History

1

MSS 94-61
Carton 1

A DECADE OF LEADERSHIP IN

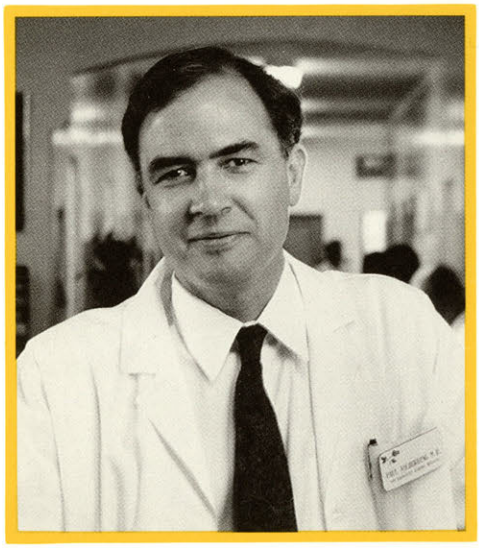
AIDS CARE, RESEARCH AND EDUCATION

1992

The UCSF AIDS Program
of San Francisco
General Hospital

Dear Reader

In the ten years since we pioneered the unique blending of research, patient care and teaching that is the hallmark of the AIDS Program of San Francisco General Hospital (SFGH), our knowledge about AIDS and our ability to delay the onset of debilitating infections in HIV-infected people have grown enormously. The AIDS Program is an extraordinary collaboration between the University of California, San Francisco (UCSF) and the San Francisco Department of Public Health at SFGH, where faculty, nurses and health professionals work in close harmony to fight the AIDS epidemic.



Paul Volberding

Despite our shared commitment and our contributions to research and treatment breakthroughs, we are still unable to cure AIDS. In spite of our best efforts—and those of our colleagues around the world—HIV infection still progresses to advanced AIDS and ends in death.

When our program began in the early 1980s, SFGH was one of the few places HIV-infected patients could receive knowledgeable and compassionate care. San Francisco and California enjoyed huge budget surpluses and there was space at the hospital to accommodate the developing AIDS Program. We expected generous federal support for research and we were optimistic that this puzzling and deadly disease would be eradicated swiftly.

Ten years later, we have yet to see a national mandate to conquer AIDS, the city and state surpluses have become service-threatening deficits, and every inch of available space at SFGH has been claimed. The outpatient AIDS clinic is antiquated and cramped, the staff lounge has been converted to treatment rooms, offices are shared, research labs are minuscule, and there is little privacy for patients or staff.

While we take great pride in the program we have developed and are grateful for the contracts, grants and donations that support our work (about $12 million per year), we are gravely concerned for the special group of individuals who look to us for their care. Their number increases rapidly while public funding dwindles. As the health care economy worsens, our ability to provide socially sensitive patient care and conduct leading edge research is sorely compromised.

We hope the dedication and accomplishments described in this report will help you understand the commitment we feel for our patients, appreciate our pride in our accomplishments, and share our concern for the future. Thank you for your interest.

Paul Volberding

The UCSF AIDS Program of San Francisco General Hospital

In 1990, *U.S. News and World Report* asked 1500 of the country's leading physicians to name the nation's top medical centers in 15 specialties, ranging from AIDS to urology.

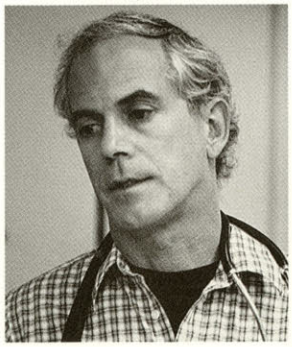
San Francisco General Hospital (SFGH) ranked first for AIDS care.

The survey was repeated in 1991 and 1992 and SFGH again topped the list, the only public hospital included in this "best of the best" survey.

Such recognition from professional colleagues serves to focus attention on the small group of fiercely committed faculty members from the UCSF School of Medicine who are the core of the pioneering AIDS Program of SFGH.

From their unique vantage point at the city-owned hospital, where nearly a third of San Francisco's AIDS patients come for care, the AIDS Program staff members wage their relentless battle against the disease that has claimed the lives of nearly 9,000 San Franciscans.

Here they apply their collective knowledge to provide compassionate care to patients in all stages of HIV disease, to test the efficacy of new drugs, to scrutinize the puzzling behavior of the deadly virus in the laboratory, and to educate the diverse segments of the community in preventing the spread of AIDS.



In slightly more than a decade, since AIDS emerged as a major public health crisis, the AIDS Program of SFGH has:

- Set a national standard for clinical care of AIDS patients;
- Collaborated in major discoveries about HIV-related infections, cancers and other diseases;
- Conducted pivotal studies of potentially effective new drugs;
- Supported a cadre of scientists seeking to unravel the mysteries of the elusive virus that could lead to a vaccine for AIDS;
- Established a consortium of private, community-based health care providers for the rapid exchange of new research information;
- Forged innovative community coalitions to broaden knowledge about the disease and prevent its transmission;
- Provided training to students and practicing physicians in understanding the special needs of HIV-infected patients;
- Contributed to establishing infection control guidelines for health care workers;
- Fostered collaborative relationships within academia and government to enhance research funding;
- Developed a quarterly publication for the timely sharing of new treatment information with Northern Califonia physicians; and
- Authored a host of significant journal articles and authoritative texts.

SAN FRANCISCO GENERAL HOSPITAL NAMED FIRST IN AIDS CARE AMONG NATION'S TOP MEDICAL CENTERS FOR THREE CONSECUTIVE YEARS.

Ward 86: Setting the Standard for AIDS Care

Since **Paul Volberding** and **Constance Wofsy** opened one of the country's first outpatient clinics dedicated to AIDS in early 1983, and **Merle Sande**, chief of the medical service, established the first inpatient AIDS unit six months later, SFGH has been a national leader in caring for HIV-infected patients.

San Francisco's HIV patients, their health care providers, and most community people know and refer to the outpatient AIDS clinic at SFGH as "Ward 86," a term that technically describes the clinic's location within the hospital complex.

In the early days of Ward 86, the staff comprised only three physicians—oncologists **Donald Abrams** and **Paul Volberding** and infectious disease specialist **Constance Wofsy**—two nurses and a clerk. As this was relatively early in the epidemic—before the Human Immunodeficiency Virus (HIV) was identified as the cause of AIDS—most of the patients they treated had Kaposi's sarcoma or *Pneumocystis carinii* Pneumonia (PCP). There were approximately 300 AIDS and oncology appointments a month.

Karen Bayle, MD, visits patient at a San Francisco hospice.

Today, the AIDS Program of SFGH has 22 physicians and a staff of more than 150; there are 3,000 patients currently registered in Ward 86 representing nearly 2,300 visits to the clinic each month.

The increase in the number of cases is a grim indicator of the grip that AIDS has on the public health system. It also reflects increased knowledge about the disease. Because of evidence that early treatment—even before AIDS symptoms appear—may help avert infections and possibly prolong life, infected individuals are encouraged to seek medical attention as soon as they've tested positive for HIV, rather than waiting until they develop infections or advanced AIDS.

The AIDS Program staff advocates a nondiscriminatory approach to treatment. An unvaryingly high quality of care is provided to all patients, regardless of race, gender, social status, economic circumstances, or method of acquiring the infection. Patients in Ward 86, where 30 percent of the city's HIV-infected residents come for primary medical care, are representative of San Francisco's ethnic, cultural and lifestyle diversity.

❖

Under the medical direction of **Michael Clement** and administrative supervision of Nurse Practitioner **J.B. Molaghan**, Ward 86 provides these services:

Physical examinations

Staging disease: A determination of where each patient stands in disease progression; varying treatments are recommended based on the stage of the disease.

Immune system monitoring: A decrease or increase in T-cells are barometers of the body's ability to resist infection and the progression of HIV disease.

Michael Clement and J.B. Molaghan

Infectious diseases screening: Tuberculosis, toxoplasmosis, and hepatitis are common.

Administration of medications—Many asymptomatic patients who have T-cell counts below 500 (1,000 T-cells per milliliter of blood is considered normal) receive AZT or ddI or a combination of the two. Patients with T-cells below 200 may receive prophylactic antibiotic therapy to ward off opportunistic infections. Many patients nevertheless develop infectious complications of HIV which often require complex intravenous treatment. This treatment, which may need to be continued as long as the person lives, is necessary to prevent recurrence of illness and allow patients to live outside the hopsital. Other patients with HIV-related cancers receive complex chemotherapy treatments.

Hospice Visits—Ward 86 is closely linked to the city's AIDS service agencies; **Karen Bayle, MD**, an attending physician in the clinic, regularly visits terminally ill patients at three hospices.

Medical Emergencies—Each day as many as 20 patients come to Ward 86 without appointments, too frightened or sick to go to SFGH's emergency room. For these unexpected patients, a small five-bed area normally used for administering chemotherapy or blood transfusions, becomes a "mini intensive care unit." From this improvised setting, the patients are either admitted to the hospital or stabilized so they can return home.

Pharmacy—Pharmacy staff prepare medications used for home-infusion and chemotherapy on Ward 86 and maintain drugs used in clinical trials. As many as 35 patients participating in clinical trials come to Ward 86 every week.

Crisis intervention—Because many patients have the additional burdens of addiction, homelessness, poverty, or lack of insurance, Ward 86's medical and psychiatric social workers link them with the city's more than 80 psychosocial service agencies. Easing concerns about such basic needs as food, transportation and housing enhances the patients' potential for tolerating HIV disease and its treatments.

Discharge Clinic—All patients discharged from SFGH's inpatient AIDS unit, Ward 5A, led by **John Stansell**, who have no other medical care provider receive a follow-up appointment within one week of discharge to ensure their ongoing care.

❖

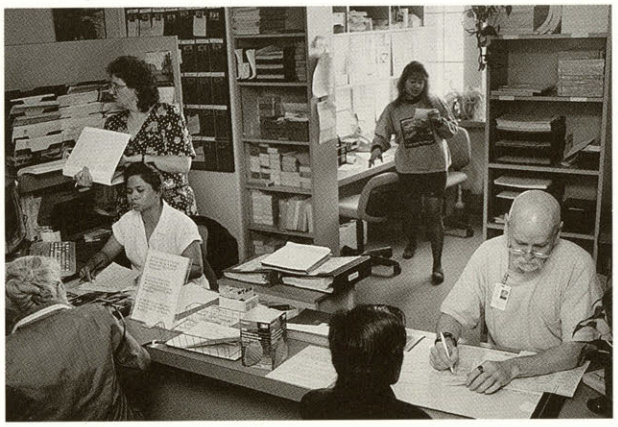
The clinic is open weekdays and an evening clinic is offered Monday and Wednesday. Whenever possible, the patients see the same medical care provider on each visit. An attending physician is on call 24 hours a day.

THE INCREASE IN THE NUMBER OF CASES IS A GRIM INDICATOR OF THE GRIP THAT AIDS HAS ON THE PUBLIC HEALTH SYSTEM.

Research: Seeking New Weapons to Fight AIDS

It's no longer likely that a committed scientist, working alone in an isolated laboratory, will unlock the answer to any of today's sophisticated diseases. The high cost of technology and multiple disciplines required for definitive, scientifically acceptable findings mandate collaboration among scientists, institutions and governments. The result is a complex web of overlapping projects, nearly indecipherable organization charts, and complicated accounting structures.

The AIDS Program of SFGH is but one of a dozen research entities that make up UCSF's Center for AIDS Research (CFAR), which is directed by Paul Volberding and funded by the National Institute of Allergy and Infectious Diseases.



AIDS Program researchers at SFGH conduct independent investigations, work collaboratively with UCSF colleagues in other CFAR centers, participate in a nationwide, federally funded drug-study group known as the AIDS Clinical Trials Group (ACTG), and are members of a community consortium that collaborates with private physicians to test new drugs.

A Supportive Environment

The ability to care for AIDS patients within an institution and community that respect and support research is a significant asset for the AIDS Program of SFGH. Only through careful research will the need for invasive diagnostic procedures, hospitalization, and toxic therapies be reduced.

❖

The AIDS Program of SFGH is participating in HIV research in the following ways:

Basic Research

Basic research, in contrast to clinical or epidemiological studies, is conducted primarily in the laboratory where researchers seek new insights into the nature and behavior of cells. Each previously undetected nuance of the biological interaction between cells and disease-causing invaders is a step toward developing a new therapy or vaccine.

Basic research in the AIDS Immunology Research Laboratories of the AIDS Program, directed by retrovirologist/immunologist **Michael McGrath**, is a multidepartmental, multidisciplinary effort, with SFGH's departments of epidemiology, immunology, laboratory medicine, medicine, molecular biology, pathology, pediatrics and Ward 86 making essential contributions.

