



positively

# POSITIVE →

The official publication of **Body Positive Inc.** A peer support organisation for people living with HIV/AIDS



## A First Step Toward a Cure for AIDS? Novel Procedure Appears to Have Eliminated HIV

by Jeffrey Laurence, M.D.

**W**e need a cure for AIDS. We can't treat our way out of this epidemic. Anti-HIV therapy is a lifelong commitment, accompanied by many life-altering and some potentially life-threatening side effects. And for every person placed on treatment, two to three are newly infected. In 2007 alone there were 2.7 million new infections, and only 31 percent of those who needed treatment received it. Viral reservoirs—cells and tissues in which HIV remains dormant, beyond the reach of anti-HIV drugs but poised to grow at any moment—persist for the life of an infected person. And while all currently available anti-HIV drugs suppress the virus, they cannot eliminate it.

Given this context, a brief report in February 2008 by a group of physicians from Germany appeared to change everything when presented as a poster at the annual Conference on Retroviruses and Opportunistic Infections in Boston. It described a 40-year-old man—an American working in Berlin—whose HIV had been under good control for several years using a typical cocktail of drugs known as HAART. Then he developed acute leukemia.

In an attempt to cure the leukemia, he underwent a course of radiation therapy and chemotherapy in preparation for a stem cell transplant. But in his case, rather than simply using the best match

among available stem cell donors, his physicians did something very clever. They also screened potential donors for a natural mutation known as delta32 CCR5. CCR5 is the primary means by which most types of HIV infect cells. Individuals lacking this CCR5 receptor—the 1.5 percent of the Caucasian population in America and Europe with the delta32 mutation—are completely resistant to infection by the most common forms of HIV.

The patient's stem cell transplant was a success, although relapse of his leukemia required a second transplant using the same donor. Now off all anti-HIV drugs for almost two years, the patient continues to show no detectable signs of HIV in his blood, bone marrow, lymph nodes, intestines, or brain. To the limits of our ability to detect HIV, it appears that the virus has been eradicated from his body. At the very least this patient represents a functional cure: he is off all anti-HIV meds, has a normal T-cell count, and exhibits no evidence of virus.

The American Foundation for AIDS Research (amfAR) quickly called together 10 experts in clinical AIDS, stem cell transplantation, and HIV virology for a two-day think tank at the MIT Endicott House to evaluate these data. The patient's physician, Gero Hutter, presented details of the case, which were closely scrutinized by all. In a summary statement,

attendees indicated that this case does indeed represent at least a functional cure. Dr. Hutter agreed to ask his patient to provide additional blood samples so that scientists attending the amfAR meeting could perform even more sensitive tests to attempt to further document that the virus has been erased from the patient. amfAR is coordinating distribution of these samples.

But amfAR's involvement doesn't end there. It is possible that the patient may have been cured of HIV/AIDS. But the cost of such a stem-cell transplant procedure can run up to \$250,000. It is associated with a relatively high death rate from infectious and immunologic complications, and the number of delta32-CCR5 donors of appropriate tissue type would be very small. Here further research may yield key answers.

For example, it is unknown whether the use of a delta32-CCR5 donor is essential. Perhaps the transplant procedure itself was the most important element. The potential to genetically engineer stem cells to remove CCR5 from a patient's own stem cells also exists, and strategies to do so were discussed at the think tank. These and related issues will serve as topics for an upcoming amfAR grant cycle. November, 5, 2008.

*Dr. Laurence is amfAR's senior scientific consultant.*

For more information  
contact us in complete  
confidence.

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Zealand

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**positively POSITIVE**

is a newspaper for all people living with HIV/ AIDS in New Zealand. Contributions are welcomed, but inclusion is subject to editorial discretion and is not automatic. The deadline is 14 days before publication date. Receipt of manuscripts, letters, photographs or other materials will be understood to be permission to publish, unless the contrary is clearly indicated.



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QWU

## Queen of The Whole Universe



Auckland's Aotea Centre was packed to the Gods on Saturday 15th of November for the annual Queen of the Whole Universe (a drag beauty pageant with twists). The full house was great news for Body Positive because as a beneficiary of the funds raised, the more bums on seats there were, the more money we were going to get.

