

FIBROSCAN: WHAT DOES IT TELL US ABOUT THE HEALTH OF OUR LIVER?

By Marc C. E. Wagner

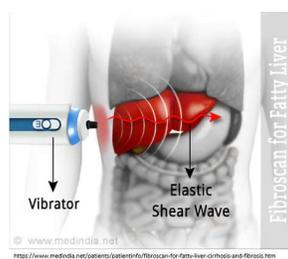
Fibroscan testing was first utilized in the former Women’s Interagency HIV Study (WIHS) and is now being expanded to the men of the former Multi-center AIDS Cohort Study (MACS).



The goal is to study differences that may exist between HIV positive and HIV negative men and women on the degree of

fatty liver/and or stiffening of the liver. The Fibroscan is a non-invasive test that samples a larger portion of the liver than can be examined by a traditional invasive needle biopsy.

The elastic shear wave generated by the Fibroscan probe pressed against your skin on your right side assesses two conditions in the liver. CAP and VCTE, both are explained below.



CAP is short for “controlled attenuation parameter”. The value of CAP tells us about how fatty our liver is on this day. Fat in the liver will absorb the wave much more than healthy liver tissue.

The table below shows the progression from normal in green to more significant fat in the liver in red.

CAP Score	Steatosis Grade	Amt of Liver Showing Fatty Change
150 - 248 dB/m	S0	0 – 10%
248 - 260 dB/m	S1	11 – 33%
260 -280 dB/m	S2	34 – 55%
> 280 dB/m	S3	Higher than 67%

Pictured below compares a normal to a fatty liver might look between normal in green and red for fatty.

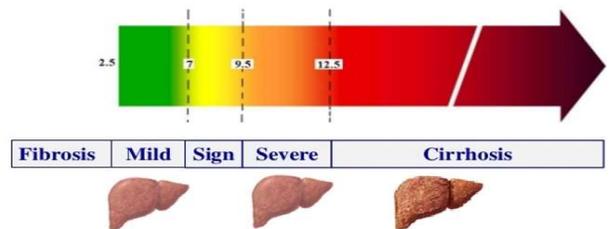


<https://hunterdongastro.com/non-alcoholic-fatty-liver-disease-nafld/>

VCTE is short for “vibration controlled transient elasticity”. VCTE tells us about the stiffness of the liver on this day. As liver cells become damaged by a constant insult by hepatitis viruses, alcohol or medications (prescriptions and over-the-counters), inflammation, and diet, it can cause collagen to be deposited into the liver in place of the damaged cells. This would lead to stiffness of the liver and is well explained in detail in reference #14.

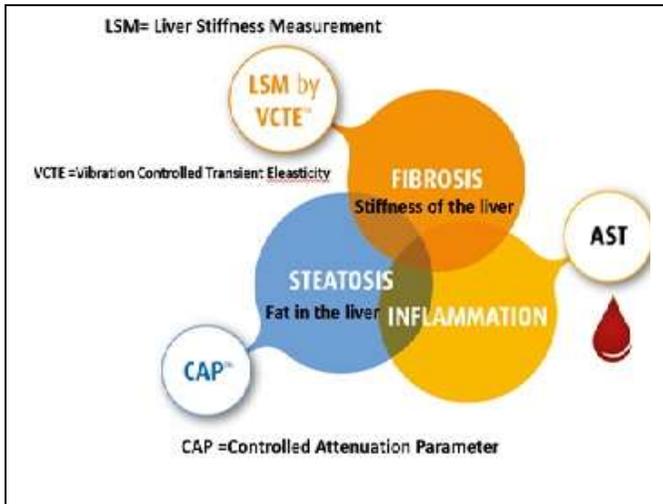
As the liver begins to harden, it loses its ability to function well. Much of what we consume at one point, or another goes through our liver. The liver is an amazing organ and can regenerate if the damage is not too severe before we intervene. Liver stiffness values by VCTE are shown from green being good to cirrhosis as you progress from red to deep red.

