News and Notes *Spring 2020*

The Pitt Men's Study

merge (mûrj) v. To bring or come together so as to form one.
syn blend, comingle, fuse, intermingle, meld
merger (mûr'jər) n. The union of two or more groups.
syn amalgamation, combination, consolidation, union

The Urge to Merge

Bill Buchanan, Clinic and Volunteer Coordinator

After decades of relatively uncomplicated single life, I recently felt the "urge to merge." It was a bit unexpected and quite revelatory. I've pondered what would stay the same and what might change if I were to get into a relationship, possibly marry. There would be some loss of independence and privacy, but that would be made up for by being part of something where the whole is greater than the sum of the parts. Merging two lives is at best a challenge, but, so I am told, it's worth the effort.

The challenge can grow in proportion to one's age. If one marries in his twenties, one could argue that habits can be more easily changed given such relatively short life experience. But when one stays single well into adulthood, old habits die hard. Change is difficult. Cooperation, compromise, flexibility, and a shared vision are paramount to the success of any relationship, and merging two lives takes time in addition to effort. The same can be said of merging two long-term studies with over sixty years of history and research between them.

The Multicenter AIDS Cohort Study (MACS), of which the Pitt Men's Study was a part, has merged with the Women's Interagency HIV Study (WIHS) to form the MACS/WIHS Combined Cohort Study (MWCCS). Both studies have a shared vision and have been working in similar ways. But there are differences to work out, and streamlined, unified procedures to agree on. When people marry, they are faced with issues such as: whose parents to visit at Christmas, beach vacation or the mountains, who sleeps on what side of the bed, does the toilet seat stay up or down? When studies merge, they have to agree on ways to do the research exactly the same over multiple sites across the country in order to have comparable data that lead to strong, valid, and meaningful results.

So what will those changes look like? All the details have not been hammered out as of this writing, but here are the answers to some common questions that our men have been asking:

Will you be moving the clinic to a new location? In a word, no. If they ever decide to move the clinic, that will be my cue to retire. I've survived two clinic moves. A third is out.

Will the same staff be there to see me? Yes. I was touched by the participants who called and expressed concern that I was retiring or being made redundant, but you're stuck with me for the foreseeable future. And that goes for Jessica, Carling, Kaitlin, and the whole crew.

Will you be opening the study to women? No, we will still focus on men. However, if a female MWCCS participant moves to Pittsburgh, we will welcome her with open arms so that she may continue her participation in the study. The same goes for a former MACS participant who moves to a city that was part of WIHS. We're all one big happy family, but with separate residences and visitation rights.

Here's what will NOT change. You will still receive the same service and care that you have come to expect from us over the many years of the MACS's existence. We will still offer you important lab work such as complete blood count, viral load, and HIV and STI screening. We will continue to give you a physical exam and monitor things such as your height, weight, and blood pressure. We will, as always, administer a variety of questionnaires to track your health, behaviors, mood, and more. And yes, we will ask you to do NP tests, measures of resilience and frailty, and special studies such as echocardiograms, pulmonary function tests, and the stand-alone, large-volume blood draws that allow us to unlock the mysteries of HIV and the human immune system.

Some things may differ in the future in order to keep in step with the changing face of the HIV epidemic. MACS and the Pitt Men's Study were cer-

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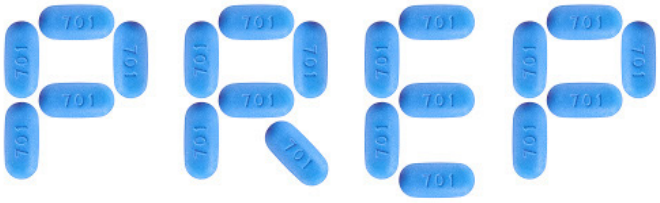


