ARA

AIDS ReSearch Alliance

a national leader in fast-track HIV/AIDS research

ANNUAL REPORT 2001

ARA Mission

Vision

ARA envisions a future in which HIV and its effects are eliminated from infected individuals, and a vaccine preventing new cases eradicates the virus.

Mission

ARA's mission is to find and accelerate the development of effective treatments for HIV and its complications. We do this by conducting cutting edge research and clinical trials in order to improve the longevity and quality of life for all people with immune deficiency.

ARA's History

Matthew Rushton
February 19, 1952—
March 26, 1995

By 1989, AIDS had already ravaged an entire generation of men and women throughout the United States—most in the prime of their lives. There were already 149,000 people diagnosed with AIDS by that year, and almost 82,200 of them were dead by summer's end. The numbers worldwide were beginning to explode. The same year, the only FDA-approved drug available to people living with HIV/AIDS was AZT.

This unparalleled crisis of tragic proportions led a group of Southern Californian physicians and activists to found AIDS ReSearch Alliance. They knew that AIDS would not be overcome without medical research. ARA was formed explicitly to speed the discovery and development of better treatments against HIV and its complications.

Led by 38 year-old Paul Rothman, a leading Los Angeles physician, and 37 year-old Hollywood film producer Matthew Rushton (both of whom would fall to HIV/AIDS), this fledgling organization helped pioneer a revolutionary way to conduct medical research in the U.S.

Paul and Matt brought together physicians already experimenting with various treatment approaches to in order to pool their data and identify the most promising approaches. This idea rapidly evolved into the development of formal clinical research protocols already that were implemented in the private practices of Alliance physicians. The small staff at the organization (originally "Search Alliance") designed the studies, coordinated the data collection of Alliance physicians and analyzed and published the results. This community-based research model was less costly and more efficient than traditional research methods.

Dr. Paul J. Rothman
October 4, 1950—
January 6, 1993

In 1995, ARA centralized all clinical research activities in one location. Here, patients could participate in clinical trials regardless of where they received their primary medical care. This allowed ARA to identify and manage scientific, clinical and organizational strategies with a staff of dedicated research professionals, while maintaining affiliations with an unparalleled team of physicians and scientists.

Today, ARA has expanded its team of partners to include some of the world's premier HIV researchers, drawn from academic and governmental institutions and from companies engaged in AIDS research. This unparalleled collaboration is the result of one critical fact: every decision at ARA is designed to further our mission and speed the fulfillment of Paul Rothman's vision—an end to the HIV/AIDS epidemic.

Medical Review and Scientific Advisory Boards (from the first issue of Searchlight, 1991)

Paul Rothman, DO, Chair; David Kessler, R.N. Co-Chair, Bisher Akil, M.D. ; Victor Beer, M.D. ; Dan Bowers, M.D. ; James Corti, R.N. ; Richard Cooper, M.D. ; David Hardy, M.D. ; Scott Hitt, M.D. ; Gary Jacobs, M.D. ; John James; Robert Jenkins, M.D. ; Wilbert Jordan, M.D. ; Mark Katz, M.D. ; Paul Keith, M.D. ; Robert Klein, M.D. ; Stephan Korsia, DVM; Peter Kraus, M.D. ; Albert Lerner, M.D. ; Don Long, M.D. ; Tom Magee, M.D. ; Bernard McNamara, M.D. ; Joan Priestley, M.D. ; Mark Rarick, M.D. ; Eugene Rogolsky, M.D. ; Anthony Scarsella, M.D. ; Michael Scolaro, M.D. ; James Thommes, M.D. ; Joel Weisman, DO; Ron Wing, M.D. ; Robert Winters, M.D.

EXECUTIVE MESSAGE

Most of you reading AIDS ReSearch Alliance's (ARA) Annual Report support our work. A few of you may look here to help you determine whether your gift to ARA will make a difference in the course of this epidemic. Prior support has already made a difference, and we expect even better results in the future. This report covers only one year's work in the history of an organization that we believe will ultimately be part of the solution. Why? ARA uses funds from donors like you to speed development of new treatments for HIV/AIDS which might not be pursued by pharmaceutical companies, for example. This could (and has) happened with natural or unpatentable substances, or drugs approved by the FDA for the treatment of conditions unrelated to HIV.

