CRIA STUDIES GROWTH OF KAPOSI'S SARCOMA

The Community Research Initiative on AIDS (CRIA) is now enrolling a groundbreaking new study to determine how Kaposi's sarcoma (KS) lesions spread and grow. The study, which is being conducted in cooperation with the US Government's National Cancer Institute (NCI), may suggest new ways of treating the disease.

KS is a disease that commonly afflicts people with AIDS. In earlier stages of HIV disease, it usually causes disfiguring lesions on the skin. However, in later-stage disease, KS is often more aggressive and may cause lesions in the internal organs, such as the lungs, which can be life-threatening.

At present, much is unknown about the development and growth of KS lesions. In particular, the causes of KS, and the mechanisms by which it continues to grow and spread are unknown. Inside KS lesions, scientists have found certain natural chemicals, called "cytokines," that may help lesions to grow and spread. So far, there has been no systematic study of how many different types of these cytokines appear in lesions, what cells make them, when they appear, and how they interact with cells in the lesion. CRIA is working with leading researchers to study these chemicals in lesions at different stages of KS development.

Available treatments for KS leave much to be desired. Local treatments include radiation therapy, injection of chemotherapeutic drugs into the lesions, and cryotherapy (freezing). Systemic treatments include the use of chemotherapeutic drugs and interferon alpha. Such treatments are often only partially effective, and may be accompanied by painful or disabling side effects. None of these treatment approaches affect the underlying mechanisms responsible for the development of the lesions.

In addition, a group of researchers at New York's Columbia Presbyterian Hospital have recently reported a new herpes virus found in KS lesions. The CRIA study will attempt to reproduce those findings.

Medical Director Dr. Joseph Sonnabend said, "Efforts to treat KS have undoubtedly been hampered by ignorance of the cause of the disease, and of the mechanisms by which it grows. This study has the potential to point towards safer, more effective treatments."

The purpose of this study is to develop information that will be helpful in the future development of new treatments for KS. This is not a treatment study. No drugs will be used as part of the study, and study participation will not interfere with regular treatment for KS.

As part of this study, CRIA has assembled a team of leading community doctors, as well as specialists in AIDS-related dermatology and oncology.

People who are HIV-positive with KS and no history of KS treatment may participate in this study. Two small tissue samples will be taken, one from a KS lesion and one from normal skin, as well as blood and urine samples. Some patients will be asked to return for another tissue sample. For more information, contact Rick Loftus at (212) 924-3934.
CRIA STUDIES ABBOTT LAB’S PROTEASE INHIBITOR

The Community Research Initiative on AIDS (CRIA) is working with Abbott Laboratories to study an investigational anti-HIV drug called a Protease Inhibitor (ABT-538).

The research study will look at the effects of ABT-538 in men and women with less than 100 T-cells. T-cells are a common measure of immune function. Normal T-cell levels range from 500 to 1000, and patients with less than 200 T-cells are diagnosed as having AIDS.

J Daniel Stricker, the Executive Director of CRIA, said, “CRIA is excited to be able to bring this potential treatment into community-based studies, and to give people with AIDS in our area an opportunity to participate in the evaluation of Abbott Laboratories’ Protease Inhibitor (ABT-538).”

After infecting new cells, HIV produces long strands of proteins which must be cut into smaller proteins in order to assemble new viruses. This cutting is accomplished by an enzyme called the HIV Protease. ABT-538 may prevent assembly of new viruses by blocking the activity of the HIV Protease. Other anti-HIV drugs, such as AZT, ddI, ddC and d4T work at a different stage of the viral reproductive cycle.

Early studies of ABT-538 have suggested that the drug may produce drops in levels of HIV, and increases in T-cell levels, even in patients whose immune systems have already been ravaged by AIDS. Many researchers have believed that it might be impossible to restore immunity in people with late-stage AIDS.

The study will compare ABT-538 to placebo in patients with less than 100 T-cells who have taken other antiviral treatments. Participants may take any other approved antiviral drugs, including AZT, ddI, ddC or d4T, or a combination, or they may choose not to take any other antiviral treatments. Participants must have had at least nine months total of previous antiviral treatment, must not have changed antiviral treatment within six weeks prior to study entry, and must agree to remain on their antiviral drugs through the length of the study. After 191/700 people experience disease progression, all participants will be offered drug.