QWU 2008 turned out to be the most financially successful pageant yet: \$45,000 (nett) was raised! Body Positive, the New Zealand AIDS Foundation and Positive Women will receive a healthy \$11,000 each (with the balance going to seed the next QWU).

The show started with over 36 drag queens on stage, representing most of the world's nations and a few 'countries' from outer space too. Body Positive member and 2007 QWU winner, Peter Taylor looked resplendent as Miss Brazil, but this year it was a cob-webbed Miss Transylvania aka Nora Vein that shone as the winner, collecting over \$4000 in prizes! (*shown above with Buffy & Bimbo*)

Miss Japan aka Kitty Tammy-Gucci (complete with inflatable whale) came second followed by Miss Australia aka Barby Prawne, who stayed totally in character in an interview section with an authentic ocker accent that had the crowd laughing along with each twanged word.

Body Positive would like to thank Jonathan Smith and his team for organising a highly entertaining event that raised such a large amount of money for us. Special thanks must also be given to the performers who make the show so colourful and crazy, giving up their time and money to create the fantastic outfits and routines that make the show such a ticket seller.



## Interview with Dr Mitzi Nisbet

Mitzi popped into Body Positive House a few months back. She has taken over Mark Thomas' patients while he is in Paris for six months. As Mitzi has not visited our extended premises it was a great opportunity to show her around and show her the services that we offer. She was impressed by the range of services particularly the podiatrist, massage and drop in facilities. I thought it would be interesting to find out a bit more about her experience.

Dr.Nisbet trained here in New Zealand in Infectious Diseases and Respiratory Medicine. She then went to the UK to study for a Diploma in Tropical Medicine, followed by nine months working back at Middlemore Hospital in Infectious Diseases and a further year in London, working in the Host Defence Unit at The Royal Brompton Hospital, which deals with immune problems of all kinds.

She is looking forward to working in Infectious Diseases and becoming more involved with people living with HIV.

# Individuals with HIV have higher risk of non-AIDS cancers

The risk of non-AIDS cancer is higher for individuals infected with HIV than for the general population, according to a meta-analysis presented at the American Association for Cancer Research's Seventh Annual International Conference on Frontiers in Cancer Prevention Research.

The risk of non-AIDS cancer is higher for individuals infected with HIV than for the general population, according to a meta-analysis presented here at the American Association for Cancer Research's Seventh Annual International Conference on Frontiers in Cancer Prevention Research.

Compared with the general population, the risk for non-AIDS cancers was 2.3 times higher for men with HIV and 1.5 times greater for women with HIV. Among individuals with HIV, however, incidence rates were similar for those with AIDS and those without, relative to the general population.

Although the researchers did not examine why non-AIDS cancers may occur at a greater rate among individuals with HIV, clinicians should be aware of this potential increased risk when examining patients with HIV, said Meredith Shiels, M.H.S., an epidemiologist at Johns Hopkins School of Public Health.

"In particular, clinicians of HIV-infected patients should inquire about well-known modifiable cancer risk factors," she said. "For example, the prevalence of cigarette smoking, which is a cause of many types of cancer, is known to be higher among HIV-infected individuals."

Modern drug therapy has led to a longer life for patients with HIV. Because cancer risk increases with age, investigating the risk of cancer among patients with HIV is important. Although some cancers are known to be associated with HIV, such as Kaposi's sarcoma, non-Hodgkin's lymphoma and cervical cancer, limited research has been conducted on risk of non-AIDS cancers.

Shiels and her colleagues analyzed data from 11 U.S. and international studies comparing cancer incidence in individuals with HIV with the general population. Individual studies were excluded if they included data that overlapped with more recent studies. The meta-analysis combined standardized incidence ratios from each study and examined whether they differed by gender and prior AIDS diagnosis.

"We observed an overall elevated risk for all non-AIDS cancers combined among HIV-infected individuals

compared with the general population," Shiels said. "The elevated risk appears to be greater among men than women."

Relative to the general population, the incidence of non-AIDS cancer appeared higher for individuals with and without an AIDS diagnosis. When the researchers adjusted the data for gender and study design, the estimates were similar: the risk of non-AIDS cancer was about two times greater than the general population for HIV-infected individuals both with and without AIDS.

