





the CTN
CIHR Canadian
HIV Trials Network

le Réseau
Réseau canadien
pour les essais VIH des IRSC

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MESSAGE FROM THE DIRECTORS

The CTN's 2010-2011 flight path for clinical research in HIV treatments, preventions and a cure has accelerated new studies and expanded the wings of innovative research. In keeping with the changing environment of HIV, we've reconfigured our four Research Cores and turned innovative ideas into supported pilot studies.

Led by younger investigators, our 13 pilot studies explore complications in HIV and aging, immune activation, co-infections of HIV/HCV and syphilis, and HIV-discordant couples. By supporting studies that emerged from breakouts in our Core meetings, we are investing in the next generation of research and providing a faster means of moving ideas onto full trial status.

Since the restructuring of our Network in 2003, our four Research Cores have become our engines of research. At present, the Core research teams and their leadership are as follows: Clinical Management Science (Drs. William Cameron and Sharon Walmsley); Co-infections and Concurrent Diseases (Drs. Curtis Cooper and Marina Klein); Prevention and Vulnerable Populations (Drs. John Gill and Catherine Worthington); and Vaccines and Immunotherapies (Drs. Jonathan Angel and Jean-Pierre Routy).

Different teams made up of investigators, study coordinators and community members work together to lay the groundwork for all CTN studies. It's with their earnest efforts that by the end of March 2011 the Network was developing and supporting 50 studies: 15 studies in development, four studies in pre-final protocol stage, eight studies in start-up mode, 11 studies enrolling, four in data follow-up, and eight reporting.

Over the course of the year, the total number of new participants enrolled in CTN studies was 311 (207 enrolled in seven interventional studies and 104 in four observational studies), while nearly 500 participants were followed in ongoing interventional studies. (See pages 6-8 for more on our studies.)

The CTN Postdoctoral Fellowship Program is a highlight of our Network and continues to support emerging investigators. Notably, several of our pilot study principal investigators and four of our eight Core leaders are former CTN Postdoctoral Fellows. Our efforts have paid off in attracting more sponsors and boosting the number of fellowships from seven to nine for the upcoming year. We were successful in adding Gilead as a new partner and CANFAR increased their commitment from a half to a full fellowship. (See page 9 for a list of our Postdoctoral Fellows.)

"Like a turn of a compass, the pilot studies will give direction to new research ideas"

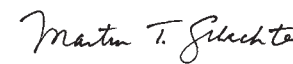
Community outreach and strong national partnerships are a hallmark of the CTN. One example of a strengthened partnership is with the Canadian Aboriginal AIDS Network (CAAN) and the signing of a Memorandum of Understanding (MOU) to develop a coordinated approach to conducting clinical trials with Aboriginal people living with HIV/AIDS (APHAs). This led to another first at the CTN, a study being led by a CTN investigator of Aboriginal descent. The study, with strong backing by CAAN and their APHA caucus, is a

survey of traditional Aboriginal health practices among Aboriginal persons living with HIV in western Canada.

New accomplishments were also witnessed in the international sphere with the addition of an International Postdoctoral Fellowship and new collaborations in Kampala, Uganda and St. Petersburg, Russia, each of which is supported by signed MOUs. In partnership with Makerere University, the CTN is helping set up a clinical trials unit on the ground in Kampala. With our Russian partners, the CTN is exploring collaborations at two sites in St. Petersburg. International partnerships were also forged with sites in Argentina and Brazil for CTN 240 – the VALIDATE trial.

Closer to home, former and less active sites in Newfoundland, Saskatchewan, Manitoba and northern Alberta are being re-engaged with discussions on studies suited to their respective clinic populations.

While we reach for the skies, our work remains grounded by over 20 years of advancing treatments, reducing the number of deaths and improving lives. Like a turn of a compass, the pilot studies will give direction to new research ideas and point the way to larger studies to improve therapies for people living with HIV.



DR. MARTIN SCHECHTER
NATIONAL DIRECTOR



DR. ASLAM ANIS
NATIONAL CO-DIRECTOR

EVENTS AND HAPPENINGS

Pilot studies take off

For the first time in our Network's history, the CTN established a program to fund and support small-scale pilot studies. The CTN Pilot Study Funding Opportunity is a merit-based, seed-funding initiative. The program helps investigator teams assess the feasibility of novel research concepts and gets clinical trials into motion quicker.

