

Men With HPV Found to Be at Greater HIV Risk

BY MICHAEL SMITH

CAPE TOWN, SOUTH AFRICA — Men who tested positive for human papillomavirus had an 80% increase in the risk of contracting HIV, based on an analysis of data collected during the Kisumu, Kenya, trial that examined the role of male circumcision in HIV risk.

That study showed that circumcision reduced the risk of getting HIV by more

than 50%, Jennifer S. Smith, Ph.D., noted at the fifth International AIDS Society conference on pathogenesis, treatment, and prevention of HIV.

As an additional component of the study, researchers collected data on other sexually transmitted diseases, including HPV, she said in a late-breaker session. Samples were taken from the penile shaft and foreskin, and from the glans and coronal sulcus.

“Many [sexually transmitted infections] have been previously found to be associated with increased risk of HIV infection. However, surprisingly few data are available currently on any potential effect of HPV on HIV acquisition risk,” said Dr. Smith of the University of North Carolina, Chapel Hill.

The researchers compared the 42-month risk of HIV seroconversion among 2,168 men, 1,089 of whom were

positive for HPV at the start of the study. High-risk HPV strains, those associated with cancers, were present in 754 men and low-risk strains were seen in 335.

The researchers controlled for the effect of circumcision, the main intervention in the study. They found that the risk for HIV was increased only when positive HPV samples were obtained from the glans. The risk of contracting HIV over the study period was 5.8% in those with positive samples from the glans and 3.7% for men with negative samples from the glans at baseline. The difference was significant at $P = .01$.

The acquisition rates translated into a hazard ratio of 1.8, with a 95% confidence interval from 1.1 to 2.9, Dr. Smith

The virus might induce local cytokines, such as macrophage inflammatory protein-3 and interleukin-8 that could play a role in susceptibility to HIV infection.

said. The risk of contracting HIV was not influenced by the type of HPV isolated.

Dr. Smith said possible explanations for the increased risk include residual confounding because of sexual behavior, or some sort of biological mechanism. The virus might induce local cytokines, such as macrophage inflammatory protein-3 and interleukin-8 that could play a role in susceptibility to HIV infection.

The immunological process of clearing an HPV infection also might bring increased numbers of CD4-positive T cells, the targets of HIV, to sites where they could be infected, she said.

Further, the association might simply be “a marker for [risky] sexual behavior,” said Timothy Farley, Ph.D., of the World Health Organization’s reproductive health department. Dr. Farley chaired the session at which the research was presented. The process of clearing the papillomavirus—which can occur repeatedly—may have some immunological consequences that increase susceptibility to HIV.

“It’s speculation as to what the mechanism might be, but it’s an intriguing one,” he said.

Whether a vaccine approach might affect the risk is also up in the air, he said, noting that current vaccines target the high-risk, cancer-causing strains of HPV, while Dr. Smith’s study showed no difference in HIV risk based on the HPV strain involved.

Dr. Farley noted that another circumcision trial, conducted in South Africa, had also shown an increased HIV risk for men infected with HPV.

The Kisumu study was supported by the National Institute of Allergy and Infectious Diseases. Dr. Smith did not report any conflicts of interest. ■

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PROGRAM DESCRIPTION

The introduction of noninvasive procedures for facial rejuvenation is a relatively recent development in the subspecialty of cosmetic dermatology. As novel procedures and drugs continue to emerge, as the size of the population of Americans over 65 continues to expand, and as public awareness of the availability of these methods continues to grow, demand for facial rejuvenation treatment—already high—will increase. Clinicians who have an interest in aesthetic medicine have an opportunity to help patients who hope to improve their quality of life by reversing some of the effects of both intrinsic and extrinsic causes of facial aging. The products and procedures now available offer safe and effective treatments that yield satisfying results for both patients and clinicians.

This webcast, featuring expert presentations and live patient treatment, is a comprehensive review of injectable dermal fillers and volumizers. These products comprise the arena of treatment known as nonsurgical total facial rejuvenation. This program, presented in a workshop format by leading authorities in dermatology, will review the science of skin aging, cover the advantages and drawbacks of each product currently used in facial rejuvenation, discuss expectations and realistic outcomes, and show, in live patient demonstrations, techniques for identifying treatment zones and injecting various products.

INTENDED AUDIENCE

This activity has been developed for dermatologists, plastic surgeons, and fellows and residents in plastic surgery and dermatology.

EDUCATIONAL OBJECTIVES

On completion of this educational activity, participants should be able to:

- Define the term “nonsurgical total facial rejuvenation” and list the currently available products that constitute the treatment options in this area.

- Explain the processes of both extrinsic and intrinsic facial aging, and discuss how nonsurgical total facial rejuvenation works to counter the effects of these aging processes.
- List and describe the advantages and limitations of each of the products currently used in nonsurgical total facial rejuvenation.
- Assess the treatment zones in individual patients for which various types of injectable fillers and volumizers would be appropriate and determine which treatment options are advisable for each case.
- Communicate effectively to patients the benefits and risks of the various available treatment options, determine their expectations, and educate them about realistic outcomes of therapy.

FACULTY DISCLOSURES

Disclosures are available on the educational webcast, located at www.profilesinfacialrejuvenation.com and www.sdefderm.com.

ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Elsevier Office of Continuing Medical Education (EOCME) and Skin Disease Education Foundation (SDEF). The EOCME is accredited by the ACCME to provide continuing medical education for physicians.

CME CREDIT STATEMENT

The EOCME designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

TERM OF APPROVAL June 2009 – June 2010

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