

The WIHS Woman



The Connie Wofsy Women’s HIV Study

Change in Blood Collection for HIV-negative Women

Starting with Visit 45, there will be a change in blood collection for HIV-negative participants. During ODD visits, we will no longer collect blood for immediate testing for CBC, chemistries, and liver and renal tests.

All HIV-negative participants will only receive HIV testing during these visits unless you missed the previous visit.

Women will still be asked to allow us to collect blood for the repository for future testing to make sure we can meet the aims of all ongoing studies. This change is due to low use of some of the tests collected every six months, and an effort to reduce study costs. We would like to support you in getting to a primary care provider for the lab tests you need. Please ask the WIHS staff for assistance.



Earn An Extra Safeway Gift Card At Your Next WIHS Visit!

Please help us make sure that we have enough core appointment slots available for all study participants. We understand things come up and sometimes participants may not be able to keep their scheduled appointments. If you do need to cancel or reschedule your study visit, please give us at least 48 hours notice. This will give us enough time to schedule another participant in your slot.

During visit 45, we will give an extra Safeway gift card to every participant who keeps her first scheduled core appointment. Participants who must reschedule once and do so within 48 hours will also earn an extra Safeway card.

Thanks for your contribution to the study!

TABLE OF CONTENTS

Change in Blood Collection for HIV-negative Women	page 1
Earn An Extra Gift Card At Your Next WIHS Visit	page 1
Microbiome Study	page 2
CAB Corner	page 2
Staff Spotlight	page 3
Tissue Collection Study	page 3
Medical Marijuana - What’s All the Buzz About ?	page 4
Healthy Eating During the Fall Season	page 6

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Microbiome Study

Recently health researchers have found that the microbes (bacteria, viruses and fungi) that exist on body surfaces or the mucosa (such as the mouth, vagina or GI tract) can indicate our health status and sometimes influence our health. This may be very important in HIV because HIV changes how the body's immune system protects mucosa. How well the immune system is working may change the microbes in these body sites, and which microbes are present may either help or hurt the immune system recover from HIV infection. WIHS is in a good position to provide very important information on the microbiome in women and in women with HIV, however, we do not know the most reliable and efficient ways to collect and store specimens for microbiome testing. In visit 45, we will ask 30 women to be in a study that will give WIHS information on the best ways to collect and store specimens from the vagina and other body sites. The clinicians will tell you more about the study if you're eligible.

CAB CORNER



Chronic pain is a complex problem. That was the key learning from our CAB Speaker, Diana Coffa, at July's meeting. Dr. Coffa is an Associate Professor in the Department of Family and Community Medicine at UCSF. Her areas of expertise include substance abuse, integrative medicine, and chronic pain management.

At our last CAB meeting, Dr. Coffa led us in a discussion around understanding different types of pain, their causes, and treatments. We learned that the different systems in our bodies have very different types of pain. For example, pain in our muscles and bones would be referred to as **somatic pain**. Pain in our organs is **visceral pain**. Pain in our nerves is

neuropathic pain. We also learned how to recognize acute pain (short-term) versus chronic pain (long-term).

There are many ways that we can treat pain. In order to find a treatment that works for you, you want to do your best to assess your pain. Where is it located? How long has it been happening? How would you describe it? This may be a conversation to have with your provider. Once you have a better sense of how to categorize the pain, you can take steps to finding the proper treatment. Dr. Coffa recommends the multimodal approach.

The multimodal approach is a pain management method that has four categories of treatment: medications; physical; complementary and alternative medicine; and thoughts and feelings.

<p>Medications</p> <ul style="list-style-type: none"> •NSAIDs and Tylenol •Anti-seizure medications •Antidepressants •Anesthetics (lidocaine) •Muscle relaxants •Creams (capsacin, icy-hot, NSAID) •Opioid medications/Tramadol •Buprenorphine •Naloxone 	<p>Physical</p> <ul style="list-style-type: none"> •Physical/Occupational Therapy •Surgery •Exercise •Stretching •Pacing •Heat or ice •Trigger point injections •Joint injections •Spine injections
<p>Complementary and Alternative Medicine</p> <ul style="list-style-type: none"> •Acupuncture •Meditation •Yoga •Tai-chi/ Qi Gong •Massage •Manual Medicine •Herbs •Anti-inflammatory diets •Supplements •Guided imagery, biofeedback, hypnosis 	<p>Thoughts and feelings</p> <ul style="list-style-type: none"> •Chronic Pain Support Groups •Psychotherapy •Visualization, deep breathing, meditation •Sleep hygiene •Being outdoors •Hobbies •Spiritual practice and community •Healthy relationships

The idea is to pull components from each of the four categories, resulting in a customized treatment plan for your pain. The goal is to find the right balance that suits you.