"We want to open space for young investigators to generate pilot studies that will get clinical trials off the ground and in flight faster and more efficiently," says CTN's Chief Scientific Officer, Jim Pankovich.

Unlike clinical trials, pilot studies (also called proof-of-concept studies) are small-scale



CTN'S DAVID COX (LEFT) AND CAAN'S ART ZOCOLE (RIGHT) SIGN A MEMORANDUM OF UNDERSTANDING.

Official partnership with the Aboriginal community

Engaging in meaningful research with Aboriginal communities and populations requires a foundation of mutual trust and shared long-term goals. Over the past two years, the CTN has achieved two significant milestones in formalizing a relationship with the Canadian Aboriginal AIDS Network (CAAN). First, at the 2010 CAAN Annual General Meeting, a resolution was passed to partner with the CTN for clinical trials in HIV-positive Aboriginal populations. Second, a Memorandum of Understanding was signed outlining the framework of future research together. This partnership lends CAAN's support and guidance to CTN studies involving Aboriginal persons living with HIV/AIDS across Canada.

"We want to open space for young investigators"

investigations focused on gathering and assessing data to determine if larger randomized studies are feasible. With priority to young researchers, the program supports select clinical or observational concepts with a contribution up to \$50,000, and in-kind contribution from the National Centre.

CTN at AIDS 2010

In July 2010, the CTN joined the global community in Vienna for the 18th International AIDS Conference. The conference

provides an opportunity to highlight new developments in the field of HIV and a chance to collectively chart a course forward. This year it was presided over by CTN co-founder and Network Investigator Dr. Julio Montaner, who opened the

session with an impassioned plea for an end to stigma and discrimination.

Highlighting scientific innovation, CTN Investigator Dr. Jean-Pierre Routy received encouraging feedback for his work in developing experimental customized immunotherapy. CTN investigators including Drs. Aslam Anis, Curtis Cooper, Deborah Money and Postdoctoral Fellows Drs. Eszter Papp and Bertrand Lebouché also presented posters of their work.

COMMITTEES

EXECUTIVE MANAGEMENT COMMITTEE

DR. ASLAM ANIS
MS. JACQUELINE SAS*

DR. WILLIAM CAMERON
DR. FIONA SMAILL

MR. DAVID COX
DR. SHARON WALMSLEY

MR. JIM PANKOVICH

DR. MARTIN SCHECHTER

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DR. MONICA TALJAARD

DR. MARK HULL
DR. DARRELL TAN

DR. DEBORAH MONEY
MS. ANONA THORNE*

Getting social

The CTN is reaching out to Canadians and the world through social media.

Communications staff at the CTN National Centre are exploring new ways to connect, collaborate and engage. This new virtual venture will enhance and grow community connections and ensure that the latest HIV research breakthroughs will be shared and discussed in an open forum.

We want to hear from you. To join the discussion and for the latest news from the CTN, like us on Facebook, follow us on Twitter, and watch our videos on YouTube.

Building a new clinical trials unit in Uganda

In partnership with Makerere University College of Health Sciences in Kampala, Uganda, the CTN supported the launch of a new clinical trials unit. Led by Drs. Nelson Sewankambo and Noah Kiwanuka, the new unit is a training centre and future coordinating hub for an expanded clinical trials network in the region.



DRS. CATHERINE WORTHINGTON AND JOHN GILL ARE UNITING PREVENTION AND CLINICAL RESEARCH.

New core team unites clinical research with social science

Bridging the gap between clinical and community research are the co-leaders of the newly minted Prevention and Vulnerable Populations (PVP) Core, Drs. John Gill (Southern Alberta HIV Clinic) and Catherine Worthington (University of Victoria).

Complementing Dr. Gill's long-standing clinical expertise is Dr. Worthington's experience in conducting social and behavioural research in community settings.

"Bridging the gap between clinical and community research"

"This co-leadership offers an important avenue in improving HIV care that has not been extensively explored," says Dr. Gill.

The PVP Core will focus on Aboriginal Peoples but not to the exclusion of other vulnerable populations such as injection drug users (IDU), pregnant women, and people living in remote communities.



