



ALLIANCE FOR MICROBICIDE DEVELOPMENT

10 July 2008, Volume 9, Number 27

The Alliance for Microbicide Development *News Digest* is an **unedited** compilation of:

- Media coverage of microbicides;
- Abstracts of articles on microbicides and relevant science in peer-reviewed journals;
- Material on other reproductive health and HIV prevention technologies, including HIV vaccines; and
- Matters of policy and politics with importance for microbicide research, development, and advocacy.

Its purpose is to:

- Raise awareness around the range of opinions and information about microbicides disseminated in the press and scientific journals; and
- Provide a neutral, objective basis for decision-making and evidence-based advocacy.

The *News Digest* is produced in a web-based format. Readers can view complete issues of the Digest or search by keyword for individual articles at http://www.microbicide.org/cs/weekly_news_digest. If you would like to be removed from the *Digest* distribution list, please send an email to digest@microbicide.org. We welcome comments, questions, and ideas about other microbicide-relevant topics we might cover, services we might provide, and better ways of providing them!

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1. ALLIANCE UPDATES AND COMMUNITY NEWS

amfAR, The Foundation for AIDS Research, announces the availability of funding for social/behavioral research

www.amfar.org/rfp

amfAR, The Foundation for AIDS Research, is pleased to announce the availability of targeted support for social/behavioral research projects relevant to applying social networking information technologies to the prevention of HIV infection.

Funding will be available for:

Research Grants – \$100,000 direct costs plus up to 20% for indirect costs. The performance period for grants awarded under this RFP will be for one year starting January 1, 2009.

Fellowships – Each fellowship is funded at a total of up to \$125,000: A maximum of \$110,000 is allowed for personnel (salary and fringe benefits) and other research-related direct costs. It is expected that a fellow will devote the decided majority of his or her time to the approved fellowship project. Personnel costs supported by the fellowship must represent a minimum of 85% effort and be consistent with institution policy for other institution personnel of similar rank and title, regardless of source(s) of support.

An additional \$3,636 is provided to support attendance at amfAR-approved professional development activities, for a direct cost maximum of \$113,636. Institutional indirect costs may not exceed 10% of direct costs.

The period of performance for fellowships awarded under this RFP will be for two years starting January 1, 2009

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EDITOR'S NOTE: The full text of this announcement is available for public access at the above website.

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2. MEDIA COVERAGE OF MICROBICIDES

"Extra indication for VivaGel"

Date: 09 July 2008

Source: *Australian Life Scientist*

Author(s): Dylan Bushell-Embling

<http://www.biotechnews.com.au/index.php/id;1516145509>

Melbourne biotech Starpharma [ASX: SPL] has announced plans to adapt the development of its vaginal **microbicide** VivaGel to incorporate the treatment of bacterial vaginosis.

VivaGel is currently in clinical trials as a prevention against the viruses such as HIV, genital herpes (HSV) and genital warts (HPV), and as a potential contraceptive. This is the first indication for which VivaGel might be used as a treatment.

Early tests suggest that VivaGel is able to reverse the imbalance between vaginal lactobacilli and disease-causing bacteria which is a characteristic of the condition.

Bacterial vaginosis is a major cause of vaginal infection, is implicated in pelvic inflammatory disease and may be associated with an increased risk of STIs and abortion.

Starpharma CEO Dr Jackie Fairley said the application was of interest because of its potential to open up new and rapid paths to market for VivaGel.

"Women who use microbicides, still contract HIV could end up with fewer treatment options because of resistance, study finds"

Date: 09 July 2008

Source: *Kaiser Daily HIV/AIDS Report*

http://kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=53181

Women who use **microbicides** in an effort to protect themselves from HIV could end up with fewer treatment options if they contract the virus because of possible drug resistance, according to a study published Monday in the Proceedings of the National Academy of Sciences, Reuters reports.

For the study, Sally Blower of the University of California-Los Angeles and David Wilson of the University of New South Wales used data from ongoing trials of **microbicides**, along with what is known about how HIV develops resistance to existing medicines and how consistently people use drugs and condoms. If an eventual **microbicide** was not 100% effective and if women did not use it consistently, then a certain percentage of women could contract HIV, according to the researchers' model. Some of these women would continue using the **microbicide** but not adhere to antiretroviral combination therapies and, thus, would develop resistance, the researchers said (Fox, Reuters, 7/8). According to Blower, trials that remove HIV-positive women most likely will not show how a **microbicide** could contribute to resistance. "Ethically, it's a good strategy to take infected women out of the **microbicide** trials," Blower said, adding, "But when you use **microbicides** as a public health intervention, some women will get infected without being diagnosed and will probably develop resistance to the drug in the **microbicide**" (Bloomberg/Long Island Newsday, 7/7).