CRIA is enrolling eligible participants in this research study on a “first-come, first-serve” basis. For information, call Bette Smith or Connie Abelardo at (212) 924-3934.

MORE INFORMATION ABOUT KAPOSI'S SARCOMA (KS)

TAG RELEASES KS REPORT

The Treatment Action Group (TAG) has released a major report on KS treatment and research. The report, authored by TAG member Michael Marco with an introduction by leading KS researcher Dr. Susan Krown, describes what is known about KS, as well as new directions for therapeutic research. The report costs $10, and may be ordered from TAG at 260 E. 10th St., Suite 601, New York, NY 10003
The Abbott Protease Inhibitor (ABT-538)
CRIA is participating in a study of ABT-538, a drug that prevents activity of a key HIV enzyme called "HIV Protease." People with less than 100 T-cells may be eligible to participate. For more information, see story on page two.

The Kaposi's sarcoma (KS) Study
CRIA is collaborating with the U.S. National Cancer Institute on a study of the cause and growth of KS lesions. For more information, see cover story.

Delavirdine (U90)
In order to infect new cells, HIV makes use of an enzyme called "reverse transcriptase." Delavirdine is a new drug that blocks the activity of this enzyme, and prevents HIV from infecting cells. Delavirdine is thought to work in a way that is similar, though not identical, to drugs like AZT. Scientists hope that it will be as effective and less toxic than available drugs. People with 200-500 T-cells who have taken AZT for no more than six months will be assigned to receive AZT+Delavirdine or AZT + a placebo (sugar pill). People with less than 300 T-cells who have taken AZT, and who have been on ddI for less than four months will be assigned to receive ddI+Delavirdine or ddI + a placebo.

Nevirapine
Like available anti-HIV drugs, Nevirapine blocks HIV from infecting new cells by preventing activity of the "reverse transcriptase" enzyme. CRIA is part of a collaborative effort to test for effects of Nevirapine on the immune system, and at levels of HIV. People with no disease symptoms, and 200-500 T-cells may participate. People who have never taken AZT will be assigned to receive Nevirapine or a placebo (sugar pill). People who have taken AZT for at least four months and no more than one year will be assigned to AZT+Nevirapine or AZT and a placebo.

For more information on any CRIA study, call Bette Smith or Connie Abelardo at (212) 924-3934.
HAVE RESEARCHERS DISCOVERED THE CAUSE OF KS?

In February, Columbia University researchers announced that they had found signs of a herpesvirus associated with the lesions of Kaposi’s sarcoma, a cancer-like condition seen most often in gay men with AIDS.

CRIA’s ongoing KS study will seek to confirm the finding. In the meantime, KS patients, activists, and physicians are discussing how the discovery might lead to new treatments for the condition.

Drs. Patrick Moore and Yuan Chang led the team that found the virus, called “Kaposi’s sarcoma Associated Herpes Virus,” or KSHV. While the Columbia group has not claimed KSHV causes KS, other investigators have expressed confidence that this is so. KS expert Dr. Steven Miles of the University of California at Los Angeles confirmed the findings in his own lab and told the New York Times he is “convinced [KSHV] is a new human herpesvirus and that it very definitely is the cause of Kaposi’s sarcoma.”

What the Moore/Chang team actually found was genetic material from the virus. The genes were found in tissue taken from lesions of KS patients, but were not found in normal tissue from the patients. The genetic sequences were later identified as resembling known herpesviruses, a group that includes cytomegalovirus (CMV), Epstein-Barr virus (EBV), and the viruses that cause cold sores.

Importantly, the KSHV genes have been found not only in people with AIDS who have KS, but also in HIV-negative people with other forms of the illness. Prior to the AIDS epidemic, different forms of KS were known to affect groups such as elderly Mediterranean men, Africans, and organ transplant patients. Among patients with various forms of KS, the Moore/Chang group found KSHV in 10 of 11 HIV+ gay men, 4 of 4 HIV-negative gay men, 6 of 6 HIV-negative heterosexuals, and 21 of 21 African adults and children, only 12 of whom had HIV.

