ESTIMATED BUDGET

SPACE: -No change ?
? Available (5B etc) vs. Refurbishing area
of Building 91 vs. Rental vs Satellite Clinic

(45) PERSONNEL: Physicians - no charge vs low level
Addit. support (?15%) esp
Full coordinator Pav. (=$8,000)
RN - 50% salary support (=$16,000)
LVN - 50% time (=$12,000)
Secretary 50% time (=$9,000)
HELGN 31,255

(6.5) EQUIPMENT: Office Furniture (=$1,500)
Typewriter (=$1,000)
Examining Equipment (=$4,000)

(3) SUPPLIES: Office Supplies (=$500)
Examining Rooms/meds (=$2,000)
Mailing (=$500)

(25.3) SERVICES: Laboratory Support (=$600/patient x40=$24,000)
Travel (Local for meetings/education) (=$500)
Telephone/answering (=$400)
Pager (=$400)

($79,800)

SAN FRANCISCO: UNIVERSITY OF CALIFORNIA SERVICE
SAN FRANCISCO GENERAL HOSPITAL

January 20, 1983

TO: MEDICAL CLINIC PERSONNEL THROUGH DICK FINE

FROM: Constance B. Wofsy, M.D.
Paul Volberding, M.D.

RE: AIDS CLINIC

The AIDS Clinic on Ward 86 (821-8830) is now open for patient visits. To keep waiting time down and provide clinic availability for this seriously ill group of patients, we ask that you refer the following patients to us.

1. Definite cases of AIDS:
   a. Biopsy proven KS
   b. Pneumocystis, or other serious infection seen only in the immunocompromised, or
   c. Gay males with thrush unexplained by antecedent antibiotics or chronic perianal herpes or herpes zoster.

2. Highly suspicious cases:
   a. Fevers, weight loss, sweats, fatigue unexplained by usual diseases causing such symptoms (e.g., hepatitis, enteritis, parasitic infection, episodic viral infection).
   b. Unexplained anemia (<32), lymphopenia (<1000 total), thrombocytopenia (<100,000).
   c. Lymphadenopathy with systemic symptom and/or high ESR.

The usual evaluation we perform for individuals with nonfocal systemic symptoms includes:

CBC and differential (neutropenia, lymphopenia, thrombocytopenia, anemia)
ESR (normal in lymph node syndrome).
Platelets (autoimmune thrombocytopenic purpura)
SMA 20 (LFT abnormalities, decreased albumin)
CXR (if there is a cough or pulmonary symptoms).

If an individual has symptoms referrable to a specific organ system, (GI, GU, respiratory)--we prefer that the usual evaluation for such complaints be carried out prior to referral. This can be done at the clinic of entry or a subspecialty clinic (e.g., ID Clinic for a gay male with a bowel disorder. Thank you. If you have questions please call Dr. Wofsy 8666, Dr. Volberding 8317, or Gayling Gee, R.N. 8830.