According to Blower and Wilson, drugs used in a **microbicide** can be absorbed into the body through the vaginal wall and could cause HIV to mutate. They added that this is possible especially in circumstances when people such as commercial sex workers fail to regularly use **microbicides** (Reuters, 7/8). In addition, prevention trials that halt the use of **microbicides** for women who have become HIV-positive could allow risky products to enter the market, the researchers said.

Rowena Johnston, director of research for the American Foundation for AIDS Research, said the study's findings are particularly "disturbing" for low-income countries, where there are few options for HIV/AIDS treatment. HIV-positive people who develop resistance may have few other affordable options, Johnston said, adding, "Finding an effective **microbicide** is going to be challenging enough. We don't want to compound that with the possibility of creating drug resistance." According to Johnston, trial researchers could use **microbicides** that contain drug combinations that would not promote the development of resistant HIV strains (Bloomberg/Long Island Newsday, 7/7).

The researchers also found that **microbicides**, which typically are aimed at protecting women from HIV, could be equally or more effective at protecting men. According to computer models used in the study, if and when **microbicides** are perfected, they could reduce the risk of men contracting HIV from women. "Paradoxically, although **microbicides** will be used by women to protect themselves against infection, they could provide greater benefit to men," the authors wrote. Because drug-resistant HIV often is less likely to be transmitted from one person to another, male sex partners of women who have developed resistance related to **microbicide** use might still be protected from the virus, according to Blower (Reuters, 7/8).

EDITOR'S NOTE: The above-mentioned journal publication is available in the New Published Research: Microbicide-Specific section of this Digest. Additional media coverage referring to this publication is available at the following websites:

- <http://www.abc.net.au/science/articles/2008/07/08/2297989.htm?site=science&topic=latest>

- <http://www.reuters.com/article/healthNews/idUSN0745795820080708?feedType=RSS&feedName=healthNews>
- <http://www.newsday.com/news/health/ny-hsaids0708,0,6291321.story>
- <http://www.nature.com/news/2008/080707/full/news.2008.937.html>
- <http://www.dailyindia.com/show/257196.php/Anti-HIV-gels-made-for-women-may-actually-be-more-beneficial-to-men>

"Lactobacillus has potential to prevent HIV transmission via breastmilk"

Date: 08 July 2008

Source: *AIDSmap.com News*

Author(s): Michael Carter

<http://www.aidsmap.com/en/news/E8DF138A-3F73-4C3F-B800-BC16F242BD5D.asp>

Investigators have developed a technology that has the potential to prevent a mother passing on HIV to her baby during breastfeeding. HIV transmission during breastfeeding can be prevented by a strain of probiotic, Lactobacillus, in the human mouth. Researchers from Lavax and the University of Illinois at Chicago have found a way of preserving this in hot climates without the need for refrigeration. The finding was presented to last week's 86th General Session of the International Association of Dental Research.

It is possible for an HIV-positive mother to pass on HIV to her baby during pregnancy, delivery, and by breastfeeding. The risk of this happening can be dramatically reduced by the use of antiretroviral drugs during pregnancy and labour, and by the avoidance of breastfeeding. In countries like the UK, HIV-positive mothers are advised not to breastfeed. However, in resource-limited countries hardest hit by HIV, there are no safe alternatives to breastfeeding. This means that mothers have no option but to feed their infants using a method that could involve a risk of HIV transmission.

But researchers have discovered that Lactobacillus can bind itself to HIV's outer envelope and has the potential to prevent HIV transmission because of breastfeeding. It is also being studied in a modified form as a vaginal **microbicide**. The probiotic Lactobacillus belongs to the same species as those found in dairy products, such as yoghurt.

Researchers believe that once an infant has been inoculated with this Lactobacillus, it will be protected against HIV transmission until it is weaned.

But the bacillus cannot survive for long in hot climates, and there is a lack of refrigeration in settings which would benefit most from this discovery - particularly southern Africa.

