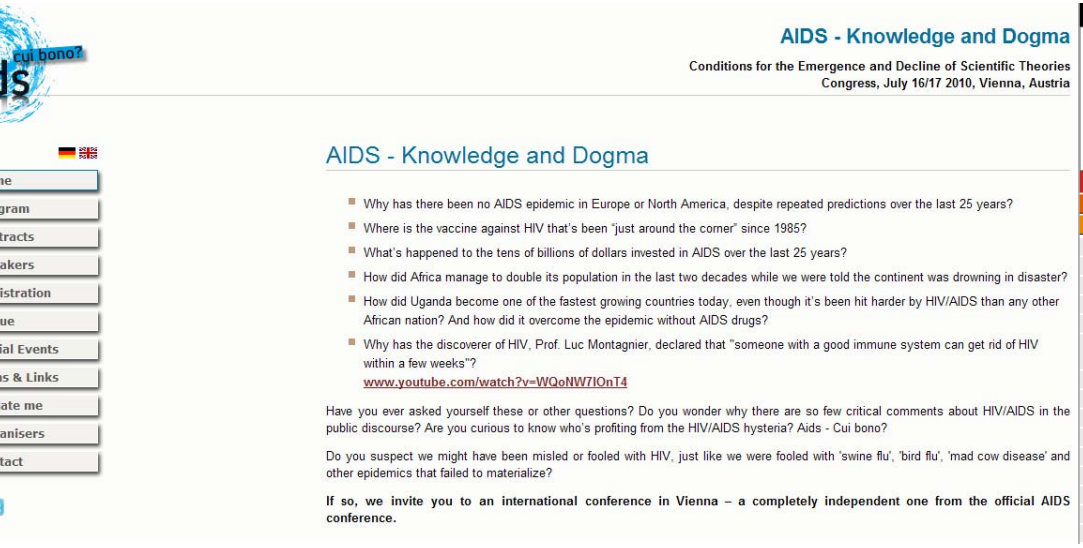
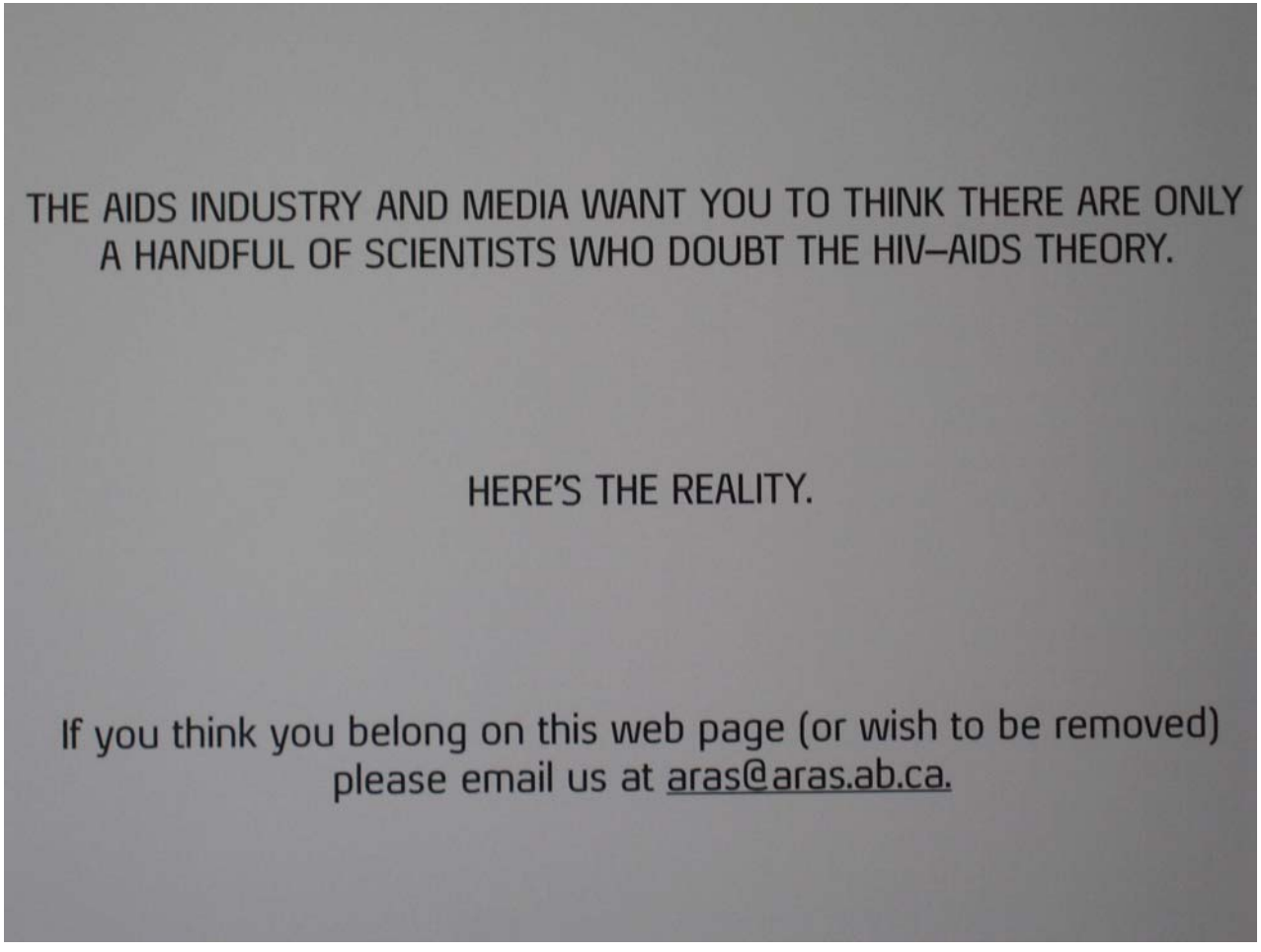
In July MMX there have been two conferences on AIDS in Vienna



From: "AIDS – Knowledge and Dogma"



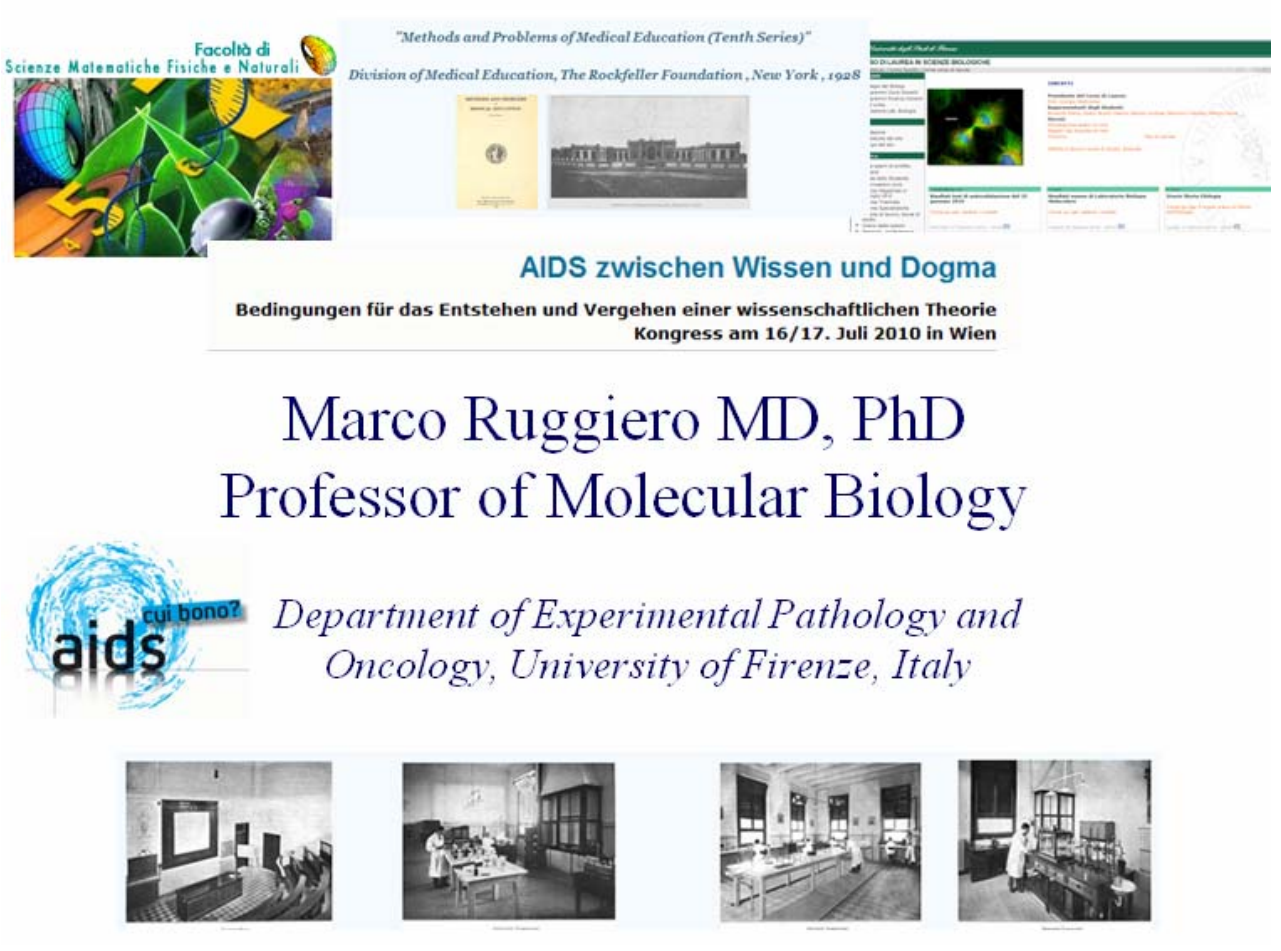
Prof. Henry H. Bauer

Dr. Christian Fiala, excellent organizer

Prof. Peter Duesberg

Prof. Marco Ruggiero

My presentation is available in
http://www.marcoruggiero.org/lectures.htm
"July the 17° MMX"



En route to the other conference


MARCO
RUGGIERO
DELEGATE


REGISTERED DELEGATES
ЗАРЕГИСТРИРОВАННЫЕ ДЕЛЕГАТЫ
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WIEN MESSE
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INTERNATIONALE
MESSE

