

Newsletter Fall 2021

Upcoming Programs and Events



DECEMBER 28, 2021

K Award Workshop Sign Up

- For May 7, 2022 NIH deadline, trainees enroll with identified primary mentor
- [Register Here](#)

JANUARY 12, 2022

ASTDA Summer Fellowship Program for STI Research

- More information [here](#)

FEBRUARY 1, 2022

[Spring 2022 Developmental Grant Full Applications](#) Due April 1, 2022

- Letter of Intent due: 2/1/2022 (by 5:00pm EST)
- Notification of selected LOIs: 2/8/2022

MARCH 1, 2022

[CFAR Summer Internship Program](#)

- If you are interested in hosting a student for Summer 2022, please complete an online [CFAR Summer Intern Request form](#) and submit

MAY 13, 2022 (SAVE THE DATE)

CFAR Annual Research Forum

Providence/Boston CFAR Leadership Updates



Curt Beckwith, MD, FACP, FIDSA– Associate Director of the Providence/Boston CFAR, Associate Professor of Medicine

In this issue of the Providence/Boston CFAR Newsletter, we highlight the important work of the BioBehavioral Sciences Core. This Core synergizes multiple overlapping areas of HIV research including clinical, behavioral, and translational research. The Core is dedicated to expanding research among vulnerable populations including MSM, women, adolescents, justice-involved, and those in low- and middle-income countries. The Core is directed by Drs. Larry Brown (Lifespan/Brown), Nina Lin (BMC/BU), and Philip Chan (Lifespan/Brown/RI Department of Health).

As highlighted, the Core strives to meet the goals of the Ending the HIV Epidemic (EtHE) initiative by improving HIV continuum of care outcomes in EtHE-identified geographic hotspots in the United States. In addition, the Core supports innovative areas of research including the use of long-acting injectable antiretroviral treatment in substance users and other at-risk populations.

Also in this issue, the “Science Spotlight” describes important contributions of BioBehavioral Core CFAR members. Lauri Bazerman, MS, is a Senior Project Director and the BioBehavioral Sciences Core manager; Lauri is instrumental to the day-to-day operations of the Core. Dr. Sugi Min, former medical student at the Alpert Medical School of Brown University and current internal medicine resident at Columbia University, worked with me and Dr. Rami Kantor from the Basic Sciences Core on a project that examined the emergence of HIV resistance among persons released from correctional facilities in Washington, DC. Dr. Tara Bouton from the Department of Infectious Diseases at Boston University School of Medicine is a new member of the Providence/Boston CFAR BioBehavioral core whose work is focused on understanding the impact of HIV infection on the evolution and transmission of drug resistant tuberculosis through genomics. Lastly, Dr. Nicholas Tarantino from the Department of Psychiatry and Human Behavior at Brown University is conducting research on technology-based HIV treatment adherence interventions in Ghana.

In the C-CERC Corner, Samantha Johnson describes Project TRUST, a collaborative street level testing and harm reduction center serving the highly impacted Mass/Cass community in Boston, where substance use disorders, HIV, and other co-morbidities including homelessness create immense challenges.

Finally, we are excited to welcome Karina Santamaria as the new Administrative Director of the Prov/Bos CFAR, and we sincerely thank Vicki Godleski for her many years of dedicated service and leadership.

BioBehavioral Core Highlight



Larry Brown, MD -
Director of Research,
Child and Adolescent
Psychiatry, Co-Director
BioBehavioral Science
Core, Providence/
Boston CFAR



Philip Chan, MD, MS -
Associate Professor of
Medicine, Associate
Professor of Behavioral and
Social Sciences, Co-Director,
BioBehavioral Science Core,
Providence/Boston CFAR



Nina Lin, MD - Associate
Professor of Medicine,
Co-Director
BioBehavioral Science
Core, Providence/Boston
CFAR

The Providence/Boston Center for AIDS BioBehavioral Sciences Core (BBSC), led by Co-Directors Drs. Larry Brown (Brown University), Philip Chan (Brown University), and Nina Lin (Boston University Medical Center), provides supports innovative clinical and behavioral research related to the Ending the HIV Epidemic (EHE) initiative, specifically to improve the HIV treatment and prevention cascades among vulnerable populations. Core services include providing access to people living with HIV and people who are at risk for HIV infection, including associated data, to support recruitment, enrollment, and retention for advanced clinical and behavioral research; supporting innovative clinical and behavioral data collection approaches, including methods, tools, and assessments; providing expertise and services related to regulatory and human subjects' compliance, and the ethical conduct of research for vulnerable populations; consultation on the development, implementation, and evaluation of interventions to improve HIV care and the prevention continuum of care outcomes; and specialized services for the conduct of implementation science research and for performing cost-effectiveness research.

