

CHOICES

THE HAWAII ISLAND HIV/AIDS NEWSLETTER



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2006

MEN NEED PAP SMEARS TOO!

Men who have sex with men are 44 times more likely than the general population to develop anal cancer.

Catherine Guthrie tells you what you must know to protect your health.

Although Pap smears are best known for detecting cervical cancer in women, the simple test could also save your life by detecting early signs of anal cancer. If you have sex with men, you're 44 times more likely to suffer from anal cancer than the general population. And each year, up to 35 out of 100,000 gay men are diagnosed with anal cancer.

Like cancer of the cervix, anal cancer has its origins in a sexually transmitted virus—the human papillomavirus (HPV for short). “Within two years of becoming sexually active, 90% of people acquire HPV,” says Theodore Katsivas, a physician at the Owen Clinic, an HIV clinic affiliated with the University of California, San Diego. Most people build immunity to a few strains of the virus. However, because some gay men have multiple partners, the number of strains they are exposed to is greater and the immune system can get overwhelmed, especially if a person is HIV-positive.

With anal cancer rates on the rise, Katsivas and others who serve the gay community medical

needs wish to dispel the discomfort and shame that can surround the test. “Anal Pap smears are not on the top of people’s to-do lists,” says Peter Chin-Hong, MD, an assistant professor in the division of infectious diseases at the University of California, San Francisco. “Plus, the anus is very taboo in society, and people don’t like to talk about it.”

This past summer Chin-Hong and colleagues authored a study published in the journal of the National Cancer Institute. They conducted anal Pap smears on more than 1,200 gay men in four cities (Boston, Denver, New York, and San Francisco). Overall 57 % of the men were infected with the virus. Among those infected, 1 in 5 had “high-grade” lesions, which “are the true invasive anal cancer precursors,” the study said. Experts estimate that 5-10% of all gay men (gay or straight, regardless of HIV status) with high-grade lesions could develop anal cancer, also, if a gay man is HIV-positive, a 1994 study published in *The Lancet* showed, he is 84 times more likely than the general population to get anal cancer.

The good news: Anal cancer is slow-growing, with high-grade lesions often taking up to 20 years to become invasive, so Pap smear really can save your life.

Gay or bisexual men should be screened every two or three years. If you're HIV-positive, step it up to once a year.

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Hawai'i Island HIV/AIDS Foundation

Mission Statement

The Hawaii Island HIV/AIDS Foundation is a non-profit organization dedicated to assisting those affected by HIV/AIDS to maximize their quality of life, and to ending the spread of HIV. We also utilize the lessons learned in the HIV epidemic to care and advocate for others in the fight against related diseases.

Vision

To build a healthier, stronger, and more sustainable community that supports all its members with a focus on HIV issues.

Core Values

Responsiveness: To people with HIV/AIDS and their families and to the prevention education needs of the community.

Accountability: To our consumers, funding sources, and the community at large.

Integrity: To provide services to the entire community in a humane, loving, non-judgmental manner.

Diversity: To embrace the philosophy of "inclusiveness".

Collaboration: To establish and maintain partnerships within the community that maximizes resources and decreases duplication of services.

Leadership: To set the highest standards for responsibility to our mission, vision and values, and be recognized as a positive, inspirational role model in our community.

Advocacy: A collective public voice to speak on behalf of those affected by HIV/AIDS.

HIV: How to Avoid Infections If You're HIV Positive

Take care of yourself

If you are HIV positive, you need to take very good care of yourself. Be sure to eat a balanced diet, exercise if your doctor says you can, and get plenty of rest. You can also take steps to keep yourself from getting infections or diseases that are more common in people who have HIV.

Practice "safer sex"

Use a condom every time you have sex. A latex condom will help protect you and your partner and will reduce your risk of getting herpes, papillomavirus, or a new strain of HIV that might be resistant to antiretroviral drugs. To reduce your risk of getting intestinal infections, avoid sex that results in oral exposure to feces (oral-anal contact).

Work and play safe

Certain activities or jobs, such as working in homeless shelters, hospitals, clinics, nursing homes or prisons, can increase your risk of exposure to tuberculosis (TB). Talk with your doctor about where you work. Your doctor can decide if you should be tested for TB and how often.

Parents of children in day care and people who provide child care are at increased risk of getting cytomegalovirus (CMV) infection, cryptosporidiosis, hepatitis A and giardiasis from the children. The risk can be reduced by good hygiene practices, such as always washing your hands after changing diapers and after touching urine or saliva. If your child has HIV, tell the people who help care for your child.