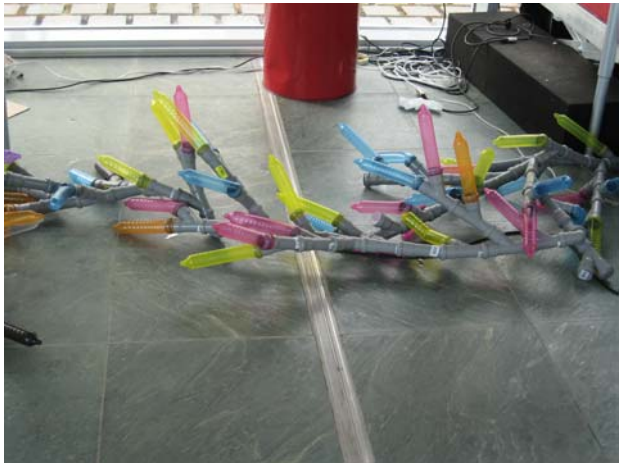

WIENER MESSE
17. BIS 23. SEPT. 1939
TECHNISCHE MESSE BIS 24. SEPTEMBER


www.aids2010.org
MINI ROOM 8-10
SESSION ROOM 1-9
КОНФЕРЕНЦ-ЗАЛЫ 1-9
POSITIVE LOUNGE
ПОЗИТИВНЫЙ ЛАУНЖ
EXHIBITION
ВЫСТАВКА
POSTERS
ЗАЛ ПОСТЕРОВ
FOOD COURT
ЗОНА ПИТАНИЯ

Some interesting signs

Condomize

More condoms




HOW CONDOMS


LOVE SMART
PLAY SAFE
CONDOM
IZE!


all about
condoms
www.allaboutcondoms.org
durex


Guilin Latex

Some stands


E N
S E
DAILY
VULVA
AWARD
WOMEN
ARISE

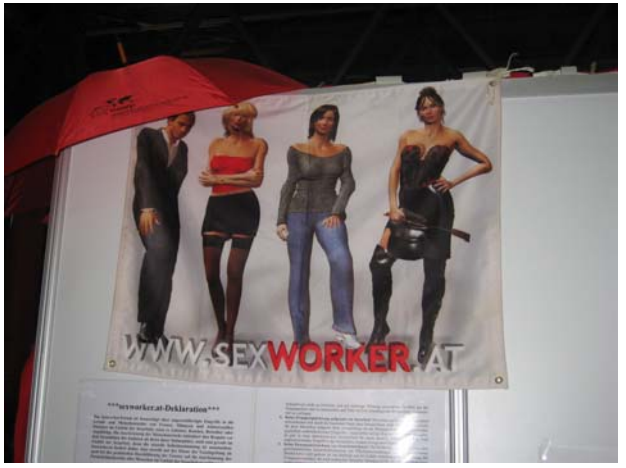

Fighting POVERTY =
Fighting HIV/AIDS
Help us CARE.


652 China HIV/AIDS
Information Network


Taiwan AIDS Foundation A - 512

Sex workers


COMMUNITY BESEDKA
DIALOGUE SPACE
Sex
WORK
IS
WORK


WWW.SEXWORKER.AT


656 Austrian Sex
Work Projects


806 Global Network of Sex Work Projects:
Only Rights Can Stop the Wrongs


NO
NÃOA
STOP
TREAT AIDS
DON'T
TURN BACK


811 WN22010: Women and Young
Women to Vienna and Beyond


T-Shirts
I WANT TO BE
ELIGIBLE


METHADONE MAN
BUPRENORPHINE BABE
M
B

Did Prof. Bauer sponsor this booth?

The word "ARVs" appears to be handwritten and posted over some other word . . .

To circumcide or not to circumcide?

THAC01 **Scaling Up Male Circumcisions: From Research to Practice**
Oral Abstract Session

Venue: **Session Room 4**

Time: **Thursday 22 July, 11:00-12:30**

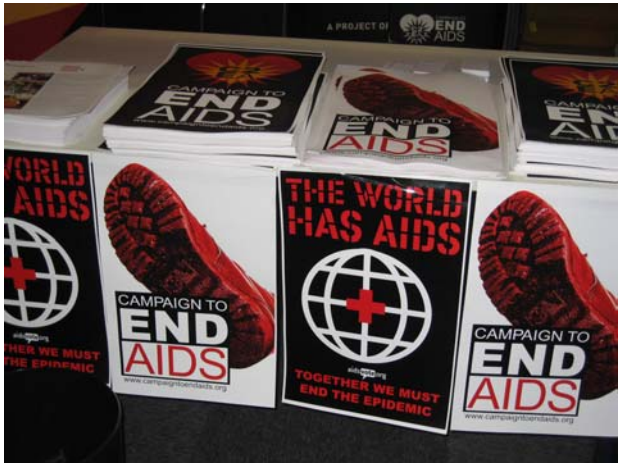
Co-chairs: **Robert Bailey, United States**
David Serwadda, Uganda *[TBC]*

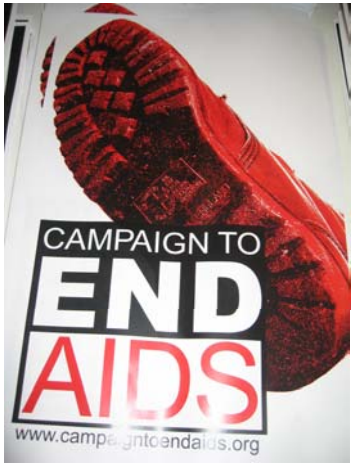
11:00
THAC0101 **A random household survey of male circumcision and HIV in Kisumu, Kenya**
M. Westercamp[1], K. Agot[2], J.O. Ndinya-Achola[2], R.C. Bailey[1]
[1]United States, [2]Kenya

11:15
THAC0102 **Rapid results initiative for scaling up medical male circumcision in Kenya**
E. Odoyo-June[1], K. Agot[1], W. Obiero[1], E. Llewellyn[1], G. Otieno[1], B. Odhiambo[1], D. Omondi[1], I. Oguma[1], C. Kirui[1], E. Owilla[1], K. Serem[1], R. Bailey[2], P. Cherutich[1], Z. Mwandi[1], J. Kioko[1]
[1]Kenya, [2]United States

11:30
THAC0103 **The cost and impact of scaling-up medical male circumcision in Uganda: an empirical analysis**
F. Wabwire-Mangen[1], N. Tumwesigye[1], D. Bagenda[1], A. Opio[1], C. Nalwadda[1], F. Ssengooba[1], J. Stover[2], L. Bollinger[2]
[1]Uganda, [2]United States

Is AIDS supposed to last until 2031 or to end sooner under Dr. Martens?

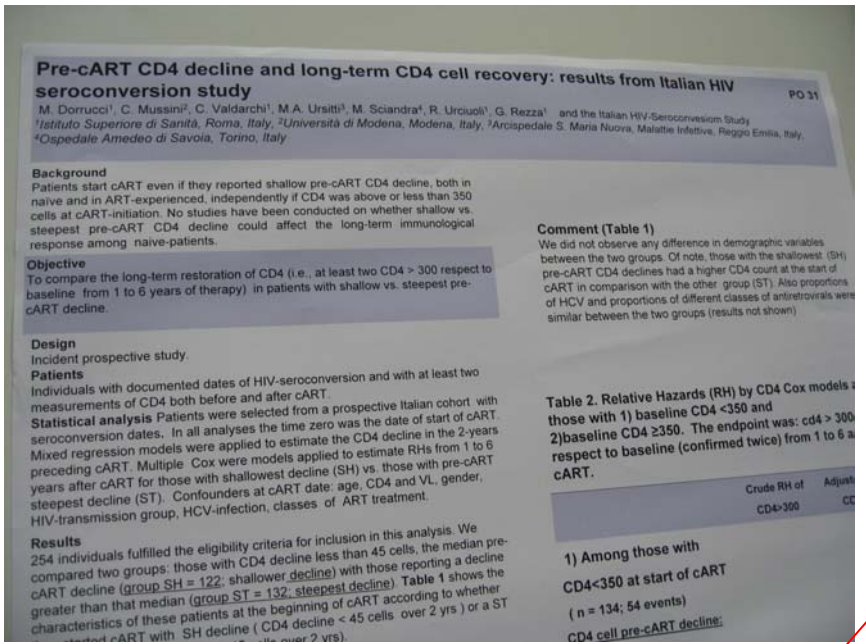




Interesting logo for the conference.
We agree: there is a need for new opinions!

Test and treat as these activists say here …

… or wait and do no harm as these Italian scientists say?



Pre-cART CD4 decline and long-term CD4 cell recovery: results from Italian HIV seroconversion study PO 31

M. Dorrucci[1], C. Mussini[2], C. Valdarchi[1], M.A. Ursitti[3], M. Sciandra[4], R. Urciuoli[1], G. Rezza[1] and the Italian HIV-Seroconversion Study
[1]Istituto Superiore di Sanità, Roma, Italy, [2]Università di Modena, Modena, Italy, [3]Arcispedale S. Maria Nuova, Malattie Infettive, Reggio Emilia, Italy, [4]Ospedale Amedeo di Savoia, Torino, Italy

Background
Patients start cART even if they reported shallow pre-cART CD4 decline, both in naive and in ART-experienced, independently if CD4 was above or less than 350 cells at cART-initiation. No studies have been conducted on whether shallow vs. steepest pre-cART CD4 decline could affect the long-term immunological response among naive-patients.

Objective
To compare the long-term restoration of CD4 (i.e., at least two CD4 > 300 respect to baseline from 1 to 6 years of therapy) in patients with shallow vs. steepest pre-cART decline.

Design
Incident prospective study.

Patients
Individuals with documented dates of HIV-seroconversion and with at least two measurements of CD4 both before and after cART.

