



# The Pitt Men's Study

news and notes

Spring 2011

## Gay/Bi Men and Cancer

Men who have sex with men (MSM) get certain types of cancer more often than their heterosexual counterparts. Lung, skin, prostate, colon, anal and testicular cancers are a concern for all men, certainly, but MSM often have to deal with an additional set of issues that put them more at risk.

Not surprisingly, lung cancer is at the top of the list. Research shows that MSM are more likely to smoke (33.2%) than straight men (21.3%). The simple solution would be to stop smoking, right? Not so easy. And what about the other forms of cancer?

The American Cancer Society's Website summarizes the problem in three bullet points:

- Low rates of health insurance: Many health insurance policies do not cover unmarried partners. This makes it harder for many MSM to get quality health care.
- Fear of discrimination: Many men don't tell their doctors about their sex life because they don't want discrimination to affect the quality of their health care. This can make it harder to establish a trusting

relationship with a provider which, in turn, can lead to missed opportunities to address health concerns.

- Negative experiences with health care professionals: Many MSM report negative experiences with a health care provider after revealing the nature of their sexual encounters. As a result, fear of another negative experience can lead some men to delay or avoid medical care, including early detection tests.

One solution to health care discrimination might be to find a doctor you can be honest with—not just someone who's okay with you having sex with other men, but someone who is competent enough to deal with your unique health issues. You may need to do some investigative work. Start by checking out the provider directory on the Gay & Lesbian Medical Association Website (see link below). You can also screen doctors before you commit to making someone your primary care physician. Ask pointed questions. If you don't get a good vibe, try someone else.

Another way to overcome discrimination in health care is to take charge of your own health. If your doctor doesn't know to or want to suggest an anal cancer screening (for example) you'll need to request it yourself. Finally, knowing your unique health risks is half the battle. Information is power. You can find out more by going to any of the links below:

### The Pitt Men's Study

P.O. Box 7319, Pittsburgh, PA 15213  
(412) 624-2008 (800) 987-1963  
<http://pittmensstudy.com/>

Charles R. Rinaldo, PhD, Principal Investigator  
Anthony J. Silvestre, PhD, Publisher  
Nathaniel J. Soltesz, BA, Editor  
William G. Buchanan, MM, Contributing Editor  
Bridget C. Calhoun, DrPH, PA-C, Contributing Editor  
Ross Cranston, MD FRCP, Contributing Editor  
Kristen D'Acunto, MPA, Contributing Editor  
Joseph Pawlak, MPA, Contributing Editor  
Raymond Yeo, BA, Contributing Editor

News and Notes is published by the Pitt Men's Study. All information and opinions are the sole responsibility of the Study and do not necessarily reflect the policies or views of the University of Pittsburgh or the National Institutes of Health.

### Gay and Lesbian Medical Association:

<http://www.glma.org/> (click on "Find a Provider")

### American Cancer Society:

<http://www.cancer.org/Healthy/FindCancerEarly/MensHealth/cancer-facts-for-gay-and-bisexual-men>

### A Guide for Gay Men and Cancer Prevention:

<http://gaylife.about.com/od/healthfitness/a/smokingcancer.htm>

### CDC: Programs to help you quit smoking:

<http://www.cdc.gov/msmhealth/smoking.htm>

This article was presented as a Pitt Men's Study Health Alert, our free email list service. To sign up to receive Health Alerts and to get other health information concerning men who have sex with men, visit our Website at [www.m4mhealthysex.org](http://www.m4mhealthysex.org).

# Meet Your Researcher - The MACS Heart Health Study



*Every vial of blood that we draw and personal question that we ask our volunteers is compiled and utilized by many different researchers. Here and in the next few issues of the newsletter, we hope to introduce you to some of the men and women behind the curtain.*

For this issue, we talked to Bridget Calhoun, DrPH, Pitt Men's Study physician assistant and all-around great gal, about the Multicenter AIDS Cohort (MACS) Heart Health Study. Bridget is a co-investigator of the study.

## So give us some background on the heart study.

Years ago when clinicians first started prescribing medications for HIV infection we noticed that there were many cholesterol problems in people who were taking them. So because high cholesterol is a risk factor for heart disease among the general population, the question was, will we start to see a higher or more aggressive rate of heart disease in patients being treated with HIV medications?