The wide breadth of services offered by the BBSC supports a wide range of research, including a growing portfolio of projects addressing PrEP such as CFAR developmental awards (e.g., Adapting PEP and PrEP for Women Who Inject Drugs and Engage in Sex Work: An Exploratory Study to Support the Development of a Tailored PEP and PrEP Intervention, PI: Miriam Harris), Career Development Awards (e.g., K01MH119923, Using behavioral economics to improve the uptake of and persistence on pre-exposure prophylaxis in men who have sex with men to prevent HIV infection, PI: Lawrence Long), R34s (e.g., R34 MH111342, A Mobile Intervention to Improve Uptake of PrEP for Southern MSM, mPIs: Laura Whiteley, Leandro Mena and Larry Brown) and R01s (e.g., R01NR020227, Efficacy of a PrEP uptake & Adherence Intervention among male sex workers using a 2-stage randomization design, MPIs: Katie Biello, Philip Chan, and Matthew Mimiaga), and an emerging line of research focused on the use of long-acting injectable antiretrovirals (CFAR supplement Combined Injectable Treatment for People Living with HIV and Opioid Use Disorder PI: Kirsten Langdon, and CFAR developmental award An ethnographic study on the acceptability of long-acting injectable antiretrovirals (LAIART) among people living with HIV who use drugs PI: Alexandra Collins).

The BBSC also helps to extend the reach of our CFAR to heavily-impacted geographic hotspots in the Southern US, specifically, Mississippi, Arkansas, and Tennessee where the Core supports investigators testing approaches to HIV prevention and care and working with local teams to build infrastructure and capacity. This includes CFAR Administrative Supplements (e.g., Integrating Community Health Workers as part of the HIV Care team in rural and urban settings to improve viral suppression in Shelby County TN, PI: Serena Rajabiun; Faith in Action: Clergy and Community Health Center Implementation Strategies for Ending the Epidemic in Mississippi and Arkansas, PI: Amy Nunn; and PrEP Implementation Tailored for African American Cisgender Women Living in Mississippi HIV Hot Spots, PI: Larry Brown), Career Development Awards (e.g., K23MH124539, An Acceptance Based PrEP PrEP Intervention to Engage Young Black MSM in the South, PI: Trisha Arnold), R34s (for example, R34MH115744-03S1, PrEP Implementation Tailored for Mississippi Community Health Clinics, MPIs: Larry Brown and Leandro Mena) and R01s (R01MH114657, Characterizing the HIV pre-exposure prophylaxis care continuum for African American and Hispanic/Latino men who have sex with men, MPIs: Philip Chan and Amy Nunn).

The BBSC is eager to work with early stage and established investigators and support grant preparation, project implementation, and dissemination activities across the campuses.

 Our CFAR has many amazing contributors that keep pushing our research forward. Each newsletter, we will focus on highlighting members who drive the initiatives of the Providence/Boston CFAR forward. We will also be highlighting members on our Twitter monthly. All Science Spotlight individuals have been nominated by someone in the Providence/Boston CFAR.



Lauri Bazerman, MS, is a Senior Project Director at The Miriam Hospital. She serves as the Core Manager for the Providence/Boston CFAR BioBehavioral Sciences Core (BBSC). She began her career working as a Research Assistant with the New York City Department of Health Bureau of Tuberculosis Elimination followed by the completion of a Program Evaluation Fellowship with the Centers for Disease Control and Prevention's National Center for HIV, STD, and TB Prevention. In the 20 years since joining the Division of Infectious Diseases, Lauri has worn a wide range of hats and been involved with project management for numerous research projects, training programs, and Center grants related to HIV, substance use, and associated comorbidities. She supports BBSC faculty and provides and facilitates BBSC services to investigators throughout the Boston and Providence campuses.