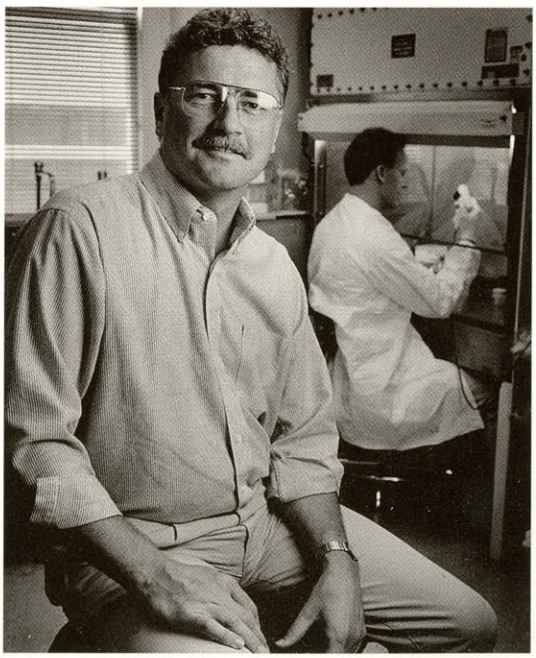
Rebecca Coleman and Mark Jacobson

TESTING NEW DRUGS IS CRITICAL TO EXPANDING THE TREATMENTS AVAILABLE TO AIDS PATIENTS. THE CLINICAL RESEARCH SECTION IS ONE OF 37 FEDERALLY FUNDED CLINICAL TRIAL CENTERS IN THE UNITED STATES.

Important research breakthroughs by this group include:

1989 McGrath, SFGH colleagues, and scientists at Genelabs Inc., developed GLQ223*, a new drug that appeared to kill HIV-infected cells selectively without impairing healthy cells. The drug appeared to block HIV replication in infected T-cells and kill HIV-infected macrophages—the body's scavenger cells—in cell cultures. Healthy macrophages are critical to the body's immune system; without them an individual is more likely to succumb to cancer and bacterial or viral infections.

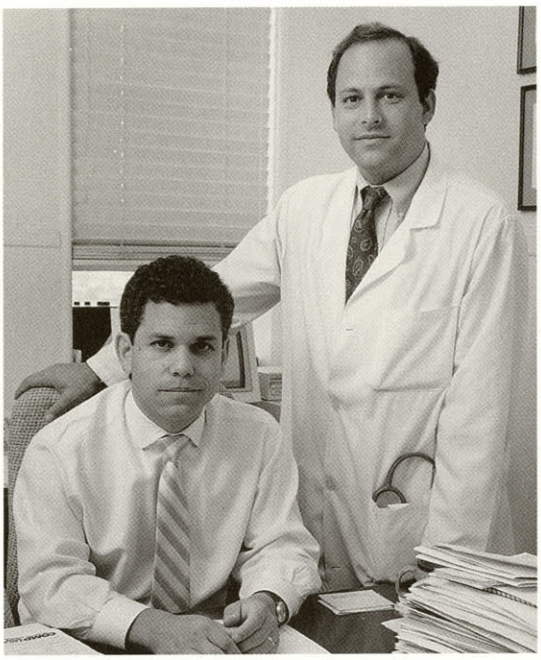
1991 In a study McGrath co-authored with **Lynn Pulliam** at the UCSF-affiliated VA Medical Center, researchers found that a toxin released by HIV-infected macrophages may trigger dementia in AIDS patients. The finding suggested that AIDS treatment may require a two-pronged approach: one drug targeted directly to the virus and another aimed at neutralizing toxins from infected macrophages.



Michael McGrath

**Controversy immediately surrounded the announcement of GLQ223's development. Community activists dubbed it Compound Q and called for its immediate approval for use in patients. Despite the fact that the drug's active ingredient can be obtained from Chinese herbal medicines and that some private physicians had begun administering it to their patients, AIDS Program researchers maintained that only stringent clinical trials could determine the safety and effectiveness of the drug.*

After the FDA approved Genelabs' application for Investigational New Drug status for GLQ223, Paul Volberding led Phase I clinical trials. Today, James Kahn is conducting Phase II trials on its effectiveness.



Lawrence Kaplan and James Kahn

Sharon Safrin

McGrath continues to explore the role of infected macrophages in AIDS dementia and, in collaboration with **Lawrence Kaplan**, is further investigating non-Hodgkins lymphoma in AIDS patients.

Clinical Research

In the Clinical Research Section (CRS) of the AIDS Program, under the leadership of **Mark Jacobson**, a cadre of physicians, pharmacists and research nurses are testing new drugs in 30 or 40 clinical trials and conducting retrospective clinical studies of various aspects of AIDS in selected groups of patients.

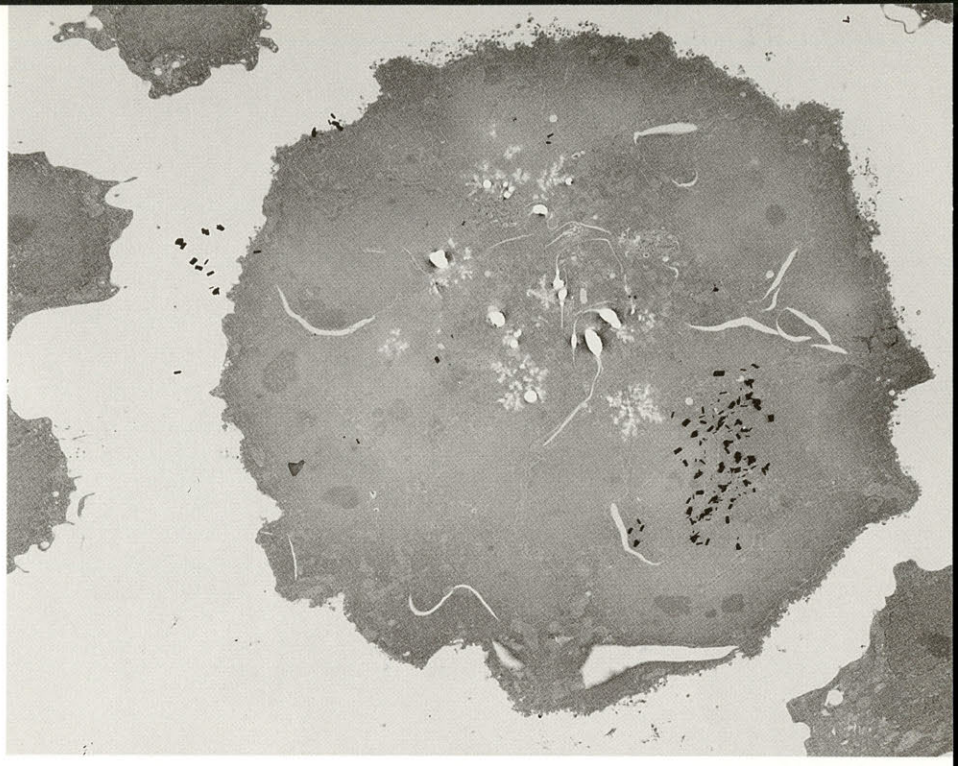
Drug Trials

Testing new drugs in a timely yet scientifically valid manner is critical to expanding the treatments available for AIDS patients. To gain approval of a new drug by the U.S. Food and Drug Administration (FDA), three phases of testing must occur: Phase I trials must show that the drug is safe; Phase II trials demonstrate the optimal (most effective, least toxic) dose; and Phase III trials must show how the drug compares to standard treatment for the disease under study.

This is a highly complex and tightly regulated process—requiring written consents from all participating subjects, extensive data collection involving detailed documentation, tight control of the experimental drugs, and auditing by objective review boards and regulatory agencies.

As one of 37 federally funded AIDS Clinical Trial Group (ACTG) adult centers in the U.S., the CRS receives $1.7 million annually from the National Institute of Allergy and Infectious Diseases. About half of the clinical trials conducted by the CRS are funded by the ACTG grant, for which Jacobson is the principal investigator. Another major source of funding for CRS is the state-supported San Francisco AIDS Clinical Research Center.

RESEARCHERS SEEK NEW INSIGHTS INTO THE NATURE AND BEHAVIOR OF CELLS. EACH PREVIOUSLY UNDETECTED NUANCE OF THE BIOLOGICAL INTERACTION BETWEEN CELLS AND DISEASE-CAUSING INVADERS IS A STEP TOWARD A NEW THERAPY OR VACCINE.



Human immunodeficiency virus (HIV) as seen through an electron microscope.

Significant findings from CRS research include:

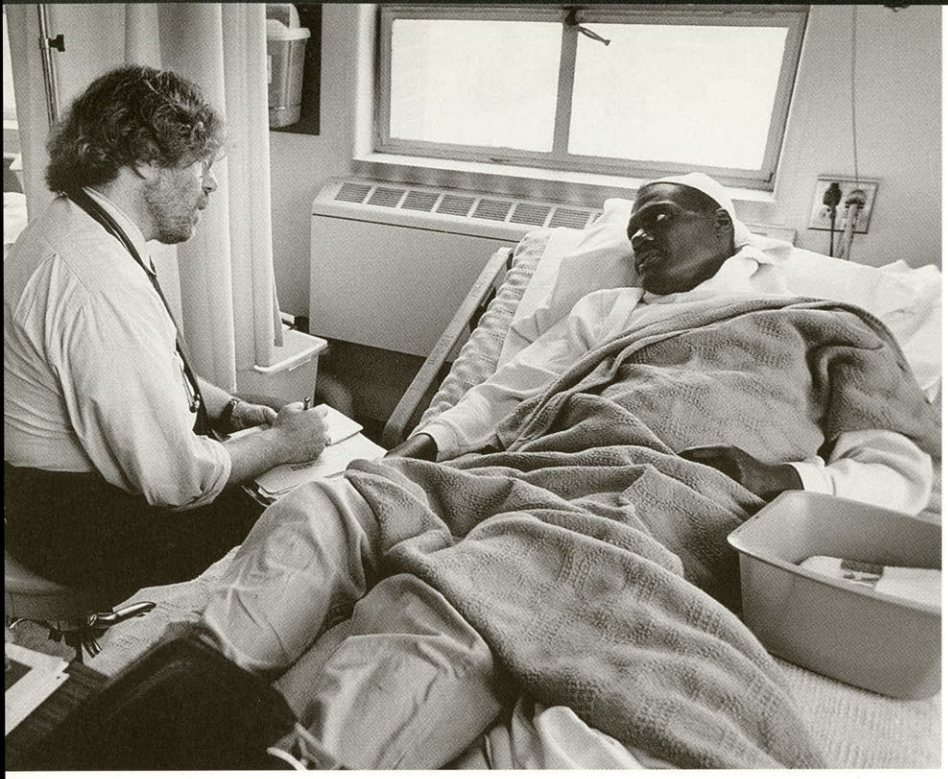
1987 **Donald Abrams**, through the Community Consortium, established that aerosolized pentamidine was an effective prophylaxis for PCP—leading directly to FDA approval of the treatment for wider use.

1989 In an ACTG-funded study, **Paul Volberding** showed that early treatment with AZT in asymptomatic HIV-infected patients delayed onset of AIDS. The results of this study of 3,200 volunteers at 32 medical centers—the largest AIDS clinical trial ever conducted—prompted the FDA to approve AZT for use in asymptomatic patients early in 1990.

1990 **Lawrence Kaplan**, reported that treatment with a protein called rGM-CSF reduced the side effects of chemotherapy in AIDS patients with non-Hodgkins lymphoma. Chemotherapy interferes with the bone marrow's ability to produce white blood cells, further compromising the body's HIV-affected immune system. This new treatment resulted in higher white blood cell counts than are usual in chemotherapy patients and reduced the need for infection-fighting antibiotics.

1991 **Mark Jacobson** conducted the study showing that foscarnet may be an effective treatment for AIDS patients infected by sight-threatening cytomegalovirus retinitis that has become resistant to standard ganciclovir treatment. Phase III trials of foscarnet are now under way. Earlier studies by Jacobson and **John Mills** were pivotal in the licensing of ganciclovir for treating CMV retinitis.

Judith Luce



EPIDEMIOLOGICAL STUDIES REVEAL VALUABLE INFORMATION ON THE INCUBATION PERIOD OF AIDS, THE RISK OF INFECTION WITHIN VARIOUS SEGMENTS OF THE POPULATION, AND HOW LIFESTYLE CHOICES AND SEXUAL BEHAVIOR CONTRIBUTE TO THE SPREAD OF AIDS.

Sharon Safrin led a study that showed foscarnet as a potentially effective treatment for shingles in AIDS patients who do not benefit from standard acyclovir therapy. Safrin has also conducted studies supporting foscarnet for treatment of acyclovir-resistant herpes simplex infections in AIDS patients.

In a retrospective study that could accelerate the lengthy process from clinical trial to licensing of new anti-viral drugs, **Mark Jacobson** and UCSF epidemiologist **Andrew Moss** reported that the levels of two "surrogate markers" (T cells and Beta 2-microglobulin) in the blood of HIV-infected patients are early indicators of which antiviral medications will extend life and for which patients.

Lawrence Kaplan reported that differences in the molecular structure of non-Hodgkins lymphoma (NHL) in AIDS patients may predict survival time. In this study, which was led by **Michael McGrath**, the research team found that death came within three to four months for patients with tumors that originated from a single cell (monoclonal); patients whose tumors developed from several cells (polyclonal) survived 12 to 13 months. It is hoped these findings will help determine treatments that are most likely to help each group of patients with NHL, a disease that affects nearly ten percent of AIDS patients.

1992 In an ACTG study led by **James Kahn**, the anti-viral drug ddI was found to be more effective than the widely used AZT to slow the onset of AIDS in HIV-positive individuals who had been treated previously with AZT.

