



OHTN

annual report

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ONTARIO HIV TREATMENT NETWORK

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MISSION STATEMENT

The Ontario HIV Treatment Network is an independently incorporated, not-for-profit organization funded by the AIDS Bureau, Ontario Ministry of Health and Long-Term Care. The OHTN is a collaborative network of people living with HIV/AIDS, health care providers, researchers, community-based organizations, and government, with a mandate to provide leadership and to advance policy relating to the optimal treatment and care of people living with HIV in Ontario.

Letters from the Co-Chairs



BRUCE R. MARSHALL, MD

HAVING BEEN PRESENT AT THE MOMENT OF CONCEPTION, during its gestation, at the birth, throughout its infancy and early childhood and into its adolescence, I leave the OHTN with a great deal of pride and satisfaction.

After six years of involvement, I am confident that the OHTN is serving its mandate very well. There have been growing pains indeed. But the OHTN has matured tremendously during the past two years and has gathered together an excellent staff of enthusiastic, willing, and hard-working people who have grasped the vision of HIV care in Ontario and taken it to heart with commitment and dedication.

Under the intelligent leadership of Patricia Balogh and her handpicked team of program managers, the OHTN will continue to move forward. Its very positive impact upon the HIV scene in Ontario will continue to grow as its programs mature and expand.

To have contributed in whatever small way to that process is its own reward. As one of Ontario's HIV docs, I look forward to ongoing association with and benefit from this organization and its continued successes.

– Bruce R. Marshall, MD

...the OHTN will continue to move forward. It's very positive impact upon the HIV scene in Ontario will continue to grow as its programs mature and expand.



DEREK THACZUK

I WRITE THIS WITH VERY MIXED EMOTIONS, as my term as co-chair comes to an end. I have learned a tremendous amount in my years with the OHTN, and it is ironic and unfortunate to step down just when I am getting to be a seasoned old hand. However, a little thing called my "day job" at Toronto People with AIDS Foundation is going to demand all of my time over the coming year. If only there were more hours in a day!

(This decision forced itself upon me quite suddenly, in what you might call a "moment of clarity." The role of an Executive member demands an enormous amount of time and attention, and can't be taken lightly or easily shared with other responsibilities. Nobody needs half-assed leadership, if you'll pardon my language.)

But enough about me. The OHTN is at (yet another!) crossroads. (Change is constant, right?) The Investigator Driven Research Program has been funding high-calibre research for four years now. The Priority Initiatives Program has matured into a focused and productive program. The HIV Information Infrastructure Program is poised for takeoff and should soon be integrated into clinical care in clinics and doctors' offices across Ontario. You might think it is time to coast for a while!

On the contrary: the Board and Executive believe that the time is ripe for a comprehensive evaluation and strategic planning process, an in-depth analysis of the OHTN's past, present, and future. What indeed are our goals and objectives? Are we accomplishing all the right things, or should we reappraise some of our directions? Do we become entrenched in the current status quo, or do we take a deep breath, a look at the "big picture," and see where we could stand some fine-tuning?

Frankly, I do not think the OHTN would have much to be ashamed of if it just kept doing what it is doing. But organizations grow and change, and it is easier to do so before the "because-we've-always-done-it-that-way" mentality sets in too deep. This is why we need to look at issues like our own structure and relationships with our stakeholders; strengthening our financial base; providing research capacity-building supports that really work; and helping to build bridges between research and community program development.

We also need to consider what not to do: we need to continue to facilitate improved HIV research, treatment and care without trying to become "all things to all people," or becoming the dreaded elephant in everyone's living room.

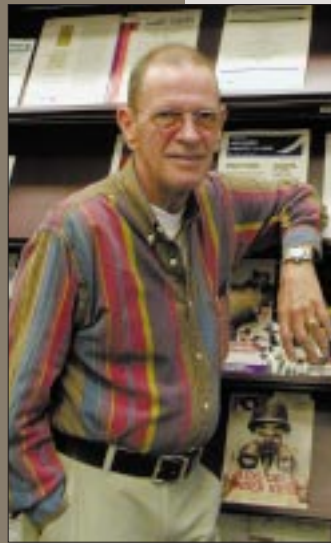
Challenging? Yes, but I, for one, can't wait to see where we're headed next.

– Derek Thaczuk

OHTN Volunteers 2001-2002

I am so very impressed with the calibre of the people serving on the HIIP Advisory Committee. Their brilliance and dedication are awesome. As a person living with HIV, I am so enthused about the entire program.

— JIM TRUAX,
HIIP Advisory Committee Member



The following volunteers from across Ontario represent the Ontario HIV Treatment Network's five stakeholder groups: people living with HIV, researchers, clinicians, AIDS service organizations, and government.

The work of the OHTN is made possible through their dedicated efforts. We also thank our volunteers from Montreal, the United States, and Australia for their vital contributions.

If we have omitted any

I have been involved with OHTN from its inception to where it is today. I have been witness to the emergence of a peer-review granting agency, with international input and quality reviews, which has sponsored some important studies regarding HIV/AIDS. I am hopeful that in the years to come OHTN will continue to improve, while continuing to fund both the people involved in HIV/AIDS research in Ontario, as well as their science.

