



## CANADIAN GUIDELINES ON PrEP AND nPEP PUBLISHED

EXPANDED USE OF PrEP AND nPEP RECOMMENDED FOR AT-RISK GROUPS

PrEP and nPEP  
guidelines authors:  
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CTN investigators

After nearly two years of work and consultation, the first Canadian Guidelines on pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) were published in the *Canadian Medical Association Journal* on November 27, 2017.

Both PrEP and nPEP are biomedical interventions: antiretroviral drugs, taken before and after sexual or drug-use related exposure to HIV to prevent infection. Both are highly effective and have been shown to reduce sexually-transmitted infection by more than 90% when taken properly.

"These new strategies have been widely endorsed worldwide by organizations including the WHO, U.S. CDC and others," said Dr. Darrell Tan, CTN investigator and lead author of the guidelines.

Briefly, the guidelines call for extended use of both PrEP and nPEP for HIV-negative populations that are disproportionately affected, namely men who have sex with men (MSM), people who inject drugs (PWID), Indigenous people, and people from HIV-endemic countries.

HIV still affects these groups much more than other Canadians. MSM are estimated to be 131 times higher than the general population, while PWID are 59 times more likely than non-drug-users. Indigenous people and people from countries with endemic HIV are also more likely to acquire HIV (2.7 times and 6.4 times more likely, respectively).

When used in high-risk populations, PrEP and nPEP are also cost-effective.

"To date, the cost of these medications has restricted the feasibility and acceptability of these strategies," said Dr. Tan. "However, the recent introduction of generic versions of antiretroviral medications, as well as increasing availability of public drug coverage for PrEP in Canada may have a substantial effect on their uptake."

Dr. Tan is part a team of over 20 experts, from fields as diverse as infectious disease, emergency medicine, nursing, pharmacy, public health, and community members that came together in 2015 to begin the process of creating the guidelines. Using a scientific review process, they scrutinized all existing literature on PrEP and nPEP to ensure the best possible information was included.

"Previous studies in other countries have shown that widespread use of PrEP led to dramatic reduction in new HIV diagnoses," said Dr. Tan. "We hope that these guidelines can provide clinicians with the resources they need to incorporate biomedical interventions into their care plans, and ultimately help Canada work towards eliminating new HIV infections."

The guidelines can be downloaded from the CTN website.

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## TRANS WORKING GROUP WORKING TO REMOVE HEALTH CARE BARRIERS



Trans Working Group at the 2017 CTN Annual Spring Meetings in Montreal

The Prevention and Vulnerable Populations (PVP) Core's Trans Working Group has submitted their first grant proposal.

The proposal is titled "TEACHH: Transgender women removing healthcare barriers to engagement in the HIV prevention and care cascades" and is headed by Dr. Carmen Logie, Yasmeen Persad, and Gabrielle Leblanc, and includes a large co-investigator and community collaborator team.

If funded, the team would develop and deliver theoretically-informed healthcare workshops for providers of HIV-care to trans women. The workshops would facilitate trans

inclusive services and programs, provide skills to increase culturally-competent and gender-affirming care and inform providers of the social context of trans women's lives.

In Canada, trans women experience higher HIV prevalence and lower access to care than cisgender people. In addition to a lack of training in the health needs of trans women, HIV-positive trans women face transphobia in HIV settings, and HIV stigma in trans care settings. There is a lack of research on the Canadian settings for HIV-positive trans women's health and interventions to address barriers.

"Trans people living with and affected by HIV need to be able to access care along the health continuum in order to lead healthy lives," said Yasmeen Persad. The team hopes this project will improve access.

The Trans Working Group is comprised of 11 people and includes people from many regions, ethnic backgrounds, both trans and cisgender people working together to advance trans health outcomes. The group consist of community and academics (with backgrounds in various disciplines including community-health, social work, education, gerontology, clinical research and epidemiology).

"PVP supports researchers (from community to academics) that are interested in a shared topic to come together and identify goals and then develop grant proposals," said Core associate, Chavisa Horemans. "We foster naturally-forming research working groups that are passionate about topics that best serve the interests of the communities involved."

The CTN's four Cores organize work and partnerships in their own way. The Prevention and Vulnerable Populations Core's working group model is distinct as it brings together investigators and community members around common themes often drawing people from all four CTN Cores.

