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WE'RE HERE FOR YOU!

Are you interested in seeing something in the newsletter that you haven't? Would you like to be featured in the newsletter?

Let us know by telling any of the study staff or sending an email to macswihscs@emory.edu.

FROM THE PI'S DESK: *Anandi Sheth*

Welcome to summer! I would like to wish our participants, staff, and investigators a warm greeting for Summer 2024 on behalf of the Co-Principal Investigators (PI) of the Atlanta MACS/WIHS Combined Cohort Study (MWCCS) – myself and Drs. Igho Ofotokun and Gina Wingood.

As we wind down with enrollment into MWCCS at the end of this summer, we would like to acknowledge your incredible commitment to the Atlanta site. Your participation is truly advancing science.

This fall, we will complete study enrollment of about 500 participants into Atlanta MWCCS and begin a new annual “wave” called V105. During V105, we will continue to focus on tests and procedures that will help to understand age-related disease conditions such as diabetes, hypertension (*high blood pressure*), lung and liver diseases, certain types of cancer, and mental health and memory, among people living with and without HIV. These tests include echocardiogram (*imaging of the heart*), pulmonary function test (*to look at the lungs*), CIDI and BRACE+ (*to look at mental health and memory*), and Fibroscan (*to look at the liver*), to name a few.

This year, MWCCS will celebrate its 40th anniversary. Although MACS was established in 1984 and WIHS was established in 1993, the MACS and WIHS cohorts combined in 2019. Nationally, MWCCS celebrates this huge milestone in unison. In these longest running HIV studies (*and among the longest studies in medicine overall*), over 12,000 participants have contributed to the terrific science over the years, resulting in over 2,000 publications. MWCCS leaders recently put together some of the most important scientific advances to come out of the cohort over these years, and these will be available to the public on the MWCCS website soon. This work has influenced healthcare decisions and treatments for people living with and without HIV in future studies and in policies and guidelines. On behalf of the PIs, I would like to acknowledge the difference you are making for people in Atlanta, the Southern US, nationally, and globally through your participation in this study.

Finally, we would like to share with all of you that the cohort lost three tremendous long-standing investigators during the past year – Dr. Ada Adimora (*University of North Carolina*), Dr. Mary Young (*Georgetown University*), and Dr. John Phair (*Northwestern University*). Their legacies are far reaching and are continued by your commitment to MWCCS.



Adaora Adimora, MD



John Phair, MD



Mary Young, MD

We are extremely thankful for your partnership in MWCCS and look forward to V105 and beyond. Your contributions are the key to the ongoing success of MWCCS and allows this study to continue to improve the health and well-being of people living with HIV.



Dates to REMEMBER

AUGUST 20
Southern HIV/AIDS
Awareness Day

AUGUST 27
National Faith
HIV/AIDS
Awareness Day

SEPTEMBER 9
National African Immigrant
and Refugee HIV and
Hepatitis Awareness Day

SEPTEMBER 18
National HIV/AIDS and
Aging Awareness Day

SEPTEMBER 27
National Gay Men's
HIV/AIDS
Awareness Day

OCTOBER 15
National Latinx AIDS
Awareness Day

ATLANTA CAB

The local Community Advisory Board (CAB) serve as representatives of our participant population. Do you have any questions for your CAB? Would you like to share some ideas and/or insight? Please email macswihsccs@emory.edu.

Lanell White Brown
Secretary
National CAB Representative

Mashonda Burton
Local CAB Chair

Maritza "Mimi" DeJesus
Board Member

February Brown Hill
Board Member

Kelly Joseph
Board Member

D'Angelo Morrison
Local CAB Co-Chair
National CAB Representative


Malcolm Reid
Board Member

Patsy Sarnor
Board Member

Past Participant Event: **Bowling Party** 



Chef's CORNER



Chefin' it up? Let us see! Send pictures of your masterpieces after making any of the **Chef's Corner** meals to macswihscs@emory.edu.



