding voluntary medical male circumcision and scaling up treatment for people living with HIV/AIDS. Findings from HPTN 052 are also generating new [World Health Organization \(WHO\)](#) policies related to management of HIV discordant couples, and prompting policy recommendations from the [U.S. President's Emergency Plan for AIDS Relief \(PEPFAR\)](#). On World AIDS Day 2011, U.S. President Barack Obama called this "The Beginning of the End" of the epidemic and pledged to develop a national AIDS strategy that will establish priorities necessary to combat the disease.

Are you ready for the Annual Meeting?

June is right around the corner, which means it is time for the HPTN Annual Meeting in Washington, DC. This year's meeting will take place June 22-27, 2012. Mark your calendars!!! More information is coming soon.

Making Progress

Be the Generation Bridge Partners Announced

The National Institute of Allergy and Infectious Diseases (NIAID) announced a new partnership between the Office of HIV/AIDS/Network Coordination (HANC)/Legacy Project and the HIV Prevention Trials Network (HPTN) called "Be the Generation Bridge" (BTG Bridge). BTG Bridge, which is supported by the [Division of AIDS \(DAIDS\)](#), part of NIAID at the [National Institutes of Health \(NIH\)](#), was created as a short term project to sustain the momentum generated by the NIAID HIV Vaccine Research Education Initiative (NHVREI). The project will expand its messaging beyond vaccines to include information about other HIV prevention strategies, including microbicides, pre-exposure prophylaxis (PrEP), and treatment as prevention. The initiative aims to promote

The success of HPTN 052 has paved the way for expanding the HPTN portfolio and the use of treatment of HIV infection as part of a comprehensive combination HIV prevention strategy. HPTN 065 (Test, Link, and Care-Plus or TLC-Plus) is underway in the U.S., and HPTN 071 (PopART) will contribute to the understanding of the impact of enhanced coverage of treatment on HIV transmission at a population level in an international setting.

HPTN 065 (TLC-Plus) Financial Incentives: A Structural Intervention

The use of financial incentives (FIs) to support individuals in healthy behaviors has become increasingly popular. Insurers and employers have embraced FIs for weight loss, improved blood pressure and diabetes control, and smoking cessation. The idea is to help individuals make better tradeoffs between unhealthy behaviors (that have immediate gratification) in favor of healthier behaviors (that have delayed benefits).

One aspect of the HPTN 065 study is to determine if FIs can encourage linkage from HIV testing to HIV medical care and suppression of HIV through adherence to antiretroviral therapy (ART). HPTN 065 is a community-focused study that aims to determine feasibility of ART as a prevention strategy in the U.S.

At HIV test sites randomized to use FIs to promote linkage-to-care, newly diagnosed HIV patients receive a coupon that is redeemable for gift cards at an HIV care site. Participants receive FI for CD4 and viral load testing and FI for meeting with a provider to review these lab



results and develop a health care plan. At HIV care sites randomized to use FIs to promote viral suppression, a financial incentive is provided to patients who achieve and maintain a viral load below 400 copies/ml. These participants can qualify every three months for a gift card, up to four times a year. The clear relationship between antiretroviral adherence and viral load suppression makes the use of financial incentives for viral load suppression a sensible approach.

Prior to the initiation of the study, training was provided to inform clinical providers of the prevailing guidelines for use of ART and management of patients on ART. Individuals who consistently report high rates of adherence but have poor viral load control obtain HIV resistance testing and drug regimens are adjusted appropriately. Patients who are found to have HIV drug resistance are still eligible for the financial incentives once they switch to a new ART regimen, remain adherent, and achieve viral suppression.

So far the study has determined that FIs are operationally feasible. With FIs, the question of sustainability is a legitimate concern. Research shows that the vast majority of behavior change interventions decline once FIs are discontinued. The HPTN 065 FI interventions will last for 24 months, with measurements to follow for an additional year. This will test whether incentives can significantly increase adherence and linkage-to-care over the duration of the 24 month intervention and whether the observed effect is sustained without incentives in the subsequent 12 months. The first gift cards were distributed in February 2011 and the interventions will end in March 2013.

awareness and understanding of biomedical HIV prevention research and increase scientific literacy and research participation.

In January, 18 local and national organizations were identified to help meet the goals of the BTG Bridge Partnership Project. The local HPTN partners selected include AIDS Alabama (Birmingham), Community Education Group (Washington, DC), Latin American Health Institute (Boston), Multicultural AIDS Coalition (Boston), San Francisco AIDS Foundation (San Francisco), SisterLove (Atlanta), Us Helping Us (Washington, DC).

