



# CONFERENCE Highlights

JUNE 2017 ISSUE

## 2017 Mark Wainberg Lecture: Dr. Julie Bruneau

The CAHR 2017 Mark Wainberg lecture was presented by Dr. Julie Bruneau, a physician and researcher at the Université de Montréal whose 40 year career has focussed on addictions. The CAHR Conference organizing committee bestows the honour of the Mark Wainberg lecturer to both honour Dr. Wainberg's contributions and to recognize the efforts of others in the research community who exemplify the same traits of excellence, perseverance, and commitment to the cause of finding innovative and ground breaking ways to address the epidemic. Using results coming out of the St-Luc/HEPCO cohort studies and others from the start of the HIV crisis to present, Dr. Bruneau provided the audience with a broad picture of addiction treatment over the years noting that needle exchange programs and opiate substitution have been shown to work but policies, politics, and stigma create setbacks and gaps. Dr. Bruneau noted that the lessons learned from HIV treatment and prevention have advanced addiction treatment significantly and that models of care such as patient navigators, contingency management, direct therapy, working with housing and foodbank organizations, and co-location of services have all proven effective. Asking the question "Why haven't we done with addiction what we have done with HIV?", Dr. Bruneau suggested that lack of training for physicians, stigma and criminalization of drug use are culprits. Because drug use changes over time, Dr. Bruneau advocated for health care no matter where a person is in their drug use trajectory.



CONFERENCE  
**CAHR**  
2017

26<sup>th</sup> Annual Canadian  
Conference on  
HIV/AIDS Research  
April 6-9, 2017  
Montreal, Quebec

CONGRÈS DE  
**L'ACRV**  
2017

26<sup>e</sup> Congrès annuel  
canadien de recherche  
sur le VIH/sida  
Du 6 au 9 avril 2017  
Montréal (Québec)

## Table of Contents

Special Session: HIV and Ageing: Growing up and Moving on .....	2
Special Session: The Future of Canadian HIV Vaccine Research .....	2
Social Sciences Plenary: Now We Do the Hard Part .....	3
Special Session: Advancing HIV, Ageing and Rehabilitation .....	3
Lunch Symposium: Being Pragmatic in getting to the 90-90-90 targets .....	4
Breakfast Symposium: CIHR CTN Postdoctoral Fellows' Breakfast .....	4
Basic Science Plenary: Sterilizing All Infectious HIV-1 in a Cell Culture Using CRISPR-Cas9 .....	5
Clinical Sciences Plenary: Inflammation and Aging in Treated HIV Infection .....	5
Special Session: "If It Don't Fit, Don't Force It" .....	6
Public Health and Epidemiology Plenary .....	6
Lunch Symposium: Beyond Mono-infection, Coinfection with HCV and HBV .....	7
Special Session: The HIV tobacco and marijuana epidemics .....	7
Special Session: Cure Research .....	8
From the Front Lines: Community Rapporteur Special Session .....	8



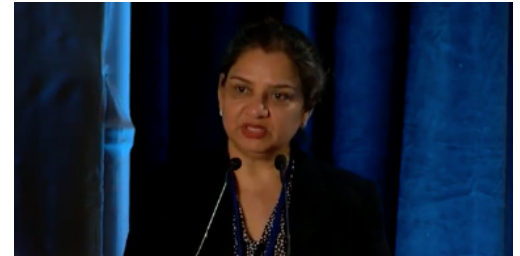
The 2017 Red Ribbon Award (which is presented annually by CAHR for outstanding service to the cause of research in HIV/AIDS) was presented to Francisco Ibáñez-Carrasco.



