

Jul 1992

THE SCOOP

PUBLISHED BY THE PEOPLE WITH AIDS COALITION OF MAINE

YEAR-END WRAP UP: TOP TEN HIV/AIDS MEDICAL STORIES OF 1991 by Mark Katz, MD

This year brought the tenth anniversary of the AIDS epidemic. At the same time, this year's medical developments brought us closer to the possibility of ending the epidemic before ten more years pass. Here is my personal analysis of 1991's major breakthroughs, or pieces of the puzzle:

1. Clear superiority of oral PCP prophylaxis over pentamidine: The 1990 Kaiser study had shown no cases of PCP in more than 100 patients taking oral Bactrin/Septra three times a week. This year NIAID, headed by Dr. Anthony Fauci, prematurely stopped a long term study comparing oral Bactrim to aerosolized pentamidine because the Bactrim group was doing so much better.

2. Record number of new drugs approved: An historical review: 1987 gave us only AZT, 1988 aerosolized pentamidine, 1989 alpha-interferon (for KS) and ganciclovir (for CMV retinitis), and 1990 fluconazole (for fungal infections). In contrast, 1991 saw FDA approval of EPO (erythropoietin to stimulate red blood cell production and thus reverse certain anemias, especially when AZT-induced), G-CSF (to reverse low white blood cell count, especially when caused by ganciclovir or chemotherapy), foscarnet (a tempting alternative to ganciclovir for CMV disease) DDI, clarithromycin and azithromycin. None of these are cures, but no one can deny the improvement in sheer number of treatment modalities. 1992 should certainly see the approval of DDC and the possibility exists for approving peptide T, hypericin, an interleukin (either IL-2 or IL-4), and perhaps a KS drug.

3. Combination Therapy: Scientists and clinicians are virtually uniform in agreement that two or more drugs in combination will be more successful in treating HIV than any one drug alone (at least among those currently available).

FEBRUARY 1992

4. Women and HIV: There is virtually uniform recognition that there has been under-recognition of the numbers of and issues for women with HIV. Major conferences were held this year and any provider who works extensively with HIV now knows that chronic vaginal candidiasis, chronic PID (pelvic inflammatory disease), cervical neoplasia (cancer) or HPV (human papillomavirus) infection should ring bells for the risk of HIV infection.

5. Increased use of prophylaxis: Many PWHIVs and PWAs have been using medication to prevent fungal infections such as cryptococcus and candida, disseminated MAI, CMV disease, and toxoplasmosis. For most of these uses, people are basing their decisions on anecdotal reports and logical extrapolation of other medical knowledge. For some uses (such as high-dose acyclovir against CMV), this evidence is pretty thin. For others, such as fluconazole and clarithromycin, especially for those with CD4 counts under 50 and/or unexplained symptoms such as fevers, the presumed benefit is very compelling to most people. Controlled trials to definitively assess efficacy are still incomplete or just beginning, ...but we hope 1992 will bring definitive word on optimal use of at least some of these agents.

6. Clarithromycin use and approval: It was only a year ago that this antibiotic was first available in the US as a potential treatment for MAI infection. Even quite conservative researchers were, to say the least, impressed when patients with low CD4 counts and unexplained fevers, chills, sweats, nausea and aches improved on clarithromycin, a close relative of the familiar erythromycin. It has not yet been definitively proven that clarithromycin works better than other already-accepted treatments for MAI.

7. Increase recognition of stabilization of HIV in some patients: It is simply old-fashioned and some would say wrong to conclude that everyone with HIV will progress to AIDS.