HIV and pregnancy

Investigator Dr. Deborah Money and community collaborator Shari Margolese (left) show booklets from the Canadian National HIV Pregnancy Planning Guidelines (NHPPG). They developed these guidelines alongside Dr. Mona Loutfy and with the support of the CTN.

DATA SAFETY
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DR. SARAH ROSE

DR. PHILIP M. SESTAK

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MR. CHUCK OSBORNE

MR. DAVID HILLMAN
MR. KEVIN PENDERGRAFT *

MR. DAVID MACLAY
MR. RON ROSENE

* EX OFFICIO

NOTE: LISTS INCLUDE ALL COMMITTEE MEMBERS SERVING BETWEEN APRIL 1, 2010 AND MARCH 31, 2011. IN ADDITION TO ITS STANDING COMMITTEES, THE CTN HAS A NUMBER OF AD HOC COMMITTEES AND WORKING GROUPS ON TOPICS SUCH AS ETHICS REVIEW, POSTDOCTORAL FELLOWSHIPS, INTERNATIONAL RESEARCH, AND COHORT STUDIES.

PILOT STUDIES

Pilot studies are a new initiative of the CTN, funded through the CTN Pilot Study Funding Opportunity. These studies allow for the collection and analysis of sufficient data to determine if larger studies are feasible.

CTNPT 001

Fracture case-control study in HIV

Objective This study will compare bone architecture parameters as assessed by high resolution quantitative peripheral computed tomography of the radius and tibia among HIV-positive adults with a history of fracture to similarly matched HIV-positive adults without a history of fracture (controls).

Principal Investigator Dr. Darrell Tan
Research Core Clinical Management Science (CMS)

CTNPT 002

Impact of counselling on sexual risk behaviours

Objective This is a prevention-based study that provides rapid HIV testing interventions and measures the impact of counselling on sexual risk behaviours in men who have sex with men (MSM). Three types of interventional counselling are compared: Routine counselling, classic counselling, and motivational counselling.

Principal Investigators Drs. Joanne Otis, Mark Wainberg
Research Core Prevention and Vulnerable Populations (PVP)

CTNPT 003

Bone and renal outcomes in HIV-exposed uninfected infants with perinatal exposure to tenofovir

Objective This study will gather data to help better understand the effects of two HIV medications (tenofovir and zidovudine) on HIV-negative infants' health. Study researchers will examine if tenofovir

exposure during the mother's pregnancy might affect the bones and kidneys of her infant, and if the effects on bone and kidney health are different from infants who were exposed to zidovudine during pregnancy.

Principal Investigator Dr. Jason Brophy
Research Core Prevention and Vulnerable Populations (PVP)

CTNPT 004

Effects of HLA allele frequencies on HIV disease progression

Objective This study will explore the role of HLA alleles in disease progression and its contribution to the risk of viral transmission. Researchers will measure the frequencies of HLA alleles — a group of different human genes that help the immune system distinguish the body's own proteins from proteins made by foreign invaders such as viruses and bacteria.

Principal Investigators Drs. Ken Kasper, Marissa Becker, Yoav Keynan
Research Core Prevention and Vulnerable Populations (PVP)

CTNPT 005

Measuring cognition in HIV

Objective This study will assess changes in neurocognitive functioning — the ability to think and reason — over one year in individuals at risk for developing HIV-associated neurocognitive disorder (HAND) despite virologic suppression of HIV. Researchers will use CANTAB®, a computerized neurocognitive assessment tool, to measure cognitive decline.



LEFT: DR. JASON BROPHY HOLDS A TOY BONE AND KIDNEY; THE FOCUS OF CTNPT 003. CENTRE: DRs. BERTRAND LÉBOUCHÉ OF CTNPT 006 AND MARIE-JOSÉE BROUILLETTE OF CTNPT 005. RIGHT: DR. HAROUT TOISSONIAN AT THE CLINIC SITE FOR CTNPT 014.

Principal Investigators Drs. Marie-Josée Brouillette, Marina Klein
Research Core Co-infections and Concurrent Diseases (CCD)

CTNPT 006

The Niaspan® study

Objective Study researchers will assess the impact of extended-release (ER) niacin supplementation and antiretroviral therapy (ART) compared to ART alone on T-cell immune activation. This study examines an immediate versus deferred use of ER niacin for 24 weeks to assess the ability of oral ER niacin to reduce immune activation. This may in turn increase CD4 cell recovery in individuals living with HIV, who achieve sub-optimal immune responses despite sustained virologic suppression.