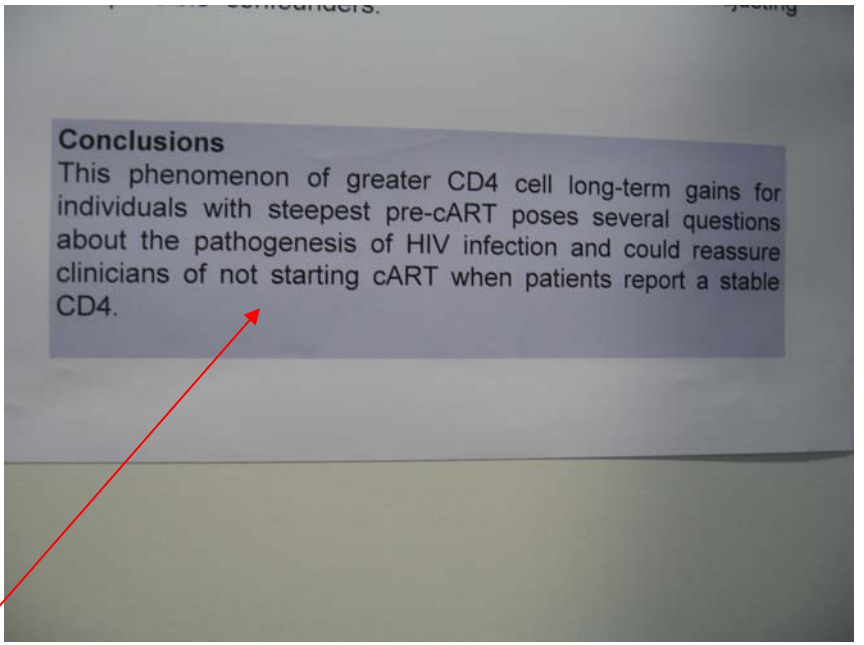
Statistical analysis Patients were selected from a prospective Italian cohort with seroconversion dates. In all analyses the time zero was the date of start of cART. Mixed regression models were applied to estimate the CD4 decline in the 2-years preceding cART. Multiple Cox were models applied to estimate RHs from 1 to 6 years after cART for those with shallowest decline (SH) vs. those with pre-cART steepest decline (ST). Confounders at cART date: age, CD4 and VL, gender, HIV-transmission group, HCV-infection, classes of ART treatment.

Results
254 individuals fulfilled the eligibility criteria for inclusion in this analysis. We compared two groups: those with CD4 decline less than 45 cells, the median pre-cART decline (group SH = 122; shallower decline) with those reporting a decline greater than that median (group ST = 132; steepest decline). **Table 1** shows the characteristics of these patients at the beginning of cART according to whether started cART with SH decline (CD4 decline < 45 cells over 2 yrs) or a ST

Comment (Table 1)
We did not observe any difference in demographic variables between the two groups. Of note, those with the shallowest (SH) pre-cART CD4 declines had a higher CD4 count at the start of cART in comparison with the other group (ST). Also proportions of HCV and proportions of different classes of antiretrovirals were similar between the two groups (results not shown)

Table 2. Relative Hazards (RH) by CD4 Cox models … those with 1) baseline CD4 <350 and 2)baseline CD4 ≥350. The endpoint was: cd4 > 300 respect to baseline (confirmed twice) from 1 to 6 a… cART.

	Crude RH of CD4>300	Adjusted … CD
1) Among those with CD4<350 at start of cART (n = 134; 54 events)		
CD4 cell pre-cART decline:		



Conclusions
This phenomenon of greater CD4 cell long-term gains for individuals with steepest pre-cART poses several questions about the pathogenesis of HIV infection and could reassure clinicians of not starting cART when patients report a stable CD4.

Who did write this poster? Prof. Duesberg, Drs. Koehnlein or Sacher? Encouraging hiv-positive patients to discontinue haart and reporting that their quality of life increases … "benefits to stop art" …

Experiences and Perceptions of Participants after Dendritic Cell Immunotherapy and HAART Discontinuation in the CTN 239 Study

Lebouché Bertrand[1-2], Tremblay Philippe[1], Quesnel Martine[1], Garneau Catherine[1], Gilmore Norbert[3], Boulassel Mohamed-Rachid[4] and Routy Jean-Pierre[1-2]

[1]Immunodeficiency Service, McGill University Health Centre (MUHC), Montreal; [2]CHUM, Université de Québec à Montréal; [3]Division of Hematology, MUHC, Montreal

Background

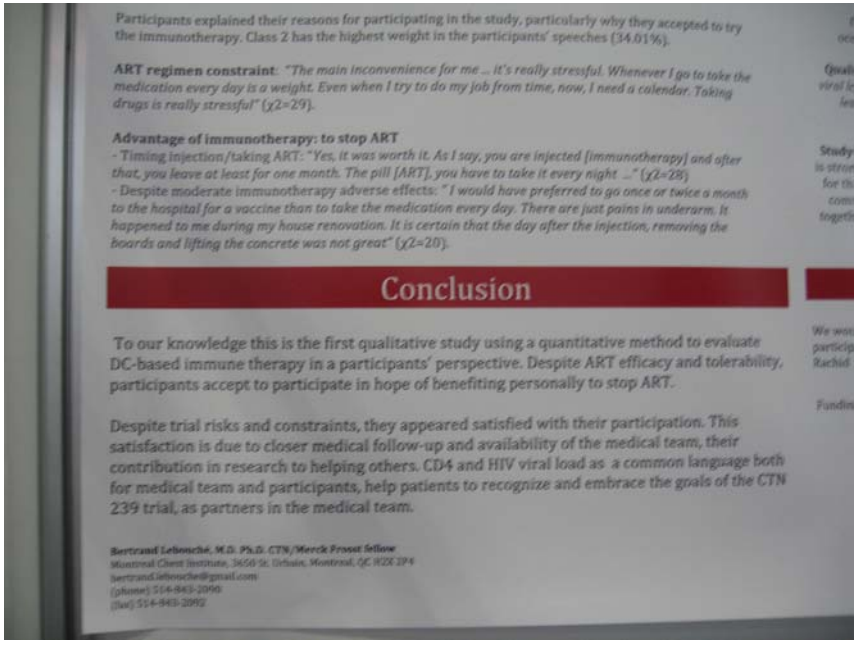
Patients & Methods

Objective

Results

Conclusion

Acknowledgements



Participants explained their reasons for participating in the study, particularly why they accepted to try the immunotherapy. Class 2 has the highest weight in the participants' speeches (34.01%).

ART regimen constraint: *"The main inconvenience for me ... it's really stressful. Whenever I go to take the medication every day is a weight. Even when I try to do my job from time, now, I need a calendar. Taking drugs is really stressful"* (χ2=29).

Advantage of immunotherapy: to stop ART
- Timing injection/taking ART: *"Yes, it was worth it. As I say, you are injected [immunotherapy] and after that, you leave at least for one month. The pill [ART], you have to take it every night ..."* (χ2=28)
- Despite moderate immunotherapy adverse effects: *" I would have preferred to go once or twice a month to the hospital for a vaccine than to take the medication every day. There are just pains in underarm. It happened to me during my house renovation. It is certain that the day after the injection, removing the boards and lifting the concrete was not great"* (χ2=20).

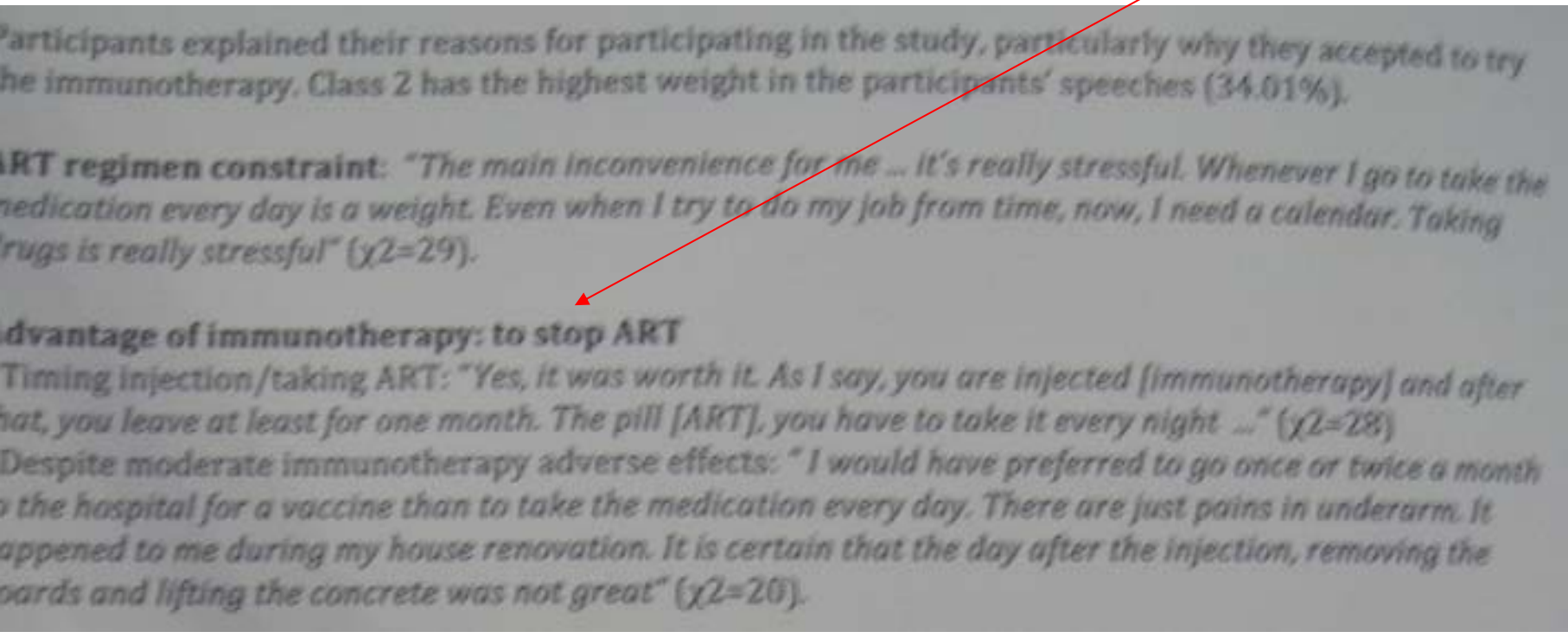
Conclusion

To our knowledge this is the first qualitative study using a quantitative method to evaluate DC-based immune therapy in a participants' perspective. Despite ART efficacy and tolerability, participants accept to participate in hope of benefiting personally to stop ART.

Despite trial risks and constraints, they appeared satisfied with their participation. This satisfaction is due to closer medical follow-up and availability of the medical team, their contribution in research to helping others. CD4 and HIV viral load as a common language both for medical team and participants, help patients to recognize and embrace the goals of the CTN 239 trial, as partners in the medical team.