Investigators therefore tried to find a long-lasting formula of this Lactobacillus, capable of surviving in hot climates.

It is already known that the sugars, sucrose and trehalose, efficiently protect Lactobacillus at temperatures between four and 20 degrees C. But after four weeks at temperatures of 33 degrees or above, Lactobacillus cells protected by these sugars die.

Now investigators have identified a new alternative. This kept the Lactobacillus strain that binds to HIV alive for twelve weeks at 33 degrees, with laboratory tests showing that it was as effective as fresh Lactobacillus at covering HIV and therefore having the potential to prevent transmission of the virus during breastfeeding.

Reference

Chang R et al. An infant formula blocking HIV transmission via breastfeeding 86th General Session of the International Association for Dental Research, Toronto, Canada, 2008.

"Case medical school gets grant to battle HIV"

Date: 03 July 2008

Source: *The Plain Dealer (Cleveland)*

Author(s): Angela Townsend

<http://www.cleveland.com/news/plaindealer/index.ssf?/base/news/1215073817137450.xml&coll=2>

Case Western Reserve University's School of Medicine has been awarded a \$5 million grant from the National Institutes of Health to continue research in the quest of a **microbicide** to combat HIV.

The three-year grant, which can be extended for an extra year if needed, allows Case to lead a collaboration of international researchers. The team, which is based at Case, has worked several years to develop a **microbicide** in the form of a gel, cream or other compound that women could apply before intercourse to decrease or prevent the transmission of HIV.

Women account for half of the 33 million HIV-infected people worldwide. Efforts to find a viable **microbicide** that stops HIV from entering cells date back two decades. One of the biggest challenges has been developing something that could be replicated affordably and used in developing countries, where it could have a tremendous effect.

Earlier this year researchers announced their success in developing two affordable anti-HIV molecules. In 2007, the AIDS Clinical Trials Unit at Case joined the **Microbicide** Trials Network, established by the NIH.

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3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

"C-type lectin Mermaid inhibits dendritic cell mediated HIV-1 transmission to CD4+ T cells"

Author(s): Nabatov AA, de Jong MA, de Witte L, et al

Reference: N Engl J Med. Epub ahead of print.

<http://highwire.stanford.edu/cgi/medline/pmid;18597806>

Published Abstract: Dendritic cells (DCs) are important in HIV-1 transmission; DCs capture invading HIV-1 through the interaction of the gp120 oligosaccharides with the C-type lectin DC-SIGN and migrate to the lymphoid tissues where HIV-1 is transmitted to T cells. Thus, the HIV-1 envelope glycoprotein gp120 is an attractive target to prevent interactions with DCs and subsequent viral transmission. Here, we have investigated whether the structural homologue of DC-SIGN, the nematode C-type lectin Mermaid can be used to prevent HIV-1 transmission by DCs. Our data demonstrate that Mermaid interacts with high mannose structures present on HIV-1 gp120 and thereby inhibits HIV-1 binding to DC-SIGN on DCs. Moreover, Mermaid inhibits DC-SIGN-mediated HIV-1 transmission from DC to T cells. We have identified Mermaid as a non-cytotoxic agent that shares the glycan specificity with DC-SIGN and inhibits DC-SIGN-gp120 interaction. The results are important for the anti-HIV-1 **microbicide** development directed at preventing DC-HIV-1 interactions.

"The paradoxical effects of using antiretroviral-based microbicides to control HIV epidemics"

Author(s): Wilson DP, Coplan PM, Wainberg MA, et al

Reference: N/A Epub ahead of print.

<http://www.pnas.org/content/early/2008/07/07/0711813105.abstract>

Published Abstract: Vaginal **microbicides**, designed to prevent HIV infection in women, are one of the most promising biomedical interventions. Clinical trials of second-generation **microbicides** have begun; if shown to be effective, they could be licensed within 5-10 years. Because these **microbicides** contain antiretrovirals (ARVs), they could be highly effective. However, there is concern that, if used by HIV-positive women, ARV resistance may evolve. By analyzing a mathematical model, we find that adherence could have both beneficial and detrimental effects on trial outcomes. Most importantly, we show that planned trial designs could mask resistance risks and therefore enable high-risk **microbicides** to pass clinical testing. We then parameterize a transmission model using epidemiological, clinical, and behavioral data to predict the consequences of wide-scale usage of high-risk **microbicides** in a heterosexual population. Surprisingly, we show that reducing a participant's risk of resistance during a trial could lead to unexpectedly high rates of resistance afterward when **microbicides** are used in public health interventions. We also find that, paradoxically, although **microbicides** will be used by women to protect themselves against infection, they could provide greater benefit to men. More infections in men than in women will be prevented if there is a high probability that ARVs are systemically absorbed, **microbicides** are less than about 50% effective, and/or adherence is less than about 60%. Men will always benefit more than women in terms of infections prevented per resistant case; but this advantage decreases as the relative fitness of drug-resistant strains increases. Interventions that use ARV-based **microbicides** could have surprising consequences.