CBW/svs 59

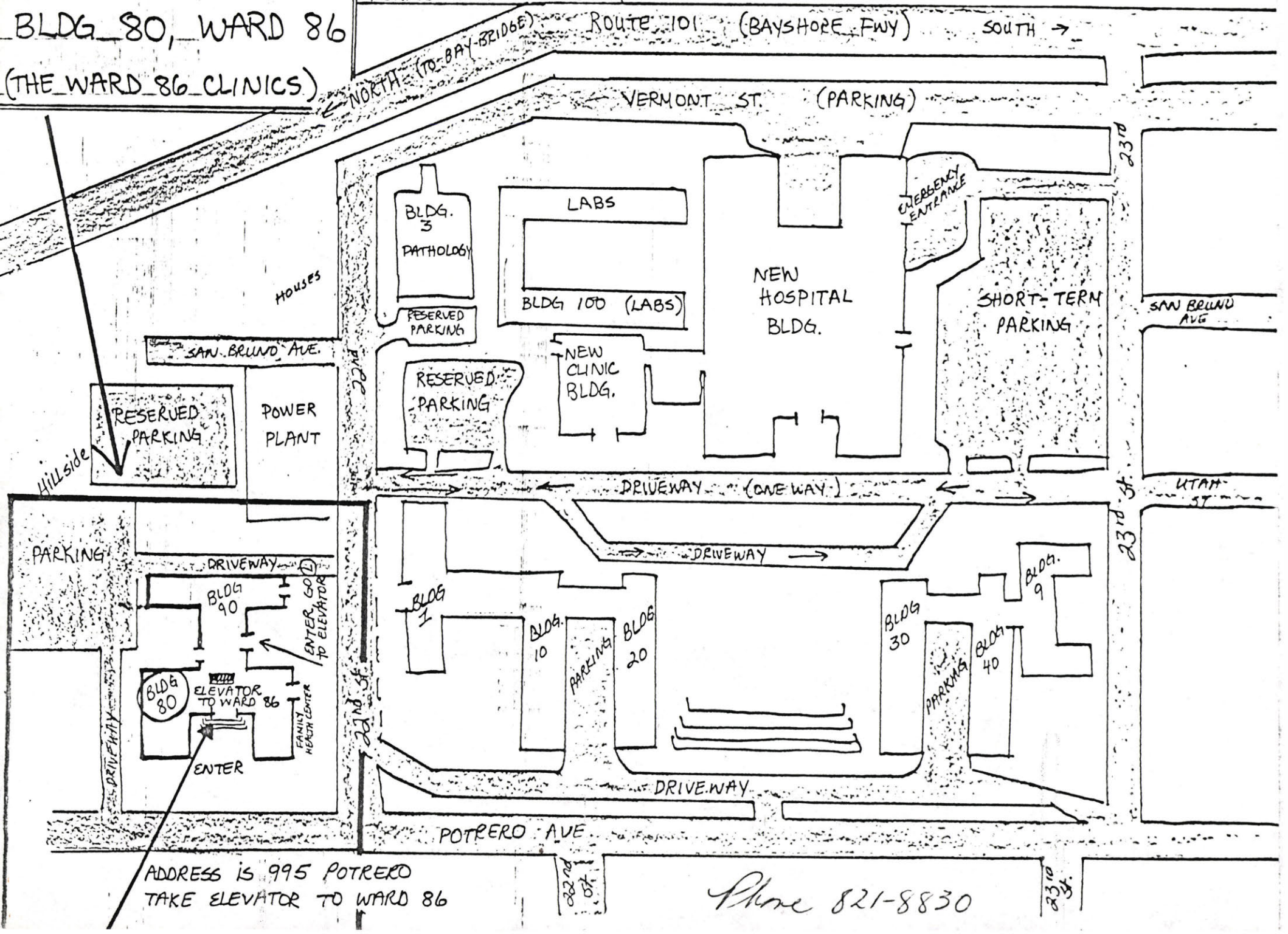
DIRECTIONS TO BLDG 80, WARD 86

(THE WARD 86 CLINICS)