The discovery of KSHV may answer questions that have bothered scientists for the better part of a decade. For example, researchers often wondered why, of the several groups afflicted with AIDS, KS appears almost exclusively among gay and bisexual men and women who have had sex with these men. Also puzzling is the uneven geographical distribution of KS cases: among gay men with AIDS in the United States, KS appears more often among those living on either coast, and less often in the midwest. Such patterns would be explained by an infectious agent, such as a virus.

There are many questions remaining about KSHV. Although KS epidemiological patterns suggest sexual transmission, the exact manner of transmission is unknown.

The Moore/Chang group is currently attempting to culture and isolate the whole virus. Once this is done, it may be possible to test drugs to identify ones active against KSHV. Even should such drugs be found, however, it does not mean they would be effective in stopping or reversing the appearance of KS lesions.

However, some clinical researchers already have begun to explore the possibility of using drugs known to be effective against other herpesviruses as a therapy for KS. Anecdotal reports from a recent meeting in Glasgow, Scotland, described three patients with KS who had a reduction in the size and/or number of lesions after treatment with the drug foscarnet. A group of doctors in New York are now reportedly conducting a small study to see if foscarnet, often used to treat CMV retinitis in AIDS, has any use for KS.
MEDICAL DIRECTOR’S REPORT

In January, CRIA decided to halt its ongoing study of the anti-HIV effects of aspirin, at the recommendation of our Data Safety Monitoring Board (DSMB) and the study’s Principal Investigator Dr. Donald Kotler. Preliminary evidence of virus reduction, however, was sufficiently promising that CRIA is now investigating a related chemical, called Trilisate, that may be less toxic.

The decision to stop the aspirin study was based on evidence of slight reductions in hematocrit, a measure of the number of red blood cells, among patients taking high-dose aspirin, as well as modest increases in liver enzymes. Due to our concern about these toxicities, which are common with regular use of high-dose aspirin, we had built additional safety reviews into the study from the start. Patients experiencing adverse events were taken off treatment as a precaution, and all laboratory values returned to normal following treatment. After internal review of the toxicities, we requested that our DSMB review the aggregate data, and they recommended that the trial be stopped on January 9, 1995. All patients were discontinued from treatment on January 10. Information on the toxic effects was rapidly disseminated to the public.

CRIA strongly recommends that PWAs who have started taking high-dose aspirin consult with their doctor immediately.

As the safety concerns about aspirin do not necessarily extend to all related chemicals (known as “salicylates”), CRIA is reviewing information from patients taking Trilisate, and will attempt to design a new study.

CRIA has submitted results from the study for publication in a leading medical journal.

DON’T FORGET THE FORUMS

In cooperation with Gay Men’s Health Crisis (GMHC) and the Treatment Action Group (TAG), CRIA co-sponsors monthly educational forums on AIDS research and treatment advances.

Upcoming forums include:

May 15: Hepatitis
A review of various forms of hepatitis, including both viral and drug-related.

June 5: Long-term Survival
Leading experts discuss their research on long-term survivors of HIV.

July 10: The Skin/Blisters
What can go wrong with your skin, and what you can do about it.

For more information on forum schedules, speakers, location or time, contact Gary Bonasorte at (212) 924-3934

ACCELERATED APPROVAL RECOMMENDED FOR DOX-SL

On February 14, 1995, an Advisory Committee to the Food & Drug Administration (FDA) recommended Accelerated Approval of DOX-SL, a new and hopefully less toxic form of chemotherapy for Kaposi’s sarcoma (KS).

DOX-SL uses a special kind of fatty membrane wrapped around doxorubicin, a common anti-cancer drug, in hopes of delivering treatment directly to the affected tissue, and thereby limiting the drug’s significant toxicities.

The drug was recommended for Accelerated Approval, rather than normal approval. Accelerated Approval is used when a drug is intended for treatment of a serious or life-threatening disease, and has shown indications of usefulness, but has not yet been proven to be effective. FDA is not required to accept the advisory committee’s recommendation, however it usually does. If all goes as expected, DOX-SL should be widely available by mid-summer.