If you work with animals (for example, veteri-

nary work or working at a pet store, farm or slaughterhouse), you may be at higher risk for infections like cryptosporidiosis, toxoplasmosis, salmonellosis, campylobacteriosis or Bartonella infection. The risk of getting these infections probably isn't high enough for you to give up your job. But you should take the following special precautions:

- Avoid contact with young farm animals, especially those that have diarrhea.
- Wash your hands after gardening or other contact with soil.
- If you live where histoplasmosis is common, avoid activities like cleaning chicken coops, exploring caves or disturbing the soil under bird-roosting sites.

If you live where coccidioidomycosis is common, avoid exposure to disturbed soil, such as excavation sites or dust storms.

Pet precautions

Although owning a pet may have risks for people who have HIV, many of the risks can be avoided. Pets provide emotional benefits, so don't be hasty about deciding to give up your pet. The following are some steps to keep you and your pet healthy:

Take your pet to the vet right away if it gets diarrhea. Your vet will want to find out if the diarrhea is caused by a germ that might be harmful to you. If possible, have a friend take care of your pet when it has diarrhea.

Always wash your hands after handling your pet, especially before you eat. Avoid contact with your pet's feces. If your child has HIV, make sure your child washes his or her hands after playing with the pet.

If you want to get a new dog or cat, the animal should be at least 6 months old and it shouldn't have diarrhea. This reduces your risk of cryptosporidiosis.

Be careful about where you get your pet. Some pet-breeding facilities, animal shelters or pet stores have better hygiene than others.

Avoid stray animals. If you decide to adopt a puppy or kitten, your vet should check the pet to be sure it doesn't have a germ that you could get.

If you have a cat, the litter box should be cleaned every day, preferably by someone who doesn't have HIV and isn't pregnant. Keep your cat inside, and don't let it hunt. Don't feed it raw or undercooked meat. Avoid the kind of play that may result in cat scratches or bites. If you do get bitten or scratched, wash the site right away. Never let your cat lick an open scratch or wound on your body.

Flea control is an effective way to help keep you and your cat or dog healthy.

Limit your contact with reptiles (such as snakes, lizards, iguanas and turtles) to reduce your risk of salmonellosis. Wear rubber gloves if you must clean an aquarium or a birdcage. Avoid contact with exotic pets such as monkeys.

Food and water precautions

The following are some things that you can do to avoid getting sick from food or drinking water:

Avoid eating raw or undercooked eggs (including foods that may contain raw eggs, like cookie dough, some preparations of hollandaise sauce, Caesar salad dressing and mayonnaise).

Avoid raw or undercooked poultry, meat and seafood, and dairy products that haven't been pasteurized. Cook poultry and meat

until it isn't pink in the middle. The internal temperature of cooked beef should be at least 170°F. For poultry, the internal temperature should be at least 180°F.

Wash fruits and vegetables carefully before you eat them.

Wash your hands, cutting boards, counters and knives with soap and water after they come in contact with uncooked foods, especially uncooked meat.

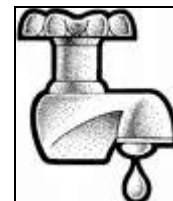
If you are severely immunosuppressed and want to reduce your risk of listeriosis (an uncommon disease), be careful about soft cheeses and ready-to-eat foods, like hot dogs and cold cuts from the deli. Before you eat hot dogs and cold cuts, reheat them until they are steaming.

Never drink water directly from lakes and rivers. Avoid swimming in water that might have human or animal feces in it. Avoid swallowing water while swimming or during other recreational water activities.

If your city has an outbreak of waterborne disease or some other reason for a "boil water" advisory, boil your water for 1 minute before you use it for drinking or brushing your teeth. Or use personal-use water filters or bottled water.

Although it isn't necessary to boil tap water if there is no "boil water" advisory in effect, you may want to. Talk with your doctor about this, since avoiding tap water completely can be inconvenient and expensive.

If you choose to avoid tap water completely, remember that ice made from contaminated water may also cause infection, as can fountain beverages served in public places.



If you drink fruit juice that is sold refrigerated, not frozen, drink only juices that are labeled "pasteurized." Make sure you keep them refrigerated too. Other pasteurized beverages and beer are also considered safe to drink, although no data are available about the safety of wine.