## POSTDOC SPOTLIGHT: DR. NADINE KRONFLI



CTN Fellow Dr. Nadine Kronfli

Now in her second year, Dr. Nadine Kronfli's postdoc at the CTN has been a whirlwind of activity.

Initially investigating modifiable risk factors that affect liver fibrosis progression among women living with HIV-HCV co-infection, her focus changed with a proposal to build a model to link people living with hepatitis C in provincial custody to hepatitis C care.

"People incarcerated in Canada face different challenges depending on whether they are incarcerated in federal or provincial facilities," said Dr. Kronfli. "While people in federal institutions have open access to direct-acting antivirals, the same is not true in provincial facilities."

Provincial and territorial facilities do not offer HCV treatment for a number of reasons including shorter incarceration times and frequent transfers that may impede the successful completion of treatment. So, Dr. Kronfli decided to focus on building a model that would remove barriers to linkage and treatment post-release.

"Our program focuses on ensuring people in prison are routinely screened for HCV, receive on-site liver assessments, pre-discharge planning, and post-release transportation to follow-up HCV care through a multidisciplinary allied health care team," said Dr. Kronfli. "This is a unique model in Canada, and we hope that it will be expanded to more provinces following our results in Quebec."

Dr. Kronfli was awarded a \$994,103 research grant to conduct this study through Gilead's HCV SCALE (SCreening Access and Linkage to CarE) program.

Dr. Kronfli completed a Bachelor of Science at McGill University, a Master of Public Health at the Yale School of Public Health, a Medical Doctorate at the University of Ottawa, and fellowships at both McMaster University (Internal Medicine and Infectious Diseases) and the Ontario HIV Treatment Network.

Her CTN fellowship supervisor is CCD Core lead, and National Co-director Dr. Marina Klein.

**CTN 300 — ENGAGE STUDY****Research Core: Prevention and Vulnerable Populations (PVP)**

The Engage Study (CTN 300) will collect information about how HIV risk behaviours vary across the country and how these risks are affected by clinical and community interventions. Specifically, the study will focus on gay, bisexual, and other men who have sex with men (gbMSM), a group which is disproportionately affected by HIV and account for half of HIV incidence in Canada. Led by Dr. Trevor Hart, the study will recruit participants in Toronto, Montreal, and Vancouver. Participants will undergo regular clinical testing and complete questionnaires on HIV risk behaviour and health services access. The data will be collected at baseline and 12 months and compared across cities and time points. The researchers are interested in access and utilization of biomedical prevention such as PrEP and point-of-care HIV testing but also sociobehavioural prevention strategies, such as educational programs and safer sex campaigns. The study design will allow the researchers to identify which programs are being utilized, which are associated with a drop in HIV and STI transmission, and which components to include in future programs.

**CTN 307 — E/C/F/TAF SWITCH WITH DAA THERAPY FOR PEOPLE ON OST****Research Core: Co-infections and Concurrent Diseases (CCD)**

People living with both HIV and HCV can face unique health challenges that are exacerbated by poor adherence to either of their antiviral regimens. For people who also receive opioid substitution therapy (OST), most often methadone, regular, scheduled visits to community pharmacies can also dispense antivirals, thereby supporting medication adherence. However, in combination, some antiviral medications can have dangerous side effects and can reduce adherence due to high pill count and complex schedules. In response, CTN 307 will combine elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide fumarate (E/C/F/TAF — Genvoya), with the HCV direct-acting antiviral (DAA) sofosbuvir/velpatasvir (SOF/VEL — Eplclusa), a combination which may have less harmful side effects and is a simple, two-pill, once-daily regimen. The pilot study will assess treatment adherence, side effects, drug-drug interactions, and willingness of those who are eligible to switch to E/C/F/TAF from their current ART regimen and participate in the study. The study, led by Dr. Alex Wong, is recruiting participants at two clinical sites in Saskatchewan.

