



We CARE

Inside:

A New Home, a New Endowment, a New Direction in HIV Care

Cover Story: "I Just Keep Rolling"

A CARE Clinic patient talks about her bleak past, her bright future, and her reasons for enrolling in one of our clinical trials

Open Clinical Trials at the CARE Center

"So Much to Do"

Screen legend Elizabeth Taylor lends her support to a program to endow the CARE Center and ensure its future

The Physicians of the UCLA CARE Center

Staff Profile: Dr. Margrit Carlson

"I can't imagine doing anything else."



MESSAGE FROM THE DIRECTORS OF THE CARE CENTER

A New Home, a New Endowment, a New Direction in HIV Care

Dame Elizabeth Taylor lends her name to a campaign to ensure a stable and productive future for the CARE Center

These are momentous times for UCLA's Center for Clinical AIDS Research and Education (CARE Center). As we begin the process of moving from our temporary quarters at the UCLA Medical Center into a permanent home south of the campus, we are also launching a campaign to raise \$5 million to create an endowment for the CARE Center—one that will allow us to provide the optimal clinical care that has been our hallmark since the earliest days of the AIDS epidemic, and do so in an environment that affords the kind of comfort and privacy that our patients expect and deserve.

It is our great good fortune that Dame Elizabeth Taylor, perhaps the greatest star of

her personal physician—was instrumental in creating amFAR in 1985, and he played an equally critical role in orchestrating the Elizabeth Taylor Endowment for the Center for Clinical AIDS Research and Education. His involvement behind the scenes in bringing about both of these fruitful collaborations, is the subject of a sidebar article on page 10.

Although our impending move to a new home and our involvement in building the Taylor Endowment have consumed a good portion of our time and energy of late, we continue to see patients—and we continue to test innovative new approaches to treating people living with HIV. One of those approaches—which involves harvesting a patient's own stem cells,

As we begin the process of moving from our temporary quarters at the UCLA Medical Center into a permanent home south of the campus, we are also launching a campaign to raise \$5 million to create an endowment for the CARE Center

Hollywood's Golden Era, has agreed to lend her name, her prestige, and her support to our efforts to establish that endowment. Dame Elizabeth is, quite simply, the world's best known—and most successful—advocate for people living with HIV. Through the American Foundation for AIDS Research, known familiarly as amFAR, and through her own foundation, she has helped raise some \$230 million for medical research into the causes of AIDS and for compassionate care for those living with the disease. Her extraordinary achievements are the subject of the article on pages 8-9 of this debut issue of *We CARE*.

Elizabeth Taylor's longtime friend, Dr. Arnold Klein—who also serves, these days, as

altering their genetic make-up, and infusing the gene-altered cells back into the patient, in the hope that this gene therapy will reduce treated patients' dependence on antiretroviral drugs—is the subject of our cover story, which appears on pages 4–6.

We look forward to providing you with updates on our move, on our success in establishing a fully-funded endowment, and on the results of our gene-therapy trial. *

RONALD A. MITSUYASU, M.D.
Director

JUDITH S. CURRIER, M.D.
Co-Director

Contents

2

A Message from the Directors of the CARE Center

A New Home, a New Endowment, a New Direction in HIV Care
Dame Elizabeth Taylor lends her name to a campaign to ensure a stable and productive future for the CARE Center

4

Cover Story: Advances in Clinical Care

“I Just Keep Rolling”
A CARE Clinic patient talks about her bleak past, her bright future, and her reasons for enrolling in one of our clinical trials

7

Open Clinical Trials at the CARE Center

8

News from the CARE Center

“So Much to Do”
Screen legend Elizabeth Taylor lends her support to a program to endow the CARE Center and ensure its future

10

A Fortuitous Merger
Dr. Arnold Klein, a member of the faculty of the David Geffen School of Medicine at UCLA, facilitated the creation of amFAR—and the Elizabeth Taylor Endowment for the CARE Center

11

About the Elizabeth Taylor Endowment Fund for the UCLA Center for Clinical AIDS Research and Education

12

The Physicians of the UCLA CARE Center

14

Staff Profile

Dr. Margrit Carlson
“I can't imagine doing anything else.”

We CARE

VOLUME 1,
NUMBER 1

A PUBLICATION
OF THE
UCLA AIDS
INSTITUTE

—
STAFF

Edwin Bayrd
Executive Director

Elizabeth S. Withers-
Ward, Ph.D.
Managing Director

Kevin Vickery,
Contributing Editor

Kenneth Hurd
Development Director

Jenny Davidson
Associate
Development Director

Michael Logan
Art Director

Boza Ivanovic
Feature Photographer

“I Just Keep Rolling”

A CARE Clinic patient talks about her bleak past, her bright future, and her reasons for enrolling in one of our clinical trials

Betty Knox thinks she is an incredibly lucky woman. You might well wonder how she could reach such a conclusion, given that Betty lives alone in Compton, half the country away from her mother and her grown children—and given that Betty tested positive for HIV in January of 2001, shortly after she moved to Los Angeles.

But there’s much more to Betty Knox’s story than those bare facts, and the best place to get that story is where we did: from Betty herself, a warm, gregarious, self-sufficient, upbeat, and astonishingly candid patient at UCLA’s Center for Clinical AIDS Research and Education.

Betty grew up on the mean streets of South Chicago, in the years before President Lyndon Johnson’s War on Poverty had begun to have an impact on crime-ridden, drug-saturated life in one of the nation’s largest black ghettos. Betty’s father was an abusive drunk, and her mother did what she could to keep the family together. Betty was the good child, the one who excelled in school and stayed out of trouble—which freed her mother to focus her attention on Betty’s siblings, who got marginal grades and got into scrapes.