The national organization collaborators are AIDS United, AVAC, Black AIDS Institute, National Minority AIDS Council & National Black Gay Men's Advocacy Coalition, and REACH LA.

HPTN 067 Enrollment Progress in Cape Town

As of February 3, 2012, 68 participants have enrolled in the HPTN 067 ADAPT (Alternative Dosing to Augment PrEP Pill Taking) study. This Phase II study is designed to determine the feasibility of intermittent dosing of Truvada as pre-exposure prophylaxis (PrEP) to prevent HIV in heterosexual women and in men who have sex with men (MSM). In the first part of the study, pill-taking will be directly observed followed by a week without dosing to determine individual steady state pharmacokinetics (PK) for each participant. Participants will then be randomized to receive daily dosing, time-driven dosing, or event-driven dosing. Weekly follow-up calls will also be done to gather information on pill-taking and sexual behaviors. Results will help identify the optimal regimens for facilitating adherence and encouraging healthy sexual practices. This is the first HPTN study to use [Wisepill Technologies](#) to help determine when participants take their pills.

In collaboration with the CDC and NIH, a second study site enrolling MSM, is expected to open in Bangkok, Thailand in the upcoming

HPTN at NAESM: Where Are We Going Next?

HPTN was proud to support the 2012 National African American MSM Leadership Conference on HIV/AIDS and other Health Disparities. This year's conference leadership theme was "Forward Together: Engaging Our Future Leaders" with the focus centering around engaging youth and young adults to continue to work on all facets of HIV/AIDS and other health disparities that disproportionately impact African American MSM.



HPTN 061 Black Caucus workshop presenters pictured with HPTN 061 protocol chair, Dr. Kenneth Mayer.

Caucus to the HPTN 061 (BROTHERS) study conducted in six U.S. cities (Atlanta, Boston, New York City, Los Angeles, San Francisco and Washington, DC). Attendees heard about community based participatory research (CBPR) methods utilized to influence the scientific paradigm traditionally used in conducting research. HPTN 061 is a feasibility study of a multi-component HIV prevention intervention for Black MSM.

HPTN 046: Cutting HIV Risk for Breastfeeding Infants

The primary paper for HPTN 046 was published online in the Lancet on December 23, 2011. The study found that giving breastfeeding infants of HIV-infected mothers a daily dose of the antiretroviral drug nevirapine for six months reduced the risk of HIV transmission by more than half compared with giving infants the drug daily for six weeks.

Credit: © 2006 Alessandro Vincenzi, Courtesy of Photoshare



A mother in northern Uganda breastfeeds her child at a therapeutic feeding center. At this center, 49% of the women with malnourished children are HIV positive. The center implements voluntary counseling and testing services, as well as education on prevention of mother-to-child transmission

A joint plenary session co-sponsored by the HPTN provided an update on the activities of the HPTN 061 Black Caucus and the programmatic activities of the Legacy Project/FHI 360's "Be the Generation Bridge" project. A workshop entitled *HPTN 061 Black Caucus: An Integrated Model of Community-Based Participatory Research* provided an overview of the contributions of the HPTN 061 Black

HPTN 046 began in June 2008 and concluded in July 2011. More than 1,500 mother-infant pairs participated in the study in South Africa, Tanzania, Uganda and Zimbabwe. Infants received daily nevirapine for the first six weeks after birth. Those infants who remained free of the virus were then assigned at random to receive either daily nevirapine or a placebo until six months of age or the

months. In addition, the HPTN Executive Committee recently approved expansion of the study to include a domestic site at the Harlem Prevention Center in New York City, which will also enroll an MSM population.

Dr. Wafaa El-Sadr Recognized by IDSA

The HPTN congratulates executive committee member Dr. [Wafaa El-Sadr](#) on her 2011 Infectious Diseases Society of America (IDSA) Citation Award. Director of the [International Center for AIDS Care and Treatment Programs \(ICAP\)](#), and professor of epidemiology and medicine at Columbia University's Mailman School of Public Health and College of Physicians and Surgeons. Dr. El-Sadr was selected by IDSA for her outstanding contributions to the field of infectious disease. First awarded in 1977, the highly prestigious Society Citation recognizes exemplary contribution to IDSA and outstanding achievements in the field of infectious diseases in research, clinical investigation, or clinical practice.

