



March 2018 - Issue 39

In Memoriam: Fred Gordin, Charlene Dezzutti, and David Cooper

The HPTN is deeply saddened to learn of the recent passing of our colleagues and friends who were eminent research scientists devoted to fighting HIV/AIDS. They made invaluable contributions to the field and will be greatly missed by the HPTN as well as everyone who was touched by their work.



Fred Gordin, M.D., was the chief of infectious diseases at the Veterans Affairs (VA) Medical Center and professor of medicine at the George Washington School of Medicine and Health Sciences, both in Washington, D.C. Dr. Gordin devoted decades of his career to clinical care and research focused on HIV/AIDS and tuberculosis. His dedication and compassion were demonstrated routinely as he served as an attending physician in the VA Medical Center HIV/AIDS clinic, which cares for more than 900 HIV-infected veterans. He was also a dedicated professor, earning the admiration and respect of the many George Washington University medical students, infectious disease fellows, and staff he taught, mentored, and served alongside.

Dr. Gordin worked tirelessly to advance the field of HIV/AIDS and tuberculosis research. He was the founding principal investigator of the NIH-funded Community Programs for Clinical Research on AIDS (CPCRA), which demonstrated the feasibility of conducting rigorous research in community settings. He was also the principle investigator of the Washington International Coordinating Center Clinical Trials Unit

with sites conducting HPTN and AIDS Clinical Trials Group (ACTG) studies. Dr. Gordin was a key leader in the NIH-funded INSIGHT Network where he co-led the groundbreaking START Study. He was also a protocol team member on [HPTN_065](#) and served as the investigator of record at the VA Medical Center.

Dr. Gordin was honored in 2012 with the Charles C. Shepard Science Award from the Centers for Disease Control and Prevention for achievement in the advancement of prevention and control of tuberculosis.

"Dr. Gordin valued his patients and colleagues as much as he valued the important scientific contributions they made together over the years," said Wafaa El-Sadr MD., M.P.H., HPTN co-principal investigator and professor of epidemiology and medicine at Columbia University. "His humanity, humility, brilliance, and commitment will be sorely missed while his contributions will endure for years to come."



Charlene Dezzutti, Ph.D., was a key member of the Microbicide Trials Network (MIN) and was also a member of the [HPTN_069](#) study team. Dr. Dezzutti had a passion for science and was committed to finding new ways to fight global diseases including HIV/AIDS. She was a professor at the University of Pittsburgh in the Departments of Obstetrics, Gynecology and Reproductive Sciences and the Graduate School of Public Health in the Department of Infectious Diseases and Microbiology in Pittsburgh, Pennsylvania. Dr. Dezzutti's lab at Magee-Womens Research Institute in Pittsburgh, Pennsylvania performed groundbreaking research that contributed to the development of new ways to prevent HIV infections in women.

Dr. Dezzutti developed polarized human ectocervical and colonic explant model systems, a groundbreaking method that she and many other investigators used to gain a better understanding of how HIV infects genital and colonic tissues and how antiretroviral drugs can disrupt infection. This critical work has been widely used to inform biological strategies for the prevention of HIV acquisition.

"She developed and led the laboratory structures which have successfully supported the many clinical trials conducted by us over the past 12 years," said Sharon Hillier, Ph.D., principal investigator for the MIN and primary investigator at Magee-Womens Research Institute.

Dr. Dezzutti was also passionate about training the next generation of scientists, and directed the high school and college training program for young scientists at the Magee-Womens Research Institute. "It is impossible to express what Charlene's life and career meant to all of us," said Dr. Hillier.



David Cooper, B.Sc. (Med) M.B.B.S. (Syd), M.D., D.Sc. (UNSW), was a global pioneer of HIV research whose work in the mid-1980s led to the first description of seroconversion illness that accompanies initial HIV infection in some seroconverters. Dr. Cooper is credited with diagnosing some of the first cases of HIV in Australia and being one of the architects for the country's response to the epidemic. As the inaugural director of Australia's Kirby Institute, he was actively involved in studies of biomedical prevention and therapeutic optimization strategies for HIV infection.

In 1996, Dr. Cooper, along with colleagues from the Netherlands and Thailand, established a research center in Bangkok, called HIV-NAT, with the goal of becoming the focal point for developing new treatments for Asian countries facing increasing HIV rates. More recently, he launched HIV clinical research collaborations in Indonesia and Myanmar.

In 2003, Dr. Cooper was made Officer in the General Division of the Order of Australia for "service to medicine as a clinician, researcher and leading contributor in the field of HIV/AIDS research and to the development of new treatment approaches." Dr. Cooper was also past president of the International AIDS Society and past chairman of the World Health Organization-UNAIDS HIV Vaccine Advisory Committee.