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4. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

"Bacterial vaginosis and HIV acquisition: a meta-analysis of published studies"

Author(s): Atashili J, Poole C, Ndumbe PM, et al

Reference: N/A 22(12):1493-1501.

<http://www.aidsonline.com/pt/re/aids/abstract.00002030-200807310-00013.htm;jsessionid=L19dMKgwtppFR5MG2xm0bJybG211rWXpzQCJ1PZ7p9vdMzG8HnWt!-127489179!181195628!8091!-1>

Published Abstract: Objectives: To assess and summarize the published literature on the extent to which bacterial vaginosis may increase the risk of HIV acquisition. Design: Meta-analysis of published studies. Methods: Medline and other electronic databases were systematically searched for eligible publications. The association between bacterial vaginosis and incident HIV was separately analyzed from that between bacterial vaginosis and prevalent HIV. The latter was further analyzed, stratified by bacterial vaginosis diagnostic method, HIV risk profile of the study population, and whether or not adjusted estimates were presented. Results: Twenty-three eligible publications were identified, including a total of 30 739 women. Bacterial vaginosis was associated with an increased risk of HIV acquisition in HIV-incidence studies (relative risk = 1.6, 95% confidence interval: 1.2, 2.1). All but one of 21 HIV-prevalence studies reported estimates above the null. The latter results were heterogeneous and showed some evidence of funnel plot asymmetry, precluding the estimation of a single summary measure. The association between bacterial vaginosis and HIV in prevalence studies appeared stronger for women without high-risk sexual behavior. Conclusion: Bacterial vaginosis was consistently associated with an increased risk of HIV infection. High bacterial vaginosis prevalence may result in a high number of HIV infections being attributable to bacterial vaginosis. More prospective studies are needed to accurately evaluate the role of bacterial vaginosis in HIV acquisition in low-risk versus high-risk women. Furthermore, randomized clinical trials may be worth considering to determine the effect of bacterial vaginosis control measures on HIV acquisition.

"Extended antiretroviral prophylaxis to reduce breast-milk HIV-1 transmission"

Author(s): Kumwenda NI, Hoover DR, Mofenson LM, et al

Reference: N/A 359(2):119-129.

<http://content.nejm.org/cgi/content/full/359/2/119>

Published Abstract: *Background* Effective strategies are urgently needed to reduce mother-to-child transmission of human immunodeficiency virus type 1 (HIV-1) through breast-feeding in resource-limited settings. *Methods* Women with HIV-1 infection who were breast-feeding infants were enrolled in a randomized, phase 3 trial in Blantyre, Malawi. At birth, the infants were randomly assigned to one of three regimens: single-dose nevirapine plus 1 week of zidovudine (control regimen) or the control regimen plus daily extended prophylaxis either with nevirapine (extended nevirapine) or with nevirapine plus zidovudine (extended dual prophylaxis) until the age of 14 weeks. Using Kaplan-Meier analyses, we assessed the risk of HIV-1 infection among infants who were HIV-1-negative on DNA polymerase-chain-reaction assay at birth. *Results* Among 3016 infants in the study, the control group had consistently higher rates of HIV-1 infection from the age of 6 weeks through 18 months. At 9 months, the estimated rate of HIV-1 infection (the primary end point) was 10.6% in the control group, as compared with 5.2% in the extended-nevirapine group

($P < 0.001$) and 6.4% in the extended-dual-prophylaxis group ($P = 0.002$). There were no significant differences between the two extended-prophylaxis groups. The frequency of breast-feeding did not differ significantly among the study groups. Infants receiving extended dual prophylaxis had a significant increase in the number of adverse events (primarily neutropenia) that were deemed to be possibly related to a study drug. *Conclusions* Extended prophylaxis with nevirapine or with nevirapine and zidovudine for the first 14 weeks of life significantly reduced postnatal HIV-1 infection in 9-month-old infants.