Dr. El-Sadr's work in infectious disease was launched at Harlem Hospital, where she led the Division of Infectious Diseases. Dr. El-Sadr is a leading academic who was among the first to incorporate treatment and research at the same site, push for community partnership in clinical trials, and integrate care for HIV and TB. She established and directs ICAP, a center at the Mailman School that provides HIV prevention, care, and treatment, as well as related programs in global health in 20 countries in sub-Saharan Africa and Central Asia. Through ICAP, great strides have been achieved in supporting expansion of clinics and laboratories, training and mentorship of staff, establishing models of care for patients and families and integrating services for the sake of achieving optimal health outcomes.

Dr. El-Sadr received the Society Citation at the 49th Annual Meeting of the Infectious Diseases Society of America in Boston on October 20th, 2011.

(PMTCT) in an effort to fight the spread of HIV.

cessation of breastfeeding. Data

analysis found that 2.4 percent of the infants who received six weeks of nevirapine acquired HIV through breastfeeding by 6 months of age, but only 1.1 percent of those infants who received six months of nevirapine had acquired HIV—a 54 percent difference.

The authors of the Lancet paper suggest, “Global elimination of pediatric HIV-1 will require a multifaceted approach including primary prevention in women of childbearing age, prioritizing efforts to identify and treat pregnant women with HIV-1 who need therapy for their own health (which will benefit both the woman and prevent transmission to her infant), and provision of an effective prophylaxis regimen such as extended nevirapine to infants of women who do not need therapy to permit safe, long-term breastfeeding.”

What's New in Prevention?

FDA Application Submitted for Truvada as a PrEP Agent

Gilead Sciences submitted a supplemental New Drug Application (sNDA) to the U.S. Food and Drug Administration on December 15, 2011 related to the use of the antiretroviral drug Truvada® (TDF/FTC) as a pre-exposure prophylaxis (PrEP)

HIV prevention strategy. Gilead is seeking FDA approval for a label change indicating that Truvada can reduce the risk of HIV infection in HIV-negative adults. Gilead's submission to the FDA follows three studies, iPrEx, Partners PrEP, and TDF2, which found that TDF/FTC is safe and effective in reducing HIV transmission. These findings were in contrast to the FEM-PrEP trial among heterosexual African women. In April 2011, the trial closed earlier than planned after an interim review by its Data Safety and Monitoring Board (DSMB) determined that the daily oral use of TDF/FTC did not reduce the risk of HIV compared to those participants using a daily placebo. Additional results from the FEM-PrEP trial are expected in early 2012. The VOICE trial is also looking at oral TDF/FTC. The Truvada® arm of the VOICE study will continue until the summer of 2012.

First HIV Prevention Trial for Gay Men in Europe is Launched

The French National Agency for Research on AIDS and Viral Hepatitis (ANRS) announced the launch of Europe's first pre-HIV exposure prevention trial in men who have sex with men. The Phase III trial, ANRS [IPERGAY](#), will take place in Paris, Lyon and Montreal, Canada and will include 300 volunteers in the pilot phase with 1900 total expected to participate.

The study will include men who have sex with men and seronegative

Credit: Michael Szpir/FHI 360 Staff



FEM-PrEP study site, UNC Project laboratory facilities in Lilongwe, Malawi.

Scholars Program

After great success in its first two years, the HPTN is excited to continue the Scholars Program. The one-year scholarship program is for minority investigators from the US who are at an early stage in their careers. HPTN scholars acquire new knowledge, skills and abilities to further their careers as independent HIV science investigators, develop and complete a research project that makes use of data from completed or ongoing HPTN studies, and allows the scholars to become familiar with the process of doing research in NIH funded HIV networks. It also provides the opportunity for participants to continue their careers in the HPTN upon the conclusion of the scholarship.

Scholars are provided funding to cover a portion of their time (typically ~25%) and expenses including travel to two scientific meetings, and materials and supplies. Successful applicants will be funded for one year from June 2012 through May 2013 with the possibility of re-applying for one additional year of support through May 2014, subject to certain constraints. The accepted scholars will be named in March.

Scholar Spotlight

LaRon E. Nelson, PhD is a current member of the HPTN Scholars Program from the University of Toronto. LaRon is working on two sub-studies from HPTN 061. The first is a structural equation model looking at whether and how the quality (positive, negative, or different) of one's childhood experiences in faith-based institutions are associated with mental health and sexual behaviors among black MSM in six US cities. The second study focuses on understanding how sexual behaviors and other associated HIV risk factors differ by city.