For Betty’s overtaxed, overextended mother, this amounted to a kind of domestic triage: she concentrated on the problem children, and left the one who seemed to present no problems to fend for herself. Betty puts it this way: “I never got the hug.” Years later, when Betty had developed her share of problems, she asked her mother about the embraces she never got, the praise she never received. Her mother could only say, “I assumed you knew how I felt.” At some level, Betty says, she did know. But even so, she wishes she had gotten a hug or two, back then. She thinks it might have made a difference.

Betty’s luck began to change when she moved to Los Angeles toward the end of 2000, to begin a new job. Initially, her luck

bottomed out: she agreed to take an HIV test as part of the physical exam that all new employees were offered... and she tested positive. In retrospect, the results of that test were not a complete surprise to Betty, whose health had been marginal for several years. As she says, “I got infections all the time.” A number of these infections landed her in Cook County Hospital in Chicago, where she was treated for chlamydia infections and had a biopsy for possible liver disease.

Shortly after Betty moved to Los Angeles, her mother called to say that Cook County Hospital was trying to get hold of her. They wouldn’t say why, and Betty didn’t call them back. After January of 2001 she didn’t need to return those calls; she knew why the hospital in Chicago had been trying to reach her. “I had been fooling myself,” she now says, “but when they hold me I was HIV-positive, well, I knew what time it was.”

It was time for her to get her life squared away—and she did. “At first, I thought what everyone thinks: I’m going to die. But then I got referred to the Minority AIDS Project, where I met people who had been living with HIV for 22 years. After that, I was fine.” For a while, Betty was fine without taking antiretroviral medications, but by the spring of 2003 her helper T-cell count had dropped to the point where her doctor, Ardis Moe, recommended that Betty begin taking a combination of drugs to kill the virus in her body.

Dr. Moe saw Betty at a community clinic near the Magic Johnson Theaters in South-Central Los Angeles, but because Dr. Moe is also member of the staff of the CARE Center, she was in a position to counsel Betty about the advantages of enrolling in one of the many clinical trials being conducted at the Center. (For a list of current trials, see the box on page 7.)

One trial, conducted by Dr. Ronald Mitsuyasu, the director of the CARE Center,



had a particular appeal to Betty—for two reasons. The first was that it would allow her to stop taking her antiretroviral medications, at least for a time. The second reason was that there was a chance that the study might reveal physiological differences in how women respond to antiretroviral therapies compared to men. Betty recently turned 46, and like many HIV-positive women her age, she is facing the prospect of entering the menopause on a multidrug antiretroviral regimen. “What will that be like?” Betty wonders. She thinks her participation in Dr. Mitsuyasu’s trial may help provide some answers. “We’ve *got* to help the women,” she declares with the passion of a recent convert.

The real question that this trial is seeking to answer is whether gene therapy can provide an alternate means of controlling HIV infection, and eliminate the need for daily multidrug therapy. The concept behind gene therapy is as simple as the technique itself is complex: a particular type of cell, known as a hematopoietic stem cell, is filtered out of the patient’s blood. Once a sufficient number of these cells have been collected, a new component is introduced into the cells, altering their genetic makeup—hence the term “gene therapy.” In this instance, the new component functions very like a pair of garden shears: every time the genetically-altered cell encounters HIV, it cuts the virus in two.

If the clinical study that Betty Knox has elected to participate in succeeds, she will be able to stop taking her anti-HIV medications. If the study fails, Betty will be able to resume taking the drugs that have successfully eliminated most of the virus in her body.



Like all the participants in the CARE Center's gene-therapy trial, Betty is being closely monitored throughout the study, and is being compensated for her travel from her home in Compton to UCLA's Westwood campus.

These genetically-altered cells are then reintroduced into the patient's blood stream. Wherever they go, they carry their new, HIV-killing capability with them, and when they multiply, they produce new cells with that same capacity.

That's how gene therapy works, in theory. The CARE Center study that Betty Knox chose to enter is the one of the first clinical trials to test this novel hypothesis in patients. If the study succeeds completely, Betty will be able to stop taking her anti-HIV medications forever. She will remain infected, of course, but she will no longer have to remember to take pills several times every day, and she will be spared the toxic side effects of those drugs.

If the study is partially successful, Betty will need to go back on her medications at some point, but it may be possible for her to go for long periods without taking those drugs. And—importantly—if the study fails, Betty will retain the option of resuming the three-drug regimen that has successfully eliminated most of the virus in her body.

Like most of the clinical studies being conducted at the CARE Center, this trial is randomized—which means that some of the participants get the treatment, and some do not. Randomization affords the researchers a bias-free way of gauging the effectiveness of the experimental treatment. The Center's gene-therapy trial is also double-blind—which means that neither the participants

nor the doctors themselves know which patients are actually being treated.

In the first phase of the study, Betty received five days of treatment with a drug called G-CSF, or Neupogen®, which encouraged her bone marrow to produce lots of extra stem cells. At the end of that period Betty's freshly made stem cells were collected over a two-day period.

Three days later the patient's cells, with or without the genetic modification, are transfused back into the patient. Twenty-four weeks after this infusion of stem cells, antiretroviral therapy is stopped completely for four weeks. Patients are then placed back on their antiretroviral therapy for 12 more weeks, after which therapy is again stopped, this time for at least 8 weeks, to see what effect the gene therapy has had on controlling HIV.