— DR. ANDREW BADLEY, Ottawa Hospital;
volunteer, Scientific Review Committee



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Tony Di Pedo
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Steve Harris
Maggie Lopes
Rob MacKay
Dr. Anita Rachlis
Dr. Robert Remis
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Daniel Robillard
Jim Truax
Pius White

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Mark Fisher
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Carol Major
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Mario Cordoba
Linda Fitzpatrick
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Dr. Alan Cochrane
Dr. Karen Copeland
Sean Hosein
Dr. Alan Landay (Chicago)

Clinical Science

Dr. Michael Lederman (Cleveland)
Chantale Perron
Dr. Anita Rachlis
Dr. Fiona Smaill

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Dr. Edouard Beck (Montreal)
Paula Braitstein
Dr. Peggy Millson
Dr. Steffanie Strathdee
Don Sutherland

Socio Behavioral

Louise Balfour
Dr. Gary Dowsett (Melbourn, Australia)
Laurette Lévy
Dr. Sean Rourke
Judith Waalen

Research Day Planning Committee

Dr. Sean Rourke (Chair)
Dr. Andrew Badley (past chair)
Vicki Kett
Dr. Kelly MacDonald
Stephanie Nixon
Dr. Greg Robinson
Dr. Mark Wainberg (Montreal)
Dr. Dennis Willms

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Dr. Gary Garber
Vicki Kett
Gwen Medecine
Carl Orr
Dr. Stan Read
Owen Ryan
Stephen Squibb
Keith Wong

Ambassador Committee

Dr. Bruce Marshall (Chair)
Pamela Bowes
Frank McGee
Dr. Anita Rachlis
Dr. Ilona Torontali

Complementary Therapies Working Group

Laurette Lévy (Chair)
Dr. Rona Achilles
Dr. Gordon Arbess
Dr. Heather Boon
Dr. Kymm Feldman
Sean Hosein
Devan Nambiar
Ron Rosenes
Dr. Fraser Smith
Derek Thaczuk

Emerging Technology Working Group

Dr. Stanley Read (Chair)
Dr. Andrew Badley
Dr. Karen Copeland
Sean Hosein
Dr. John Kim
Rodney Kort
Dr. Colin Kovacs
Dr. Francis Mandy
Frank McGee
Dr. Anita Rachlis
Dr. Paul Sandstrom
Dr. Sharon Walmsley

PHA's in Prison Working Group

Giselle Dias (Co-Chair)
Matthew Perry (Co-Chair)
Glenn Betteridge
Anne Marie DiCenso
Richard Elliott
Dr. Peter Ford
Dr. Eudice Goldberg
Laverne Monette

Return to Active Living, Work and Health Working Group

Stephanie Nixon (Chair)
Louise Binder, LLD (Hon)
Pamela Bowes
Don Phaneuf
Dr. Greg Robinson (past chair)
Dr. Patty Solomon

Nutritional Supplements Working Group

Pamela Bowes
Mark Bulbrook
Stephen Squibb
Derek Thaczuk

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Dr. Elizabeth Phillips
Daniel Robillard
Derek Thaczuk

Letter from the Executive Director



PATRICIA BALOGH,
Executive Director

STRATEGIC HIGHLIGHTS OF 2001-2002

- Ontario Drug Program revised its drug access guidelines after reviewing the OHTN Drug Ambassador Committee's unique research compilation (October 2001)
- Successful 4th Annual Research Day (November 2001)
- Dr. Kelly MacDonald appointed the first chair of the OHTN Endowed Chair in HIV Research at University of Toronto – the first such dedicated HIV research chair in Canada (December 2001)
- OHTN presented 7 abstracts at the Canadian Association for HIV Research (April 2002)
- OHTN presentations at Canadian Health Informatics Association and Canadian Association for Population Therapeutics conferences (April 2002)
- OHTN represented by 2 posters at the 14th International AIDS Conference, Barcelona (July 2002)
- OHTN-funded researchers presenting their work at Barcelona

The OHTN Board of Directors, our committee chairs, and indeed all of our volunteers and staff can look with pride at our achievements in the year 2001-2002.

Both directors of our HIV Information Infrastructure Project – Bob Duck and Dr. Ahmed Bayoumi – have brought the HIIP program forward in quantum leaps. Credit for their success is shared with the 'pioneers' of HIV Observational Database, who were determined to create an observational database for HIV in Ontario. Indeed, it is now generating studies that are being shared at national and international conferences.

Meanwhile, the Investigator-Driven Research Program and the Priority Initiative Program are funding research under their mandates. Our annual Research Day will continue to be both stimulating and rewarding, in 2002 with an emphasis on research transfer.

There are many examples of compelling and important HIV research funded by the OHTN. Just one example is a multi-lingual HIV web site at the Asian Community AIDS Services. As staff and volunteers learned at the ACAS web site launch, as soon as it was posted this multi-lingual site became a leader among Pacific Rim countries as well as serving the Ontario Asian Community. This is a telling instance of how relatively modest funding can make a huge difference, and how a local initiative can attract the attention of other jurisdictions.