❖

EPIDEMIOLOGY

The Department of Epidemiology and Biostatistics at SFGH, under the leadership of **Andrew Moss**, is an essential partner in the AIDS Program's ongoing effort to understand and prevent AIDS. And, its massive epidemio-

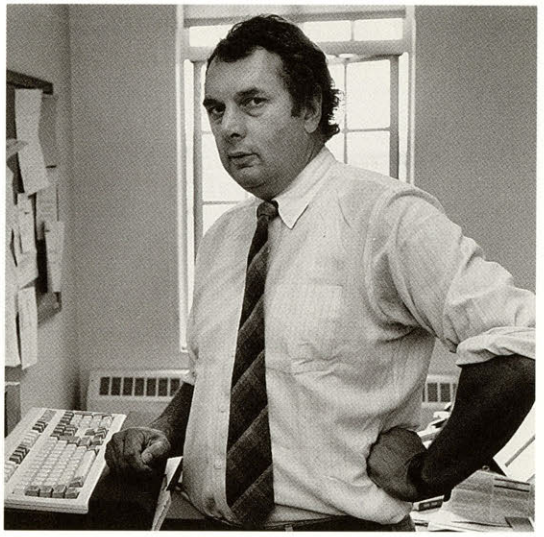
logical data base is the statistical core for CFAR's multiple AIDS-related research projects.

Since 1982, Moss and his group have conducted key research on the incubation period of AIDS, the risk of infection within various segments of the population, and how lifestyle choices and sexual behavior contribute to the spread of AIDS. Their research has been pivotal in documenting AIDS' deadly march from male homosexuals to intravenous drug users to heterosexuals.

❖

Important findings include:

1988 Based on a study of 288 men over three years that looked at changes in five "markers" in their blood, Moss and colleagues predicted that 75 percent of those infected with HIV would get AIDS or AIDS Related Complex (ARC) within six years. This was the first time that predictions of progression from infection to AIDS or ARC were made based on observed changes in patients' blood tests. Another striking finding from the study was that there were significant changes in the blood markers of infected patients who had not yet progressed to AIDS or ARC, leading Moss to conclude that anyone infected with the virus will almost certainly go on to get AIDS.



Andrew Moss

1989 In a study of male homosexuals in San Francisco conducted with **Peter Bacchetti**, Moss reported that the estimated time from HIV infection to a diagnosis of AIDS could be as long as 9-10 years—two to three years longer than previous estimates.

1991 In a study of heterosexual couples, epidemiologist **Nancy Padian**, found that HIV was significantly more likely to be passed sexually from male to female than female to male. Only one percent of women in the study transmitted the virus to a male partner through sex; by contrast, 20 percent of the women were sexually infected by HIV-positive men.

❖

In addition to following the disease progression and effect of various treatments in previously studied groups (homosexual men, IV drug users, heterosexual couples, etc), new research is under way to study HIV and TB in the homeless, and to explore the feasibility of a future vaccine trial in young gay men.

Important contributions to the AIDS epidemiologic knowledge base have also been made by researchers in the Clinical Research Section and Project Aware.

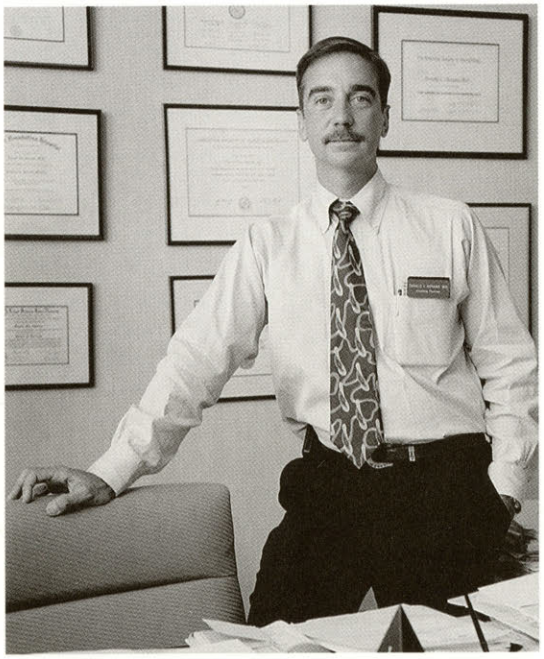
The Community: Broadening Knowledge Through Collaboration

Innovation, based firmly in science, has been a hallmark of the AIDS Program at SFGH since its inception. Establishment of the country's first community-based clinical trials consortium and creation of the first community outreach program for women at risk for HIV infection exemplify that creativity.

Community Consortium

As the AIDS epidemic gained momentum in the mid-1980s, few physicians in private practice had ready access to the information and drugs being developed in the academic research centers.

Oncologist **Donald Abrams**, who had then been treating AIDS patients at SFGH for four years, endorsed Mayor Dianne Feinstein's idea of bringing academic and community physicians together to exchange information, voice their concerns, and share frustrations in an atmosphere of professional fellowship.



Donald Abrams

In 1985, a group of 12 family practice physicians, infectious disease specialists, and internists gathered for the first meeting of the fledgling County Community Consortium.

From that core group the organization has grown to 250 members from five Bay Area counties, is known as the Community Consortium (CC), holds well-attended monthly meetings, sponsors clinical grand rounds at 10 Bay Area hospitals, and has 50 members at 20 San Francisco sites participating in Consortium-sponsored clinical trials.

Community-Based Clinical Trials

Prior to the formation of the CC, physicians who wanted their patients to participate in clinical trials of new drugs usually had to refer them to academic centers such as SFGH. Abrams expanded the CC to include the clinical testing of experimental therapies by community physicians in their own offices.

To ensure the studies' credibility—difficult outside a hospital research environment—the CC provides research nurses who help enroll patients, obtain consents, oversee proper dispensing of study medications, collect data and monitor results.

The CC's pioneering model helped to inspire the establishment of the Community Programs for Clinical Research in AIDS (CPCRA) by the National Institute of Allergy and Infectious Diseases, with whom the CC now has a $7 million, five-year contract for conducting drug trials in the community.

Not all trials are appropriate for community-based settings. The CC is focusing on studies using readily available agents and monitoring clinical (as opposed to laboratory) results. Examples are trials evaluating drugs to prevent AIDS-related opportunistic infections and investigations comparing the use of antiretroviral drugs ddI and ddC on patients who are unable to take, or have failed treatment with, AZT.

Three times a year, the Consortium publishes a *Directory of HIV Clinical Research in the Bay Area* and distributes it free to the medical community and the public.

AWARE outreach workers offer counseling about risks of contracting HIV.

AWARE (Association for Women's AIDS Research and Education)

In 1983, when few women had been diagnosed with AIDS, researchers **Judith Cohen**, **Constance Wofsy**, and **Laurie Hauer** anticipated that a large population of women were at risk for contracting the disease. They were concerned particularly about "sexually adventurous" women—prostitutes, women who have multiple sex partners, and heterosexual women whose partners may be IV drug users or bisexual.

They established AWARE as a community-based organization that would determine the prevalence of HIV in women by interviewing participants at locations where they would feel at ease and using interviewers who had similar HIV-risk backgrounds. The women also were offered confidential HIV testing, and counseling about the risks of unprotected sex.

Judith Cohen

Among the various subgroups of women participants, AWARE found wide variation in rates of HIV infection. Highest infection rate (16 percent) was among women who had used IV drugs and who also had IV drug-using partners. Women who did not use IV drugs, but who had IV drug-using partners or bisexual partners, were also at higher risk for HIV infection; nearly seven percent of them had become infected. The lowest risk was among women with multiple sexual partners, but with no history of personal IV drug use or sexual partners from high risk groups. Among these women, the HIV infection rate was less than one percent.

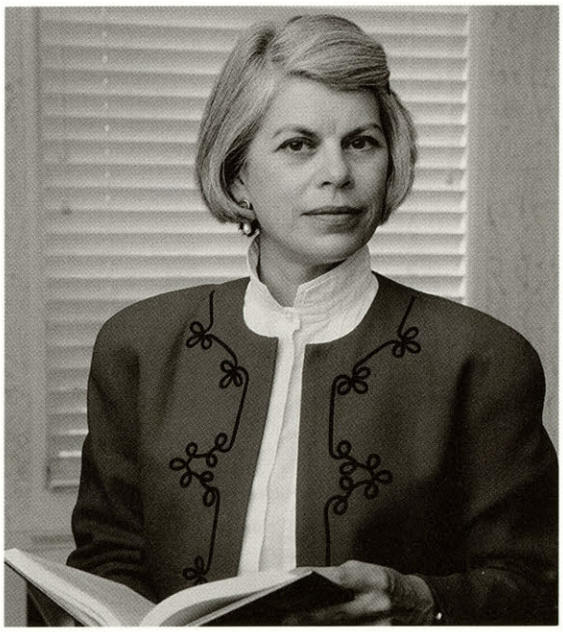
Under the direction of epidemiologist **Judith Cohen**, AWARE concluded its pilot study, participated in a seven-city study of prostitutes sponsored by the Centers for Disease Control, collaborated with COYOTE, the prostitutes' rights group, to conduct a Sex Industry Study in Oakland and San Francisco, and expanded its outreach to Bay Area women.

Today, there are more than 2,000 women enrolled in AWARE, each of whom is visited by an AWARE worker every six months. Each woman's present health status is evaluated, free testing for pregnancy, HIV, or other sexually transmitted diseases is provided, and she is referred to other health professionals for whatever needs are identified. Perhaps most important, she receives ongoing support and counseling about lifestyle risks to herself and her children—particularly important to women who feel powerless to negotiate with a sex partner who resists protected sex.

Professional Education: Global Sharing of Experience and Insights

As the AIDS epidemic has grown, and knowledge about AIDS-related malignancies and opportunistic infections has increased, AIDS Program researchers and clinicians have felt a moral imperative to share their expertise with community physicians. Physicians from all over the world look to the AIDS Program at SFGH for the opportunity to work side by side with the professionals who have designed model patient care programs and conducted leading edge research.

This imperative to share knowledge and insight was exemplified by the 1991 WHO/APEX HIV Training Program, spearheaded by **Constance Wofsy**, who directs the Program's professional education efforts. This innovative course provided a one-time, four-week intensive educational experience to ten HIV care providers from Bulgaria, Poland, Yugoslavia, Hungary and the USSR. During their stay at SFGH, the physicians were integrated into the regularly scheduled activities of the AIDS Program, attended didactic presentations especially developed for them, visited community AIDS organizations, and shared information about the state of HIV disease in their countries during well-attended grand rounds.



Constance Wofsy

❖

APEX (AIDS Provider Educational Experience), is the umbrella term for the professional education opportunities provided by the AIDS Program at SFGH under Wofsy's leadership. In addition to the many SFGH-sponsored courses, APEX frequently collaborates with agencies and organizations to provide integrated educational programs, including the SFGH Family Practice-directed Community Provider AIDS Training Program (CPAT), the Infectious Disease Society of America, and the United States Health Resource Services Agency (HRSA).

Among the important professional outreach activities are:

HLN APEX (Huey Lewis and the News AIDS Provider Education Experience)

The members of Huey Lewis and the News (HLN), a rock band with its roots in the San Francisco Bay Area, believe in helping their own community and put their beliefs to work in the battle against AIDS. Generous donations exceeding $600,000 since 1987 have made HLN the AIDS Program's largest single private contributor and have supported the establishment of a first-of-its-

Huey Lewis and the News and the band's manager Bob Brown (inset), have contributed more than $600,000 to fight AIDS.

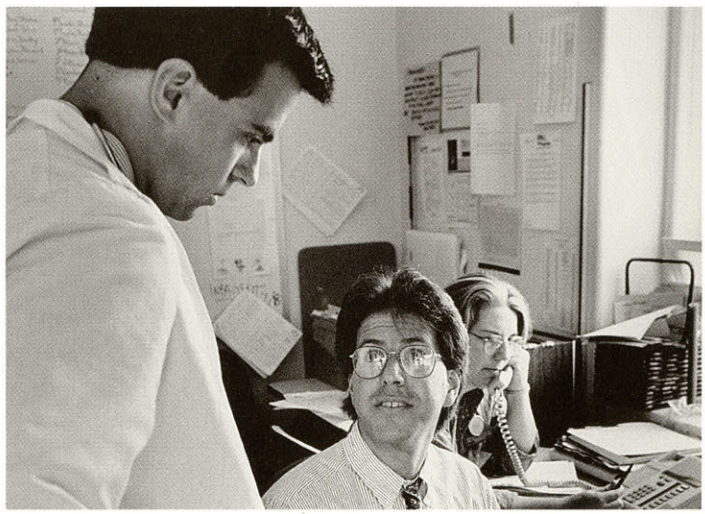
kind training center for community physicians. Since the inception of HLN APEX, 48 American physicians and 23 doctors from outside the United States have spent from one to four weeks at SFGH for workshops, community visits and observation of patient care.

Clinical Care of the AIDS Patient

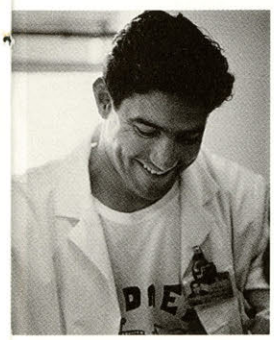
As part of UCSF's Extended Programs in Medical Education, **Merle Sande,** SFGH Medical Service, and **Paul Volberding**, AIDS Program, present this symposium which focuses on the practical issues that arise in the care of patients infected with HIV. The course is designed for practicing family practitioners, internists, infectious disease specialists and other primary care physicians and is presented jointly by the Division of Infectious Disease, the Department of Medicine and the AIDS Program of SFGH.