**CTN 308 — IMPROVING VAGINAL HEALTH TO DECREASE HIV RISK****Research Core: Prevention and Vulnerable Populations (PVP)**

Due to a number of biological factors, women have a significantly higher risk of acquiring HIV compared to men. Imbalances in the levels of sex hormones such as progesterone and estrogen can affect a woman's susceptibility to infection. Estrogen raises the levels of healthy bacteria in the microbiome of the vagina which increases protection against sexual transmitted infections (STIs), including HIV. Black and Hispanic women may be more likely to experience dysregulation in their vaginal microbiome, increasing their chances of acquiring HIV. CTN 308, a pilot study led by Drs. Fiona Smaill and Charu Kaushic, will test several different interventions that aim to improve the vaginal flora: a low-dose vaginal estrogen ring, a vaginal probiotic, and an oral probiotic. These interventions will be delivered in combination, or alone, in a cohort of eighty African, Caribbean, and Black women in Toronto. The study will take place over 9 weeks and blood and vaginal samples will be collected before, during, and after treatment. The results of the study will help researchers understand how the vaginal microbiome affects STI susceptibility and the potential interventions that can be used to improve it.

**RESULTS: CTN 260 — RALTEGRAVIR SWITCH STUDY**

Results are in for CTN 260, which assessed the safety of a raltegravir regimen on HIV/HCV coinfected people.

People living with both HIV and HCV are at an increased risk for progression to severe liver disease. Antiretroviral therapy (ART) is generally associated with improvement in liver outcomes, however ritonavir boosted protease inhibitor-based ART may have negative impacts on liver health.

In CTN 260, led by Dr. Marina Klein, researchers studied the effect of raltegravir, an ART regimen that may be safer for the liver but has not been thoroughly investigated in HIV-HCV co-infection.

Participants in CTN 222 who were receiving a ritonavir boosted regimen were asked to participate in the study. Half of study participants were randomized to remain on their current regimen and half

were switched to raltegravir. Liver fibrosis was measured using two non-invasive methods, APRI (Aspartate aminotransferase to platelet ratio index), and FibroScan — an ultrasound to assess liver stiffness. Immune, virologic, and metabolic markers were collected throughout the study period.

The ability of study investigators to detect changes between the two groups was hindered by unexpectedly slow recruitment; only nine were recruited of the proposed 40 participants. No changes in fibrosis or metabolic measurements were seen between the groups; adverse events were mild and HIV control was maintained in the raltegravir group.

Dr. Klein and the study team concluded that raltegravir is a safe option for treatment of HIV-HCV coinfection however its impact on liver fibrosis should be investigated in future studies.



National Co-director and CCD Core leader, Dr. Marina Klein

## START-UPS

### CTNPT 028

Safety, tolerability and effect on immune function of cannabinoids

Principal Investigator Dr. Cecilia Costiniuk

### CTNPT 029

Psychosocial intervention for older HIV+ adults with HAND

Principal Investigator Dr. Sharon Walmsley

### CTNPT 030

Feasibility of crystal meth interventions among GBMSM

Principal Investigator Dr. Nathan Lachowsky

### CTN 287

OPT-IN study

Principal Investigators Dr. Darrell Tan  
Dr. Isaac Bogoch

### CTN 294

LAHGDA study

Principal Investigator Dr. Thibault Mesplède

### CTN 298

Effect of HGH on HIV reservoir

Principal Investigator Dr. Jean-Pierre Routy

### CTN 300

ENGAGE study

Principal Investigator Dr. Trevor Hart

### CTN 303

Decentralizing PrEP delivery through family physicians and nurses

Principal Investigator Dr. Darrell Tan

### CTN 305

Pan-Canadian PrEP cohort

Principal Investigator Dr. Darrell Tan

### CTN 307

E/C/F/TAF switch with DAA therapy for people on OST

Principal Investigator Dr. Alex Wong

### CTN 308

Improving vaginal health to decrease HIV risk

Principal Investigators Dr. Fiona Smaill  
Dr. Charu Kaushic

## ENROLLING

### CTNPT 013

Sexual health and HIV-risk management in MSM

Enrolled 6  
Target Enrolment 42  
Principal Investigator Dr. Bertrand Lebouché  
Sites: Montreal, Toronto

### CTNPT 022B

Probiotic supplements for gut immune health (PROOV IT II)

Enrolled 16  
Target Enrolment 36  
Principal Investigator Dr. Rupert Kaul  
Sites: Toronto