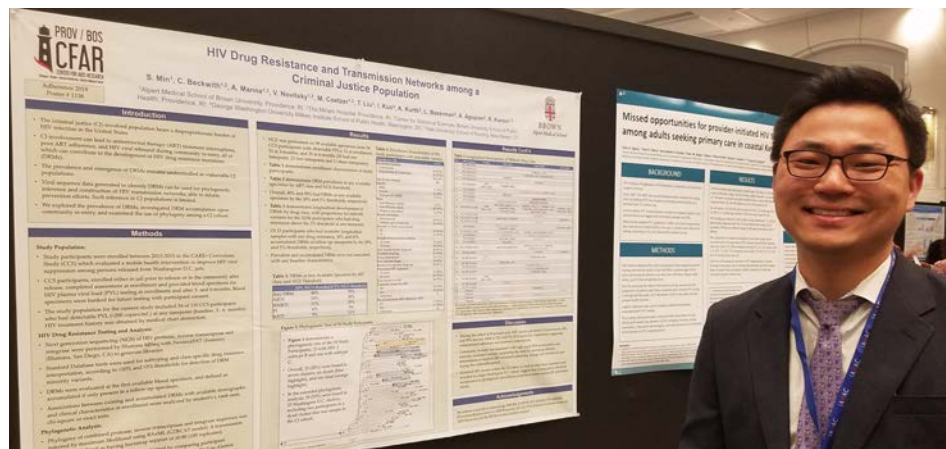


Tara C. Bouton, MD, is an Assistant Professor at the Boston University School of Medicine in the Section of Infectious Disease at Boston Medical Center. I am also a new member of the Providence/Boston CFAR BioBehavioral core faculty. My current work is focused on understanding the impact of HIV infection on the evolution and transmission of drug resistant tuberculosis through genomics. My research aspiration is to contribute in a meaningful way to improving care for people living with HIV and tuberculosis. I love to bake and binge watch British Baking Show which is turning into a tradition of grant cakes (cakes made to celebrate awarded grants) in our research group.



Sugi Min, MD, I am currently a 1st year resident in Internal Medicine at Columbia University Medical Center. Incarceration is a significant risk-factor for HIV and an oft-underrecognized barrier to providing compassionate and quality care to our patients. My research with mentor Dr. Curt Beckwith includes

identifying the risks of HIV drug resistance and viral rebound associated with incarceration, and highlighted areas for prisons and jails to improve their HIV care practices. Overall, we aim to improve HIV diagnosis, treatment, and linkage-to-care outcomes among those involved with the US justice system.





Nicholas Tarantino, PhD is an Assistant Professor (Research) in the Department of Psychiatry and Human Behavior at Brown University and a Sr. Research Scientist at Rhode Island Hospital in then Division of Child and Adolescent Psychiatry. His research centers on developing HIV-focused interventions for young people and their families in the United States and sub-Saharan Africa. Currently, he leads an NIMH-funded project to evaluate the use of gamification strategies (e.g., game- based social incentives and performance rewards), delivered via text messages on low-cost mobile phones, to improve adherence to HIV care outcomes among young adults in Ghana. The research will soon be expanded with a CFAR Developmental Award study aimed at creating a parent-based version of the Text-Based Adherence Game intervention for adolescent HIV clinic patients. Dr. Tarantino is interested in forming collaborations to apply this novel approach towards other intervention goals such as adolescent substance use prevention and engagement in mental health care. He is also a licensed clinical psychologist and an active member of his department’s Diversity, Equity, Inclusion, and Belonging Committee.



Prov/Bos CFAR Updates



Meet Prov/Bos CFAR’s Newest Member, E. Karina Santamaria



Please join us in welcoming E. Karina Santamaria as the new Providence/ Boston CFAR Administrative Director.

Ms. Santamaria obtained a master’s of public health from the CUNY School of Public Health and, prior to her doctoral studies at the Brown University School of Public Health,

she directed and co-managed multiple NIH-funded studies at the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University.