We can do this because our work is not market-driven, but is instead determined by our mission—to do what we can to end this epidemic. This frees ARA to take on projects that might be impossible for "for profit" businesses. Moreover, by focusing our work on clinical development (the effects of new treatments in people with HIV) we keep our research relevant and directly tied to ending AIDS. When we do take on preclinical development—as you will read about with prostratin—it is because others have dropped the ball in getting a promising therapy ready for human trials. The trust you place in us as stewards of your kindness allows us to make our work among the most important in the field of HIV/AIDS, since it is ultimately aimed at eliminating HIV from all people living with or at-risk for infection. For this we thank you, and hope you find this report a useful tool.

Cam Davis
Chair, Board of Directors

Irl Barefield
Executive Director

2001: A Year of Firsts—and Continuing Importance

AIDS ReSearch Alliance is known for a history of innovation. First and foremost, it was among the pioneers of the community-based HIV research movement that responded so effectively to the slow pace of effective therapies for AIDS in the early years of the epidemic. But along with innovation, ARA tries above all to do whatever it takes to make a difference—whether clinically testing new "rationally designed" protease inhibitors, or turning to centuries-old indigenous medicines from the South Pacific. Innovation for its own sake is meaningless. Whether our actions are based on new ways of thinking or traditional sources of knowledge, we do our best to remain mindful that the importance of what we do is determined by our success in advancing the science that will one day make HIV/AIDS a thing of the past.

As if to emphasize this point, many of our 'firsts" concerned work on a promising therapy drawn from the rainforests of the South Pacific. The compound, *prostratin*, is the first experimental drug ever licensed to a nonprofit by the *National Cancer Institute*. Other accomplishments are no less important, however, for their lack of precedent.

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EXECUTIVE MESSAGE

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IN 2001, AND WITH YOUR SUPPORT, AIDS RESEARCH ALLIANCE:

• Continued or completed work on two clinical trials that ultimately helped win FDA approval for two new anti-HIV medications.

• Began work on one of the first clinical trials to examine the possibility of reversing HIV-related lipodystrophy—the sometimes dangerous redistribution of fat in the body associated with HIV-disease and/or the drugs used to treat it.

• Began or continued research collaborations—in order to speed the progress of our work—with the *National Institutes of Health*; *National Cancer Institute*; *UCLA School of Medicine*; the *Center for Human Virology*, *Thomas Jefferson University Medical School*; *Emory University Medical School*; *National Tropical Botanical Garden*; the *Rega Institute for Medical Research* in Belgium; the *University of Geneva*; *INSERM* in France; and many others.

"[AIDS ReSearch Alliance's agreement with the Samoans] is an excellent example of how both countries can benefit from the discovery process. This is also the first drug licensed by the NCI to a non-profit research institution for development."

Gordon Cragg, Ph.D.
Chief of the Natural Products Branch
of the *National Cancer Institute*

• Became the first nonprofit entity to be granted the exclusive license to commercially develop a drug by the National Cancer Institute.

• Proposed and signed an historic agreement with the **government of Samoa**, a Samoan village, and the lineal descendants of two **Samoan healers** to formally and financially recognize the contribution of that country's traditions to any success that comes of ARA's research on prostratin—an antiviral compound discovered because of its use by Samoan healers. We did this to promote fairness, encourage the sharing of rapidly vanishing healing traditions in cultures around the globe and to provide a model for pharmaceutical company cooperation with nations and cultures whose history may advance the fight against HIV.

• Demonstrated the excellence of our research programs through recognition by the *National Institutes of Health* through an NIH program for the "Development of AIDS-Related Therapeutics". The NIH agreed to perform a great deal of work for AIDS ReSearch Alliance in order to speed the prostratin project, which they view as crucial in the fight against HIV.

• Was recognized for the importance of its collaborations when the *American Foundation for AIDS Research (amfAR)* granted Dr. Jerome Zack of *UCLA* a substantial award to research prostratin in a project that will directly contribute to the development of this drug, and in another grant from the *University Wide Research Program (UARP)*.

• Continued to be the only research-only organization represented on the Board of Directors of *AIDS Action Council*, the Washington, D.C.-based lobby advocating for those living with HIV. AIDS Action truly is the national voice on AIDS, and ARA ensures that this critical national advocacy group has Board expertise on biomedical research.

This is only a small portion of the story of 2001 at AIDS ReSearch Alliance—and it doesn't even begin to touch on the outside efforts that so many ARA employees take on in addition to their jobs here.

