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**SPECIAL POINTS  
OF INTEREST:**

- **V28 Changes/Updates**
- **Pap Test Information**
- **Heart Healthy Tips**
- **Hearing and Balance**
- **Memorial Corner**
- **CAB Information**

# Sister Talk

VOLUME 1, ISSUE 1



SPRING 2008

## V28 Changes/Updates

### V28 Changes

By Stacey L. Cooper, Project Coordinator

Can you believe how quickly the seasons have changed? It seems like it was just yesterday that we were preparing for the New Year and now we it's Spring! We, at WIHS, hope that all is well and that we'll see you very soon.

#### *What To Expect in V28?*

The first and most exciting news is that WIHS at Georgetown University has taken over the organization and planning of all CAB activities. This is the first newsletter that we are completing, so be gentle with us, but share your feedback, as it is always welcomed! In December, we planned and hosted the WIHS Holiday party at our GU office.

We had well over 100 participants, children and family members in attendance. Wonderful gifts were provided and a good time was had by all.

Here's something that should bring a smile to your face, nothing new was added to the WIHS core visit. However, the WIHS DC site is collaborating with the SHARE program at Johns Hopkins University on a new sub-study to examine hearing and balance issues among WIHS women and SHARE men. This is the first time that data will be gathered on hearing loss in our groups. Ask your outreach worker for additional information. (See article on page 3 for more information).

### V28 Reminders

As with every visit, please continue to fast (no food or drink, except water, for at least 8 hours prior to your visit) before your WIHS visit. This is how we are able to get accurate test results for cholesterol, lipids and glucose. These blood tests give a good indication of heart disease, diabetes and high blood pressure. If you have a medical condition that will keep you from fasting, please inform your outreach worker prior to your appointment.

Also, don't forget to bring your medications or list of medications to every study visit. For HIV medications, we also need to know what dosage you are taking. This will make the interview (Continued on page 3)

## Fact sheet for women: Things to know about Pap tests

### Drs. Stewart Massad and Howard Strickler for the WIHS HPV working group

Cervical cancer rates are higher among most women with HIV than among HIV-negative women. However, that is not the case in WIHS. Many WIHS investigators believe that this is because WIHS women are so careful to stay up-to-date in getting Pap tests done. The purpose of this fact sheet is to give you information that may help you be an informed participant in your health care when it comes to

cervical cancer prevention.

Cervical cancer is caused by a virus, the Human Papillomavirus (HPV). Most women get HPV at some point through sex in their teens or twenties. Risk factors for HPV include having had multiple sexual partners or having sex with someone who's had multiple partners. Other factors include a recent new sex partner and smoking. Younger women are more likely to have HPV.

Most women who get HPV clear the virus from their bodies as their immune systems recognize the virus and kill it. Women with HIV have trouble clearing HPV. They have HPV infections more often than HIV-negative women, and they more often have infections with multiple types of HPV. HPV infections tend to last longer in women with HIV.

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# Pap tests continued...



HPV infects the cervix, the mouth of the womb. It can cause changes in cells. Some of these are genes that can lead to cancer. The risk of this is higher when HPV infections last for months or years, as they can in women with HIV. In most women, even those with HIV, the changes don't develop into cancer until many years have passed. During that time, the cervix develops progressively more severe precancerous changes that can be found with a Pap test.

Taking a Pap test involves more than just looking at the cervix. Your clinician gently scrapes or brushes cells off the cervix that are later inspected for precancerous changes. Pap tests detect changes caused by HPV, usually before they turn into cancer, but they have to be repeated frequently, because a single test may have missed precancerous changes. It's unlikely that a woman with multiple Pap tests has a hidden change that will turn into cancer quickly.

Like HPV itself, most early changes found by Pap tests go away, even in women with damaged immune systems like those with HIV. In addition, some will stay the same and not go on to become cancerous. Unfortunately, we don't yet know how to predict who will have low-grade changes progress, so all women with borderline and low-grade Pap results (known as ASCUS for "atypical squamous cells of undetermined significance" and LSIL for "low grade squamous intraepithelial lesions") need further evaluation. In most cases, the additional evaluation required is colposcopy. Colposcopy is the inspection of the cervix with bright light and magnification. Seeing precancerous changes at colposcopy is easier when

vinegar is applied to the cervix. Some clinicians also use iodine to help show worrisome changes. Neither vinegar nor iodine cause lasting changes to the lining of the cervix or vagina, though they can sting or dry tissues temporarily. When abnormalities are seen by colposcopy, they are usually confirmed by taking a biopsy, pinching a fragment of tissue for inspection under a microscope.

One exception to the colposcopy after an abnormal Pap test is when diagnosis of ASCUS, which means the doctor found only a borderline abnormality. Sometimes these can be followed with Paps, avoid colposcopy unless repeated ASCUS results are reported.

If a Pap test or biopsy shows a high-grade precancerous change in the cervix, then cells with those changes usually should be destroyed. Usually that is done by cutting the abnormal portion off with a wire loop ("LEEP"), burning them off with a laser beam, or freezing them off ("cryotherapy").