As many Board members would attest, we have only to attend an HIV meeting or conference, such as the Canadian Strategy on AIDS Conference in Montreal (April 2002) to gain a bird's eye view of the OHTN in the mosaic of HIV organizations in Canada. As we deliver on our mandate of supporting the care and treatment of people with HIV in Ontario, other jurisdictions seek to learn from the OHTN model. In the past year the OHTN has hosted several international delegations.

The OHTN Board has several significant operational initiatives underway. These include completion of a revenue-generation review; completion of an external agency evaluation, and establishing a strategic planning process for the next five years. Additionally, we will roll out the Clinical Management System to physicians' offices across Ontario, and expect to see data enter the new electronic observational database.

Speaking personally, I thank the AIDS Bureau at the Ministry of Health and Long-Term Care for its continued leadership and support. Additionally, it has been a pleasure and privilege to work with all of our volunteers. I must mention in particular our Executive Committee, Board of Directors, and advisory committee chairs: Derek Thaczuk, Dr. Bruce Marshall, Dr. Don Kilby, Brenda Done, Bob Leahy, and Dr. Mark Wainberg. Finally, I can recommend the OHTN staff to you as a team whose nonpareil dedication matches your own.

In conclusion, it is a privilege for me to work with so many volunteers and staff who are committed to enhancing the lives of people living with HIV.

– Patricia Balogh, Executive Director

The following are OHTN's full-time and part-time staff in support of all committees and fulfillment of our three program areas: Investigator Driven Research Program (IDRP); Priority Initiative Program (PIP); and HIV Information Infrastructure Program (HIIP) – including the HIV Ontario Observational Database.

OHTN Staff

EXECUTIVE DIRECTOR:
Patricia Balogh

Amy Andrews,
research assistant, HIIP*

Susan Barruch,
admin coordinator

Dr. Ahmed Bayoumi,
director of science of HIIP

Daryl Bell,
research assistant, HIIP** (Kingston)

Linda Brown,
admin assistant, HIIP

Sherine Campbell,
admin assistant, HIIP

Frances Clark,
research nurse, HIIP (London)**

Elaine Coyle,
admin assistant

Beverly Deutsch,
admin assistant, PIP*

Robert Duck,
director of HIIP

Tom Fleming,
research administrator, IDRP

Renée Fournier,
admin assistant

Tonia Forte,
research assistant, HIIP

Cristina Goia,
biostatistician, HIIP
Lisa Green,
data entry, HIIP

Paul Henman,
project manager, HIIP

Robert Hudder,
database administrator, HIIP

Teij Janki,
IT coordinator

William Lau, coordinator of PIP

Rose Lising,
program assistant, IDRP

Carol Major,
research coordinator of IDRP*

Peter Marchand,
financial coordinator*

Jane McKinley,
research nurse, HIIP** (Toronto)

Kam Roshan,
business process analyst, HIIP

Suzanne Sharples,
research nurse** (Toronto)

Polly Thompson,
communications coordinator

Ann Toth,
help desk coordinator, HIIP

Sergiy Tyshchenko,
programmer, HIIP

Misa Yoshizaki,
receptionist

* Part-time

** OHTN-funded part-time off site

Investigator Driven Research Program

IDRP HIGHLIGHTS

- Distributes up to \$3 million annually
- 272 awards granted since April, 1998
- To date, allocated \$16,228,969
- Awards in 4 categories: Research operating grants; Major equipment grants; Seed grants; Career awards – 5-year Career Scientist; Scholarship; Postdoctoral fellowship; Studentship
- Participated in establishment of first endowed chair in HIV research in Canada, at University of Toronto: the OHTN Endowed Chair in HIV Research – inaugural chair, Dr. Kelly MacDonald



CAROL MAJOR,
Research Coordinator



TOM FLEMING,
Research Administrator



MARK WAINBERG,
Chair of the SRC

THE IDRP IS ONE OF THE MOST SIGNIFICANT HIV RESEARCH funding bodies in Canada. In just over four years of operation, it has already made a significant contribution to HIV research in areas as diverse as HIV immunology, molecular biology, clinical sciences, epidemiology and social sciences. Many relevant and important studies have been supported by the IDRP including: Gene therapy, vaccine research, reconstitution of the immune system, HIV prevention strategies, side effects of treatment, research regarding risk behaviours, treatment decision making, HIV testing, and assessing the HIV epidemic.

By providing career development support through studentship, post-doctoral fellowship, scholarship and career scientist awards, the IDRP has made an enormous contribution to building and sustaining the HIV research community in Ontario. The OHTN contribution is being felt across Canada and indeed North America, as many of our scientists go on to compete successfully for research funding in national and international competitions.

This year saw some significant operational changes. In April 2001, internationally renowned researcher Dr. Mark Wainberg of Montreal became the second chair of the Scientific Review Committee. This peer-review committee conducts two semi-annual meetings per year, thanks to the participation of 15 scientists and additional external reviewers. The committee's work builds on the firm foundation laid by the inaugural chair, Dr. Cate Hankins.