All of us thank you for making 2001 a year in which we can confidently say progress was made against the epidemic. Of course, there is far to go. To stay abreast of developments in the global HIV story and events at ARA in particular, we invite you to visit us on the web at *www.aidsresearch.org*.

CLINICAL TRIALS 2001

STUDY	DESCRIPTION
Pre-clinical & basic research AIDS RESEARCH ALLIANCE	*ARA pursues an extensive pre-clinical research agenda not reflected in this chart. We include this information here to ensure that our supporters know that this chart reflects only a part of our mission-driven work to ameliorate and, we hope, one day end the epidemic.* *(Various)*
AIDSVAX™ B/B VAXGEN, INC.	A trial to evaluate the efficacy of the AIDSVAX™ B/B vaccine in adults at risk of sexually transmitted HIV-1 infection. *(Preventative HIV vaccine)*
AMD-3100 ANORMED, INC.	A study testing the safety and antiviral activity of AMD-3100 administered by intravenous infusion to HIV-1 infected volunteers. *(Antiviral therapy)*
APV30002 GLAXOSMITHKLINE	A study testing the safety and antiviral efficacy of an experimental formulation of Agenerase® combined with other background antiretroviral drugs in HIV-1 infected volunteers. *(Antiviral therapy)*
Anticort™ STEROIDOGENESIS INHIBITORS, INC	A pharmacokinetic and safety study of Anticort™ (an oral procaine formulation) in HIV-infected patients. *(Anti-inflammatory drug)*
Hepatitis C Assay ORASURE TECHNOLOGIES, INC.	A study testing the effectiveness of Orasure's new oral Hepatitis test using both HIV+ and HIV- volunteers known to be infected with Hepatitis C. If approved, this test would be able to determine when someone is infected with Hepatitis with an oral test. *(Hepatitis C testing)*
Hydroxychloroquine *(in combination with hydroxyurea and didanosine)* AIDS RESEARCH ALLIANCE	A study of the safety and antiviral efficacy of hydroxychloroquine in combination with hydroxyurea and Videx® (ddl or didanosine) in HIV-1 infected volunteers. *(Antiviral therapy)*
OraQuick Assay ORASURE TECHNOLOGIES, INC.	A study testing the effectiveness of the OraQuick oral HIV-1/2 assay using both HIV+ and HIV- volunteers. If approved, OraQuick would be able to determine when someone is infected within 20 minutes of an oral swab. *(HIV testing)*
PMPA Prodrug GILEAD SCIENCES, INC.	A study of the safety and antiviral activity of the addition of PMPA Prodrug to combination antiretroviral regimens in treatment-experienced HIV-infected patients. *(Antiviral therapy)*
Remune™ AGOURON PHARMACEUTICALS	A study to compare the virologic and immunologic effect of Highly Active Antiretroviral Therapy (HAART) plus REMUNE™ versus HAART plus Incomplete Freund's Adjuvant (IFA) on antiretroviral-naïve volunteers infected with HIV-1. *(Antiviral & immunologic therapy)*
Serostim® SERONO LABORATORIES	A study testing the safety and effectiveness of a growth hormone in treating HIV-associated lipodystrophy. *(Fat redistribution therapy)*
Tipranavir™ PHARMACIA & UPJOHN	A study comparing combination therapy (tipranavir and ritonavir vs. saquinivir and ritonavir) used with two nucleoside reverse transcriptase inhibitors in single protease inhibitor-experienced HIV-1 volunteers. *(Antiviral therapy)*
Zerit® (Stavudine, d4T) BRISTOL-MYERS SQUIBB	A study to evaluate and compare the safety and efficacy of extended-release stavudine compared with standard stavudine for antiviral activity. *(Antiviral drug/improved dosing)*

ARA Trial History

Where Are They Now?

Most of the prescription drugs you take spent many years of research—from test-tube experiments to animal studies, and finally, human trials—before they ended up in your medicine cabinet. That process can normally take anywhere from 7 to 15 years. The AIDS community never had the luxury of time—life-saving medicines were needed immediately. That's why AIDS ReSearch Alliance was formed. We remain committed to shortening the time it takes to move a compound from the lab into human trials (and hopefully FDA approval), without sacrificing patient safety or scientific rigor.

ARA has worked on trials involving 13 of the 19 current FDA-approved anti-HIV medications, and studied numerous complementary, diagnostic and preventative measures, as well. We thought you would like to know about the successful outcome of some of the treatments ARA has tested over the years since its founding in 1989.