Dr. Ken Ho
Pitt Men's Study Medical Director

In October 2019, the Food and Drug Administration approved Descovy (fixed dose combination tenofovir alafenamide and emtricitabine) for use as pre-exposure prophylaxis against HIV (PrEP) in men and transgender women. Prior to this, the only approved drug for use as PrEP was Truvada (fixed dose emtricitabine and tenofovir disoproxil fumarate). Descovy and Truvada protect against HIV using the same mechanism. The only difference between the two drugs is that Truvada contains 200 mg of a drug called tenofovir disoproxil fumarate while Descovy contains 25 mg of tenofovir alafenamide. Both drugs are eventually converted in the body into the same active ingredient. In terms of side effects, tenofovir disoproxil fumarate (in Truvada) has been known in rare cases to cause kidney problems and small declines in bone mineral density. This is seen less with tenofovir alafenamide (in Descovy) as the drug tends to achieve high levels inside of cells so there is less circulating drug in the bloodstream. Both have also been used in the treatment of HIV for several years and in general, because we know that people living with HIV are often times at higher risk for kidney disease, many HIV providers prefer to use Descovy over Truvada.

The DISCOVER Trial was a large phase 3 randomized, head to head trial of Truvada versus Descovy in over 5000 cis men and transgender women demonstrating that Descovy and Truvada as PrEP were equally effective at preventing HIV. The study also showed that Descovy had just slightly improved kidney function and bone health compared to Truvada and that the chance of having kidney and bone related adverse events with either drug was very low. Descovy was also associated with some mild weight gain. In summary, both drugs are considered safe for use as PrEP. Individuals with certain health issues such as kidney disease or low bone density may benefit from use of Descovy over Truvada. Individuals with kidney disease or low estimated creatinine clearance may benefit from more frequent monitoring of their creatinine clearance while on PrEP.

Currently both drugs are made by the same pharmaceutical company, Gilead Pharmaceuticals, and are supported by the same copay assistance programs. Most insurance programs cover both Truvada and Descovy as PrEP. Currently, both are also priced the same. There is the possibility that generic versions of Truvada will be available this year.

If you are interested in starting PrEP you should speak to your provider and ask them whether Truvada or Descovy is a better choice for you.

Ending the HIV Epidemic by 2030 Requires Immediate Action

After leaving the Pitt Men's Study clinic in 2014, physician's assistant Jonathan Baker has continued advocating for the LGBTQ and HIV positive community. Recently, he and colleague Casey Messer published a commentary article in the Journal of American Academy of PAs about key strategies to ending the HIV epidemic.

Some key steps are to:

- **Diagnose all patients with HIV as early as possible.**
  Patients from all backgrounds should be screened for HIV.

- **Treat HIV infection rapidly and effectively to achieve sustained viral suppression.**
  HIV cannot be sexually transmitted if the peron maintains an undetectable viral load (i.e., U=U), so helping people achieve viral suppression will help lower rates of transmission.

- **Prevent new HIV transmissions by using proven interventions, including preexposure prophylaxis (PrEP) and syringe service pro grams.**
  Access to PrEP can drastically reduce the risk of HIV infection.

- **Respond quickly to potential HIV outbreaks.**
  Epidemiologist need to focus their attention to states with a rural HIV burden that are most vulnerable to an HIV outbreak.

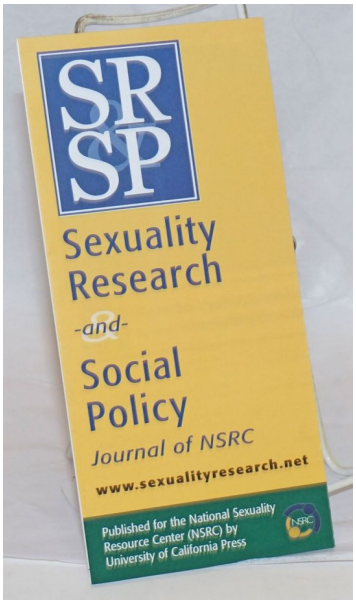
Effective interventions to end the US HIV epidemic are well established, yet a lack of resources and coordinated effort have resulted in incidence rates unchanged since 2012. If there is hope of reaching the goal of ending the HIV epidemic by 2030, it lies in changes we make today.