Staffing was completed through the hiring of Tom Fleming and Carol Major, who joined Rose Lising to round out the IDRP team with the leadership of Dr. Mark Wainberg, chair of the scientific Review Committee.

The IDRP hosted the fourth annual OHTN Research Day in November 2001, under the able direction of volunteer Research Day Planning Committee chair Dr. Andrew Badley, attracting positive media coverage. At time of writing, the planning committee for the fifth annual Research Day (November 28-29, 2002) chaired by Dr. Sean Rourke is progressing well. The focus will be on research transfer, with the theme "Pulling it all together – fostering research linkages."

In summary, the IDRP continues to refine its operational processes while providing essential financial support to Ontario HIV scientists and to the OHTN Board of Directors. We look forward to continued outreach through Research Day in November 2002.

SIGNATURE TO
COME

– Carol Major, Research Coordinator

– Tom Fleming, Research Administrator

Investigator Driven Research Program funded research 2001 – 2002

THE FOLLOWING RESEARCHERS WERE AWARDED FUNDS BY THE IDRP BETWEEN JULY 2001 AND JULY 2002.

POSTDOCTORAL FELLOW AWARDS (AUGUST 2001)

Dr. Alka Arora – \$69,000 (2 year)
Stem cell gene therapy using multimeric hammerhead ribozymes to prevent and inhibit HIV-1 entry and replication

Dr. Wei Ma – \$35,061 (1 year)
The molecular mechanisms of immunoregulatory cytokine IL-12 effected by HIV antigens

Dr. Qigui Yu – \$70,122 (2 year)
Strategies for helping HIV-1 specific memory CTL

STUDENTSHIP AWARDS (AUGUST 2001)

All studentship awards are in the amount of \$17,374 per year, for two years.

Kelley Chambers – Molecular regulation of interleukin-12 synthesis and its inhibition by acute HIV infection

Eve Cheuk – Humanized mouse models for the identification of novel HIV-1 T cell epitopes as potential vaccines

Janina Jiang – Immunity and protection against HIV by chemokine-augmented vaccination

Gloria Lee – Functional expression of P-glycoprotein (P-gp) and P-gp mediated transport of protease inhibitors in the brain

Wilfred Lim – Molecular mechanisms in the regulation of IL-10 following infections of human monocytes with HIV

Julian Lum – Killing of latently infected CD4+ T cell reservoirs by IL-15 stimulated NK cells

Barbara Phenix – HIV protease inhibitors possess antiapoptotic effects that are mediated at the level of mitochondrial transmembrane potential

Jodi Pongoski – Modulation of HIV-1 rev function by SR proteins

Daniel Suh – Mapping of nuclear retention sequence (MRS) and identification of trans-acting factors required for nuclear retention in HIV-1

Aiko Yamamoto (\$17,924) – A prospective study of the impact of neurobehavioural and systemic complications on health-related quality of life dimensions in HIV infection

OPERATING GRANTS

Dr. Reina Bendayan - \$213,654 (3 year)
Transport of antiretroviral drugs in the brain

Dr. John Chamberlain – \$389,279 (3 year)
Strategies for identification and characterization of HIV-1 T cell epitopes for induction of anti-viral immunity

Dr. Churu Kaushic – \$92,880 (1 year)
Effect of sex hormones on infectivity of and immune response to HIV-1

Dr. Sadha Joshi - \$27,000 (1 year)
HIV gene therapy using multimeric hammerhead ribozymes: a preclinical characterization

Dr. Peggy Millson – \$124,660 (1 year)
An exploratory study of the social risk networks of male and female injection drug users

Dr. David Pulleyblank – \$93,985 (2 year)
Regulated gene therapy of HIV infection

Dr. Sean Rourke – \$353,428 (3 year)
Neurobehavioural program of research in HIV/AIDS

Dr. Irving Salit – \$58,214 (2 year)
Screening for HIV-associated anal cancer

Dr. Marek Smeija – \$224,497 (2 year)
Non-invasive assessment of atherosclerosis and its determinants in HIV-infected people

Dr. Carol Strike – \$115,649 (2 year)
Methadone programs in non-traditional settings: Programs, policies and prevention

MAJOR EQUIPMENT GRANT

Dr. Irving Salit – \$50,000 (1 year)
High resolution anoscope (colposcope)-camera

SEED GRANTS

Dr. Dean Behrens – \$16,900 (1 year)
Coping behaviours under stress: who do we tell and what?

Dr. Laura Park-Wylie – \$19,856 (1 year)
A pilot evaluation of a quality of life in HIV infected individuals: does HAART have a negative impact on quality of life and is the MOS-HIV scale able to detect the negative impact of HAART on quality of life?