## Special Session: HIV & Ageing: Growing up and Moving on

*Optimizing transition of youth living with HIV from pediatric to adult care*

In the era of effective and simplified antiretroviral therapy, more and more perinatally HIV-infected youth are surviving into adulthood and must move into the adult care system. Unfortunately, many youth making the transition from pediatric to adult care experience difficulty remaining engaged in care. This session reviewed the transition work ongoing in Canada and evidence-based transition interventions, and introduced a community-based, youth-driven initiative in which young adult patients are advocating for the care they believe they need. In this special session, Dr. Jason Brophy (CHEO), Dr. Fatima Kakkar (CHU St Justine), Dr. Nancy Nashid (Sick Kids), and a youth transitioning to adult care comprised the panel of experts. Dr. Kakkar discussed the limited information available on HIV positive youth transitioning to adult care and explained that a high percentage have poor outcomes including low adherence, low CD4 counts or loss to care. She also outlined some of the difficulties of transitioning while pointing out that standard outcome measures of successful transitions are needed. Dr. Nashid emphasized the need for more holistic outcome measurements and described the studies that have looked at transition strategies in other areas of health care, suggesting that measurements and approaches can be applied to transitioning patients with HIV. A youth transitioning to adult care spoke about their personal experience, and their work with a focus group of 21 youth that were tasked to come up with the "transition accord". The accord outlined what they as patients would commit to and what they expected clinics and doctors to commit to. The panel then fielded comments and questions from the audience.



## Special Session: The Future of Canadian HIV Vaccine Research

This session, which was co-developed with the CHVI Research and Development Alliance Coordinating Office and CIHR, provided a broad overview of where HIV vaccine research is headed. Post-doctoral student Matthew Parsons presented his research on the use of broadly neutralizing antibodies (bNAbs) to prevent SHIV cell-associated infections. Using PGT121 bNAb in macaque models, three animals had total control of infection and the remainder had delays in viremia, one with a delay of seven weeks. Dr. Parsons noted that he is exploring this case further, suggesting that perhaps the virus was hiding in tissue and avoiding bNAbs until antibodies levels declined. He emphasized that the research demonstrated a potential for PGT121 to prevent infection and reduce founder virus numbers but consistent levels of bNAB in the blood were necessary. Dr. Andrés Finzi, from the Université de Montréal, described the correlates of protection of the RV144 trial and explored the role of the gp120 Phe 43 cavity on exposing Env vulnerable epitopes. Finally, Dr. Charu Kaushik from McMaster University provided an overview of current HIV vaccine research from the CIHR Canadian Vaccine Workshop which took place in December 2016. Discussions in the meeting centred on novel vaccine strategies (use of vectors, antigens etc), mucosal immunity and correlates of protection. Dr. Kaushik highlighted that the meeting provided an opportunity for Canadian and international researchers to discuss their work, opportunities for funding and collaboration, infrastructure, research capacity and advocacy and produced a consensus statement along with a special issue of Aids Research and Therapy focussed on HIV vaccine research.



## Social Sciences Plenary: Now We Do the Hard Part

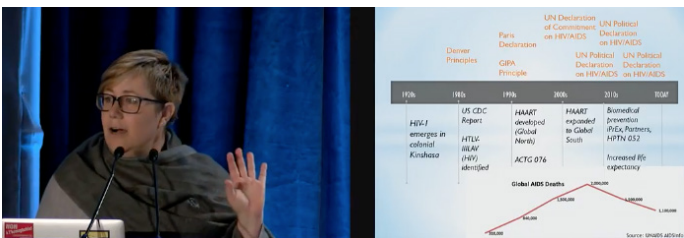
In the social sciences plenary session, Dr. Laurel Sprague, a Global Research Fellow on HIV, Gender, and Justice, for the HIV Justice Network spoke to the many human rights issues that still exist in the realm of HIV. She pointed out that there has been tremendous biomedical progress in the treatment and prevention of HIV and a tremendous commitment on various levels to protect human rights and put people living with HIV at the centre of efforts. However, there exists a gap between our commitment to fair principles and the use of these principles in practice. She discussed global and Canadian inadequacies of needle exchange programs, criminalization of HIV and language used around vertical transmission. Dr. Sprague advocated “sober second thought” especially by researchers and care providers and suggested that we ask ourselves: what are the assumptions we are making about people living with HIV?; what are their responses to the research/intervention?; and what are the predictable outcomes of these research/interventions? In conclusion, Dr. Sprague noted that political and social structures are still marginalizing people living with HIV and that the epidemic is not over as “we cannot treat our way out of an epidemic that is rooted in injustice.”