LaRon says the scholars program has helped him learn how science is developed through the network and allowed him to use his expertise to add to the protocol development process. “I think all of the scholars have benefited from the visibility both they and their research have



transgender men who have anal sex with men without the routine use of condoms. The trial will compare two groups of participants; one given Truvada®, the other a placebo. Both regimens will be taken during periods of sexual activity. All participants will be offered free condoms,

received through the program and made it possible for scholars to connect with leading scientists to discuss research ideas and to form research collaborations.”

When asked about advice for the incoming scholars, LaRon said, “There are numerous opportunities to become a part of the fabric of HPTN, including developing studies in collaboration with other HPTN scientists. Seize those opportunities!”

Katerva Award

The HPTN was honored to be a runner up for the distinguished 2011 Human Development Katerva Award. Katerva, a UK-based charity organization, recognized HPTN for its groundbreaking HPTN 052 HIV treatment as prevention study. HPTN would like to congratulate Solarclave for winning the award. Solarclave is a low-cost, solar-powered device used to safely and reliably sterilize surgical instruments in developing-country clinics that lack the necessary infrastructure and tools to perform much-needed surgical procedures.

Coming Soon

[19th Conference on Retroviruses and Opportunistic Infections \(CROI\)](#)

March 5-8, 2012
Seattle, WA

[HPTN Annual Meeting](#)

June 22-27, 2012
Washington, DC

[19th International AIDS Conference](#)

July 22-27
Washington, DC

Hot Off the Press

Sista ND, Abdool Karim Q, Hinson K, Donnell D, Eshleman SH, Vermund SH. [Experience in international clinical research: the HIV Prevention Trials Network.](#) *Clin Invest* 2011;1(12):1609-18.

Aizire J, Fowler MG, Wang J,

regular HIV screenings, screenings for and treatment of sexually transmitted diseases, and vaccination against hepatitis A and B.

This intermittent PrEP trial will include profiles of participants and analysis of their sexual behavior, including regular condom use, and if they take the medication as intended. Participation in the trial will last between 12 (minimum) and 48 (maximum) months.

Mixed PrEP Results in Women

The Microbicides Trial Network's (MTN) Voice (Vaginal and Oral Interventions to Control the Epidemic) study was modified for a second time. An independent Data Safety and Monitoring Board (DSMB) met on November 17, 2011 and determined that the trial would not be able to demonstrate that vaginal use of tenofovir gel is effective in preventing HIV in the women enrolled in the trial. As a result, VOICE discontinued the vaginal gel from the study. This followed an earlier DSMB interim review of data (September 16, 2011) which found that oral tenofovir tablets were no more effective in preventing HIV than placebo tablets, resulting in the discontinuation of the tenofovir tablet arm of the study. This leaves one remaining arm of the VOICE study which will continue to test a daily oral dose of Truvada®.

This recent DSMB finding for VOICE is in contrast to an earlier tenofovir gel study, CAPRISA 004, which found that tenofovir gel was safe and reduced the risk of HIV by 39 percent among women who used it before and after vaginal sex, compared to women who used a placebo gel. Following the promising results of CAPRISA 004, the U.S. Food and Drug Administration indicated that it would review data from VOICE as the second pivotal trial to support possible licensure of tenofovir gel. However, VOICE results were not able to provide confirmatory evidence of tenofovir gel's efficacy using daily dosing. The reasons underlying the VOICE findings will not be available until after the VOICE study is completed and all of the data is fully analyzed. Participant follow-up will continue until mid-2012 with results expected in late 2012 or early 2013.

FACTS 001, a Phase III trial testing the same dosing regimen of tenofovir gel used in CAPRISA 004, began enrolling participants in October 2011. Approximately 2,200 women are expected to participate at nine sites in South Africa, with study results expected in 2014.

In the Community

HPTN 064: Using Innovative Community Outreach for Recruitment Success

The HPTN 064 (ISIS) women's HIV study will present results at the Conference of Retroviruses and Opportunistic Infections (CROI), in Seattle,

Washington. HPTN 064 utilized an innovative approach to recruit US women at risk for HIV infection that enabled the study to identify and enroll study participants who historically would not have been reached with conventional recruitment methods. This approach involved detailed ethnographic mapping of venues frequented by at-risk women within communities defined by high poverty rates and high HIV prevalence. (Venues included retail businesses, laundromats, beauty salons, grocery and corner stores, street corners, bars, and parks).

Community partners worked with local leaders and visited local businesses throughout the week, including weekends and after hours. Sites chose suitable venues and recruitment times after conducting extensive cultural research in each of the studies' ten ISIS communities. This novel approach allowed researchers to effectively identify uninfected US women at increased risk of HIV acquisition as well as HIV-infection among some who had been unaware of their status.