AIDS Electives

Senior students from UCSF's School of Medicine may elect a four-week rotation on Ward 86, under the leadership of Medical Director **Michael Clement.**



AIDS PROGRAM RESEARCHERS AND CLINICIANS FEEL A MORAL IMPERATIVE TO SHARE THEIR EXPERTISE WITH STUDENTS AND PRACTICING PHYSICIANS.



Residents in medicine and family practice receive four weeks intensive training in HIV care on SFGH's inpatient AIDS unit and outpatient AIDS clinic led by **John Stansell**, director of the inpatient unit on 5A.

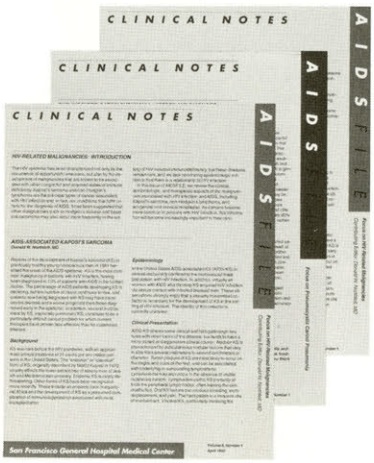
Consultations

In collaboration with the AIDS Program, SFGH's Infectious Disease Service provides fellowship training and clinical consultation on 5A and Ward 86, and UCSF and visiting physicians in training are offered a one-month rotation on the inpatient service for consultation on AIDS care.

Visitors' Programs

This informal program is tailored to specific requests. A visiting physician may spend as little as one or two days observing and interviewing. More often, another department or division (e.g. pulmonary medicine or infectious disease) collaborates to offer the visiting doctor the opportunity to join in clinical and research activities from one to six months.

❖



Publishing

AIDSFILE, a newsletter providing detailed research and treatment information on specific clinical topics, is published quarterly by the AIDS Program of SFGH. As many as 13,000 copies of *AIDSFILE* are mailed to Northern California physicians, UCSF medical students and house staff, and physicians worldwide. The publication, which is written by Program faculty and edited by **Paul Volberding** and **Alice Trinkl**, is supported by CFAR, the NIH-funded Center for AIDS Research at UCSF.

Synopsis, the minutes of the Community Consortium's monthly meeting, is an important summary of the status of various community-based clinical trials and current treatment information.

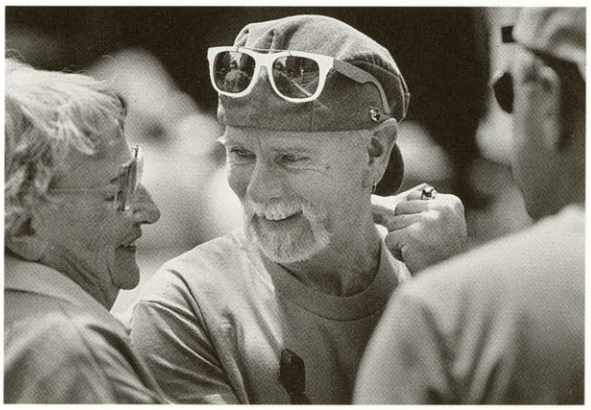
Paul Volberding is editor and **James Kahn** is associate editor of the *Journal of Acquired Immunodeficiency Syndrome,* a prestigious professional journal published by Raven Press in New York.

Tours and Visits

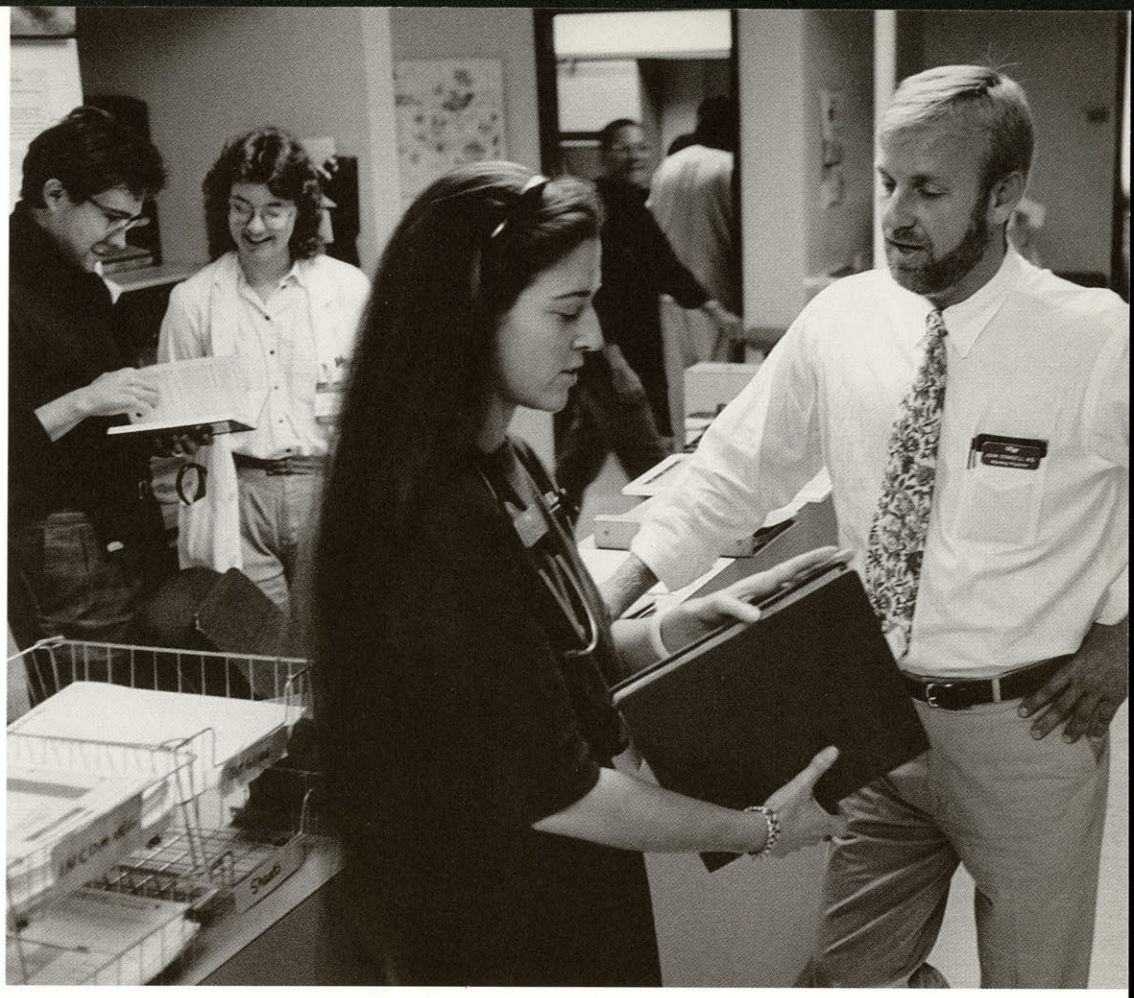
The AIDS Program is host to many visiting groups from across the U.S. and the world each year and accommodates dozens of individual requests to meet with faculty members and tour the Program. The visitors represent a cross-section of professions and health concerns, e.g. international leaders, inner-city hospital administrators, and political candidates.

Media Relations

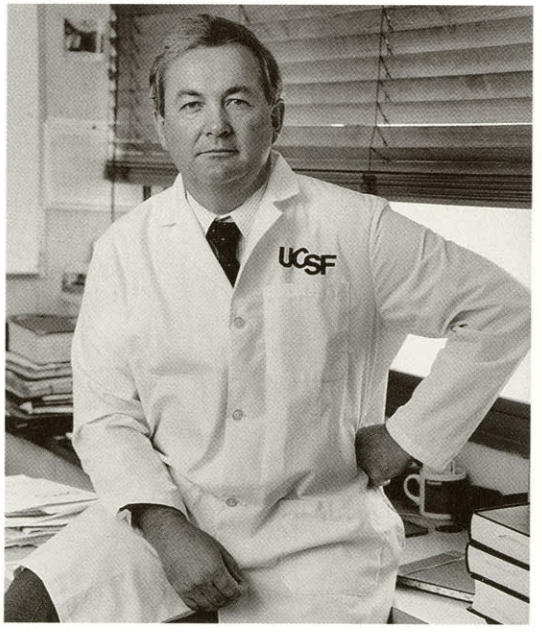
To further it's mission of educating the professional community and the public, the AIDS Program solicits and facilitates responsible media coverage of important research developments and innovations ir patient care.



THE AIDS PROGRAM IS AN EXTRAORDINARY COLLABORATION BETWEEN UCSF AND THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH. ON WARD 5A, THE INPATIENT AIDS UNIT AT SFGH, UCSF PHYSICIANS WORK IN CLOSE HARMONY WITH CITY NURSES AND HEALTH PROFESSIONALS TO FIGHT THE AIDS EPIDEMIC.



Laura Worth and John Stansell consulting on Ward 5A, San Francisco General Hospital's AIDS unit.



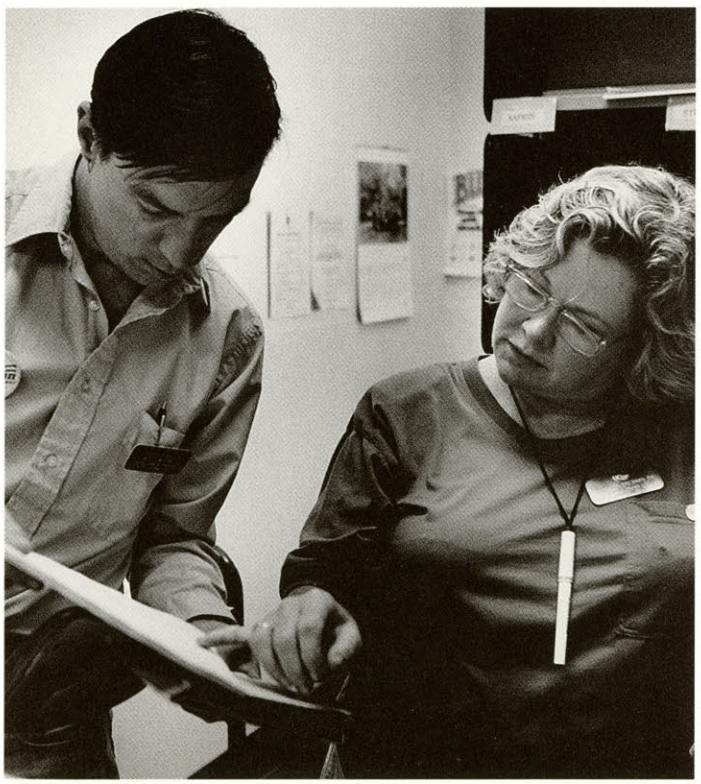
Merle Sande, chief, medical service, SFGH

UCSF Center for AIDS Research (CFAR)

UCSF has been a leading academic health sciences institution in the fight against AIDS since the epidemic began. **Arthur Amman** and UCSF pediatric immunologists were the first to warn the U.S. Centers for Disease Control that blood transfusions could transmit the AIDS virus; **Jay Levy**'s laboratory was one of three groups in the world to isolate the AIDS virus; School of Dentistry researchers **John** and **Deborah Greenspan** found the first link between hairy leukoplakia and AIDS; **Marcus Conant**, in collaboration with Jay Levy's laboratory, was the first to establish that latex condoms are an effective barrier to HIV; and the School of Nursing was the first in the country to offer a graduate curriculum in AIDS.

Throughout the 1980s UCSF investigators were making pivotal contributions to AIDS research. However, their geographic dispersal throughout the city, caused by UCSF's lack of contiguous research space, precluded meaningful and timely information exchange.

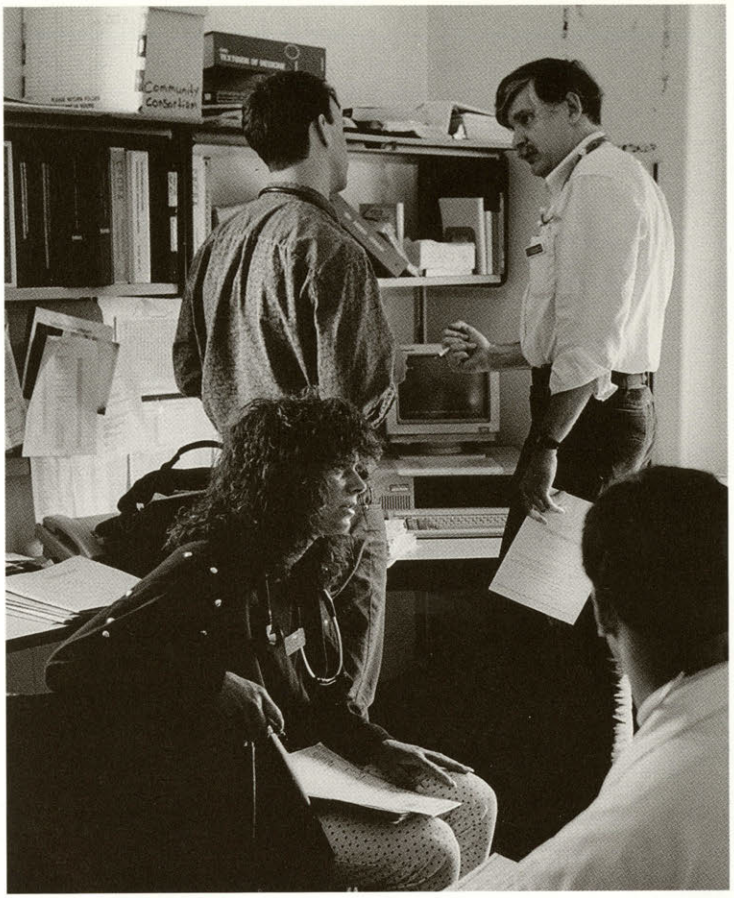
In 1988, with funding from the National Institute of Allergy and Infectious Diseases (NIAID), UCSF organized the Center for AIDS Research to meet the need for a centralized infrastructure for AIDS research. **Paul Volberding**, director of the AIDS Program at SFGH, and **John Ziegler**, director of the state-funded UCSF AIDS Clinical Research Center, are CFAR's co-directors, with core leadership coming from UCSF investigators who have been active in HIV research since the AIDS epidemic began. Administrative space and personnel are shared with the UCSF AIDS Program of SFGH, which Volberding also directs.