SCHOLARSHIP AWARDS

Dr. Churu Kaushic – \$51,500/year (5 year)
Effect of sex hormones on infectivity of and immune responses to HIV-1

Dr. Curtis Cooper – \$51,500 (2 year)
Impact of HAART on HCV viral load levels over two years in HIV-HCV co-infected individuals

Dr. Laura Park Wylie – \$51,500 (2 year)
A randomized comparison of a proactive targeted medication adherence strategy compared to usual care in HIV infected individuals starting or switching HAART

CAREER SCIENTIST AWARD

Dr. Sean Rourke – \$71,500/year (5 year)
Neurobehavioural program of research in HIV/AIDS

Priority Initiatives Program

PIP HIGHLIGHTS

- Funded 8 projects
 - Total funding: \$861,396
 - 50+ volunteers participate in PIP committees and working groups
 - Held first PIP semi-annual meeting
- PIP's working groups may initiate research in the following priority areas:
- Complementary Therapies
 - Drug Access Issues (Ambassador Committee)
 - Emerging Technologies
 - Nutritional Products
 - People living with HIV in Prison
 - Return to Active Living, Work and Health



WILLIAM LAU,
PIP Coordinator



BRENDA DONE,
Chair, Priority
Advisory Committee

THE PRIORITY INITIATIVES PROGRAM (PIP) SUPPORTS time-limited initiatives that fall within the OHTN mandate and are consistent with care and treatment priorities as identified by OHTN stakeholders.

The year 2001 was exciting as we began to see the results of our initial round of funded projects, many of which were grassroots initiatives. Examples include: Improving treatment access for marginalized people living with HIV; Wabano HIV/AIDS project; Reducing harm – needs assessment for injection drug users in rural communities. These projects demonstrated leadership in fostering partnerships among stakeholders from different sectors.

Additionally we began to establish some expert working groups to address specific priority areas (see panel). This builds on the recommendations made by Board of Directors in 2001 for a restructured program.

A groundbreaking achievement by the Ambassador Committee was facilitating the change of the HIV drug prescriptions (anti-retroviral) listing in the Ontario Drug Benefit Plan to general drug status. This has major impact on improving care and treatment for people living with HIV in Ontario.

Consultation among stakeholders is critical to PIP's success. It is made possible by the dedicated expert volunteers who participated in various committees and working groups., taking key roles in determining research strategies. PIP also conducted a stakeholder consultation to identify priority areas for next year (see box).

Additionally, we held our first semi-annual meeting. With the invaluable support of our chair, Brenda Done, these will be platforms for the Priority Advisory Committee and the chairs of the Working Groups to share ideas and findings, provide progress reports, and discuss emerging trends.

I would like to take this opportunity to thank Brenda Done and all volunteers for their expertise, dedication, and compassion in working toward the OHTN mission.

– William Lau, PIP Coordinator

Priority Initiatives Program Funded Research 2001 – 2002

THE FOLLOWING PROJECTS WERE FUNDED BY PIP, APRIL 2001 – 2002

Ed Mills, Dr. Kumanan Wilson - \$100,000

Determining if ingestion of silybum marianum (milk thistle) influences the metabolism of indinavir in healthy subjects: a randomized controlled Phase I study

Dr. Brian Foster - \$27,613

Natural product pharmacoenhancing agent for AIDS drugs

Dr. Irving Salit - \$200,000

(Jointly funded with Investigator Driver Research Program)
Screening for HIV associated anal cancer

Dr. Susan King - \$94,500

Evaluation of rapid HIV testing in the delivery room

Francis Mandy, Dr. Stanley Read - \$25,000

Affordable and portable CD4 T-cell counting machine using red diode laser based instrument for any clinical setting

Dr. Liviana M. Calzavara - \$224,283

Prevalence and predictors of HIV and hepatitis C in Ontario jails and detention centers

Dr. Andrew Badley - \$140,000

Multicentre trial of immunologic markers to predict long-term virologic outcomes

Dr. Harvey Skinner - \$50,000

The positive youth project



Some volunteers with the Priority Advisory Committee:
(left) Maggie Lopes, Ron Rosenes, Vicki Kett

My working group is a great opportunity for community to learn from researchers and for researchers to learn from community.

– RON ROSENES, Canadian Treatment Action Council: volunteer, Priority Initiatives Program

HIV Information Infrastructure Program

THE HIV INFRASTRUCTURE PROJECT IS COMPRISED OF THREE ELEMENTS:

- *Clinical Management Systems (CMS) of electronic record-keeping in physicians' offices, with numerous custom features to support optimal treatment of HIV*
- *Clinical Research Database (CRD), based on selected data extracted from the electronic medical records of enrolled clients who are being treated for HIV – a unique tool that also encompasses the on-going paper-based database of the HIV Ontario Observational Database (HOOD)*
- *State-of-the-art privacy and encryption security infrastructure to assure maximum confidentiality to all enrolled clients*



ROBERT DUCK,
Director of HIIP



AHMED BAYOUMI,
Director of Research



DON KILBY, MD, Chair,
HIIP Advisory Committee

IN JULY 2001-2002, THE HIV INFORMATION INFRASTRUCTURE PROJECT turned a corner. After years of painstaking groundwork by a team of extraordinarily dedicated volunteers, HIIP is firmly taking shape. We will see roll-out of the software to clinicians' offices across Ontario in the coming year.