Liver stiffness cut-offs in chronic liver disease



<https://waynecoodmanbooks.wordpress.com/the-sharberg-curse/9-progress-sort-of/>

The following figure shows the interplay between VCTE, CAP, inflammation and blood AST level to evaluate what is going on in with our liver. Inflammation plays a part in the progression of fibrosis and steatosis. Aspartate aminotransferase (AST) is an enzyme that is measured in our blood, and it is often elevated as the liver is damaged.



The liver is involved in over 500 functions and is responsible for drug and alcohol metabolism, and detoxification. It is a fascinating organ as it can regenerate and repair itself. It is no surprise that medication used to treat HIV over a long time could have an impact on it. It is known that viruses such as hepatitis A, B and C attack the liver. Health conditions such as obesity, diabetes, high cholesterol and triglycerides and chronic inflammation all contribute to the stiffening and fatty deposits in the liver.

Before your Fibroscan, it's best to fast for at least 8 hours and do not drink coffee, even on the morning of the test. Much like many tests, fasting plays a role in the results.

Those who battle with the bulge or have uncontrolled diabetes are at greater risk for the development of a fatty liver irrespective of HIV status. There is no magic bullet that will reverse this condition that likely took 20-30 years to manifest. Restoring better health is possible. You have the most influence on your health.

Diet plays a major role on our liver health. It can be costly and require more planning to eat healthy although the benefits outweigh all the extras. Eating highly processed foods or fast foods are killing us. Eliminate any products containing high fructose corn syrup. Sugar and processed foods will not give you stable energy. You need foods with fats and protein for stable energy. Eat more whole fruits and vegetables and avoid eating bread

as much as possible. It is a complex carbohydrate that is not necessary.

Some foods store a lot of fat while others store less. This is where our choices become important. Sugar in all its forms, glucose, sucrose and fructose increases insulin. Sugar is at the root of belly fat or visceral fat and a leading cause of obesity and a fatty liver. Eating less is important also; portion sizes do matter. Read the labels of what you are buying and make an informed decision on what you want to put in your body. Work with a dietician at your physician's office to assist you in making better choices.

You can improve the values of your Fibroscan results by modifying your diet and increasing exercising along with making other lifestyle changes. Alcohol consumption puts a lot of pressure on our liver especially if the quantity is high and often. Smoking is another stressor; your health will benefit in many ways from quitting smoking. We alone can make all difference in the world with how well our liver functions.

Try not to get discouraged by your results of the Fibroscan if they are not desirable. Good health requires constant attention, and this is an example of how we can lead the way. We can gain a lot of benefit from increasing fiber in our diet. Fiber is good for many reasons like helping to keep us feeling full longer thus decreasing hunger pains. It slows the absorption of fats and sugars.

Some good and easy sources of fiber and other nutrients are Chia Seeds and Flax Seeds to help boost your daily fiber intake. Explore more about Chia Seeds and Flax Seeds and how they can be of benefit to you. Flax Seeds often should be ground up fresh from the whole seeds while Chia just need soaking in some water to release the fiber and other nutrients. The type of fiber in these two seeds feed healthy gut bacteria.

Exercise is very important as well. Walking, resistance training such as lifting weights will help improve your liver. Work with your clinical team to determine what form of exercise would be best for you. You can do this.

INVESTIGATOR BIO - DR DEBORAH JONES WEISS

By Dan Fitzgerald

Dr. Deborah Jones Weiss has a long history working with, and supporting persons with HIV and AIDS since the late 1980's. She currently serves as a co-liaison for the MWCCS National Community Advisory Board (NCAB) and is also an Investigator for the study.

Born in North Carolina she recalls moving around a lot in her childhood as her father was a travelling salesman. This gave her exposure to different cultures and new experiences all over the US. She eventually ended up at Northwestern University in Evanston, Illinois. Intrigued by why people do what they do, she pursued and received a B.A. in Psychology. After her time at Northwestern, in the early 1980s, she worked as college lecturer in Australia and was introduced to HIV for the first time and she was interested in research that examined prevention strategies. In the early 1990s, she served as an instructor/lecturer in Berlin, Germany, and at this time, her clients dealing with HIV & AIDS were all men.