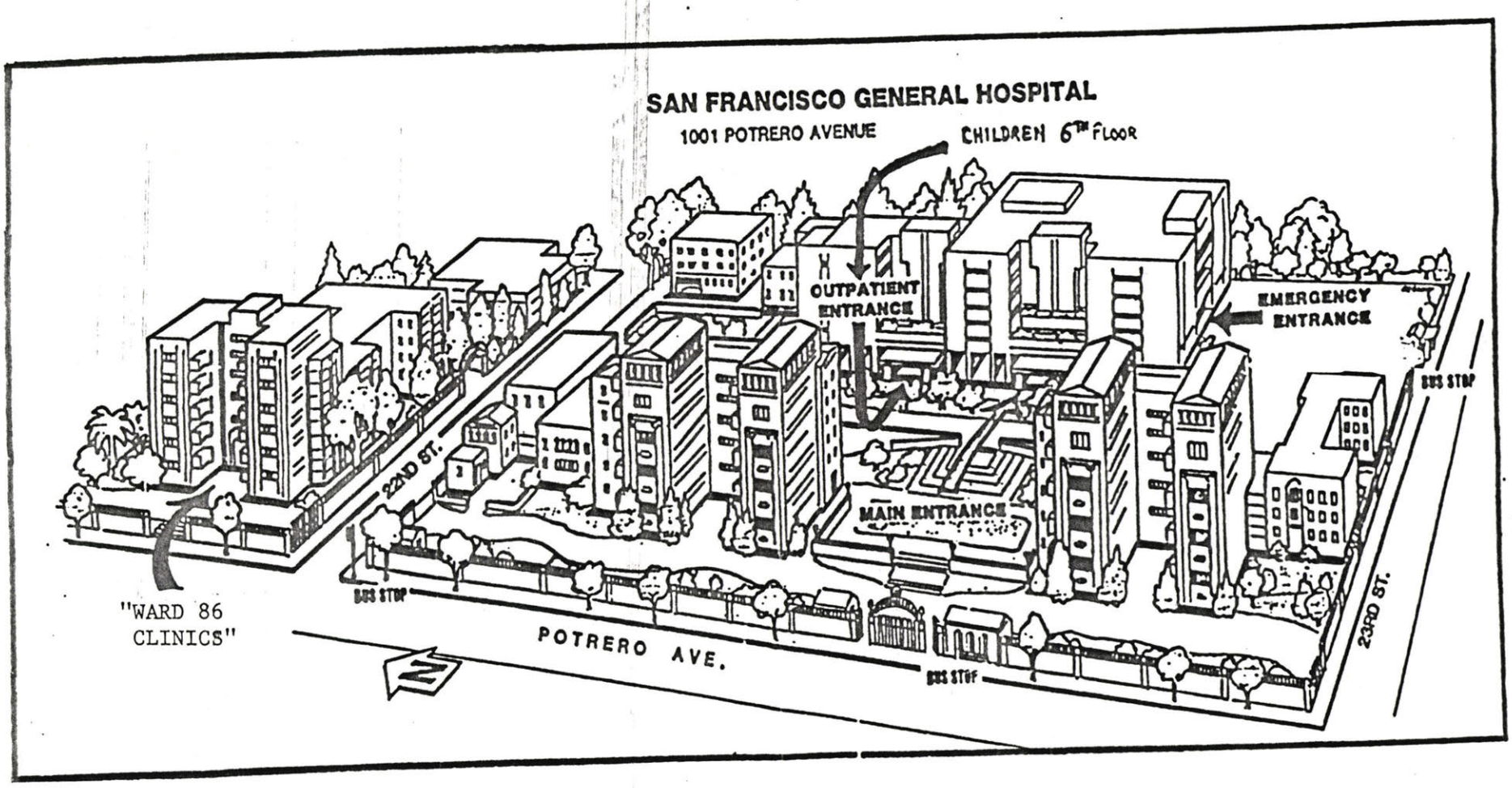
AIDS/KS/ONC.- 821-8830

HERPES STUDIES 821-8832

(shaded areas are parking lots, streets, or driveways)



WHERE TO GO ONCE YOU GET THERE . . .



558
2145 Dana VanGelder

SFGH AIDS CLINIC

PURPOSE: To establish and maintain a clinic where the complex multidisciplinary problems of AIDS patients can be efficiently addressed.

PLAN: Clinic meeting weekly at SFGH seeing patients referred from within the hospital (e.g. Mission Emergency, specialty clinics) and out of the hospital (e.g. City District clinics, V.D. Clinic) who have or are suspected of having AIDS.

Clinic to meet initially weekly with adequate support to care for emergent problems on a drop-in basis.

Clinic to be staffed with faculty from disciplines most commonly involved (Oncology, Infectious Disease, Pulmonary Medicine, Dermatology).

NEEDS: SPACE: Four examining rooms, reception area, Conference/charting room, storage area (locked), Nurses office, medication Room. Must be fully available one full day/week with arrangements for drop-ins remainder

PERSONNEL: Paul Volberding, MD - Oncology
Constance Wofsy, MD -Infectious Disease
John Luce, M.D. -Pulmonary Medicine
Head Nurse (R.N)/Educator
L.V.N.
Secretary/Clerk

EQUIPMENT: Office Furniture for secretary
Typewriter
Examining equipment etc.

SUPPLIES: Office supplies
Patient care supplies
Mailing

SERVICES: Laboratory support for immunology, virology testing
Travel (local)
Telephone/answering maching
Pager (long distance)

AIDS Activities at SFGH (22)
DRAFT I

[CIRCA JAN/84]

FOR: SANDE, SILVERMAN FROM: VOLBERDING

A SUMMARY OF AIDS ACTIVITIES AT SAN FRANCISCO GENERAL HOSPITAL

The first patients with Acquired Immunodeficiency Syndrome (AIDS) were seen at the San Francisco General Hospital in early 1981, and since then this hospital has cared for well over 200 patients, approximately 60% of all those diagnosed in the San Francisco Bay Area. This report will summarize the history of the involvement of this hospital with AIDS patients, the out-patient activities currently centered on Ward 86, and the inpatient activities on Ward 5B.

History of AIDS Care at San Francisco General Hospital

The first patient with the Acquired Immune Deficiency Syndrome seen at the San Francisco General Hospital, and in retrospect probably the first patient with this disease in San Francisco, was evaluated and treated for central nervous system toxoplasmosis in March 1981. The first patient with the most common malignancy in AIDS, Kaposi's sarcoma, was admitted to the hospital in late June 1981. When Dr. Paul Volberding, the faculty member at SFGH most involved in the coordination of AIDS activities, joined the faculty in July 1981, the existence of an AIDS epidemic and, indeed, even the term AIDS, had not yet been reported. Based on his observation of several additional cases of Kaposi's sarcoma, however, both at SFGH and at the University of California hospitals, and because of reports in the Centers for Disease Control of the association of unusual malignancies and infections in homosexual men, the probability of new cases and the potential importance of this disease rapidly became apparent. Because of this, Dr. Volberding, along with Dr. Marcus A. Conant at UCSF, a member of the dermatology faculty, organized a clinic devoted to the care of patients with Kaposi's sarcoma. As the complexities of this disease were quickly realized, it was obvious that a medical facility devoted to ongoing clinical research investigations was required. Because of support by the administration at San Francisco General

AIDS CLINICAL RESEARCH CENTERS

(Remarks by L.R. Freedman, M.D., at the December 12, 1983 Workshop)

GOALS:

1. Case finding of cases of AIDS and AIDS related illnesses so as to establish a known patient population and to determine the spectrum of the disease.

