

STEP Electronic Treatment E-zine

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The Seattle Treatment Education Project's (STEP) EZINE is an electronic treatment resource newsletter distributed monthly to case Managers, front-line workers, people affected by HIV/AIDS, physicians, other public health and allied health professionals and people living with HIV/AIDS.

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News from Seattle Counseling Service

An Announcement from Seattle Counseling Service for Sexual Minorities

Seattle Counseling Service for Sexual Minorities (SCSSM), a mental health agency serving the lesbian, gay, bisexual and transgender community of the Greater Seattle Area, announces that it will now partner with the Center for Human Services to continue chemical dependency services previously provided by Stonewall Recovery Services.

“Stonewall Recovery Services will be missed by all of us. We regret the loss of this important organization”, says Ann McGettigan, Executive Director of Seattle Counseling Service. “Through this new partnership with the Center for Human Services, SCS will be able to support the continuity of quality services for the LGBT community.”

The continuation of chemical dependency services sensitive to the needs of lesbian, gay, bisexual and transgender persons is vital for the overall social health and well being of that community. Seattle Counseling Service is proud to host these essential services.

Seattle Counseling Service for Sexual Minorities has been serving the LGBT community since its inception in 1969 as the first peer counseling service of its kind in the United States. SCSSM offers individual therapy/case management, group and family counseling, psychiatric services and consultation on sexual minority issues. In an effort to serve all clients regardless of income, SCSSM offers a low-end sliding scale and accepts Medicaid as well as most insurance plans. Other funding options include a Ryan White grant for people with HIV/AIDS; a sexual assault grant for survivors of sexual abuse or sexual assault; and a domestic violence grant for gay male victims of same-sex domestic violence.

Ann McGettigan also informs us that SCSSM will take over Project Neon, “the transition is being worked on”, Ann says and she added “we are very excited about continuing and helping provide this very important service”. A formal announcement will be sent to the community in the upcoming weeks.

FDA NEWS

FDA Approves Zerit Once Daily, Extended Release Formulation

On December 31, 2002 the Food and Drug Administration approved a new, extended release formulation of ZERIT (Stavudine, d4T) called ZERIT XR. This extended-release formulation has been shown to maintain viral suppression for 24 hours after once-daily dosing. The recommended dose of ZERIT XR is 100 mg once daily for individuals weighing at least 60 kg and 75 mg once daily for individuals weighing less than 60 kg. As with all antiretrovirals, it must be used in combination with at least two other anti-HIV drugs.

The following information was noted by the FDA in its approval announcement: In a clinical study conducted in 783 treatment-naive, HIV-infected individuals ZERIT XR was comparable to the previously approved twice daily formulation of ZERIT. In this randomized, controlled study, participants were randomized to either the extended release or standard formulation, in combination with Epivir and Sustiva. The proportion of people with HIV-RNA (viral load levels) below 400 copies at 48 weeks was 79% and 76% for the extended release and immediate release-containing regimens, respectively. For viral load under 50, the response rates were 55% and 57% for the new and old formulations, respectively. The tolerability and safety profile of the new once daily, extended release formulation is comparable to that of the previously approved twice-daily formulation.

This adds one more drug to the list of once-a-day FDA-approved antiretrovirals. The other drugs include Videx, Videx EC, Sustiva, Epivir, and Viread. It is expected that the new once-a-day protease, Atazanavir, will be approved sometime in the next few months. For more information on once-a-day HIV treatments, see the article in the Fall 2002 STEP Perspective, *Once-Daily Antiretroviral Options*. (http://www.thebody.com/step/fall02/once_daily.html.)

New Lymphoma Clinical Trial

AIDS Malignancy Consortium Opens Major New HIV Lymphoma Trial

By Jeffrey Schouten, Community Representative to the AMC

The AIDS Malignancy Consortium (AMC) is a group of 15 major medical centers, funded by the National Cancer Institute (NCI), that conduct research in the field HIV-related cancer treatment. The research often focuses on the two most common cancers seen in people with HIV, Kaposi's Sarcoma (KS) and lymphoma.