Continued on Page 2

See page 4



February 1992



THE PEOPLE WITH AIDS COALITION OF MAINE

MONDAY

TUESDAY



WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

					1	2
3	4 8:00 PM POSITIVELY SOBER AA MEETING	5 6:00 PM DINNER 7:00 PM Ex Board Meeting	6	7	8	9
10	11 8:00 PM POSITIVELY SOBER AA MEETING	12 6:00 PM DINNER <i>Lincoln's Birthday</i>	13	14  Valentine's Day NEWS PAPER ARTICLE DEADLINE	15	16
17 <i>President's Day</i>	18 8:00 PM POSITIVELY SOBER AA MEETING <div>BIRTHDAY LUNCH</div>	19 6:00 PM DINNER  7:00 PM Board of Directors Meeting	20	21	22 <i>Washington's Birthday</i>	23
24	25 8:00 PM POSITIVELY SOBER AA MEETING	26 6:00 PM DINNER	27	28	29	

**YEAR-END WRAP UP:
TOP TEN HIV/AIDS
MEDICAL STORIES OF 1991
CONTINUED FROM PAGE 1**

The San Francisco Men's Cohort Study tells us that after 12 years of seropositivity, 20% of this high-risk group remains asymptomatic and with reasonably stable CD4 counts over 500. Can the virus be contained in some hosts? Is it due to a mutation to a more favorable strain? Whatever it is, some PWHIVs have it, and we can only hope in the future for a higher percentage of people who are stable.

8. DDI approval: Although it had a high incidence of side effects reported in the Phase I/II studies, DDI was approved by the FDA, finally giving people an official alternative to AZT. Even though its potential side effects(peripheral neuropathy in up to 40% of long-term users and abdominal problems in about half that number) may limit the ultimate clinical usefulness of Videx(DDI's brand name), its approval remains a valuable victory for drug development and activism against the FDA's very conservative history.

9. Hope for KS: While no singly "magic bullet" drug has been formulated, several promising drugs in advanced stages of development let us reasonably expect a more acceptable, specific KS treatment in the near future. The drugs in human trials include "Gallo's" SPPG and other anti-angiogenesis drugs, interleukin-4, and tat inhibitors. We have come to understand more clearly that certain body chemicals(called cytokines) cause potential KS cells to become actual KS. This has enabled a better approach - to prevent KS from forming - compared to the old approach of using drugs to destroy the cells once they have formed.

10. The community of the wise: By this I refer to an increased sophistication on the part of consumers and patients and activists who are so used to having their hopes squelched and feelings manipulated. There is now what I call a "cautious optimism" upon hearing of a new magical treatment. The days of nearly unrestrained enthusiasm in response to oral alpha interferon, compound Q, and hyperthermia(let alone "ancient history" such as AL-721 and dextran sulfate) have mellowed into a pattern of keeping a watchful, careful eye on the experiences of followers of, for example, Dr. Burzynski's Texas treatment or Dr. Roka's Swiss treatment. We

STAY CONNECTED!

Subscribe to THE SCOOP

Name

New Subscription

City

State

Zip

Address Change

Address

Please Send Information
About **The PWA Coalition**

Telephone Number (optional)

THE SCOOP is published by **The People With Aids Coalition of Maine**. It is offered to individuals, businesses, schools, churches, and any other interested parties free of charge. To insure that you receive each issue, please give us your name and correct mailing address. Our mailing list is **NEVER** given to other organizations. **THE SCOOP** is mailed with only the Living Room North and street address as the return address. Your privacy is important to us.

Return form to P.W.A.C. 377 Cumberland Ave., Portland, Me. 04101

must continue to hope...and apparently must continue to wait.

*Mark Katz, MD practices at Kaiser Permanente in West Los Angeles and has long been the highly valued Medical Advisor to Being Alive.

*We apologize to Dr. Katz, but the above article has been edited due to space constraints.

It was originally printed in Being Alive, January 1992, People With HIV/AIDS Coalition newsletter, Los Angeles, California. Anyone wishing to read the entire article may find it available at the PWAC office on Cumberland Avenue.

Wash up & advance made
in 1991
1991

PWAC
377 Cumberland Avenue
Portland, ME 04101

Address Correction Requested

Non-Profit Org
U.S. Postage Paid
PAID
Portland, ME
Permit #517