She pursued a Master's degree in Counseling from Boston University where her research interests focused on persons experiencing trauma and HIV. She moved to Texas to pursue her education and training; at the University of North Texas, she received MA and Ph.D. degrees in Psychology and Clinical Psychology. During her tenure in Texas, and worked as a research assistant and counselor and Support Group Leader at the AIDS Outreach Center.

Following her time in Texas, Dr Jones moved to Miami where she served as a consultant at the University of Miami School of Medicine. Her research included Behavioral Interventions for Women with AIDS. She also served as Supervising Therapist, Counselor and Support Group Leader for The Center for Positive Connections.

Dr Jones is currently on a tenured research appointment at the University of Miami in the Department of Psychiatry & Behavioral Sciences. She also has and

appointment at the University of Zambia School of Medicine where she was invited to do work on couples counseling at a time where the average lifespan in Zambia was only 35.

Her connections to the MWCCS began in 2013. Dr Jones was part of an application process to expand the WIHS Study to Miami, a major hub of HIV and AIDS in the Southern states. While the WIHS Study started in 1994, there was not a presence in Miami until her efforts. Today, she continues to serve as an MWCCS Investigator at the Miami site.

Around 2020, she was invited to serve as Scientific Liaison to the MWCCS National Community Advisory Board (NCAB). In this capacity, her goal is to be an advocate for participants and she continues her advisory role on the NCAB today. Dr Jones is honored to contribute to the NCAB.

INTRODUCING THE MWCCS DACC

By MWCCS DACC

The MWCCS Data Analysis and Coordination Center (DACC), led by Principal Investigators Dr. Amber D'Souza, Dr. Stephen Gange, and Dr. Elizabeth Topper Golub, is located at the Johns Hopkins University Bloomberg School of Public Health in Baltimore, Maryland. The DACC supports the MWCCS in 5 main areas:

- 1) **Investigator and Cohort Partnerships:** The DACC provides epidemiological and statistical expertise to support collaborations with MWCCS investigators and external investigators on research projects that have been prioritized by the MWCCS Executive Committee. The DACC helps the MWCCS develop and maintain partnerships to maximize the potential of MWCCS data, specimens, and resources.
- 2) **Participant Recruitment:** The DACC coordinates the recruitment of new MWCCS participants, including coordination of standardized baseline visits across all sites and reports to sites, the Steering

Committee and the Executive Committee about their current enrollment statistics to track that we meet our targets

- 3) **Research Management:** The DACC coordinates cohort-wide research activities. This includes managing research projects through the MWCCS concept sheet review and management system, the oversight of Working Groups and committees, and supporting communication between MWCCS and external investigators. This also includes managing study operations such as the study protocol and forms, manuals of operations, and study outcomes.
- 4) **Data and Specimen Management:** The DACC develops and maintains a web-based data management system to standardize and integrate historic data from the MACS and WIHS, and manage new data collected during MWCCS visits. The DACC also oversees the storage and transfer of biological specimens at national repositories, produces annual public data sets, and conducts trainings about the appropriate use of study data for local research.
- 5) **Quality Assurance:** The DACC developed and manages a quality assurance program in partnership with the sites that oversees data management, study coordination, statistical methods, and scientific disciplines. This program, which will include periodic site QA visits in the future, monitors study-wide quality and promotes standardized data collection across all MWCCS clinical research sites.

For more information or questions about the DACC, please email mwccs@jhu.edu.

FREE COVID TESTING KITS

You can order four free rapid COVID-19 test kits per household through the federal government at the following website

www.covidtests.gov

ARE YOUNG PEOPLE INTERESTED IN STUDIES LIKE THIS?