Principal Investigator Dr. Bertrand Lebouché
Research Core Vaccines and Immunotherapies (VIT)

CTNPT 007

Hypophosphatemia and renal monitoring in HIV

Objective This study will determine the prevalence of hypophosphatemia, in terms of renal dysfunction, among HIV-positive adults before and after HAART initiation in

two existing large cohorts of Canadian HIV-positive patients.

Principal Investigator Dr. Mark Hull
Research Core Clinical Management Science (CMS)

CTNPT 008

HIV quit smoking study

Objective This study will aim to identify the barriers and benefits of smoking cessation among people living with HIV. Researchers will use an HIV-tailored approach developed at the University of Ottawa Heart Institute. This is a 24-week, single group non-randomized study to help reduce the risk of cardiovascular disease among HIV-positive smokers, and establish an exemplary HIV smoking cessation program.

Principal Investigator Dr. Louise Balfour
Research Core Clinical Management Science (CMS)

CTNPT 010

Examining the use of traditional/alternative/herbal medications amongst Aboriginals living with HIV/AIDS

Objective Using a survey-based study, researchers will examine the use of

traditional, alternative, and herbal medications by Aboriginals living with HIV/AIDS in Western Canada. The goal of the study is to identify and document alternative medicine use and the impact on overall health. Researchers will also attempt to identify potential interactions, both beneficial and detrimental, between traditional medicines and conventional western therapy.

Principal Investigator Dr. Jack Janvier
Research Core Prevention and Vulnerable Populations (PVP)

CTNPT 011

Monitoring penicillin levels for syphilis

Objective This study will gather data to help determine appropriate penicillin dosages for treating syphilis. The study researchers will also examine the extent to which the standard treatment of syphilis is affected by HIV co-infection. HIV-positive and HIV-negative study participants seeking treatment for syphilis will receive the Health Canada recommended dose of benzathine penicillin G (Bicillin®).

Principal Investigator Dr. Paul MacPherson
Research Core Co-infections and Concurrent Diseases (CCD)

CTNPT 012

Role of recombinant interleukin-7 (CYT107) on mucosa CD4 T cell recovery in chronically HIV-infected immunological non-responder patients

Objective This randomized, open-label study will determine whether recombinant IL-7 (CYT107) treatment administered with ART reduces fibrosis in the gut. Participants will receive standard ART therapy in addition to CYT107. The control group will receive ART therapy and a placebo. The goal is to find evidence that decreasing fibrosis within the gut can support CD4

cell recovery and lead to improved immune recovery in participants receiving CYT107.

Principal Investigator Dr. Mohamed-Rachid Boulassel
Research Core Vaccines and Immunotherapies (VIT)

CTNPT 013

Sexologist-delivered HIV risk-reduction intervention for HIV-discordant couples

Objective This pilot study will test the effectiveness of a new clinic-based HIV counselling intervention for HIV-serodiscordant (SD) couples (one partner living with HIV while the other is not). Researchers in this study will also assess the suitability of ART as a prevention strategy for SD couples in Canada. The researchers hypothesize that SD couples participating in the intervention will report a significant reduction in high-risk sexual practices with an enhanced quality of sexual life.

Principal Investigator Dr. Bertrand Lebouché
Research Core Prevention and Vulnerable Populations (PVP)

CTNPT 014

An observational study of Kaletra/Celsentri combination therapy for the management of HIV infection in the setting of HCV co-infection

Objective This study will evaluate the efficacy and toxicity of Kaletra® & Celsentri® combination therapy for HIV-positive individuals co-infected with hepatitis C (HCV). The study is designed to respond to concerns about the potential toxicity of standard antiretroviral therapy in conjunction with therapies used to treat HCV.

Principal Investigator Dr. Harout Tossonian
Research Core Co-infections and Concurrent Diseases (CCD)

NEW TRIALS

CTN 256

Phase IIB study of efficacy and safety of AGS-004

Objective This study will test the efficacy and safety of AGS-004, an experimental immunotherapy, to control HIV replication during analytical treatment interruption. CTN 256 seeks to find out if it is safe to give individuals living with HIV multiple injections of an investigational immunotherapy made from the persons' own dendritic cells and their own strain of HIV; if the immunotherapy increases the body's immune response to HIV; and if after stopping ART, the immunotherapy can control HIV replication.