A community partner that was instrumental in recruitment success in Durham, North Carolina, one of the

ten ISIS communities, was the organization [Campaign 4 Change](#) (C4C). C4C is a nonprofit organization, "dedicated to enhance the quality of life for all citizens and improve the image of our communities through extensive community service efforts to educate, empower and change the negative mindset of today's youth." ISIS study team members were invited to set up booths at C4C's "N Da Hood Tour" venues, located in a variety of low-income Durham communities. "N Da Hood Tour" collaborates with government entities and organizations to offer resources such as HIV testing, employment training, job readiness, substance abuse assistance and GED programs to families in need of such services.

Program Director, Stephen Barrington, says these events allowed the HPTN 064 study team access to neighborhoods that often are overlooked. "Some people are scared to go into these communities. We serve as a vehicle to get them in." Started nearly a decade ago as an anti-drug, anti-gang organization, C4C has expanded its community outreach efforts. "Our partnership with ISIS was a great way to raise awareness about HIV," says Barrington. "It also gave women in our community a voice and an opportunity to participate in an important HIV prevention study."

Credit: Campaign 4 Change



"N Da Hood Tour," Durham, NC

Durham ISIS Project Manager, Kemi Amola says, "Not only did C4C assist us in gaining entry into the community, they also provided us with safety and community sensitivity training. The training made our staff aware of the culture and norms of the target communities. They also raised our awareness of the different gang affiliations in the community, including important 'do's and don'ts' to follow when working in communities with gangs." Some of that information, such as what colors to wear and/or avoid, influenced selection of the team T-shirt that was worn during recruitment.

Shetty AK, Stranix-Chibanda L, Kamateeka M, Brown ER, Bolton SG, Musoke PM, Coovadia H. [Extended prophylaxis with nevirapine and cotrimoxazole among HIV-exposed uninfected infants is well tolerated.](#) *AIDS* 2012 Jan 28;26(3):325-333. PMID: 22112598.

Coovadia HM, Brown ER, Fowler MG, Chipato T, Moodley D, Manji K, Musoke P, Stranix-Chibanda L, Chetty V, Fawzi W, Nakabiito C, Msweli L, Kisenge R, Guay L, Mwatha A, Lynn DJ, Eshleman SH, Richardson P, George K, Andrew P, Mofenson LM, Zwierski S, Maldonado Y; HPTN 046 protocol team. [Efficacy and safety of an extended nevirapine regimen in infant children of breastfeeding mothers with HIV-1 infection for prevention of postnatal HIV-1 transmission \(HPTN 046\): a randomized, double-blind, placebo-controlled trial.](#) *Lancet* 2012 Jan 21;379(9812):221-8. [Epub 2011 Dec 22]. PMID: 22196945.

Eshleman SH, Hudelson SE, Redd AD, Wang L, Debes R, Chen YQ, Martens CA, Ricklefs SM, Selig EJ, Porcella SF, Munshaw S, Ray SC, Piwowar-Manning E, McCauley M, Hosseinipour MC, Kumwenda J, Hakim JG, Chariyalertsak S, de Bruyn G, Grinsztejn B, Kumarasamy N, Makhema J, Mayer KH, Pilotto J, Santos BR, Quinn TC, Cohen MS, Hughes JP. [Analysis of genetic linkage of HIV from couples enrolled in the HIV Prevention Trials Network 052 trial.](#) *J Infect Dis* 2011; Dec 15;204(12):1918-26. PMID: 21990420.

Lucas GM, Beauchamp G, Aramrattana A, Shao Y, Liu W, Fu L, Jackson JB, Celentano DD, Richardson P, Metzger D; for the HPTN 058 study group. [Short-term safety of buprenorphine/naloxone in HIV-seronegative opioid-dependent Chinese and Thai drug injectors enrolled in HIV Prevention Trials Network 058.](#) *Int J Drug Policy* 2011; Aug 16. [Epub ahead of print]. PMID: 21852093.

Site Investigator, Dr. Carol Golin says C4C also assisted ISIS staff in identifying and getting to know community level stakeholders that had buy-in with the potential participant population. "Gaining the trust of community stakeholders, partnering with and attending events that the community values, and honoring and working within the cultural norms of the community are all elements that contributed to our highly successful recruitment and retention rates. C4C was instrumental in helping our team gather the tools we needed for ISIS to be successful."