HIIP continues to be extremely busy on the operational front as we fulfilled the Board of Directors' direction to reduce the OHTN's dependence on consulting staff while increasing the level of expertise of our in-house staff. With thanks to the consultants who helped to get HIIP off the ground, we have now completed most of this process. Positions now filled include HIIP Project Director, Project Manager, Help Desk support, Business Process Analyst, and Client Relations Coordinator.

In July 2002, we are nearing completion of the critical external testing phase for the administrative module on the HIIP software. For this the OHTN owes particular thanks to Dr. Don Kilby of the University of Ottawa Health Services, who volunteered his large clinic as our first beta test site. Additional volunteer 'testers' include Dr. Robert Tommasini of Toronto and Dr. Anita Rachlis at Sunnybrook and Women's College Health Sciences Centre in Toronto. With these three, we have small, medium, and large offices – which puts us firmly on course in preparation for rolling out across the province.

In the latter part of 2002, we look forward to completing this testing phase and making the rollout of the Clinical Management System across the province official. This involves an intensive outreach effort, already underway, to meet and sign up additional HIV clinics, offices, and hospitals.

In closing, I would like to acknowledge the leadership that Dr. Kilby has shown as chair to the HIIP Advisory Committee from the beginning. His leadership and dedication to the HIIP project, along with that of all the volunteers who serve on the HIIP Advisory Committee, have resulted in the project's success to date and ensure its continued success in the future.

HIV INFORMATION INFRASTRUCTURE PROJECT GOALS

- Complete development and testing by January 2003
- Enroll 3,000 people with HIV in 2003
- Enroll more than 100 clinics by 2005
- Clinical Research Database operational by April 2003

– Robert Duck, Director of HIIP

HIV Information Infrastructure Program, Research

Research in the HIIP project has had a productive year, meeting its goals through project development, enhanced data quantity and quality, research productivity, and establishment of relationships.

Research-based project development reached a significant milestone this year when the University of Toronto Research Ethics Board approved the HIIP project proposal. Additionally, we have undertaken a wide-ranging consultation to develop a detailed, unique, and leading-edge set of research policies that protect confidentiality and security while ensuring scientific rigor and accessibility of some of the most comprehensive research data available internationally.

Database development included development of the HIIP Central Research Database, enhancements to the HIV Ontario Observational Database (HOOD), the provision of enhanced data extracts to investigators, and an ongoing fulfillment of our commitment to return research data to clinics in a timely and comprehensive manner.

The scope and quality of data collected in HOOD has continued to grow, with detailed, prospective data available on over 2000 people living with HIV/AIDS. We have made special efforts in the preceding year to enhance our collection of data about medication use and adverse events experienced by people living with HIV/AIDS.

Internal and external research activities have continued on several projects addressing clinical, epidemiological, and health services research topics. HIIP research presented seven abstracts at the Canadian Association of HIV Research meeting this year, one at the Canadian Health Informatics Association Conference, and has one accepted for the 14th International Conference on AIDS. These abstracts represent collaborations between internal staff and researchers throughout the province. Additionally, we are undertaking studies to assess the representativeness of HOOD participants and to investigate the accuracy of adverse events data collected in HOOD.

The HIIP research staff have also hosted a series of workshops and collaborations to make the data more accessible to researchers across Ontario. Two sets of workshops, in fall 2001 and spring 2002, addressed the needs of researchers in working with data, familiarized clinics receiving data extracts in how to handle them, and provided opportunities for investigators from the community, academic institutions, private corporations, and public bodies to have their say in setting research priorities for HIIP research. Of particular note, the consultation on community-based research was a stellar collaborative effort of HIIP and the Ontario AIDS Network.

Sadly, my tenure with the OHTN ends this month. I depart with pride in our team's achievements to date and tremendous confidence in HIIP's future. Most of all, I look forward to staying in touch with HIIP in the years to come.

– Ahmed Bayoumi, MD, Director of Research

HIV Information in Frastructure Program Funded Research 2001 – 2002

THE FOLLOWING RESEARCH PROJECTS WERE CONDUCTED WITHIN THE HIIP PROJECT, BY INTERNAL STAFF AND EXTERNAL COLLABORATORS USING THE HIV ONTARIO OBSERVATION DATABASE

Clinical Usefulness of Genotypic Resistance Testing in an Observational Setting.

Cristina Goia, Ahmed M. Bayoumi, Sandra Gardner, Carol Major, Peggy Millson, Gregory Robinson, Robert S. Remis, Anita Rachlis.

Gender Differences in Virologic and Immunologic Responses to Highly Active Antiretroviral Therapy.

Tonia Forte, Ahmed M. Bayoumi, Peggy Millson, Paul Villeneuve, Robert S. Remis, Carol Major.

Antiretroviral Prescribing Patterns After Genotypic Resistance Testing in the HIV Ontario Observational Database.

Ahmed M. Bayoumi, Carol Major, Tonia Forte, Peggy Millson, Gregory Robinson, Robert Remis, Anita Rachlis

Challenges in Capturing Quality Research Data via Electronic Charting Systems.

