

## CPCRA Cross-Protocol Articles

*Note: The articles in this list have been published or are in press and are listed in chronological order.*

Tedaldi E, Chen L, Markowitz N, Kelly L, Abrams D. Effect of IL-2 on hepatitis C virus (HCV) RNA levels in patients co-infected with human immunodeficiency virus (HIV) receiving HAART. *J Viral Hep.* In Press.

Visnegarwala F, Chen L, Raghavan S, Tedaldi E. Prevalence of diabetes mellitus among antiretroviral naive patients co-infected with hepatitis C virus (HCV) and HIV-1 compared to patients without co-infection. *Journal of Infection.* In Press.

Tedaldi E, Huppler Hullsiek K, Malvestutto C, Arduino R, Fisher E, Gaglio P, Jenny-Avital E, McGowan J, Perez G. Prevalence and characteristics of HCV coinfection in an HIV clinical trials group. *Clin Infect Dis* 2003 May 15;36(10):1313-7. Epub 2003 May 06.

Shlay JC, El-Sadr WM, Bartsch G, Wang J, Gibert C, Carr A, Raghavan SS. A simple questionnaire to assess alterations in body appearance in HIV-infected patients. *Int J Body Composition Research* 2004;1(2):81-90.

Reisler RB, Han C, Burman WJ, Tedaldi EM, Neaton JD. Grade 4 events are as important as AIDS events in the era of HAART. *J Acquir Immune Defic Syndr* 2003;34:379-386.

Mannheimer S, Friedland G, Matts J, Child C, Chesney M. The consistency of adherence to antiretroviral therapy predicts biologic outcomes for human immunodeficiency virus-infected persons in clinical trials. *Clin Infect Dis* 2002; 34:1115-1121.

Wheeler DA, Gibert CL, Launer CA, Muurahainen N, Elion RA, Abrams DI, et al. Weight loss as a predictor of survival and disease progression in HIV infection. *JAIDS* 1998;18(1):80-85.

Severe weight loss in HIV is associated with decreased survival. A loss of less than five percent of body weight over four months is associated with an increased risk of death and opportunistic complication in HIV. More than five percent weight loss is associated with an increased risk of individual opportunistic complications.

Saravolatz L, Neaton JD, Sacks L, Deyton L, Rhame F, Sherer R. CD4+ T lymphocyte counts and patterns of mortality among patients infected with the human immunodeficiency virus who were enrolled in the Community Programs for Clinical Research on AIDS. *Clin Infect Dis* 1996;22(3):513-520.

CD4+ T lymphocyte measurements are used frequently in clinical practice and have important prognostic implications. In each CD4+ cell stratum, mortality rates were higher for those with a history of disease progression at entry into the study; across all CD4+ cell strata, mortality was 60% greater. These data should be useful in planning clinical trials, and they have implications in terms of the frequency with which CD4+ cell counts should be measured to monitor the progression of HIV infection.

Chan ISF, Neaton JD, Saravolatz LD, Crane LR, Osterberger J. Frequencies of opportunistic diseases prior to death among HIV infected persons. *AIDS* 1995;9:1145-1151.

The investigators report on the results of a descriptive case series study, designed to provide a history of opportunistic events experience by 1,205 HIV-infected CPCRA patients before their deaths and to determine whether the frequency of events varies according to demographic characteristics, risk behaviors, or geographic location. PCP, MAC, CMV, wasting syndrome, invasive candidiasis, and bacterial pneumonia are the most common opportunistic AIDS-defining events experienced by these patients prior to death. Continued research on the etiology and prevention of these diseases should be a high priority.

Melnick SL, Sherer R, Louis TA, Hillman D, Rodriguez EM, Lackman C, et al. Survival and disease progression according to gender of patients with HIV infection. *JAMA* 1994;272(24):1915-1921.

This multicenter cohort study was designed to compare disease progression and mortality between women (n=768) and men (n=3779) infected with HIV, while controlling for differences in baseline predictors of disease progression. The study showed that women were at higher risk for death and bacterial pneumonia than men but that risk for disease progression was not significantly different between genders. The survival difference might be attributed to differential access to or utilization of health care resources, including antiretroviral therapy and PCP prophylaxes. Other reasons for lower survival in women might include differences in HIV-infected men and women with respect to socioeconomic status, homelessness, domestic violence, substance abuse, and degree of social support.

The authors identified the relative impact of diverse social factors on survival as an area which requires further study. They also mentioned the importance of accurate information on causes of death in this type of research and discuss the limitations of their data on causes of death.

An important clinical finding regarding the natural history of HIV infection was the lack of a difference in the incidence of, and morbidity and mortality from, HIV-related conditions, including the common AIDS-defining opportunistic infections and malignancies. The implication for clinicians who care for HIV-infected women is that treatment choices, drug dosages, and clinical outcomes from studies conducted exclusively or primarily on men may reasonably be applied to the care of HIV-infected women. At the same time, clinicians need to be more attentive to features of HIV infection in women which may be associated with increased mortality and morbidity in women, such as domestic violence and chemical dependency.