



HPTN at HIVR4P 2016: Moving the Field Forward

The HPTN presented satellite sessions, Q&As, posters, and oral presentations at the recent HIV Research for Prevention (HIVR4P) conference in Chicago. During the opening plenary, Dr. Mike Cohen, HPTN co-investigator presented: [“ART Prevents HIV Transmission: What Happens Next?”](#). He began with a discussion of treatment as prevention, including data from HPTN 052 and community-wide, combination prevention studies including HPTN 071 (PopART). Dr. Cohen then discussed the long-acting agents cabotegravir, rilpivirine, and EFDA. He closed his talk with overviews of pre-exposure prophylaxis (PrEP) studies, HPTN 083 and HPTN 084, and the AMP Studies (HVTN 703/HPTN 081 and HVTN704/HPTN 085).

HPTN 065

- Betsy Tolley presented on the role of financial incentives along the ART adherence continuum in HPTN 065. [View Poster](#)
- Deborah Donnell presented on trends in HIV diagnoses, care, and viral suppression in HPTN 065. [View Poster](#)

HPTN 067

- Dobromir Dimitrov presented on the predicted effectiveness of daily and non-daily PrEP based on sex coverage data from HPTN 067/The ADAPT Trial. [View Poster](#)

HPTN 069

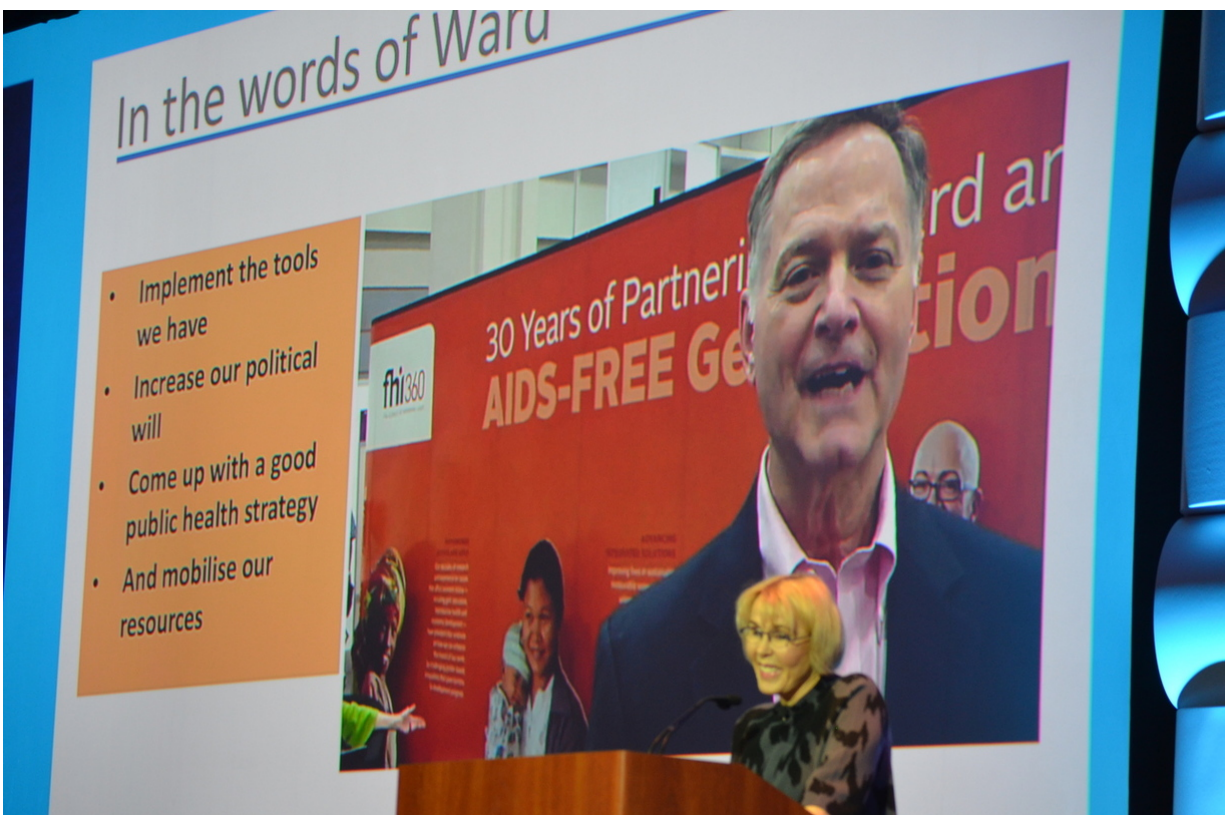
- Adaora Adimora presented on acceptability and experiences of women in HPTN 069. [View Poster](#)

HPTN 078

- Kate Mitchell presented on the potential impact on HIV incidence of increasing viral suppression among HIV-positive men who have sex with men in Baltimore. [View Presentation](#)

Remembering Ward

- Myron Cohen started the closing plenary session with a [tribute to our dear friend, Ward Cates](#). After Dr. Cohen's tribute, Helen Rees presented on the [contributions of Ward to the field of sexual and reproductive health](#), and reminded us that Ward would want us to, **“Implement the tools we have, increase our political will, come up with a good public health strategy, and mobilize our resources.”**



Staying AMP'ed

The HPTN and the HIV Vaccines Trial Network (HVTN) co-sponsored a two-day stakeholder meeting for the [Antibody Mediated Prevention \(AMP\) study \(HVTN 703/HPTN 081\)](#) in Cape Town, South Africa. This meeting, part of a meaningful and ongoing stakeholder engagement strategy, brought together 90 attendees comprised of representatives from governmental and nongovernmental organizations, public health advocates, institutional review board members, research staff, community officials and traditional and/or spiritual healers. Countries represented were Botswana, Kenya, Malawi, Mozambique, South Africa, Tanzania, Zimbabwe, and the U.S. Hosted by Drs. Michael Chirenje and Nyaradzo Mgodzi, the anticipated outcomes of this meeting were dialogue, mutual understanding, and partnership with key stakeholders for implementing this important new study in seven countries throughout Africa. The agenda included discussion of the HIV prevention tool box and the need for additional tools, the science behind AMP and the study design, anticipated implementation challenges and possible solutions, and strategies for ongoing engagement. Participatory approaches (“on your feet” and small breakout groups) were

utilized to foster more in-depth conversations and exchange. There was simultaneous English to Portuguese translation for attendees from Mozambique.