2. Storage of appropriate tissue specimens from patients with different degrees (stages) of illness and from controls.

3. To provide a readily accessible patient population and readily accessible tissue specimens for the purpose of future investigative work and therapeutic trials.

4. The encouragement of the highest standards of patient care and the dissemination of important information to patients and health care workers.

Although the units are called clinical research centers, the primary purpose of the centers is to enable the carrying out of research - not the performance of specific research projects.

The concept involves two major methodological issues:

1. Cooperation between two geographically separate groups so as to set up identical case finding criteria and comparable systems for the retrieval of data.

2. Development of a system so as to provide access to this resource from both within and perhaps outside of the UC system. The access system will have to determine:

    a. the applicability or appropriateness of any research proposal

    b. methods for the most efficient and humane utilization of the identified patient population

Detailed questions, while they remain to be worked out (defined), include:

1. Criteria for case selection.

2. Definition of tissue specimens to be stored.

3. Mode of functioning of the scientific advisory committees to insure access to the resources of the clinical research centers and at the same time to provide maximal patient protection so as to insure confidentiality and minimize patient discomfort.

4. The definition of laboratory studies which are part of routine patient care (for which center funds would not be appropriate) and those laboratory studies - not part of routine care - which would be purchased by center funds.

5. The determination of how to obtain laboratory studies to be paid for by center funds in the most inexpensive way and in a way so as to insure comparability of results from the two centers.

6. Techniques which permit the establishment of surveillance systems in the largest number of hospitals and out-patient facilities both within and outside of the UC system.

This is a major undertaking using a methodology which is different from the traditional individualistic entrepreneurial approach to research. I believe, however, that the effort to make this work is appropriate to the magnitude of the public health challenge and I know I speak for all of the members of the Task Force in applauding the willingness with which all of you have shown to work towards these exceptional goals.

[8/25/82]

To: Paul, Bob, & Pat

From: Helen

This is the compiled list from Bob, with added suggestions from me. Bob, I hope you don't mind that I took the liberty of turning it back into a draft by writing all over it — Marc asked me if I would be on the committee with you, so here I am - I hope we can be as meetingless as possible!

A.I.D.S. REFERRAL LIST

Submitted to the A.I.D.S. Advisory Panel
of the San Francisco Department of Public Health
August 25, 1982

AID Referral List --- Primary Care Physicians

Note: This is a preliminary list as of 8/25/82 and will be updated in October after the UC AID meeting, if not before; it is not intended to be an exhaustive list of all the providers able to deliver appropriate care for AIDS.

Name	Address	Phone	Medi-Cal	Bx.
Keith Barton,M.D.	2000 Van Ness	775-1666	no	yes
Robert Bolan, MD	2252 Fillmore	921-5762	yes	yes
Bud Bouche, MD Myles Lippe,MD Steve Olsen, MD	45 Castro	621-4228	no	yes
Jim Campbell, MD	450 Sutter	781-1605	no	no
Steve Mehalko, MD Bill Crisp, MD	45 Castro	552-6100	yes	yes
Bill Owen, MD	1580 Valencia	826-2400	no	no
Darryl Raszl, MD	909 Hyde	673-7600	yes	no

1. Here are additional MD's who have referred to the K.S. clinic:

Dr. David Busch

Dr. Brent Hudson

Dr. Paul Isaacson

2. These are for people who have to go to a particular hospital: (HMO's)

Dr. Pat McGraw - Children's Hospital

Dr. Bill Lang - Children's Hospital

Dr. Charles Williamson - St. Francis Hosp.

Dr. Fred Hartwell - Kaiser -

I haven't checked any of these out, but they perhaps should be included in a list of resources, either for the Found. Phone Line or for the general public -

Helen

A.I.D.S. Referral List: DERMATOLOGISTS

Marcus A. Conant, MD.....661-2614

James R. Groundwater, MD.....989-9400

~~Steven P. Borkovic, MD, UCSF Dermatology Clinic.,666-2951~~

Michael M. Haim, MD.....433-6252

Stephen T. Baker, MD.....,864 6400

Bruce Mills, MD, PMC Dermatology Clinic.....563-4321

Samuel Stegman, MD.....564-1261

John R. T. Reeves, MD.....986-6167

All the above physicians accept MediCal patients and appointment lag times are less than two weeks.