KS is an abnormal growth of blood vessels associated with a herpes-type virus, KS-HV or HHV-8, which most commonly appears as purple nodules on the skin. With current antiretroviral therapy (ART) the incidence of KS has declined dramatically, but still remains a problem for many people. The AMC has several KS trials ongoing.

Lymphoma is a cancer of the lymph nodes. The most common type seen in people with HIV is non-Hodgkin's lymphoma (NHL), but increasingly Hodgkin's Lymphoma (HL), which historically has had a higher cure rate with chemotherapy, is also occurring in people with HIV infection. With current ART, the overall incidence of lymphoma is declining, but not as much as the declines seen in KS. Fortunately, one of the most aggressive lymphomas, that of the brain, or CNS lymphoma, has had a more dramatic decline with ART. In fact, the AMC has been unable to enroll enough people in their current CNS lymphoma trial due to the declining incidence of this type of lymphoma. There has also been a decline, though not as significant, in some of the other more aggressive lymphomas, such as the immunoblastic type, with ART. However, there still remains an ongoing need for clinical research into the treatment of HIV-associated lymphomas.

The AMC has just completed a large NHL trial, enrolling over 150 people. This trial, number 010, is being analyzed and results will be available next spring. The 010 trial compared the standard chemotherapy regimen, CHOP, with CHOP plus rituximab, a monoclonal antibody that attacks lymphoma cells. Rituximab attacks a site on the surface of lymphocytes known as CD20. Most HIV-associated lymphomas have CD20 present on the lymphoma cell surfaces. Rituximab plus CHOP has already been shown to be better than CHOP alone in people with lymphoma who are HIV-negative.

The next AMC lymphoma trial just starting is trial 034. This trial will study a chemotherapy regimen that is probably more potent than CHOP, but needs to be given as a four-day continuous infusion every 3 weeks, for 2 to 6 cycles, depending on response. The regimen is known as EPOCH. The study will determine if treatment results are better if rituximab is given with the EPOCH or afterwards. A total of 70 people will be enrolled in this trial. A trial conducted by the NCI using a similar infusional regimen, CDE, showed very high response rates, with few relapses in HIV-associated NHL. In that NCI study, all anti-HIV drugs treatment was stopped during the chemotherapy treatment period because of concerns over possible drug interactions. However, the AMC 034 trial will allow trial participants and their health care providers to decide whether or not to continue ART during the chemotherapy treatment period.

There is a local AMC Unit at Virginia Mason Medical Center, headed by Dr. David Aboulafia, and a subunit at Harborview's Madison Clinic. For information about this, or other AMC trials, you can call Cheryl Weaver, Study Coordinator, at 206-223-6835. Also, information about ongoing AMC trials is available at their website: <http://www.amc.uab.edu/>.

Dental Care Reminder

If you are living with HIV/AIDS, getting regular dental care is very important to maintaining your overall health!

You could be eligible for FREE Dental Care. CALL Cindy, Karen or Justin at ACAP!!!!!!!

What programs can help you pay for dental care?

There are some programs that may be able to help you pay for dental care, including Medicaid, private dental insurance, and Ryan White funds. Contact your case manager or local AIDS Organization to find out about resources in your area. If you live in King County, call the AIDS/HIV Care Access Project (ACAP) at 206 284-9277 to find out more about dental resources in King County. You can also e-mail ACAP at acap@whf.org.

How do you find an HIV friendly dentist? Dentists are not allowed to discriminate against patients based on their HIV status. However, there are many dentists who specialize in treating persons living with HIV/AIDS. Contact your case manager or local AIDS Organization to find an HIV friendly dentist in your area. **If you live in King County**, call the AIDS/HIV Care Access Project (ACAP) at 206 284-9277. You can also e-mail ACAP at acap@whf.org.

Osteopenia / Osteoporosis a 'BABES' Perspective

Osteopenia / Osteoporosis by Erica Rocker

Osteopenia is mild to moderate loss of bone mineral density (BMD). This means that your body is breaking down and using your bone minerals faster than it is making new bone cells. This makes your bones weaker and more susceptible to breaking.