Principal Investigator Dr. Jean-Pierre Routy
Research Core Vaccines and Immunotherapies (VIT)

CTN 257

Impact of HIV on mucosa

Objective This study will assess the impact of HIV infection and antiretroviral therapy (ART) on mucosal (gut) and systemic memory CD4 T cells in treatment-naïve HIV-positive individuals within six months of infection. Researchers hope to gain a better understanding of how HIV infection and

ART affects immune activation and disease progression. The study does not require participants to take any medications and will only require the completion, with study personnel, of questionnaires and blood tests.

Principal Investigator Dr. Jean-Pierre Routy
Research Core Vaccines and Immunotherapies (VIT)

CTN 260

Raltegravir switch study

Objective This study will evaluate the safety and feasibility of switching from a ritonavir boosted PI-based therapy to raltegravir for 48 weeks in co-infected persons with significant liver fibrosis. To measure liver fibrosis in participants, researchers will use two non-invasive methods, APRI (Aspartate aminotransferase to platelet ratio index), and Fibroscan® — an ultrasound to assess hepatic stiffness. This study builds on the valuable early data of CTN 222 — the Canadian co-infection cohort, the largest HIV-HCV co-infection cohort in Canada.

Principal Investigator Dr. Marina Klein
Research Core Co-infections and Concurrent Diseases (CCD)

TRIAL RESULTS

CTN 239 Phase II study of AGS-004: Immunotherapeutic agent in combination with ART followed by ART interruption

Objective This study aimed to assess the efficacy and safety of a personalized immunotherapy during a 12-week ART structured treatment interruption. This was a two-year, open label (where both the investigator and participant knew who is receiving the experimental drug) examination of the ability of AGS-004 to improve immune control of viral replication.

Results Researchers concluded that the experimental treatment resulted in an unexpectedly long delay in viral rebound, time to peak viral load during structured treatment interruption and a reduced viral load when compared to pre-ART levels.

Principal Investigator Dr. Jean-Pierre Routy
Research Core Vaccines and Immunotherapies (VIT)

TRIALS IN MOTION

As of March 31, 2011

ENROLLING

CTN 222
Canadian co-infection cohort
 Enrolled 966
 Target Enrolment 1050
 Principal Investigator Dr. Marina Klein

CTN 236
HPV vaccine in HIV-positive girls and women
 Enrolled 302
 Target Enrolment 500
 Principal Investigator Dr. Deborah Money

CTN 238
The MAINTAIN study
 Enrolled 143
 Target Enrolment 218
 Principal Investigator Dr. William Cameron

CTN 240
Valacyclovir in delaying antiretroviral treatment entry (VALIDATE) trial
 Enrolled 30
 Target Enrolment 480
 Principal Investigators Drs. Sharon Walmsley, Darrell Tan

CTN 244
Seek and treat for optimal outcomes and Prevention in HIV & AIDS in IDU (STOP HIV & AIDS in IDU)
 Enrolled 772
 Target Enrolment 2000
 Principal Investigator Dr. Julio Montaner

CTN 247
Canadian cohort of HIV+ slow progressors
 Enrolled 168
 Target Enrolment 150+
 Principal Investigator Dr. Cécile Tremblay

CTN 254
Inflammation as a predictor of HIV disease progression
 Target Enrolment 580
 Principal Investigators Drs. Mark Hull, Darrell Tan

DATA FOLLOW-UP

CTN 194
Peg-Interferon and citalopram in co-infection (PICCO)
 Enrolled 76
 Principal Investigator Dr. Marina Klein

CTN 198
Supportive therapy for adherence to ART (STAART)
 Enrolled 100
 Principal Investigators Drs. Louise Balfour, William Cameron

CTN 246
Chloroquine to reduce T cell immune activation in HIV-infected individuals
 Enrolled 19
 Principal Investigator Dr. Jean-Pierre Routy

REPORTING

CTN 147
Early versus delayed pneumococcal vaccination
 Enrolled 80
 Principal Investigator Dr. Walter Schleich

