



# A new face in HIV

by Jennifer Chung

**T**hey have passed on more lucrative areas of medicine to devote their energy to clinical research. The Canadian HIV Trials Network's (CTN) latest postdoctoral fellows not only represent a new wave of HIV investigators, they are also reinvigorating the field in BC, across Canada and globally.

Take Dr. Mark Hull—an infectious diseases specialist—who is currently completing his CTN fellowship at St. Paul's Hospital in Vancouver. Hull is among a growing group of researchers who are zeroing in on the issue of simplifying anti-HIV regimens and lowering the risk of drug interactions in treatment-experienced people.

"We want to focus on how we can suppress HIV and make sure we can address some of the consequences of being on anti-retroviral therapy," says Hull. "We need to look at options to lower pill burden and achieve a better metabolic profile for people now and in the future."

According to Hull, a pared down regimen will allow people to take fewer pills and may help decrease the risk for metabolic complications such as high cholesterol, as well as the risk of adverse drug interactions, which can arise when taking two protease inhibitors.

When he isn't seeing patients in the 10 C ward at St. Paul's, which provides in-patient care for people living with HIV, Hull devotes much of his time to his latest research project. Working alongside his mentor Dr. Julio Montaner, national co-director of the CTN and director of the BC Centre for Excellence in HIV/AIDS, Hull is examining the efficacy of ritonavir-boosted darunavir in treatment-experienced people who are currently on double-boosted protease inhibitors.

As HIV becomes increasingly viewed as a chronic disease in North America, Hull believes that the next frontier of research will centre on the development of new drugs that can improve the quality of life for people living with the illness. "In Canada and the US, I think the aim is simplifying treatments, addressing metabolic concerns, and developing new drugs for treatment-experienced patients who need new types of salvage regimens," he says.

The quest for new treatments means there is still a need for clinical trials—and participants. Hull says that while advancements have been made in HIV care, the road to developing more streamlined anti-HIV regimens is one that researchers need to continue exploring.

"Volunteering in a clinical trial is not an easy thing to do because it's a lot of work, but it's still very worthwhile for people to participate," Hull says. "By taking part in a trial, not only are people contributing knowledge to their particular treatment, they are also helping thousands of others who will benefit from the results of those trials."

Since 1992, the CTN Postdoctoral Fellowships have been providing career support to promising clinical scientists. To date, more than 50 fellowships have been awarded to 38 individuals, many of whom have emerged as Canada's leading HIV clinical investigators. ☺



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## Trials enrolling in BC

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| <p><b>CTN 194</b> — Peg-Interferon and Citalopram in Co-infection (PICCO)<br/>BC sites: Downtown Infectious Diseases Clinic (DIDC), Vancouver</p>         | <p><b>CTN 221</b> — NGX-4010 for the Treatment of Painful HIV-Associated Neuropathy<br/>BC sites: DIDC, Vancouver</p> |
| <p><b>CTN 205</b> — Valproic Acid and HIV<br/>BC sites: St. Paul's Hospital, Vancouver</p>  | <p><b>CTN 222</b> — Canadian Co-infection Cohort<br/>BC sites: DIDC, Vancouver</p>                                    |
| <p><b>CTN 214</b> — Effect of a One-Year Course of HAART in Acute/Early HIV<br/>BC sites: DIDC, Vancouver; Cool Aid Community Health Centre, Victoria</p> |   |

To find out more about these and other trials, check out the **Canadian HIV Trials database** at [www.hivnet.ubc.ca](http://www.hivnet.ubc.ca) or call 1.800.661.4664.