Dr. Coffa ended the day with us by guiding us through a meditative exercise, which helped us to relax our minds and bodies. Thanks to Dr. Coffa! Thank you CAB attendees for coming out. We look forward to seeing you all at the next CAB meeting.

Staff Spotlight

Stacy Polos



Stacy grew up in Arcata, in Humboldt County, CA and moved to the Bay Area in 2006 to attend San Francisco State University, where she obtained a Bachelor of Science degree in Health Education. While at SF State she became involved in HIV prevention projects. She trained as an HIV test counselor and did HIV test testing at the Student Health Center on campus.

In San Francisco, she interned at UCSF's Center of Excellence at the Women's Health Clinic on Sutter Street, where she worked with high school age young women. Together they conducted a youth health conference for high school women in the city.

Stacy attended the Masters in Public Health program at the University of San Francisco. After school, she worked at a local Ob-Gyn office, where she helped create a peer to peer education group for a teen pregnancy and parenting program at Hilltop High School in San Francisco's Mission district.

Stacy worked at the San Francisco branch of the national Peer Health Exchange, an educational non-profit. While there, she helped develop a curriculum taught by college students to ninth graders about health issues, and she worked on their evaluation team to gauge the effectiveness of the teaching.

Stacy studied and learned Spanish while in college, and traveled to Cuba for a Medical Spanish class in 2012, a couple of years before the US lifted the travel ban. While in Cuba, she learned a great deal about Cuba's famous socialized health care system; she visited clinics

and volunteered in Ob-Gyn, HIV and primary care clinics. Cuba's HIV care model provides free housing for HIV-positive patients, living in open supportive communities together, although they might be moving away from that model.

Stacy now lives in San Francisco, enjoys hanging out with extended family around the Bay Area. She is a big SF Giants fan and enjoys going to games. She started with WIHS in June 2015 as a Clinical Research Coordinator. She does WIHS Core interviews, the LEAP and TEAL pulmonary studies, the Neurocognitive exam, the WAVE sub study, and conducts the ongoing Hospitalization protocol. Stacy also just got married in September! Congratulations to Stacy and her husband!

Tissue Collection Study

As we know, current medicines for HIV can shut off the virus and help improve health. However, this treatment does not cure HIV, and continues to cause damage to the body. Finding a cure for HIV is very important. There are two major challenges to finding a cure:

1. Latently-infected T cells in the blood (these are cells where HIV can hide for a while and then come out)
2. Viral reservoirs in the tissues (HIV that remains in different organs despite therapy).

The ability of HIV to hide in the blood and tissues prevents HIV cure and likely contributes to organ damage. Currently, we do not know how HIV hides in the blood. This tissue collection study seeks to improve understanding of how HIV hides in HAART-treated women. We do this by using new approaches, such as a colonoscopy to investigate the mechanisms

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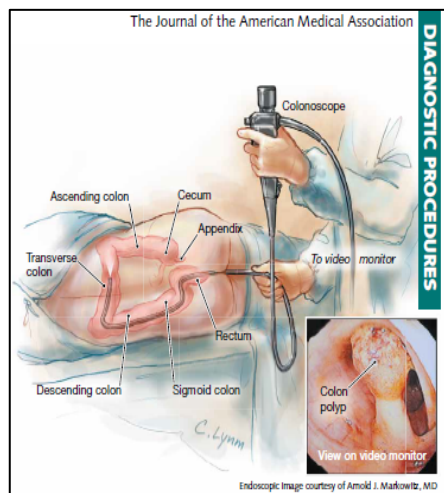
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that allow HIV to hide in cells of the blood, gut, and uterus.