### CTNPT 023

Novel mRNA-based HPV testing for MSM living with HIV

Enrolled 87  
Target Enrolment 96  
Principal Investigators Dr. Troy Grennan  
Dr. Mona Loutfy  
Sites: Hamilton

### CTNPT 024

Nonalcoholic steatohepatitis in HIV mono-infection

Enrolled 26  
Target Enrolment 30  
Principal Investigator Dr. Giada Sebastiani  
Sites: Montreal

### CTNPT 025

The ProSPAR study: Progesterone supplementation for HIV-positive pregnant women on antiretrovirals

Enrolled 0  
Target Enrolment 40  
Principal Investigators Dr. Kellie Murphy  
Dr. Sharon Walmsley  
Sites: Toronto

### CTNPT 027

Effect of metformin on HIV reservoir size in non-diabetic ART treated patients: Lilac study

Enrolled 20  
Target Enrolment 22  
Principal Investigator Dr. Jean-Pierre Routy  
Sites: Montreal, Ottawa, Toronto

### CTN 277

CARMA endo study

Enrolled 404  
Target Enrolment 400  
Principal Investigator Dr. Melanie Murray  
Sites: Montreal, Ottawa, Vancouver

### CTN 283

The I-Score study

Enrolled 27  
Target Enrolment 320  
Principal Investigator Dr. Bertrand Lebouché  
Sites: Montreal, Toronto, Vancouver

### CTN 286

TriiAdd study

Enrolled 25  
Target Enrolment 100  
Principal Investigator Dr. Marina Klein  
Sites: Montreal, Regina, Quebec City, Vancouver, Victoria

### CTN 288

LHIVE Healthy

Enrolled 56  
Target Enrolment 750  
Principal Investigators Dr. José Côté  
Dr. Cécile Tremblay  
Sites: Montreal, Online across Canada

### CTN 290

HIV and sleep

Enrolled 27  
Target Enrolment 60  
Principal Investigators Dr. Marie-Josée Brouillette  
Dr. Lesley Fellows  
Sites: Montreal

### CTN 291

Preterm birth in HIV-positive pregnancies

Enrolled 235  
Target Enrolment 283  
Principal Investigators Dr. Deborah Money  
Dr. Hélène Côté  
Dr. Isabelle Boucoiran  
Sites: Montreal, Vancouver

### CTN 292A

Development of a screening algorithm for predicting high-grade anal dysplasia in HIV+ MSM

Enrolled 411  
Target Enrolment 3000  
Principal Investigator Dr. Troy Grennan  
Sites: Ottawa, Toronto, Vancouver

### CTN 292B

Treatment of high-grade anal dysplasia in HIV+ MSM

Enrolled 24  
Target Enrolment 350  
Principal Investigator Dr. Troy Grennan  
Sites: Ottawa, Toronto, Vancouver

### CTN 293

REPRIEVE trial

Enrolled\* 87 (Canada)  
4705 (International)  
Target Enrolment 500 (Canada)  
6500 (International)  
Principal Investigator Dr. Steven Grinspoon  
Sites: Hamilton, Montreal, Quebec City, Toronto, Vancouver

**CTN 299**  
Bone health in HIV+ aging women

Enrolled 5\*  
Target Enrolment 128  
Principal Investigator Dr. Sharon Walmsley  
Sites: Hamilton, Modena, Montreal, Milan, Quebec City, Toronto, Vancouver

