On November 23rd, 2010, the results of the iPrEx study were released. The 2,499-person study demonstrated that a daily dose of oral Truvada®, (a combination of two antiretroviral medications, emtricitabine and tenofovir) could reduce new infections of HIV in gay men, transwomen and other men who have sex with men (MSM) by an average of 43.8%. The HVTN salutes the sponsors, study team, and volunteers in the 11 sites throughout Brazil, Ecuador, Peru, South Africa, Thailand and the United States who contributed to this study’s success.

The results of the iPrEx study have added increased vigor to the HVTN’s search for a safe and effective HIV vaccine. One central question being asked at the HVTN right now is what these results mean for participants in HVTN 505, a study which is also enrolling MSM and transwomen who are at risk of contracting HIV.

The Network has set up a working group to solicit feedback from community stakeholders about possible changes to HVTN 505 based on the iPrEx results. This process will initially involve a series of conference calls, to be completed by late

With nervous excitement I accepted the offer to attend my first HVTN conference. As a member of the newly formed CAB in Orlando, this was another “first time” opportunity in a series of events that I have had the pleasure to be a part of in support of the work of the HVTN.

As a pharmacist for nearly two decades, scientific conferences are not new to me; still, each one brings a new prospect for growth both professionally and personally. So with wide eyes and an open mind I stepped into the first of many meetings that would enlighten me, give me pause, and challenge me. HVTN for First Timers on the first morning was a great primer for what lay ahead. In addition to learning more about the structure of the HVTN, I enjoyed learning from the questions and concerns voiced by other attendees. While barely comprehending the concepts and complex science being presented during the plenary sessions, I could not help but revel in the creativity and genius of those presenting. It’s one thing to learn about research in journals, but

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Planning for PrEP

By Genevieve Meyer, HVTN Community Education Unit

On November 23rd, 2010, the results of the iPrEx study were released. The 2,499-person study demonstrated that a daily dose of oral Truvada®, (a combination of two antiretroviral medications, emtricitabine and tenofovir) could reduce new infections of HIV in gay men, transwomen and other men who have sex with men (MSM) by an average of 43.8%. The HVTN salutes the sponsors, study team, and volunteers in the 11 sites throughout Brazil, Ecuador, Peru, South Africa, Thailand and the United States who contributed to this study’s success.

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Engaging Transgender Women

By Michele Andrasik1, Annet Davis-Vogel2, Marcus Bolton3, Borris Powell4, Gail Broder1, Erica Avant3, Aamina Morrison2 and Kevin T. Jones2. 1. HVTN Core 2. University of Pennsylvania 3. Emory University, Hope Clinic 4. HANC Legacy Project

The U.S. Community Session at the HVTN November Conference focused on increasing understanding and knowledge about reaching out to and engaging male to female transgender individuals. The workshop began with opening remarks by Borris Powell of the Legacy Project who provided an overview of why community engagement with consciousness is essential for recruitment. His remarks were followed by in-depth presentations of engagement models currently used by two HVTN 505 sites.

Erica Avant and Marcus Bolton from the Emory University Hope Clinic (Atlanta) presented their model, which illustrates the effectiveness of hiring a transgender staff person, building strong relationships with community leaders and providing regular cultural competence trainings for site staff. Marcus explained the Clinic’s engagement model and stressed the importance of building relationships with other community-based organizations (CBOs) and

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Aamina Morrison of TIPS in Philadelphia speaking on the diversity of the transgender community.
The findings from the iPrEx study show effectiveness in reducing HIV infection in MSM and transwomen. But more studies are needed to evaluate the effectiveness of PrEP in other populations such as women, injection drug users (IDU) and heterosexual men, not to mention studying the long-term effects of taking the medication as prevention, and addressing questions about adherence and cost.

More immediately, HVTN sites were provided with a letter for distribution to HVTN 505 participants notifying them of the iPrEx study results. The letter included resources about the study, who to call locally if they had questions, and a reminder that they would be re-contacted if any changes were made to 505.

Some people may ask why the HVTN is paying so much attention to the results of a trial testing a non-vaccine method of HIV prevention. One reason is that the Network has an ethical obligation to provide the best proven standards of prevention to participants, as they become available. In this case, Truvada, commonly used to treat HIV, is already a licensed product and widely available on the market. Because of the positive findings in the iPrEx study, the HVTN 505 protocol team has to assess new considerations. For example, does the study need to be modified at all to account for individuals who wish to enroll in 505 and report having taken Truvada in the recent past? Currently they would be excluded from enrolling.

The HVTN 505 protocol team will be working hard over the next few months to consider all of the possible implications for interactions of pre-exposure prophylaxis (PrEP) and vaccines. Yet the entire field of HIV prevention has many more questions to address.

To stay up to date on HVTN activities, visit our website, www.hvtn.org, or by follow us on Twitter @HelpEndHIV.