At both the HIV Center and Brown University, she has collaborated on numerous publications on HIV treatment and prevention among racial/ethnic and sexual/gender minority populations and on a range of topics including mental health, sexual and drug risk behaviors, and HIV related stigma. As part of the Brown Executive Scholars Training (BEST) Program, she completed a mentored training experience and education on roles and responsibilities of senior administrators in higher education. She also served as Chair of the Student Sub-Committee for the School of Public Health Diversity and Inclusion Planning Committee, where she contributed to writing the School’s Diversity and Inclusion Action Plan.

Ms. Santamaria has extensive experience working with and organizing relative large teams of research and medical experts from various institutions and community members. She is excited to apply her public health research and administrative training to support the mission and vision of the Prov/Bos CFAR.

CFAR Award for DEIB Group

The Providence/Boston CFAR has received a CFAR Diversity, Equity, and Inclusion Pipeline Initiative (CDEIPI) Award for a project titled “Providence/Boston CFAR Diversity Equity Inclusion and Belonging (DEIB) Program”. The CDEIPI award, offered by the District of Columbia CFAR, upholds an overarching aim of “increasing the number of Underrepresented Minorities / Black, Indigenous, and People of Color trainees who are engaged in HIV science at the high school, undergraduate, graduate (masters, doctoral or medical) and post-doctoral levels and to develop pathways for these CFAR Scholars to lead successful careers in science and medicine.”

The Prov/Bos CDEIPI project will be led by Assistant Professor at Boston University School of Medicine, Kaku So-Armah, PhD, Associate Professor of Behavioral and Social Sciences (Research), Associate Professor of Behavioral and Social Sciences (Research) at Brown University, Caroline Kuo, DPhil, MPhil, and Professor of Medicine, Professor of Health Services, Policy and Practice, Timothy Flanigan, MD.

New Prov/Bos CFAR Website

The new and improved CFAR website has been launched! You can check it out [here](#).





Samantha Johnson- Member, Providence/Boston Center for AIDS Research-Community Engaged Research Council (C-CERC), Operations Manager: Outreach, Education, and Prevention

Harm Reduction in the Epicenter of the Boston HIV Epidemic: A Community Based Organization Perspective

Many thought HIV transmission among persons who inject drugs (PWID) was no longer a primary public health concern. Increased access to syringes and harm reduction interventions decreased new HIV diagnoses by 40% from 2009 to 2014 in Massachusetts. Nonetheless, those of us working on the front lines of harm reduction programs have anxiously waited for another wave of new HIV diagnoses in our client population. It was not a matter of if an HIV outbreak among PWID would happen; it was a matter of when. In addition to an increase in opioid overdoses, we noticed lack of access to harm reducing interventions due to strict limitations against the creation of new syringe exchange programs, failure to integrate harm reduction and psychosocial supports into the medical establishments where our clients seek care. In 2016, our fears became a reality as clusters of new HIV diagnoses among PWID started to occur in the northeast part of the state. Due to the transient nature of our clients and flow of drugs through the state, harm reduction workers in Boston continued to hold our breath as we waited for the cluster to move in this direction, which finally occurred in 2018. The area of Boston referred to as Mass/Cass became the most visible results of a lack of harm reduction based services in Massachusetts paired with inaccessible housing and health care resources.

Project TRUST sits on the outskirts of Mass/Cass. We are a street level drop-in HIV/HCV/STI testing and risk reduction center created in 1988 during the first wave of CDC funding for alternative testing sites to combat the AIDS epidemic, serving clients who are struggling with substance use and unstable housing. We sit among multiple harm reduction, addiction treatment, and homeless service providers, which prompts the congregation of individuals in the Mass/Cass area, resulting in the collision of crises in Boston: opioid, housing instability and the HIV epidemic. Despite the concentration of services in the area, we continue to see the negative impact not integrating a harm reduction approach into these resources is having.