A Closer Look

Network Spotlights

In this edition of Prevention Now, we begin a new feature to spotlight the hardworking people who make our research possible.

Lynda Emel

Lynda is celebrating 15 years in the HIV prevention field. In 1997 she started with the HIVNET Statistical Center, which later became SCHARP at the Fred Hutchinson Cancer Research Center in Seattle Washington. Her formal training is in biological anthropology, but she supported herself through graduate school by working for epidemiologists and clinical trials. After earning her doctorate degree she became a Peace Corps volunteer and worked in Senegal, West Africa for two years. It was there she became interested in public health. Lynda says, "When you live in a small African village, you become very familiar with a lot of public health issues common to developing countries!"



After returning to the U.S. Lynda worked on cancer prevention clinical trials until joining the Statistical Center. "It was a wonderful opportunity as I felt strongly that HIV research was very important. It also allowed me to combine my experience in clinical trials with my interest in public health, as well as my experience working in Africa."

From 1997 to 2005

most of Lynda's work focused on supporting studies of Prevention of Mother-to-Child Transmission (PMTCT), first for HIVNET, then HPTN, including the pivotal study HIVNET012, which changed the standard of care for PMTCT in developing countries. In 2005 she became Senior Project Manager and now oversees SCHARP's support of data management and analysis for all HPTN studies. She is also a member of the HPTN Policies and Procedures Group and HPTN Performance Evaluation Committee, SCHARP liaison for the MSM Scientific Committee, and with Deborah Donnell, represents SCHARP at HPTN leadership meetings.

Lynda lives in Seattle with her husband Carter (who works for the HVTN Core Operations Office) and their two cats.

Phil Andrew

Phil Andrew is a Senior Research Clinician working for the HPTN

Topics For Discussion

Hormonal contraception and HIV

In the January issue of *The Lancet Infectious Diseases*, Renee Heffron and a group of researchers at the University of Washington presented data from a study of 3,800 HIV-serodiscordant couples from seven African countries. Their data indicates increased risk of HIV acquisition by uninfected women and HIV transmission to uninfected male partners among couples in which the women were using progestin-only injectable contraceptives, compared with women not using hormonal contraceptives. It's estimated 150 million women around the world use hormonal contraception. Due to the overall small number of HIV infections in the study, the investigators were unable to draw a conclusion. This has been a topic of discussion with no definitive answer at this time. Have an opinion on the matter? Send your comments to news@hptn.org (including your name and affiliation), and we will print some of them in a future issue of the newsletter.

Want to Read More?

HIV Prevention Trials Network
<http://www.hptn.org/index.htm>

HPTN 046
http://www.hptn.org/research_studies/hptn046.asp

HPTN 052
http://www.hptn.org/research_studies/hptn052.asp

HPTN 064
http://www.hptn.org/research_studies/hptn064.asp

HPTN 065
http://www.hptn.org/research_studies/hptn065.asp

HPTN 067
http://www.hptn.org/research_studies/hptn067.asp

HPTN Scholars Program
<http://hptn.org/web%20documents/>

Operations Center. Since coming to FHI 360 in 2005, Phil has worked on projects across several DAIDS networks. Currently, he is the Project Manager for HPTN 068 and a co-manager for HPTN 069. He manages the former HPTN projects (now IMPAACT), HPTN 027 and HPTN 046. In addition to his project manager role with the HPTN, he serves on the Adolescents at Risk Scientific Committee and is the project manager for MTN-007.

Phil has worked in the HIV field for almost 15 years. He is a registered nurse and has a degree in Exercise Physiology and Biomechanics. After seeing the devastating effects of HIV/AIDS to those close to him, he says he was naturally drawn to the field after completing his nursing degree. Before becoming a project manager, Phil worked as a research nurse for a non-profit specializing in HIV/AIDS in Newark, NJ. Phil says, "I have no salient quotes, but I do enjoy talking."



He also enjoys creating puzzles for his nieces and nephews to solve so that they not only believe him to be eccentric, but completely annoying.

[Scholars/FAQScholarsProgram 15Nov2011.pdf](#)

HIV/AIDS Network Coordination
<http://www.hanc.info/Pages/default.aspx>

Contact Us

We would love to hear your comments on the newsletter, answer any questions you have about its content, or consider your ideas for future articles. Please contact us at news@hptn.org.

You can also like us on Facebook and follow us on Twitter!

 [Find us on Facebook](#)

 [Follow us on Twitter](#)

Was this email forwarded to you?
You can subscribe [here](#).