Betty is roughly halfway through this process. She has received an infusion of cells, dutifully taken her anti-retroviral medications for 24 weeks, had a four-week “vacation” from therapy, and is midway through her second, 12-week drug-treatment phase. Like all of the participants in this study, she has been monitored closely throughout these treatment interruptions, and she has been compensated for travel to and from the CARE Center, and for the inconvenience of making weekly trips to UCLA's Westwood campus. To hear Betty tell it, the long trip from Compton to Westwood isn't that much of an inconvenience: “They've got that Rapid bus now, and when the Rapid is rolling, I just keep rolling with it.”

It's too early to tell if Betty actually got the gene therapy, and of course it's too early to tell if the therapy will work—and, if it does, how well it works. (We plan to update you, in a future issue of *We CARE*, on the results of this study, and on how Betty is doing.) Betty is hopeful, but on therapy or off, she plans to be around for a long time. For the first time in several decades, she is making specific plans for her future, and to that end she has just gotten a certificate in medical billing and coding from El Camino College. She may end up working in your doctor's office. If you run into her there, give her a big hug from us. We think she deserves a million of them. ★

Clinical Trials at the CARE Center

If you are interested in participating in one of the many clinical trials available to CARE Center patients, please call the UCLA CARE Center Trials Screening Service at (310) 206-6414. We are currently enrolling patients in the following studies:

Antiretroviral Therapies for Treatment-Experienced Patients:

ACTG 5126: A study that measures therapeutic drug levels and uses those measurements to predict the effectiveness of ritonavir-enhanced protease inhibitors for those who have failed protease inhibitor therapy in the past.

ACTG 5146: A study to see whether therapeutic drug-level monitoring will improve the outcome for treatment-experienced patients. The study provides a phenotype and at least one drug-level test.

ACTG 5165: A study using a new nucleoside reverse-transcriptase inhibitor (DAPD) and another new drug, mycophenolate mofetil (MMF), as an enhancement for nucleoside-based therapy, for those who have viral loads above 2000 copies and CD4 counts at 100 cells or above.

To Combat Opportunistic Infections:

ACTG 5092: A study to see whether ribavirin interacts with Zerit® or AZT when used to treat hepatitis C.

ACTG 5178: Uses anti-hepatitis C medications long-term to treat individuals who are co-infected with HIV and hepatitis C.

Immune-Based Therapy and Gene Therapy:

ACTG 5132: Uses IL-2 and Structured Treatment Interruptions to enhance HIV-specific immunity.

PROCRIT: Uses Procrit® to boost immune function in those with HIV and anemia.

Bayer: A study of the safety and effectiveness of a new formulation of IL-2.

JJR: A study to determine if gene therapy will protect T-cells from new HIV infection in HIV-positive individuals.

Beta Blocker: Tests whether beta-blockers can inhibit HIV-1 viral replication in HIV-positive individuals.

ACTG 5197: Gauges the effects of a therapeutic vaccine and Structured Treatment Interruptions on an individual's viral load.

Neurology and Other Complications:

**ACTG 5090:* A study using selegiline in a patch form (instead of orally) to determine if this delivery mode will be effective in treating HIV-associated memory loss and concentration problems.

**NNAB:* National Neurological AIDS Bank, A study of AIDS and the brain: contact (310) 473-5500.

Prosaptide: A study using an experimental drug for the treatment of neuropathy in HIV-positive individuals.

Metabolic Complications:

Lipoatrophy:

**Zerit Study:* A study of stavudine (Zerit®) levels inside cells and their relation to body-shape changes.

HARS: A study using human growth hormone to treat lipodystrophy (an accumulation of fat in unusual areas of the body).

Cholesterol/Heart Health/Other Metabolic Complications:

ACTG 5186: A study to evaluate the effectiveness of dietary fish oil on high triglycerides in those with HIV currently on HAART.

ACTG 5163: A study, for men only, to evaluate a treatment for reduced bone density.

Coming soon:

New HIV medications for mid-range salvage; a new study for treatment-naïve patients; and many more.

** Denotes that Informed Consent is provided in Spanish as well as English.*

Join the UCLA CARE Center Community Advisory Board and have a voice in designing trials and recruiting patients for those studies.

Call us at (310) 206-6414 for more information.

“So Much to Do”

Screen legend Elizabeth Taylor lends her support to a program to endow the CARE Center and ensure its future

Elizabeth Taylor has always been there. At the very beginning of the AIDS epidemic, before we knew what caused the terrible dying, before we could do much more than stand by and watch it happen, she was there. It was 1985, and Rock Hudson, her co-star in “Giant,” was not only dying, he was dying transformed: this Hollywood paragon of masculine beauty appeared to have aged two decades in the two years he had been out of the public eye. He was gaunt, hollow-eyed, tottering, spectral.

The effects of Hudson’s illness were new to us then, and they were heartbreaking. Within a few years they would become horrifyingly familiar, but in 1985 they were simply horrifying. Some shied away, but Taylor was not one of them: she took Hudson’s hand when they appeared in public, and she took up his cause with Congress.

She spoke with passionate conviction about the need for a crash program to develop effective treatments for all those suffering from this mysterious affliction. She called for a massive research effort to extinguish this modern plague, and she reminded her listeners that blunt talk would be a necessary part of any program to teach people about how to avoid contracting this sexually-transmitted disease. “It’s bad enough that people are dying of AIDS,” she declared, “but no one should die of ignorance.”

Taylor’s testimony was received with respectful deference, and afterwards pictures were taken: the legendary star with this Senator and that Congressman. Autographs may have been signed that day... but no legislation was signed—not that day, or that year, or that decade. Indeed, Ronald Reagan made no public reference whatsoever to the burgeoning epidemic during his first term as President.