When managing patients with HIV, clinicians should be aware of the potential for increased risk of non-AIDS related cancers. It is important for regular cancer screening to take place and for clinicians to encourage patients to modify factors that could affect cancer risk, such as cigarette use and nutrition.

The meta-analysis did not investigate possible reasons for the increased risk of non-AIDS cancers among patients with HIV. Understanding the link may lead to better management of cancer among patients with HIV and could be a topic for future study.

*Newswise*

## HIV may have crossed into humans in 1920



Researchers have discovered another sample of HIV from 50 years ago. The oldest we have is a stored blood sample from what is now the city of Kinshasa in the democratic Republic of Congo, dating from 1959, which turned out to contain HIV. Now researchers have discovered another sample from Kinshasa – this one from 1960 and containing tissue from a lymph node biopsy, possibly from a TB patient. The second sample turned out to differ substantially from the first. Calculating rates of change in the human virus according to the genetic 'clock' they carry allowed scientists to calculate that HIV had been present in the human population in central Africa since about 1920 – ten years earlier than previously thought. Meanwhile, they have discovered the opposite about HIV's cousin virus HIV-2. It had been thought that this had got into humans earlier, in the late 19th century or even earlier, but calculations of its arrival date based on the same method point to a date around 1930.

## Suicidal thoughts common in people with HIV



A British study has found that so-called suicidal ideation – wondering whether to end it all – is very common in people with HIV. The Royal Free and University College Medical School in London found that out of a group of 778 patients from five London clinics, two-thirds of whom were white gay men, 31% reported at least one episode of suicidal thinking in the last seven days, 11% frequent suicidal thoughts, and 5% 'constant' suicidal thoughts. In contrast to some other studies, this one showed that the highest risk group was heterosexual men, who were almost 50% more likely to report suicidal ideation than gay men or women. Wondering 'if it's all worth it' does not necessarily translate into doing anything about it, but results were called alarming nevertheless.



**BODY POSITIVE**  
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HIV +  
Men's

# Retreat 2009

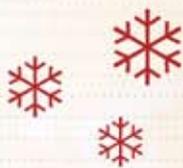
10<sup>th</sup> - 12<sup>th</sup> April  
Vaughan Park  
Long Bay, Auckland



FOR MORE INFO, CONTACT BODY POSITIVE - 0800 HIV LINE / 09-309 3989



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# *Invitation*



Hi, we are just writing to invite you to join us for the ***Members' Christmas Luncheon*** on **Sunday 14th December** at midday, at **Body Positive House**.

If you would like to bring a plate of food or a bottle of wine or some sweets, you are most welcome to. Don't worry if you don't because there is plenty and we would love to see you. If you can, that will be great.



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## Hepatitis C can cause rapid liver damage in gay men with HIV

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Gay men with HIV were warned recently by a US researcher to make sure their doctors were monitoring them regularly for possible hepatitis C infection.

The researcher, Daniel Fierer, warns that “the implications of missing the diagnosis of acute hepatitis C virus infection in these patients are grave”.

Fierer identified eleven HIV positive gay men who had recently become infected with hepatitis C out of a clinic population. In most cases hepatitis C was only suspected because routine liver function tests picked up high levels of liver enzymes, indicating liver cell death, though three developed mild jaundice. Previous negative hepatitis C test results in nine of the eleven showed that the men concerned couldn't have been infected with hepatitis C for longer than intervals ranging from three months to three years. Most of them had caught hepatitis C subsequent to catching HIV, though in at least one case the infections appear to have been caught simultaneously.

When Fierer gave the men liver biopsies he found that nine of them had already developed moderate liver damage and one had mild damage. In contrast, Fierer notes, several stud-



ies of HIV negative people with recent hepatitis C infection (a year or less) show that most have not developed any liver damage. Fierer calculates that liver damage was happening nearly five times faster in his HIV positive patients.

The eleven men had had HIV for periods ranging from one to 16 years. Nine were on HIV therapy, one had never taken HIV treatment, and one was on a drug holiday. One of the most alarming

aspects of the case is that most of the men had relatively good CD4 counts; only one had a CD4 count under 200 and only 4 under 350. It wasn't, therefore, poor immunity that meant they got liver disease faster. None drank more than normal amounts of alcohol, either (another common reason for faster liver damage).

