

ATLANTA MWCS

FALL

NEWSLETTER

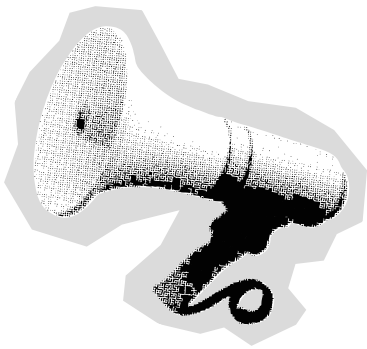
Happy Fall! When life gives you honey, make tea. In Atlanta, there's plenty of sun and so many summer activities that welcome fun in the sun. *Don't miss a chance to enjoy today.*

IN THIS ISSUE

Letter from the PI Research Roundup
Dates to Remember Resource Roundup
Chef's Corner Upcoming Visits

& more!





FROM THE PI'S DESK

IGHO OFOTOKUN, MD, MSC



Last December, we celebrated two important milestones: *the 30th anniversary of WIHS and the 40th anniversary of MACS*. In the first quarter of this year, we entered the last of the final year of the first cycle of MACS/WIHS Combined Cohort Study (MWCCS) – a project committed to improving health for those living with and successfully aging with HIV. I want to thank each of you for your dedication to this important work. Your strong participation and commitment have been key to our success at the Atlanta site.

Let me highlight a few of our recent achievements together. At the beginning of the MWCCS six years ago, with your support, we rolled over 97% of the former WIHS participants into the new MWCCS and enrolled nearly 300 new participants, making our site among the largest in the consortium. We seamlessly transitioned our Community Advisory Board (CAB) into a vibrant body comprising of both women and men participants.

With the support of the CAB, our engagement activities, including the end of year celebration, back-to-school BBQ, monthly birthday celebrations, were redesigned to cater to the needs of all participants – *to make sure everyone feels included and valued*. This sense of community helped participants stay actively involved. We had remarkable participations in core study activities such as the cardiac (heart) echo, pulmonary function test (PFT), NP crosswalk, BRACE, and CAT-MH. We retained almost all of our participants in the study over the past six years – *huge kudos to all of you*.

Of note, your participation contributed to important scientific advancements. Since 2019, MWCCS investigators have published over 600 research papers based on the data (surveys and samples, including blood) contributed during your study visits. Some of these findings have influenced policies and guidelines to better support people living with HIV. Let me reiterate again that you are making a huge difference through your contributions.

There is still much work ahead – we would not relent until this epidemic is ended. We recently re-competed the MWCCS grant, and in April of 2026, we will begin a new grant cycle. At our site, the focus of the new cycle will be on healthy aging. We hope to contribute to the promotion of health as our population ages. We will continue to count on your support to build on the progress we have made in previous cycles.

Finally, I want to share some personal news. After 22 wonderful years at Emory, I will be leaving to take on a new role as Physician-in-Chief and Chair of the Department of Medicine at University Hospitals/Case Western Reserve University. While I will continue to engage with the MWCCS, I will deeply miss working closely with all of you as I have done over the past decade. Our success has been a real team effort, and I am grateful for your ongoing support and dedication to the study. *Thank you again for everything you have contributed*. I look forward to staying in touch as we continue this important work.

– Dr. Ofotokun



ATLANTA CAB

Tyrone Baxter

Kelley Joseph

Patsy Sarnor
Secretary

February Brown Hill

Africa McCladdie
National CAB Representative

Joseph Smith
National CAB Representative

Mashanda Burton
Local CAB Chair

D'Angelo Morrison

Kelliann Tucker

The Community Advisory Board serves as representatives of our participant population. Do you have any questions or concerns for your CAB members? Please email them to macswihscs@emory.edu.

H O T O F F T H E P R E S S

FDA APPROVES INJECTABLE LENACAPAVIR FOR PREP

On June 18, 2025, the U.S. Food and Drug Administration (FDA) approved **Lenacapavir** (LEN) to be used as pre-exposure prophylaxis (PrEP). PrEP is a medication that prevents HIV infection for people living without HIV. For those approved for use, LEN will be given as an injection (*shot*) every six months. This is the first medication of it's kind and a significant breakthrough, especially for those who find it harder to take their medication as prescribed.

LEN was first approved in 2022 in the U.S. for people living with HIV whose HIV was hard to manage with standard medications (*due to drug resistance*). To manage the HIV virus, LEN is combined with HIV medications to manage the virus better. Based on how LEN effects the HIV virus for treatment, scientists decided to explore it's ability to prevent HIV.

The Gilead Sciences scientists who made LEN share that the medication is 100% effective in preventing HIV for cisgender women and 96% effective for men who have sex with men and gender-diverse people.

For more information about LEN, please check out the TIME Magazine article at bit.ly/am-lentime.



