

Glossary

Glossary of terms in *Community Conference Watch* newsletter

AACTG (Adult AIDS Clinical Trials Group)

is the largest HIV clinical trials organization in the world. Many of the leading HIV researchers across the US belong to the AACTG and their research provides information that makes it possible for drugs to be approved and guides how HIV, "opportunistic infections" and "malignancies" are treated and prevented. HIV vaccines are also studied as are the interactions between HIV and Hep B and C.

Abstract: A short summary or outline that describes a clinical trial or experiment. It includes what researchers hoped to discover, how the trial was designed, and what actions were taken during the trial. It also tells what kind of people took part in the trial, how long they stayed in, and the results of the trial.

Acute: A recently developed condition.

Antibody tests: Blood tests that shows whether a person's immune system is reacting to a specific virus or germ.

CD4+ T-cell count: The number of HIV cells in a tiny amount of blood (see cells/ml also written cells/cc for or c³ cubic centiliter).

Cells/ml: The number of HIV organisms in a tiny amount (a milliliter) of blood.

Chronic: A disease or condition that lasts for a long time (usually incurable).

Clinical trials are also known as **drug studies**. A trial or study is a human experiment planned to study specific drugs or answer well thought-out questions about medical care.

Cohort: A group of people who share at least one common factor (for example, being HIV-positive) and who are studied over a period of time.

Control group: A group of participants in a trial who receive standard treatment rather than the experimental treatment, which is being tested.

Data are detailed information and statistics gathered from a clinical trial that are used to figure out what happened during the trial.

Dose-finding (or dose-ranging): A study designed to find the best and safest dose of a drug for suppressing HIV in humans without making them too sick in the process.

FDA-approved: The Food & Drug Administration (FDA) is a part of the government that has responsibility for checking the safety of drugs, vaccines and medical devices before giving (or denying) approval for them to be sold in the US.

Fibrosis: A scarring of liver tissue due to "hepatitis".

Fusion inhibitors: Newest class of anti-HIV drug; disrupts HIV's life cycle by preventing its entry into cells.

Genotype: The actual make-up of the HIV DNA that determines the structure of the virus.

HAART: Highly Active Anti-Retroviral Therapy, a term used to describe anti-HIV combination therapy with three or more drugs.

Hepatitis is inflammation of the liver that is caused by a virus or by chemicals (medications, alcohol, etc). **Hepatitis A, B, and C** are the most common viruses that cause liver damage. **Hepatitis C and B** can become chronic (long-term) infections.

HIV: Human Immunodeficiency Virus is the virus, which causes AIDS.

Interim analysis: When researchers stop at an earlier time point to analyze data from a trial of longer duration. (For example, data looked at week 24 of a 96-week trial is an interim analysis.)

Lipid: A general term for fat in the body or blood.

Lipodystrophy: Abnormal production, use or distribution of fat in the body.

Liver biopsy: A test to check the condition of the liver. A small sample is taken with long, small bore needle and examined under a microscope to see if there is any damage, and if so, how bad it is.

MDR (Multi-Drug Resistance): HIV that is resistant to several different anti-HIV drugs.

Malignancies: Tumors, which may grow and spread through the tissue that surrounds it and then move on (metastasize) to other parts of the the body.

Myocardial infarction (MI): A type of heart attack.

"Nukes" (short for **nucleoside reverse transcriptase inhibitors** or **NRTIs**): An anti-HIV class of drugs that blocks the same reverse transcriptase enzyme used by HIV in its life cycle, but in a different way than non-nukes.

Opportunistic infections: Specific infections, which cause disease in someone with a damaged immune system.

Oral presentation is when a researcher talks about the results of a study in front of a live audience using projected images of data on a screen (slides) during the talk.

Patient advocates are people from the patient community who stand up for the rights of patients.

Phenotype describes how HIV acts as a result of its particular structure (genotype).

Phase I: The earliest stage of a clinical trial in humans, designed to see if a drug is safe and what the maximum safe dose is. **Phase II:** Stage of a clinical trial to see if a drug is effective in the short-term. **Phase III:** Stage of a clinical trial when the experimental drug is given to large numbers of people, at the dose determined in phase I or phase II. Often the trial drug is compared with a treatment already in use.