A.I.D.S. Referral List: Clinics

Drop-in Clinics

City Clinic.....250 Fourth St, San Francisco (

Health Center #1.....3850 17th St,, San Francisco

Veterans Hospital.....4150 Clement St, San Francisco

Haight Ashbury Free Clinic.558 Clayton St,, San Francisco

KCSF Screening Clinic 409 Palmyra, San Francisco

~~SFGH A.I.D.S. Clinic.....821-8200~~

Kaiser, San Francisco.....929-4321

PMC Gay Clinic.....563-4321

This information would be helpful on the other walk-in clinics too —

U.C.

U.C. University of California Screening Clinic
400 Parnassus
666-4602

- Walk-in visit for medical assessment, Lab work, and referral to a specialty clinic if necessary.

- Sliding scale fees for low income
  Insurance
  Medi-Cal

- Open Monday - Friday, 8 a.m. to 6 p.m.,
  Saturday 8 a.m. to 4 p.m.
  Wed 9 to 6

V.A.

Veteran's Administration Hospital
42nd Avenue and Clement Street
Outpatient Centralized Scheduling, 750-2111
ENA - Building 200

- The fastest way to be seen at the V.A. is to go to ENA (Evaluation and Admission Clinic), a walk-in clinic.

- Open Monday - Friday, 8:00 a.m. to 4:30 p.m.
  (Monday and Thursday afternoons and Friday mornings are often the lightest times.)

- Go to Building 200, Ground Floor Information Desk, tell the clerk you want to go to ENA - your chart will be ordered, or a new one made, and you will be sent to ENA to check in.

- The clinic is experienced in assessing general adenopathy and immune deficiencies in gay men, and can refer you directly to dermatology or other specialty clinics if necessary, with no appointment or waiting. (The waiting time in the Dermatology Clinic for an outside appointment is about two (2) weeks.)

- The doctors who work in the clinic full time are Dr. Joe Murley, Dr. Jim Vogeney and Dr. John Zuorski.

- Any Viet Nam Veteran can receive free medical treatment at the V.A.

V.A. Veteran's Administration Hospital
42nd Avenue and Clement Street
Outpatient Centralized Scheduling, 750-2111
Evaluation and Admission Clinic (EVA) - Building 200

- To be seen at the V.A. Hospital, you must have symptoms of illness, which may include swollen or tender lymph nodes, night sweats and/or fever, diarrhea, and/or chronic fatigue with no apparent reason, or unexplained weight loss.

- You must have a copy of your discharge papers with you when you go to the hospital.

- Go first to the Main Information Desk, Monday - Friday from 8:00 a.m. to 4:30 p.m., where you will fill out paper work to obtain a V.A. medical identification card and a chart will be prepared for you. If you already have a card and a chart from a previous visit, your chart will be given to you. You will then be sent to EVA to check in.

- The patient load is often lighter on Monday and Thursday afternoon, Friday mornings, and when the weather is lousy or rainy. It is best to go early in the day as a rule.

- The EVA Clinic is experienced in assessing general adenopathy and immune deficiencies in gay men, and can refer you directly to dermatology or other specialty clinics if necessary, with no appointment or waiting period. (The waiting time in the Dermatology Clinic is about /2/ two weeks if you call from outside for an appointment.)

- The full-time clinic doctors are Dr. Joe Murley, Dr. Jim Vogeney, and Dr. John Zuorski.

- Any Viet Nam Era veteran can receive free medical treatment at the hospital; you need not have served in Viet Nam, only during the period of the conflict.

A.I.D.S. Referral List: Resources for emotional support

SFGH General Psychiatric Emergency Clinic

1001 Potrero St. San Francisco.....821-8125

Mission Crisis Center

810 Capp St. San Francisco.....558-2151/558-2071

1.

Diagnosed cases of Kaposi's Sarcoma can be referred to the Kaposi's Sarcoma Clinic at U.C.S.F., where patients are worked up and treated according to the most current knowledge available.

Kaposi's Sarcoma Clinic
Helen Schietinger, R.N., Clinic Coordinator
666-1407 or 666-2155, Beeper #441
U.C.S.F. Hospital and Clinics, A312
San Francisco, CA 94143

2.