Bertrand Lebouché, M.D. Ph.D. CTN/Merck Frosst fellow
Montreal Chest Institute, 3650 St. Urbain, Montreal, QC H2X 2P4
bertrand.lebouche@gmail.com
(phone) 514-843-2090
(fax) 514-843-2092

Let's read in greater detail



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[1]Immunodeficiency Service/McGill University Health Centre (MUHC), Montreal ; [2]GEIRSO, Université du Québec à Montréal; [3]Division of Hematology, MUHC, Montreal

Conclusion

To our knowledge this is the first qualitative study using a quantitative method to evaluate DC-based immune therapy in a participants' perspective. Despite ART efficacy and tolerability, participants accept to participate in hope of benefiting personally to stop ART.

Take home message: "improved quality of life following haart discontinuation"

Experiences and perceptions of participants after dendritic cell immunotherapy and HAART discontinuation in the CTN 239 study

B. Lebouche[1,2], P. Tremblay[2,3], M. Quesnel[2], C. Garnier[2], N. Gilmore[1,4], R. Boulassel[1], J.-P. Routy[1]

[1]Mc Gill University Health Centre, Immunodeficiency Service, Montreal, Canada, [2]Universite du Quebec a Montreal, GEIRSO, Montreal, Canada, [3]Universite du Quebec a Montreal, Departement de Psychologie, Montreal, Canada, [4]McGill University, Centre for Medicine, Ethics and Law, Montreal, Canada

Background: Patient perceptions of discontinuing successful HAART remain partially enigmatic. A multicenter phase II trial (CTN 239) assessing a dendritic cell immunotherapy's (AGS-004) safety and efficacy included a 12 week HAART structured treatment interruption (STI), providing an opportunity to explore participants' perspectives, perceptions and representations of immunotherapy, HAART discontinuation and quality of life (QoL) before, during and after STI.
Methods: Word association testing (WAT) and face-to-face interviews were performed with 10 participants. WATs required participants to provide 3 words in response to each of 6 inductor words (HIV, vaccine, QoL, HAART, trial's advantages and disadvantages). Results were analyzed with multiple correspondence factor analysis (MCFA). Interviews dealt with 4 core topics (HIV Immunotherapy compared to HAART; impact on medical and personal relationships; impact on sexual behaviors; ethical concerns with clinical trial participation) and were digitally recorded and transcribed into verbatim for qualitative analysis.
Results: MCFA revealed 2 factor axis:

1. For first axis, upon considering a) balancing vaccine safety and its benefits on QoL and HAART's negative effect on QoL and b) balancing loss of QoL associated with HIV infection and discomfort of the vaccine injections with the benefits of trial participation (close monitoring, healthcare team's availability), all participants reported similar outlooks.
2. The second axis produced 2 distinct viewpoints: a) those for whom the immunotherapy was effective (STI ≥12W, CD4>350 and VL< 10000) recognized the superiority of the vaccine relative to HAART on their QoL and b) those for whom immunotherapy was only partially effective, indiscriminately recognized the therapeutic benefits of both HAART and vaccines.

WAT results were then confirmed by the verbatim qualitative analysis. Both indicated contentment with study participation because of HAART discontinuation and despite leukapheresis. No disinhibition was noted.
Conclusions: Despite trial risks and constraints, participants appeared satisfied with their participation by indicating an improved QoL following their HAART discontinuation.

David Crowe and Clark Baker might have enjoyed these communications

17:30
THAF0205 **If there is no risk and no harm there should be no crime. Legal, evidential and procedural approaches to reducing unwarranted prosecutions of people with HIV for exposure and transmission**
R. James[1], E. Bernard[2], C. Lloyd[1], M. Weait[1]
[1]United Kingdom, [2]Germany

THPE1014 **Empowering lawyers to confront the use of criminal law for HIV transmission and/or exposure**
R. Elliott[1], A. Legrand[2], C. Kazatchkine[1], A. Toullier[2], D. Glejser[3], S. Meriau[2], A. Symington[1], R. Gasquez[3]
[1]Canada, [2]France, [3]Switzerland

THPDX2 **Routinely Ignored: Consent and Confidentiality in HIV Testing**
Oral Poster Discussion
Venue: **Mini Room 6**
Time: **Thursday 22 July, 13:00-14:00**
Chair: **Frank Amort, Austria**

THAF02 **Where HIV Is a Crime, Not Just a Virus!**
Oral Abstract Session
Venue: **Session Room 4**
Time: **Thursday 22 July, 16:30-18:00**
Co-Chairs: **Moono Nyambe, Netherlands**
Michaela Clayton, Namibia

16:30
THAF0201 **Where HIV is a crime, not just a virus: a global ranking of prosecutions for HIV non-disclosure, exposure and transmission**
E.J. Bernard[1,2,3]
[1]Germany, [2]United Kingdom, [3]Netherlands

THPE1016 **Kafkaesque: a critical analysis of US HIV non-disclosure, exposure and transmission cases, 2007-2009**
E.J. Bernard
Germany

THPE1017 **Decriminalisation of HIV transmission in Switzerland**
L. Ruggia, K. Pärli
Switzerland

Prof. Bauer, did you see this?

AIDS 2010

Rights Here, Right Now

Abstract

Back to the P
Back to the sess
Sign

oncurrent sexual partnerships do not explain HIV epidemics in Sub-Saharan Africa: an exhaustive view of the evidence

Stillwaggon[1], L. Sawers[2]

ettysburg College, Economics, Gettysburg, United States, [2]American University, Economics, Washington, United States

ckground: The notion that concurrent sexual partnerships are especially common in sub-Saharan Africa and explain the region's high HIV prevalenc ntrasted with serial monogamy elsewhere in the world, is accepted by many as conventional wisdom.
ethods: We evaluate every piece of quantitative and qualitative evidence offered by the principal proponents of the concurrency hypothesis and tensively analyze the mathematical model used to establish plausibility of the hypothesis.
sults: We find:
No research has demonstrated a statistical correlation between concurrency and HIV prevalence.
Mathematical models showing rapid spread of HIV with concurrency require extremely unrealistic assumptions about frequency of sexual contact, nder symmetry, and length of relationships and fail to model other risky sexual behavior that could also produce rapid spread of HIV.
Quantitative evidence from concurrency hypothesis supporters is unconvincing since they ignore DHS and other data showing concurrency in Africa i , make sweeping statements about non-African concurrency based on very few surveys, misreport data, report data from studies that have no ormation about concurrency as though it supported the hypothesis, report incomparable data in ways that misrepresent the evidence, cite unpublishe d unavailable studies, fail to provide citations, assert without evidence that serial monogamy as modeled predominates outside Africa.
Qualitative evidence from hypothesis supporters is irrelevant since there is no comparison of Africa with other regions.
Modeling shows that high transmission rates accelerate epidemics, consistent with data about cofactor infections in sub-Saharan Africa that increase V transmission.
nclusions: Supporters of the concurrency hypothesis have failed to establish that concurrency is unusually prevalent in Africa or that the kinds of ncurrent partnerships found in Africa can explain high HIV prevalence. Policy makers should turn attention to other drivers of African HIV epidemics f ich there is substantial evidence, including cofactor infections and iatrogenic transmission.
wnload the e-Poster

Concurrent sexual partnerships do not explain HIV epidemics in sub-Saharan Africa

An exhaustive review of the evidence

Larry Sawers and Eileen Stillwaggon

XVIII International AIDS Conference, Vienna, July 18 – 23, 2010

ackground: The notion that concurrent sexual partnerships are especially common in sub-Saharan Africa and explain the region's hig revalence of HIV is accepted by many as conventional wisdom. The principal proponents of the hypothesis are Daniel Halperin, Helen Epstei Martina Morris, and Timothy Mah, whose works on concurrency have been cited over 800 times.

road acceptance of the concurrency hypothesis acts as an impediment to examination of endemic factors that could be driving the epidemic.

Method: We reviewed all of the key articles promoting the concurrency hypothesis and evaluated all of the evidence in the sources they cite, a ell as the mathematical model they use to establish plausibility of the hypothesis.

esults: We find that the concurrency hypothesis is fundamentally flawed and is not supported by the evidence offered by its proponents.

The Concurrency Hypothesis Stated

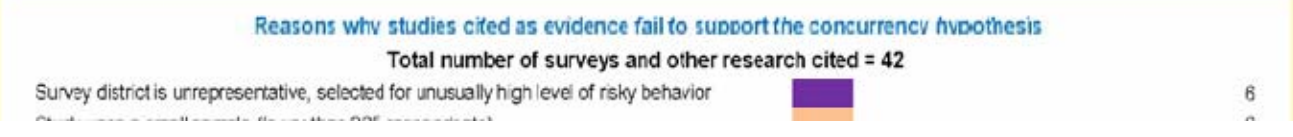
ong-term, overlapping sexual partnerships are a main driver of the African HIV epidemics

he proponents claim:
- –long-term, overlapping partnerships are far more common in Africa than elsewhere
- –such concurrent relationships lead to more rapid spread of HIV than other heterosexual behaviors

Quantitative Evidence fails to support the claim that concurrency is more common in eastern/southern Africa

alperin, Epstein, and Mah cite 32 studies reporting on 42 surveys or other research.

one of the surveys they cite clearly supports the assertion that concurrency is unusually high in eastern/southern Africa.



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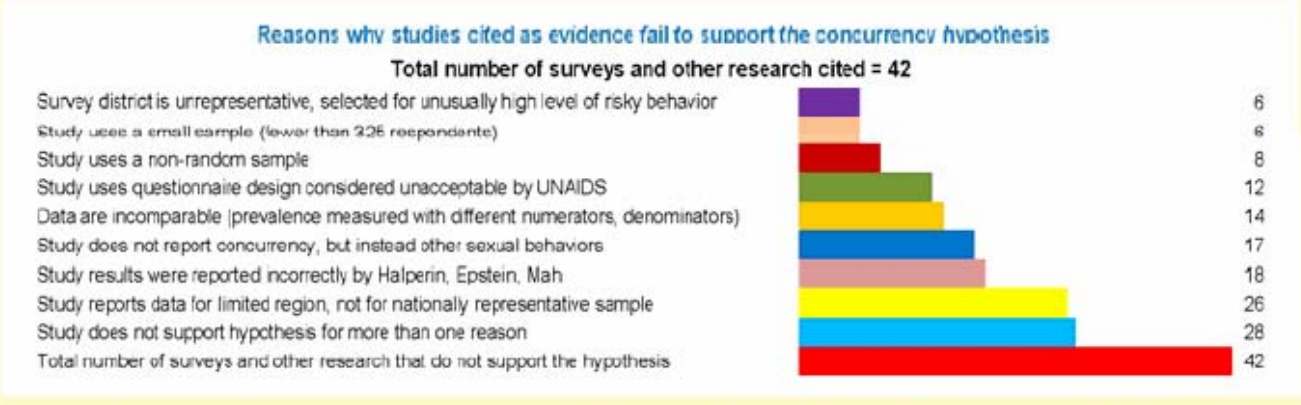

e most comprehensive sets of surveys shows concurrency in sub-Saharan Africa is lower than in areas with low HIV prevalence.