Additional Resources:
To learn more about the iPrEx study, visit- http://www.niaid.nih.gov/news/newsreleases/Pages/default.aspx; www.globaliprex.net http://www.youtube.com/watch?v=wrdfwzTl-Oc.

For information about how these results affect the HIV prevention field, go to the AVAC website at http://www.avac.org/ht/d/sp/i/3619/pid/3619.
**My First Time** continued from page 2

observation. There was no difference in the level of enthusiasm and commitment from the people I was surrounded by. Whether they were neophytes like me or veterans participating in CABs for over 10 years, everyone shared the same passion. It was with this passion that I returned to Florida with ideas to further engage the community about HVTN 505: dispelling misconceptions and advising the site about finding volunteers to participate in trials to find a safe and effective HIV vaccine and to put an end to this disease.

Dino Martino joined the newly formed Orlando CAB in September 2010.
Engaging Transgender Women continued from page 1

nourishing those relationships over time. Erica discussed
the importance of having a transgender advocate on staff
at the site to ensure that the transgender community has
a representative who will make certain that their needs are
addressed. She noted that for many transwomen, it can
be a struggle just to survive from day to day. Therefore,
addressing these needs by providing
support, services, and education is
paramount. The Hope clinic provides a
range of services which include linkages
to health care and social services,
training for life (educational and
vocational skill-building), and referrals
for mental health services.

Aamina Morrison, Kevin Trimell Jones,
and Annet Davis-Vogel from the Philadelphia site presented
their model built on establishing a community partnership
between the research site and the Trans-Health Information
Program (TIPS). The Philadelphia site has fostered a strong
relationship with TIPS, a local CBO serving the transgender
community and staffed entirely by members of the
transgender community. Aamina, the TIPS Health Education
Coordinator, discussed the importance of being aware of
the diversity within the transgender community and being
accepting of all identities. She stressed the importance
of building relationships with the transgender community and
specifically within the transwomen community, respecting
and acknowledging that the transgender female identity is
separate from the larger MSM or gay community identity.
Aamina also discussed the importance of encouraging and
respecting transgender women, and
advocating that transgender women
speak up and have a voice for themselves.

Michele Andrasik, the HVTN social
scientist, provided a summary statement
followed by a question and answer
period moderated by Gail Broder of the
Community Education Unit. During
the Q & A, Aamina and Erica pointed
out that the community of transgender women has been
ignored and discounted for so long that there may be some
resistance toward attempts to reach out because of mistrust
and fear. Many transgender women wonder, “Why are you
thinking about us now?” The women urged the audience
to understand that the best way to engage transgender
women is to truly care about what happens to them and to
demonstrate this by listening, being present and building
lasting relationships.

Send suggestions,
questions, and articles
submissions for the
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and Jim Kublin

About CABs
Community Advisory Boards (CABs) are one way that the HVTN involves community members in the
research process. CABs consist of volunteers from diverse backgrounds who work with local research
units and advise the site from a community perspective. Community input has been invaluable to
community education efforts, as well as to the development of this bulletin.

CAB Conference Calls
If you are interested in joining one of these calls, please email Genevieve Meyer (gmeyer@hvtn.org)

<table>
<thead>
<tr>
<th>CAB Conference Calls</th>
<th>Times</th>
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<tr>
<td>Global GCAB call</td>
<td>Thurs., Jan. 13th, 8 a.m. PT/11 a.m. ET</td>
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<tr>
<td>Second Thursday of every month</td>
<td>Thurs., Feb. 10th, 8 a.m. PT/11 a.m. ET</td>
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<tr>
<td>Global Ethics Working Group call</td>
<td>Tues., Jan. 4th, 9 a.m. PT/12 p.m. ET</td>
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<tr>
<td>First Tuesday of every month</td>
<td>Tues., Feb. 1st, 9 a.m. PT/12 p.m. ET</td>
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<tr>
<td>CAB Scientific Working Group Call</td>
<td>Fri., Jan. 7th, 8 a.m. PT/11 a.m. ET</td>
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<tr>
<td>First Friday of every month</td>
<td>Fri., Feb. 4th, 8 a.m. PT/11 a.m. ET</td>
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<tr>
<td>French Language CAB call</td>
<td>Wed., Feb. 9th, 9 a.m. PT/12 p.m. ET</td>
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<tr>
<td>Second Wednesday of even months</td>
<td>Wed., Apr. 13th, 9 a.m. PT/12 p.m. ET</td>
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<td>Spanish Language CAB call</td>
<td>Thurs., Jan. 20th, 9 a.m. PT/12 p.m. ET</td>
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<tr>
<td>Third Thursday of odd months</td>
<td>Thurs., Mar. 17th, 9 a.m. PT/12 p.m. ET</td>
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<tr>
<td>African Regional CAB call</td>
<td>Thurs., Jan. 17th, 9 a.m. PT/12 p.m. ET</td>
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<tr>
<td>Third Thursday of even months</td>
<td>Thurs., Apr. 21st, 9 a.m. PT/12 p.m. ET</td>
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