Ahmed M. Bayoumi, David Kerry, Paul Henman, Robert Hudder, Robert Duck

Discontinuation of Pneumocystis Carinii Pneumonia Prophylaxis in Ontario: Clinical and Regional Factors.

Ahmed M. Bayoumi, Sandra Gardner, Tonia Forte, Peggy Millson, Gregory Robinson, Anita Rachlis

Access to Genotypic Resistance Testing in Ontario.

Janet Raboud, R Saskin, Carol Major, Anita Rachlis, Peggy Millson, Gregory Robinson, Robert Remis, Ahmed M. Bayoumi

Risk Adjusted 30-Day Mortality After Admission To An Ontario Hospital For Patients With HIV/AIDS.

Peggy Millson, Sandra Gardner, Peter Ford, Anita Rachlis, Greg Robinson, P. Corey

Use of Lipid-lowering Drugs by Patients Receiving Highly Active Antiretroviral Therapy.

Elizabeth Phillips, Ahmed M. Bayoumi, Janet M. Raboud, Peggy Millson, Gregory Robinson, Anita Rachlis

Financial Statement 2001 – 2002



BOB LEAHY
Chair, Finance Committee

Report from the Finance Committee

SINCE ITS INCEPTION IN 1998, THE OHTN HAS BEEN FUNDED ENTIRELY by the AIDS Bureau, Ministry of Health and Long-Term Care. Principles of accountability – to the Ministry of Health and Long-Term Care, to the public, to the HIV/AIDS community – guide everything we do. This is particularly true in regard to how we spend the funds entrusted to us.

Our Board of Directors is charged with ensuring that management fulfils its responsibilities for financial reporting and control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this and related responsibilities principally through its Finance Committee, which is appointed by the Board.

Our Finance Committee holds regular meetings with management to discuss internal controls and financial reporting measures. The committee also meets with external auditors to review its audit of accounting practices and controls, and reports its findings to the Board.

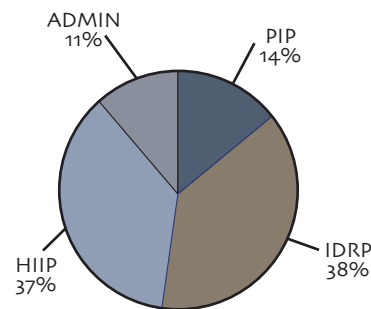
	2001	2002
ASSETS	\$	\$
Current assets		
Cash	1,197,964	1,689,614
Accounts receivable	83,485	94,758
Other	13,605	17,916
	<u>1,295,054</u>	<u>1,802,288</u>
PROPERTY, PLANT AND EQUIPMENT	108,344	648,465
	<u>1,403,398</u>	<u>2,450,753</u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	1,091,904	1,238,402
Deferred revenue	108,344	648,465
	<u>1,200,248</u>	<u>1,886,867</u>
NET ASSETS		
Net assets invested in property, plant and equipment	108,344	648,465
Unrestricted net assets (deficit)	94,806	(84,579)
	<u>203,150</u>	<u>563,886</u>
	<u>1,403,398</u>	<u>2,450,753</u>

	2001	2002
REVENUE	\$	\$
Grant from AIDS Bureau	7,865,802	8,000,000
Amortisation of deferred revenue	587,657	575,895
	<u>8,453,459</u>	<u>8,575,895</u>
Interest	100,060	98,278
	<u>8,553,519</u>	<u>8,674,173</u>
EXPENDITURES		
Priority initiative program	1,057,425	402,033
Investigator-Driven Research Program	2,824,006	2,839,415
HIV Information Infrastructure Project and HIV Ontario Observational Database	1,849,995	2,769,361
Salaries and benefits	1,568,785	1,027,669
Office administration and rent	462,501	495,914
Amortization	587,657	575,895
	<u>8,350,369</u>	<u>8,110,287</u>
SURPLUS OF REVENUE OVER EXPENDITURES	203,150	563,886
DIRECT DECREASE IN NET ASSETS	(563,886)	(996,426)
NET ASSETS – BEGINNING OF YEAR	563,886	996,426
NET ASSETS – END OF YEAR	<u>203,150</u>	<u>563,886</u>

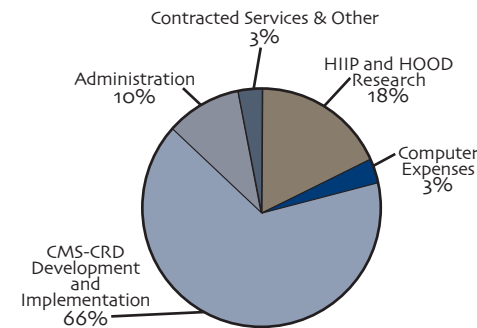
One of our overriding objectives in managing the finances of our organization is to ensure that overheads are kept to a minimum, so that maximum funds are available for direct programming. Salaries form a large component of our budget only in the case of HIIP, which at this stage of the project is extremely human-resource intensive. The increase in salaries reflected in the statements that follow reflects in large measure the transfer of contract staff to salaried positions in order to effect cost savings, as well as some growth in full-time positions commensurate with our organization's operational growth. Elsewhere, after allowing for certain reallocations between program areas, expenditures are largely in line with those of the previous year.

