

SPECIFIC AIMS

The NIAAA-funded Veterans Aging Cohort Study (VACS) includes a “virtual cohort” (VACS VC) of 40,594 HIV infected individuals (HIV+) 1:2 demographically matched to 81,188 uninfected individuals (HIV-) and a nested, 8 site sample (VACS 8) of 7312 HIV+/- . VACS is the largest single HIV cohort in North America. VACS 8 has in-depth, longitudinal data, spanning nearly a decade, on alcohol, substance use, and health and behavioral outcomes. Of HIV+ in VACS 8, 63% currently drink alcohol and 32% have unhealthy alcohol use—defined as at-risk, binge, or abuse or dependence. Because VACS includes HIV-, we are able to characterize the role of HIV infection in determining alcohol associated outcomes. VACS includes large well characterized subsamples of understudied, but important subgroups: middle aged and older individuals, people of color, Black men who have sex with men, those with HCV infection (HCV+), and, (if this proposal is successful), women and those new to care. We have conducted observational research, operations research (OR) modeling and intervention studies focused on the role of alcohol in determining modifiable outcomes among HIV+/- for 9 years. We have a network of investigators and collaborators that spans North America and Europe and a highly effective Coordinating Center at the West Haven VA Medical Center. Our group has produced >100 widely cited publications. We are proud of the education, training, and career development support we have offered our clinician researchers and methodologists. Our funding for alcohol research ends September 2011. In this application, we propose to build on our prior work to create a Consortium to improve Outcomes in HIV/AIDS, Alcohol, Aging, and Multi-Substance Use (COMpAAAS). **Our mission is to build and disseminate the evidence needed to optimize health care for HIV+ harmed by alcohol, multisubstance use (MSU), HCV infection, and depression through coordinated, integrated, and externally validated observational, OR modeling, and intervention studies.** We propose to: extend the excellent work VACS has begun in characterizing modifiable effects of alcohol, MSU, HCV, and depression among HIV+ (U01 Observational); expand our alcohol intervention studies using a stepped care approach (U01 Intervention); and use OR modeling to understand the implications of our findings and to determine what additional evidence is most needed (U01 OR Modeling). Drawing on our network of investigators, collaborators, trainees, policy makers and patients, this U24 proposal (COMpAAAS: Coordinating Center Grant) will coordinate, support, and inform the U01 projects with resources, information, technologies, ideas, and expertise to multiply their impact. Because of the prior experience, resources, and momentum of VACS, COMpAAAS is uniquely positioned to accomplish its mission through the following aims (and those of the U01 applications):

Aim 1. COMpAAAS will guide observational, intervention, and OR modeling research to develop and optimize care for HIV+ harmed by alcohol, MSU, HCV, and depression.

- G1a.** Interim results from all projects will be presented to the Steering Committee every 6 months and monthly to Core Leadership with an emphasis on implications for future work and clinical care.
- G1b.** 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.
- G1c.** Enhance efficient design of, rapid recruitment for, and intelligent interpretation of intervention trials through strategic analyses of in depth data characterizing HIV+/- target populations.

Aim 2. Provide support and coordination to our network of experts to facilitate rigorous project review and monitoring to maximize scientific impact.

- G2a.** Provide data, programming and expert statistical support to investigators for approved proposals.
- G2b.** Provide administrative and methodological support and coordination to our network of experts from multiple disciplines through our system of committees, cores, and workgroups.
- G2c.** Adapt operating procedures to facilitate concept proposals, monitoring, and appropriate authorship and acknowledgments on all scientific presentations and publications.

Aim 3. Develop a Web-Based Laboratory to support ongoing COMpAAAS research and to facilitate external validation and dissemination of our findings.

- G3a.** Build a Web-Based Laboratory to facilitate research design, data collection, and development and testing of interventions among VACS and non-VACS subjects.
- G3b.** Maintain an updated registry cataloguing data available from cohort collaborations including contact information, proposal forms, and availability of subjects for intervention studies. Ensure that COMpAAAS proposals address plans for external validation.
- G3c.** Provide regular updates to policy makers at Veterans Administration Public Health Strategic Healthcare Group, New York Department of Public Health, and Centers for Disease Control.