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News briefs

The CTN semi-annual meetings are being held May 10–13 in Saskatoon. Of note, Dr. Curtis Cooper will present results from two flu studies, CTN 237 (Influenza vaccination strategies using Fluviral in HIV-positive adults) and CTN 253 (H1N1 flu vaccine study in HIV-positive adults) on Tues. May 11. Please visit www.hivnet.ubc.ca for the complete schedule. The fall meetings are scheduled for October 18–21 in Toronto.

At the meetings, a special reception is being held on Wed. May 12 to mark 20 years of achievements, dedication and hard work by members of the community, investigators, and CTN staff.

The next submission deadline for pre-final and final proposals is April 6. Related documents for study proposals may be found online under Research Services at www.hivnet.ubc.ca.

The 19th Annual Canadian Conference on HIV/AIDS Research of the Canadian Association for HIV Research (CAHR) takes place May 13-16 in Saskatoon. Networkers on the organizing committee include Conference Co-Chairs Drs. Kurt Williams and Brian Conway, Clinical Sciences Track Co-Chair Dr. Curtis Cooper and CAHR President Dr. William Cameron. The CTN will also be hosting the CTN Postdoctoral Fellows Breakfast Symposium on Sun. May 16. For more information on the conference, please go to www.cahr2010.ca.

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Researchers study newer ARVs in HIV-positive pregnant women

Europe teams with Canada to close the knowledge gap on second-line therapy PK data for HIV-positive pregnant women.

Dr. Charles La Porte, (Ottawa Hospital Research Institute) is leading the Canadian arm of a new study to uncover the pharmacokinetics (PK) of antiretroviral agents for which no or limited pharmacokinetic data during pregnancy exist (PANNA, CTN 252).

Dr. Charles La Porte in his lab at the Ottawa Hospital Research Institute

"The PANNA study will contribute to expanding our knowledge of safe and effective treatment options for pregnant women and their babies," says Shari Margolese, a member of the CTN's Community Advisory Committee, and a leader in drafting the Canadian National HIV Pregnancy Planning Guidelines (see page 2).

In Canada, roughly 0.2 per cent of pregnant women are HIV positive. While it is generally accepted that this population should receive treatment to prevent mother-to-child transmission, the potential for pregnancy-induced changes brings the efficiency of certain drugs into question.

"The drugs are safe and effective in non-pregnant females, but there is little research on whether newer ARVs are affected by hormonal, metabolic and absorption changes that occur during pregnancy," says Dr. La Porte.

There are some gaps in the data regarding certain less popular therapies and how they interact in pregnant women. As Dr. La Porte explains, in a number of clinical scenarios, if a patient is resistant or intolerant to first-line therapy, the treating physician may need to recommend alternative medications for which there is no pharmacokinetic —how the treatments are processed in the body— data during pregnancy.

Dr. La Porte and his team will address these special instances by studying the PK of antiretroviral agents that are not first-line drugs in the recommendations for HIV-positive pregnant women.

"Knowledge of the drug concentrations in pregnancy will help in scenarios when we may need to prescribe one of the agents, and when the optimal dose during pregnancy should be known," says Dr. La Porte.

This is a Phase IV non-interventional study. Eligible participants will already be on the trial drugs prior to study enrolment, as per their physician's recommendations.

New to the CTN, Dr. La Porte brings with him 10 years of experience in clinical pharmacology. Dr. La Porte completed his PhD in The Netherlands under the supervision of Dr. David Burger (Radboud University). In late 2008, Dr. Burger, Principal Investigator of PANNA, reconnected with Dr. La Porte to expand this study to Canada. This partnership also fostered the PANNA network; a collaboration of European and Canadian researchers to conduct further studies in the future.

Speaking on the CTN's involvement in the study, the National Centre's Chief Scientific Officer Jim Pankovich says, "We're proud to collaborate in such important research for women and infant's health, both at the international and local level."

The study will recruit HIV-positive pregnant women who are in their third trimester and at postpartum — the period shortly after childbirth. A total of 176 participants will be recruited: 16 females per antiretroviral agent being tested. Eleven agents will be tested overall and the study will last approximately 14 weeks. Dr. La Porte expects the study to start enrolling at several sites across Canada this summer.