Someone needed to fill that leadership vacuum—and that someone was Elizabeth Taylor. As the national chair of the American Foundation for AIDS Research, she spearheaded a global fund-raising effort that has, to date, raised more than \$220 million in

voluntary contributions from individuals, foundations, and corporations—funds distributed in the form of research grants to more than 2,000 investigators worldwide.

amFAR, as the foundation is universally known, came into being shortly before Rock Hudson died, through the amalgamation of two slightly older foundations, the New York-based AIDS Medical Foundation, headed by Dr. Mathilde Krim, and the National AIDS Research Foundation, incorporated in California. Taylor’s longtime friend Dr. Arnold Klein presided over the creation of this bi-coastal entity, and he recollects that the birth of the new foundation was not an altogether easy one (see sidebar on page 10). The first major grant to amFAR came from Hudson himself—who made a quarter-million-dollar gift to NARF shortly before the merger, and who died shortly before the first amFAR research grants were distributed.

By the time Hudson died, in October of 1985, it had been slightly more than four years since Dr. Michael Gottlieb, a young researcher at UCLA, first described the syndrome that we now know as AIDS. In those four years, what had first seemed to be a novel cluster of cases of profound immune suppression in young, otherwise healthy gay men had metastasized into a global epidemic, with a total of 15,527 confirmed cases of AIDS reported in 51 countries. Grim as those statistics were, another was grimmer still: all but 3,002 of those patients had died, and the expectation was that the rest would soon follow them.

The medical establishment quailed at these figures. AIDS appeared to be what epidemiologists call a “slate-clearer”—a plague that kills everyone it infects, that is as deadly as it is unstoppable. It was easy to become disheartened in those days, and in some ways it is a bit surprising that Taylor never did, given how intensely involved she was from the first. Then again, she once



Dame Elizabeth Taylor, Dr. Michael Gottlieb, and Dr. Mathilde Krim announce the creation of the American Foundation for AIDS Research in September 1985.

said, “Ever since I was a little girl, I believed I was a child of destiny.” And it soon became clear—to Taylor herself, and to all those around her—that leading the crusade to conquer AIDS was her destiny, every bit as much as those twin Oscars had been. “AIDS is both my passion and my obsession,” Taylor declares. “I was there at the beginning, and I pray I’ll be there at the end.”

Taylor is indelibly associated with amFAR, but she is equally committed to the Elizabeth Taylor AIDS Foundation, which has distributed more than \$8 million to AIDS organizations around the world. You might say that she has rallied support and raised money at both ends of the continuum of need: amFAR funds medical research, and Taylor’s own foundation funds on-the-ground care for people living with HIV. If her involvement in the long campaign to contain the AIDS epidemic ended there, she would be, quite simply, the most successful AIDS activist in the world.

But fortunately for us, her involvement doesn’t end there. When Taylor learned, through her personal physician Arnold Klein, now a Professor of Medicine and Dermatology at the David Geffen School of Medicine at UCLA, that the CARE Center needed to find a new home off campus, and needed to establish an endowment to ensure its future, Taylor unhesitatingly agreed to lend her name to that effort (see sidebar on page 11). If Taylor has a life philosophy, it may perhaps be summed up in something she said many years ago, in another context: “So much to do, so little done, such things to be.”

That is an activist’s haiku, and it explains why Dame Elizabeth has entered the lists again, this time on the side of the Center for Clinical AIDS Research and Education. As its name implies, the CARE Center is much more than an HIV clinic. It conducts crucial tests of new therapies, new treatments for the infections that are associated with advanced HIV disease, and groundbreaking new approaches to eradicating the virus from infected individuals. (For a list of the CARE Center’s current clinical trials, see page 7. The cover story in this issue of *We CARE* describes the experience of one participant in one of those trials.)

In a way, Elizabeth Taylor’s commitment to ensuring the CARE Center’s future—and continuity of care for the Center’s thousands of patients—is another exercise in bridge-building. In the same way that amFAR linked research efforts on the East and West coasts, the work being done by the CARE Center links laboratory research to community-based clinical care. The Center’s new quarters will be southeast of UCLA (see map on back

“AIDS is both my passion and my obsession. I was there at the beginning, and I pray I’ll be there at the end.”

cover), but the clinical studies that are being conducted by the staff of the CARE Center will potentially affect the lives of people living with HIV in every corner of the globe.

It isn’t really fair to quote a character than an actor has portrayed, as if the actor and the character spoke with one voice—and it is probably especially unwise to quote Gloria Wandrous, the no-better-than-she-ought-to-be party girl that Taylor played in “*Butterfield 8*,” because Taylor is on record as despising that particular film, even though she won her first Academy Award for it. But Gloria Wandrous and Elizabeth Taylor do have one thing in common—a conviction that they are absolutely unique individuals. And so when Gloria says “I’m not like anyone—I’m me,” it’s easy to imagine that the declaration, as well as the voice, is Elizabeth’s. She’s not like anyone else. When no one else was there, she was there... and we are all better off for that. ★

A Fortuitous Merger



Dr. Arnold Klein, a member of the faculty of the David Geffen School of Medicine at UCLA, facilitated the creation of amFAR—and the Elizabeth Taylor Endowment for the CARE Center

Dr. Arnold Klein and Elizabeth Taylor go way back—so far back that it is hard for either of them to remember when their lives weren't intertwined. They were good friends long before they helped bring amFAR into existence at Klein's home under the guidance of Matilde Krim, but their fast friendship was tempered and annealed by that experience. Klein is a dermatologist, and so it fell to him to diagnose some of the very first cases of AIDS-related Kaposi's sarcoma seen in Los Angeles, in the early 1980s. In those dreadful days, the raised purple skin lesions that are the hallmark of KS were the stigmata of AIDS—immediately identifying the hapless bearer as yet another victim of what was then known, informally, as the gay plague.

