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Welcome from the Program Director: Jeffrey Beal, MD



Welcome to the first issue of the The University of South Florida Hepatitis C Treatment Evaluation and Technical Assistance Center (ETAC) newsletter.

The ETAC provides expert technical assistance to demonstration sites funded under the Special Projects of National Significance (SPNS) Program's Hepatitis C Treatment Expansion Initiative and evaluates models of care designed to increase access to and completion of Hepatitis C (HCV) treatment for HIV-positive patients.

The ETAC's primary objectives, in accordance with the program requirements, are 1) To provide clinical training and technical assistance on the implementation of HCV treatment models for Ryan White funded patients 2) To conduct a rigorous evaluation of demonstration models; and 3) To disseminate findings and lessons from implemented demonstration models.

The collaborative efforts of the Clinical consultation teaching faculty, organizational assistance by USF and the demonstration sites will help assure the best quality of care. The ETAC team will partner with HRSA and the demonstration sites to assess the effectiveness, feasibility, and costs of the service delivery model for which each site is funded. From these assessments, the project will determine which model of patient care best serves HIV/HCV co-infected patients within a diverse set of communities and publish the findings, with the goal of creating a replicable and sustainable model for integrating

HCV treatment into Ryan White programs.

The ETAC's primary activities include: performing initial site specific needs assessment, using a chart review method to assess site-specific needs, providing expert consulting services, providing ongoing site-specific technical assistance, encouraging multi-site collaborations through conference calls and annual meetings, and implementing a rigorous evaluation plan that includes the use of a data reporting system to collect clinical indicators, and implement an exhaustive dissemination plan to share findings with the funding agency, the Health Resources and Services Administration (HRSA), key collaborators, and applicable policy makers.

Please remember that our main goal is to provide you technical assistance, so please contact the ETAC team with any questions you have may have.

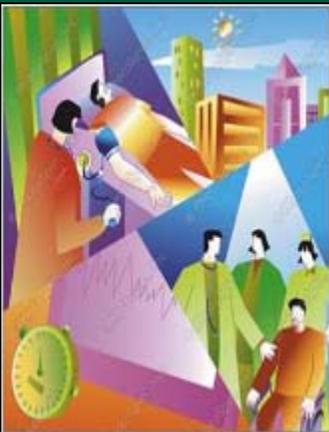
WE'RE ON THE WEB!

We are excited to announce the official release of the ETAC website! On this site you will find information and resources for both patients and providers; a complete listing and brief description of the 15 demonstration sites; The ETAC team member bios; news and updates as it pertains to HIV/HCV co-infected patients; links to partner organizations, and a contact form so you can reach us via the web. This site is intended to be a dynamic resource tool and we welcome your feedback. **Additionally, we are inviting the group to name the newsletter. Please visit us at www.usfetac.com and send us your ideas!**





“Because of the emphasis on peer to peer support, I was able to complete treatment, cure the Hep C, and take this message to other coinfecting individuals.”



Spotlight on UCSF- Positive Health Program

The UCSF Positive Health Program (PHP) project builds on our previous initiative to support primary care providers to treat their co-infected patients. It has allowed PHP to create a twice a month clinic with two Infectious Disease specialists so that patients (and their providers) have access to face to face evaluation. Our clinic occurs on the same day as our weekly Hepatitis Support group and has support from a multidisciplinary team comprised of a social worker, psychiatrist and nurse.

Our peer support group, facilitated by our clinic nurse, has been a key component of the HCV treatment program since 2004. This weekly drop-in group has some participants who show up just once to get information, while others come for the duration of HCV treatment for weekly support. The safe space and community created by ongoing members prompts many to “give back” by speaking at public forums,



sharing their experience at drug treatment centers, and continuing to participate in the peer support group long after they are done with treatment.

Some members even participated in an educational video called “Co-infection.” As one patient states, “because of emphasis on peer to peer support, I was able to complete treatment, cure the Hep C, and take this message to Laguna Honda Hospital, San Francisco’s skilled nursing and rehab facility with many co-infected individuals.” Furthermore, after this patient completed his own treatment he called another member every night to remind

him to take his evening dose of ribavirin.