By Queen Hatfield

Human immunodeficiency virus infection (HIV) and acquired immune deficiency syndrome (AIDS) have been a threat to the world for several decades. How do you persuade younger people to be a part of a study regarding HIV/AIDS that still causes havoc today, but existence was before their time? What do young adults feel about the study? Are they as interested as older adults who may have lived through dark times? Do they care about new developments such as new drug therapies, cures or new findings? These are a few concerns when starting a study with younger persons.

The Study of Treatment and Reproductive Health in Women (STAR) cohort focus is reproductive age women in the southern region. The eligibility to enroll in this program is a woman is between 18-45 years of age, female at birth, willingness to give informed consent, complete the interview in English or Spanish, be willing to have blood drawn and stored, and must give consent to the abstraction of pregnancy-related outcomes, including infant demographic, clinical characteristics, and outcomes. If you want more information about The Study of Treatment and Reproductive Health in Women (STAR) cohort, please visit the STAR website.

A STAR Participant Profile ~ Olivia ~. I am 20-year-old participate in the STAR study. I am a participating in the study because of the stipend. I am not sure if I would participate in the study if no stipend was provided. I do believe other younger adults would participate in the study, but I am not sure if they would give the time needed to complete the STAR study process. In my opinion, the study is to get young ladies to understand that there are diseases such as STI/STD, which include HIV, that can be passed along to others, and you possibly not even know it. I feel that this study will hopefully get people closer to a cure for HIV. The STAR study allows me to think about my actions, and I am more conscious about who and how I have a sexual relation. The staff was professional and made me feel comfortable. The overall visit was quick and simple.

HELPFUL MWCCS ABBREVIATIONS

By Martha Williams

We live with many abbreviations, so here's a reference for many common ones you may encounter at MWCCS.

Grant Related

MWCCS or CCS	Multicenter AIDS Cohort Study (MACS) /Women's Interagency HIV Study (WIHS) Combined Cohort Study
RFA	Research Funding Announcement
PI	Principal Investigator
PD	Program or Project Director
ESI	Early-Stage Investigator
CRS	Clinical Research Site
DACC	Data Analysis and Coordination Center

Science Related

CVD	Cardiovascular Disease
PFT	Pulmonary Functioning Testing
FIS	Food Insecurity
GBV	Gender Based Violence
PreEP	Pre-Exposure Prophylaxis
HLR	HIV Latent Reservoir
SNP	Single Nucleotide Polymorphisms
NACM	Non-AIDS Chronic Co-Morbidities
SC	Seroconverters
IPV	Intimate Partner Violence

Clinical Outcomes

CVD	Cardiovascular Disease
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
NHL	Non-Hodgkin Lymphoma
ESLD	End Stage Liver Disease
IFNL4	Interferon Lambda 4
DM	Diabetes Mellitus
NAFLD	Non-Alcoholic Fatty Liver Disease
BMD	Bone Density
ED	Erectile Dysfunction
COPD	Chronic Obstructive Pulmonary Disease
T2DM	Type-2 Diabetes Mellitus
CTA	Coronary CT Angiography

MWCCS STUDY . . . BY THE NUMBERS

MWCCS sites and participants statistics as of 1/13/2022.

13 = The number of study sites

3095 = Enrolled prior participants

434 = The number of new recruits (NR) to the study

Total new recruits (NR) still planned: approx. 1200

% Split between Female and Male

Carryover: 43% male, 57% female;

NR: 55% male, 42% female

% Split between Races

Carryover: non-white/not-specified 62%; white 38%

NR: non-white/not-specified 87%; white 13%

% Split between Positive and Negative Carryover

62% PLWH, 38% HIV-;

NR: 56% PLWH, 44% HIV-

% By age range

Carryover median age: PLWH 57 yo, HIV- 60 yo;

NR median age: PLWH 49 yo, HIV- 60 yo

HOW TO REFER A FRIEND TO JOIN THE STUDY

Many study sites are actively recruiting new participants. If you are aware of someone who might be a good candidate, please contact your local site study staff to find out how to make the referral. The study staff welcome the opportunity to speak with people who may be interested in participating and will be enrolling based on study eligibility criteria and site target requirements.