SHOUTOUTS

All four [HPTN 078](#) sites have been activated and both deep-chain respondent-driven sampling (DC-RDS) and case management activities are underway. To date, 230 individuals have participated in the DC-RDS activities and 13 people have been enrolled into the randomized case management intervention.

The [HPTN 083](#) team just held its training for the 28 US sites in Washington D.C., September 12-14. HPTN 083 is evaluating the efficacy of the long-acting injectable agent, cabotegravir (CAB LA), for pre-exposure prophylaxis (PrEP) in HIV-uninfected men and transgender women who have sex with men (MSM and TGW).

The AMP Studies have enrolled a combined 760 participants with [HVTN 703/HPTN 081](#) enrolling 197 participants and [HVTN 704/HPTN 085](#) enrolling 563 participants. The AMP Studies are testing whether giving people an investigational anti-HIV antibody called VRC01 as an intravenous infusion every eight weeks is safe, tolerable and effective at preventing HIV infection.

Sten Vermund, MD, PhD, has accepted appointment to the position of Dean of the Yale School of Public Health. Dr. Vermund will assume his new role on February 1, 2017. He currently directs the Vanderbilt Institute for Global Health and serves as vice president for global health at Vanderbilt University Medical Center. As an infectious disease epidemiologist and pediatrician, his work focuses on diseases in resource-limited settings, especially HIV, HPV, and parasitic diseases. Dr. Vermund served as HPTN principal investigator from 2006-2012. He currently serves as chair of the HPTN Scientific Review Committee and member of the Executive Committee.



HPTN LOC's Kathy Hinson was recognized for her 30 years of service supporting FHI 360; she has supported the HPTN for the past 17 years. As the HPTN Associate Director for Finance and Administration, she is responsible for the financial management of the HPTN LOC agreement, establishing and monitoring contractual agreements for protocol implementation funds and financial management of sub-agreements. Mrs. Hinson also leads the HPTN LOC Community Programs Team, guiding the group on its public health education and community engagement efforts.

NETWORK MEMBER SPOTLIGHT

Josephine Ayankoya, MPH, is the Community Programs Manager for Bridge HIV, a research unit of the San Francisco Department of Public Health. In this role, she leads the organization's recruitment, education, and engagement efforts for NIH-funded research studies.

How did you first become involved with the HPTN?

I first got involved with the HPTN in 2012, as a Training and Capacity Building Coordinator for the Black AIDS Institute. I led the organization's participation in the Be the Generation Bridge project, an initiative to

promote awareness and understanding of biomedical research in communities disproportionately affected by HIV/AIDS. One of my first projects was managing a delegation of African American health educators and advocates attending the HPTN Annual Meeting, who were tasked with disseminating the information learned to their local communities. Since December 2015, I have had the pleasure of working with the HPTN as a member of Bridge HIV Clinical Research Site (CRS).



What do you find most challenging about the work you do in support of the HPTN?

The most challenging part of my work is also one of the most exciting: HIV prevention research is ever-evolving. The difficulty of this rapid evolution is that my community (as well as other communities that I serve) is often unaware of advances in biomedical prevention modalities. Whether hosting forums, talking to people at street fairs, or conversing with friends, I still find that a lot of people have never heard of PrEP. This challenge is a source of inspiration, as I am constantly reminded of how important it is to share information with underserved and marginalized communities.

What do you think will change about HIV prevention over the next five years?

Over the next five years, I believe HIV prevention will become more interdisciplinary. As we continue to find effective medicines and methods of administering them, it will be critical to ensure that people in other disciplines (such as education, social work, medicine, nursing, and public policy) are informed and invested in this progress. The more people know about biomedical prevention methods, the more equipped they will be to incorporate them into their lives, personally and professionally.

I also hope that in the next five years, the biomedical HIV prevention community will continue its push to increase collaboration with social and behavioral researchers. By demonstrating that we are equally invested in understanding and responding to lessons learned from socio-contextual research, we will increase the uptake and acceptability of biomedical prevention modalities.

What do you wish other people knew about your work?

I am honored to be a part of a global community of educators, advocates, investigators, and clinicians that work collectively. I wish people knew that the advent of new medicine requires international collaboration. From Africa to the Americas to Asia, HIV prevention research is possible because of stakeholders across the world. This global connection is one of the most rewarding components of my work.

What might (someone) be surprised to know about you?

For several years, as a pre-teen and teenager, I attended performing arts camp! (Yes, band camp.) I started playing trombone and piano in the 5th grade, and continued with trombone until my junior year of high school. I loved playing music, and I have dabbled in many performing arts from childhood to college.

What do you do when you aren't working?

I am currently working on launching a fashion company that uses African textiles. I have desired to start a clothing line for years, so I am really excited about this endeavor. I also love to attend concerts and museums any chance I get. Overall, I spend my free time enjoying life and strategizing ways to change the world for the better.



Transgender Awareness Week November 14-20

World AIDS Day - December 1



HOT OFF THE PRESS

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