**ON-GOING**

**CTNPT 003**  
Bone and renal outcomes in tenofovir-exposed infants

Principal Investigator Dr. Jason Brophy

**CTNPT 005**  
Measuring cognition in HIV

Principal Investigators Dr. Marie-Josée Brouillette  
Dr. Marina Klein

**CTNPT 006**  
The Niaspan® study

Principal Investigator Dr. Bertrand Lebouché

**CTNPT 011**  
Monitoring penicillin levels for syphilis

Principal Investigator Dr. Paul MacPherson

**CTNPT 021**  
BATARI pilot trial

Principal Investigator Dr. Darrell Tan

**CTNPT 026**  
Neuroimaging as a biomarker for cognitive training in HAND

Principal Investigator Dr. Lesley Fellows

**CTN 248**  
Incentives stop AIDS & HIV in drug users

Principal Investigators Dr. Julio Montaner  
Dr. Mark Hull

**CTN 256**  
Phase IIB study of efficacy and safety of AGS-004

Principal Investigator Dr. Jean-Pierre Routy

**CTN 257**  
Impact of HIV on mucosa

Principal Investigator Dr. Jean-Pierre Routy

**CTN 271**  
Gay Poz Sex (GPS)

Principal Investigator Dr. Trevor Hart

**CTN 273**  
Brain health now!

Principal Investigators Dr. Marie-Josée Brouillette  
Dr. Lesley Fellows

**CTN 275**  
ESSAHM trial

Principal Investigator Dr. Ann Burchell

**CTN 289**  
E/C/F/TAF switch with ledipasvir-sofosbuvir

Principal Investigator Dr. Curtis Cooper

**CTN 297**  
Black PRAISE

Principal Investigator Dr. Winston Husbands

**CTN 301**  
DRUM: Development of a rural model of HIV care

Principal Investigator Dr. Cathy Worthington

**CTN 302**  
Visioning Health II

Principal Investigator Dr. Charlotte Loppie

**REPORTING**

**CTN 254**  
Inflammation as a predictor of HIV disease progression

Principal Investigators Dr. Darrell Tan  
Dr. Mark Hull

**CTN 264**  
Investigating access to food for people living with HIV-HCV co-infection

Principal Investigators Dr. Joseph Cox  
Dr. Anne-Marie Hamelin

**CTN 265**  
The sexual confidence study

Principal Investigator Dr. Trevor Hart

**CTN 284**  
WeTel Retain: Promoting engagement in pre-ART HIV care through SMS

Principal Investigator Dr. Richard Lester

**COHORT STUDIES**

**CTN 222°**  
Canadian co-infection cohort

Enrolled 1781  
Target Enrolment 950+  
Principal Investigator Dr. Marina Klein  
Sites: Edmonton, Halifax, Hamilton, Montreal, Ottawa, Toronto, Quebec City, Vancouver, Windsor

**CTN 236°**  
A long-term study of an HPV VLP vaccine in a cohort of HIV-positive girls and women

Enrolled 233  
Target Enrolment 353  
Principal Investigator Dr. Deborah Money  
Sites: Hamilton, Montreal, Ottawa, Toronto, Quebec City, Vancouver, Windsor

**CTN 242**  
Canadian observational cohort collaboration (CANOC)

Principal Investigator Dr. Robert Hogg

**CTN 247**  
Canadian cohort of HIV-positive slow progressors

Principal Investigator Dr. Cécile Tremblay

**CTN 262°**  
Canadian HIV women's sexual and reproductive health cohort study (CHIWOS)

Enrolled 1425  
Target Enrolment 1400+  
Principal Investigator Dr. Mona Loutfy  
Sites: Montreal, Ottawa, Toronto, Vancouver

**CTN 272°**  
The Canadian HIV and aging cohort

Enrolled 1078  
Target Enrolment 1000  
Principal Investigators Dr. Cécile Tremblay  
Dr. Madeleine Durand  
Sites: Calgary, Montreal, Ottawa, Quebec City, Toronto, Vancouver

**CTN 281**  
EPIC4: Early pediatric initiation Canadian child cure cohort

Principal Investigator Dr. Hugo Soudeyns

\* Enrolling

## PUBLICATIONS AND PRESENTATIONS

**Aibibula W, Cox J, Hamelin AM, Moodie EEM, Naimi AI, McLinden T, Klein MB, Brassard P.** Food insecurity may lead to incomplete HIV viral suppression and less immune reconstitution among HIV/hepatitis C virus-coinfected people. *HIV Med.* 2017 Nov 2.

**Balogun KA, Lenis MG, Papp E, Loutfy MR, Yudin MH, MacGillivray J, Walmsley SL, Silverman M, Serghides L.** Elevated levels of estradiol in HIV-positive pregnant women on protease inhibitor-based regimens. *Clin Infect Dis.* 2017 Aug 24.