Gaysan & Lymphadenopathy can be referred by their physicians if they have lymphadenopathy:

- 6 mos. or more
- 2 or more LN's, not inguinal

refer ~~to~~ to Dr. Donald Abrams
UCSF Hematology/Oncology Clinic
666-1421

3. SFGH AIDS Screening clinic?

~~Hiv~~

PNEUMOCYSTIS PNEUMONIA

Doctor	Phone	Insurance	Medical	New Patient scheduling time
Steve Follansbee	U.C. Infectious & Tropical Dis. Clinic 666-5787	XX	XX	Immediate
Private Practice	1580 Valencia Suite #702 641-4328			
Paul Volberding	666-4250	XX	XX	Call Dr. Volberding directly. He will see ASAP.
John Luce	821-8317			
Will set up AIDS Clinic at S.F.G.H. soon.				
Harvy Tucker	563-4321 ext. 2704	XX	XX	Call Doctors directly. will see ASAP. **Say Possible Pneumocystis.**
Ronald Elkins	2705			
Jeff Golden	666-1596			
Bob Fallat	563-4321 ext. 2462	XX	XX	Call Secretary. will see ASAP.
(Away September and October -- Refer to Elkins or Tucker.)				

TELEPHONE LISTINGS

Physicians

Paul Volberding	8317
Mary Alice Westrick	8189
Connie Wofsy	8666
Pat Donovan	6 1421
Joel Ernst	6 1421
Brian Lewis	6 1662
SFGH Fellow	beep 364
Stephen Embury	8573

Clinics

Family Health Ctr.	
South	5254
North	5250
GI	8492
Surgery	8271
Hematology	8492
Urology	8673
Dermatology	8347
Chest	8492
Wart/Condylomata	8673

Support Services

Registration	8487
Social Services	8436
Admitting	8440
Interpreters	5133
Pt. Info.	8718
Pt. Advocate	5176
Med. Red.	5047
Prof. Fee Bill.	5300
Hskpng. (Arturo Reyes)	5069

Support Medical Services

Xray files	8033
Xray reading rm.	8030
Pathology	8214
CT scan	8712
Nuclear Med.	8580
Chemistry	8590
STAT Lab E.R.	8057
Bacteriology	8576
Pharmacy	8107
E.R.	8111
E.R. Triage	8255
E.R. Admit. Res.	8059
T-cell ratios (UCSF-Casavant)	6 1712

Support Staff

Helen Schietinger
KS Nurse 6 1407

Brooks Linton
Soc. Wk. 8478

Community Resources

District Health Center	
#1 3850 17th St.	558-3905
#2	558-3256
Kaposi's Sarcoma Foundation	864-4376
Gay Men's Support Group	558-2507

Transportation

DeSoto Cab	673-1017
Shuttle	6 1511
Lab Mess.	8010

Department of Medicine

Barbara Murgado	8450
Ann Heflin	8317

Outpatient Administration

Diane Miller Brazas	8528
Joanne Miller	8307
Leland Moglen	8534

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SANTA BARBARA • SANTA CRUZ

SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE

SAN FRANCISCO, CALIFORNIA 94143

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Dir AIDS/KS Clinic
SFGH

Donald Abrams,M.D.
Clin Asst Prof of Med
Asst Dir AIDS/KS Clinic
SFGH

Connie Wofsy,M.D.
Asst Clin Prof of Med
Co-Dir AIDS/KS Clinic
SFGH

Stephen Follansbee,M.D.
Clin Inst of Med
UCSF M181
666-5793

John Greenspan,M.D.
Prof Path
UCSF, HSW 604
666-2220, 666-2943

Arthur Ammann,M.D.
Dir Ped Immun
Prof Ped
UCSF M679
666-2171, 666-1736

Daniel Stites,M.D.
Dir Immun Lab
Prof of Med
UCSF M523
666-1186

Conrad Casavant, PhD
Asst Clin Prof
Asst Dir Immun/Clin Lab
UCSF M523
666-1712

Merle Sande,M.D.
Chairman Med Ser
SFGH 5H22
666-4520

John Mills,M.D.
Assoc Prof Med
Chief ID
SFGH 5H22 821-8666

Larry Drew,M.D.
Dir Lab Med
Mt. Zion
567-6600. 567-2000

Jay Levy,M.D.
Assoc Prof Med
UCSF M1282 666-4520

John Ziegler,M.D.
Prof of Med
VAMC II 750-2047

Andrew Moss,PhD
Adjunct Asst Prof of Epi
UCSF 666-5325

Marcus Conant,M.D.
Asst Clin Prof Derm
UCSF 6612614

UCLA

Michael S. Gottleib,M.D.
Asst Prof of Med
A2-087F CHS
UCLA

Ronald Mitsuyasu,M.D.
Adjunct Asst Prof of Med
Division of Heme/Onc
UCLA

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~~Prof of Med~~
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SFGH 5H22
666-4520

John Mills,M.D.
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Chief, ~~ID~~ Infec. Dis
SFGH 5H22 821-8666

Larry Drew,M.D.
Dir Lab Med
Mt. Zion Hospital → PO Box 7921 94120
567-6600. 567-2000