Klein knew UCLA physician Michael Gottlieb, whose report on a cluster of cases of what appeared to be *acquired* (rather than innate) immune deficiency was the first description of AIDS to appear in the

on a global scale. Under the circumstances, it made eminent sense to fold two coastal foundations into one national organization, and a meeting to effect that merger was convened in Los Angeles—a very civilized dinner at the home of actor Danny Kaye. In deference to their celebrated host, the participants bit their tongues and kept their competing demands off the table.

Subsequent meetings were less amicable, and Klein remembers a particular breakfast meeting, at his house in Hancock Park, that involved a certain amount of shouting. Sensibly, the participants agreed to take a break from the negotiations and stroll through Klein's gardens. Less sensibly, they reconvened before the benefits of the stroll had taken effect—and, as Klein puts it, “we all screamed at each other some more.” But by the end of the day they had shaken hands, and amFAR was a reality.

Elizabeth Taylor agreed to serve as the national chair and official spokesperson

Klein and Gottlieb were key members of an informal national network, of self-taught AIDS experts from a dozen medical disciplines, that evolved in the early 1980s.

medical literature. The two UCLA alumni were key members of an informal national network, of self-taught AIDS experts from a dozen medical disciplines, that evolved in the early 1980s in direct response to a rapidly mounting case load. Klein knew virtually every physician in the country who was seeing a significant number of AIDS patients, and so he was in a unique position to broker the 1985 merger of the Los Angeles-based National AIDS Research Foundation, of which both he and Gottlieb were members, and New York's AIDS Medical Foundation, headed by Dr. Mathilde Krim.

By 1985 it was apparent to everyone who was, like Klein, embroiled in the desperate effort to figure out how to treat AIDS patients that this was anything but a gay plague: it was now claiming victims from all walks of life, and it was doing so

for the new organization—a role, as it turned out, that she was born to play. She, Mathilde Krim, and Klein all remain involved with amFAR, almost two decades later, and it is a point of pride with Klein that many of the other members of the original board of directors of amFAR still serve the organization itself or its national council. That honor roll includes Warren Beatty, David Geffen, Phil Donahue, Barbara Streisand, George Hamilton, Burt Barharach, Carole Bayer Sager, Jonathan Canno, and Wallace Sheft.

A happy footnote: The Elizabeth Taylor Endowment Fund for the UCLA Center for Clinical AIDS Research and Education is also the product of a mealtime meeting at Arnold Klein's house in Hancock Park. This time there was no shouting, but the outcome was equally inspiring. ★

ABOUT THE ELIZABETH TAYLOR ENDOWMENT FUND FOR THE UCLA CENTER FOR CLINICAL AIDS RESEARCH AND EDUCATION

The mission of the UCLA CARE Center is to facilitate a broad program of clinical, behavioral, and prevention research in HIV, and to develop and evaluate new and innovative treatment approaches for HIV, HIV-related diseases, and the complications of therapy.

To accomplish this mission, the CARE Center has established the following goals:

- * To create a world-renowned clinical research center that will conduct clinical investigations and clinical trials in all areas of therapeutic research related to HIV disease.
- * To maintain a multidisciplinary outpatient clinic dedicated to providing state-of-the-art care to patients with HIV and related diseases.
- * To provide consultation, education, and training in HIV/AIDS for the UCLA community, treatment providers, patients, AIDS service organizations, and the general community with regard to HIV treatment and research.

The Vision for a New UCLA CARE Center

Our vision includes developing a dedicated facility for providing high-quality patient care and state-of-the-art research for HIV infection in a multidisciplinary clinic.

We have identified a new space in West Los Angeles for the CARE Center.

Benefits to having this new space include:

- * Private facility
- * Multiple specialized clinical services under one roof
- * Centralized location
- * Convenient parking

Our goal is to establish an endowment that will generate annual operating revenue to support this vision.

The Elizabeth Taylor Endowment Fund for the UCLA CARE Center

Friends of Dame Elizabeth Taylor have stepped forward to help us facilitate the establishment of a \$5-million endowment to create the Elizabeth Taylor CARE Center within the David Geffen School of Medicine at UCLA, celebrating Dame Taylor and her global advocacy for those living with HIV.

Leadership Council Membership Levels

\$1,000 - \$9,999

- * Listed as Annual Member on Donor Wall
- * Listing in CARE Center and AIDS Institute Publications
- * Invitation to CARE Center Dedication Ceremony
- * Special Invitations to AIDS Institute and CARE Center Events

Additional benefits for higher giving levels:

\$10,000 - \$49,999

- * Listing on Donor Wall

\$50,000 - \$99,999

- * Permanent Listing on Donor Wall
- * Permanent Listing in CARE Center and AIDS Institute Publications

\$100,000 - \$249,999

- * Permanent and Prominent Recognition on Donor Wall in Clinic

\$250,000 or more: Founding Member

- * Permanent Membership and Recognition on Appropriate Publications and Letterhead as Founding Member

Commitments of \$25,000 or more are payable over 5 years.

Please contact Jenny Davidson at (310) 267-1855 or jdavidson@support.ucla.edu for more information.