**Durand M, Chartrand-Lefebvre C, Baril JG, Trottier S, Trottier B, Harris M, Walmsley SL, Conway B, Wong A, Routy JP, Kovacs C, MacPherson PA, Monteith KM, Mansour S, Thanassoulis G, Abrahamowicz M, Zhu Z, Tsoukas C, Ancuta P, Bernard N, Tremblay CL; Canadian HIV and Aging Cohort Study investigators.** The Canadian HIV and aging cohort study - determinants of increased risk of cardio-vascular diseases in HIV-infected individuals: rationale and study protocol. *BMC Infect Dis.* 2017 Sep 11;17(1):611.

**Durand-Zaleski I, Mutuon P, Charreau I, Tremblay CL, Rojas D, Pialoux G, Chidiac C, Capitani C, Spire B, Cotte L, Chas J, Meyer L, Molina JM; ANRS IPERGAY Study Group.** Costs and benefits of On-Demand HIV Pre-Exposure Prophylaxis in Men Who Have Sex with Men Analysis of the ANRS IPERGAY study with a one-year follow-up. *AIDS.* 2017 Oct 12.

**Kronfli N, Lacombe-Duncan A, Wang L, de Pokomandy A, Kaida A, Logie CH, Conway T, Kennedy VL, Burchell AN, Tharao W, Pick N, Kestler M, Sereda P, Loutfy MR; CHIWOS Research Team.** Understanding the correlates of attrition associated with antiretroviral use and viral suppression among women living with HIV in Canada. *AIDS Patient Care STDS.* 2017 Oct;31(10):428-37.

**Loutfy MR, de Pokomandy A, Kennedy VL, Carter A, O'Brien N, Proulx-Boucher K, Ding E, Lewis J, Nicholson VJ, Beaver K, Greene S, Tharao W, Benoit A, Dubuc D, Thomas-Pavanel J, Sereda P, Jabbari S, Shurgold JH, Colley G, Hogg RS, Kaida A; CHIWOS Research Team.** Cohort profile: The Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS). *PLoS ONE.* 2017 Sep 28;12(9):e0184708.

**Mehraj V, Ghali P, Ramendra R, Costiniuk C, Lebouche B, Ponte R, Reinhard R, Sousa J, Chomont N, Cohen EA, Ancuta P, Routy JP.** The evaluation of risk-benefit ratio for gut tissue sampling in HIV cure research. *J Virus Erad.* 2017 Oct;3(4):212-7.

**Moore DM, Cui Z, Lachowsky NJ, Rich AJ, Roth EA, Raymond HF, Sereda P, Montaner J, Wong J, Armstrong HL, Hall D, Hogg RS; Momentum Study Team.** Increasing HIV treatment optimism but no changes in HIV risk behaviour among men who have sex with men (MSM) in Vancouver, Canada. *J Acquir Immune Defic Syndr.* 2017 Dec 1;76(4):e98-101

**Patterson SE, Carter A, Nicholson VJ, Webster K, Ding E, Kestler M, Ogilvie GS, de Pokomandy A, Loutfy MR, Kaida A.** Condomless sex among virally suppressed women with HIV with regular HIV-serodiscordant sexual partners in the era of treatment as prevention. *J Acquir Immune Defic Syndr.* 2017 Dec 1;76(4):372-81.

**Ponte R, Dupuy FP, Brimo F, Mehraj V, Brassard P, Bélanger M, Yurchenko E, Bernard NF, Jenabian MA, Routy JP.** Characterization of myeloid cell populations in human testes collected after sex reassignment surgery. *J Reprod Immunol.* 2017 Oct 14.

**Routy JP, Mehraj V.** Potential contribution of gut microbiota and systemic inflammation on HIV vaccine effectiveness and vaccine design. *AIDS Res Ther.* 2017 Sep 12;14(1):48.

**Slogrove AL, Bettinger JA, Janssen P.** Unknown antenatal HIV-infection status has declined over time in British Columbia, Canada. *J Obstet Gynaecol Can.* 2017 Oct 17.

**Toupin I, Engler K, Lessard D, Wong L, Lénart A, Spire B, Raffi F, Lebouche B.** Developing a patient-reported outcome measure for HIV care on perceived barriers to antiretroviral adherence: Assessing the needs of HIV clinicians through qualitative analysis. *Qual Life Res.* 2017 Oct;17(5):785-10.