Agenerase™ *(amprenavir)*—a protease inhibitor that received FDA approval in 1999. It has proven to have little or no cross-resistance with other protease inhibitors, and is therefore extremely valuable in "salvage therapy" for those persons whose HIV has developed resistance to currently available protease inhibitors. ARA participated in dose-determining trials from 2000 until 2001, seeking to reduce its required pill burden.

AIDSVAX™ B/B—ARA is participating in the first AIDS vaccine trial to reach the human clinical trials phase. We began study enrollment in 1998 and were the 3rd highest enrolling study site out of 50 throughout the United States. Thousands are enrolled worldwide in this multi-center study, and the trial is scheduled to draw to a close this year (2002) in June.

Antivirogram *(phenotypic resistance testing for HIV)*—one of the first diagnostic tests aimed at determining anti-HIV drug resistance prior to drug treatment. ARA tested it from August to November, 1998; the FDA approved its use in 1999. It has proven to be a sensitive and reliable diagnostic tool designed to aid physicians in constructing durable treatment regimens for their HIV+ patients.

Neurontin *(gabapentin)*—From November, 1998 until May, 2000, ARA studied this previously FDA-approved seizure medication for its efficacy in treating painful neuropathy associated with HIV and HIV medication side effects. It is now commonly prescribed for the treatment of neuropathy.

OraQuick® Rapid HIV Assays—OraQuick® HIV is a rapid-format test that can detect HIV antibodies in oral fluid, whole blood, serum or plasma within 20-minutes. Our research, performed from October, 2000 to June, 2001, appeared to demonstrate the ability of the test to detect accurately the presence of HIV antibodies within this time frame. An HIV test that could do that reliably would significantly reduce turnaround time for those being tested and allow them to receive risk-reduction counseling while awaiting results. Such a tool would also help to ensure that those tested are not "lost to follow-up" (an estimated 30% of those presently testing for HIV do not even return to the testing site to receive their results).

Provir *(SP-303)*—a plant-derived compound that ARA tested in-patient in 1998 for the treatment of HIV-related diarrhea. This product is now sold over the counter by Shaman Botanicals, a company that explores traditional knowledge in rainforest areas to more efficiently discover and develop novel and natural medicines.

Viracept® *(nelfinavir)*—ARA began testing nelfinavir in 1996; the FDA-approved it in 1997 and ARA continued after-market studies until January, 2002. It is probably one of the most frequently-prescribed protease inhibitors; it is well-tolerated and was the first protease inhibitor approved by the FDA for use by children.

Viread™ *(tenofovir, PMPA Prodrug)*—ARA started testing this nucleotide analogue in 1998 and it was approved by the FDA in 2001; we are currently working on post-marketing studies. Tenofovir is a member of the first new class of anti-HIV drugs developed since 1996—and therefore especially useful as "salvage therapy" for those persons whose HIV has developed resistance to currently available antivirals.

Ziagen® *(abacavir)*—a nucleoside reverse transcriptase inhibitor approved by the FDA in 1999. ARA was involved in multiple studies of this drug from October, 1997 until March, 1999; it received FDA approval in 1999. It is well-tolerated, requires dosing only twice daily and often approximates the ability of protease inhibitors to suppress viral burden. Its approval expanded the anti-HIV arsenal.

VOLUNTEERS

Volunteers 2001/Trial Participants

The women, men and children who volunteer for clinical trials are the front line of HIV/AIDS research. They courageously offer their bodies and their time to provide researchers critical information needed before any new treatment can be approved by the FDA—the effectiveness of medications and diagnostic tools, proper dosage and side-effects. Clearly, human clinical trials can't proceed without them.

The participants in AIDS ReSearch Alliance studies let us poke and prod them without complaint. They remain diligent in the face of rigorous study demands, cheerfully provide us with candid answers to the many questions needed to assess the efficacy of a particular medication or regimen, and offer valuable feedback about improving our trials. And after all of that, they help us spread the word about current trials and recruit other people interested in trial participation.

There are as many reasons motivating our study volunteers as there are participants. Some seek different therapies to fight their HIV because their current treatments aren't working well. Others have no insurance or are under-insured and want to receive quality medical attention from knowledgeable staff. Some want to avail themselves of potentially beneficial treatments or specialized tests that aren't yet available to the public. Many are motivated to help others who are no longer here to help. All want to be a part of the cure.