❖

UCSF research units participating in CFAR are:

- Clinical and Laboratory Studies in AIDS
- UCSF AIDS Clinical Research Center (ACRC)
- AIDS Clinical Trials Group (ACTG)
- Community Consortium
- Oral AIDS Center
- Center for AIDS Prevention Studies (CAPS)
- VA Center for AIDS Research and Education (VACARE)
- Bay Area Perinatal AIDS Center (BAPAC)



- Northern California Pediatric AIDS Treatment Center (PATC)
- Substance Abuse Treatment Research Unit (TRU)
- AIDS Program of SFGH
- Institute for Health Policy Studies

More than 300 UCSF researchers and clinicians are waging a $100 million battle against AIDS. In addition to the AIDS Program of SFGH described throughout this report, the following activities are particularly noteworthy:

Research

Under grants totalling more than $4.5 million from NIH, a team from the Schools of Pharmacy and Medicine led by **George Kenyon** is working to develop new drugs to fight AIDS using techniques of computer-assisted drug design.

Researchers at the UCSF School of Dentistry set up the first AIDS serum and tissue bank—now one of the largest and most valuable repositories—to help researchers worldwide study the disease.

Patient Care

Care provided to AIDS patients at UCSF and affiliated institutions in 1990-91 accounted for 3,164 hospital discharges and 39,057 outpatient visits.

A team led by pediatric immunologist **Diane Wara** has established a program for treating children with AIDS, and has embarked on a study of pregnant IV-drug-using women to see what determines whether an infant infected with HIV goes on to develop AIDS.

The Bay Area Perinatal AIDS Center (BAPAC) has been created to identify and care for infants and pregnant women at high risk for contracting AIDS.

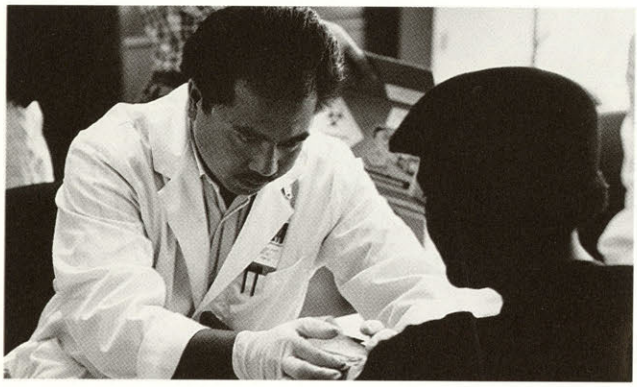
Prevention

The Center for AIDS Prevention Studies (CAPS), with $18 million in grants from the National Institutes of Mental Health, sponsors programs ranging from primary prevention among middle school children to coping effectiveness training among HIV-positive men in the hope of slowing disease progression. CAPS works closely with community-based service providers including the Bayview-Hunters Point Foundation, the San Francisco AIDS Foundation, the San Francisco Department of Public Health and Communications Technologies.

Early in the epidemic, UCSF physicians and dentists developed infection control guidelines to protect AIDS patients and hospital workers, which have been widely utilized around the country. UCSF also established the country's first 24-hour needlestick hotline where health care workers who receive an accidental needlestick can call to receive medical help and psychological counseling.

As public unease grew about the risk of transmission from health care workers to patients, pressure mounted for mandatory testing and prohibiting infected workers from performing certain procedures. UCSF researchers, led by **Julie Gerberding**, director of the Center for Hospital Epidemiology and Infection Control, determined that there was no scientific evidence to support such costly and punitive measures. They developed a strict infection control policy which relies on vigilance, education, peer review and peer pressure to protect the patients in their care.

Medical students teach high school students about AIDS, participate in the Balboa High School Teen Clinic on AIDS, and volunteer their time to teach sex and health education.



THE AIDS PROGRAM OF SFGH IS ONE OF 12 RESEARCH ENTITIES THAT MAKE UP THE FEDERALLY FUNDED UCSF CENTER FOR AIDS RESEARCH (CFAR).

UCSF's Department of Family and Community Medicine at SFGH, in collaboration with the San Francisco Department of Public Health and the San Francisco Community Clinic Consortium, developed the Community Provider AIDS Training Program (CPAT) in 1989. CPAT physicians, nurse practitioners, dentists, and pharmacists provide on-site training to health professionals at 20 clinics and doctors' offices in underserved areas of San Francisco.

UCSF researchers received $10 million from the National Institute of Drug Abuse to seek better ways to help people get off drugs and thus slow the spread of AIDS. The five-year grant supports a new San Francisco Treatment Research Unit, a collaboration between SFGH, VAMC, the Bayview-Hunter's Point Foundation, and the San Francisco Department of Public Health.

Education and Policy

UCSF was host to the 6th International Conference on AIDS in 1990, along with the San Francisco Department of Health, the World Health Organization, the International AIDS Society and the American Foundation for AIDS Research (AmFAR).

Researchers in UCSF's Institute for Health Policy Studies have been conducting research on HIV/AIDS since 1983 in the hope that their findings will guide policy makers concerned about the epidemic. Current investigations include:

- Estimates of the impact and cost of HIV prevention in injection drug users;
- Evaluation of community intervention for multiproblem street youth at risk for AIDS in six cities (Boston, Denver, Houston, Miami, Washington, DC, and San Francisco);
- Evaluation of needle/syringe exchange programs;
- Cost-effectiveness of testing health workers and patients.

❖

The UCSF Library and Center for Knowledge Management, with a grant from the National Archives, has coordinated an AIDS History Project which is expected to serve as a prototype for local communities throughout the country in documenting their responses to the disease.

❖

SINCE THE AIDS EPIDEMIC BEGAN IN THE EARLY 1980S, UCSF HAS MADE PIVOTAL CONTRIBUTIONS TO AIDS RESEARCH. TODAY, MORE THAN 300 UCSF RESEARCHERS AND CLINICIANS ARE WAGING A $100 MILLION BATTLE AGAINST AIDS.

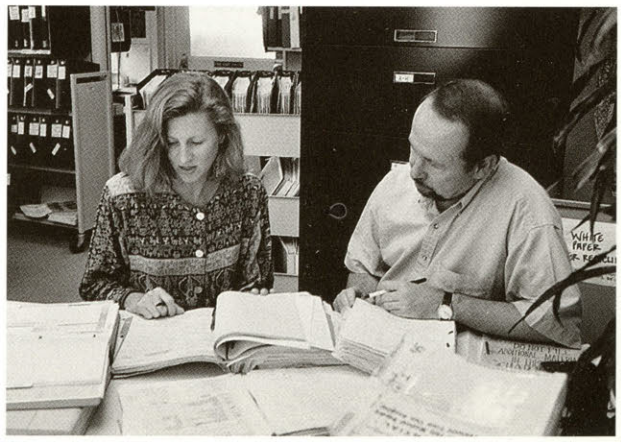
To meet its goal of expanding and coordinating the AIDS research base at UCSF, CFAR:

- Supports four core facilities for shared resources—Specimen Processing and Preservation Services, Monoclonal Antibody Laboratory, Clinical Pharmacology Laboratory, and Epidemiology/Statistics
- Awards grants to new investigators
- Sponsors symposia, seminars and workshops
- Publishes *Grant Alert,* a monthly newsletter providing potential UCSF investigators with timely information about NIH requests for applications or proposals
- Supports a public information professional to communicate significant CFAR research to the campus community and the public
- Contributes to publication of *AIDSFILE*

❖

Among key CFAR projects in development:

- Collaboration with the new Gladstone Institute of Virology and Immunology, one of the few major research centers in the world working exclusively with AIDS. Built with funds provided by the state and supported by the Gladstone Foundation and UCSF, the Institute is directed by renowned molecular biologist **Warner C. Greene**.
- CFAR Vaccine Consortium, led by CFAR associate director **James Kahn**, which will focus on basic research and clinical trials of vaccines in the U.S. and developing countries in Africa.
- Women's Studies Group, led by **Ruth Greenblatt**, which will coordinate multiple research activities in an attempt to improve funding for further study of heterosexual transmission of HIV infection.



Worldwide Recognition

In recognition of their pioneering approach to patient care, their innovative collaborations in the community to prevent the spread of AIDS, and their leading edge research, AIDS Program faculty and staff have gained international prominence. They have been honored with prizes and distinguished awards, elected to key positions in professional organizations, and appointed to prestigious boards and committees in the U.S. and abroad.

AIDS Program investigators have published hundreds of journal articles reporting major research findings. Among the most significant, listed according to leading author or principal investigator, are:

Donald Abrams

"Persistent Diffuse Lymphadenopathy in Homosexual Men: Endpoint or Prodrome?," *Annals of Internal Medicine,* 1984

"Antibodies to Human T-lymphotropic Virus Type-III Antibodies and Development of Acquired Immunodeficiency Syndrome in Homosexual Men Presenting with Immune Thrombocytopenia," *Annals of Internal Medicine,* 1985

"Aerosolized Pentamidine for Prophylaxis Against *Pneumocystis carinii* Pneumonia," *New England Journal of Medicine,* 1990

"Alternative Therapies in HIV Infection," *AIDS,* 1990

Mark Jacobson

"Tolerance and Efficacy of Intermittent Intravenous Foscarnet for Cytomegalovirus Retinitis in Patients with AIDS," *Antimicrobial Agents and Chemotherapy,* 1989

"Serum Beta-2-Microglobulin Decreases in AIDS and ARC Patients Treated with Azidothymidine," *Journal of Infectious Diseases,* 1989

"Immune Markers as Predictors of Long-Term Survival and as Surrogate Endpoints for Antiretroviral Drug Efficacy in Patients with AIDS and ARC Treated with Zidovudine," *British Medical Journal,* 1991

"*In vivo* Additive Antiretroviral Effect of Combined Zidovudine and Foscarnet Therapy for Human Immunodeficiency Virus Infection," *Journal of Infectious Diseases,* 1991

James Kahn

"The Safety and Pharmacokinetics of Recombinant CD4 (rCD4) in Patients with AIDS and AIDS-Related Complex: A Phase I Study," *Annals of Internal Medicine,* 1990

"The Safety and Pharmacokinetics of GLQ223 in Subject with Acquired Immunodeficiency Syndrome (AIDS) and AIDS-Related Complex: A Phase I Study," *AIDS,* 1990

"A Comparison of Didanosine to Zidovudine in HIV-Infected Persons Who Have Tolerated at Least 16 Weeks of Zidovudine: a Randomized Controlled Trial," (submitted)

"Treatment of HIV-Associated Thrombocytopenia with rCD4-IgG," (submitted)

Lawrence Kaplan

"Kaposi's Sarcoma Involving the Lung in Patients With the Acquired Immunodeficiency Syndrome," *Journal of Acquired Immune Deficiency Syndrome,* 1988

"AIDS Associated Non-Hodgkins Lymphoma in San Francisco," *Journal of the American Medical Association,* 1989

"A Phase I/II Study of Recombinant Tumor Necrosis Factor and Recombinant Human Interferon-Gamma in Patients with AIDS-Related Complex," *Biotechnology Therapeutics,* 1989-90.

"Clinical and Virologic Effects of Recombinant Human Granulocyte-Macrophage Colony-Stimulating Factor (rGM-CSF) in Patients Receiving Chemotherapy for HIV-Associated Non-Hodgkins Lymphoma: Results of a Randomized Trial," *Journal of Clinical Oncology,* 1991

Michael McGrath

"GLQ223: An Inhibitor of Human Immunodeficiency Virus Replication in Acutely and Chronically Infected Cells of Lymphocyte and Mononuclear Phagocyte Lineage," *Proceedings of the National Academy of Sciences,* 1989

"HIV-Infected Macrophages Produce Soluble Factors that Cause Histological and Neurochemical Alterations in Cultured Human Brains," *Journal of Clinical Investigation,* 1991

"AIDS-Associated Polyclonal Lymphoma: Identification of a New HIV-Associated Disease Process," *Journal of Acquired Immunodeficiency Syndrome,* 1991

"AIDS-Associated T cell lymphoma: Evidence for HIV-1 Associated T-Cell Transformation," *Blood,* 1992

Sharon Safrin

"Foscarnet Therapy in Five Patients with AIDS and Acyclovir-Resistant Varicella Zoster Infection," *Annals of Internal Medicine,* 1991

"Herpes Simplex Virus Infection in Patients with the Acquired Immunodeficiency Syndrome," *AIDS,* 1991

"Treatment of Acyclovir-Resistant Mucocutaneous Herpes Simplex Infection in Patients with the Acquired Immunodeficiency Syndrome: A Randomized Multicenter Study of Foscarnet Versus Vidarabine," *New England Journal of Medicine,* 1991

"Long-term Complications of Pelvic Inflammatory Disease," *American Journal of Obstetrics and Gynecology,* 1992

Paul Volberding

"The Clinical Spectrum of the AIDS-Implications for Comprehensive Patient Care," *Annals of Internal Medicine,* 1985

"HIV Infection as a Disease: the Medical Indications for Early Diagnosis," *Journal of Acquired Immune Deficiency Syndrome,* 1989

"Zidovudine in Asymptomatic Human Immunodeficiency Virus Infection," *New England Journal of Medicine,* 1990

"Effects of Zidovudine Therapy in Minority and Other Subpopulations with Early HIV Infection," *Journal of the American Medical Association,* 1992.

