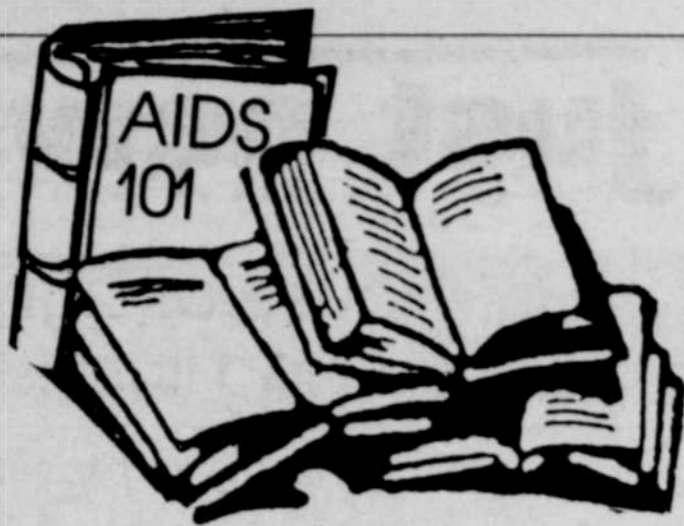


## Few breakthroughs at the International AIDS Conference

Over 10,000 scientists and clinicians from 119 countries gathered in San Francisco in June for the Sixth International Conference on AIDS, the world's largest and most important AIDS research event. According to Dr. Lawrence Deyton, Chief of the Community Clinical Research Section of the National Institutes of Health, "There were no real breakthroughs, but we are filling in the gaps. For example, we are learning much more about the side effects of AZT and ddI, how they work together, and when to use them in treatment."

Researchers presented 890 abstracts of clinical trials of 25 experimental drugs. There were more presentations about AZT than any other drug. Dr. Margaret Fischl presented data that supported low-dose (500 mg daily) AZT for people with early infection—500 T-cells. People with early infection who take AZT are less likely to progress to AIDS, and AZT causes few side effects during early infection.

AZT has also been combined with eight other drugs. Early results indicate that alternating periods of weeks or months between taking AZT and ddC may be more effective and have fewer side effects than either drug used alone. AZT combined with alpha interferon also shows promise for treating early infection. Researchers are testing even lower doses of AZT, perhaps as low as 300 mg daily.



BY JEFFREY ZURLINDEN

especially for men of color, young gay men, and men who have sex with other men but do not consider themselves gay.

In separate studies, researchers reported that IV drug users who stop using drugs live longer than people who continue to take drugs, and people who do not smoke cigarettes live longer than smokers. Smokers are also more likely to get thrush.

"The real value of this conference," says Dr. Deyton, "is to bring together the vast majority of AIDS workers who live away from the hubs of AIDS like New York City and San Francisco." The message from these hubs is that AIDS is gradually becoming a chronic disease. Drugs under development will slow the progression of the disease, and enable people with HIV infection to live longer.



This new condom will help stop HIV by making a rubber pocket inside the receptive partner—man or woman.

Preliminary reports of ddI showed promising long-term effects. CD4-immuno-adhesion therapies proved to be safe but inconsistently effective, and they required higher doses than previously hoped. Initial trials of a new anti-HIV drug called TIBO continue in Europe with approximately 20 people. Preliminary data reported at the conference showed few side effects from TIBO, and the drug is 3-5 times more powerful than AZT.

Project Inform reported that compound Q in combination with low-dose AZT resulted in an increase in T-cells among 46 patients who were failing AZT therapy. However, Dr. Arnold Relman, editor of the *New England Journal of Medicine* criticized the report because it lacked full disclosure of the data and didn't undergo review by independent researchers.

Vaccines attracted the most attention. According to Dr. Ross Slotten, "The vaccine trials are definitely more exciting than what we thought two years ago. There are 30 trials going on worldwide, and one of these will be the answer." Dr. John Phair, a principal investigator of the Multicenter AIDS Cohort Study and a member of the executive committee of the AIDS Clinical Trial Group, explained, "They have found the piece of the antibody that seems to be protective, at least when given to animals. This is obviously preliminary, but very hopeful. We may have an effective vaccine within the decade, and only last year they said never." Unlike vaccines for other diseases that prevent infection, HIV vaccines will also be used by infected people to bolster their immune system and hold their infection in check.

Researchers from San Francisco reported disturbing results of a study of the sex practices of gay men. During a four-year period, 19 percent of the men studied relapsed to at least occasionally practicing unsafe sex. Other studies underscored the need to provide ongoing support and safe-sex education

### New condom for other partner

Made for a woman, but he can use it too. Safe and fun, it helps stop the spread of HIV. Expected to be on pharmacy shelves early next year, "Women's Choice Condomme" is the newest alternative to the penis-hugging traditional condom.

Made of 30 percent thicker latex than traditional condoms, it has a pleated tip that gently expands after it is inserted and an outer ring that stays outside the body. Rather than interrupting the flow of lovemaking, it can be inserted in advance. The condomme forms a rubber pocket within the receptive partner—either woman or man.

"We assume that it shouldn't cause any problems in the rectum mechanically, but until it is tested with a large group of men, we can't say with certainty that it's safe in the rectum. However, there is no reason in principle why it can't be used rectally," says Dr. Harvey Lash, who, with his son, developed the condomme.

The condomme will soon be tested with gay men, according to Dr. Lash. Already the condomme has proved to prevent the spread of HIV. Experiments at the University of California demonstrated that solutions of HIV 1,000 times more potent than found in semen didn't pass through the condomme. Because it is made of thicker latex, the risk of breaking or leaking is greatly reduced.

It may be safe, but how does it feel? In heterosexual couples, most of the men judged the condomme as much or more pleasurable than the traditional condom. Most of the women agreed.

A similar condom made of vinyl is being tested by Wisconsin Pharmaical and will be marketed by the name "Reality." Both brands of the new condom will be disposable, reasonably priced and will be available early in 1991 without a prescription.

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