## Special Session: Advancing HIV, Ageing and Rehabilitation

*Where does rehabilitation fit in the HIV care cascade?*

Moderated by Kate Murzin (Realize, formerly CWGHR), this broad panel provided an extensive overview of HIV rehabilitation programs, research and challenges. Dr. Kelly O'Brien (University of Toronto) discussed the HIV health and rehabilitation survey, emphasizing that uncertainty around health is a common difficulty experienced by those living with HIV and discussed some of the coping strategies that people use to handle uncertainty and disability, and the benefits/barriers to exercise programs. Matthew Halse (ACCM) discussed some of the political and practical barriers to rehabilitation for people living with HIV and outlined the ways in which ACCM factors in rehabilitation to their HIV and Ageing programming. Halse also discussed ACCMs integrated approach such as a buddy program, computer skills development, dinner with discussion topics for patients and programs for staff in care facilities to train them on the social needs of people ageing with HIV. Larry Baxter (Community Member Living with HIV) discussed what motivates a patient as they age with HIV emphasizing that it is different for everyone. Baxter pointed out that the treatment cascade works best for the self-manager, but not everyone is like this. Thus Baxter advocated for a team approach that would include complementary therapies, social services, mental health services, and patient centred rehabilitation. Dr. Julian Falutz (McGill University Health Centre) provided an overview of geriatric syndromes associated with ageing PLWH. Dr. Falutz noted that the ageing population is seeing an increase in age-related comorbidities, traditional geriatric syndromes and polypharmacy which leads to frailty, mobility impairment and falls. As such, Dr. Falutz pointed out the need to address these issues in rehabilitation services. Esther McDonnell (Chelsea and Westminster Hospital) provided an overview of HIV patient rehabilitation programs and challenges in the UK context and Dr. Colm Bergin (St. James's Hospital) did the same for Ireland. The panel then fielded questions and comments from the audience.







## Lunch Symposium: Being Pragmatic in getting to the 90-90-90 targets

This symposium -- developed in partnership with the Ontario HIV Treatment Network, Canadian Institutes of Health Research Centre for REACH 2.0, Canadian Foundation for Aids Research and Canadian Institutes of Health Research Living with HIV Innovation Team -- was chaired by Dr. Sean Rourke (Ontario HIV Treatment Network) and showcased work underway in BC, Alberta, Manitoba, Ontario, and Quebec to build and scale-up monitoring of the HIV care cascade. Dr. Marianne Harris (BC Centre for Excellence in HIV/AIDS) provided data on BC's progress in the cascade of care, pointing out the differences between rural and urban areas and discussing RETAIN, a project through the BC Centre that sends out alerts to health care providers and public health agencies to try to return patients to care. Dr. Hart Krentz (Southern Alberta Clinic) discussed the numbers coming out of the clinic which catches all of the HIV+ patients in Alberta.

Dr. Krentz noted that a central location combined with an integrated health care approach allow for continuous care and good cascade numbers.

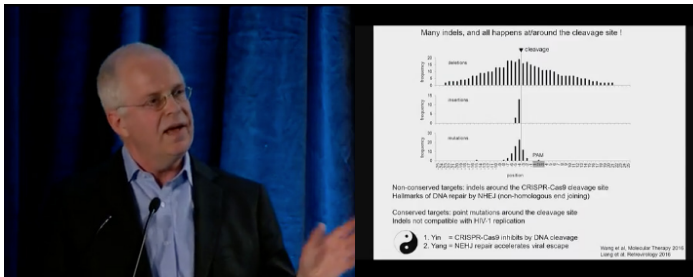
However, he emphasized that there existed barriers, particularly