Whatever the reason, these women and men help increase the collective body of knowledge about how to fight HIV/AIDS, and are a crucial part of the global effort to improve the lives of all people suffering from or threatened by HIV/AIDS.

They are the backbone of our work here at ARA. We applaud their openness to scientific knowledge and offer them our deepest thanks for their dedication and willingness to be pioneers on the trail of HIV/AIDS medicine.

Michael Ashby

Meet one of ARA's study volunteers and find out why he chose to become ARA's partner in medical research:

MICHAEL ASHBY

From 1996 until January, 2002, Michael participated in AIDS ReSearch Alliance's study with Agouron Pharmaceuticals to measure the effects of Viracept™ (nelfinavir) in combination with AZT (zidovudine) and 3TC (lamivudine) on viral load and CD4 (T cell) counts.

Michael is presently employed as a customer service representative for a national shipping company.

MICHAEL:

This year (2002), I celebrated my sixth anniversary with AIDS ReSearch Alliance and finished up on the Viracept™ study. Through these six years, my overall health has improved dramatically and I've gained so much knowledge about HIV. I work full-time and I have an active social life. This is a happy time for me.

It has been eleven years since I tested positive for HIV. During the first few years, I went through many moods. I was driven by denial and fear, along with shame and embarrassment, and I really didn't know what to do. Then I was referred to Dr. Wilbert Jordan *(member of ARA's Medical Executive Committee),* who I found to be very down-to-earth and trustworthy. Through Dr. Jordan, I came to ARA, where the doctors started me on a "cocktail" regimen, which I was instructed to follow faithfully and without deviation.

The medicine has worked beyond my expectations. I'm so thankful that I followed Dr. Jordan's advice. My faith and trust in him really paid off. Eleven years ago, my viral load was very high. For the last five years, it has been undetectable.

But… I must say that my joy has a bittersweet taste. I wish that more of my fellow black men and women would take advantage of this kind of opportunity. It concerns me that the virus continues to run rampant in my community. Because of fear, denial and ignorance, my brothers and sisters won't take the necessary steps to fight it. The improved health that I've experienced need not be exclusively mine. The first step is to get tested. Once you know, you do have an array of choices. You have to get past the insecurities and stereotypes associated with disease and new medications. You have to love yourself enough to take control of your life's situation.

I like myself. Because of that, I choose to fight the virus! And… on this, my sixth anniversary with ARA, I can declare that I am winning!

VOLUNTEERS

Our effectiveness at AIDS ReSearch Alliance is directly linked to our many incredible volunteers. Whether they sit on boards like our Medical Executive (page 11) and Scientific Advisory Committees or Institutional Review Board (page 10), work independently on administrative projects or participate by volunteering their bodies in our clinical trials (page 7), these men and women—scientists, students, doctors, clergy, professionals from many fields, friends—provide the steam that powers our medical advances against HIV/AIDS.

Our volunteers provide a spectrum of services, from monitoring trials for safety issues to stuffing envelopes; from testing out an experimental AIDS vaccine to planning fundraising and outreach events—like Focus on AIDS 9, the VaxGen thank you party or the Christopher Street/West parade. They lend a willing hand (or arm) to crucial tasks and their presence and fresh viewpoints help expand the way we achieve our mission.

Our heartfelt thanks go out to all of our volunteers for their meaningful contributions to AIDS ReSearch Alliance.

VOLUNTEERS 2001

Administrative | Development

Ron Bakal
Bryan Baptiste
Susan Baraz
Diana Barnes
Claude Bergeron
Richard Bloch
Janet Botaish
Claudia Rebecca Britt
Stacy Burstin
Ramon Capiral
Bethany Colman
Cassandra Cummings
Joie Davidow
Price Deratzian
Anne Donnellan
Jennifer Dorn
Rhoni Epstein
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Dorie Ford
Kay Gallin
Helen K. Garber
Jim Glass
Pilar Graves
Gregory Hamman
Ray Haugland
Cynthia Held
Laura Hinds
Francoise Dubois
Paul Kaplan
R.A. Kerr
Paul Kopeikin
Renee Kyriazis
Anne La Borde
Roland Lopez
Adam Martinez
Rebekah Mirsky
Robert Nash
Kurt Nishimura
Marjorie Ornston
Jodi Rappaport
Brian Reidlinger
Bob Reyes
Diane Rozas
RSVP/West Hollywood
Dudley Saunders
Mark Sennet
Brad Shearer
Jim Smith
Trish Swords
Jeffrey Turner
Cheryl Valesella
Pete Wainer
William Webster
Debra Weiss

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BOARD OF DIRECTORS

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Nancy & Sandy Bresler examine a proposed clinical trial at an ARA Board of Directors meeting.