DOX-SL is clearly not a cure for KS. However, while the drug’s sponsor, Liposome Technologies Inc., and FDA have disagreed over how effective the drug is, studies have suggested that it does cause partial remission of KS in many patients.
AN INTERVIEW WITH KIKI MASON

Kiki Mason is a writer, publicist, KS activist and member of CRIA’s Board. He also organized Lesion Liberation, a group of people living with KS who advocate for better KS treatment. His moving testimony about the side effects of his KS treatment was widely credited with helping obtain FDA approval for DOX-SL, a new anti-KS drug. Kiki recently made time in his busy schedule to talk with us about KS and KS activism.

When did you find out you had KS?
In the spring of 1990, I noticed a spot on my right shoulder. I walked around terrified for many months, afraid to find out that I might have KS. Finally, after several more spots appeared, I had a biopsy that confirmed my suspicions. Since then I have fought the KS lesions invading my body by every means possible. I have had them frozen, radiated, and injected with chemotherapy. I have endured systemic chemotherapy, trying every drug possible despite the side effects.

How has coming out about having KS affected you?
It was just something I had to do. I’ve always been very up front about who I am and what’s going on in my life. I wanted to bring some help and some light to people who are going through this, because many people try to hide it. It’s the most shameful part of having AIDS for many people. The response has been overwhelming, especially from other people with KS. I get new calls from people with KS every day.

When and why did you found Lesion Liberation?
I started Lesion Liberation in November of 1993, because a whole lot was going on with KS treatment, and no one was consulting with patients. It was a discussion between oncologists, drug companies, and activists who didn’t have KS. I felt very strongly that people with KS needed to be involved in their own treatment. It’s very easy for oncologists to approve treatments that are really very painful, or that don’t work very well. We also needed to talk about how we were treated in these environments, because often we’re just pushed through this system, like ordering a Big Mac at McDonald’s. I thought that we needed to push back a little, and to demand better treatment.

Can you give us an idea about what’s going on with KS treatment?
I think that we’ve had some major breakthroughs. This latest study from Columbia-Presbyterian was a major breakthrough (story on page 4). The important thing was to prove that it’s not cancer, because that has had an enormous impact on the the ways that we think about treatment. The work that CRIA is doing is incredibly important (story on page 1), because if we can isolate part of what causes KS, or part of the disease progression, there may be drugs already out there that can stop or slow the disease, or impact the quality of life for people with KS. I’m pretty hopeful —there are finally a lot of people working on KS treatment and research.

What do you see for the future of Lesion Liberation?
I’d like for us to be able to retire! But I’m getting more calls than ever from people who’ve been recently diagnosed and are freaked out about it. A big part of our mission is to help people who are newly diagnosed or facing systemic KS make good treatment decisions. People who’ve gone through the horrors of radiation or chemotherapy have a lot to offer, and we can serve as a lifeline to people who have the disease. I’ll also be continuing to pressure FDA to approve worthwhile treatments quickly, and to confront the oncology establishment about the way people with KS are treated.
BID FOR LIFE

In honor of auctioneer Robert Woolley from Sotheby’s, the celebrated auction house will sponsor Bid For Life, a benefit auction, on June 26th. Over 400 lots will be offered, to include art, jewelry, and antiques. Proceeds from the auction will benefit CRIA, Friends in Deed, Gay Men’s Health Crisis (GMHC) and God’s Love We Deliver.

Mr. Woolley, who has been at Sotheby’s for more than 25 years, is the Director of the Decorative Arts Division at the auction house, and has been a leader in raising more than $15 million for AIDS care and research.

Sotheby’s goal for Bid For Life is to raise $1.5 million. The auction will be comprised of a live auction, which will include “fancy lots,” such as a walk-on part in a Mike Nichols film, and a silent auction comprised of lots opening at $500.

For more information on Bid For Life, please contact J.A. Forde at CRIA (924-3934) or Tim Hamilton at Sotheby’s (606-7100).

CANCER DRUG AS IMMUNE THERAPY?

CRIA has designed a pilot study of cyclophosphamide, a cancer drug, that may correct an AIDS-related immune abnormality.

In very low doses, the drug has been shown to suppress B-cell activity. B-cells are immune cells that manufacture antibodies. Scientists have observed that, in HIV-positive people, B-cells often produce abnormally high levels of antibodies. B-cells also produce chemicals called “cytokines,” some of which can increase HIV reproduction. At present, scientists cannot explain AIDS-related B-cell dysfunction. However, some scientists believe that these dysfunctions may contribute to AIDS progression. Because there is relatively little information available on the effects of cyclophosphamide in HIV-positive people, CRIA is planning a pilot study to investigate the drug’s safety and to determine the exact dose necessary to affect antibody production.