intimate partner violence, that impact all aspects of the cascade. Stephanie Van Haute (Manitoba HIV Program) discussed Manitoba's efforts to improve the cascade noting that the issue of missing data resulting from coordinating data across jurisdictions. Her examination did note that total test numbers were rising yearly but that testing percentage is too low. Finally Dr. Van Haute cited community readiness, stigma issues, lack of access to testing, and health care practitioners not routinely offering tests as issues. Dr. Abigail Kroch (Ontario HIV Treatment Network) presented Ontario's numbers in the cascade. As an epidemiologist she advocated shifting focus from "exposure categories" to "priority populations" which can be used to identify other communities that we do not see when we look at exposure categories. Dr. Nimâ Machouf (Clinique Médicale du Quartier Latin) presented data from the Cohorte de Montréal. As Quebec does not have centralized data, she expressed the difficulty with compiling true cascade numbers. Dr. Machouf did note that those in care were well treated and controlled, but the total number of tests in the province needed to be greater. Dr. David McKeown (Former Toronto Medical Officer of Health) pointed out that most jurisdictions are having trouble determining numbers in the early part of the cascade when people are not in the system. Dr. McKeown explained that we may be more likely to deal with easy-to-access patients, but must continue efforts to reach the entire population. The panel then fielded questions and comments from the audience.



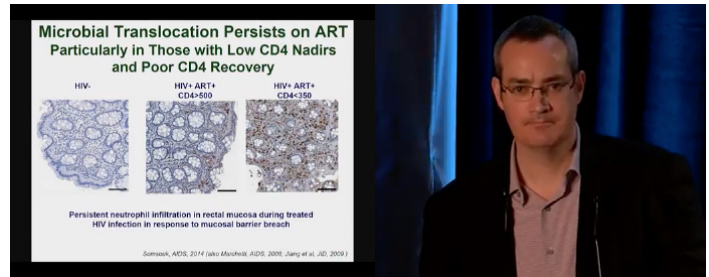
## Breakfast Symposium: CIHR CTN Postdoctoral Fellows' Breakfast

This session outlined the work done by several CIHR CTN supported post-docs both in Canada and abroad. Nancy Nashid (Hospital for Sick Children) discussed her work through the "Good to Go" program, a program that helps HIV infected youth transition to adult care. Her postdoctoral work using both quantitative and qualitative methods will assess patient perspectives in their transitions to adult care, particularly looking at the barriers they have faced. There will also be a community based component with youth collaboration to help develop better transition strategies. Malika Sharma (St. Michael's Hospital) discussed barriers for MSM accessing PrEP from their primary care providers as some physicians do not know about or are not comfortable prescribing PrEP. Thus, her post doc work has developed a patient initiated CME where patients can complete an online module that educates them about PrEP and prepares them for their appointment. Nadine Kronfi (McGill University Health Centre) discussed the results and ongoing work of her postdoctoral study looking at the modifiable risk factors and progression of liver fibrosis in people living with HCV. Iron deficiency does not appear to be associated with lower risk of liver fibrosis progression and NAFLD higher score is associated with increases of APRI post-treatment. Kronfi is also working to set up an HCV rapid assessment clinic, which will include counselling, testing and links to service. Nisha Andany (University of Toronto) spoke to her study on the follow-up and management of abnormal pap tests among HIV-positive women in Ontario. Using data from the Institute of Clinical Evaluative Science, Andany is conducting a retrospective study to evaluate the timeliness, proportion of women going into each treatment avenues, and rates and correlates to becoming lost to follow-up. Gisèle Ngomba-Kadima from Lesotho discussed her work on ARV adherence in pregnant women coming into the Mabote Filter Clinic. The results from the study suggest that adherence in general was good and it improved with clinic visits, thus neonatal transmission was very low. She suggested that the use of counselling and role models could further improve adherence. Moleen Zunza from Stellenbosch University, South Africa spoke about her CTN funded study on feasibility and effectiveness of interactive mobile phone texting and motivational interviewing to promote breastfeeding among women living with HIV. The study is in its early stages, working on recruitment as patients come to the clinic. Margo Pearce (Simon Fraser University & McGill University) spoke of her work with Indigenous people who inject drugs and are living with HCV to determine their perceived barriers to HCV treatment. Preliminary themes emerging from interviews suggest that treatment is important but social and health challenges are more immediate priorities. Additionally, Pearce highlight that housing insecurity makes it difficult to focus on care and suggested that comprehensive and long term supports are needed to access, complete and succeed with HCV treatment.