Meet two of our hardworking Board members and hear why they serve on ARA's Board of Directors:

NANCY AND SANDY BRESLER

Sandy and Nancy have been members of ARA's Board of Directors since 1997. They have been married for 36 years and have two children—Eric and Jennifer.

Nancy is a dedicated non-profit volunteer and has helped to raise funds for the Premier Group of the Diabetes Association, the Valley group of the Cystic Fibrosis Foundation and the Jewish Federation of Los Angeles. She is an avid golfer, and travels frequently to try out different courses. She is deeply interested in and collects contemporary art.

Sandy is a talent agent representing actors and running his own agency—Bresler, Kelly and Associates. He has been a talent agent for over 40 years. He is currently President of the Association of Talent Agents, a labor group representing most major agencies in Hollywood.

NANCY:

One of my motivations for joining the AIDS ReSearch Alliance Board of Directors was to take the opportunity to work together with Sandy on something we both care about deeply. I thought if we joined forces together we could be a highly effective fundraising team. This is my first time as a Board Director; in the past, I have been one of many women that form the basis of the non-profit volunteer corps.

I have known many people affected and afflicted with HIV and AIDS. This is a disease that affects everybody.

I believe that if you are given certain advantages, you have a responsibility to give back to others in some way. I can't imagine not being involved in helping the community. As a caring human being, I would feel like a part of my life would be wasted if I simply sat back without trying to help those in need through donations, fundraising and direct assistance. It's part of the way I was raised—you have to be taught to care—and I was brought up to feel I have an obligation to be involved with and assist my community.

SANDY:

With my show business experience, I have been exposed to frequent death and suffering due to HIV/AIDS disease. Through my work with AIDS ReSearch Alliance, I can specifically see what we're trying to accomplish to halt that suffering.

I am involved with ARA, because AIDS is a devastating epidemic. Every disease is a problem, but an epidemic can get out of control, and help can come too late. This disease needs to be stopped now. It can be so debilitating that people cannot carry on with their lives and it affects the entire world population.

I wanted to work with a small, independent organization that would have passion about their mission. I didn't want to be involved in helping research at an institution where profit is the bottom-line motivation. With a small, hands-on non-profit organization, you know exactly where the money is going and what you are trying to accomplish. I chose ARA because they are a no-frills operation in which most of your dollar given goes straight into medical research, and not into supporting a huge bureaucracy.

Since I joined ARA's Board in 1997, the urgent need for effective HIV/AIDS treatment and prevention has quadrupled as infection rates increase and the epidemic spreads throughout the world.

Institutional Review Board

Institutional Review Board

Stephen Lloyd Fefferman, Psy.D., MFT, Chair

Kristin J. Allen, Admin.
Dawn Brewer, Esq.
William Matchett, M.D.
Herminio Reyes, Ph.D.
Danny Ruiz, RPH
Seymour Young, M.D.

An Institutional Review Board (IRB) is a committee of individuals who are responsible for ensuring the ethical treatment of participants in human clinical research studies. The IRB accomplished this by carefully reviewing prior to initiation (on an on-going basis) all research protocols, informed consent documents and advertisements used to promote participation in a study.

The IRB is charged with being an advocate and protector of the rights and welfarte of potential study participants—ensuring that studies are designed to minimize risk and maximize potential benefit to volunteers. In accordance with Federal regulations, all research conducted using human subjects must be reviewed and approved by an IRB. Most institutions that conduct a large amount of research maintain their own IRB. The AIDS ReSearch Alliance IRB meets monthly to review new clinical trials protocols, informed consent documents, proposed study advertisements and all on-going clinical studies.

Dawn Brewer, Atty.

Meet our most recent IRB member & find out why Dawn chooses to serve on our IRB.

Dawn Brewer, Esq.

Dawn landed in California by way of Texas, Arizona and Oklahoma. Having spent those years landlocked, Dawn became a confirmed Angelino years ago. Professionally, Dawn is a health care attorney who counsels clients on issues surrounding the delivery and finance of health care through commercial and governmental programs. She regularly deals with issues surrounding medical privacy, electronic health transactions, regulatory controls on the delivery of care, and payment rules for care delivered. As a real person, Dawn reads historical fiction and has a serious dependency on cable news.