The Elizabeth Taylor Endowment Fund for the UCLA CARE Center Honorary Committee*

*Dr. Arnold Klein,
Founding Chair*

*Wallis Annenberg
Bob Daly and
Carole Bayer Sager
Frank Gehry
Ambassador
James Hormel
and Tim Wu
Quincy Jones
Bruce Karatz
Sherry Lansing and
William Friedkin
Shirley MacLaine
Mrs. Lew Wasserman*

**as of August 2004*

The Physicians of the UCLA CARE Center



**Ronald A.
Mitsuyasu, M.D.**

Ronald A. Mitsuyasu, M.D.

*Director of the Center for Clinical AIDS Research and Education at UCLA (CARE)
Professor of Medicine in Residence at the UCLA David Geffen School of Medicine
Associate Director of the UCLA AIDS Institute*

A graduate of UC Berkeley, Dr. Mitsuyasu went on to receive an M.D. degree from the UCLA School of Medicine in 1978. He completed his residency in Internal Medicine at Rush University in 1981, and a fellowship in Hematology-Oncology at UCLA in 1984. He joined the UCLA faculty in 1984 in the Division of Hematology-Oncology, and is an expert on immune-based therapies for HIV and on AIDS-related malignancies. He is a major investigator of the role of interleukin-2 and other cytokines and vaccines as treatments for HIV. He is a pioneer in the clinical evaluation of gene therapy for HIV and is the principal investigator for an international Phase III gene-therapy study, which is the first of its kind. He has research and clinical background in hematology-oncology as well as in immunology and immunotherapeutics. In addition, he is the current chair of the AIDS Malignancy Consortium (AMC), which is a collaborative network funded by the National Cancer Institute (NCI) to conduct clinical trials in subjects with AIDS-related malignancies.



**Judith S.
Currier, M.D.**

Judith S. Currier, M.D.

*Associate Director of the Center for Clinical AIDS Research and Education at UCLA (CARE)
Professor of Medicine in Residence in the Division of Infectious Diseases,
Department of Medicine
Associate Division Chief for Infectious Diseases
UCLA David Geffen School of Medicine*

Dr. Currier is trained both in Infectious Diseases and Clinical Epidemiology, and her research interests include the treatment and prevention of complications of antiretroviral therapy, gender-related issues in HIV therapy, and the clinical testing of HIV vaccine candidates.



**Peter A.
Anton, M.D.**

Dr. Currier has been involved in the design, conduct, and analysis of clinical research studies through the NIAID-funded AIDS Clinical Trials Group program, and through industry-funded studies. Dr. Currier is the Principal Investigator for the UCLA AIDS Clinical Trials Unit and a member of the Executive Committee of the group. She is currently leading a large multi-center clinical trial to evaluate the incidence of subclinical atherosclerosis in HIV-infected adults within the ACTG. Dr. Currier is also involved in the design and training for two international studies on the use of antiretroviral therapy in resource-poor settings. This includes a study to evaluate the impact of prior receipt of a single dose of nevirapine as prophylaxis (to prevent mother-to-child transmission of HIV) on subsequent response to antiretroviral therapy in women. Ongoing collaborations with two clinical sites in Brazil are a part of the UCLA AIDS Clinical Trials Unit. In addition to her activities within the ACTG, Dr. Currier is currently the principal investigator for the NIH-funded study, Fat Redistribution and Metabolic Abnormalities, a multi-site study investigating the emerging complications of antiretroviral therapy.

Since arriving at UCLA in 1998, Dr. Currier has become involved in clinical HIV vaccine research. She is currently the Principal Investigator for two studies evaluating novel vaccine candidates. In addition, she has collaborated with Drs. Chen and Grovit-Ferbas on the development of a heat-inactivated HIV pseudovirus vaccine that will be tested at UCLA in the next two years.

Peter A. Anton, M.D.

*Associate Professor of Medicine, David Geffen School of Medicine at UCLA
Director of the UCLA Center for HIV and Digestive Diseases
Co-Director of the Inflammatory Bowel Disease (IBD) Center at UCLA*

Dr. Anton is a member of the Division of Digestive Diseases, the CURE Center for Gastroenteric Biology, and the UCLA AIDS Institute. Dr. Anton is active in the NIH-sponsored AIDS Clinical Trials Group

(ACTG) Mucosal Immunology Focus Group and is involved in the group's efforts to clarify the role of various compartments in HIV pathogenesis. Dr. Anton graduated magna cum laude from Harvard University in 1977 and received his M.D. from Case Western Reserve University in 1983. He did fellowship work at the Cholera Hospital in Bangladesh in 1983 and spent 1981 in a fellowship in pathology at Cleveland's Institute of Pathology. He performed his internship and residency in internal medicine at Brigham and Women's Hospital in Boston, Massachusetts. Dr. Anton began in his work at UCLA in 1986 with a Gastroenterology Fellowship and has been on faculty since 1989.

Margrit Carlson, M.D.

*Clinician, Center for Clinical AIDS Research and Education at UCLA (CARE)
Assistant Clinical Professor of Medicine at the UCLA David Geffen School of Medicine*

Dr. Carlson is currently conducting a variety of clinical trials through the Center for Clinical AIDS Research and Education. She is responsible for the primary care of HIV-infected adults and for the education of house staff in the care of persons with HIV, both at UCLA and a community-based clinic. Her research interests include the neurologic complications of HIV, novel therapies, and treatment of acute infection. Among her ongoing clinical trials are a Phase III comparison of three protease-sparing regimens for initial treatment of HIV, and a Phase III comparison of nucleoside-sparing regimens in treatment-naïve patients

Ross Cranston, M.D.

Clinician, Center for Clinical AIDS Research and Education at UCLA (CARE)

Dr. Cranston graduated from the University of Edinburgh Medical School. He completed an Internal Medicine residency in Edinburgh and a subsequent Fellowship in HIV and sexual health at Guys and St. Thomas' Hospital in London with an intercalated

sabbatical research fellowship in HPV/anal dysplasia at UCSF in San Francisco. His research interests are anal dysplasia, HIV/STD interactions, and sexual health.