	Average men's concurrency	*Average women's concurrency*
In 11 DHS surveys in Africa:	8.4	0.9
In 6 surveys in Europe:	10.0	3.1
In the United States:	11.0	12.0*

upper bound estimates of concurrency : percent of adults with more than one overlapping partner in previous year (*previous five years)

The Model

e concurrency hypothesis relies on a stochastic simulation model of sexual networking developed by Mirjam Kretzschmar and Martina Morri
e model requires five critical assumptions to show that concurrency leads to more rapid spread of HIV than serial monogamy. The parameter
ed in the model are without empirical basis.

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sed in the model are without empirical basis.

ssumptions used in the model:

Frequency of sexual activity: Every person has sex with every partner, every day

Surveys of sexual behavior report frequency of sexual activity to be much lower, generally weekly, biweekly or monthly, not daily.

Per-act transmission rate = 0.05

–Most research has found a per-act transmission rate of about 0.001.

The model uses 0.05, about 50 times what most researchers have found during asymptomatic infection.

–Even during the brief period of acute infection, transmission rates for those without cofactor infections are much lower than 0.05.

–Only cofactor infections can raise transmission rates approaching 0.05, so the model shows, if anything, the importance of cofactors.

Higher prevalence of concurrency than exists in sub-Saharan Africa and higher even than the modelers' own data indicate

Gender symmetry (even though every study shows female concurrency is far less than male concurrency)

The model excludes any other kind of non-monogamous partnerships besides long-term concurrency.

Without those five assumptions, the model shows that
concurrency leads to only a trivial difference in HIV infections compared to serial monogamy.

Conclusion

Without those five assumptions, the model shows that concurrency leads to only a trivial difference in HIV infections compared to serial monogamy.

Conclusion

- Empirical evidence shows that concurrency is *not* especially prevalent in sub-Saharan Africa.
- The Model only shows that concurrency leads to the especially rapid spread of HIV
  by using parameters that are completely contrary to all available evidence
  or by assuming the presence of cofactor infections, which is plausible and for which there is a known biological mechanism.

The concurrency hypothesis cannot be supported by the evidence.

Without the concurrency hypothesis standing in the way,
we can now restart the search for other factors driving the epidemics of HIV in sub-Saharan Africa.

Documentation: Sawers, L. and Stillwaggon E. Concurrent Sexual Partnerships Are Not the Driver of HIV Epidemics in Africa. *Jour. Intl. AIDS Society*, July 2010, forthcoming; and Sawers, L. and Stillwaggon E. No Support for the Concurrency Hypothesis: A Contribution to the Debate,. Working paper, American University, 2010.

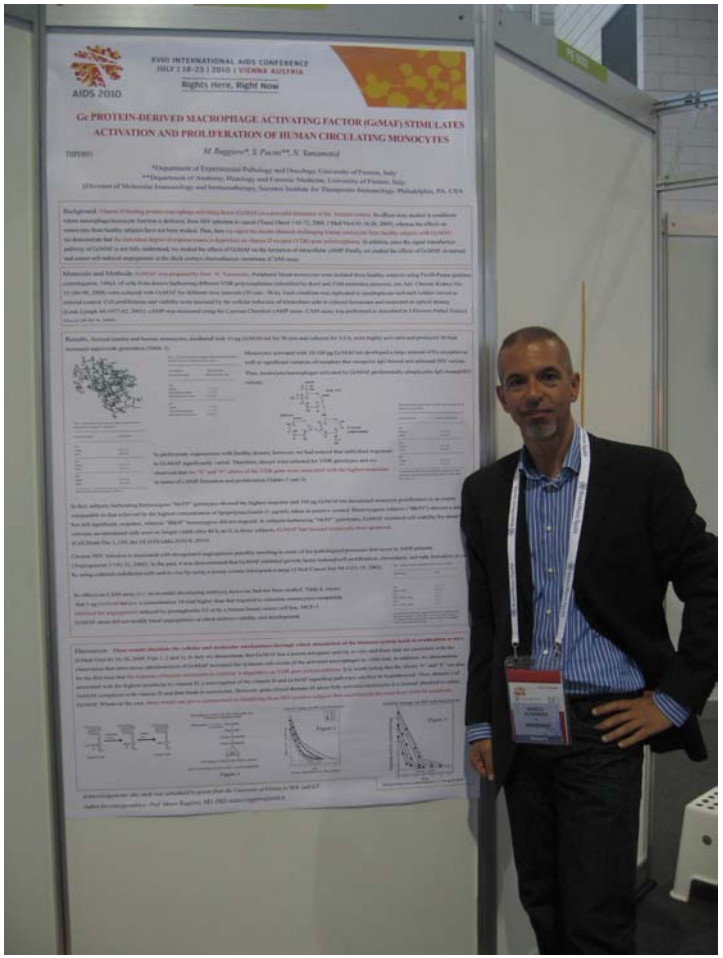
Proponents: Mah TL, Halperin DT. Concurrent Sexual Partnerships and the HIV Epidemics in Africa: Evidence to Move Forward. *AIDS Behav*. 2010; Epstein H. *The Invisible Cure*. New York: Farrar, Strauss and Giroux; 2007; Epstein H. AIDS and the irrational. *BMJ*. 2008; Halperin DT, Epstein H. Concurrent Sexual Partnerships Help to Explain Africa's High HIV Prevalence: Implications for Prevention. *Lancet*. 2004 Jul 3-9; Halperin DT, Epstein H. Why is HIV Prevalence so Severe in Southern Africa? *S. African Jour. HIV Medicine*. 2007 March.

Models: Morris M, Kretzschmar M. Concurrent Partnerships and the Spread of HIV. *AIDS*. 1997 11(5); Morris M, Kretzschmar M. A Microsimulation Study of the Effect of Concurrent Partnerships on the Spread of HIV in Uganda. *Mathematical Population Studies*. 2000,8(2).

Larry Sawers, American University,
Washington, DC 20016 lsawers@american.edu

Eileen Stillwaggon, Gettysburg College,
Gettysburg, PA 17325 estillwa@gettysburg.edu

It is our turn



Why is our poster so mysterious and controversial?

JULY 17, 2010

Controversial Poster Thursday at Vienna Conference: Call for Information on GcMAF

by John S. James

We will not be at the big Vienna conference starting tomorrow (International AIDS Conference, July 18-23), and would like to hear from anyone with a scientific background who can visit the poster below, on Thursday, and the presenter.

A separate paper published last year by N. Yamamoto and others (see the abstract and link to full text at http://www.ncbi.nlm.nih.gov/pubmed/19031451) claims to have cured 15 patients in Japan. "In the present study GcMAF therapy was given to nonanemic HIV-infected patients and found to be highly curative."

About 130 peer-reviewed papers related to this work can be found at http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&cmd=link&linkname=pubmed_pubmed&uid=19031451. The proposed mechanism seems plausible -- that HIV produces a substance that shuts down immune responses in monocytes and macrophages, helping HIV infection to continue. The treatment appears to restore the response.

The research is controversial because it claims to have cured HIV infection, and also prostate cancer. The connection is not outlandish, however; for example, U.S.-government funded research at Yale is looking at a possible immune-based potential treatment for the same two illnesses (http://opa.yale.edu/news/article.aspx?id=7061).

Also controversial, the poster presenter at the International AIDS Conference, M. Ruggiero, is an accomplished molecular biologist -- but also a leading HIV denialist (Google: "Marco Ruggiero" HIV -- or see his 14-minute lecture uploaded January, 2010, to http://www.youtube.com/watch?v=-Sh03lqTsJw -- or see the abstracts of the denialist conference being held in Vienna on the two days before the International AIDS Conference there, http://www.science-and-aids.org/e/abstracts.html). However, Dr. Yamamoto is clearly not a denialist -- and apparently has not published with Dr. Ruggiero before the Vienna conference starting Sunday.

There are lots of mysteries here. For example, **how has Dr. Yamamoto been publishing this HIV work extensively for at least 15 years in peer-reviewed journals, recently reporting excellent results, with almost no attention from most other HIV researchers?**

We are concerned because we have heard that funders of research are not seeing new ideas for curing HIV being proposed. But there are lots of ideas, some credible, and no way to know in advance which ones will work out. Many human groups close themselves off and become increasingly narrow in focus, until they are irrelevant. In that case, new ideas cannot come forward. It would be tragic is this is happening in AIDS.

Here is the reference to the poster on Thursday:

JULY 21, 2010

Tomorrow in Vienna: New video online re GcMAF poster on Thursday

by John S. James

As we noted here recently, a new approach to treatment and possible cure of HIV has been caught up in unrelated controversy.

Dr. M. Ruggiero, who is presenting a scientific poster on Thursday at the Vienna conference, was interviewed this week (2010-07-19) in English on Russian TV. See it at http://www.youtube.com/watch?v=n4eMkdYhaZE. Some of his opinions about AIDS are controversial.

But the Thursday presentation is on the work of Dr. N. Yamamoto and others, who are not part of the controversy. The poster is # THPE0051, titled "Gc protein-derived macrophage activating factor (GcMAF) stimulates activation and proliferation of human circulating monocytes" (page 306 of the conference program book); it lists both researchers among the three authors. Dr. Yamamoto has been working on this project for about 15 years, and has reported that the treatment has eradicated HIV in a small clinical trial in Japan (see **Immunotherapy of HIV-Infected Patients With Gc Protein-Derived Macrophage Activating Factor (GcMAF)** (*Journal of Medical Virology*, January 2009).

Dr. Yamamoto and his team have been publishing on this project for about 15 years. Dr. Ruggiero has not published on GcMAF until this week, to our knowledge. But he is better known, and hopefully will bring this work to wider attention.

The presentation tomorrow in Vienna is an excellent opportunity for interested scientists to learn more about this research.