EDITOR'S NOTE: *The full text of this article is available for public access at the above website. Additionally, an Editorial highlighting some background research on the topic is available at <http://content.nejm.org/cgi/content/extract/359/2/189>.*

"Keep them in school: the importance of education as a protective factor against HIV infection among young South African women"

Author(s): Pettifor AE, Levandowski BA, MacPhail C, et al

Reference: N/A Epub ahead of print.

<http://ije.oxfordjournals.org/cgi/content/abstract/dyn131v1?maxtoshow=&HITS=2&hits=2&RESULTFORMAT=&andorexacttitle=and&andorexacttitleabs=and&fulltext=microbicide%2C+microbicides&andorexactfulltext=or&searchid=1&usestrictdates=yes&resourcetype=HWCIT&ct>

Published Abstract: *Objective* To identify risk factors for HIV infection among young women aged 15-24 years reporting one lifetime partner in South Africa. *Design* In 2003, we conducted a nationally representative household survey of sexual behaviour and HIV testing among 11 904 young people aged 15-24 years in South Africa. This analysis focuses on the subset of sexually experienced young women with only one reported lifetime sex partner ($n = 1708$). *Methods* Using the proximate determinants framework and the published literature we identified factors associated with HIV in young women. The associations between these factors and HIV infection were explored in multivariable logistic regression models. *Results* Of the young women, 15% reporting one lifetime partner were HIV positive. In multivariable analyses, young women who had not completed high school were more likely to be infected with HIV compared with those that had completed high school (AOR 3.75; 95% CI 1.34-10.46). *Conclusions* Young South African women in this population were at high risk of HIV infection despite reporting only having one lifetime partner. Few individual level factors were associated with HIV infection, emphasizing the importance of developing HIV prevention interventions that address structural and partner level risk factors.

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5. HIV/AIDS VACCINES

"AIDS researchers want human test of vaccine"

Date: 07 July 2008

Source: *The Atlanta Journal-Constitution*

Author(s): Bill Hendrick

<http://www.ajc.com/business/content/printedition/2008/07/09/geovax.html>

GeoVax Labs Inc., an Atlanta-based biotechnology company specializing in prevention and treatment of infectious diseases, said Tuesday that it hopes to begin a large human trial of its AIDS vaccine this fall.

The Emory University spinoff is seeking approval from the U.S. Food and Drug Administration to start a Phase 2 trial this fall of its human version of its preventive vaccine that has proven successful in previous studies, said Robert McNally, president and CEO of GeoVax Labs.

The trial, to be conducted by the National Institutes of Health and supported by the HIV Vaccine Trials Network, will involve 225 healthy volunteers from the United States and South America.

The purpose, he said, is to "further evaluate the safety and immunogenicity of the GeoVax preventative vaccine."

He said the company also is contemplating a therapeutic vaccine and that it hopes the upcoming trials will prove "how useful our vaccine has become."

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EDITOR'S NOTE: The full text of this article is available for public access at the above website.

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6. POLITICS AND POLICY

"Justice in translation: from bench to bedside in the developing world"

Source: *Lancet*. 2008 Jul 05;372(9632):82-85. *Viewpoint*.

Author(s): Alex John London, Jonathan Kimmelman

<http://www.thelancet.com/journals/lancet/article/PIIS0140673608609964/fulltext>

Much of the debate about the conduct of clinical trials involving participants from the developing world has centred on ethical issues that apply most directly to large-scale, late-phase research.¹ As clinical research becomes increasingly global, however, individuals from low-income and middle-income countries (LMICs) have been recruited into small-scale, translational trials of novel technologies such as gene transfer. The distinctive ethical concerns that have arisen from such practices have received almost no attention. We consider four rationales for recruiting participants from LMICs into translational trials.

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EDITOR'S NOTE: The full text of this article is available with a free subscription at the above website.

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7. PHARMACEUTICAL INDUSTRY

"GSK opens pipeline up for comment"

Date: 07 July 2008

Source: *in-Pharma Technologist.com*

Author(s): Phil Taylor

<http://in-pharmatechnologist.com/news/ng.asp?id=86351>

New GlaxoSmithKline chief executive Andrew Witty has said the company will allow regulators and other healthcare officials to have a say on the products it advances through development.