Jay Levy,M.D.
~~Assoc Prof Med~~ Cancer Res. Inst.
UCSF M1282 666-4520

John Ziegler,M.D. (141) ← mailing code (typein)
Prof of Med
VAMC II 750-2047 → VA Hosp Med 4150 Clement SF 94121

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Adjunct Asst Prof of Epi
UCSF ~~666-5325~~

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A2-087F CHS
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Ronald Mitsuyasu,M.D.
Adjunct Asst Prof of Med
Division of Heme/Onc
UCLA

→ Bowyer ~~Multidisciplinary~~ Oncology Clinic
Jonsson Comprehensive Cancer Center 8th fl. Factor Bldg
~~CHS 8th floor~~ Center for the Health Sciences
UCLA - LOS ANGELES 90024

① MOSS, ANDREW

② HARRY Hollander
Chief Resident
Dept of MED 5H22
SF6H

③ FRANK Baumgartner
KS Clinic @ UC

I think
he's an
RN

④ Steve A. Sherwin, MD
Genentech Inc.
460 Point San Bruno Blvd.
So. San Fran, Ca 94080

⑤

FRANK Baumgartner, RN, NP
NURSE COORDINATOR
K.S. Clinic
400 PARNASSUS, Rm A310
SF. CA 94143

BRIEF PROPOSAL
FOR A PILOT EPIDEMIOLOGICAL STUDY
OF ACQUIRED IMMUNE DEFICIENCY SYNDROME DISEASES

I. BACKGROUND

As of January 1983, some 150 Category A* Acquired Immune Deficiency Syndrome (AIDS) cases had been reported in the San Francisco Bay Area, of which about half were cases of Kaposi's Sarcoma and the rest cases of Pneumocystis Carinii pneumonia or other opportunistic infections. San Francisco continues to have 13-14% of all AIDS cases nationwide, the largest concentration outside New York city. Most cases in San Francisco are among homosexual males: the cumulative incidence in this group has been estimated to be about three per thousand to date, and as yet there is no sign of a peaking in the incidence rate.

AIDS diseases are now clearly accompanied by other immune deficiency-related syndromes, including tumors of other sites, chronic lymphadenopathy, immune thrombocytopenic purpura, and several poorly understood syndromes which may be prodromal for AIDS. Because of the concentration of gay men in San Francisco, the AIDS epidemic has the potential for becoming a major public health disaster.

In November 1982 a joint clinical, laboratory and epidemiological research proposal for studies of AIDS was submitted to the National Cancer Institute by a group at UCSF. Several epidemiologic studies were proposed including two which should be started immediately. The current proposal is for a pilot study for a joint case-control and communicability study of gay men with Category A AIDS disease in the San Francisco area.

II. EPIDEMIOLOGIC STUDIES OF AIDS

A. Case-Control Studies

Two case-control studies, those of Marmor [1] and of the Center for Disease Control[2] have produced partial and somewhat inconsistent information on risk factors associated with AIDS. Marmor found very high relative risks associated with amphetamine and cocaine use and with prior mononucleosis; somewhat smaller relative risks associated with other disease and drug exposures, including nitrites, and a small risk associated with numbers of sexual partners. The CDC study, on the other hand, attributed highest importance to factors associated with sexuality and smaller risks to prior disease exposures (except syphilis, which was found to be associated with a high risk of AIDS). Neither study has reported specifically about intravenous drug use; the two present conflicting information on amyl nitrites, disease exposures, and patterns of sexuality, thus further case-control studies should be carried out. San Francisco, with a high degree of geographical concentration of cases and good working relationships between the university, the city, and the gay community, is the most suitable place for such a study.

. . . . . .

* Category A includes Kaposi's Sarcoma, Pneumocystis Carinii pneumonia.

The proposed San Francisco case-control study will attempt to replicate the earlier studies and to explore lifestyle associated risk factors in greater detail. Because of the geographic concentration of cases, a neighborhood control is possible in San Francisco to distinguish between Pneumocystis and KS cases in terms of risk factors. A third case group of biopsy-proven lymphadenopathy patients will also be interviewed.

B. Communicability Studies

The general pattern of AIDS incidence in population groups, the recent finding of cases associated with blood products, and one small cluster study by Auerbach and Darrow have suggested a specific transmissible agent in AIDS disease. Auerbach and Darrow's study[3], in Los Angeles, has suggested an incubation or latency period of fourteen months between infection and onset of symptoms. Further studies of communicability between AIDS cases are necessary both to provide evidence of a transmissible agent and to provide the basis for studies of infectivity and transmission. San Francisco, again, by virtue of the geographic proximity of a large number of cases, is suitable for such a study.

