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

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Co-Chairs
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)