AMAZING PEOPLE LIVING WITH HIV

The NCAB is proud that two of its members have been featured in Plus magazine as part of their Amazing People issue. Congrats to Alicia Diggs and Marc Wagner. Check it out at: <https://www.hivplusmag.com/amazing-hiv-positive-people>

CNN SEGMENT ON HIV SUPPORT

Our own Tony Walker, was featured on CNN on a segment about HIV Support. Check it out at: <https://sponsorcontent.cnn.com/interactive/Gilead/blindangels/#alabama>

THOUGHTS OF STUDY PARTICIPANT RETENTION

By Marta Santiago

Study participant retention is critical to the ongoing success of all research studies and including MWCCS. Especially in pandemic times, its key to retain participants, as well as continue ongoing recruitment. Without participants there would be no study.

Being a long-term participant, from the original WIHS study, we've witnessed all sorts of retention strategies, over the years, but they all come down to some simple messages and strategies. Starting with making the participant feel valued and important. Our site Project Directors and study staff work hard to make each participant feel appreciated.

Regular participant communication is a key retention priority. Most participants appreciate regular communications to keep the connection. The exact communications method really depends on the participants' preferences and permissions.

Email often becomes a default communications method. When allowed, phone calls are a welcome reminder to touch base with participants by staff, that over the years, have become like friends. Not everyone who has a phone wants to be contacted. There are participants who've asked not to be phoned as they don't want their family or significant other to know their HIV status.

Mail communication poses similar challenges, and is used only to those whom have given permission. Study appointment reminders and results mailing are supplemented at some sites with birthday or holiday cards to keep the connection.

While honoring participant communication preferences, in some cases, study staff has to work like an investigator to locate or contact participants whose communications have lapsed. Challenges include shutdown Email addresses, disconnected phones, and undeliverable mail. The standard fallback is to attempt to contact an

emergency contact to help locate the participant, but some investigatory work may be needed.

For participants who've moved out of the area and still wish to be part of the study, sites will work closely to try to accommodate visits, sometimes remote or virtual (to the extent possible) or coordinating appointments that meet the participants' travel schedules.

Medical test and receiving timely results are also a big motivation for participants. Having regular, detailed medical testing allows health self-monitoring or sharing with a doctor, while not having to spend one's own funds for the testing.

The concept of compensation for study visits is top-of-mind for many participants. Most participate for the benefit of science, but for some, compensation is important. Sites generally provide a small stipend to compensate for travel, time, parking expenses, parking or transportation. No one will get rich from this remuneration, but it's very much appreciated by participants—it shows the study care's and appreciates the participants' contributions.

We know that food is also a motivator. This can range from snacks provided at the study visit to, in some cases, more food options where appropriate. Some sites have separate events to communicate study findings and perhaps some food too!

Many different options have been explored to keep participants interested and coming back. These have included transportation cards, child care options for those with this need, and support groups which can be extremely helpful for newly positive people. One of the most needed and welcomed was a support group in Spanish for those who do not speak English.

All of these strategies and gestures are truly appreciated. They make a difference. We can't thank Project Directors and staff for their care and efforts. With pandemic concerns keeping us more isolated, the personal touch makes a difference. Keep up the great work!

PARTICIPANT PERSPECTIVES FROM A BLACK GAY MAN

By Tony Christon-Walker

I've lived with HIV since 1993, and before working in the HIV field, I had never been asked to participate in studies of related to HIV; MWCCS is my third study in 29 years. Historically, there has not been much study participation by people who look like me. There are many reasons for this, and the one that pops up most often is the dreaded Tuskegee Experiments. We must stop utilizing the Tuskegee trials as a crutch for our shortcomings and acknowledge the institutional and structural racism as the real reason. Before you get upset, let me explain. Although there is an exceedingly large amount of documentation on the Tuskegee experiments, an extremely low percentage of the young people I've polled and served throughout the years, have firsthand knowledge of this study.

