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UT Southwestern researchers refocus studies on patients with HIV, hepatitis

DALLAS – Oct. 12, 2006 – As HIV patients live longer thanks to advanced therapies, researchers are looking for better ways to treat accompanying maladies such as hepatitis that traditionally were not emphasized.

“People are living longer with HIV now, but then we see people developing complications from liver disease due to hepatitis,” said Dr. Mamta Jain, assistant professor of internal medicine at UT Southwestern Medical Center. “Before we had effective HIV therapy, there was no interest in treating hepatitis C because the thought was the patient would die of AIDS. Well, they’re not dying of AIDS, so we are making an effort to try to treat more patients for hepatitis C.”

Other diseases, such as cirrhosis or hepatocellular cancers, progress faster in co-infected HIV and hepatitis patients. As a result, health-care providers are trying to intervene as early as possible, said Dr. Jain, who specializes in infectious diseases.

Dr. Jain oversees a co-infection clinic at Parkland Memorial Hospital where patients are evaluated for hepatitis and HIV and can participate in clinical trials. Generally, co-infection rates range from 10 percent to 33 percent of HIV patients. Rates run at about 25 percent at the clinic in Parkland, which is the teaching hospital for UT Southwestern.

UT Southwestern has several ongoing clinical trials for which doctors are recruiting potential patients. The latest study involves whether giving hepatitis C, or HCV, medications early on during HIV disease speeds recovery or improves hepatitis therapies.

“We are trying to determine whether we can improve the response to hepatitis treatment with interferon and ribavirin therapy in co-infected patients if we give them these HIV medications early on,” Dr. Jain said. “It may change how we treat hepatitis C or it may change how we treat HIV because it may suggest that we treat HIV earlier.”

Some HIV therapies designed to slow the HIV infection can also slow the spread of the hepatitis B virus, or HBV.

Dr. Jain recently completed a study showing little difference between treating HIV/HBV

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co-infected patients with a single drug as compared to giving two drugs that are used for both conditions – lamivudine and tenofovir.

But the research also hinted at possible evidence that the strain, or genotype, of the hepatitis B virus infecting a patient may indicate which therapies will work better on that individual. The genotype is the genetic code of the virus, and there are eight different genotypes of HBV. The most common genotype in the United States is genotype A, which the study noted responded better to therapy.

“Patients infected with non-A genotypes didn’t seem to respond as well to therapy,” Dr. Jain said.

Further studies will be needed to determine whether genotype truly is a reliable indicator, she said.

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UT Southwestern Medical Center, one of the premier medical centers in the nation, integrates pioneering biomedical research with exceptional clinical care and education. Its more than 1,400 full-time faculty members – including four active Nobel prize winners, more than any other medical school in the world – are responsible for groundbreaking medical advances and are committed to translating science-driven research quickly to new clinical treatments. UT Southwestern physicians provide medical care in 40 specialties to nearly 89,000 hospitalized patients and oversee 2.1 million outpatient visits a year.

Physicians care for patients in the Dallas-based UT Southwestern Medical Center; in Parkland Health & Hospital System, which is staffed primarily by UT Southwestern physicians; and in its affiliated hospitals, Children’s Medical Center Dallas and the VA North Texas Health Care System. Three degree-granting institutions – UT Southwestern Medical School, UT Southwestern Graduate School of Biomedical Sciences and UT Southwestern Allied Health Sciences School – train 4,000 students, residents and fellows each year. UT Southwestern researchers undertake more than 2,500 research projects annually, totaling more than \$340 million.

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