Raspberry- Mango Breakfast Parfait

Ingredients

2 cups fresh or frozen unsweetened raspberries, thawed if frozen
1 medium mango, diced
24 oz fat-free plain yogurt
1 tbsp sugar
1/2 tsp ground cinnamon

Directions

In each of four parfait glasses or wine goblets, spoon 2 tablespoons raspberries, 2 tablespoons mango, and a heaping 1/3 cup yogurt. Repeat the layers, using all the remaining yogurt.

In a food processor or blender, process the remaining raspberries and mango with the sugar and cinnamon until smooth. Spoon over each serving.

Recipes are courtesy of the American Heart Association. Find more on recipes.heart.org!



Classic Margherita Pizza with Whole Wheat Pizza Crust

Ingredients

1 12-inch wheat pizza crust
1 tsp extra virgin olive oil
1 small onion, chopped
1 medium garlic clove, minced
1 8-oz can no-salt added tomato sauce
4 tbsp fresh chopped basil, divide in half

1/4 tsp crushed red pepper flakes
Cooking spray
1/4 cup low-fat, part-skim ricotta cheese
3/4 cup part-skim shredded mozzarella cheese
1 1/2 cups fresh diced tomatoes

Directions

In a small saucepan, heat 1 teaspoon oil over medium heat, swirling to coat the bottom of the pan. Cook the onion and garlic for 3 to 4 minutes, or until the onion is soft. Stir in the tomato sauce, 2 tablespoons fresh basil, and crushed red pepper flakes. Reduce the heat. Simmer for 15 minutes.

Spread the sauce over the dough. Spoon 1 tablespoon mounds of the ricotta over the sauce. Using a spatula, flatten each mound slightly to spread. Sprinkle the mozzarella all over. Top with the tomatoes and remaining 2 tablespoons fresh basil.

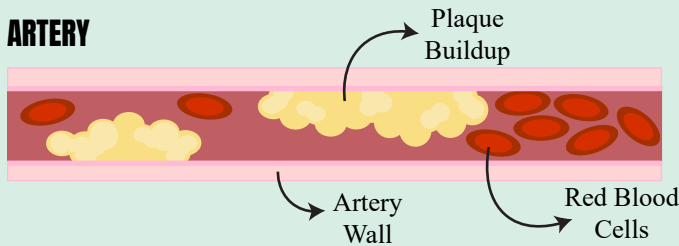
Bake for 10 to 20 minutes, or until the crust is golden brown and the cheese is bubbly.



Association of HIV and HCV Infection With Carotid Artery Plaque Echomorphology in MACS/WIHS Combined Cohort Study

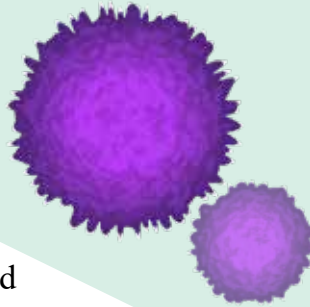
Bravo et al. *Stroke*. 2024; 55(3): e651-659
bit.ly/amwccsummer1

ARTERY



CD4+ T-CELLS

Helps Fights Viruses and Infections



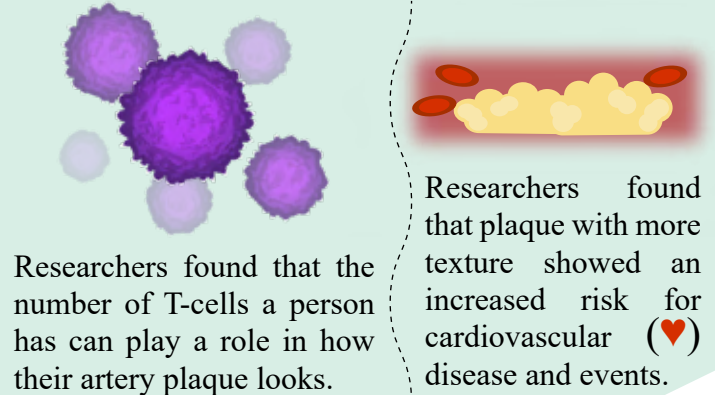
Background:

Earlier studies have shown that HIV has caused fast production of plaque on arteries (*blood vessels*). Plaque on arteries increases the risk of cardiovascular disease (*heart disease*) and events such as stroke. Hepatitis C virus (HCV) is common among people living with HIV (PLWH), which has led researchers to want to learn if living with HIV and HCV creates unique risks for artery plaque growth.

What: Does having HIV and/or HCV play a role in the texture of plaque on the arteries? Can understanding texture help better understand the risks to heart health earlier?

Who: 2,655 MWCCS participants (1723 women and 932 men) – 1,845 living with HIV and 810 living without HIV.

How: Participants had an ultrasound taken of



Researchers found that the number of T-cells a person has can play a role in how their artery plaque looks.

Participants with more T-cells had smoother plaque compared to participants with less T-cells.

their right carotid (neck) arteries. Researchers looked at the number of plaques per participant, the unique features of the plaque, and the thickness of artery walls.

Results: PLWH with a low number of cells that fight viruses and infections have more plaques that are considered vulnerable. The vulnerable plaques increase the risk for cardiovascular events like a stroke. Researchers also observed that those living with HIV and HCV have plaque with smoother surfaces, making the plaque possibly more stable and lower risk.

Takeaways: The risks for cardiovascular disease and events are higher for people with a lower number of cells that fight viruses and infections, which is common for PLWH and/or HCV. **Taking antiretroviral therapy as prescribed and seeing a medical professional regularly can help understand risks as early as possible.**

Loneliness and Frailty Among Middle-Aged and Aging Sexual Minority Men Living With or Without HIV: A Longitudinal Cross-Lagged Panel Analysis

Meireles et al. *Innovation in Aging*. 2023; 7(9): igad113
bit.ly/amwccsummer2

Background: People living with HIV (PLWH) are at a higher risk of being lonely (*feeling of isolation*) or frail (*physically weak and delicate*) as they get older compared to people living without HIV. Researchers have studied the relationship between risks of loneliness and frailty together but have not included PLWH. This study focuses on sexual minority men (men who have sex with men [MSM]) because their risks for feeling lonely are higher among PLWH.

What: Researchers want to know if MSM, living with or without HIV, that are lonely or frail will begin to experience the other (become frail if lonely or become lonely if frail) over time, showing proof of a relationship between the two conditions.

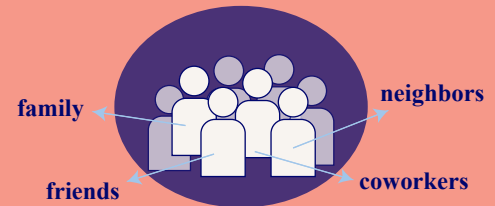
Who: 1,118 MACS participants ages 40 years and older – 561 living with HIV and 557 living without HIV.

How: Researchers looked at questionnaire responses and frailty assessment results between two time points over two years. At the first time point, visits from September 2016 to March 2017, data was reviewed to learn if participants met the criteria of loneliness and/or frailty. Data collected at the second time point, visits from September 2018 to March 2019, were reviewed to see if there were any changes in either of those conditions.

Results: Researchers found that living with HIV did not have a big effect on participants feeling lonely. Instead, participants that felt older than their actual age were more likely to experience loneliness.

Researchers also found that participants who met the criteria of loneliness at the first time point were at higher risk of frailty at the second time point, regardless of their frailty assessment results at the first time point. Participants who met the criteria for frailty at the first time point were not at higher risk for feeling lonely at the second time point.

Takeaways: Spotting loneliness early can encourage early action or change in behavior which could prevent frailty.