Matthew Leibowitz, M.D.

*Clinician, Center for Clinical AIDS Research and Education at UCLA (CARE)
Assistant Clinical Professor of Medicine at the UCLA David Geffen School of Medicine*

Dr. Leibowitz completed his clinical fellowship in Infectious Diseases at UCLA and is completing a doctorate in the Department of Epidemiology in the UCLA School of Public Health. His research focus is immunology and prognostic markers in patients with HIV infection and multidrug-resistant virus. As a recipient of a CDC STD Faculty Expansion Program Award, he is developing curricula and clinical rotations for medical students and residents to improve training in diagnosis, treatment, and prevention of sexually-transmitted diseases as well as collaborating with the L.A. County Department of Health Services in STD clinical and epidemiologic research. He provides primary care for patients with HIV infection in the CARE Clinic. He also sees general hospital patients with infectious disease, including those whose infections are related to organ transplantation.

Ian McGowan, M.D., Ph.D.

*Associate Professor of Medicine
Department of Medicine, Division of Digestive Diseases
UCLA David Geffen School of Medicine
Co-Director, UCLA Center for HIV and Digestive Diseases (CHADD)*

Dr. McGowan was recently appointed Chair of the NIH-funded HIV Prevention Trials Network (HPTN) Microbicide Working Group, overseeing all HPTN-funded microbicide studies. He trained in HIV medicine and gastroenterology in the United Kingdom and has a Ph.D. in mucosal immunology from Oxford University. He has published more than 30 articles on various aspects of HIV-associated mucosal disease.



**Margrit
Carlson, M.D.**



**Ross
Cranston, M.D.**



**Matthew
Leibowitz, M.D.**



**Ian McGowan,
M.D., Ph.D.**



**Ardis A.
Moe, M.D.**

Prior to taking his post at UCLA, he held a number of positions in the pharmaceutical industry related to the development of antiretroviral therapies. Dr. McGowan's current research focuses on the management of HIV-associated gastrointestinal disease, the mucosal pathogenesis of HIV infection, and microbicide development.

Ardis A. Moe, M.D.

*Clinician, Center for Clinical AIDS Research and Education at UCLA (CARE)
Assistant Clinical Professor of Medicine at the UCLA David Geffen School of Medicine*

Ardis Moe did her residency and Chief Residency at LAC/USC Medical Center and was an Infectious Disease fellow on an NIH-sponsored AIDS Training Grant at UCLA. She has a dual appointment as an AIDS specialist physician at UCLA and at a Ryan White-funded HIV clinic in South-Central Los Angeles. She is interested in complications of HIV and HIV therapies, hepatitis C, and research in women with HIV. Her current research projects include a trial of treatment options for lipodystrophy due to HIV medications, studies of hepatitis treatment in HIV/hepatitis C co-infected adults, and organ transplantation in HIV.

Elyse Singer, M.D.

Associate Professor of Neurology at the David Geffen School of Medicine at UCLA

Dr. Singer completed her B.A. at the State University of New York at Buffalo and her M.D. at the University of South Alabama College of Medicine. She did her adult-neurology residency at the combined VA-UCLA program, and then went on to complete fellowships at UCLA and at the National Institutes of Health. She has been treating the neurological complications of HIV and conducting neuro-AIDS research in Los Angeles since 1987. She is currently the Principal Investigator of the National Neurological AIDS Bank grant. *

STAFF PROFILE

Dr. Margrit Carlson

A typical Friday afternoon finds Dr. Margrit Carlson alone in her office, dealing with scores of e-mails that have accumulated throughout the day. For every one she opens, at least one more arrives. "You have mail!" her computer chimes, and chimes again "You have mail!" Dr. Carlson deals with each new message with equal care and attention, a meticulous eye absorbing the details, her mind already working out how to deal with this request for information, that query from a colleague.

Like many physicians in her field, Dr. Carlson finds herself balancing the needs of patients, funding, paperwork, a mutating virus, and a healthcare system that is also constantly changing against the most elusive resource of all, time. To an outside observer, the volume of work appears insurmountable, but that doesn't seem to phase Dr. Carlson: "I can't imagine doing anything else," she says—and she says it so matter-of-factly that the subject is closed before it is really open. Spend even a short time with Dr. Carlson and it is soon clear that this is what she was meant to do, this is her passion. She heard her calling... and heeded it.

Originally from Oakland, Dr. Carlson completed her residency and fellowship at UCLA and, as she puts it, "I just naturally went into HIV care." That made sense to her because she was interested in infectious disease from the first—and HIV is the ultimate infectious disease: an infection that results in other infections, some of them so rare that few physicians had ever seen them, before the onset of the AIDS epidemic. "I've never been able to pin down why something like geriatrics never appealed

to me,” Carlson says. She may be a bit baffled, even today, about why geriatrics didn’t appeal to her, but the patients she sees at the CARE Center are endlessly grateful that it didn’t.

Dr. Carlson’s commitment to patient care has made her one of the most recognizable faces at the UCLA CARE Center, where she has been seeing, on average, a dozen patients a day, four days a week, since 1994. “A lot of work goes into the optimal clinical management of each patient,” she observes. “I have patients with complex medical problems *and* complex social problems, and it’s a constant fight to allocate adequate time to take good care of them—*and* take care of the paperwork that’s involved in providing that care. Getting prior authorizations from insurance companies for medications and procedures, reevaluating the patients’ medications, hearing about new problems, communicating with other specialists about those new problems—all of these things take time.”