**Wacleche V, Landay A, Routy JP, Ancuta P.** The Th17 lineage: from barrier surfaces homeostasis to autoimmunity, cancer, and HIV-1 pathogenesis. *Viruses.* 2017 Oct;9(10):303.

## PHOTO HIGHLIGHTS: CTN FALL MEETINGS IN TORONTO



A chance reunion of 2011 postdoctoral fellows Drs. Lawrence Mbuagbaw, Frederick Morfaw, and Thibault Mesplède, still active in the network.



Drs. Cecilia Costiniuk and Ali Jenabian attended the Fall meetings after the funding of their new pilot study CTNPT 028: Safety, tolerability and effect on immune function of cannabinoids.

CTN National Co-director Dr. Marina Klein led a tribute lunch to the late Dr. Mark Wainberg. The event included stories from the audience and community members.



Current postdoctoral fellows with program manager, Jacquie Sas. From left: Drs. Nancy Nashid, Nisha Andany, Kayode Balogun, Margo Pearce, Nadine Kronfli, and Nasheed Moqueet.

## U=U FRONT AND CENTER AT CATIE FORUM



Three t-shirts – three different ways for U=U. From left: Christian Hui from Canadian Positive People Network, Bruce Richman from Prevention Access Campaign, and Trevor Stratton from the Canadian Aboriginal AIDS Network.

At CATIE's Forum held in Toronto from November 23-24, 2017, the community led campaign of U=U, or undetectable equals untransmittable, was presented to a large Canadian audience of community and front-line service providers.

Bruce Richman, executive director of the Prevention Access Campaign, spoke about the U=U movement that has dominated discussions in the community throughout 2017 and has been endorsed by over 500

organizations in 68 countries. The campaign references the Swiss Statement from 2008, and draws on the HPTN 052, PARTNER, and Opposites Attract study results. It states that people living with HIV on ART with an undetectable viral load in their blood cannot sexually transmit HIV.

Many have called the U=U campaign a game changer for promoting healthy living with HIV and providing tools to end structural stigma. "We have been living and

dying with HIV stigma for 35 years and now we have an opportunity to dismantle that stigma," said Richman.

The U=U consensus statement, issued in July 2016, points out that not all people living with HIV may be in a position to reach an undetectable viral load due to factors limiting treatment access such as inadequate health systems, poverty, racism, denial, stigma, discrimination and criminalization. Within the discussions at the CATIE Forum, some community members addressed the issue that U=U focuses solely on sexual transmission, not on other transmission routes such as injection drug use or through breastfeeding.

Other topics at CATIE's Forum included PrEP, self-testing and blood spot testing and availability of new HCV treatments. Reconciliation with the Indigenous community, harm reduction, engaging key populations, and the need for community engagement in research and programs that speak to the reality of people's lives were central themes throughout the conference.

Almost 400 front-line workers attended the event. CTN investigators were featured as speakers, panelists and moderators: Drs. Lisa Barrett, Mark Gilbert, Mark Hull, Naveed Janjua, Alexandra King, Mona Loutfy, Nitika Pant Pai, Lena Serghides, and Darrell Tan.

## NEWS BRIEFS

**A special thank you to Dr. Anita Rachlis** who is retiring from Sunnybrook Research Institute and stepping down as chair of the Postdoctoral Fellowship Adjudication Committee. She served on the committee from 2006 to 2017 and as chair since 2010. Prior, Dr. Rachlis served on the Scientific Review Committee, the Steering Committee, and was a CTN regional director for Toronto metro area prior to the implementation of the Core Research structure.

**Congratulations to Dr. Jun Chen** who started a special "China/CTN International Postdoctoral Fellowship." The fellowship is co-supervised by Dr. Jean-Pierre Routy and Dr. Hongzhou Lu from the Shanghai Public Health Clinical Centre in Shanghai. This fellowship is part of the CTN/China collaboration and is funded by the Chinese government. Dr. Chen's project is entitled "Contribution of tryptophan metabolism in HIV inflammation and persistence." Welcome Dr. Chen!

**Welcome to Renée Cormier** who joined the CTN National Centre as Director, Grants and Strategic Research Communications. This is a shared position with the Centre for Health Evaluation and Outcome Sciences providing grant facilitation and support. She has a PhD in Applied Social Psychology from the University of Windsor and over 20 years of experience as a grant writer, grant facilitator, and health researcher. Welcome Renée!