Colonoscopy is a procedure that allows the doctor to see inside the colon or large bowel. A colonoscope is a finger-thick, flexible, fiber-optic tube with a video camera. Routine colonoscopy is one of the tests that can be done to detect colon cancer. It is also used to assess for other conditions, such as bowel irritation and polyps. If a problem is seen, the doctor can take a biopsy, which can be evaluated by a pathologist to determine what the best kind of treatment should be done.

For WIHS, the colonoscopy is being done in this study to provide biopsy specimens for research. This study also involves specimens collected from the cervix (mouth of the uterus) and endometrium (inside the uterus), all while being sedated.

Before the doctor can see inside your colon, it is very important that all stool (poop) is removed. You will be given a prep that includes a strong laxative to clear out the stool. **We are seeking HIV+ women who are on HAART and HIV-women who still have a menstrual period.** Participants will be paid \$200 for completing the study. The study coordinator will contact you if you are eligible.



Medical Marijuana - What's All the Buzz About?

By Carol Thuman, NP

Medical marijuana, or medical cannabis, refers to the use of the marijuana plant or its substances to relieve symptoms or treat an illness. Many proponents of medical marijuana prefer the term "cannabis" to distinguish its medical use from its recreational use, but cannabis is the same as marijuana. In this article, I use both terms.

Currently, 25 states have legalized medical marijuana, each with different regulations. This article focuses on California's rules. Medical cannabis was legalized on November 5, 1996 under Proposition 215. The law was expanded in 2004 to clarify and expand protections for dispensaries and users of cannabis.

Prop 215 specifies "cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine or any other illness for which marijuana provides relief." It has also been recommended for common complaints of insomnia, PMS, PTSD, depression and substance abuse.

Because marijuana is illegal under federal law, physicians are not allowed to prescribe it. Rather, they "recommend" or "approve" its use for certain patients. Most local HIV care providers are familiar with the benefits of cannabis and are comfortable recommending it. There are also clinics that specialize in evaluating patients to determine if they would benefit from medical marijuana.

Once a medical doctor has provided written recommendation, the patient can obtain a

(Continued on page 5)

(Continued from page 4)

certificate, and then a medical marijuana ID card. Among the San Francisco Bay Area WIHS women, about 37% report using marijuana, and about 60% of those have a cannabis card.

In California, medical cannabis is sold in dispensaries, rather than pharmacies. These dispensaries offer marijuana in a variety of products: buds for smoking, vaping, or baking; edibles as candies, chocolates, baked goods, and gummies; tinctures; salves and topical creams applied to the skin; and rectal and vaginal suppositories which can be useful for lower back pain, pelvic pain, and pain with sex. Dispensaries usually test their products for toxins, pesticides, and other contaminants, which makes them safer, but more expensive, than marijuana purchased on the street.

Marijuana contains six active ingredients, known as cannabinoids. All these cannabinoids have effects on our minds and/or bodies, and often work together to enhance their effects. Tetrahydrocannabinol, or THC, and cannabidiol, or CBD, are the most common. THC causes the “high” one gets from marijuana. It is generally considered stimulating and uplifting, and is useful for nausea, migraines, depression, chronic pain, and to stimulate appetite. CBD, on the other hand, is not psychoactive, and therefore does not make one high. It is sometimes considered sedating, and is useful for anxiety, insomnia, chronic pain, and muscle spasms.

There are two main strains of marijuana, *Cannabis sativa* and *Cannabis indica*. But most medical marijuana products use hybrids of *sativa* and *indica*, which growers have developed to enhance certain medical properties. For example, some varieties are developed for their sedating and anti-anxiety effects, while others may be more stimulating

and mood-enhancing. Both THC and CBD have pain relieving effects.

Unlike traditional pharmaceuticals, the dose (or amount) of medical marijuana is not clear cut. The trained employees at dispensaries can guide you as to which formulation might work best for you. Starting with a very low dose is recommended for two reasons: 1) This is the best way to find out how much works for you, and 2) Low doses of medical cannabis may be more effective than larger doses. This “starting low and going slow” is especially important with edibles. These can require up to two hours to take effect, so there may be a temptation after an hour or so to think it’s not working, and take more. While it is not possible to take a deadly overdose of marijuana, hallucinations and uncomfortable feelings can occur with too large a dose.