However, these challenges don’t distract Dr. Carlson from her life’s work—they reinforce her commitment to making a difference in the lives of her patients. And make a difference she does. If you want to get a sense of how much of a difference she makes, go grocery shopping with her. As she wheels her cart through the aisles of the vast Pavilions supermarket on Santa Monica Boulevard in West Hollywood, she is hailed again and again by longtime patients. The greetings are warm and effusive. The men she meets wish her well. She wishes them well. And she moves on to another aisle.

She says, of these encounters, that she never presumes that her patients will want to acknowledge her in public—because there is so much stigma attached to being gay, and to being HIV-positive. “I feel like I’m invading their private life, so I wait for them to speak first. But whether we chat in the aisle or not, it is nice to see them there, functional, healthy, doing something that most of us take for granted: living their lives.

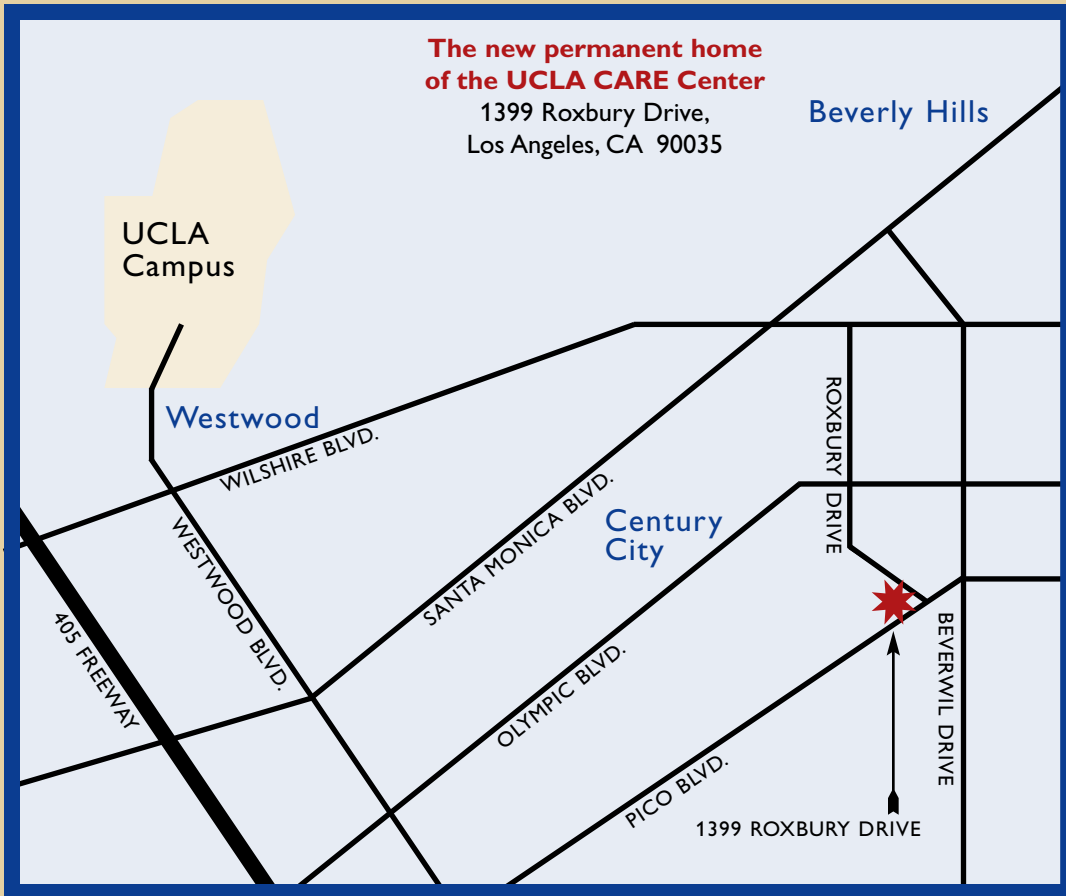
For me, there is an extraordinary richness in those moments I share with them.”

It is not uncommon for CARE Center physicians to see HIV-infected patients for years, even for decades. (Dr. Ronald A. Mitsuyasu, the director of the CARE Center, has been following some patients since the first days of the epidemic.) These open-ended relationships evolve, over time, into very special partnerships, as patient and physician traverse the unpredictable landscape of HIV disease together. And as Dr. Carlson notes, these partnerships, like all effective partnerships, often generate an extraordinary degree of trust, candor, and intimacy. “What we talk about is different from what patients typically talk about with their primary care providers. With my

What we talk about is different from what patients typically talk about with their primary care providers. I’m part doctor, part social worker and, in a way, part life-partner.”

longtime patients, no topic of conversation is considered out-of-bounds—too sensitive, too potentially humiliating, too potentially scandalizing. With these patients, I’m part doctor, part social worker and, in a way, part life-partner.”

These relationships often extend beyond the patient, to family and friends who have taken an active role in the patient’s care. “When one of my patients gets sick,” Carlson says, “I frequently see not just the patient but the patient’s closest friends, their partners, even their ex-partners—who come in to help them. It’s what people do for one another when someone is ill, but it played out in some very untraditional ways in my HIV-positive patients, and that is yet another source of inspiration for me.” *



UCLA AIDS Institute
David Geffen School of Medicine at UCLA
10833 LeConte Avenue Los Angeles, CA 90095-1678
Phone: 310 825 4750 Fax: 310 794 7682

NONPROFIT ORG.
U.S. POSTAGE
PAID
UCLA

Address Correction Requested