Osteoporosis is severe loss of bone mineral density. Causing bones to get very thin and lose their strength. This raises the risk of breaking bones not only from falls but also even from minor stress put on bones from everyday work and play.

Under normal circumstances old age, sex hormones and weight are the natural factors that influence these problems. But some diseases, medications and even bad habits can interfere with how our bodies break down and build the cells we need to build strong bones. Unfortunately HIV is one of these diseases. It is becoming evident that people with HIV are experiencing a lot more bone loss than HIV negative individuals. Some researchers have shown that up to 55% of HIV positive individuals could have bone density problems to some degree. In the past this problem was seen most often in post-menopausal women. This occurs in women when their bodies stop the production of estrogen, which helps protect our bones. But now we are seeing it in young women and even men who are HIV-positive. There is some evidence that people on HAART have more bone density loss than those not on treatment but other studies have found equal rates of bone mineral loss within the groups. Which indicates that the virus itself increases our risk of bone mineral density loss. Most often in our lower backs. It remains unclear what exactly is causing the bone loss in HIV patients. We do know that factors like PCP treatment, low testosterone or estrogen levels, alcohol abuse, weight loss and lack of exercise help to cause decreases in bone mineral density in all people.

There are things we can do to help prevent or minimize bone loss.

- Do weight-bearing exercises. (Be careful of your back)
- Eat a good well rounded diet (not junk food, it doesn't count except in fats and calories)
- Take vitamin supplements including calcium every day.
- Stop smoking and reduce excessive alcohol intake.

Since there are no symptoms that tell us we have Osteopenia or Osteoporosis most people are totally unaware they may have a big problem. There is a test that your medical provider can do to check your bone mineral density (**BMD**) it is called a **DEXA** scan. It is a non-invasive test that takes about 15 minutes. If the results show a problem providers can prescribe medications that can help treat the condition. Also we as pro-active participants in our own health (hint-hint) will have a better idea of the needs our bodies may have. We can make needed adjustments for better health and be aware of how careful we should be during work and play. (Nobody wants to be broken!) Take care of your *whole* self my friends, be happy. Erica

Erica Rocker is a Treatment Advocate for the BABES Network

HIV/AIDS Cultural Competency Trainings

BUILDING BRIDGES COALITION continues its series of trainings for individuals, service providers, volunteers and anyone interested in learning information and receiving skills to provide more culturally competent services. These trainings are free of charge and refreshments will be provided.

HIV and Immigration **When:** Saturday, January 11th, 10:00 am to 1:00 pm, **Where:** Seattle Central Community College, Room 4122

Women of color and HIV. **When:** Saturday, January 11th, 1pm-4pm **Where:** Seattle Central Community College, Room 4122, Seattle, WA

Incarceration and HIV. **When:** Tuesday, January 14th, 3pm-6pm **or** Saturday, January 25th, 10am-1pm **Where:** Seattle Central Community College, both trainings in room 4148

Treatment Adherence. **When:** Tuesday, January 21st, 3:00 pm to 6:00 pm **or** Saturday, January 25th 1:00 pm to 4:00 pm. **Where:** Seattle Central Community College, Room 4148

To register or for more information, please e-mail Building Bridges Coalition at the_bbc@mail.com or Jed Lin at 206-329-0064, extension # 102

ACKNOWLEDGEMENTS

- Please note that this is not a complete list of all HIV-related treatment information. STEP strives to provide the very latest in HIV treatment information, research and drug development information. The most current research directions and antiretroviral drug data are provided throughout the Ezine publications. You will find highlight reports as well as extensive follow-up reports from many of the AIDS research and science conferences on the Ezine. In addition, all STEP quarterly treatment journals are available on our Web site at <http://www.thebody.com/step/steppage.html> or by calling our Talkline at 1-877-597-STEP. STEP works hard to give unbiased treatment information to all interested parties. If you have comments, questions, suggestions or grievances, please contact betsyd@stepproject.org or ezine@stepproject.org.

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