Constance Wofsy

"Isolation of AIDS Associated Retrovirus from Genital Secretions of Women with Antibodies to the Virus," *Lancet,* 1986

"AIDS in Women," (editorial), *Journal of the American Medical Association,* 1987

"Women and the Acquired Immunodeficiency Syndrome—An Interview," *Western Journal of Medicine,* 1988

"Oral Therapy for *Pneumocystis carinii* Pneumonia (PCP) in the Acquired Immunodeficiency Syndrome: a Controlled Trial of Trimethoprim-sulfamethoxazole Versus Trimethoprimdapsone," *New England Journal of Medicine,* 1990

Resources

AIDS Program

San Franciso General Hospital
995 Potrero Avenue, Ward 84
San Francisco, CA 94110
(415) 476-4082

AIDS Outpatient Clinic

San Francisco General Hospital
995 Potrero Avenue, Ward 86
San Francisco, CA 94110
(415) 476-0828

APEX (AIDS Professional Education Experience)

San Francisco General Hospital
995 Potrero Avenue, Ward 95
San Francisco, CA 94110
(415) 476-4082

AWARE (Association for Women's AIDS Research and Education)

3180 Eighteenth Street, Suite 205
San Francisco, CA 94110
(415) 476-4091

Clinical Research Section AIDS Program

San Francisco General Hospital
995 Potrero Avenue, Ward 84
San Francisco, CA 94110
(415) 476-9296

Community Consortium

3180 Eighteenth Street, Suite 201
San Francisco, CA 94110
(415) 476-9554

Research Laboratories AIDS Program

San Francisco General Hospital
995 Potrero Avenue, Ward 84
San Francisco, CA 94110
(415) 476-4082

Faculty and Staff

Physician Staff

Donald Abrams, MD
Director, Community Based Research
Professor, Medicine, UCSF

Jeffrey Burack, MD
Co-Director, Substance Abuse HIV Services, Clinical Instructor, Medicine UCSF

Michael Clement, MD
Medical Director, AIDS Clinic, SFGH
Assistant Professor, Medicine, UCSF

Peter Cohen, MD, PhD
Director, AIDS Registry and Computing Support
Associate Professor, Medicine, UCSF

Mark Jacobson, MD
Director, Research Section, UCSF AIDS Program, SFGH
Assistant Professor, Medicine, UCSF

James Kahn, MD
Associate Director, AIDS Program, SFGH
Assistant Professor, Medicine, UCSF

Lawrence Kaplan, MD
Director, Lymphoma Clinical Services
Associate Professor, Medicine, UCSF

Judith Luce, MD
Director, Oncology Services
Associate Professor, Medicine, UCSF

Michael McGrath, MD, PhD
Director, AIDS Immunobiology Research Laboratory, SFGH
Associate Professor, Laboratory Medicine, UCSF

Sharon Safrin, MD
Director, Herpes Research Laboratory
Assistant Professor, Medicine and Epidemiology and Biostatistics, UCSF

John Stansell, MD
Director, Inpatient Service, 5A, SFGH
Assistant Professor, Medicine, UCSF

Paul Volberding, MD
Chief, UCSF AIDS Program and Clinical Oncology, SFGH
Director, Center for AIDS Research, UCSF
Professor, Medicine, UCSF

Constance Wofsy, MD
Professor, Medicine, UCSF
Assistant Chief, Infectious Diseases, SFGH

Laura Worth, MD
Assistant Director, Inpatient Services, SFGH
Clinical Instructor, Medicine, UCSF

Clinic Providers

Karen Bayle, MD
David Baer, MD
Molly Cooke, MD
Mark Feinberg, MD, PhD
Stephan Follansbee, MD
Nancy Harris, MD
Sandra Hernandez, MD
Dave Irwin, MD
Jill Legg, MD
Gifford Leoung, MD
Ann Lowe, MD
Joseph McCune, MD
Dawn McGuire, MD
Alexander Moy, MD
Edward Murphy, MD
Robert Robles, MD
Samuel Saks, MD
Mark Smith, MD
Leslie Squires, MD
Dan Wlodarczyk, MD

Administration

Chief: Paul Volberding, MD
Associate Director: James Kahn, MD
Management Services Officer: Barbara Woodruff
Business Manager: Curt Denham
Administrative Assistant: Cathryn Roseberry

Staff:

Jessica Ainsworth
Kathleen Chung
Jeff Hamilton
Nancy Hui
Thomas Lupoli
Nadine Lurie
Kelly O'Donoghue
Martin Rios
Alice Trinkl
Julia Tsoi
Craig Wolf

Journal of Acquired Immune Deficiency Syndrome

Co-Editor in Chief: Paul Volberding, MD
Assistant Editor: James Kahn, MD
Editorial Assistant: Douglas Beardslee

AIDS Registry and Computing Support

Director: Peter Cohen, MD, PhD

The UCSF AIDS Program of
San Francisco
General Hospital

995 Potrero Avenue, Ward 84
San Francisco, CA 94110

HISTORY OF AIDS PROGRAM ORGANIZATION

1980-81 - Earliest patients admitted to SFGH with what we now know as AIDS

June 1981 - First patient with Kaposi's sarcoma admitted

July 1981 - Paul Volberding arrives to form Medical Oncology Division at SFGH
Outpatients seen in Ward 5B which was used as on-call sleep rooms at night

1981-1982 - Kaposi's Sarcoma clinic formed at UCSF directed by Marcus Conant and Paul Volberding

Patients referred to SFGH Oncology clinic for treatment after initial evaluation at UCSF

Opportunistic infections in KS patients managed by Constance Wofsy, then Acting Chief of Infectious Diseases at SFGH who joins AIDS Program as it is initially constituted.

First City support is awarded to AIDS Clinic in September 1982 as a supplement to contract with UCSF

First NIH support to UCSF AIDS Research in form of an NCI Cooperative Agreement

Jan 1, 1983 - AIDS Clinic opens on Ward 86 - south end only

June 1983 - Inpatient AIDS unit opens as 12 bed facility on Ward 5B

July 1983 - Donald Abrams joins SFGH Oncology Division and transfers PGL contract to SFGH

1984 - AIDS Activities Division formed in Medical Service. Also lead by Volberding but Medical Oncology Division continues as separate unit State of California begins AIDS research funding through Task Force. In San Francisco, this is administered by John Ziegler as the AIDS Clinical Research Center which supported clinical research at SFGH AIDS Clinic

(Date?)

Outpatient clinic first occupies full floor of Ward 86

Administrative and faculty offices move to Ward 84

Ward 95 opens for AIDS Program and epidemiology functions

Original award of AIDS Treatment Evaluation Unit Center (ACTG) to John Mills

County Community Consortium first organized

November 1983 - JB Molaghan and Gary Carr join. First NPs in the AIDS effort.

(Date)?

1st ATEU subject entered on Protocol 001

1st subject entered on ACTG Protocol 019

6/90 - 6th International Conference on AIDS/San Francisco

-/89 - AIDS PIR

7/90 - New Section of Clinical Trials organized

THE MISSION OF THE AIDS PROGRAM AT SAN FRANCISCO GENERAL HOSPITAL

The AIDS Program has three central priorities which guide our efforts:

1. *To provide care that is comprehensive, expert and humane to a population which reflects the demographic and clinical spectrum of HIV disease*

2. *To conduct an aggressive research agenda that enables us to improve our patient care and the duration and quality of our patient's lives*

3. *To share our experience with other health care professionals and the public through our publications and direct educational programs*

In order to reach our goals, the many persons who work in the AIDS Program have similar needs and committments irrespective of their individual positions. Many of these act as standards through which we can evaluate our own performance and that of the Program itself. A partial list includes:

Each member of the Program faculty and staff is personally committed to the AIDS effort and our success requires us to respect each other and the importance of the many roles that support this effort.

We are dedicated to helping our patients and to extending the same level of care and compassion to each patient regardless of race, ethnic origin, economic class or HIV acquisition behavior.

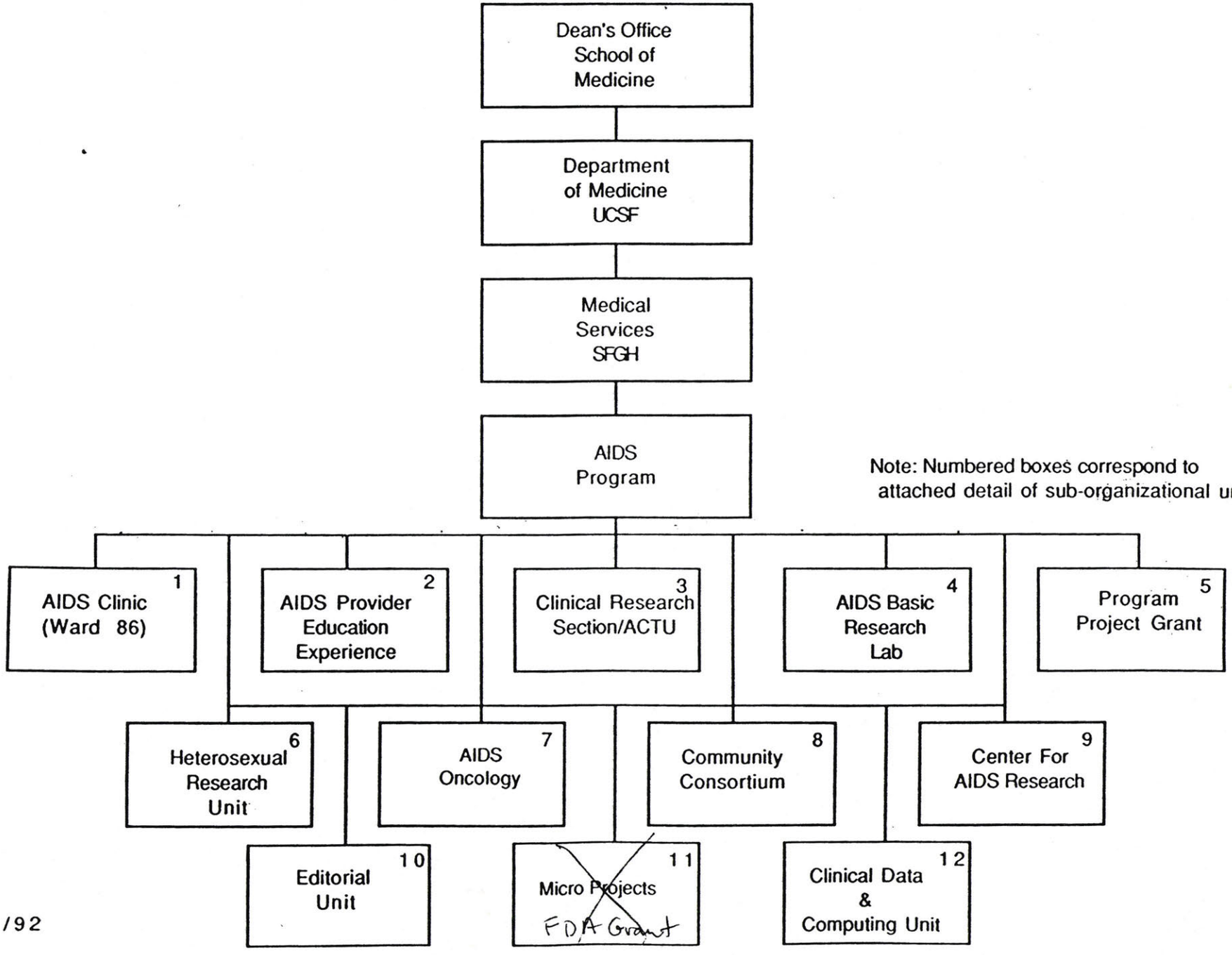
Our Program is considered to be a model of response to the AIDS epidemic. This places us in the public's eye, making it critical that each of us communicate our ideas effectively and that we convey our priorities and the commitment and compassion that underlie them.

As effective communicators, members of our faculty and staff are called upon to act as educators to the public and as articulate advocates for populations that may have more limited abilities or opportunities to speak for themselves. As knowledgeable AIDS caregivers, we have the obligation, indeed the duty, to clarify, correct, educate, dispel rumor, and to act as a voice of reason and truth when others are misinformed or misled.