Middle-Aged and Older Adult Men Who Have Sex with Men's Lifetime Exposure to Conversion Therapies

Wonder what we are doing with all of the data from the Aging Survey?
Dr. Steven Meanley completed his PhD in Behavioral and Community Health Science at the University of Pittsburgh in 2017 and has used information that you, our valued participants, provided to publish important findings about conversion therapy in the journal *Sexuality Research and Social Policy.*

The Healthy Aging Sub-Study of the Multicenter AIDS Cohort Study (MACS) has provided investigators an opportunity to explore critical factors that have shaped middle-aged and older adult men who have sex with men's (MSM) health and well-being across the life course. Of high interest among investigators has been to examine how stigmatizing experiences have manifested in these men's lives, the magnitude in which these experiences have impacted these men's health, and recommend health intervention strategies that include stigma-reduction and stigma-recovery methods. For decades, the brave and resilient men from the MACS have been integral to increasing community visibility, reducing homophobic stigma, and paving a path to continue fighting for LGBTQ+ equality at local, state, and national levels. To honor the men enrolled in the MACS, the Healthy Aging investigative research team is committed to conducting research that is high-quality, objective, and has the capacity to inform and advocate for progressive policy change.

Over the past decade, conversion therapies have received increased national attention in the sociopolitical arena. Conversion therapies are practices that were developed in the mid-twentieth century with the intention of minimizing or eliminating same-sex attractions; yet, there remains no valid evidence indicating that these practices are effective. Numerous scientific organizations including the American Medical Association, American Psychological Association, and the National Association of Social Workers have denounced conversion therapies as dangerous to sexual minority populations. To date, 20 states, several municipalities, and the District of Columbia have put into law restrictions that prohibit the practice of conversion therapies to minors by licensed professionals only. The men in the MACS came of age during a time when conversion therapies were legally practiced throughout the United States, but little has been understood regarding the extent to which these men were subjected to these practices. In response to national momentum around passing legislative bans restricting the practice of conversion therapies, the investigative team sought to assess the extent to which men in the MACS had ever experienced or been exposed to these practices. In a recent publication in Sexuality Research and Social Policy, the Healthy Aging investigative team developed a snapshot of what the lifetime prevalence of conversion therapy looked like for men in the MACS. They found that among 1200 men enrolled in the study, nearly 20% reported ever having experienced any conversion therapy in their lifetime. Of the men who reported these experiences, over one-third indicated that they had limited or no decision-making power in undergoing these practices. Furthermore, Black and African American men in the cohort were more likely to report having undergone conversion therapy compared to Non-Hispanic White men. A more recent analysis was completed building off these initial findings to assess the extent to which lifetime experiences of conversion therapy contributed to negative health conditions in middle age and older adulthood. In this analysis, the Healthy Aging investigative team found that men in the MACS who had reported conversion therapy were more likely to have more depressive symptoms, higher internalized homophobia, and higher odds of co-occurring health conditions (e.g., depressive symptoms + internalized homophobia + post-traumatic stress) compared to men who had no prior experience with conversion therapy. Taken together, the Healthy Aging team for the MACS further advocate for the implementation of a federal ban to prohibit the practice of conversion therapy including by non-licensed professionals. The non-affirming nature of these practices have the potential to elicit long-term stress and trauma associated by limiting one's ability to successfully navigate one's sexual identity as it develops and integrate one's identity into perceptions of self-worth. Minimizing exposure to sexuality non-affirming resources may assist in narrowing disparities in mental health as men who have sex with men age across the life course.



Open Sesame!

In order to provide ADA access to our participants, we have begun activating the automatic door during clinic hours. Here are a few tips on using the door:

- **Use the buttons located near the door to open it.** You can still push or pull on the door to open it, but the door gives a lot of resistance at first and still has to go through its automatic cycle. Using the button is the easy way to gain ingress and egress, and the door will also open faster.
- **If you open the door but dally and it starts to close, touch the button again r**ather than try to push or pull the door.
- Please do not try to hold the door open.
- **Do not try to push the door shut.** Just let it go – it will close on its own.

Our participants with mobility issues thank you for helping us use this door correctly and thus maintain it in tip-top shape.

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tainly different in 2019 compared to the what they were when the study began in 1984. But the one thing that will not change is our commitment to you, the community, and the HIV/AIDS research effort. We look forward to working with you through the current grant, which extends the study's life to the Spring of 2026, and hopefully beyond.

Thank you for your commitment and participation. We cannot do this alone, and now, powered by even greater numbers of participants and researchers, we will grow stronger and move ever closer to better care and treatments and, God willing, a vaccine and a cure.

The decision to allow women and transgender participants to transfer into the Pitt Men's Study clinic was approved unanimously by the Community Advisory Board.

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