In terms of how they got hepatitis C, Fierer says that “ten patients had recently engaged in unprotected receptive anal intercourse, some with many partners,” but doesn't ask about other practices likely to be HCV risks such as fisting. Three had very occasionally injected methamphetamine but only one remembered sharing needles. “Our findings are of particular importance with regard to the recent outbreaks of acute HCV infection in HIV-infected MSM in Europe and the United States,” comments Fierer.

Fierer notes that regular hepatitis C antibody testing is not currently recommended in US or UK HIV treatment guidelines, and that episodes of raised liver enzymes “are relatively transient and therefore could be easily missed during routine clinical care”. He therefore recommends that “more intensive” screening of HIV-infected gay men for hepatitis C is warranted.

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## WELLNESS FUND “DRIED UP” TEMPORARILY

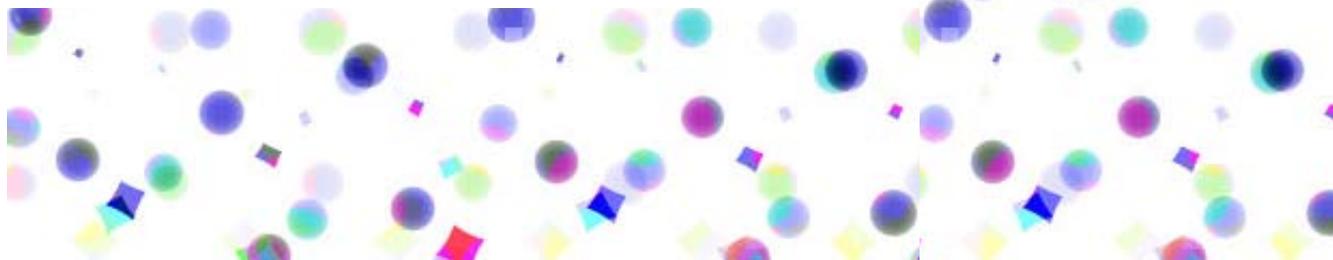
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The New Zealand AIDS Foundation Inc who are “bursars” of the Wellness Fund advised Body Positive that the fund has been exhausted, at least the significant part of the fund that provided HIV+ people with up to \$3,000 grants for medical support. Not surprising as Body Positive members have accessed over \$94,000 of the Wellness Fund for medical support, primarily for “Aquamid” treatment to remedy facial wasting lipoatrophy.

The Wellness Fund is supported by private donations and is exclusively for HIV+ people. World AIDS Day street collection will boost the fund and we at Body Positive hope sufficient funds will be collected to reopen the fund fully early in 2009.

The “Smaller Grants” and “Travel-Grants” of the Wellness Fund are still accessible at date of printing. For support please discuss your needs with

Body Positive in the first instance to see how we can support an application to the Wellness Fund.



## New Services for Members

### Budgeting Service - Available now

Body Positive is pleased to assist people needing support or advice on financial matters, WINZ Benefits can be consulted on to ensure maximum entitlement and members are then assisted with their own budget.

### Psychiatrist Clinic - Starts in 2009

Starting in February 2009, we are pleased to announce a new clinic at Body Positive. For members experiencing depression, anxiety, or any other issue regarding mental health. A fully qualified/experienced psychiatrist will be available by referral at Body Positive.

### Drop-In Support Group - Mon 8<sup>th</sup> Dec

Every second Monday, we are hosting a Drop-In Support Group from 6pm to 8pm with supper provided. This is a good opportunity to meet other HIV+ people and gather any information you might be seeking.

### New E-MAIL Newsletter - Available now

If you would like to receive our new electronic newsletter, just phone in (Toll Free 0800 HIV LINE), and request to be put on the list. This will reach you much quicker than "snail mail".

### Living Well Clinic - Starts in 2009

Both mind and body are important co-factors in living well. Once a month Body Positive will host a clinic for private and personal consultations for members with a life coach qualified on both physical and mental well-being.

## December Diary

Mon	01	WORLD AIDS DAY 
Wed	03	Massage for members
Thurs	04	Massage for members
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Mon	08	New Drop-In Support Group
Wed	10	Massage for members
	10	Pot Luck Dinner 
Thurs	11	Massage for members
Sun	14	<i>Members' Christmas Lunch</i> 
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Wed	17	Massage for members
Thurs	18	Massage for members
Fri	19	Podiatrist Clinic
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Tues	23	Office closes for holidays



### 2009 - Happy New Year

#### January

Mon	12	Office opens with skeleton staff
Mon	19	Office officially opens for the year

#### IMPORTANT NOTICE

We are seeking volunteers to assist with keeping the Drop-In Centre open through Christmas/ New Year. Phone (09)-309 3089 - Body Positive House.