As dedicated caregivers, we hold ourselves committed to the following beliefs:

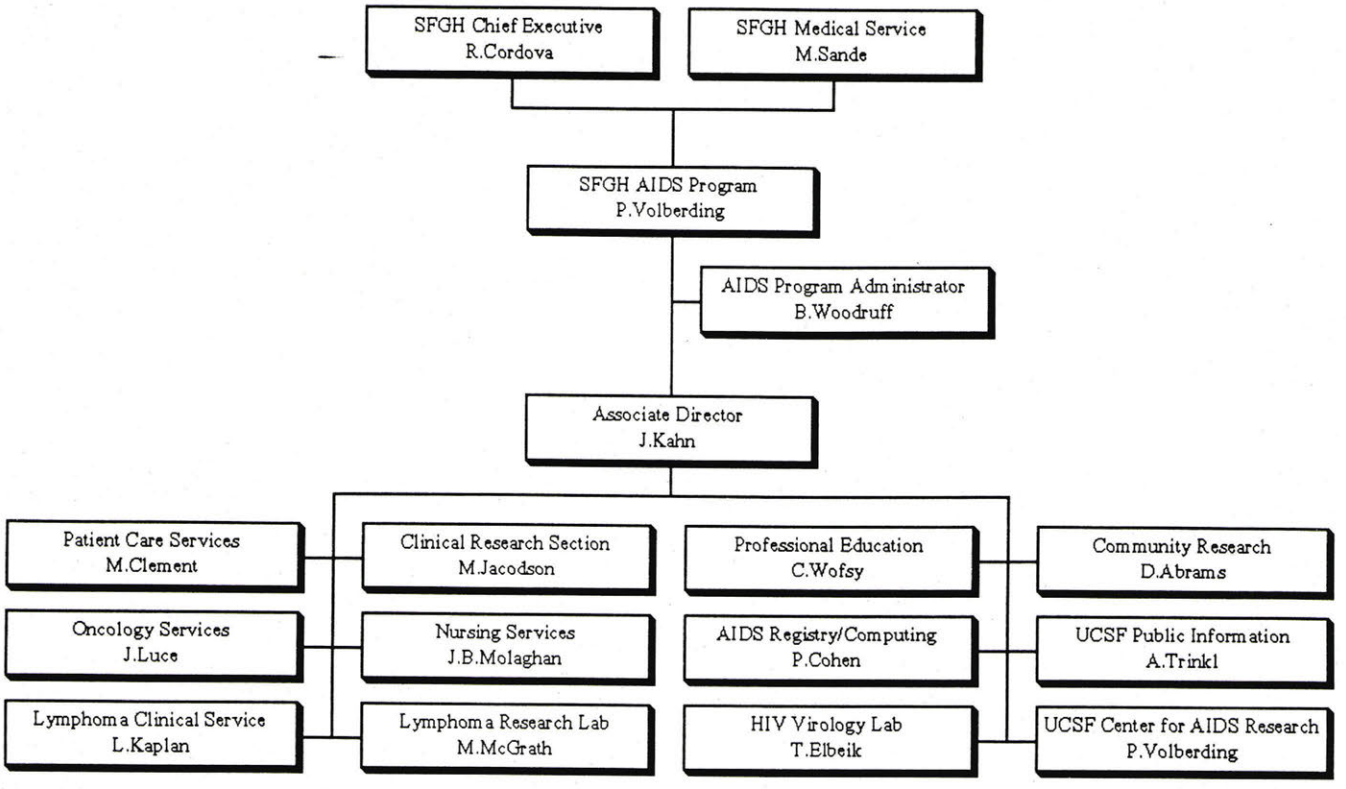
Our patients have the right to be treated in a setting and manner which conveys a reassuring sense of professionalism.

AIDS PROGRAM AT SFGH

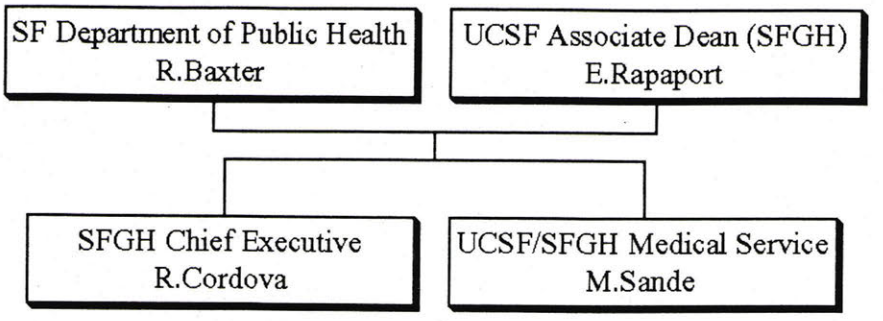


3/1/92

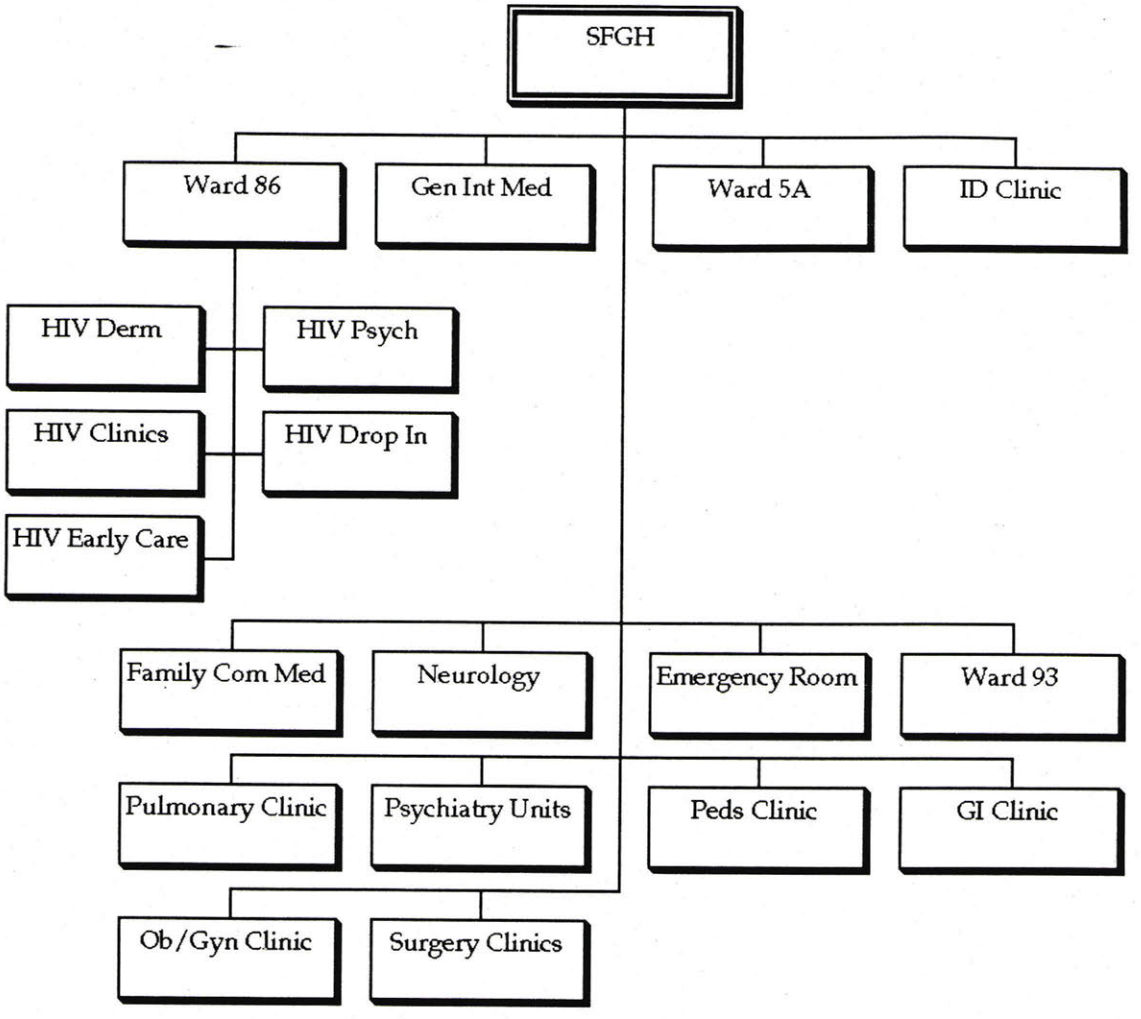
SFGH AIDS Program Overview



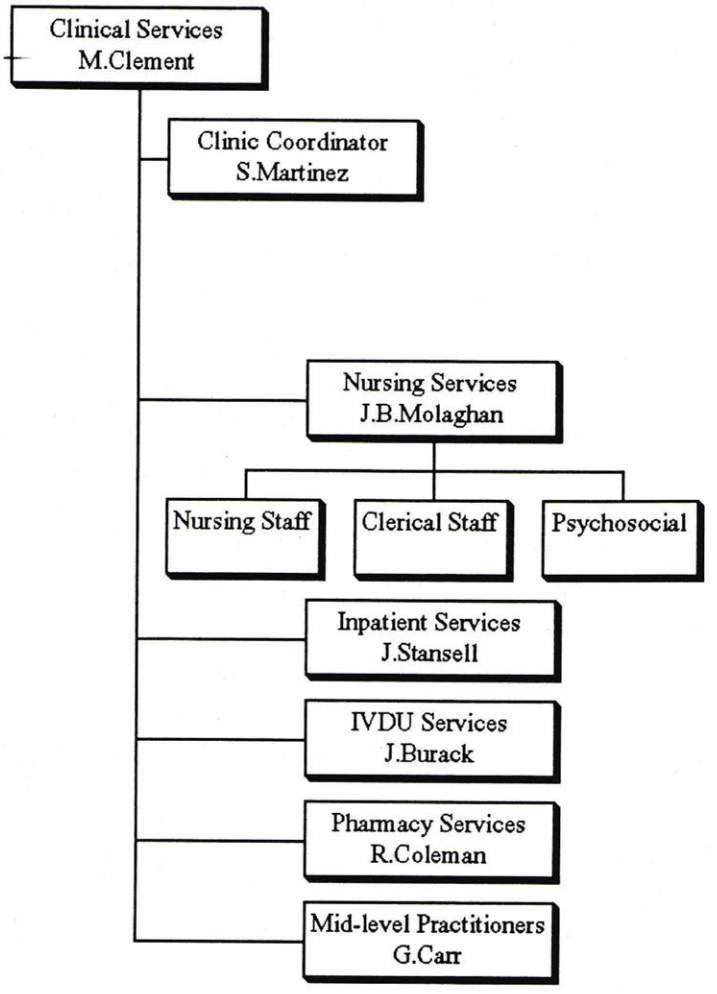
Administrative Relationships Above AIDS Program



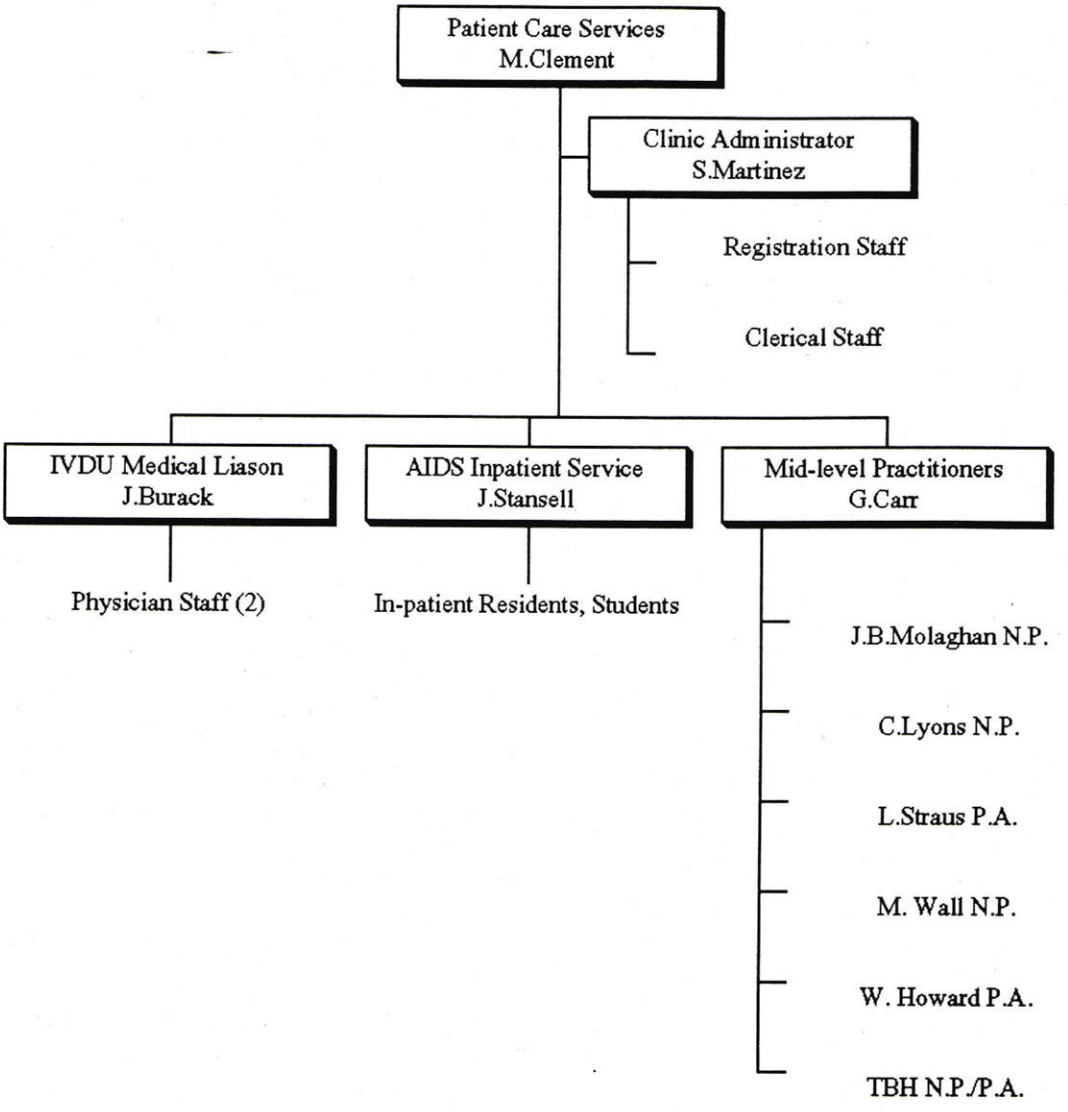
HIV Services at SFGH (Selected)