## Basic Science Plenary: Sterilizing All Infectious HIV-1 in a Cell Culture Using CRISPR-Cas9

Dr. Ben Berkhout, head of the Laboratory of Experimental Virology at the University of Amsterdam, discussed his work with CRISPR-Cas9 and RNAi tools to inhibit HIV virus replication in vitro. Ten years of research on RNAi in Dr. Berkhout's lab has produced a handful of potent virus inhibitors but eventually the virus escapes by selecting simple point mutations. Several past papers have reported that viral escape is impossible through CRISPR Cas9, a bacterium based nuclease. Using CRISPR Cas9, Dr. Berkhout's lab did multiple tests using different guide RNAs. While all were effective, there were many with rapid viral escape through mutations, insertions and deletions (indels). Dr. Berkhout explained that attacking non-conserved viral targets causes indels to occur and a rapid viral escape. If one attacks viral sequences that are more conserved, the virus makes point mutations and it takes much longer for the virus to escape. Dr. Berkhout then described his research on a combinational CRISPR approach using two gRNAs against conserved targets. Some combinations showed escape within one or two weeks, but for two combinations, gGag1+gTatRev and gGag1+gEnv2, there was no viral escape at all. Assays confirmed that there was indeed no infectious virus left after 97 days of culture. In fact, CRISPR-Cas9 continues to nibble away at target sequences, causing indels in conserved domains, leaving the virus incapable of replication. Dr. Berkhout emphasized that this is only an in vitro test with a simple cell culture, and there are many questions still remaining. However, this approach represents a very exciting new avenue of research. Dr. Berkhout concluded the presentation by discussing some exploratory work on antiviral peptides including T20-Fuzeon, VIRIP, and C1 stabilized-Env while stressing that it is important to understand many different mechanisms (even if they have lost popularity as a potential treatment) as they often reveal new avenues of research.



## Clinical Sciences Plenary: Inflammation and Aging in Treated HIV Infection

Dr. Peter Hunt, Associate Professor of Medicine in Residence at the University of California, provided an excellent overview of the literature supporting the theory of persistent inflammation as a cause of increased age related morbidities in older HIV+ patients. According to Dr. Hunt, even with ongoing ART, there is still a 10 year decreased life expectancy in adults with HIV compared to their uninfected counterparts. T-cell activation and inflammatory markers remain abnormally high even during ART-mediated viral suppression which suggests that persistent inflammation is driving multi-morbidity. Dr. Hunt reviewed the literature surrounding several different drivers of immune activation during ART including HIV reservoirs in lymphoid tissue, microbial translocation ("leaky gut"), HIV in myloid cells, CMV, and low CD4 Nadir counts. Dr. Hunt then explained several potential areas of focus and noted that IL-6 (associated with microbial translocation) and D-dimer (associated with innate immune activation) are strong correlates of mortality. It was also noted that very early ART decreases but does not normalize immune activation—patients are still at an increased risk of TB, cancer and infections compared to general population. At the same time, lifestyle factors contribute to immune activation in treated HIV -- smoking, hazardous alcohol use, methamphetamine use and obesity -- are all associated with immune activation. Finally Dr. Hunt pointed out that though there are no specific drugs to reduce immune activation, statins have shown some promise.