Several years ago we started imaging the heart to see if there was any calcium, which would be abnormal, in any of the arteries that supply blood to the heart. Following the findings of that study prompted us to do this current study, which is more invasive and involves better technology to image the heart, to look exactly within the arteries to see if there's any blockage occurring.

## What are you hoping or expecting to find?

Some of the risk factors for heart disease in the general population are very well known—smoking probably being the most important. Genetics and sedentary lifestyle are also risk factors. We want to take into account those same risk factors in all our guys, but see if there is an added risk by either being HIV infected and/or being treated for HIV infection with these medications. Our previous research found that smoking remains the most influential risk factor, despite HIV status and what meds they use for treatment. But this will give us even more information on a larger group of men. And now these men have been on these medications for even longer, because it's been two and a half years since the last study and the last time we scanned them.

## Which guys are you recruiting?

This is a prospective study which means men are identified and followed over time. The men eligible for the study were pre-selected based on the data we've already collected from them. We're enrolling a combination of HIV positive and HIV negative guys, as well as some men who have a history of heart disease.

## What should participants expect?

The study itself is two fold. One is a blood draw where we look for things in the blood called inflammatory markers, which will tell us if there's constant inflammation going on, and we're also looking at some hormone levels.

The second part is the imaging of the heart. If the person has really good kidney function they'll be given a contrast material, or dye, to help light up the parts of the heart we're really interested in, and this will show if there's a blockage in the artery. If the person has borderline kidney function or we're concerned their kidneys won't tolerate having to clear this dye afterwards, we'll just do the test without the contrast material, though ideally we want to use it on as many people as possible, when safe of course.

The actual test is done at UPMC Presbyterian in the radiology department. Because the heart is always moving, unlike other body structures, it's hard to image sometimes. So to minimize that motion we give them a medicine called Metoprolol, which is a beta blocker, and the effect of that is to slow the heart rate so that the images are clear to the cardiologists reading the scan.



The guys will have an IV placed, and be taken to radiology, put on the table in the scanner, and then they may be given some sublingual nitroglycerin, which dilates the arteries of the heart so we can get really good pictures.

The scan takes about thirty minutes and when it's over they're taken back to the waiting area where we make sure the beta blocker wears off and their heart rate returns to what it was before they arrived, then we take

**Continued on next page**

# What Does an Abnormal Anal Pap Smear Mean?



During your last visit at the Pitt Men’s Study, you may have had an anal Pap smear done, but do you really know what your results mean?

If your Pap test is normal, a repeat test in 1-2 years (depending how the subject fits into the protocol that is determined by MACS). is recommended per the screening protocol. If your Pap test is abnormal, you may have many questions. First, it is very important to understand that most abnormal anal cells will *never* become cancer and an abnormal Pap does not mean that you have anal cancer. But, it does mean that you need follow-up care and close monitoring by a health provider.

In addition, the Pap is a *screening*, not a *diagnostic* test. In other words, it identifies cells that may be “abnormal” but it is not so good at telling what degree of abnormality is present. Therefore, an abnormal Pap smear needs to be followed up by your physician, who may recommend a High-Resolution Anoscopy (HRA) to better define the cell types present in your anal canal. The HRA is done by magnifying the outer anal tissues and the inner walls of the anal canal. A biopsy may be necessary during the HRA if the clinician identifies any abnormalities. One of three diagnoses can be made with an HRA:

- \*NO dysplasia (no abnormal cells present)
- \*LOW-GRADE abnormalities, which are *not* considered precancerous, or
- \*HIGH-GRADE abnormalities, which *are* considered precancerous.

You will be able to discuss follow-up for any abnormal findings found by HRA/biopsy with the clinician who performed the HRA.

We would be happy to discuss your questions and/or concerns so *please call us!* 412-624-2008

---

## Heart Study, Con’t

out the IV and they’re all done. Start to finish is about three hours.

The one thing we have to stress to guys is that nitroglycerin can react with medicines men use for erectile dysfunction like Viagra, Cialis, Levitra. We have to make sure they don’t take that within 72 hours of this test.

