



REPRIEVE

PARTICIPANT NEWSLETTER



A message from Dr. Steve Grinspoon and Dr. Pam Douglas, REPRIEVE Co-Principal Investigators



Greetings to you! We hope this newsletter finds you in good health. We recognize it has been a challenging year given the global COVID-19 pandemic, and we are so appreciative of your ongoing participation in REPRIEVE. As contributors to a trial of over 7,000 people living with HIV across 5 continents, we achieved many milestones together this past year. With your help, we have generated key results to improve cardiovascular and overall health among people with HIV. We have come to understand how heart disease risk relates to optimal lifestyle habits and showed factors relating to decreased physical function among our participants. Importantly, we continue to move steadily toward our goal of trial completion, without any major problems or safety issues.

In the upcoming months, you will be asked to sign a revised consent form that extends the trial follow-up, further ensuring that we achieve our goals. Your maximum anticipated length of follow-up will be between 6-10 years, depending on when you enrolled in REPRIEVE. It is important to know that we are not sure if this length of follow up will be needed. We are setting a maximum length to ensure the necessary trial infrastructure over time, but it is likely the follow-up period will be shorter.

As you may know, the Data and Safety Monitoring Board (DSMB) that oversees REPRIEVE decides when the trial is completed, and their decision is based on the number of heart disease events (things like heart attacks and strokes) that are reported. For this reason, it is important that you report any potential heart events to your study team. Even if you are not sure if you've had a heart event or if you have vague symptoms, please alert your study team as soon as possible so that we capture every single possible heart event. By answering this study's primary research question, we hope to be able to develop heart disease prevention and treatment guidelines tailored specifically for people living with HIV.

REPRIEVE Facts

- > We're celebrating the completion of an additional year of follow up since the enrollment of the first participants were enrolled in REPRIEVE, with an average participation of about 4 years.
- > REPRIEVE has published almost 20 manuscripts ... with more on the way!
- > Findings from REPRIEVE have been presented over 10 times at conferences including the Conference on Retroviruses and Opportunistic Infections, AIDS, Association of Nurses in AIDS Care and the International Association of Clinical Research Nurse conference.



Heart Health Tip!

Mental health and heart health go hand in hand

Mental health is part of overall health. We can't be healthy if we neglect our bodies, and we can't be well if we neglect our mental health. Here are some tips that may positively impact your mental health AND heart health!!!

1. Be active
2. Eat healthy foods
3. Be mindful
4. Avoid smoking and substance abuse



A Message from the REPRIEVE Community Advisory Board (CAB)

As we enter the fifth decade of the HIV/AIDS pandemic, we are reminded of the importance of research to improve health among those living with HIV. Great strides have been made to ensure those with HIV live long, healthy lives. And yet, more research is necessary to better understand heart disease risk and to develop potential preventive approaches and treatments. Your participation in this study not only has potential benefits to your own health, but also to those in the community. Information learned from this study will benefit others who have HIV for years to come. On behalf of the REPRIEVE CAB, we would like to thank you for your efforts and dedication to this important trial.

Did you know that the REPRIEVE CAB plays an essential role in the conduct of the trial? The goals of the REPRIEVE CAB are:

- > To incorporate the voices of participants into trial activities
- > To gather diverse perspectives in order to improve participant initiatives and engagement
- > To provide a forum through which participants may share their input on the trial, interact with trial leaders, and connect with other participants and CAB members

If you are interested in adding your voice to this community, we would love to have you join! Please reach out to Evelynne at efulda@mgh.harvard.edu to learn more.

Alicia Diggs, NC, USA
Robert Ettinger, NY, USA
Janice Jarrells, NJ, USA
Angel Luis Hernandez, Puerto Rico
Shirley Selvage, AL, USA

Meet Other REPRIEVE Participants!

Ana Cecilia Castellanos

BARRANCO CRS, LIMA, PERÚ

Why did you join REPRIEVE?

I joined REPRIEVE because I found it interesting to participate in a study where I can help to confirm that a medication may be able to prevent cardiovascular problems.

In what ways is REPRIEVE important to you personally and to the community of people living with HIV?

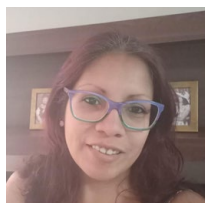
I personally consider that REPRIEVE is important because knowledge learned from the study may help us (people living with HIV) to maintain and/or improve our quality of life.

How has the COVID-19 pandemic affected your opinion on the importance of research?

I feel that now it is way more important to have this type of research. It allows us to maintain our health in optimal condition and prevent a virus such as COVID-19 from predisposing us to developing cardiovascular problems.

What have you been doing to stay heart healthy?

To maintain good heart health, I do my best to eat healthy, cutting out junk food. I don't smoke or drink alcohol and I get a good night's sleep!



Focus on Findings

We know that you want to learn how your participation in REPRIEVE contributes to research about HIV and heart disease.

As you know, REPRIEVE investigators are publishing reports from data collected at entry from you, participants in REPRIEVE. There will be many future publications from the data we are collecting. Below is a summary of an article we published in 2021:



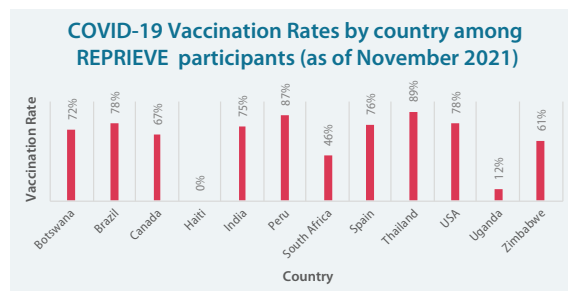
COVID-19 Vaccination Rates in a Global HIV Cohort

Data collected on COVID-19 vaccination rates among REPRIEVE participants has allowed investigators to examine how vaccination rates among people with HIV vary by country.

6952 REPRIEVE participants were included in the analysis, and vaccination was defined as at least one dose of any COVID-19 vaccine. The collective vaccination rate among REPRIEVE participants through the end of November 2021 was 73%.

Vaccination rates were highest in Thailand (89%) and Peru (87%) and lowest in Uganda (12%) and Haiti (0%).

In summary: These data from REPRIEVE provide useful information on the critical question of COVID-19 vaccination rates among people with HIV and highlight inequities in vaccination rates across countries.



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