FUTURE CROSS COHORT COLLABORATIONS FOR HIV/AIDS AND ALCOHOL RESEARCH TRANSLATION (CHAART)

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Overview

• Building Collaborative Science (“Team Science”)
• Prior Research Structure and Science
• Future Directions
• What’s Needed
• Fostering New and Expanded Collaborative Partnerships
• Questions and Answers
Building Collaborative Science

• What is collaborative science or “Team Science”?  
  • Starting to Think About Team Science  
  • Preparing Yourself for Team Science  
  • Building a Research Team  
  • Fostering Trust  
  • Developing a Shared Vision  
  • Communicating About Science  
  • Sharing Recognition and Credit  
  • Handling Conflict  
  • Strengthening Team Dynamics  
  • Navigating and Leveraging Networks and Systems?  
  • Challenges  

• For more information visit http://teamscience.nih.gov

Source: Collaboration & Team Science: A Field Guide by L. Michelle Bennett, Howard Gadlin, and Samantha Levine-Finley, National Institutes of Health, August 2010
<table>
<thead>
<tr>
<th>Low</th>
<th>Level of Interaction and Integration</th>
<th>High</th>
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<td>Independent Research</td>
<td>- Investigator works largely independently on a research problem with his or her lab.</td>
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<td>Collaboration</td>
<td>- Each group member brings expertise to address the research problem.</td>
<td>- Each team member brings specific expertise to address the research problem.</td>
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<td>- Group members work on separate parts of the research problem, which are later integrated.</td>
<td>- Team meets regularly to discuss team goals, individuals’ objectives, and next steps.</td>
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<td>- Data sharing or brainstorming among lead investigators varies from limited to frequent.</td>
<td>- Team shares leadership responsibility, decision-making authority, data, and credit.</td>
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Source: Collaboration & Team Science: A Field Guide by L. Michelle Bennett, Howard Gadlin, and Samatha Levine-Finley, National Institutes of Health, August 2010
Existing Framework for Consortia

- U01
- Research Resource Core (U24)
- Administrative Core (U24)
Levels of Cross Consortia Collaboration

- Shared Scientific Questions
- Shared Resources
- Shared Structural Components

U01 Research Resource Core (U24)

Administrative Core (U24)
Cooperative Research Areas (1-17, not in priority order):

1. Digital/Mobile Health Technology

2. Linkage Approaches to Specialty Alcohol Treatment and Care in Primary Care for HIV-positive Individuals

3. Motivation in Non-Treatment Seeking Individuals in HIV-positive Individuals and Serodiscordant Couples (foundational behavioral research for interventions)

4. Targeting those with a Detectable Viral Load (at-risk for HIV transmission as well as progression of organ and tissue damage)

5. HIV and Alcohol Markers Improving Measurement Methodologies for Co-morbid Populations

6. HIV and Aging/Cognitive Functioning Neuroscience Studies/Biomarkers/Biological Processes
Prior Research Structure and Science (cont.)

7. Comparative Effectiveness, Comparative Cost Effectiveness, Implementation Research for Improved Medication Regimens for HIV-positive Individuals with Alcohol Use Disorders (AUD)

8. HIV and HCV Co-morbidity (HIV and TB)

9. Provider Readiness to Prescribe Pharmacotherapy in HIV-positive/Alcohol Use Disorder (AUD) Populations

10. Women, HIV, and Alcohol Use Disorder (AUD)

11. Interventions Targeting Co-morbidities (in HIV-positive individuals), including Alcohol, Tobacco, and Depression (prescription medications and polypharmacy).
Prior Research Structure and Science (cont.)

12. Frailty and Trauma in HIV-positive Alcohol Use Disorder Populations

13. Pre-Exposure Prophylaxis (PrEP)

14. HIV-positive Adolescents and their Transition into Care

15. International: Identifying Alcohol and HIV Hotspots for Prevention Interventions

16. Functional Cures Addressing Viral Reservoirs

17. Alcohol and HIV/AIDS Research Center on Gut, Liver, Lung, and Brain
High Priority Research Areas For Use of AIDS Funds include:

Critical to ensure that NIH AIDS funds are supporting the highest priorities for next 3-5 years:

- Reduced incidence, *improve prevention strategies*, including vaccines
  - Development/testing of AIDS vaccine candidates, microbicides, PrEP, and strategies to improve HIV testing and entry into treatment

- Next generation of HIV therapies with better safety and ease of use *over the life span*
  - Development/testing of HIV treatments – long-acting, less toxic, and fewer complications

- Research toward a cure for HIV/AIDS *identification, control of viral reservoirs*
  - Novel strategies for research toward a cure

- HIV-associated comorbidities and co-infections *targeting interventions*
  - Prevention and treatment of HIV-associated comorbidities, coinfections, and related complications

  - Cross cutting areas: Basic behavioral and biological research, health disparities in key populations, and cross training
Future Directions

• High Priority Areas (see handout)

• Monitoring Collaborative Activities

• Developing and Integrating Alcohol Treatment Guidelines with existing AIDS Treatment Guidelines

https://aidsinfo.nih.gov/guidelines

Kendall reading future applications for CHAART Consortium in 2050!
What’s Needed

• Better Interventions

• Addressing the Treatment Cascade/HIV/AIDS Care Continuum

• Assessment and analytic Strategies
Fostering New and Expanded Collaborative Partnerships

• Who should we collaborate with in alcohol and HIV/AIDS research arenas?

• Existing collaborations—do we need to maintain and/or expand?
  • Federal partners (NIH, other)
  • Private (name?)
  • Other

• Are there areas where new collaborations are necessary?
Questions and Answers
Thank you!

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