Studies of women in WIHS have shown that women with HIV may need repeated colposcopy and treatment to avoid developing cancer. Often it proves impossible to get rid of HPV, though HAART may help when started for other reasons. Quitting smoking may help the body clear HPV, too. Still, we have learned that regular Pap testing and follow-up when needed with colposcopy and treatment keeps cervical cancer rates in WIHS women low.

In short, sometimes it is not possible to completely cure the HPV and abnormal Pap smears, but we

can help make it very unlikely that it will become cancer by continued Pap smear/colposcopy and treatment (when necessary).

Your clinician knows more about Pap testing, colposcopy, and cervical cancer prevention treatment. Feel free to ask.

## Are You Taking Care of Your Heart?

By Karol Moen, RD, LD

Oprah was right ...heart disease is the number one killer of women in the United States. It is the number one killer for white women, black women and Hispanic women. Don't let heart disease take you by surprise.

Become an active partner in your heart health with your doctor. Ask your doctor to check your blood pressure, cholesterol (total, HDL, LDL, triglycerides), and blood glucose. Partner with your doctor to improve any numbers that are not normal. After all, it is your heart!

Here are some tips toward a healthier heart:

1. Limit saturated fats. These include red meat, chicken skin and fat, bacon, sausage, butter, cheese, ice cream and fried foods. Saturated fats will increase your cholesterol. Avoid trans fats (partially hydrogenated vegetable oil) often found in baked goods.
2. Use unsaturated fats when cooking such as canola or olive oil. These can lower your cholesterol.
3. Increase the fiber in your diet. This means eating more beans, fruits, vegetables and whole grains.

(Continued on page 3)

**"Studies of women in WIHS have shown that women with HIV may need repeated colposcopy and treatment to avoid developing cancer."**





### Heart...

(Continued from page 2)

Fiber from these foods acts like a sponge to help rid your body of cholesterol.

4. Enjoy fish at least 2 times a week. Choose fatty fish high in heart healthy omega-3s such as salmon, light tuna, sardines and trout.
5. Lose weight if you are over weight, even 5-10 pounds can make a difference in your risk of heart disease.
6. If you smoke, quit! Even if you have been smoking for years, quitting now will still decrease your risk of heart disease.
7. Get moving.....begin by walking 3 times a week.

### Recipe for a Heart Healthy Vegetarian Chili

- 1 tablespoon vegetable oil
- 1 onion, chopped
- 2 carrots, chopped
- 3 cloves garlic, chopped
- 1 tablespoon chili powder
- 1 tablespoon ground cumin (optional)
- 1 (28 ounce) can whole peeled tomatoes with liquid, chopped
- 1 (19 ounce) can kidney beans with liquid
- 1 (11 ounce) can whole kernel corn, drained

### Directions

Heat oil in a large saucepan over medium heat. Sauté onions, carrots, and garlic until tender. Add chili powder and cumin. Cook until vegetables are tender, about 6 minutes.

Stir in tomatoes, beans, and corn. Bring to a boil, and reduce heat to medium. Cover, and simmer for 20 minutes, stirring occasionally. Serve with brown rice or cornbread. Serves 4.

### V28 Changes/Updates

(Continued from page 1)

go smoother and much faster.

We will continue to take a hair sample from you if you are on HIV medications. This sample is used to look at the level of antiretroviral medications that are in your system and to measure adherence. As in the past, about 20 strands will be clipped from the back of your head.

In previous visits, you were either given or mailed a pink vaccination card. Please take this card along with you to your medical appointments so that your physician can record all of your recent vaccinations. During your next WIHS visit, your outreach worker will ask to take a look at that card so that she can document what is written. Please ask your outreach worker if you need a replacement card.

WIHS will continue abbreviated visits (brief telephone interviews) during V28 for women who are unable to make their core appointments.

We will continue to provide colposcopy to women with abnormal Pap tests and request tissue donations to our AIDS and Cancer Specimen Resource (ACSR).

#### *What's on break?*

The lung questionnaire is on break in V28, but it will return in a shorter version during V29. The questions about neuropathy (tingling in your hands and feet) and the testing of your ankle and nerve reflexes will not be performed during this visit, but it will return during the next one.

#### *What's finished?*

Thank you so much for your participation in the pharmacy questionnaire sub-study. Your participation was greatly appreciated. Also, thanks to all who participated in the CIDI pilot study. Kathy Digilio did a wonderful job in coordinating this effort. Because of her hard work and your dedication to the WIHS, our site completed the goal of 40 interviews before the end of V27.

#### *Final Thoughts*

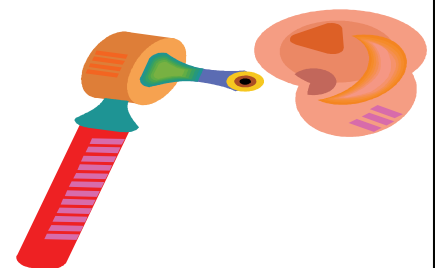
As always, we want to thank you for your continued support and we want to continue to make each visit as comfortable as possible. Without you, our study would be unable to continue. Hope to see you soon!