As the OHTN matures, the large surpluses that were a feature of our early years, representing unspent funding money requiring return to the AIDS Bureau, are likely a thing of the past. Indeed, the need exists to do more of this worthwhile work than our current budget permits. For this reason, the OHTN is currently exploring additional forms of revenue generation. Our aim is to continue to grow, to continue to serve the community, and to continue do so in a fiscally prudent, responsible, and responsive manner.

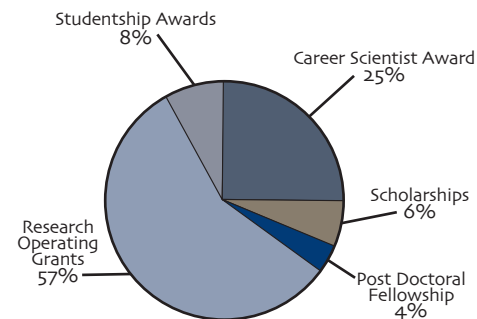
OHTN Resource Allocation
How Our Dollars Are Spent



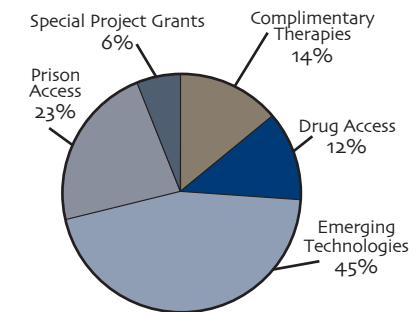
HIV Information Infrastructure Program



Investigator Driven Research Program



Priority Initiatives Program



2001 – 2002 HIGHLIGHTS

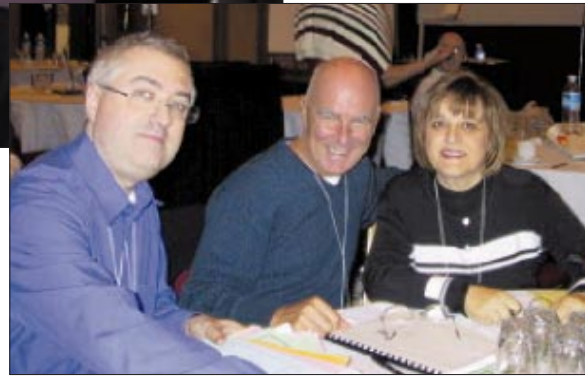


Several international delegations asked to visit the OHTN office and learn about its programs. Here, visitors from a Balkan delegation (with some OHTN staff).

I see the endowed chair as a central focus around which we can highlight HIV research at the University of Toronto. The support I receive from the chair allows me not only to focus time and effort on research in HIV vaccine development, but also time to mentor and support trainees and junior faculty.

– DR. KELLY MACDONALD, Chair, OHTN Endowed Chair in HIV Research, University of Toronto

Several OHTN committee members (and Executive Director Patricia Balogh) attended the federal Canadian Strategy on HIV/AIDS Direction setting Follow-Up Meeting in Montreal, April 2002. Shown here: at right, HIV research Dr. Liviana Calzavara; centre and left, OHTN volunteers Dr. Don Kilby and Frank McGee (AIDS Bureau).



In December 2001, the Faculty of Medicine at the University of Toronto hosted a reception to mark the induction of Dr. Kelly MacDonald as inaugural Chair, OHTN Endowed Research Chair in HIV. Here, Dr. MacDonald with OHTN some OHTN board and committee members (left): Stephen Squibb, Frank McGee, Dr. MacDonald, Derek Thaczuk, Carol Major, Rob MacKay, Dr. Anita Rachlis, Dr. Brian Cornelson, Owen Ryan.

The first semi-annual meeting from the Priority Advisory Committee in spring 2002 featured some PIP funded researchers as guest presenters: (left) Laurie Edmiston, Toronto People with AIDS Foundation; Dr. Paula Buskard, Centre for Addiction and Mental Health, Dr. Roy Cain, McMaster University; and Dr. Irving Salit (with assistant Marie Sano).



OHTN research was prominent at the Canadian Association for AIDS Research Conference in Winnipeg (April). From left: OHTN co-chair Derek Thaczuk, and OHTN research staff Dr. Ahmed Bayoumi, Cristina Goia, Tonya Forte.



Many OHTN researchers presented updates on their work at Research Day, November 2001. Among them was OHTN career scientist awardee Dr. Dennis Willms who presented on his studies in translational research (here, an image from his work with traditional healers in Uganda and Malawi)

OHTN funding as a career scientist enabled me to broaden and deepen my work in translational research. This critical financial support is a springboard that has freed me to develop and strengthen partnerships with universities and Malawi and Uganda, and explore how our research in Ontario has local-global relevance.

– DR. DENNIS WILLMS, anthropologist, MacMaster University, Career scientist awardee