Most clinicians agree that cannabis is a relatively safe substance. The main harmful effects are from smoking, which delivers tar and other carcinogenic substances that can irritate lungs and increase the risk of lung cancer, similar to cigarettes.

Opponents of medical marijuana are quick to point out some known harmful effects of the drug: Diminished I.Q. in teenagers, short-term memory loss, dangers of addiction, as well as lung damage from smoking. They often cite a lack of solid research to validate its usefulness and safety.

Ironically, although marijuana is one of the most commonly used substances, the United States has very limited research studies on it. This is because the government classifies it as a “Schedule One” substance, making it extremely difficult to obtain for research.

(Continued on page 6)

(Continued from page 5)

However, enough research exists worldwide to provide us evidence on which conditions it can benefit. There is very strong evidence for its use for nausea and vomiting, either from cancer chemotherapy or from AIDS. It is also useful for certain types of epilepsy in children and adults that are difficult to control with current medications. Cannabis is also widely recognized to alleviate neuropathic pain caused by diabetes, HIV, spinal cord injury, and other conditions.

There is good evidence that cannabis can control debilitating muscle spasms and stiffness in patients with multiple sclerosis. Additionally, in patients with Crohn’s disease, a serious disease causing inflammation of the bowel, marijuana can decrease the need for surgery and medication.

It has also been studied for reducing tremors in Parkinson’s disease, as well as pain relief from cancer, severe headaches, arthritis, and back pain, but there is not strong data to support its effectiveness. Likewise, studies on marijuana for Alzheimer’s, PTSD, weight loss, lupus, and glaucoma have not shown to alleviate these conditions.

Another promising use of cannabis may be in helping to decrease the overuse of opioid pain medications (Vicodin, Percocet, morphine, etc.). THC appears to enhance the effect of these highly addictive drugs, thereby allowing effective pain relief while using less opioid medication. Given our current epidemic of accidental overdose deaths from opioids, this may become one of medical marijuana’s most important functions.

In summary, medical marijuana appears to be a safe and effective treatment for many common diseases and symptoms. But more research is

needed to validate its effectiveness, tease out the properties of its components, and assure its safety.

Resources: National Institute on Drug Abuse. Is Marijuana Medicine? Retrieved from // www.drugabuse.gov/publications/drugfacts/marijuana.medicine.

“Cannabis as Medicine” by the Apothecarium, from projectcbd.org and norml.org.

“How Effective Is Medical Marijuana? Here’s a Closer Look At 14 Different Uses” URL source: <http://www.prevention.com/health/14-uses-medical-marijuana>.

Healthy Eating During the Fall Season

There is a slight chill in the air, the days are getting shorter, and it is time to get your sweaters and scarves out of the closet. Fall has arrived! Although we do not have the dramatic fall colors of the east coast,



we still see color changes and we have access to some of the best fruits and vegetables of the season.

Here are some examples of the fruits and veggies we have in the Bay Area.

Apples

Sweet or tart, apples are satisfying eaten raw or baked into a delicious dish. Just be sure to eat the skin – it contains heart-healthy



(Continued on page 7)

(Continued from page 6)

flavonoids. Apples are full of antioxidants and an apple has 4 grams of dietary fiber per serving.

Apple and Gorgonzola Salad with Maple Dressing

Ingredients:

- 1/4 cup of maple syrup
- 2 tablespoon canola oil
- 2 tablespoons lime juice
- 1/4 teaspoon salt
- 1/4 teaspoon ground black pepper
- 8 cups of prewashed salad greens of your choice
- 2 large sliced red delicious apples or try others like fuji, golden delicious
- 1/4 crumbled gorgonzola cheese
- 2 Tablespoons chopped pecans

Dressing: Combine the first 5 ingredients in a bowl and whisk well.

Combine the greens, apples and drizzle with the dressing. Toss gently to coat. Sprinkle the salad with the cheese and pecans.