### A new pilot study to determine the prevalence of hearing and balance loss among Washington, DC WIHS women starts in April 2008

There are limited data regarding the amount and severity of hearing and balance loss among HIV infected individuals. Hearing loss and dizziness may be early symptoms of underlying hearing problems which may have been underreported before the availability of current HIV medications (HAART). Individuals who are now living for many years with HIV due to the good effects of HAART may now be more aware of hearing and balance problems and how they impact the quality of their lives.

We will begin a new pilot study of hearing and balance loss in April 2008 among Washington, DC WIHS women. Since this is a pilot study, testing will only initially be offered at the Georgetown University and Whitman-Walker Clinic sites. If the findings from the pilot study warrant it, we will extend this study to all WIHS sites. This study will be the largest to date to look at hearing and balance disorders in people with HIV disease. Please ask your outreach worker for more information.

Dr. Michael Plankey, Ph.D.  
Dr. Mary Young, MD  
Georgetown University WIHS





## MEMORIAL CORNER

Over the years, the WIHS staff has had the pleasure of working with wonderful women who have since made the transition into eternal life. We have been blessed by their presence and their willingness to share so much of themselves. This section is dedicated to their lives, spirits and legacies.

### “My Denise”

By J.H.

My Denise I can't believe that you're gone,  
I want you back right now, with a wave of my magic wand.

Who will talk me down when I want to self-destruct,  
Sitting on the Pity Pot stuck in a rut.

I know you are now safe in the Masters' arms,  
streets paved with gold—days filled with luck charms

I do give thanks knowing that you suffer no more,  
Without your beautiful smile my life is surely going to be a bore.

My Denise, My 2nd mother, truly my best friend,  
Day or night any hour—Oh, Denise I could always depend

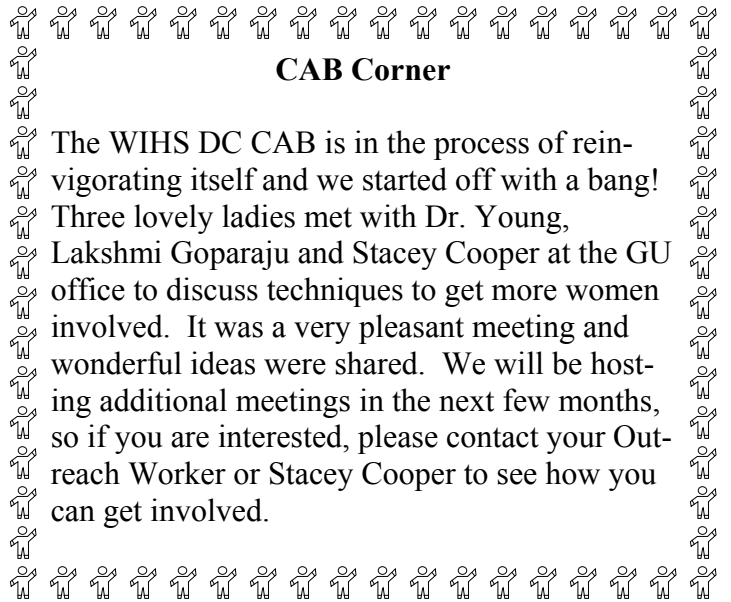
Year in and year out, working for the hospital we had so much fun,  
We were the Best Outreach Team in DC, cause we could always get the job done.

My Denise has been added to God's Lovely Garden Up above  
She touched us all in a special way—Showing us so much love.

Denise inspired all of us, Clean for 16 years,  
Living one day at a time, No Drugs, No Liquor, No Beer.

My Denise, My 2nd mother, truly my best friend,  
This is the Beginning of Peaceful rest—Surely not to end.

There will come a time when we'll all meet upstairs again  
Rest my 2nd mother, Rest my best friend,  
Just peacefully rest until then.



## CAB Corner

The WIHS DC CAB is in the process of reinvigorating itself and we started off with a bang! Three lovely ladies met with Dr. Young, Lakshmi Goparaju and Stacey Cooper at the GU office to discuss techniques to get more women involved. It was a very pleasant meeting and wonderful ideas were shared. We will be hosting additional meetings in the next few months, so if you are interested, please contact your Outreach Worker or Stacey Cooper to see how you can get involved.

## ASK DR. YOUNG

In future issues, this section will be available for health questions that you would like to have answered by Dr. Young. Just send your questions to Stacey L. Cooper, Project Coordinator at Georgetown University/WIHS 2233 Wisconsin Avenue, NW #214 Washington, DC 20007. Your name will not be used in the question and your health information will be kept confidential. Thanks and we look forward to hearing from you.



## V28 Appointment

Have you been scheduled for your V28 appointment yet? If not, please contact your outreach worker to schedule your appointment...it's not too late!

A person's HIV status should not be assumed based upon his or her article or photograph in *Sister Talk*, participation in WIHS, attendance at meetings or contributions to the newsletter.

To contribute articles to *Sister Talk* please contact Stacey L. Cooper at (202) 784-6472 or contact your Outreach Worker.  
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