**The Scientific Review Committee welcomes Dr. Naveed Janjua** (University of British Columbia, BC Centre for Disease Control) as its newest member.

**Congratulations to Dr. Darrell Tan** (St. Michael's Hospital, Toronto) and his team for a five-year HIV Implementation Science Component 2 grant for the "Scaling up re-exposure prophylaxis (PrEP) for HIV Prevention: optimizing strategies for targeting and delivering PrEP to men who have sex with men in British Columbia and Ontario."

**Congratulations to Dr. Stuart Skinner** (University of Saskatchewan) and his team for a five-year HIV Implementation Science Component 2 grant for the "Enhancing and Expanding the "Know Your Status" Initiative in on-reserve Indigenous Communities in Saskatchewan: A community-engaged intervention to increase diagnosis, linkage to care and prevention of HIV, Hepatitis C virus and sexually transmitted and blood-borne infections."

**Congratulations to Dr. Mark Gilbert** and his team for a five-year HIV Implementation Science Component 2 grant for their study "Understanding contextual factors to effectively and equitably scale up GetCheckedOnline to diverse populations and geographic settings."



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The CTN is a Canada-wide partnership of researchers, caregivers, governments, health advocates, the innovative pharmaceutical and biotechnology industry, and people living with HIV who are committed to developing treatments, preventions and a cure for HIV and related health conditions, through the conduct of scientifically sound and ethical trials.

We are committed to maximizing the impact of research and ultimately improving the health of Canadians by applying knowledge gained through research at home and abroad into applications and practice.

The CTN accepts donations to help build capacity for HIV clinical research.

Go to [www.hivnet.ubc.ca](http://www.hivnet.ubc.ca) for more information.



CIHR IRSC

The CIHR Canadian HIV Trials Network is funded by the Canadian Institutes of Health Research and sponsored by the University of British Columbia and St. Paul's Hospital (Providence Health Care).

## CALENDAR

**CTN Annual Spring meetings** will be held in Vancouver, April 23-26, 2018.

**CTN Fall meetings** (invitation only) will be held in Montreal, October 15-18, 2018.

### CTN application process submission calendar

#### Fall 2017 competition dates

Full Submission: March 19, 2018

Review at CTN Spring Meetings (Vancouver): April 23-26, 2018

Decision Notification: May 31, 2018

#### Spring 2018 competition dates

Applicants must email Core Leads 30 days prior to LOI registration to signify intent to submit: February 12, 2018

LOI Registration: March 12, 2018

LOI Notification from CTN: March 28, 2018

Core Proposal-Development Opportunity (CTN Spring Meetings):

April 23-26, 2018

Full Submission: September 10, 2018

Review at CTN Fall Meetings (Montreal): October 15-18, 2018

Decision Notification: November 29, 2018

#### 2017 Pilot study competition dates

Pilot Study Funding Announcements: TBD December 2017/January 2018

## CONFERENCES

The **8th International Workshop on HIV & Women** will be held in Boston, MA., March 2-3, 2018. For more information and full details see: [www.virology-education.com/event/upcoming/international-workshop-hiv-women](http://www.virology-education.com/event/upcoming/international-workshop-hiv-women)

The **25th annual Conference on Retroviruses and Opportunistic Infections (CROI 2018)** will be held Boston, MA., March 4-7, 2018. For more information and full conference details see: [www.croiconference.org](http://www.croiconference.org)

The **12th annual American Conference for the Treatment of HIV (ACTHIV)** will be held April 5-7, 2018 in Chicago, IL. For more information and full conference details see: [www.acthiv.org](http://www.acthiv.org)

The **27th Annual Canadian Conference on HIV/AIDS Research (CAHR 2018)** will be held in Vancouver, BC, April 26-29. For more information and full conference details see: [www.cahr-acrv.ca/conference](http://www.cahr-acrv.ca/conference)

The **22nd International AIDS Conference (AIDS 2018)** will be held in Amsterdam, the Netherlands, July 23-27. For more information and full conference details see: [www.aids2018.org](http://www.aids2018.org)



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