Travel tips

Travel may be riskier for HIV-infected people, especially if their immunosuppression is severe. Travel to developing countries may put you at higher risk of foodborne and waterborne illnesses than traveling in the United States. Talk with your doctor before you travel.

Remember to be very careful with food and drinks. Avoid ice, raw vegetables and fruits, tap water, raw or undercooked seafood or meat, milk and dairy products, and food bought from street vendors.

Items that are generally safe include steaming-hot foods, fruits that you peel yourself, bottled (especially carbonated) beverages, hot coffee or tea, beer, and water that has been boiled for 1 minute.

Treating water with iodine or chlorine may not be as effective as boiling it, but treated water can be used with a portable water filtration unit when boiling isn't practical.

Although some studies have shown that medicine to prevent traveler's diarrhea may reduce the risk, none of the studies have specifically included HIV-positive patients.

It isn't generally recommended that you take medicine to prevent an upset stomach or diarrhea before traveling, but you may want to talk with your doctor about this. You should bring an antibiotic with you in case you do get diarrhea. See a doctor right away if your diarrhea is

severe and doesn't get better with medicine, if you have blood in your stool, if you get dehydrated, or if you have a fever (with or without chills).

Avoid direct skin contact with soil or sand, especially if it's likely the soil may be contaminated with animal feces. Wear shoes and protective clothes. Sit on a towel if you go to a beach.

Talk with your doctor about the vaccinations you need before your trip. Many vaccinations are okay for people who have HIV, but some common vaccinations shouldn't be used in people who have HIV. If you can't have certain vaccinations, your doctor may need to give you special instructions. Your doctor will also want to talk with you about avoiding exposure to fungal infections and protozoal infections, depending on where you want to travel.

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PLEASE CALL FOR AN APOINTMENT

Aloha

To better serve you and give you the time and attention you deserve, please schedule an appointment when you need to meet with your case manager/s.

Kea'au 982-8800

Kona 331-8177

MAHALO



**Free Hepatitis C Screening
Now Available**

HIHAF is happy to announce that we now have the training and resources available to offer free Hepatitis C Screening. Our office and outreach staff island wide will be able to provide clients who have not been screened for Hepatitis C within the past year a free screening. This is only a screening to determine whether you have or have not within your lifetime been exposed to the Hepatitis C virus. More testing would be required for those who screen positive to determine if the virus is currently active in the body.

We hope that all clients unaware of their Hep C status will take advantage of this new service. For more information, call us at 982-8800 (Kea'au) or 331-8177 (Kona)

**MAHALO MAHALO
MAHALO**

Mahalo to the West side Staff, Board and Executive Director from all of us who benefit from the hard work that you did to make the TASTE OF LIFE fund raiser such a success.

We are most appreciative and thank you from the bottom of our hearts.



Free and Anonymous HIV Testing Locations and Dates

Free and anonymous HIV testing and counseling is available to the public on a regular, on-going basis. The testing is confidential and totally needle free.

Hilo/Kea'au

Hawaii Island HIV/AIDS Foundation
Shipman Business Park – 16-204
Melekahiwa Place, Suite 1
Monday-Thursday,
8:30am-3:30pm

Pahoa

Pahoa Family Health Center, Pahoa Village
Every 2nd and 4th Tuesday of month,
9:00am-12:00pm

Kona/West Side

Hawaii Island HIV/AIDS Foundation –
Kona Office
75-240 Nani Kailua Drive, Suite 5
In the Pines Plaza , Kailua-Kona
Tuesday and Thursday,
8:30am-4:00pm

West Hawaii Community Health Clinic
Every Friday from
1:00pm-3:00pm

Ka'u Family Health Center
Na'alehu every 2nd and 4th Wednesday of each
month.



THANKS TO:

**RANDOLPH, OUTSPOKEN, AND
THOSE MEMBERS OF THE HIHAF
STAFF WHO WORKED SO HARD TO
MAKE THE LABOR DAY PICKNICK
SUCH A
WONDERFUL TIME FOR
EVERYONE WHO
ATTENDED.
YOUR HARD WORK IS GREATLY
APPRECIATED.**

MAHALO



MEET OUR NEW OUTREACH WORKERS - LAURA ACEVEDO AND CURTIS NECK

We are very pleased to announce that Laura Acevedo and Curtis Neck have joined our prevention team on the east side of the island.

