

Clinical Research Working Group  
Breakout Discussion  
“Getting Meat on the Bones”

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# Priority Topics

**Topic 1:** Prevention studies in HIV to reduce comorbidity burden, including screening (anal, cervical cancer; tobacco use; cardiometabolic risk; mental health) and interventions, in a secondary prevention framework across the lifespan, including to reduce comorbidity burden in aging populations.

# Topic 1

- Should screening practices for diseases and conditions be any different in HIV?
  - How rich does the evidence base need to be?
  - How should screening be prioritized?
    - Differences across the lifespan , context, importance of identifying problem, cost considerations
    - Which comorbidities?
  - What tools are best?
  - Dissemination Gap: HIV providers and subspecialists

# Topic 1

- Preventive Interventions

- Smoking cessation, exercise
- Disease specific medications (eg statins, ASA)
- Multimorbidity interventions. (challenges)
- Understanding risks/benefits over time, balancing against geriatric principles of deprescribing

**Patient perspectives of what is important is critical**

# Priority Topics

**Topic 2:** Comorbidity management in HIV (e.g, CVD, DM, COPD, Cancer, Asthma, mental health): Should it be the same as the general population, or tailored? (Cover all relevant key co-morbidities).

- Importance of secondary prevention
  - Is response to treatment in HIV the same? Adherence? Access?
  - Modeling of big data
- Inclusion of HIV+ in large trials
- Care models
  - Geriatrics
  - Subspecialty involvement. (remote consultation, centers of excellence in HIV Comorbidities)

# Priority Topics

**Topic 3:** Incorporating patient-centered input and outcomes (symptom management including for pain), as well as innovative imaging and biomarker outcomes as surrogates, in clinical trials.

- PROs

- Symptoms, QOL, pain
- As outcomes, as stratification variables,
- Patient-centered (patient input is key)

- Biomarkers

- As surrogate endpoints, mechanistic insight
- Relevance varies across the lifespan
- Use as eligibility criteria (importance of deeper phenotyping: Phenotype-driven interventions)
  - Generalizable vs more targeted population
- Biomarker discovery to identify early disease

Translation to Local Contexts (LMIC)



# Funding Considerations

- Trans-NIH involvement
- Allowing multimorbidity outcomes
- Availability of supplements for other endpoints
- Health service research elements (AHRQ, PCORI)