Brussels sprouts



Made the correct way, these veggies taste divine. They have a mild, somewhat bitter taste, so combine them with tangy or savory sauces, like balsamic vinegar. Health benefits include:

- 1/2 cup contains more than your DRI of vitamin K
- Very good source of folate
- Good source of iron

Sautéed Brussel Sprouts with Parmesan and Pine Nuts

Ingredients:

- 1 1/2 tablespoons olive oil
- 1 1/2 pounds thinly sliced Brussel sprouts, trimmed and halved
- 1 teaspoon salt
- 1/2 teaspoon ground black pepper
- 1/4 cup red wine vinegar
- 1/4 cup parmesan shavings
- 2 tablespoons pine nuts, toasted

Place the oil in a large nonstick skillet over medium heat; add the Brussel sprouts, salt, and pepper. Cook the sprouts until tender and golden (5 -7 minutes), stirring occasionally. Remove the pan from heat and add the red wine vinegar. Toss well and pour into a serving bowl. Top the sprouts with the cheese and pine nuts.

Parsnips



Though these veggies may resemble carrots, they have a lighter color and sweeter, almost nutty flavor. Use them to flavor rice and potatoes or puree them into soups and sauces. They are rich in potassium and a good source of fiber.

Oven-Roasted Parsnips and Carrots

Ingredients:

- 2 pounds carrots - peeled and halved length-wise
- 2 pounds parsnips- peeled and halved length-wise
- 6 tablespoons olive oil

(Continued on page 8)

(Continued from page 7)

- 1 ½ tablespoons honey
- 1 teaspoon balsamic vinegar
- ½ teaspoon ground black pepper
- ¼ cup red wine vinegar
- ¼ cup parmesan shavings
- 2 tablespoons pine nuts, toasted

Position 1 rack in center and 1 rack in bottom third of oven and preheat to 400°F. Line 2 rimmed baking sheets with foil. Divide carrots and parsnips between prepared sheets. Sprinkle generously with salt and pepper, then drizzle 3 tablespoons oil over vegetables on each sheet; toss to coat.

Roast vegetables 10 minutes; stir. Roast vegetables 10 minutes longer, stir, and reverse sheets. Continue roasting until vegetables are tender and slightly charred, about 15 minutes longer.

Pears

The sweet and juicy taste makes this fruit a crowd-pleaser. Cooking can really bring out their fabulous flavor, so try them baked or poached. Pears are an excellent source of vitamin C and copper and there is about 4 grams of fiber per serving.



You can eat pears raw or poach them water, sugar, and a bit of vanilla. Pears are delicious in salads. Add your favorite nut and maybe some cheese along with the pears in a salad. They can be grilled with your favorite meat dish, made into a puree,

Pear Kiwi Lime Smoothie

- Ingredients:
- 1 tablespoons fresh lime juice
 - 1/4 cup water
 - 2 peeled and halved kiwis

- 1 halved and cored ripe Anjou (or other) pear
 - 2 tablespoons honey
 - 1 cup ice cubes
- Combine all ingredients into a blender. Puree until smooth, pour into glasses, and serve.

Winter Squash

Unlike summer squash, winter squash has a fine texture and a slightly sweet flavor.



Because of its thick skin, it can be stored for months. It tastes best with other fall flavorings, like cinnamon and ginger. Winter squash contains omega-3 fatty acids and an excellent source of vitamin A.

Oven Roasted Winter Squash with Garlic and Parsley

Ingredients:

- 5 pounds winter squash (butternut, kabocha, acorn, etc.), peeled, seeded and cut into one-inch chunks.
- 2 tablespoons virgin olive oil
- 1 ½ teaspoons salt
- ¼ teaspoon freshly ground pepper
- 3 cloves garlic, minced
- 2 tablespoons chopped Italian parsley

Preheat oven to 375 °.

Toss squash with 4 teaspoons oil, salt and 1/4 teaspoon pepper. Spread evenly on a large baking sheet. Roast, stirring occasionally, until tender throughout and lightly browned, 30 to 45 minutes (depending on the variety of squash).

Heat the remaining 2 teaspoons oil in a small skillet over medium heat. Add garlic and cook, stirring, until fragrant but not brown, 30 seconds to 1 minute. Toss the roasted squash with the garlic and parsley. Taste, adjust the seasoning and serve.