When asked for a short biography, Laura often responds that she is an omnisexual feminist post-modern lesbian identified male-to female post-op transsexual gender-queer who doesn't believe in labels. Besides being a fun person to be around, Laura is currently a candidate for a masters degree in Psychological Counseling at UH Hilo and plans to graduate this coming Spring. Prior to moving to the Big Island she lived in San Diego where she had been a strong advocate and social activist for Transgender issues. Since moving to Hawaii three years ago her commitment to the Transgender community has not deterred. She is teaming up with us here at HIHAF to provide outreach services to the TG community.

Curtis is also a student currently at UH Hilo working towards a B.A. degree in biology. He was born and raised in Alaska and is an Alaskan Native. When asked what he likes to do for fun, he stated with vigor that he LOVES to body board. Curtis has two years left of undergraduate work and then plans to enter medical school. We wish you the best of luck with your goals and certainly hope we'll get you as a doctor here on the Big Island!

“BLACK BOX” WARNING ABOUT BRAIN HEMORRHAGE WITH RITONAVIR-BOOSTED TIPRANAVIR

On June 30 the FDA and manufacturer Boehringer Ingelheim announced that patients taking the PI tipranavir (Aptivus) boosted with ritonavir appear to be at greater risk of developing intracranial hemorrhage (bleeding within the skull). The recent warning follows an analysis of data showing that 13 out of 6840 patients taking ritonavir-boosted tipranavir in clinical trials developed intracranial hemorrhage; one patient experienced two hemorrhages and eight died. Tipranavir was approved in June 2005 for treatment-experienced individuals with multidrug-resistant HIV. In preclinical studies, the drug inhibited human platelet aggregation (clotting) *in vitro* and caused impaired coagulation and fatal bleeding in mice, but this was not observed in dogs; in clinical trials, the rate of intracranial hemorrhage among subjects taking tipranavir was 0.2 per 100 person-years (PY) of exposure.

A June 30 “Dear Healthcare Professional” letter from Boehringer Ingelheim urged providers to exercise caution when prescribing tipranavir/ritonavir to patients who may be at risk for bleeding due to head trauma or surgery, who have medical conditions such as hypertension (high blood pressure) or coagulopathy (blood clotting prob-

lems) or who are taking drugs such as antiplatelet agents or anti coagulants (“blood thinners”) that may cause the risk of bleeding. The revised tipranavir label information advises patients to report any unusual or unexplained bleeding to their physician. Complete, revised tipranavir prescribing information is available at www.aptivus.com.

EAST HAWAII SUPPORT GROUP

The east Hawaii HIV/AIDS Support Group will begin meeting again on November 14th from 4:30 to 6:00PM. Some clients have asked if the meeting could take place closer to the Puna area so we have secured a location for the meeting at the Neighborhood Place in Paho. We have also changed the meeting time to better accommodate clients' requests for meeting earlier in the evening. The agency has arranged for a psychologist facilitator. We will supply some snacks and clients are encouraged to bring something to share. There is another support group planned for the 12th of December also b/t 4:30 and 6:00PM at the Neighborhood Place. We can help arrange car pooling from Hilo. If you feel like you would like to attend these groups, or if you have suggestions, please call Jeff at 982-8800.

Volunteers Needed

We need a couple of dedicated volunteers to take charge of the Kona-side rummage sales.

This involves collecting, sorting, moving items during the pre-sale period. And organizing the sale days.

Gene Smith has been doing this up to this point and he will still be available to assist.

**Give a call if you think it is something you might be able to take on.
331.8177**

DEVELOPMENT BREAKTHROUGH REPORTED FOR HIV INTEGRASE INHIBITORS

By Deborah Mitchell

DENVER (Reuters Health) - After about a decade of research, two investigational, orally administered HIV-1 integrase inhibitor drug candidates have reached clinical trials. They exhibit potent activity in treatment-naive patients and as salvage therapy in highly experienced patients, according to data reported at the 13th annual Conference on Retroviruses and Opportunistic Infections.

In the first study, Dr. Robin Isaacs, from Merck Research Laboratories in West Point, Pennsylvania, presented the results of an ongoing phase II trial of MK-0518. Integrase inhibitors block the HIV integrase enzyme, he explained, which is an "absolutely essential enzyme for HIV replication." In this multicenter, randomized, blinded trial, highly experienced patients received one of three doses of MK-0518: 200 mg, 400 mg or 600 mg, all administered twice daily. He reported data for 80 patients assigned to MK-0518, while another 27 patients were assigned to placebo.

At baseline, all of the subjects had HIV RNA levels higher than 5000 copies/mL and documented resistance to at least one drug in all three classes of oral antiretrovirals. All of the patients also received optimized background therapy, with a median of four drugs, determined by resistance data, toxicities and previous treatment.