As always the results are shared with the guys so they can see not only if they have the beginning of heart disease, but exactly what arteries it is in. Depending on these results, some men may have heart disease that they’re completely unaware of, in which case the next step would be a stress test or a cardiac catheterization.

### What’s next for the heart study after this phase?

In two and a half years we’re going to do ultrasounds of the arteries in the neck. So it’s an ongoing study, and that’s the third part, two years off. So stay tuned!

## Important Notice about SPBP Processing

If you are applying for Special Pharmaceuticals Benefits, please note that there is a new address to where you should mail your application:

Commonwealth of Pennsylvania  
Department of Public Welfare  
Special Pharmaceutical Benefits Program  
PO Box 8808  
Harrisburg, PA 17105-9920

Applications and supporting documents are acceptable via fax. Fax legible documents to: (717) 651-3608

# The Many Studies of the Pitt Men's Study

What does it mean to be a member of the Pitt Men's Study? Well, it depends. Those who visit the Pitt Men's Study clinic and devote their time, blood and body fluids (as well as other equally precious things) participate in a variety of different studies, all of which have varying commitments and purposes.

## The MACS

Many of our men actively participate in the study known as the MACS, or Multi-Center AIDS Cohort Study. This is a national study, funded by the National Institutes of Health, and it includes study sites in four cities: Pittsburgh, Baltimore, Chicago, and Los Angeles.

MACS-participating men can be HIV-positive or HIV-negative. Though the MACS is a study about the behavior and effects of the HIV virus, our HIV-negative men are just as important, as they allow researchers to compare data.

MACS-participating men have appointments every six months that last around an hour. From these men we draw about 5-6 ounces of blood, some of which is used for testing, but most of which is stored in a repository for future testing. We conduct a face-to-face interview that lasts approximately fifteen to twenty minutes, gathering such information as the participant's medical history,

medication use, and medical insurance since their last visit. The participant answers more personal questions about sex and drug use via a computer-based survey. Participants also do neuropsychological tests; three brief tests are done at every visit, but a 45-60 minutes battery of tests is conducted once every fourth visit. A physician assistant conducts a physical, and that's it. (Which is enough!)

## Study 1

Another large group of our men participate in a local screening study that is designed for men who have tested HIV-negative in the past or have never been tested for HIV before. They also have visits spaced six months apart. These men fill out a small questionnaire about medical history/sex history/drug use, and have one tube of blood drawn for an HIV test. Appointments for this study usually last about 10 minutes.

## Local

But! We have yet another group of men. These men are treated just the same as our MACS guys – an hour-long appointment, many tubes of blood, many personal questions, a physical – yet because of various factors they are not eligible to be enrolled in the MACS.

We call this group our "local" group, meaning their data and specimens stay here in Pittsburgh, unlike data from our MACS participants, which is compiled with the data from Baltimore, Chicago, and Los Angeles.

And if all that weren't confusing enough, there is a wealth of sub studies that we ask men to participate in from time to time. Studies like the the heart health study, the anal Pap smear study, the pulmonary study, and so on and so on and so on...

So why all these different groups? It's complicated, but mostly it's a matter of eligibility and funding. The National Institutes of Health funds the MACS, but the other studies allow us access to a wider range of men and their data, as well as providing a service to the community.

Regardless of which study a volunteer participates in, all of our volunteers are extremely valuable partners in a long-term research project that has published over 1,200 scholarly articles over nearly three decades and that has made important discoveries that have changed the course of the HIV/AIDS epidemic and will continue, hopefully, to do so for years to come. Thanks to all of our volunteers for all your help!



## Are We Looking for You?

Recruitment for the Pitt Men's Study is always changing. Currently we are interested in men who:

1. Have had sexual activity with a man at least once **and** have never tested positive for HIV.
2. Are HIV-positive **and** have never taken any antiretroviral medications.
2. Have tested positive for HIV for the first time in the past five years.
3. Are HIV-positive **and** Hepatitis C positive.

If you fit any of these four criteria, please call us at 412-621-1643 and we'll be happy to screen you to see if you'll fit within our study. Thanks for your interest!