History shows that most proposed treatments fail. But sometimes, important advances can come from unexpected directions. These can be lost, because conventional wisdom reflexively says "No." It would be tragic if that happens in HIV.

Note: To see all our posts on this topic, search for "gcmaf" (search box at upper left of this page).

The most important presentation at the Vienna conference?

JULY 22, 2010

Today - GcMAF poster exhibition, #THPE0051, best from 12:30 - 14:30

by John S. James

Why It Matters

Here is an HIV-eradication research direction ignored by the AIDS research mainstream, though many peer-reviewed papers have been published -- one claiming HIV eradication in patients in clinical trials in Japan. Not only Drs. N. Yamamoto and others, whose work will be presented today at the International AIDS Conference, but also other research teams have worked with this substance (usually in cancer not HIV); there is agreement that it does have anti-cancer activities at least in mice, and should be a basis for drug development (for example, to find a small molecule that mimics its effects).

GcMAF also got into the cancer-treatment underground, which may be why few scientists have paid attention to it.

At today's poster, the presenting author is listed as Dr. Marco Ruggiero, a molecular biologist who has not published on GcMAF before. We do not know if Dr. Yamamoto (who is the senior author of the poster) will be there.

If GcMAF eradicates HIV in patients as Dr. Yamamoto describes, this poster could be the most important presentation at the Vienna conference.

Do we think it's a cure? No, because most treatments fail. But it could possibly be a major advance, so it should get attention. Today is the best time for scientists around the world to get a look.

A recent press report quoted Dr. Dieffenbacher, director of the AIDS Division at US NIAID, as saying "there is really a dearth of new approaches" for HIV eradication. Could this be a garden-variety case of group dynamics, where insiders talk to each other and keep narrowing their focus, not seeing anything of interest outside the narrow spotlight beam, and becoming increasingly irrelevant? Big advances often come from outside.

Background Info

Today's (Thursday's) poster is # **THPE0051**, titled "Gc protein-derived macrophage activating factor (GcMAF) stimulates activation and proliferation of human circulating monocytes," by M. Ruggiero, S. Pacini, and N. Yamamoto. It is in the poster exhibition. The presenter is usually there from **12:30-14:30**.

Dr. Yamamoto's most recent paper, which reports HIV eradication in people, is Immunotherapy of HIV-Infected Patients With Gc Protein-Derived Macrophage Activating Factor (GcMAF) (*Journal of Medical Virology*, January 2009).

Also search PubMed (http://www.ncbi.nlm.nih.gov/pubmed/) for GcMAF. The substance has different names, so also try DPB-MAF. Or search for "vitamin D binding protein" -- which is a precursor of GcMAF.

And for any of those searches you can look at Related Citations -- e.g. the 132 citations related to the search result for GcMAF.

Even Russian Television wanted to know

'Stimulation of immune system heals HIV in weeks'

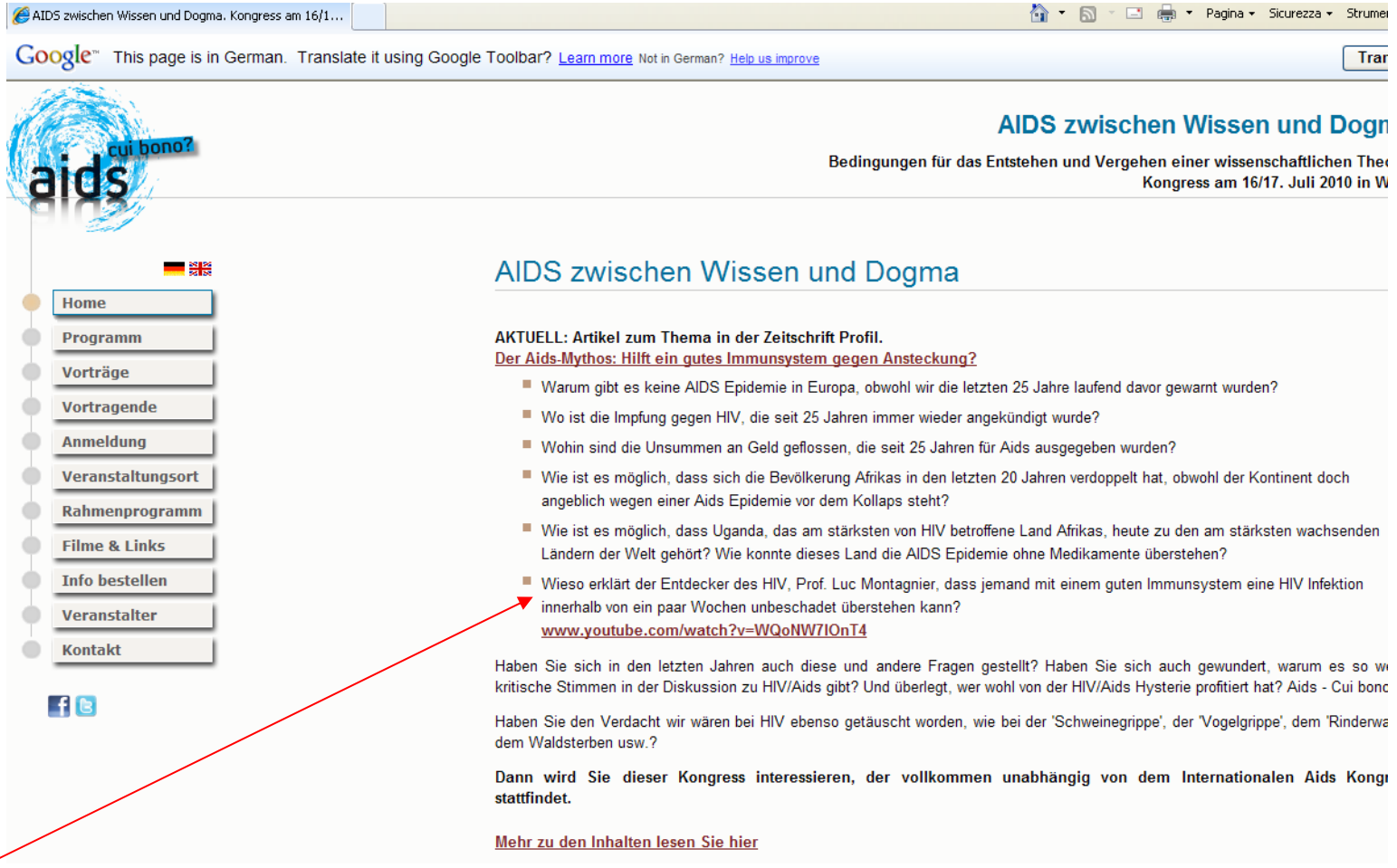
RT Get more from RT ▸ | 10718 video | Iscriviti

RussiaToday | 19 luglio 2010

International activists are lashing out at world leaders for failing in their...

4338 visualizzazioni

Maybe because of this?



AIDS - Knowledge and Dogma

Conditions for the Emergence and Decline of Scientific Theories
Congress, July 16/17 2010, Vienna, Austria

- Knowledge and Dogma

- Why has there been no AIDS epidemic in Europe or North America, despite repeated predictions over the last 25 years?
- Where is the vaccine against HIV that's been "just around the corner" since 1985?
- What's happened to the tens of billions of dollars invested in AIDS over the last 25 years?
- How did Africa manage to double its population in the last two decades while we were told the continent was drowning in disaster?
- How did Uganda become one of the fastest growing countries today, even though it's been hit harder by HIV/AIDS than any other African nation? And how did it overcome the epidemic without AIDS drugs?
- Why has the discoverer of HIV, Prof. Luc Montagnier, declared that "someone with a good immune system can get rid of HIV within a few weeks"?
  www.youtube.com/watch?v=WQoNW7IOnT4

Have you ever asked yourself these or other questions? Do you wonder why there are so few critical comments about HIV/AIDS in the public discourse? Are you curious to know who's profiting from the HIV/AIDS hysteria? Aids - Cui bono?

Do you suspect we might have been misled or fooled with HIV, just like we were fooled with 'swine flu', 'bird flu', 'mad cow disease' and other epidemics that failed to materialize?

If so, we invite you to an international conference in Vienna – a completely independent one from the official AIDS conference.

Read more about this topic

Abstract

Back to the PA
Bac
Sign I

Gc protein-derived macrophage activating factor (GcMAF) stimulates activation and proliferation of human circulating monocytes

M. Ruggiero[1], S. Pacini[2], N. Yamamoto[3]

[1]University of Firenze, Experimental Pathology and Oncology, Firenze, Italy, [2]University of Firenze, Anatomy, Histology and Forensic Medicine, Firenze, Italy, [3]Socrates Institute for Therapeutic Immunology, Division of Molecular Immunology and Immunotherapy, Philadelphia, United States

Background: Vitamin D binding protein-macrophage activating factor (GcMAF) has been proposed as a tool to fight HIV infection. Its effects on macrophage activation have been studied in conditions where macrophage function is deficient, from HIV infection to cancer. However, the effects on in vitro activation and proliferation of monocytes from healthy subjects have not been studied. Here we report the results obtained challenging human monocytes with GcMAF.
Methods: Peripheral blood mononuclear cells were isolated from healthy subjects using Ficoll-Paque gradient centrifugation. 100µL of cells were cultured with GcMAF for different time intervals (30 min - 96 h). Each condition was replicated in quadruplicate and each subject served as internal control.
Results: Monocytes, incubated with 10 pg GcMAF/ml for 30 min and cultured for 3 h, were highly activated and produced 30-fold increased superoxide generation. Monocytes activated with 10-100 pg GcMAF/ml developed a large amount of Fc-receptors as well significant variation of receptors that recognize IgG-bound and unbound HIV virions. Thus, monocyes/macrophages activated by GcMAF preferentially phagocytize IgG-bound HIV virions. GcMAF (100 pg/ml) stimulated monocyte proliferation in vitro to an extent comparable to that achieved by the highest concentration of lipopolysaccharide (1 µg/ml) taken as positive control. The effect was dose-dependent and maximal stimulation was obtained with 100 pg GcMAF/ml. The effect was evident after 24 h and lasted for 96 h. At that time (i.e. about 98 h after drawing) un-stimulated cells were no longer viable as if GcMAF had rescued monocytes from apoptosis. Monocyte proliferation induced by GcMAF was not inhibited by 1alpha, 25-dihydroxyvitamin D3.
Conclusions: These results demonstrate that GcMAF has a potent mitogenic activity in vitro and are consistent with the observation that intravenous administration of GcMAF increased the systemic cell counts of the activated macrophages to >200-fold, presumably because of interaction of GcMAF with myeloid progenitors in bone marrow.
Download the e-Poster