I am a Black gay man who has been living with HIV for over half my life. I grew up in a small town and was bussed into a mostly white school system and have seen and experienced what I call "pleasant racism." My mostly white school did things like separate the students by grade point averages as if they didn't know that education in America, has a wealth component and poor black kids typically haven't performed as well as the middle-class to wealthy white kids. Pleasant racism is very prevalent in every aspect of HIV, including research. It's not the "we don't want you here kind of racism" we see in many communities. It's the "we don't know people who identify as such," so it's not our fault that we can't find them. I have seen researchers make shallow attempts to recruit Black people and other people of color and give up because they cannot be easily found.

Part of the solution is always staring us in the face, and we choose to ignore it. It's the lack of diversity in the research staff and leadership. There is never a problem finding cisgender white people. That's because cisgender white people know where and how to find cisgender white people, and they have convinced themselves into thinking they are exhausting all their resources when it

comes to recruiting minorities. Diversification of the research will yield better results. I would also like to add that surface-level diversity is not the answer. Organizations need to find the right minorities. Just because someone is Black does not mean they have connections to the Black gay community. More work needs to be done to achieve real diversity, if we expect better outcomes in research studies.

Researchers should do more community work to foster deep connections to the communities in which they work. This requires funding. I've seen many studies where college graduates with bachelor's degrees, master's preferred, are sent into a community just because they have a degree. Typically, researchers will attempt to increase their odds of recruiting Black people but hiring a black graduate without close ties to the community often fails. Adding degree requirements for community work is the perfect example of the kind of "pleasant racism" I'm referring to. The average person in any given community can talk to their friends and neighbors about the importance of research. Most importantly a person from the community adds more credibility to the research and lessens suspicions about the research project's intent. I've also witnessed the hiring of community members to recruit, however they are paid substantially less because they do not have a degree. If the scope of the work is the same, the community worker should be compensated comparably, especially when doing the same job.

This study is a little different. MWCCS does a better job of outreach to reach out to the community. I was recruited by a black woman from my community. She does not have the HIV experience that I possess, but the fact that we live in the same community added credibility to her request for me to join. Historically, the way researchers have engaged my community has not worked. It's refreshing to see people who look like me, including Henry and Dr. Causey playing such integral roles in this study. Kudos, and thanks for trying to be better.

FDA APPROVES EMERGENCY USE TREATMENT FOR COVID-19. WHAT ARE THE IMPLICATIONS FOR PEOPLE LIVING WITH HIV?

By Marc Wagner

Vaccines help prevent and reduce the severity of COVID cases. However, there are those who still manage to get COVID even after vaccination and boosters. PAXLOVID by Pfizer is a combination of protease inhibitors. Those of us living with HIV are very familiar with this class of medications. The caveat of this regimen is that it also contains ritonavir to boost the action of Nirmatrelvir which is the other important active compound. Ritonavir is an older protease inhibitor and is still used to boost HIV medications.

The concern for the use of this medication in those of us living with HIV may be the enhanced potential for side-effects as the protease inhibitors may have in combination with our current HIV and other medications.

MIAMI STUDY SITE UPDATE

The Miami MWCCS Community Advisory Board (CAB) is led by Jaqueline Bethel with support from MWCCS staff, Arnetta Phillips and Andres Vazquez. The new National CAB Community Representative is Cynthia Mitchell, Dr. Deborah Jones (site PI) is an NCAB Scientific Liaison. The Miami CAB meets every other month; during COVID we met virtually and we are planning to return to in-person meetings outdoors in the very near future as we are enjoying beautiful Miami weather.