VISION PROBLEMS AS A CONTRIBUTOR TO LOWER ENGAGEMENT IN CARE AMONG MEN LIVING WITH HIV

Abraham, A. et al. *Ophthalmic Epidemiology*. 2025;32(2):143-152

Participants self-reported their troubles with vision, engagement with care, and how socially connected they are. Based on responses, they were defined as follows:



Vision Problems

- No difficulty on any task
- Some difficulty on at least one task
- Moderate to extreme difficulty on at least one task



Engagement in Care

Measured by ART adherence (*taking as prescribed*), going to medical appointments regularly, and asking questions during visits.

- Not at all
- Once or twice



Social Connections

Measured by how many friends one has for support,

- Poor social connectedness (0-1 friend)



People with moderate to extreme vision difficulty were more than twice as likely not to take medication as prescribed than those with no vision difficulty.

People with any vision difficulty were more likely to avoid necessary healthcare than people without vision difficulty.



To learn more, visit:
bit.ly/amwccsummer21

BACKGROUND (WHY THIS STUDY WAS DONE)

Vision problems and comorbidities (*having two or more chronic health conditions*) are very common among the aging adult population. People living with HIV (PLWH) may have a higher risk of vision problems as they age. Research shows that there are many behaviors and health conditions aging adults with vision problems will experience which include being less engaged in medical care, resulting in a lower quality of life.

WHAT

How do aging PLWH with comorbidities and special health care needs engage in medical care? For this study, engagement in medical care is defined as attending medical visits regularly, asking questions during medical visits, and taking medications as prescribed, including antiretroviral therapy.

WHO

1,063 MACS participants, ages 47-66, who represent men living with and without HIV that completed at least one vision survey from October 2017 to March 2019.

HOW

Participants completed surveys and interviews during visits to determine their vision difficulty, measure their quality of life, determine if they engage in medical care, and describe their social connections.

RESULTS

Researchers found that vision problems lowered the mental and physical quality of life for those with higher vision difficulty, no social connections, and self-reported low mental and physical quality of life. In contrast, those with higher vision difficulty, some social connections, but self-reported high mental and physical quality of life were less impacted by their vision problems.

TAKEAWAYS

Vision problems can be related to one's confidence in managing their health and engaging in medical care. For example, having difficulty reading the instructions on the medication bottle can lead to a person choosing not to take medications as prescribed. Or a person who finds it difficult to travel to medical visits because of their discomfort or inability to see while driving may choose not to attend some or any medical visits. ***Leaning on friends and/or family can be helpful in reading fine print, providing transportation or any general support as needed to confidently manage your health.***



PHYSICAL ACTIVITY, CIGARETTE SMOKING, AND DEPRESSION AMONG PEOPLE WITH HIV

SantaBarbara, N. et al. *AIDS and Behavior*. 2025.

BACKGROUND (WHY THIS STUDY WAS DONE)

Smoking is the leading cause of early and preventable death in the U.S.¹ Research shows that people living with HIV (PLWH) are two to three times more likely to smoke cigarettes and experience depression than people living without HIV (PLWoH). PLWH with depression are twice as likely to smoke than PLWH without depression.

WHAT

For PLWoH, physical activity has proven to help quit smoking cigarettes and reduce depression. Can physical activity also have the same impact for PLWH?

WHO

1,584 MWCCS participants living with HIV; more than half (62%) were women.

HOW

Participants shared their weekly exercise behaviors. Researchers determined if participants were “sufficiently active” or “insufficiently active”. Participants also self-reported their symptoms of depression by completing the Center for Epidemiology Studies Depression Scale.

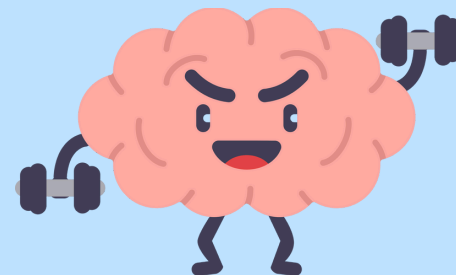
RESULTS

25% of participants were currently smoking, 32% were insufficiently active, and 27% were at risk for depression. Women with HIV who were insufficiently active were more likely to be smokers than women who were sufficiently active. There was no difference seen in men with smoking and physical activity. Both women and men with HIV with more symptoms of depression were more likely to smoke than PLWH with fewer symptoms of depression.

There was no significant relationship found between being insufficiently active and being at risk for depression.

TAKEAWAYS

Being physically active regularly can have an overall positive impact on your health and quality of life. Physical activity may also help you quit smoking, especially for women. You may have some barriers to exercising (for example, no gym membership, etc.), but experts suggest at least 30 minutes of exercise 5 days a week for the best health benefits. Taking a walk is better than not moving at all.



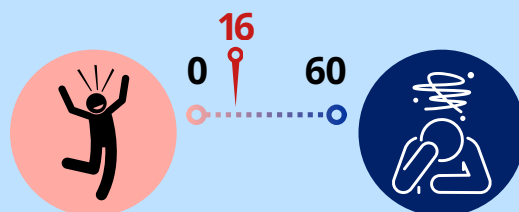
Physical activity is measured by the sum of Metabolic Equivalents (METs). METs are added together for each activity to determine how active a person is.