Loneliness is the feeling of being alone no matter how big or small your social network is.



Via questionnaires, participants self-report their feelings of loneliness.



Frailty increases a person's vulnerability for loss of independence, falls, and death.

During the annual visit, participants complete a frailty assessment.

Time Point 1

Time Point 2



Based on participants' results during visits at Time Points 1 and 2, *two years apart*, participants who were lonely at Time Point 1 had a higher risk of being frail at Time Point 2.

However, participants who were frail at Time Point 1 were not at risk of feeling lonely at Time Point 2.



CLINCARD UPDATES & FAQ



A ClinCard is a reloadable, prepaid MasterCard given to participants for compensation throughout their time as an active participant in the study.

Important Reminders

- Treat this card like your identification card or social security card
- Check your ClinCard's expiration date
- Check your ClinCard before leaving your visit to assure funds are available
- Bring the correct ClinCard to your visit. If in multiple research studies, use a permanent marker to write *MWCCS* on the front of the card.

How We Can Help

We can:

- Add compensation to your ClinCard
- Update your address, name, date of birth, and social security number on the account
- Reissue a new ClinCard when the current one is expired or damaged

Frequently Asked Questions

How do I activate my ClinCard?

All cards are automatically activated once your first compensation is loaded.

How do I create or change my PIN for my ClinCard?

Call ClinCard Cardholder Support at (866) 952-3795 and follow the prompts. You may also create and/or change your PIN through the ClinCard holder website and My ClinCard mobile app.

How do I check the available balance on my ClinCard?

Call ClinCard Cardholder Support at (866) 952-3795.

How do I get cash or check my balance at an ATM?

To withdraw cash, insert your ClinCard into an ATM, select *Checking*, and then select *Withdrawal*. To check the balance, insert your ClinCard into an ATM and select *Balance Inquiry*.













Please note, there may be a convenience or surcharge fee for some ATM transactions, except at Fifth Third Bank ATMs.









Upcoming VISITS

BASELINE/ANNUAL VISIT

No food or drinks after midnight the day before your visit, except water. Drink plenty of water!

-  Complete full informed consent or re-consent, as needed
-  Review and update contact information *(for study purposes and ClinCard)*
-  Blood draw *(up to 23 tubes of blood)*
-  Full or targeted physical exam
-  GYN exam *(assigned female at birth only)*
-  In-person or computer-assisted interview
-  Frailty assessment *(for participants 40 years or older)*
-  Neuropathy assessment *(nerve damage test)*
-  Dental exam with photograph of teeth
-  BrainBaseline Assessment of Cognition and Everyday Function (BRACE) *(completed on iPad)*
-  Pulmonary Function Test (PFT) *(tests lung health) (requires additional time and offered if not completed at short visit)*
-  Computerized Adaptive Test for Mental Health (CAT-MH) *(tests for mood disorders and behavioral health - completed on iPad)*

SHORT VISIT

-  Complete full informed consent or re-consent, as needed
-  PFT *(tests lung health) (requires additional time and offered if not completed at short visit)*
-  BRACE+ *(completed on iPad)*
-  Blood draw *(only if you do a PFT and/or BRACE+)*
-  In-person or computer-assisted interview
-  Fibroscan of your liver *(liver health) (as needed)*

ECHOCARDIOGRAM

You will schedule your ECHO at your core visit.

An echocardiogram (or ECHO) is an ultrasound of the heart. This test takes a closer look at your heart, using sound waves to create pictures of the heart, showing how the heart is beating and pumping blood.

It will be done one-time only.

COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW (CIDI)

You will schedule your CIDI interview sometime between your core and short visit.

Some MACS/WIHS CCS participants will be asked to complete a CIDI interview based on length of time in study. The CIDI interview is a one-time, in-depth mental health evaluation completed separate from the core and the short visits.

No blood draws or physical exams are needed at this visit.