The move provides more evidence of the dramatic measures big pharma is taking to reinvent itself in a more challenging operating environment

Witty told the Wall Street Journal that healthcare officials from the UK, Spain, France and Italy had already visited the company's UK headquarters for an R and D presentation. It's likely no accident that the first healthcare officials to visit the company are from European countries where there are ongoing efforts to look at ways to reduce fast-growing healthcare costs.

"I'm going to deal with the pharmaceutical realities of the next 10 years, and they're very different from those of the 1990s," Witty told the WSJ. At the moment the pharmaceutical industry is being squeezed by soaring R and D costs, cost-containment efforts by governments around the world and increased regulatory complexity.

The hope for GSK is that their feedback should help to prioritise projects that will be best-received by regulatory agencies and increasingly the so-called 'fourth hurdle' erected by national organisations, such as the UK National Institute of Clinical Excellence, that companies must leap before bring new medicine to patients.

These organisations review the cost-effectiveness of new medicines and lay down prescribing guidelines for national healthcare services.

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EDITOR'S NOTE: The full text of this article is available for public access at the above website.

"Binto eliminating the detective work from clinical trials"

Date: 03 July 2008

Source: *in-Pharma Technologist.com*

Author(s): Kirsty Barnes

<http://www.in-pharmatechnologist.com//news/ng.asp?n=86306&c=W1FT1f7k%2BpLIKl7XZsxHZA%3D%3D>

A service provider called Binto is filling a much needed vacuum in the clinical trial industry in terms of patient tracking, eliminating the need for big pharmaceutical firms to resort to methods such as hiring private investigators to track down "lost" patients.

Facing increased pressure to track long term outcomes in patients, companies are increasingly turning to Binto - who can proactively track patients who are on North American, European and Asian clinical trials - to ensure that sponsors and investigators have maximum access to their clinical trial subjects for as long as possible.

Privacy laws usually prevent clinical trial sponsors from knowing the identity of their patients. This means that most sponsors must rely on the clinical investigators to maintain ongoing communication with their patients during the study and after it has finished.

Not surprisingly, it can be extremely difficult for investigators to have the time and resources to adequately keep up to date on the whereabouts of all their patients and as a result, many inevitably fall into the "lost to follow-up" category.

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EDITOR'S NOTE: The full text of this article is available for public access at the above website.

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8. ANNOUNCEMENTS

2008 Microbicides Symposium: Gender, Vulnerability, and Biomedical Prevention

EDITOR'S NOTE: This event will take place on 14 and 15 July at Sydney University, Veterinary Science Conference Centre (WP Young Room).

The increasing emphasis on the development of biomedical HIV prevention technologies creates opportunities for new collaborations across health sectors. While partnerships between research and community have been established over decades in HIV prevention and treatment, new technologies such as **microbicides** necessitate broadening the conversation to include women's health and the aid sector.

Australian researchers from clinical, social and basic science are involved in a range of activities domestically and internationally that are relevant to **microbicide** development and to biomedical HIV prevention strategies more broadly. To date, however, there has been little interdisciplinary discussion of how biomedical prevention may impact upon established behavioural norms. The epidemiological concentration of HIV in the gay community and men who have sex with men (MSM) means that the HIV community sector has remained distant from the sexual and reproductive health mainstream. **Microbicide** research, development and advocacy requires robust collaboration between all these sectors to ensure that the voices of end-users - the women and men who will eventually use the

products in their rectums and vaginas - are heard in the research process.

In addition, the expectation of results from PrEP trials means that the community sector needs to commence discussions about the potential role of PrEP in the Australian epidemic and to ensure that there is a sound understanding of the particular questions answered in phase III trials, and those that remain to be answered.

To facilitate these collaborations, the Australian Federation of AIDS Organisations (AFAO) and the Biomedical Prevention Working Group of the National Centre in HIV Epidemiology and Clinical Research is combining a half-day workshop on pre-exposure prophylaxis (PrEP) with the 2008 **Microbicides** Symposium: Gender, Vulnerability and Biomedical Prevention. The two-day program is designed to highlight two particular technologies, **microbicides** and PrEP, and to place these in the context of biomedical prevention. The themes of gender and vulnerability will be used to elucidate why one-size-fits-all prevention is inadequate in a global epidemic.

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