### Personal Adverts in **Positively POSITIVE**

As promised here is an alternative way of meeting other positive people.

If you like what you read below, send a letter telling them a bit more about yourself. Remember to include your contact details. Put your letter into a sealed envelope quoting the BP Reference Number (on the outside of the envelope), found at the end of each advert and we will forward it on.

If you want to send more than one reply please send each response in a separate envelope. We don't open any of the envelopes (we just put them in another envelope and send them on) to guarantee your privacy.

**Go on! Give it a try! You never know what might happen!**

#### AUCKLAND

*35yr old Caucasian American guy looking for a romantic relationship. I'm a great looking, stable, secure guy, go to the gym regularly, and have a great job. I enjoy spending quiet nights at home, or going out on occasion. I like masculine, fun, romantic, down to earth guys around my age. BP Ref 001*

*30yr old Bear would like to meet someone for a serious relationship. Cuddly and comfortable, independent and intelligent. Would like to meet other positive guys. BP Ref 002*



## TRAVEL INSURANCE

Buy your Travel insurance from **Mike Henry** Agent Body Positive, whether you are Positive or Negative, travelling to Sydney or the Seychelles just call 0800 HIV LINE for a travel insurance quote. (When you buy from us you help support our work + you get a good deal!)



## VITAMINS

Body Positive has fantastic *Swisse brand* vitamins available to members for only \$10.00! (Usually over \$20) *Swisse Women's Ultivite Multi vitamins & Swisse Men's Ultivite Multi vitamins*. Both with the highest quality ingredients that will give you a kick! Drop by BP House or call **0800 HIV LINE**

## RECYCLED MEDICATION

If you have unused medication or no longer need left-over medication, please either return your unused medication to your prescribing physician or drop it into us or send it to:

Body Positive Inc  
P.O. Box 68-766  
Newton, Auckland



We will pass it on to physicians.

## 6 ON 6

The next **6 on 6 support Group** is due to start Monday, 19<sup>th</sup> Jan 2009 at Body Positive House. This facilitated peer support group is for anyone who has issues around their HIV status. It is particularly useful to recently diagnosed people and is open to men and women.

Phone **0800 HIV LINE** to join the group.



## FOOT DOCTOR

A *talented podiatrist* runs a clinic here at Body Positive House on a monthly basis. Next clinic date - 19<sup>th</sup> Nov 2008 (Wed) from 1pm-5pm

Phone now for an appointment 09-309 3989

Fee: \$40.00 per consultation  
WINZ Benefit by negotiation

## MASSAGE



Both Swedish (Therapeutic) and Sports massage are available FREE at Body Positive on Wednesdays and Thursday. Phone 09-309 3989 and book an hour to pamper your body.

\* *Koha appreciated*



## QUIT SMOKING

Apart from adhering to your medication regime, quitting smoking is the next most significant improvement HIV+ people can take to improve their health and life expectancy. Smoking increases the risk of brain, heart and lung diseases, various cancers and opportunistic infections. If you would like to quit smoking, we can help. Phone 0800 HIV LINE.

## HIV RAPID TEST for our whanau & friends

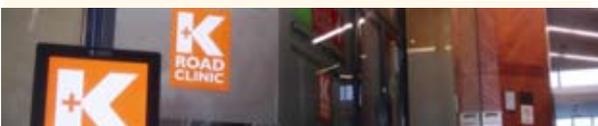


The **60-second HIV Rapid Test** is now available at Body Positive House. A simple pin-prick is done, to test the blood with a 99.7% accuracy. It's always better to know your status early, so you can keep healthy, if you become HIV positive. Call **0800 HIV LINE** to book a FREE no-hassle Rapid Test.

## K'Road Clinic

For general medical consultation

Free for HIV+ people on a benefit



## Drop-In Support Group

Every second Monday for anyone seeking support or just wanting to meet other HIV+ people. Phone 09-309 2989.