It has been a tremendous asset to have an on site psychiatrist, Dr. Baker, who has embraced the task of assisting patients in getting to and through HCV treatment. He has been particularly helpful in sorting out medications for patients with bipolar disorder, or patients who might have an extensive history of depression or even suicidality in the past. To best utilize Dr. Baker’s time we have an appointment slot scheduled before the weekly support group and a brief clinic preconference twice a month.

HRSA Releases HCV Resource Guide

Health Resources and Services Administration’s HIV/AIDS Bureau (HRSA/HAB) has developed a guide for clinicians in the diagnosis, evaluation, and treatment of HCV in the setting of HIV primary care. This guide is designed to serve as a quick reference in key aspects of HCV

care and treatment for HIV-infected patients.

For many years, HRSA/HAB has endeavored to increase access to HCV treatment of HIV-infected patients in Ryan White-funded programs. In 2010, HRSA/HAB provided grants to 15 Ryan White-funded clinics and one technical assistance/

evaluation center to develop and evaluate models to integrate HCV treatment into HIV primary care through the SPNS Program. In 2011, an additional 15 clinics will be added to this SPNS initiative. To view the guide follow the link below.
<http://hab.hrsa.gov/publications/hcvguide2011.pdf>

“This is a significant grant of global importance. The conclusions drawn will guide us in managing this grievous disease.” - Dr. Sinnott, USF ETAC PI

Featured Journal Article— Dr. Wills Recommends...



At the most recent Conference on Retroviruses and Opportunistic Infections (CROI 2011, Boston February 27-March 2, 2011), researchers from

the European AIDS Treatment Network (NEAT) presented encouraging results regarding treatment success in HIV patients treated for acute HCV. Their study prospectively followed 238 HIV positive participants with acute HCV infection. All were men and the median age was 39 years. The representation of patients by HCV genotype was: genotype 1 (66%), genotype 2 (6%), genotype 3 (12%) and genotype 4 (16%). Results were grouped among patients with genotype 1 or 4 disease and among those with

genotype 2 or 3 disease. All study participants started hepatitis C treatment early (a median of 70 weeks after presumed HCV infection) using pegylated interferon alone (n = 31) or in combination with ribavirin (n = 207), usually dosed according to weight. Seventy percent of patients were treated for only 24 weeks, while the remainder completed a 48 week treatment course. In the study, 51 % of genotype 1 or 4 patients achieved a 4 week rapid virologic response (RVR) while 65% of those with genotype 2 or 3 achieved this. A 12 week early virologic response (EVR) was seen in 73% of genotype 1 or 4 patients and in 90% of those with genotype 2 or 3. Finally, a sustained virologic response (SVR) 24 weeks after completion of treatment was seen in 65% and 81% of patients in the two genotype groupings.

These SVR rates are far higher than those in prior studies of the treatment of chronic HCV in HIV co-infected patients and in fact are close to the SVR responses seen in conventional treatment of HCV monoinfected individuals. The study reinforces the importance of regular screening of all patients at continued risk for HCV acquisition in order to make a diagnosis of infection during the acute phase when therapeutic success is greater.

Reference:
Treatment of Acute HCV infection improves outcomes in HIV Co infected Patients. C Boesecke, H-J Stellbrink, S Mauss, et al (NEAT Study Group). Does Baseline HCV Genotype Have an Impact upon Treatment Outcome of Acute HCV Infection in HIV Co-infected Individuals? 18th Conference on Retroviruses and Opportunistic Infections (CROI 2011). Boston. February 27-March 2, 2011. [Abstract 113.](#)

Demonstration Site Visits - 2011

The ETAC will be conducting local site visits at all 15 demonstration sites located throughout the country. During these visits the USF ETAC team will provide technical assistance and training on clinical education and local evaluation for appropriate demonstration site staff. Members of the ETAC team participating in these demonstration site visits include but are not limited to the ETAC Lead Clinician and the ETAC Program Evaluator. The USF ETAC site visits will take place between May 10, 2011, and August 10, 2011.