The CAB provides feedback and guidance on the MWCCS study and discusses issues of concern. As we continue to navigate the pandemic, our guest speakers have addressed COVID-19; speakers included Dr. Maria Alcaide (site PI) discussing COVID-19 updates, Dr. Jones (site PI) on stress management and relaxation training, Dr. Fischl (site PI) on COVID-updates; and Dr. Bolivar (site co-I) hand washing and distancing for prevention.

NCAB SCIENCE DAY PRESENTATION ANNOUNCEMENT

The NCAB will conduct its annual science program of three scientific presentations on Monday, May 16 starting at 12 noon Eastern Time. Each 20-minute presentation will be in lay language followed by 10 minutes of Q&A. The entire program will last about 1.5 hours.

For the first time, all MWCCS participants are invited to join via Zoom. To register for the event, please send an email to the NCAB, mwccsncab19812021@gmail.com. You do not need to include your name. We will respond to you with the presentation topics, presenters' names, times and Zoom information as May 16 approaches. We hope you will join.



WE'RE SEARCHING FOR VOLUNTEERS

The MWCCS National Community Advisory Board is looking for participants who are NOT members of the Board, but would like to belong to the Science & Research or Communications committees.

If you are interested, please ask your site program director to send us your contact information. We will contact you about the amount of time and effort needed to serve and answer any questions. Thank you.

MORE ABOUT THE NCAB

The National Community Advisory Board (NCAB) of the MACS/WIHS Combined Cohort Study (MWCCS) is an all-volunteer board with representatives from main Study sites: Atlanta, Baltimore/DC, Bronx, Brooklyn, Chapel Hill, Chicago Cook County, Chicago CORE Men's, Chicago NWU, Los Angeles, Miami, Mississippi, Pittsburgh/Ohio, San Francisco, UAB, Washington DC. Each local CAB determines their own representative selection process.

Impact of COVID on MWCCS Implementation – Writing to you from Washington, DC and Baltimore

By Jacquett Batson, Johns Hopkins, Lakshmi Goparaju, Georgetown, Jenn Kwait, Whitman-Walker Institute

Just like all aspects of life, the pandemic has had significant impact on MACS/WIHS Combined Cohort Study (MWCCS) implementation, staff, and participants at our sites, as it has across all study locations. As background about us for starters, Whitman-Walker Institute in Washington, DC has partnered with its primary site in Baltimore (Johns Hopkins) in the MACS for over 20 years. The Baltimore site is an original MACS site, with over 35 years of history with the cohort! Georgetown University has been a WIHS site for 28 years. As the MACS and WIHS cohorts have merged to form the MWCCS, our three locations have been enjoying local collaboration and shared experiences. We have all found that the key to successful implementation during the pandemic is first and foremost making space to connect with our study participants to express concerns and share thoughts about how to best move forward in a way that is comfortable and feels safe to them – and being as responsive as possible, while following restrictions put in place by our respective institutions. This includes letting participants know that they can continue to participate remotely and postpone in-person visits if that is their preference. For participants who rely on study labs for clinical care, we have prioritized them for in-person visits after study and institution “shut-downs” have ended.

For our sites, flexibility has been essential in navigating COVID, in terms of responding to participant needs and comfort levels and in implementing the various and extensive components of the study. As a research study, we are always guided by scientific methods to ensure sound findings and results, and much thinking and dialogue has taken place about how best to maintain this rigor with the realities of pandemic life. For the first visit cycle during COVID, we went “all virtual” – connecting

with participants over the phone to gather information about COVID experiences and for short medical interviews. These connections gave us all the opportunity to “check in” with each other about how we were faring – and for study staff to provide referrals for needs that may have arisen or worsened with the pandemic while also collecting critical data about COVID among MWCCS study participants. Our sites have always supported participants with referrals as needed, and COVID significantly ramped up the need and number of requests, ranging from materials needs, such as food and housing, to accessing COVID testing. Our study staff have shared how incredibly important this human connection to MWCCS staff was for them and were so happy to be able to be the voice on the other end of the line.