Our new HIV diagnoses tripled since 2019. Project TRUST staff work alongside our patients to navigate them into the services and care they need, but lacking harm reduction policies at these locations present overwhelming barriers. Housing is central to achieving sustained viral suppression, which has strong implications for improving health outcomes and reducing new HIV infections, but this and other basic needs are inaccessible to our clients. They must commit a significant amount of time and effort to meeting their basic needs such as “stemming”, asking for money on the street, to afford drugs and food, which does not afford them the time or resources to manage the housing application process. Sobriety requirements and policies such as being unable securely store belongings or keep syringes make even “low threshold” services inaccessible. They are unable to secure their belongings, use substances without punishment, and lack the autonomy to come and go as they need in these settings creating significant barriers.

These barriers have made outpatient management of our patient’s health conditions an uphill battle. Project TRUST offers an array of clinical services at the drop-in to provide stabilization care to address the barriers to medical care often encountered by our clients. A nurse practitioner and an HIV-Addiction MD provide onsite HIV and HCV care and treatment, women’s health, and MAT services to all clients as well as Pre-Exposure Prophylaxis, Post-Exposure Prophylaxis, and STI treatment. While the services offered at our center serve as a bridge into more longitudinal care, the barriers that stop our patients from accessing housing are the same barriers that stop them from accessing longitudinal care.

They are unable to keep appointments and do not have the time to dedicate to managing their health conditions.

At the same time, the number of patients accessing services because of substance use related infections such as endocarditis and cellulitis has doubled, resulting from the conditions our patients live in. They lack running water and access to bathroom facilities, a basic need. Despite integrated medical services and the capacity to manage some of these infections outpatient at the drop-in, many of our HIV positive patients require hospital admissions to manage their complex medical conditions. Unfortunately, the same barriers they face in accessing housing or shelter are present in inpatient medical settings, including a punitive approach to drug use and the inability to come and go as needed. Strict pain and withdrawal management protocols further compound this issue, as most patients do not feel that their substance use needs are being met resulting in them leaving these settings. This then creates a cycle of patients entering and leaving inpatient settings, causing the patients and their medical provider’s frustration since there is no progress made in managing their health conditions.

We now sit the convergence of multiple crises that have had serious health consequences for this vulnerable population. Overwhelming lack of resources where sobriety is not a barrier continues to hinder the ability to assist these patients with their basic survival needs and results in significant staff burn out. Increased access to harm reduction interventions and integration of these policies into traditional medical settings and other social services is a necessary step to help these complex patients. Flexible policies such as allowing patients to keep and store their substances and supplies, the ability to use substances in a safe space or come and go as needed without punishment, would reduce these barriers significantly. If we want to reduce harm for these patients, we must integrate these non-punitive policies into all services these patients access. Without this, we are unable to make longitudinal care and recovery a reality for many patients.

If you are interested in becoming a member of the CFAR Community Engaged Research Council (C-CERC), please reach out to Paul Goulet (pbgoulet@hotmail.com) or (Kaylyn.Bruciati@bmc.org)

New NIH Awards to CFAR Faculty

Hisashi Akiyama, Medicine (Microbiology), Boston University and Daniel Cifuentes, Medicine (Biochemistry), Boston University received the BU CTSI Integrated Pilot Grant in the amount of \$50,000 from Boston University (NIH/NCATS). Their project is titled "HIV-1 RNA Modification as a Driver of Innate Immune Activation".

Hisashi Akiyama, Medicine (Microbiology), Boston University received R21 funding in the amount of \$464,612 from NIH/NINDS for his research titled "Innate Sensing of HIV in Microglia".

Allegra Gordon, Public Health (Community Health Sciences), Boston University received K funding in the amount of \$871,575 from NIDA for her project titled "Social Media and Substance Use Risk and Resilience Among Gender Minority Emerging Adults".

Michelle Henshaw, Dental Medicine, Boston University and Curt Beckwith, Medicine, Brown University/The Miriam Hospital) received a UG3 grant in the amount of \$342,675 from NIDCR titled "Testing and Texting in Community Health Center Dental Clinics to Diagnose and Prevent HIV Infection".

Joseph Hogan, Public Health (Biostatistics), Brown University and Ann Mwangi, Medicine (Behavioral Science), Moi University, received notice of a successful competing renewal for their Fogarty training grant titled "Moi-Brown Partnership for Biostatistics Training in HIV". For this grant they will receive \$1.5M to provide training and contribute to capacity building at Moi University.