## Special Session: “If It Don’t Fit, Don’t Force It”

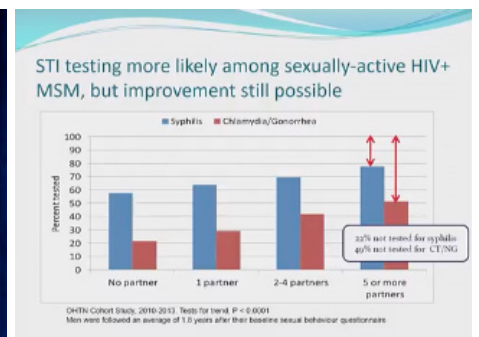
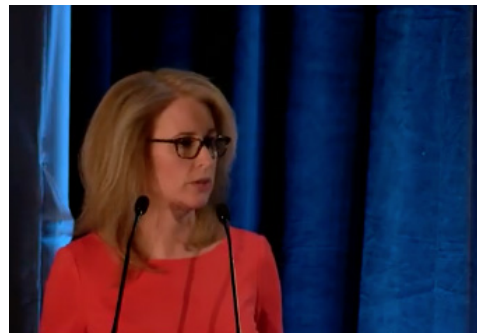
This panel discussion expanded upon the ideas brought forth during the “Do Black Lives Matter?” panel at the OHTN conference in November 2016 to provide critical perspectives to advance the understanding of the HIV epidemic in ACB communities and consider the implications of current frameworks for HIV prevention research. OmiSoore Dryden (Thorneloe University) spoke about public health and epidemiological practices that continue to associate ACB communities and their blood with disease (specifically HIV). Dryden was critical of the blood donor questionnaire which inherently paints black and queer communities as diseased or lesser-than, arguing that blood donation is steeped in misogyny and anti-black ideas and continues to be blind to its own biases. Llana James (St. Michael’s Hospital, Toronto) spoke to “anti-black forces” that prevail against black people, both in day to day life and HIV research, citing the work of Jacques Pepin, who argues that the HIV tragedy was facilitated by human interventions, colonization, urbanization, and “well-intentioned” health campaigns. James argued that syndemics is about collective forgetting and has erased the work of feminist black scholars.



Leo Wilton (Binghamton University) pointed out that human rights violations based on race and sexuality based discrimination are commonplace in the African diaspora. Further he noted that structural violence within broader systems of power and domination (economic, political, health systems etc) for black same sex gender practicing communities in the diaspora impact global HIV related health inequities and further increases HIV vulnerability. Health care cannot be actualized without an understanding of the structural violence that is embedded within it. Rinaldo Walcott (University of Toronto) asked the question of whether white researchers will ever address the question of how black queer men have sex, noting that white science continues to fail black people and “new models are needed yesterday”.

## Public Health and Epidemiology Plenary:

*Challenges and Opportunities for Better Screening for Sexually Transmitted Infections (STIs) and STI-related Cancers Among People Living With HIV*



Dr. Ann Burchell from St. Michael’s Hospital in Toronto spoke about the recent increase in bacterial STIs. Since 2000 there has been a dramatic increase in the rate of bacterial STIs (syphilis, gonorrhoea) mostly among MSM, many of whom are co-infected with HIV. Dr. Burchell noted that the OHTN cohort study indicated that young men are at higher risk but rates are still high among older men, and they were highest among higher educated men, while income and ethnicity made no difference. Dr. Burchell further suggested that while the broad nature of this makes targeted intervention strategies difficult, she noted that there is plenty of room for improvement, and we have to find a better way of offering testing services. Dr. Burchell also spoke about improving testing in clinic based settings, which could include routinizing testing, sending personalized text messages, using risk stratification in clinics to flag patients for testing, encouraging self-testing rooms,

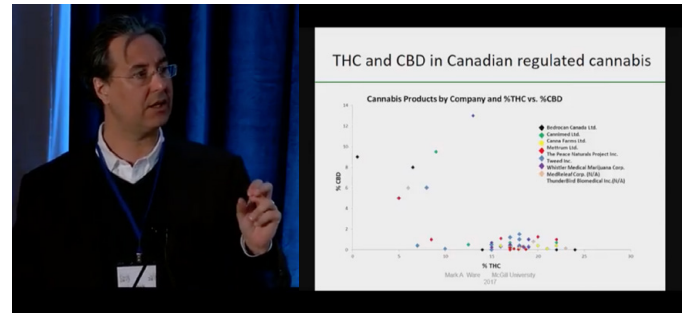
and offering online printable requisition forms and test result retrieval. The need for alternative forms of testing, including rectal and pharyngeal swabs, to find more cases was further emphasized. In terms of HPV (a cause of both cervical and rectal cancers), much like bacterial STIs, the rates are rising, and some strains have 100% prevalence in MSM communities. Dr. Burchell discussed a study on knowledge and attitudes regarding HPV and anal cancer among HIV positive men. The reality is that there is a broad lack of knowledge around HPV and perceived risks do not match reality. However, most men said they would be comfortable talking to their care providers about anal health and would readily be screened for anal cancers should the service be offered. Thus Dr. Burchell advocated for implementing testing and determining uptake, appropriateness and perceived barriers.