CTN 214
Effect of a one-year course of HAART in acute/early HIV
 Enrolled 113
 Principal Investigators Drs. Joseph Margolick, Brian Conway

CTN 216
Argon plasma coagulation for anal dysplasia in MSM
 Enrolled 20
 Principal Investigators Drs. Alexandra de Pokomandy, George Ghattas

CTN 233
Pharmacokinetics of antiretroviral therapy (ARV) in HIV-positive women
 Enrolled 98
 Principal Investigator Dr. Mona Loutfy

CTN 242
The Canadian observational cohort (CANOC) study
 Enrolled 18,000 (from 6 databases)
 Principal Investigator Dr. Robert Hogg

CTN 253
Evaluation of pandemic H1N1 (2009) influenza vaccine in adults with HIV
 Enrolled 150
 Principal Investigator Dr. Curtis Cooper

B

For full details on these and other non-CTN trials, visit the Canadian HIV Trials Database at www.hivnet.ubc.ca

FINANCIAL STATEMENTS

CONSOLIDATED STATEMENT OF REVENUE, EXPENDITURE AND UNEXPENDED BALANCE FOR THE YEAR ENDED MARCH 31, 2011

NOTES TO FINANCIAL INFORMATION FOR THE YEAR ENDED MARCH 31, 2011

1. Status

The CIHR Canadian HIV Trials Network National Centre is an unincorporated fund which was set up under the umbrella of the University of British Columbia and St. Paul's Hospital (Providence Health Care). The fund receives a yearly grant from the Canadian Institutes of Health Research to coordinate HIV trials for all regions in Canada.

2. Purpose of Financial Information

This financial information was prepared for the Canadian Institutes of Health Research (CIHR) and presented in a format which CIHR requested. It does not include the presentation and disclosure of all of the financial information which would be reported in financial statements prepared under Canadian generally accepted accounting principles.

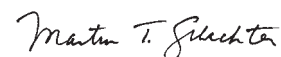
Accordingly, this financial information has not been, and was not intended to be, prepared in accordance with Canadian generally accepted accounting principles.

3. Accounting Policies

(a) Revenue and expenditures are recorded on an accrual basis. For the prior year ended March 31, 2010, revenue of \$110,000 was deferred and was recognized as revenue during the current period, ending March 31, 2011.

(b) Capital assets are written off in the year in which the expenditures are incurred.

For further information on the above listed financial information, please contact David Cox, Chief Administrative Officer, at dcox@hivnet.ubc.ca or at 1.800.661.4664.



Dr. Martin Schechter
 National Director



David J Cox, CGA, MBA
 Chief Administrative Officer

Revenue

CIHR Funding \$4,656,000

Expenditures

Personnel 2,486,410
 Meetings/Travel 412,854
 Office Operations 1,554,179
 Honoraria 187,363
 Capital 13,796
 Total Expenditures \$4,654,602

Excess of Revenue Over Expenditures for the Year (1,398)

Surplus (Deficit) at Beginning of Year 14,912

Surplus (Deficit) at End of Year 16,310

CTN POSTDOCTORAL FELLOWSHIPS

The CTN's Postdoctoral Fellowship Program fosters the next generation of HIV researchers. Many former CTN fellows now hold key roles in the Network and have become leaders in the field of HIV research.

This past year marked the first time the CTN awarded an International Fellowship, granting it to Dr. Lawrence Mbuagbaw from Cameroon. This fellowship is aimed at scientists who are committed to developing HIV treatment or prevention research studies in a resource-limited setting.

The CTN, in partnership with sponsors, awards several Postdoctoral Fellowships every year, each worth \$50,000 with up to \$5,000 for travel expenses. The International Fellowship awards a maximum \$35,000 including travel expenses, comparable to the rates of the home country.

Sponsors include the Canadian Foundation for AIDS Research (CANFAR), Merck Canada, Ontario HIV Treatment Network (OHTN) and ViiV Healthcare.

Dr. María Fabiana De Rosa (CTN) (Supervisor: Dr. Reina Bendayan, Department of Pharmaceutical Sciences, Leslie Dan Faculty of Pharmacy, University of Toronto) is investigating the transport mechanisms of microbicides in genital mucosa and recto-sigmoid colon tissue.