The cyclophosphamide study should begin enrollment in the summer of 1995.

SO LONG, FAREWELL...

FAREWELL TO A FAVORED SON

It is with much sadness and fondest best wishes that CRIA bids adieu to one of its founding staffers, Spencer Cox. Spencer, CRIA’s Communications Director for the past four years, is leaving to assume a similar post at the Treatment Action Group (TAG).

At CRIA, Spencer has been a passionate voice for increased access to treatment information for people with AIDS. Serving as managing editor of the quarterly CRIA Update has been only one means in trying to achieve that goal. He has been instrumental in forging CRIA’s image in the medical and scientific community while also maintaining the organization’s visibility.

According to CRIA Medical Director Joseph Sonnabend, “Spencer’s ability to see through to the core of an issue will be greatly missed. CRIA would not have gotten off the ground without him.”

Executive Director J Daniel Strickler joined in praising Cox’s contribution to CRIA, adding, “CRIA’s loss is TAG’s significant gain. We all wish Spencer happiness and continued success.”

Cox will continue as editor of CRIA Update and will act as a freelance consultant to CRIA.

YES, I want to help CRIA test promising experimental drugs for AIDS. Enclosed is my contribution of:

$25 $50 $100 $250 $500 ______________ OTHER

* Your gift of $25 or more entitles you to receive our quarterly newsletter, CRIA Update

CREDIT CARD INFORMATION:

VISA MASTERCARD

I'd like to host a benefit for CRIA. Please call me at ____________ (daytime phone).

I'd like to volunteer with CRIA. Please contact me at ____________ (daytime phone).

NAME ________________________________

ADDRESS ______________________________

CITY ____________ STATE, ZIP __________

IN MEMORY OF:

Donations to CRIA are tax deductible to the fullest extent provided by law. Your contribution can be deducted if you are employed by a company with a matching gifts program. Contributions are tax deductible to the fullest extent allowed by law. A copy of our audited financial statements may be obtained by writing to the Department of State, Charities Registration, Albany, NY 12231, or to CRIA, 270 Seventh Avenue, 26th Floor, New York, NY 10001 (212) 684-3604.
Generous gifts to support CRIA's vital research programs have been made in honor of the following persons.

Jack Battaglia
Ross Bleckner
Kathy Bridges
Josh Danilow
Michael Kulukundis
Bob Heisesman
Tony Russo
Linda Wells
Marc Wenderoff
William Barth
Dr. Barry Binkowitz
Dr. Steven Cattano
Joseph Patrick Derrig, Jr.
Raymond Ferri, Jr.
Sanford M. Fischer
Barbra Frey
Steven Joblove
William Keil
Allen Lench
Bruce Mailman
Samuel McElfresh
Dr. Timothy Melester
Marni Mitzman
Russell T. Moyer
Alma Elizabeth Noel
Oswaldo “Ovi” Perez
Denver Zogg, Jr.

Thoughtful donations in memory of the following remind us of what is at stake in the fight against AIDS.

The following persons have made major donations to support CRIA's search for effective AIDS treatments.

Lorraine Alexander  Jay Johnson
Jeffrey Brooks  Jed Johnson
Marshall Coburn  Gary Kalkin
Claudia Cohen  Emily Landau
Dr. Herbert Cohen  John Laub
William Diamond  Mrs. Fernand Leval
Randall Drain  Francine Lefrak
Roy Furman  Ellen Levine
Sandy Gallin  Monica Lynch
Kenneth Geist  Ninah & Michael Lynne
David Geffen  Earl Mack
Stephane Gerson  Nicole Miller
David Goez  John Silberman
James Grappe  Edward Tawi
Agnes Gund  Henry van Ameringen
William Hibsher  Olive Watson
Wilma Hockett  Jann Wenner
David Zippel

COMMUNITY RESEARCH INITIATIVE ON AIDS

275 Seventh Avenue, 20th Floor, New York, NY 10001
Phone: (212) 924-3934, FAX: (212) 924-3936

RETURN POSTAGE
ADDRESS CORRECTION REQUESTED