Christopher Kahler, Behavioral and Social Sciences, Brown University received P01 funding in the amount of \$299,099 from NIAAA for his research titled "Addressing alcohol misuse in HIV prevention and care: The Brown University Alcohol Research Center on HIV (ARCH)" Supplement: "Integrating Motivational Interviewing and Behavioral Economics through Telehealth to Address Alcohol Misuse during the COVID-19 Pandemic among People with HIV".

Ethan Moitra, Medicine (Psychiatry and Human Behavior), Brown University and Megan Pinkston-Camp, Medicine (Psychiatry and Human Behavior), Brown University received R34 funding in the amount of \$253,949 from NIDA for their research titled "Improving retention in care for persons with HIV who use substances by increasing acceptance and reducing stigma".

Sydney Rosen, Public Health (Health Economics and Epidemiology), Boston University received funding in the amount of \$4,399,760 from the Bill & Melinda Gates Foundation for her project titled "Retain6: Models of Care for the First 6 Months of HIV Treatment".

Richard Saitz, Public Health (Community Health Sciences), Boston University and Michael Stein, Public Health (Health Law, Policy, and Management), Boston University received P01 funding in the amount of \$1,494,050 from NIAAA titled "Boston Alcohol Research Collaboration on HIV/AIDS - Comorbidity Center (Boston ARCH CC)".

Jeffrey Samet, Medicine, Boston University/Boston Medical Center and the URBAN ARCH Center received P01 funding in the amount of \$1,445,111 from NIAAA titled "The International Uganda Russia Boston Alcohol Network for Alcohol Research Collaboration on HIV/AIDS (URBAN ARCH) Center". This grant is also in collaboration with the UCSF CFAR.

Kaku So-Armah, Medicine, Boston University/Boston Medical Center received the Evans Junior Faculty Research Merit Award for 2021-23 (Boston University School of Medicine) in the amount of \$50,000 per year over two years for a total amount of \$100,000.

Kaku So-Armah, Medicine, Boston University/Boston Medical Center received P01 funding in the amount of \$459,981 from NIAAA for his project titled "The Role of Alcohol Use in Lung Disease after Treatment for Active TB Disease among Persons Living with HIV."

Kaku So-Armah, Medicine, Boston University/Boston Medical Center received P01 funding in the amount of \$418,421 from NIAAA for his research titled "Microbiome, metabolites, and alcohol in HIV to reduce CVD Cohort (META HIV CVD Cohort)".

Prov/Bos CFAR Publications

****Please remember to cite the CFAR (P30AI042853)****

Basic Science Publications

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BioBehavioral Sciences Publications

Barocas JA, Savinkina A, Lodi S, Epstein RL, Bouton TC, Sperring H, Hsu HE, Jacobson KR, Schechter-Perkins EM, Linas BP, White LF. Projected long-term impact of the COVID-19 pandemic on hepatitis C outcomes in the United States: a modelling study. *Clin Infect Dis*. 2021 Sep 9;ciab779. doi: 10.1093/cid/ciab779. Epub ahead of print. PMID: 34499124; PMCID: PMC8522427.

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Giovenco D, Kuo C, Underhill K, Hoare J, Operario D. Adolescent-Centered HIV Prevention: Perspectives on Acceptability of Oral Antiretroviral Pre-exposure Prophylaxis for Adolescents in a Global Priority Setting. *Arch Sex Behav.* 2021 Oct;50(7):2921-2931. doi: 10.1007/s10508-021-02052-2. Epub 2021 Sep 24. PMID: 34561792.

Guthrie KM, Rosen RK, Guillen M, Ramirez JJ, Vargas SE, Fava JL, Ham AS, Katz DF, Cu-Uvin S, Tumilty S, Smith KA, Buckheit KW, Buckheit RW, Jr. Designing Dual Compartment HIV Prevention Products: Women's Sensory Perceptions and Experiences of Suppositories for Rectal and Vaginal Use. *AIDS Res Hum Retroviruses.* 2021 Oct 18. doi: 10.1089/AID.2021.0038. Epub ahead of print. PMID: 34544269.

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