An accomplished and prolific writer, Dr. Cooper authored more than 800 published scientific papers and served on the editorial boards of several international journals.

"Dr. Cooper was a visionary, leader, teacher, and above all a person who loved people," said Myron Cohen, MD, HPTN co-principal investigator and director of the Institute for Global Health and Infectious Diseases at the University of North Carolina at Chapel Hill. "As a man, David was tireless and courageous. As a scientist, he was a careful and great observer of unexpected phenomenon. As a leader David was sensitive and inspiring. His invaluable contributions will endure as a great legacy in the global battle against HIV infection."



The HPTN Annual Meeting will take place May 15-19 at the Mayflower Hotel in Washington, D.C. Community-led meetings will be held at the Grand Hyatt Washington on May 15-16. The meeting brings together HIV prevention researchers, advocates, and collaborators from around the world to discuss the latest HPTN studies, important research developments, and share best practices. The five-day event features an engaging lineup of speakers and topics including keynotes from Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases (NIAID), and Ambassador-at-Large Deborah L. Birx, MD, coordinator of the United States Government Activities to Combat HIV/AIDS and U.S. special representative for Global Health Diplomacy. The meeting also includes a variety of study-specific meetings, Community Working Group sessions, scientific plenaries, and the opportunity to connect with study sponsors and colleagues.

[View Meeting Details & Register](#)

[CROI 2018: A Look Back](#)



The 25th annual [Conference on Retroviruses and Opportunistic Infections](#) (CROI) was held March 4-7 at the Hynes Convention Center in Boston, Massachusetts. HPTN researchers presented 11 abstracts covering HPTN [052](#), [065](#), [067](#), [068](#), [074](#), [075](#), and [082](#). In addition, HPTN Co-Principal Investigator Wafaa El-Sadr, MD., MP.H., presented “Advances in HIV Prevention” during a pre-conference workshop for new investigators and trainees. In a [themed discussion](#), Connie Celum, Ph.D., spoke on risk behavior, perception, and reasons for PrEP among young African women ([HPTN 082](#)). The discussion was led by HPTN Executive Committee member Quarraisha Abdool Karim, Ph.D.



Posters

Oliver Laeyendecker, Ph.D., presented *Can the LAg-Avidity Assay Measure an Incidence Difference in East Africa?* Results indicate LAg-Avidity plus viral load mean duration of recent infection (MDRI) and false recent rate (FRR) assumptions greatly overestimated HIV incidence.

HPTN 052

Philip Palumbo, B.A., presented *HIV Drug Resistance with Early vs. Delayed Antiretroviral Treatment:*

HPTN 052. Results indicate new drug resistance at virologic failure was less frequent among participants with early antiretroviral therapy (ART) initiation, but this difference was not statistically significant.

HPTN 065

Wafaa El-Sadr, MD., MP.H., presented *Durability of Financial Incentives Effect on Viral Suppression and Continuity in Care*. Post discontinuation of financial incentives, data from this large study showed evidence of durable effects of financial incentives, both on viral suppression and continuity in care. These findings suggest that behaviors motivated by financial incentives may last beyond the provision of the financial incentives, increasing the potential cost-effectiveness of this strategy.

HPTN 067

Jennifer Velloza, MP.H., presented *Pharmacologic Measure of PrEP Adherence Among High-Risk MSM in HPTN 067*. Results indicate that among men who have sex with men (MSM) in HPTN 067, plasma and hair drug concentrations and Wisepill™ data were correlated with one another.

HPTN 068

Nadia Nguyen, M.S.P.H., presented *Sexual Partner Type and Risk of Incident HIV-Infection Among Adolescent Girls in HPTN 068*. Results indicate sexual partnerships are complex and deserve approaches that capture and address complexities, not mask them.

Mariya Sivay, Ph.D., presented *Natural Control of HIV Infection in a Cohort of Young Women in South Africa: HPTN 068*. Results indicate 34 (15.7%) of 216 young women in this cohort from rural South Africa were virally suppressed at one or more study visits in the absence of antiretroviral (ARV) drug use.

Yinfeng Zhang, Ph.D., presented *ARV Drug Use and HIV Resistance Among Young Women in South Africa (HPTN 068)*. Results indicate ARV drug use was not detected among HIV-uninfected women in this cohort from rural South Africa. Among the women who were using ARV drugs, many were not virally suppressed and many had HIV drug resistance. This suggests a need for broader HIV/AIDS education and ART counseling in the study communities

HPTN 074

William Miller, MD., Ph.D., MP.H., presented *Impact of Systems Navigation and Counseling on ART, SUT, and Death in PWID: HPTN 074*. In this vanguard study of a scalable, integrated HIV intervention for people who inject drugs (PWID), ART and maximally assisted therapy (MAT) uptake doubled, mortality was reduced by more than 50%, and no HIV incident cases were identified among HIV-uninfected

partners of indexes receiving the intervention.