Pipeline drugs are new drugs that are not yet approved by the FDA for general use and are still in an earlier stage of study.

Poster: The results of a study are printed on a big sheet of paper ("poster") and attached to wall at a conference. At a set time, the researcher stands by the poster and is available to answer questions about the study and discuss the results.

Protease inhibitors (PIs): An anti-HIV class of drugs that block an enzyme (protease) used by HIV in its life cycle.

Regimen: A general term for the combination of different anti-HIV drugs a person takes to keep HIV under control.

Resistant: HIV that has changed itself (genotype) enough to allow it to make copies of itself, even though a person is taking anti-HIV treatment, is said to be "resistant."

Salvage therapy is treatment for people who have run out of anti-HIV drug regimens that work for them. (See resistance).

Science conferences: Meetings to present and discuss the results of studies or clinical trials.

Structured treatment interruption study: A clinical trial that looks into what happens when a person is taken off anti-HIV treatment.

Study: See "clinical trials"

Sub-study: A part of a clinical trial designed to answer questions that the main study was not.

Symposium: A meeting where speakers give short talks on related topics or speak about different things that relate to one topic.

Treatment naïve: A term used to describe people who have never taken anti-HIV treatment before.

Undetectable: A level of viral load that is too low to be picked up by the particular viral load test being used.

Viral load: Measurement of the amount of virus in a sample. HIV viral load shows how much HIV is making copies of itself in the body.

Wild-type HIV: Virus that has not been exposed to anti HIV drugs before.

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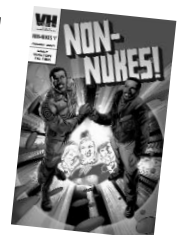
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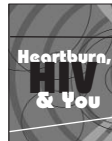
For physicians and healthcare providers:



VITAL LINES©: Drug Interactions and Resistance Considerations for HIV+ Patients Using Common GI-PPI Medications for Heartburn/GERD

A well-received and respected "special issues" newsletter sent to providers with important new data or developments in HIV treatment. This issue of *Vital Lines* gives HIV-treating providers an easy-to-understand overview of this important topic, and discusses the need for increased communication between providers and patients about GI side effects and treatment options.

For secondary providers, peer educators, and patients:



Heartburn, HIV and YOU® This graphically-rich and easy-to-understand booklet for secondary providers and patients, written at a 9th grade reading level, helps readers better understand what heartburn is and how it specifically affects people taking HIV medications. It also creates awareness about drug interactions that can occur between heartburn medications (both over-the-counter and prescription drugs) and certain HIV therapies. And it suggests some lifestyle strategies to avoid casual heartburn medication use when possible.



Heartburn and HIV Treatment Map: This one-page laminated chart (8.5 x 11 inches) provides a simple overview for secondary providers and patients of heartburn and possible drug-drug interactions between HIV medications and heartburn medicines.

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Who are you? Doctor Nurse Other Healthcare Provider Individual Other _____

Type of organization (ie, ASO or CBO, hospital, clinic, private practice) _____

Total Number of Clients _____ Total HIV+ _____ Total HCV+ _____ Total HIV+ & HCV+ (co-infected) _____

African American _____% Hispanic _____% White _____% Asian _____% Gay _____% Female _____%

Transgender _____% Substance Abuser _____% IVDU _____% Other _____%

If you have been receiving our educational materials over the past while, then you know which ones are your favorites and what types of programs you'd like to see more of. There is not enough room to mention them all, but some of our popular programs for secondary providers and consumers include:

- **Adventures in Adherence!**® **Getting Started and Making it Work** (comic book)
- **Blocking the Mutant Invasion: Easy-to-Understand Info About HIV Resistance**® (booklet + pamphlet)
- **Body Changes: The Guide to Lipodystrophy in HIV**® (booklet)
- **Hand in Hand: The User-Friendly Guide to HIV and Hepatitis C Co-Infection**® (booklet)
- **HIV Consumers' Report**® – **What's New in HIV?** (magazine)
- **NUKES!**® and **Non-NUKES!**® (comic books)

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Why? _____

2. What other topics would you like to see us cover and what else would you like to say? _____

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