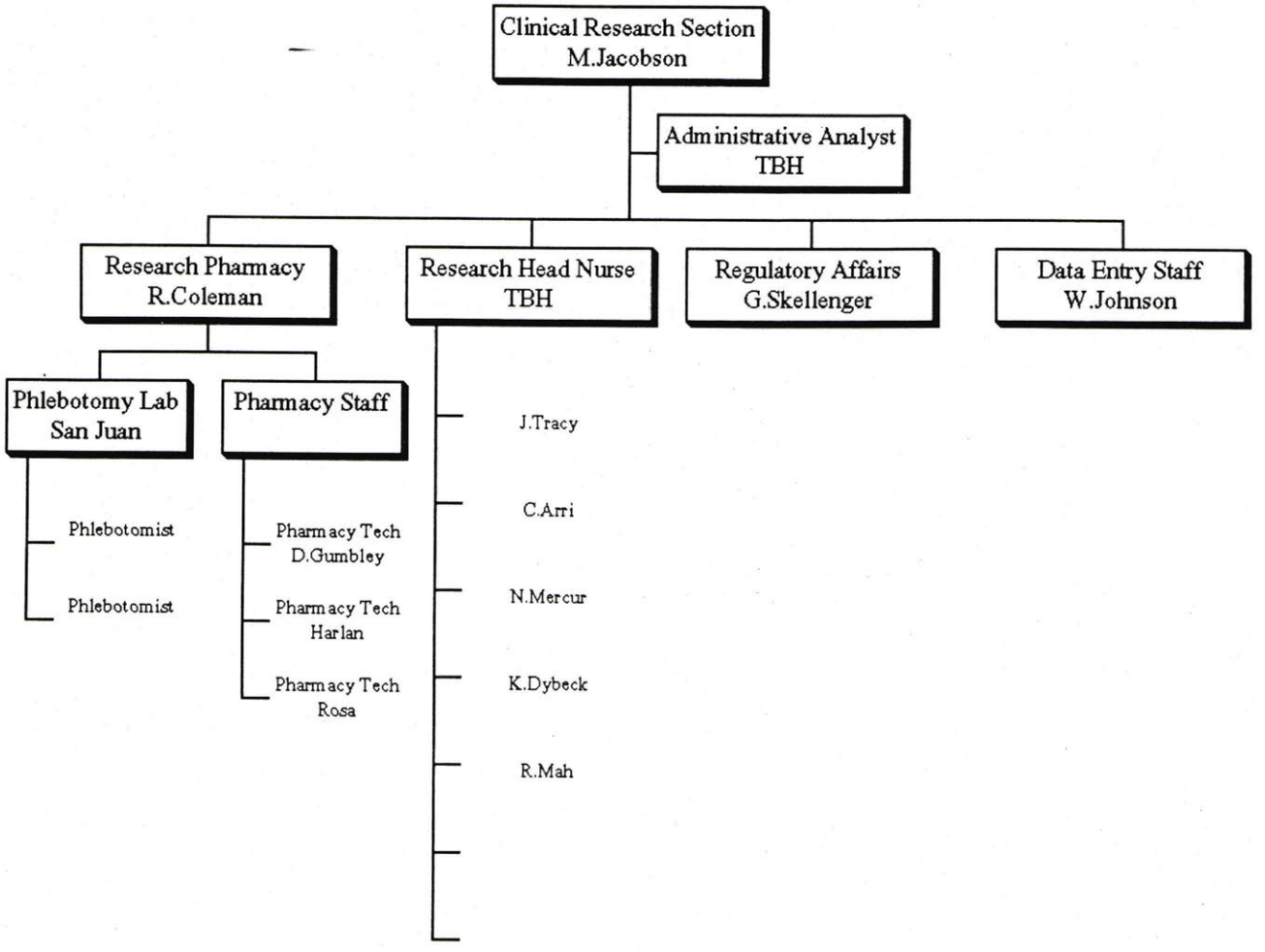
Clinical Services Organization



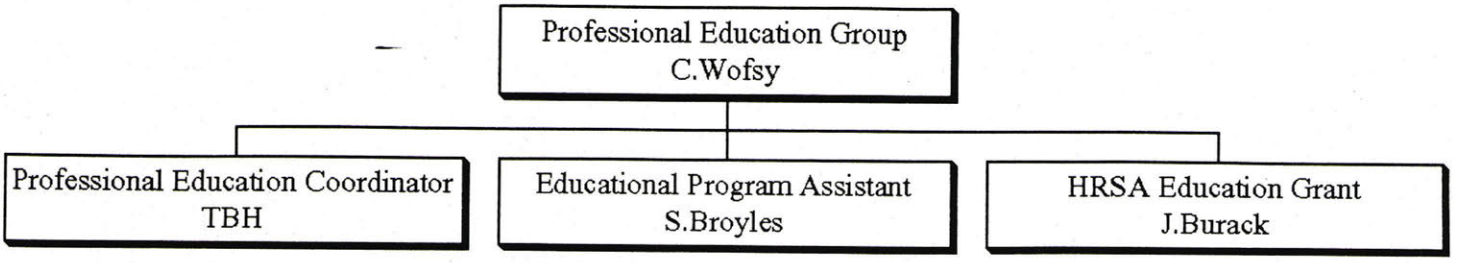
AIDS Program Patient Services Group



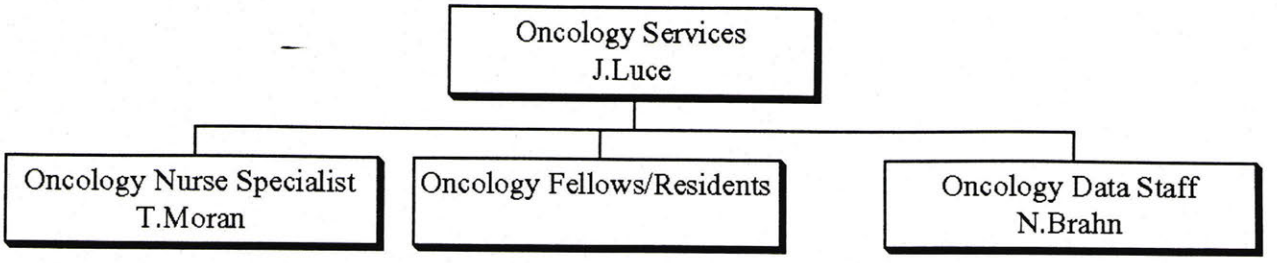
AIDS Program Research Section



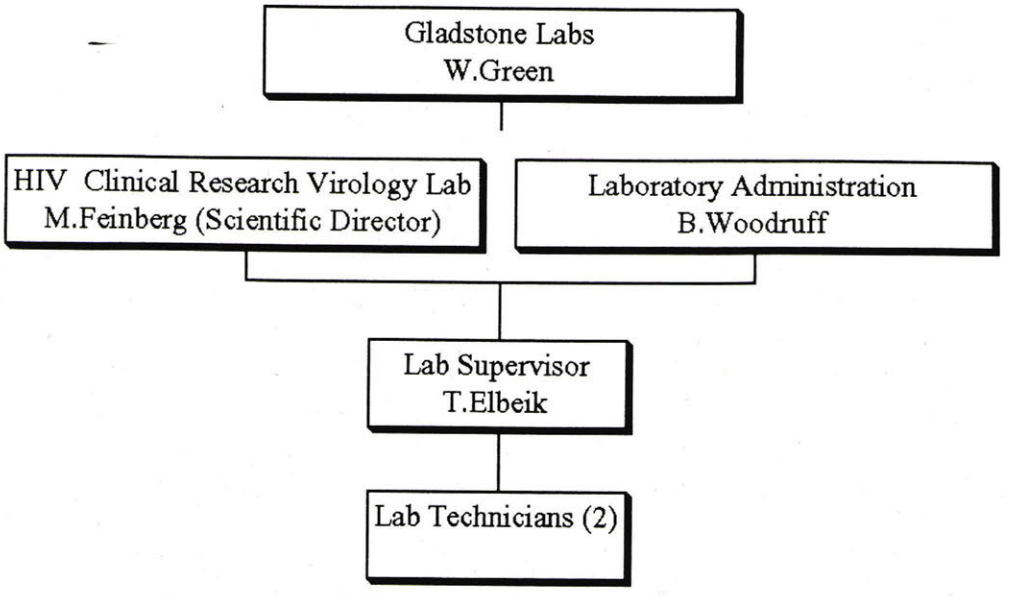
AIDS Program Professional Education



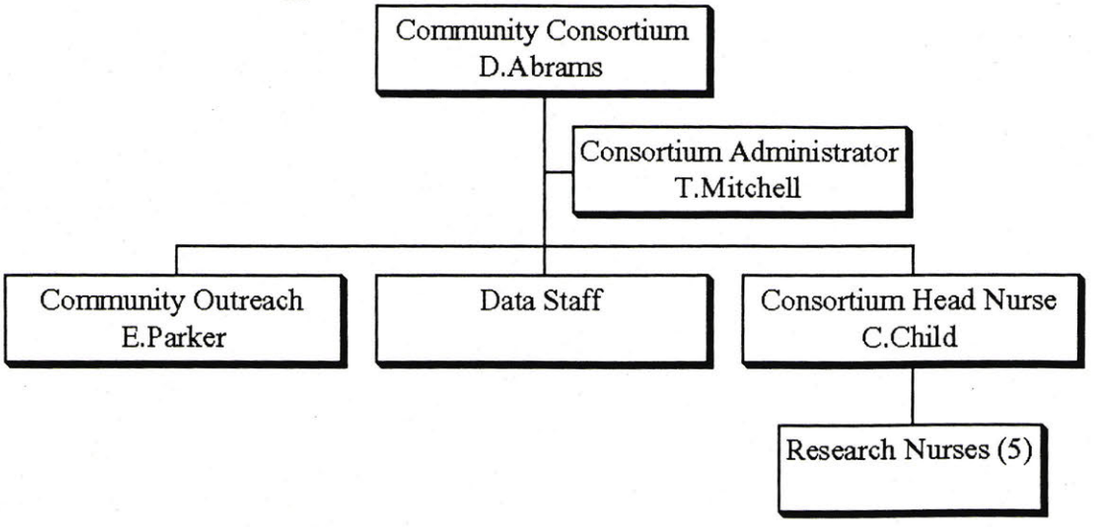
Oncology Services Overview



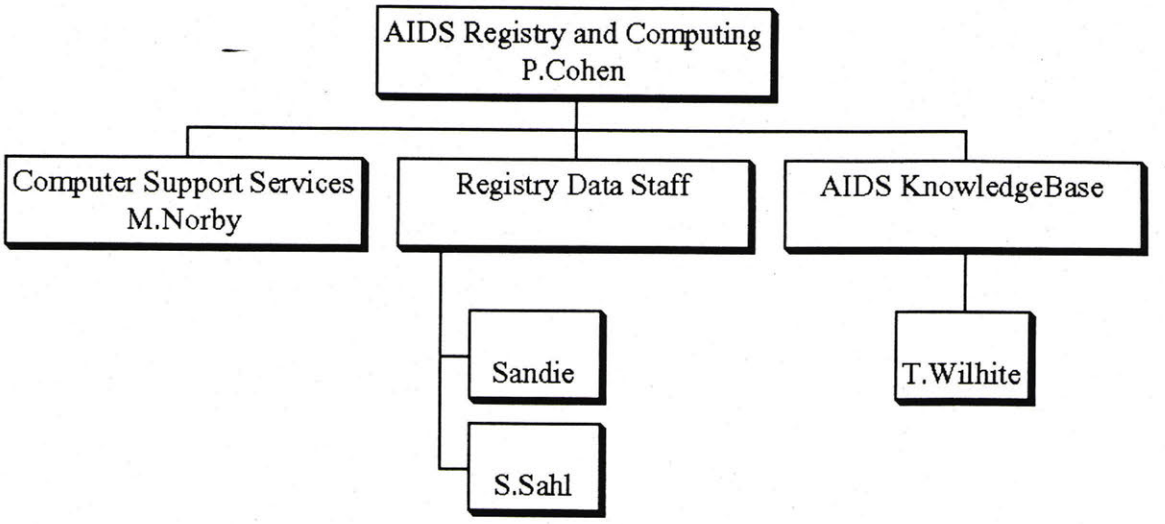
HIV Clinical Research Virology Laboratory (Bldg.100)



Community Research Organization



AIDS Registry and Computing Support



Patient Services on Ward 86 SFGH