## Lunch Symposium: Beyond Mono-infection, Coinfection with HCV and HBV

This symposium -- supported by Merck Canada, Gilead Sciences, Abbvie, Innovative Medicines, and CIHR -- aimed to highlight the latest clinical trial data, develop consensus on treatment options, and build on and expand the Canadian HIV-HCV Co-infection Guidelines. With Dr. Curtis Cooper from the University of Ottawa chairing, three panelists provided an overview of the HCV and HBV landscape in Canada. Dr. Stephen Shafran (University of Alberta) provided estimates that 250 million people are living with HBV and 150 million people are living with HCV, as contrasted to estimates of 37 million for HIV. Dr. Shafran gave a broad summary of the different routes of transmission and the treatments for HBV versus HCV. For HBV there exists a preventative vaccine, post exposure prophylaxis, and we can block vertical transmission—none of which can be done for HCV. However, Canada now has publicly funded HCV treatments for all genotypes of HCV and the criteria for coverage has now expanded to include HIV+ patients. Thankfully, Dr. Shafran noted that treatment success is greater than 95% and there are “salvage” treatments set to be approved in 2017. Dr. Erin Kelly (Ottawa Hospital) discussed hepatocellular carcinoma (HCC), which is the most common type of liver cancer. HBV is implicated in least 80% of cases and thus is a common end stage if HBV and cirrhosis go untreated. HCC is largely asymptomatic until it is too late, but curative options are available if detected early. Dr. Kelly emphasized that screening is critical to detect the early stages, and more effort needs to be focused on regular screening, especially in the HIV+ population. Finally, Dr. Mark Hull (University of British Columbia) spoke to the remaining gaps in HCV research, pointing out that though the cure for HCV is highly effective, there are still many unanswered questions as we scale up treatments. As Dr. Hull noted, we now need to acquire surveillance data post-HCV treatment in large cohort studies to monitor fibrosis progression, disease progression despite treatment and progression to HCC. Further, we need to help improve access, outreach, testing, and engage people in care. Dr. Hull also suggested looking to some ongoing HCV treatment efforts in countries such as the Netherlands and other community based treatment programs for solutions.



## Special Session: The HIV tobacco and marijuana epidemics

Dr. Louise Balfour (The Ottawa Hospital) spoke about smoking cessation in people who live with HIV. Today, more life years are lost because of smoking related complications compared to HIV complications. In Canada, it is estimated that 36-70% of people living with HIV smoke compared to 19% of the general population. Dr. Balfour discussed the various options available in smoking cessation programs, but argued that the high rates of depression in the PLWH population needs to be considered. Her clinic implemented a smoking cessation program that included personalized counselling, quit plans and nicotine substitution. Self-assessment of smoking reduction was used along with a Bed font smokerlyzer (measures CO output), which Dr. Balfour highly recommended as a feedback device for the patients. Of note, quit success rates were 28% at six month follow up and patient depression levels lowered. Further, Dr. Balfour reemphasized that every HIV clinic and primary care provider should be speaking with their HIV+ patients about smoking behaviour. Dr. Mark Ware (McGill University Health Centre) gave an extensive overview of the use of cannabinoids in treatment of chronic pain, MS and HIV related complications. Dr. Ware spoke about the active components of cannabis and the recent studies that have evaluated their effectiveness in addressing various symptoms. Safety and legal concerns are still an issue noted Dr. Ware, who also pointed out that we still need to understand the potential side effects of cannabis use such as sedation, anxiety, dependence, cardiovascular effects, lungs, cognition and psychosis. Dr. Ware finished by saying that in states in the US where they have medical cannabis available, there are reductions in both opioid overdose deaths, and the in the use of antipsychotics, antidepressants and prescription pain medications.