HPTN 075

Jessica Fogel, MS., presented *Reliability of Self-Reported HIV Status Among African MSM Screened for HPTN 075*. Results indicate self-report plus ARV drug testing provided a more accurate estimate of the frequency of previously diagnosed infections than self-report alone.

Yinfeng Zhang, Ph.D., presented *ARV Drug Use and HIV Drug Resistance Among MSM in sub-Saharan Africa (HPTN 075)*. Results indicate among HIV-infected participants screened for participation in HPTN 075, 65.6% were not on ART at the screening visit. Among HIV-infected participants who were on ART, 17.4% were not virally suppressed. These findings underscore the importance of improving HIV care for African MSM.

HPTN 082

Connie Celum, Ph.D., presented *Risk Behavior, Perception, and Reasons for PrEP Among Young African Women in HPTN 082*. In this PrEP demonstration project among South African and Zimbabwean young women, most young women were at risk through having an older partner, uncertainty about their partner's HIV status or whether he had other partners, and inconsistent condom use.

[View CROI posters, themed discussion, and photos](#)

Study Shout-Outs



[HPTN 067](#) results from the Cape Town women's cohort were recently published in [Lancet HIV](#). The findings indicated most of the largely young, predominantly single, South African women in the study used

daily oral pre-exposure prophylaxis (PrEP) as recommended. Data from the men's cohort including men who have sex with men (MSM) and transgender women from Bangkok and Harlem were published in [Clinical Infection Diseases](#) (ePub ahead of print). Results demonstrated daily dosing recommendations increased coverage and protective drug concentrations in the Harlem cohort, while daily and nondaily regimens led to comparably favorable outcomes in Bangkok where participants had higher levels of education and employment.

HPTN 067 (ADAPT) was designed to assess whether non-daily use of oral TDF/FTC as PrEP, compared with daily use, would demonstrate equivalent coverage of sex acts, lower number of pills needed for coverage, and decreased self-reported drug side effects over 24 weeks.



Based on analysis of baseline data presented at CROI, [HPTN 082](#) site teams enrolled a young cohort of women at risk of HIV who can benefit from PrEP as indicated by almost 40% bacterial sexually transmitted infection (STI) prevalence at enrollment and the high median VOICE risk score of 7 (>5 associated with 6-8% HIV incidence in prior HIV prevention trials among southern African women). Although the perceived risk of acquiring HIV in the next year was low, PrEP acceptance was high (95%). A high proportion of women believed PrEP would prevent them from getting HIV; over one-third were concerned PrEP would give them side effects.

HPTN 082 is a sub-Saharan-based research study designed to assess the number of and characteristics of young women who accept versus decline PrEP at enrollment. The study will also compare adherence to PrEP between women who are randomized to receive standard adherence support and those receiving enhanced adherence support – including drug level feedback in the first three months. Enrollment was completed in October 2017 and follow up is for one year.

Network Member Spotlight



Theo Sandfort, Ph.D., is HPTN 075 protocol chair and professor of Clinical Sociomedical Sciences (in Psychiatry) at Columbia University and a research scientist at the New York State Psychiatric Institute. He is trained as a social psychologist in the Netherlands, where he was chair of the Gay and Lesbian Studies Department at Utrecht University. In 2001, Theo moved to New York and joined the HIV Center for Clinical and Behavioral Studies. The focus of his research is on sexual orientation, gender diversity and health. At the Center, he also directs the NIH postdoctoral training program 'Behavioral Sciences Research in HIV Infection'.

How did you first get involved with the HPTN?

It is all thanks to Sten Vermund, an amazingly supportive person. I wanted to expand my research among men who have sex with men (MSM) in South Africa to other sub-Saharan countries. When Sten invited me to join HPTN's MSM Working Group I welcomed the opportunity. And it all worked out! There is tremendous trust and support from HPTN leadership!

[Read More](#)

Awareness Days



World Health Day

April 7



National Youth HIV & AIDS Awareness Day

April 10



National Transgender HIV Testing Day

April 18

Hot Off The Press

Shava E, Lipira LE, Beauchamp GG, Donnell DJ, Lockman S, Ruan Y, Shao Y. [Risky Sexual Behavior among Individuals receiving Buprenorphine/Naloxone Opiate Dependency Treatment: HIV Prevention Trials Network \(HPTN\) 058](#). Journal of Acquired Immune Deficiency Syndromes. 2018 Mar 19.



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