Back - Back to the Programme-at-a-Glance

AIDS 2010
XVIII INTERNATIONAL AIDS CONFERENCE
JULY | 18–23 | 2010 | VIENNA AUSTRIA
Rights Here, Right Now

Gc PROTEIN-DERIVED MACROPHAGE ACTIVATING FACTOR (GcMAF) STIMULATES ACTIVATION AND PROLIFERATION OF HUMAN CIRCULATING MONOCYTES

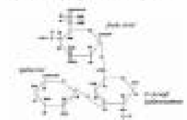
M. Ruggiero, S. Pacini**, N. Yamamoto‡*

*Department of Experimental Pathology and Oncology, University of Firenze, Italy
**Department of Anatomy, Histology and Forensic Medicine, University of Firenze, Italy
‡Division of Molecular Immunology and Immunotherapy, Socrates Institute for Therapeutic Immunology, Philadelphia, PA, USA

Background. [illegible]

Materials and Methods. [illegible]

Results. [illegible]



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Discussion. [illegible]

Figure 1

Figure 2

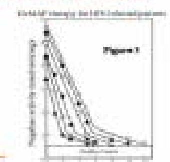


Figure 3

Acknowledgements: this study was subsidized by grants from the University of Firenze to M.R. and S.P.

iscussion. **These results elucidate the cellular and molecular mechanisms through which stimulation of the immune system leads to eradication of HIV** Med Virol 81:16-26, 2009; Figs 1, 2 and 3). In fact, we demonstrate that GcMAF has a potent mitogenic activity *in vitro* and these data are consistent with the servation that intravenous administration of GcMAF increased the systemic cell counts of the activated macrophages to >200-fold. In addition, we demonstrate r the first time that the response of human monocytes to GcMAF is dependent on VDR gene polymorphisms. It is worth noting that the alleles "b" and "F" are also sociated with the highest sensitivity to vitamin D; a convergence of the vitamin D and GcMAF signalling pathways can thus be hypothesized. Thus, domain I of cMAF complexes with vitamin D and then binds to monocytes. However, gene-cloned domain III alone fully activates monocytes in a manner identical to entire cMAF. Whatever the case, these results can prove instrumental in identifying those HIV-positive subjects that could benefit the most from GcMAF treatment.

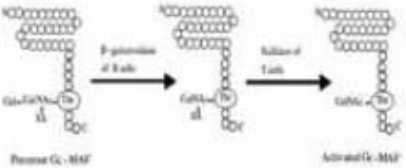


Figure 1

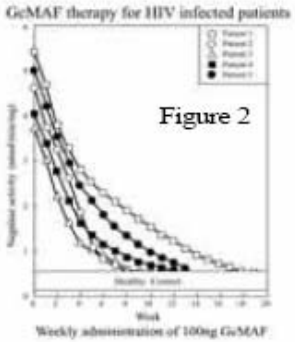


Figure 2

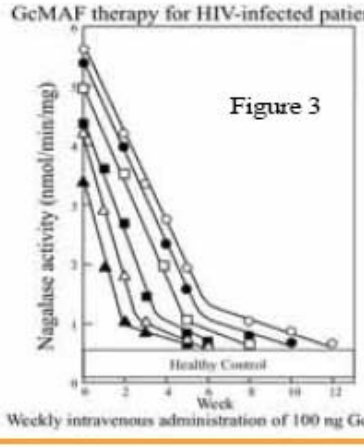


Figure 3

cknowledgements: this study was subsidized by grants from the University of Firenze to M.R. and S.P.

uthor for correspondence: Prof. Marco Ruggiero, MD, PhD: marco.ruggiero@unifi.it

- Why has the discoverer of HIV, Prof. Luc Montagnier, declared that "someone with a good immune system can get rid of HIV within a few weeks"?
  www.youtube.com/watch?v=WQoNW7IOnT4

Many people interested and many proposals of collaboration; not bad for one labeled as "denialist" …

Snout said...

I don't think there can be any doubt that Ruggiero denies that HIV causes AIDS. Aside from his close connection to the denialist organisation *Rethinking AIDS*, his own statements make this abundantly clear.

Tom Hemmingsen said...

Professor Marco Ruggiero DOES NOT appear to deny that HIV causes AIDS. That assertion, made by AIDSNews.com, is not supported by the incomplete video (see above link), and is contradicted by Professor Marco Ruggiero's web page (see above links), which states that he is collaborating with the NIH on the topic that HIV does not act alone in causing AIDS.

That HIV might not act alone in causing AIDS is neither "controversial" or new. The human genome is literally filled (40%) with ancient retro-viral genes, passed down over billions of years from distant predecessors. The book 'RELICS OF EDEN', by Daniel J. Fairbanks, (C) 2007, provides a very informative, interesting and easy to understand account of this on-going discovery. ISBN 978-1-59102-564-1

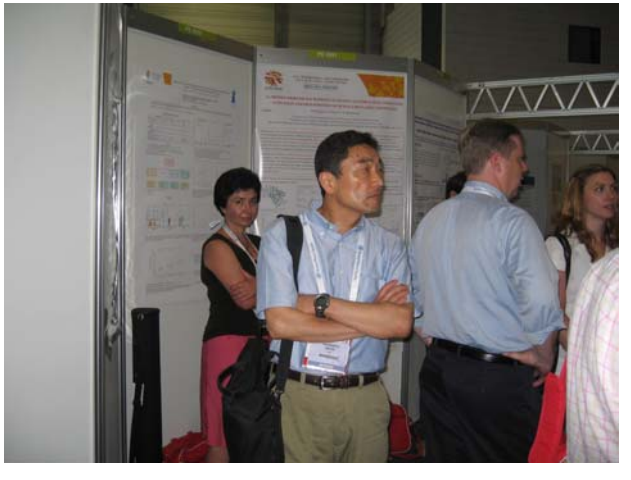
AIDS TREATMENT NEWS

Let us know what you think. Use the new "Reactions" vote at the end of each post, below. Just click the 'Good' or 'Bad' box. (Added July 19, 2010 -- if your vote disappears, let us know, e.g. by comment).

JULY 22, 2010

Today - GcMAF poster exhibition, #THPE0051, best from 12:30 - 14:30

by John S. James



Time to relax and visit the booths before the interviews


PEOPLE WITH AIDS
ARE STILL DYING
OBAMA: KEEP YOUR
AIDS PROMISES


TAIWAN
HARMON ZE
HARMON ZE


NO A LA VIOLENCIA
CONTRA LAS
MUJERES
PROSTITUTAS
NO A LA VIOLENCIA
CONTRA LAS
TRAVESTIS
PROSTITUTAS


MORAL

We fully agree with this; we published the very same words!

On the risk of contracting AIDS at the dissection ... [I...

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Ital J Anat Embryol. 2009 Apr-Sep;114(2-3):97-108.

On the risk of contracting AIDS at the dissection table.

Ruggiero M, Galletti MP, Pacini S, Punzi T, Morucci G, Gulisano M.

Department of Experimental Pathology and Oncology, University of Firenze, Italy. marco.ruggiero@unifi.it

Abstract

Didactic dissection of the human body is still considered the best tool to teach and learn anatomy. Although the risk of being infected with pathogens during dissection ha
dramatically decreased, fear of infection is still widespread among medical students and health care professionals. The fear of contracting AIDS at the dissection table is
particular relevance because of the emotional implications accompanying the syndrome. In this study we analyze the actual risks of contracting AIDS during dissection in
by evaluating health policies and proportions of the epidemic. According to the Italian Ministry of Health, HIV infection and AIDS are not to be considered relevant threats to
public health from the epidemiological point of view, and it is estimated that 99.7% of health care workers, who are exposed to HIV, will not be infected. In fact, there is onl
well-documented case of an autopsy acquired HIV infection that happened in 1992 the United States. Furthermore, HIV infection is not necessarily associated with AIDS,
most HIV-positive subjects do not develop AIDS, provided that they do not assume toxic drugs or engage in risky behaviours. Conversely, according to the Ministry, AIDS c
occur in the absence of signs of HIV infection. Taken together these considerations should help rationalizing the fear of contracting AIDS at the dissection table. The disse
hall can still be a dangerous place and the adoption of safe working practices and awareness of potential risks are mandatory; HIV serophobia, however, is unjustified.

Some more, selected, comments on our work

mcc11505
1 giorno fa

If Italy found a cheap cure for AIDS, the USA main stream media will never talk about the cure, & big pharma will do everything in Pfizer's awesome power to prevent a study, proof, or any publication of the cure. Just like big tobacco, RJ Reynolds, prevented studies that showed tobacco is addictive.

LisaFrequency
2 giorni fa

I beleive over half of the diseases being treated these days are being treated wrong so this finding does not really surprize me at all. Good on Dr. Ruggerio for bringing this to light!!

emwavemhz
4 giorni fa 4

The FDA will shoot it down. Not enough profit. It's time to change the way things have been done and create a better world.

Dedhedted71
4 giorni fa

Seriously...do Russian news stations not have hair stylists??? OR AT LEAST A FREAKIN COMB???? DAMN!!!!!!

PlayBoyPabloPablo
4 giorni fa

scientists are sooo cool man

RondoRaven
4 giorni fa 4

If it is possible to stimulate the immune system to the degree that it can knock out AIDS I would think it would be a cure for just about everything. Bad for business but good for humans!

BadWithNames123
3 giorni fa 2

wow...
I am glad that there is russia today.. I would not get this information in the mainstream!

The following prophecy has already been fulfilled

mixed123456
4 giorni fa

remember by the time they will "confirm or check the results of that Japanese guy.- or he will have a car accident, or he will be a scam

AWARD NUMBER: W81XWH-04-1-0010

TITLE: Treatment of Prostate Cancer with a DBP-MAF-Vitamin D Complex to Target Angiogenesis and Tumorigenesis

PRINCIPAL INVESTIGATOR: Michael W. Fannon, Ph.D.