Dr. Constance Finney (CTN/OHTN) (Supervisor: Dr. Kevin Kain, University of Toronto) is working on characterizing the immune mechanisms in HIV-malaria co-infection.

Dr. Bertrand Lebouché (CTN/Merck) (Supervisors: Drs. Jean-Pierre Routy, Norbert Gilmore and Richard Lalonde, McGill University) is doing research on the design and analysis of HIV immune-based trials with a focus on ethics and the risk of HAART discontinuation.



FROM LEFT: DR. MARÍA FABIANA DE ROSA, DR. RICHARD SLOAN, COMMITTEE CHAIR DR. ANITA RACHLIS, DR. CONSTANCE FINNEY, POSTDOCTORAL PROGRAM MANAGER JACQUELINE SAS, DR. LAWRENCE MBUAGBAW, DR. ESZTER PAPP AND DR. BERTRAND LÉBOUCHÉ. NOT PICTURED: DR. ADEFOWOPE ODUYUNGBO.

Dr. Lawrence Mbuagbaw (CTN International Fellow) (Supervisors: Dr. Lehana Thabane, Department of Clinical Epidemiology and Biostatistics, McMaster University and Prof. Jimmy Volmink, South African Cochrane Centre) is investigating the use of mobile phone text messages to increase adherence to HIV medication in Cameroon.

Drs. Adefowope Oduyungbo (CTN James Kreppner Fellowship) (Supervisor: Dr. Marina Klein, Immunodeficiency Service McGill University) is studying the effects of switching drug treatments on liver fibrosis progression in HIV-HCV co-infected individuals.

Dr. Eszter Papp (CTN/CANFAR) (Supervisors: Dr. Hélène Côté, Dr. Deborah Money, Pathology and Laboratory Medicine, University of British Columbia) is studying HAART-related mitochondrial toxicity in human placenta.

Dr. Richard Sloan (ViiV Healthcare/CTN) (Supervisor: Dr. Mark Wainberg, McGill AIDS Centre, McGill University) is working on characterizing the sensitivity of CCR5 co-receptor inhibitor resistant HIV-1 to neutralizing antibodies.

PUBLICATIONS

- Althoff KN, Gebo KA, Gange SJ, Klein MB, Brooks JT, Hogg RS, Bosch RJ, Horberg MA, Saag MS, Kitahata MM, Eron JJ, Napravnik S, Rourke SB, Gill MJ, Rodriguez B, Sterling TR, Deeks SG, Martin JN, Jacobson LP, Kirk GD, Collier AC, Benson CA, Silverberg MJ, Goedert JJ, McKaig RG, Thorne J, Rachlis A, Moore RD, Justice AC; for the North American AIDS Cohort Collaboration on Research and Design.** "CD4 count at presentation for HIV care in the United States and Canada: Are those over 50 years more likely to have a delayed presentation?" *AIDS Res Ther.* 2010 Dec 15; 7(1): 45.
- Angel JB, Routy JP, Tremblay C, Ayers D, Woods R, Singer J, Bernard N, Kovacs C, Smaill F, Gurunathan S, Sékaly RP.** "A randomized controlled trial of HIV therapeutic vaccination using ALVAC with or without Remune." *AIDS.* 2011 Mar 27; 25(6): 731-9.
- Asahchop EL, Oliveira M, Wainberg MA, Brenner BG, Moisi D, Toni T, Tremblay CL.** "Characterization of the E138K resistance mutation in HIV-1 reverse transcriptase conferring susceptibility to etravirine in B and non-B HIV-1 subtypes." *Antimicrob Agents Chemother.* 2011 Feb; 55(2): 600-7.
- Asahchop EL, Oliveira M, Brenner BG, Martinez-Cajas JL, Toni T, Ntemgwa M, Moisi D, Dandache S, Stranix B, Tremblay CL, Wainberg MA.** "Tissue culture drug resistance analysis of a novel HIV-1 protease inhibitor termed PL-100 in non-B HIV-1 subtypes." *Antiviral Res.* 2010 Sep; 87(3): 367-72. Epub 2010 Jun 10.
- Balfour L, Corace K, Tasca GA, Tremblay C, Routy JP, Angel JB.** "Altruism motivates participation in a therapeutic HIV vaccine trial (CTN 173)." *AIDS Care.* 2010 Nov; 22(11): 1403-9.
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