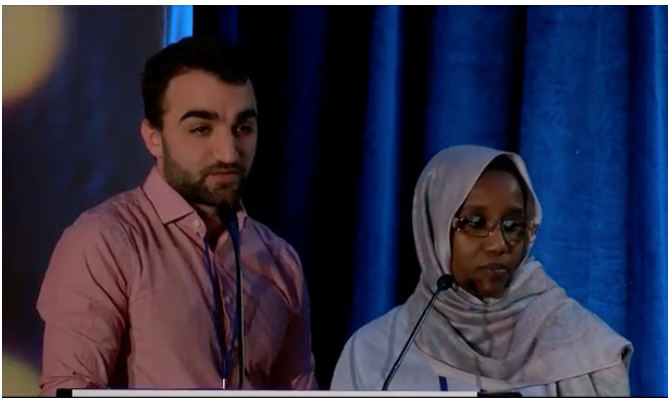


## Special Session: Cure Research

Dr. Dan Barouch (Beth Israel Deaconess Medical Center) spoke about the immunologic approaches for HIV1 eradication, focussing specifically on his research into broadly neutralizing antibodies (bNAbs) and therapeutic vaccines. Dr. Barouch summarized his current work on two promising bNAbs PGDT121 and PGDM1400 which in combination have excellent coverage of the HIV virus. Dr. Barouch also discussed his study of Ad26/MVA in combination with TLR7 as a way to augment the cellular immune response and thus improve virologic control in rhesus monkeys. The study has shown promising results, with some monkeys able to control virus to undetectable levels. Dr. Cecile Tremblay (Université de Montréal) gave an overview of current research into both functional and sterilizing cures. Dr. Tremblay emphasized the importance of early treatment and reducing the size of the reservoir from the very beginning and discussed her study of a slow progressor cohort who ultimately lost immunologic control of their infection. The study identified several markers associated with loss of control including IL32, a proinflammatory cytokine. Of note, Dr. Tremblay suggested



this could be used to reduce viral reservoir. Robert Reinhard's (Canadian HIV Cure Enterprise) talk, titled "Don't just under promise, over deliver! Changing expectations and outcomes in cure research" spoke to the other side of cure research: the patient. He pointed out the need to focus on the journey, not just the cure. Reinhard encouraged the study of cure-like strategies that can help improve quality of life before we get to a cure and discussed what, in his opinion, are three areas of research to focus on: immunological responsiveness levels, a cure in context of TB infection and residual disease and inflammation. The panel then fielded questions from the audience.



## From the Front Lines: Community Rapporteur Special Session

There were over 20 people from the community that reported at this year's CAHR conference and a handful presented their impressions of the conference. Five Indigenous community members spoke, voicing their disappointment that there was not adequate representation of Indigenous perspectives at the conference, nor in research itself. The members spoke about cultural safety and how housing and health care settings need to include Indigenous voices and accommodate culture and practice. Next, the community rapporteur for Basic Sciences spoke about Dr. Ben Berkhout's work on CRISPR Cas9 and reviewed Dr. Peter Hunt's presentation on inflammation and ageing with HIV. Two rapporteurs spoke about the Social Sciences stream and emphasized the need for more diversity at the conference and in research. They summarized some this year's areas of research including HIV criminalization, involvement of family in research, Indigenous ways of knowing and the experiences of gay and bisexual men. Lastly, a rapporteur summarized the Epidemiology and Public Health stream, pointing out the lack of research about and for trans persons.















CONFERENCE  
**CAHR**  
2018

**27<sup>th</sup> Annual Canadian Conference  
on HIV/AIDS Research – CAHR2018**

April 26-29<sup>th</sup>, 2018 in Vancouver, British Columbia

---

[www.cahr-acrv.ca](http://www.cahr-acrv.ca)





---

The Canadian Association for HIV Research (CAHR) gratefully acknowledges the companies and organizations which contributed to the 26th Annual Canadian Conference on HIV/AIDS Research (CAHR2017). Their sponsorship and support make it possible for CAHR to hold the annual conference. CAHR also thanks CIHR for funding for this newsletter.

---

**Canadian Association for HIV Research**

236 Metcalfe Street, Suite 302

Ottawa, ON K2P 1R3

e. [info@cahr-acrv.ca](mailto:info@cahr-acrv.ca)

t. +1 613-747-2465