CONTRACTING ORGANIZATION: University of Kentucky Research Foundation
Lexington, Kentucky 40506-0057

REPORT DATE: February 2007

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
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The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

Journal of Cellular Biochemistry 81:535–546 (2001)

Baculovirus-Expressed Vitamin D-Binding Protein-Macrophage Activating Factor (DBP-*maf*) Activates Osteoclasts and Binding of 25-Hydroxyvitamin D_3 Does not Influence This Activity

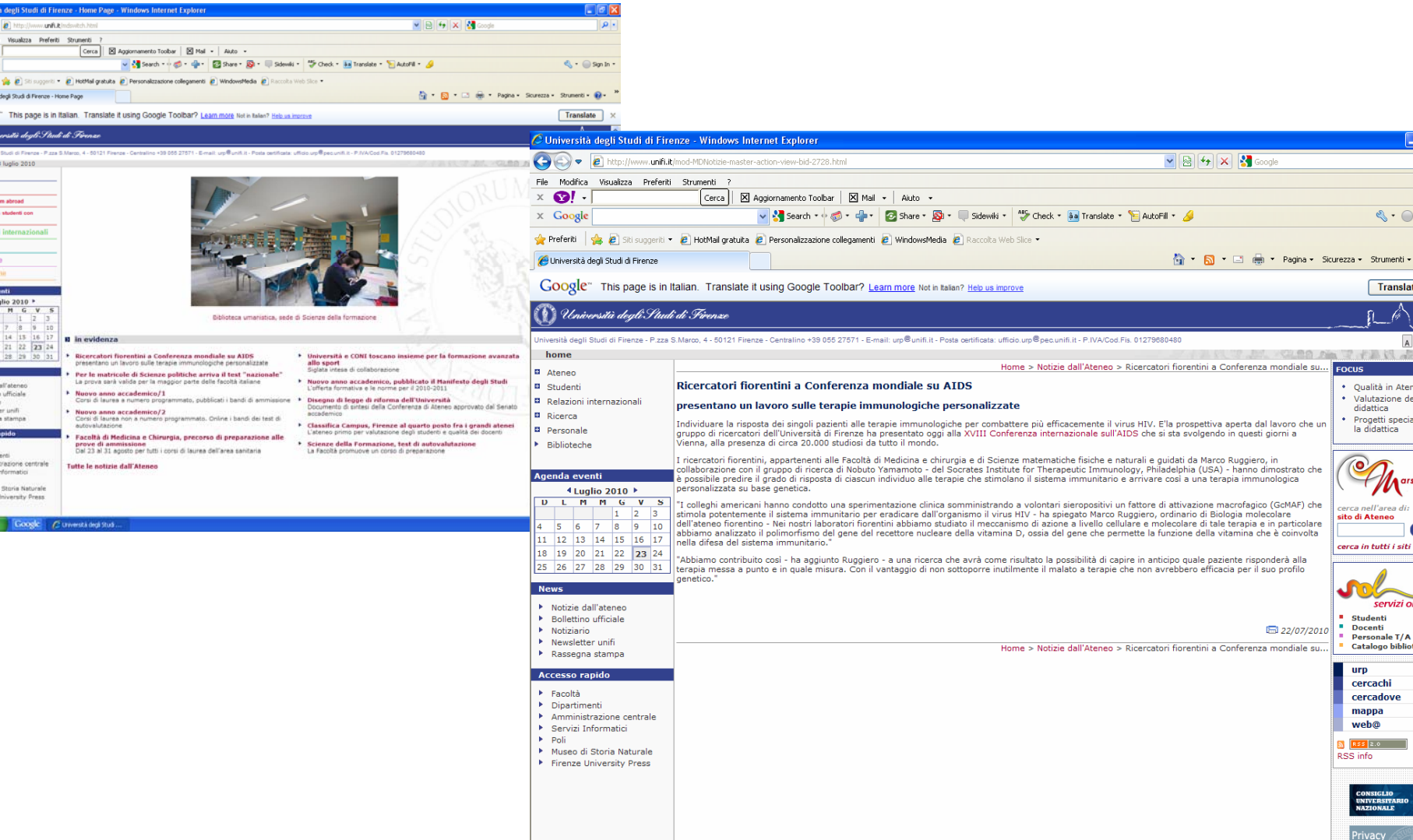
Narasimha Swamy,[1]* Sujoy Ghosh,[2] Gary B. Schneider,[3] and Rahul Ray[1]*

[1]Bioorganic Chemistry and Structural Biology Group, Vitamin D Laboratory, Department of Medicine, Boston University School of Medicine, Boston, Massachusetts 02118
[2]Department of Functional Genetics, GlaxoWellcome R&D, 5 Moore Drive, RTP, North Carolina 27709
[3]Divison of Basic Medical Sciences Northeastern Ohio Universities College of Medicine, Rootstown, Ohio 44272

Preparation of DBP-maf

Due to the unfortunate and untimely death of our collaborator, Narasimha Swamy, whose role in this work was to supply vitamin D binding protein-macrophage activating factor (DBP-maf) for our assays, we were required to generate the protein in our own laboratory. This has slowed down our efforts considerably, since there are no commercial sources of the protein. We have, however, been

There was a good press coverage on our research



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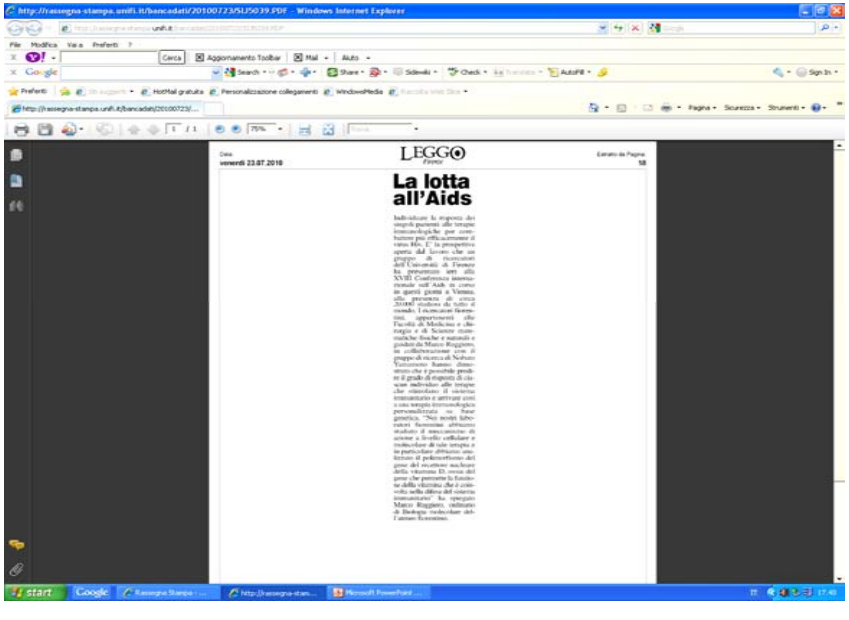
LA NAZIONE
FIRENZE

Estratto da Pagina:
16

SANITA'

Si potranno curare meglio i malati di Aids grazie a una ricerca medica nata a Firenze

INDIVIDUARE in anticipo la risposta dei singoli pazienti alle terapie immunologiche per combattere meglio il virus Hiv: questo il lavoro di un gruppo di ricercatori dell'Universita' di Firenze, guidati da Marco Ruggiero (**nella foto**), presentato oggi alla Conferenza internazionale sull'Aids in corso a Vienna. Il malato non sarebbe cosi' sottoposto a terapie inefficaci per il suo profilo genetico.



y 18, 2010 — The **Russia Today** dia network offered extensive verage of the **AIDS zwischen ssen und Dogma** conference in nna. The report includes video erviews with **Joan Shenton**, **Juliana cher**, **Claus Koehnlein**, and **ristian Fiala**.

RT

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Human rights Europe Health Psychology

AIDS: questions remain unanswered

Published 18 July, 2010, 15:33 permalink e-mail story to a friend print vers
Edited 20 July, 2010, 13:28

Healthcare officials, government representatives and scientists from around the globe have gathered in Vienna for 2010 AIDS conference amid the heated debates over what causes the disease and how it should be treated.

Some striking figures emerged during the conference: 33.4 million people are HIV-positive, 2.7 million are newly infected and two million die each year, and 10 million are on the waiting list for treatment. Eastern Europe and Central Asia are the areas of special concern since here the number of those infected is growing despite the reverse trend in the rest of the world.

Among the issues raised were general access to treatment and concerns that the G8 countries have failed to keep their funding commitment.

However some feel that the money allocated is not being spent properly. Thus, former US President Bill Clinton, who spoke at the conference, called on HIV and AIDS organizations to ensure that they are efficient in delivering their services rather than complaining about the lack of funds.

When the AIDS epidemic first hit the headlines in the 1980s it caused widespread panic. For Arthur Singer, who was one of the first diagnosed, it was a terrifying experience.

"It was 1986 where the information was just in magazines and headlines saying AIDS kills and calling it the homosexual disease," he

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More on the story

HIV-positive "stigmatized" even in health services

In Russia, HIV-positive people are discriminated not only by society in...

years – they [can benefit] from the treatment that is given today," adds Mr. Koehnlein.

Watch the full interview with Claus Koehnlein

Arthur Singer and his doctor use alterative therapies, as opposed to conventional HIV-fighting drugs.

So strong is his belief in these other treatment methods that he has written a book, "23 Years Positive", on his experiences.

"I thought, 'Oh yes, I have finally found an explanation that makes sense and I can live with that truth.' It is the only truth I have found so far," Singer told RT.

Dr Marco Ruggiero from the University of Florence believes there could soon be a breakthrough in treating HIV, as recent tests suggest that stimulating the immune system can rid the body of the virus.

"Just last year, Professor Yamamoto from Japan published a paper (in a prestigious journal of medical virology), demonstrating that HIV infection can be eradicated by stimulating the immune system," he told RT.

"It is not so easy but, yes, we can say that there could be alternative cures that have already been published, and we are just confirming our data with those results."

Watch the full interview with Dr Marco Ruggiero

Christian Fiala, a doctor of medicine, challenges the mainstream views on HIV/AIDS.

He told RT that his views are different because he is not driven by the interests of pharmaceutical companies.

Watch the full interview with Christian Fiala

Conclusions

The two conferences were not antithetic, rather complementary.

Some of the communications presented at the "XVIII Conference" could have been also appreciated in "AIDS – Knowledge and Dogma".

Both conferences were excellently organized and tolerance and respect were always present.

At "AIDS – Knowledge and Dogma", however, catering was free and extremely tasty.