1. The Regents of the University of California, San Francisco, CA
2. Sutter East Bay Hospitals, Oakland, CA
3. St. Mary Medical Center Foundation, Long Beach, CA
4. Bexar County Hospital District dba University Health System, San Antonio, TX
5. Kansas City Free Health Clinic, Kansas City, MO
6. Washington University, St. Louis, MO
7. AIDS Resource Center of Wisconsin, Milwaukee, WI
8. Clarion University of Pennsylvania, Clarion, PA
9. Carilion Medical Center, Roanoke, VA
10. Innova Healthcare Services, Springfield, VA
11. Harlem United Community AIDS Center, New York City, NY
12. Bronx-Lebanon Hosp Ctr, Bronx, NY
13. William F. Ryan Community Health Center, Inc., New York, NY
14. Research Foundation of the State University of New York, Albany, NY
15. Cambridge Health Alliance, Cambridge, MA





ETAC RESEARCH TEAM

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The ETAC Research Team is led by:
Principal Investigator John Sinnott, MD (see below);
Program Director Jeffrey Beal, MD;
Infectious Disease Specialists Todd Wills, MD and
Charurut Somboonwit MD;
Evaluator Martha Friedrich, PhD; and
ETAC Psychiatric Consultant, Frank Fernandez, MD

Support staff include Data Manager Sean McIntosh, AS and
Research Administrator, Alissa Phelps, MPH.

“I am very excited to participate in this grant initiative because it is the gateway for cost effective quality medical care of HIV/HCV co-infection as USF collaborates with other experts around the country.”

- Dr. Charurut Somboonwit



Meet the PI: John Sinnott, MD



We are excited to introduce the new PI, Dr. John Sinnott.

Dr. Sinnott received his BS from Columbus College, his MA from the University of South Florida, and his MD from the University of

South Alabama. He joined the faculty at the University of South Florida after completing an Internal Medicine Residency and Infectious Disease Fellowship. He is board certified in both and a Fellow of the American College of Physicians.

Most recently, Dr. Sinnott was appointed Co-Director of the USF Health Signature Research Program in Allergy, Immunology, and Infectious Disease. He is the Associate Dean for USF Medicine International at the University of South Florida College of

Medicine, the James A Cullison Professor of Medicine, and Director of the Division of Infectious Diseases and International Medicine. He is a Fellow of the American College of Physicians and the Infectious Disease Society of America. A distinguished member of the medical community, Dr. Sinnott has been the recipient of local and national awards, including Outstanding Professor of the College of Medicine, an award that has been retired and named in his honor, the Florida Medical Association Award for Leadership in Medical Education, the NBI Award for Humanism in Medicine; and he is an honorary alumnus of the USF College of Medicine. He has been a finalist for the AAMC Humanism in Medicine Award, and was listed in Who's Who in American, International Who's Who, the Best Doctors in America and Tampa Bay's Best Doctors.

Dr. Sinnott has been inducted into the Leon G. Smith Infectious Disease Institute Hall Of Fame, has served on over 40 local, regional, and national health care committees, and has published over 180 abstracts,

articles, and textbook chapters. He serves as Editor-in-Chief of the peer-reviewed journal, *Infections in Medicine*. He was appointed as senior advisor to the Secretary of Health as part of the state of Florida's Bioterrorism Initiative.

Dr. Sinnott has had extensive international experience, including four international scientific publications and over twenty scientific abstracts presented at international conferences. He is currently the Chair of the USF Center for Health, HIV/AIDS Research and Training, through which more than 200 Indian physicians and policy-makers have been trained in HIV education for capacity building to enhance medical care and AIDS prevention.

As the new PI, Dr Sinnott is enthusiastic about the grant goals. “This is a significant grant of global importance. The conclusions drawn will guide us in managing this grievous disease. Patients will directly benefit from the efforts of the Hepatitis C Treatment Expansion Initiative and the ETAC team.”