

SPECIFIC AIMS

The NIAAA-funded Consortium to improve Outcomes in HIV/AIDS, Alcohol, Aging, and Multi-Substance Use (COMpAAAS) evolved from the Veterans Aging Cohort Study (VACS). The single largest HIV cohort in North America (see also COMpAAAS: Observational Study), VACS is a substantial resource for the study of effects of alcohol among those aging with HIV infection: it encompasses in-depth, longitudinal data, spanning >15 years, on alcohol (63% currently drink, 32% have unhealthy alcohol use (1)), substance use, and health outcomes; it includes uninfected individuals, allowing us to characterize the role of HIV infection in determining alcohol associated outcomes; and supports targeted translational substudies, intervention studies, and operations research. We have developed a rich network of Centers, Cores, and Workgroups with highly complementary domains of expertise and means of effectively coordinating the networks efforts resulting in exceptional productivity. Our group has produced >250 publications, cited >1,700 times in 2014. We have successfully coordinated observational research, operations research (OR) modeling and intervention studies focused on the role of alcohol and multisubstance use in determining modifiable outcomes among HIV+ and uninfected. We are proud of the education, training, and career development support we offer our clinician researchers and methodologists. We have also supported the larger aims of the CHAART Consortia, coordinating two CHAART consortia meetings (a third scheduled February 2016) and closely collaborating with other consortia members. **Our ongoing mission is to build and disseminate the evidence needed to optimize care for HIV+ experiencing medical harm from alcohol and related substance use through coordinated, integrated, and externally validated observational, OR modeling, and intervention studies.** In this application, we propose to build on prior work to: develop unbiased estimates of the effect of polypharmacy, potentially inappropriate medications (PIMs), alcohol use, and treatment for Alcohol Use Disorder (AUD) and hepatitis C (HCV) to inform simplification and prioritization of pharmaceutical treatment (COMpAAAS U01: Observational Study); expand our alcohol intervention studies using contingency management and addressing the interaction between alcohol use and medical conditions (COMpAAAS U01: Intervention Study); and use OR modeling to understand the implications of various approaches to screening for alcohol use prior to HCV treatment (COMpAAAS U01: OR Modeling Study). Drawing on our network of investigators, collaborators, trainees, policy makers and patients, this U24 proposal (COMpAAAS U24: Coordinating Center) will coordinate, support, and inform 3 U01 projects and 2 U24 Resource Centers (COMpAAAS U24: RIB and COMpAAAS U24: CHAMP) with resources, information, technologies, ideas, and expertise to enhance their impact. The prior experience, resources, and momentum of COMpAAAS, uniquely positions us to accomplish the following aims:

Aim 1. Through our network of Centers, Cores, and Workgroups, guide observational, intervention, and OR modeling research to optimize care for HIV+ harmed by alcohol.

- A1a.** Interim results will be presented to the Steering Committee every 6 months and monthly to Executive and Core Leadership with an emphasis on implications for future work and clinical care.
- A1b.** Results from observational and intervention studies will be integrated into the operations model with the goal of determining what additional information would have the greatest impact.

Aim 2. Provide support and coordination to our network of Centers, Cores, and Workgroups to facilitate rigorous project review and monitoring to maximize scientific impact.

- A2a.** Provide administrative support and coordination.
- A2b.** Use established operating procedures to process concept proposals, monitor their progress, and insure appropriate authorship and acknowledgments on abstracts and publications.

Aim 3. Enhance the impact of our work by further developing functionalities of our Web Based Laboratory, facilitating external validation, and direct communication with policymakers.

- A3a.** Maintain an updated registry cataloguing data available from cohort collaborations including contact information, proposal forms, and availability of subjects and data for future studies.
- A3b.** Maintain updated smart phone and email contacts to support future eHealth interventions.
- A3c.** Ensure that COMpAAAS proposals address plans for external validation.
- A3d.** Directly communicate our findings to leading regional and national HIV policy makers.