III. NEED FOR A PILOT STUDY

Based on the above, two of the studies submitted to the National Cancer Institute were a communicability study of San Francisco AIDS cases, under the direction of Selma Dritz, M.D., San Francisco Department of Public Health, and a case-control study of risk factors in AIDS cases, under the direction of Andrew Moss, Ph.D.. At the suggestion of the UCSF Committee on Human Research, and by agreement between Drs. Dritz and Moss, interviewing for the two studies has been combined to minimize the load on patients.

Because of the long lead time needed to organize and implement case-control studies, and because of the need to continue interviewing "early" cases before they expire, a decision was made to begin both studies in advance of NCI funding. Thus an interview instrument has been developed, based on and extending the instrument used in the CDC study; a group of interviewers has been recruited (primarily gay men); liaison has been established with the San Francisco Department of Public Health, with medical centers in San Francisco, and with individual physicians with large gay practices; liaison has also been established with gay community organizations. It is now proposed to mount a pilot study of the instrument and the case and control finding procedure for both studies.

IV. PROPOSED PILOT STUDY

The primary goal of the pilot study is to test and validate the methods and procedures of the proposed case-control and communicability studies:

1) To pilot test the proposed questionnaire; in particular to establish the adequacy of measures of drug use including IV drug use, of prior exposure to syphilis and other infectious and parasitic diseases, of the frequency and nature of sexual exposures and sexual contacts, and of prodromal symptoms.

2) To test the case-finding procedures at UCSF and other institutions. (Contacts have already been established at Kaiser Hospital; Presbyterian Medical Center Children's Hospital, and St. Francis Hospital.)

3) To obtain gay community input into the proposed studies.

4) To establish control-finding procedures (a) at the San Francisco VD clinics, and (b)by using aneighborhood control-selection algorithm.

5) To explore the use of interviewers other than gay men.

It is proposed to carryout a pilot study of fifty gay men, selected to represent a wide spectrum of sexual histories,in order to pilot the questionnaire. To pilot the control selection process, thirty controls will be selected to match cases already under clinical study at UCSF. Blood will be taken from selected controls for laboratory studies.

A second agenda of the proposed pilot study is to establish an increased communication between UCSF and other epidemiological groups. To this end the draft pilot questionnaire has already been made available to interested researchers at Sloan-Kettering Memorial Institute and at the Johns Hopkins Medical Center, as well as to members of the AIDS task force at the CDC. The case-control questionnaire also provides the basis for an instrument to be used in a proposed prospective study of well gay men.

V. PERSONNEL

Personnel for the study are Andrew Moss, Ph.D., Adjunct Assistant Professor, Department of Epidemiology and International Health (DEIH), University of California, San Francisco; Michael Gorman, Ph.D., Lecturer in Epidemiology, DEIH, and Dennis Osmond, Associate Specialist in Epidemiology, DEIH. No funding is requested for Dr. Moss or Mr. Osmond. Collaborating in the study are Selma Dritz, M.D., San Francisco Department of Public Health, and M. Conant, M.D., Associate Clinical Professor, Department of Dermatology, UCSF.

VI. BUDGET

a.	E.M. Gorman, Ph.D., Study Director. 3 months @80%(incl. fringe)	$ 6,450
b.	Interviewers. 300 hours @ $7.40/hr.	2,960
c.	Supplies	400
d.	Travel to Atlanta for CDC epidemiology coordination meeting	800
e.	Blood testing on controls incl. t-cell studies	2,000
	TOTAL	$12,610
	Plus 22% off campus overhead	$15,384

The project will be housed at UCSF off-campus space at 211 Gough St, San Francisco. No budget is requested for space rental or computing.

July 29, 1983

MEMO
TO: Staff
FROM: Paul Volberding PV.
SUBJ: Tentative schedule for Ward 86 clinics

DAY/TIME	ATTENDINGS	OTHERS	FUNCTION
Monday AM 8:30-12:00	Connie, Paul	Tim residents ID & AIDS fellows	General AIDS
Monday PM 1:30-5:00	Steve, Donald	Mark residents AIDS fellow	General AIDS
Tuesday AM 8:30-12:00	Donald	N.P. AIDS fellow	Lymphadenopathy
Tuesday PM 1:00-5:00	All	All	AIDS in-patient management
Wednesday 8:30A-2:30P	Paul Donald	Onc. fellows residents	Gen. oncology
Thursday AM 8:30-12:00	None	Nurses AIDS fellow	AIDS screening Initial eval.
Thursday PM 1:00-5:00	Connie Steve	AIDS fellow N.P.	AIDS/O.I. Protocols
Friday AM 8:30-12:00	Paul Donald	AIDS fellow N.P.	AIDS/KS Protocols