At 16 weeks, 57% to 72% of the patients who received MK-0518 had undetectable virus (below 50 copies/mL), depending on the dosage, compared with 19% in the placebo group, Dr. Isaacs reported. The drug, which can be taken with or without food, was very well tolerated and no dose-related toxicities were seen.

Dr. Isaac's group is now initiating a phase III study

using a dosage of 400 mg twice daily, and plans to submit a new drug application to the Food and Drug Administration fairly soon.

The initial indication will be as salvage therapy, but a phase II trial with treatment-naive patients is also ongoing. The investigators hope to offer an expanded access program, but still need more safety data before that can be done, Dr. Isaac added.

"This is a very significant step forward in therapy - it is a breakthrough in translation of basic science into clinical therapeutics," commented panel chairman Dr. John Mellors, from the University of Pittsburgh.

In the second report, Dr. Andrew Cheng of Gilead Science, Foster City, California, presented phase I findings of their new HIV integrase inhibitor GS-9137 (JTK-303). The 10-day monotherapy trial included 40 experienced and naive patients randomized to treatment (n=30) or placebo (n=10). There were five active treatment groups including 200 mg, 400 mg, 800 mg GS-9137 twice daily, 800 mg once daily, and 50 mg GS-9137 boosted with 100 ritonavir.

Patients had a baseline median HIV RNA load between 10,000 and 300,000 copies/mL and CD4 counts of 200 cells per microliter or higher.

After 10 days, patients in all of the active treatment groups had significant reductions in viral load compared with those who received placebo (p < 0.0001). Overall, there was a 2-log reduction in viral load (99% drop in virus). "There were no discontinuations and the drug was very well-tolerated," Dr. Cheng told conference participants. A phase II, dose-ranging trial is planned for the second quarter of this year, he added.

"We're seeing the first glimmer of the possibilities of HIV integrase inhibitors," Dr. Mellors said. The results have been very encouraging, and both drugs are as potent as any antiretroviral agents seen so far -- 2006 might be called the "year of the integrase inhibitors."

GREATER RISK OF BONE LOSS IN HIV-POSITIVE WOMEN

By Tim Horn

September 5, 2006(AIDSmeds)-A report published in the August issue of the *journal of Clinical Endocrinology and Metabolism* has confirmed that HIV-positive women are more likely to suffer from low bone mineral density (BMD) compared to HIV-negative women. However, the study also suggests that the bone loss in HIV-positive women does not worsen over time and is often related to traditional risk factors, including low body weight and cigarette smoking.

Osteoporosis and osteopenia are familiar terms to many older adults. A diagnosis of osteoporosis, a serious loss of BMD can bring on a lot of anxiety, as it generally means that a person's bones have become weaker and are more likely to break. And while a diagnosis of osteopenia, a less serious loss of BMD, does not mean the same thing as an osteoporosis diagnosis, it can be of concern just the same.

Previous studies have reported increased rates of osteopenia and osteoporosis among HIV-positive people. However, most of these studies were "cross sectional" in their design, meaning that they relied on a one time "snapshot" of all patients enrolled and don't follow patients to see if the problem worsened. What's more, the studies were generally too small to evaluate the risk factors for decreased BMD in the HIV-positive volunteers.

In the newest studies, conducted at Harvard Medical School in Boston, changes in BMD among 100 HIV-positive women—compared to 100 HIV-negative women similar in age and race—were monitored over a two-year follow-up period.

Dual energy X-ray absorptiometry (DEXA) scans, used to measure BMD were conducted in all of the study volunteers upon entry and

every six months for a total of 24 months.

At the start of the study, the HIV-positive women had significantly lower BMD at three important skeletal locations: the spine, the hip, and the femoral neck (the ball part of the hip joint). The difference between the two groups were statistically significant, meaning that the differences in BMD between the two groups weren't likely due to chance.

Many of the risk factors for low BMD were not directly related to HI, including low body weight, smoking history, low vitamin D levels, and high levels of bone metabolism markers. However, the longer women had been infected with HIV or had been treated with at least one nucleoside reverse transcriptase inhibitor (NRTI), the greater the association with (NRTI), the greater the association with decreased BMD.

Based on these findings, the study authors concluded that HIV-positive women with easy-to-document risk factors for bone loss, including low body weight and blood markers of bone metabolism, should be screened for loss with DEXA scanning.