MET value
(intensity
of activity)

multiplied by


Time (minutes)
spent doing
each activity

Sufficiently Active > 500 METs
Insufficiently Active < 500 METs



Depression is measured on a scale, which ranges from 0 to 60. **Participants with a score of 16 or higher are at risk for clinical depression.**

¹U.S. Department of Health and Human Services (2014). *The Health Consequences of Smoking – 50 Years of Progress*.

To learn more, visit:
bit.ly/amwccsummer22





Creamy Southwestern Caesar Salad

Ingredients:

- ¼ cup plain 2% Greek yogurt
- ¼ cup olive-oil mayonnaise
- 2 tbsp rice vinegar
- 1 tbsp lower-sodium soy sauce
- 1 tbsp sauce from chipotle chiles in adobo
- 2 tsp honey
- 4 cups chopped romaine lettuce (*about 1 head*)
- 1 ½ cups black beans, rinsed and drained
- 1 cup corn kernels
- ½ cup red pepper, diced
- ⅓ cup red onion, diced
- 1 avocado, diced
- ½ cup cotija cheese or queso fresco, crumbled



Photo and recipe courtesy of
Dr. Carolyn Williams' *Meals That Heal*
Find more recipes at bit.ly/cwmeals

Directions:

1. Combine yogurt, mayonnaise, vinegar, soy sauce, chipotle sauce, and honey. Cover and refrigerate until ready to use.
2. Place a skillet over medium-high heat; add corn. Cook 3-5 minutes, stirring frequently until browned or begging to char.
3. Combine lettuce, black beans, corn, red pepper, onion, avocado, and cheese, tossing gently to combine.



CLINCARD: INCOME TAX REPORTING

THE FOLLOWING IMPORTANT INFORMATION IS BEING SHARED TO EDUCATE OF TAX REPORTING REQUIREMENTS. PLEASE SPEAK WITH A TAX PROFESSIONAL FOR QUESTIONS AND CONCERNS ABOUT YOUR PERSONAL TAXES.

Payments for participation in research is considered taxable income for purposes of U.S. federal and state income tax.

Consequently, institutions like Emory are required to report these payments to the Internal Revenue Service (IRS) if total payments made to you by Emory exceed \$599 in any calendar year. These payments are reported via a Form 1099-MISC, Miscellaneous Information.

The fact that payments are being made for an activity that is considered confidential does not exempt the institution from reporting the payments received that can include cash, check, and/ or gift cards.

- **This may impact any public benefits received, as applicable, including Supplemental Nutrition Assistance Program (SNAP) or Medicaid.**
- **Loss of benefits would be based on programs' that have specific income requirements for participation.**

Please contact those programs for more information and be aware that all items you receive that fall as miscellaneous income will be considered in the IRS total determination of income.



ATLANTA MWCCS

2025 CALENDAR OF EVENTS

Thursday, December 11

Holiday Party



DATES TO REMEMBER



October 15
National Latinx
AIDS Awareness
Day



December 1
World AIDS Day

FUN IN THE FALL

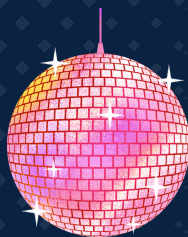
LOCAL EVENTS



September 19 -
November 2

**Pumpkin
Festival**

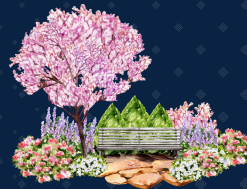
Stone Mountain Park



October 25-26

**ONE
MusicFest**

Piedmont Park



November 15 -
January 11

**Garden Lights,
Holiday, Nights**

Atlanta Botanical
Garden



November 22

**Atlanta Chili
Cookoff**

Brook Run Park



UPCOMING VISITS

Baseline/Annual Visit

**BEFORE YOUR
BASELINE/ANNUAL
VISITS:**



No food or drinks after midnight the day before your visit, **except water**. Drink plenty of water!



Complete full informed consent or re-consent, as needed



Review and update contact information
(for study purposes and ClinCard)



Lab visit
(up to 23 tubes of blood)



Physical exam



GYN exam
(assigned female at birth only)



In-person or computer-assisted interview



Fibroscan of your liver
(liver health)



Frailty assessment
(for participants 40 years and older)



Neuropathy assessment
(nerve damage questionnaire)



Photograph of teeth
(only participants who have not completed)



BrainBaseline Assessment of Cognition and Everyday Function (BRACE)
(completed on iPad)



Computerized Adaptive Test for Mental Health (CAT-MH)
(tests for mood disorders and behavioral health - completed on iPad)

Short Visit



Complete full informed consent or re-consent, as needed



BRACE+
(completed on iPad)
(if not completed during earlier visit)



Lab visit
(up to 23 tubes of blood)



In-person or computer-assisted interview

Questions?

If you have any questions or concerns or need to reach the study staff, please contact us by email at macswihscs@emory.edu or by phone at (404) 616-6150.