As we get back to the office with space and staff limitations in place due to social distancing, we have kept some study components virtual, including consent and survey interviewing. Other elements that require significant in-person time, such as pulmonary function testing and saliva collection, have been postponed as we figure out the best timing to start these from a safety perspective. Like the rest of the world, MWCCS continues to learn how to move forward in our new normal, with insights from participants and CAB members about how best to do so as the key to success.

THE REUNION PROJECT: NATIONAL HIV IS NOT A CRIME AWARENESS DAY

The Reunion Project celebrated February 28 as the inaugural National HIV is Not a Crime Awareness Day. We salute TRP for this event.

Founded in 2015 by activists living with HIV, The Reunion Project (TRP) is the national alliance of long-term survivors of HIV, collaborating with local and national HIV advocates, providers and researchers.

Learn more about them and the programs they offer at their website: <https://www.tpan.com/reunion-project>

HELPFUL RESOURCES – FIBROSCAN ARTICLE

- 1.) https://www.youtube.com/watch?v=TXxI4bB_CQY
- 2.) <https://www.poz.com/basics/hiv-basics/hiv-liver>
- 3.) <https://www.medmastery.com/guide/liver-lab-clinical-guide/liver-enzymes-and-liver-function-panel>
- 4.) <https://www.frontiersin.org/articles/10.3389/fmed.2021.615978/full>
- 5.) <https://tawazunhealth.com/fibroscan-fat-results/>
- 6.) <https://www.ailbsindia.com/everything-need-know-fatty-liver-diseases/>
- 7.) <https://www.lalpathlabs.com/blog/fatty-liver-signs-symptoms-and-diagnosis/>
- 8.) <https://academic.oup.com/ajcn/article/81/2/341/4607411>
- 9.) <https://liverfoundation.org/for-patients/about-the-liver/the-progression-of-liver-disease/#fibrosis-scarring>
- 10.) <https://researchfeatures.com/high-dose-niacin-promising-treatment-non-alcoholic-fatty-liver-disease/>
- 11.) <https://waynegoodmanbooks.wordpress.com/the-shamberg-curse/9-progress-sort-of/>
- 12.) <https://www.mskcc.org/cancer-care/patient-education/understanding-your-fibroscan-results>
- 13.) <https://www.everydayhealth.com/photogallery/fiber-rich-foods.aspx>

AVAC hosting a great zoom on “Vaccine Hesitancy” You can view it at:

<https://www.youtube.com/watch?v=yJXGYa-irQ>

HIV CUREiculum launched this week on the Treatment Action Group (TAG) website. It is a good resource for understanding more about HIV cure Research. More modules will be available soon:

<https://www.treatmentactiongroup.org/cure/cureiculum-2-0/cureiculum-2-0-introduction-to-hiv-cure-related-research-module/>

This is awesome video that will take you through how HIV infects its target cell and the life cycle there after:

<https://scienceofhiv.org/wp/animations/>

FDA EMERGENCY USE TREATMENT FOR COVID-19 – ADDITIONAL LINKS.

<https://www.cnbc.com/2021/12/22/fda-authorizes-pfizers-covid-treatment-pill-the-first-oral-antiviral-drug-cleared-during-the-pandemic.html>

https://www.covid19oralrx-patient.com/?gclid=Cj0KCQiAip-PBhDVARisAPP2xc2TFzE-oh8aY_XYua2x2TI5DjYMYJgQsZ7QxdKIAj0ZjFBWdBN-GUsaAidcEALw_wcB&gclsrc=aw.ds

<https://en.wikipedia.org/wiki/Nirmatrelvir>

<https://www.medpagetoday.com/opinion/skeptical-cardiologist/96692>

HOW TO CONTACT THE NCAB

If you have a question or wish to learn more how you may be able to volunteer to support the NCAB’s mission, send an email to the NCAB at:

mwccsnkab@gmail.com

For more information, you can also visit us at our website:

<https://statepi.jhpspi.jhsp.edu/mwccs/nkab/>