Dawn:

Lawyers regularly complain that the work that pays the bills doesn't inspire them or impact lives. It's hard to feel sorry for lawyers because, as a profession, we've probably earned our negative reputation. That said, a number of my peers and I regularly meet to talk about what we're doing to change our inspire/impact quotient. My work with the Institutional Review Board exponentially increased my quotient.

Often overlooked, the work of the IRB provides a critical pause in ARA's quest to "do good." This pause allows the IRB members to independently evaluate whether study participants have the information they need to make intelligent choices. I've been impressed with the talent, commitment and generosity of the IRB's members and staff. They regularly work to "get it right" despite additional meetings and several re-drafts. It's a pleasure to contribute my health law experience constructively and as even a small part of ARA's mission to find the most effective drug therapies to benefit treatment of HIV.

MEDICAL EXECUTIVE COMMITTEE

MEDICAL EXECUTIVE COMMITTEE

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Meet one of ARA's longtime MEC committee members and find out why he chose to serve as a volunteer board member.

PETER ANTON, M.D.

Peter is the Director of the Division of Digestive Diseases at UCLA's Department of Medicine and is an Associate Professor of Medicine. He is a leading researcher on immunology of the gastrointestinal tract. He has been a member of the AIDS ReSearch Alliance Medical Executive Committee (MEC) since the summer of 1996.

Peter Anton, M.D.

PETER:

AIDS ReSearch Alliance conducts aggressively pursued, well-designed clinical trials with the primary goal of improving patient's health while answering some of the questions that continually hound us as clinicians. They are pivotal in the fight against HIV.

I've always been impressed with the mission and dedication of ARA and was honored to be invited to join the MEC. For me, these patient-oriented clinical trials couple well with the basic research questions that can be addressed easier in the university setting, enabling us to attack the problem on several levels simultaneously. And probably the most important aspect of serving on the MEC for me is being part of the humbling commitment and selfless enthusiasm I've witnessed in all the trial participants and ARA workers.

Donors 2001

Circle of Hope

Founder's Circle
($25, 000 & above)

MacDonald Family Foundation

Chairman's Circle
($10,000 to $24,999)

Nancy & Sandy Bresler
Entertainment Industry Foundation
Richard Gere/The Gere Foundation
Estate of Jeffrey Scott Gold
Estate of Matthew Rushton
Liberation Publications, Inc./*Out*
McCarthy Family Foundation

President's Circle
($5,000 to $9,999)

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Cecile & Fred Bartman Foundation
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Edwin Hollenback III
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Arnold Kassoy, Esq.
John & Maria Laffin Trust
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($1,000 to $2,499)

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Alliance Capital Management
Bonnie & Bill Apfelbaum
John W. Bartman
Mary & Brian Beitner
Rick & Lucy Berenzweig
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BioSyn, Inc.
Jill & John Bishop/Jill Goodson Family Foundation
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David Hunt
Thomas Imswiler & Howard H. Jones
Mark Allen Itkin
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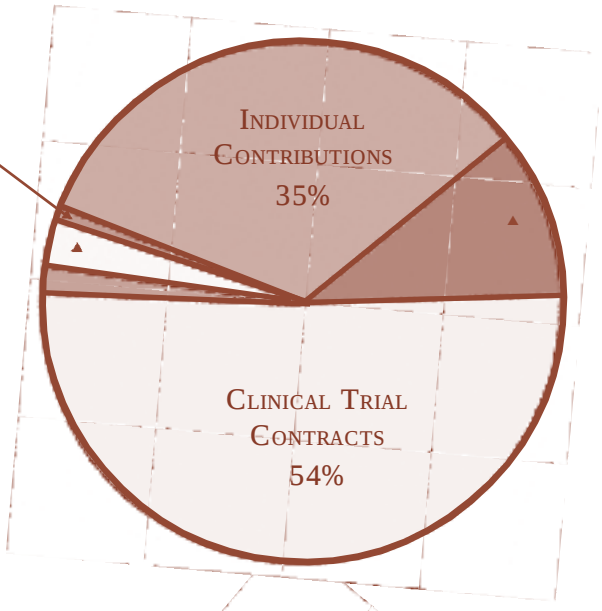

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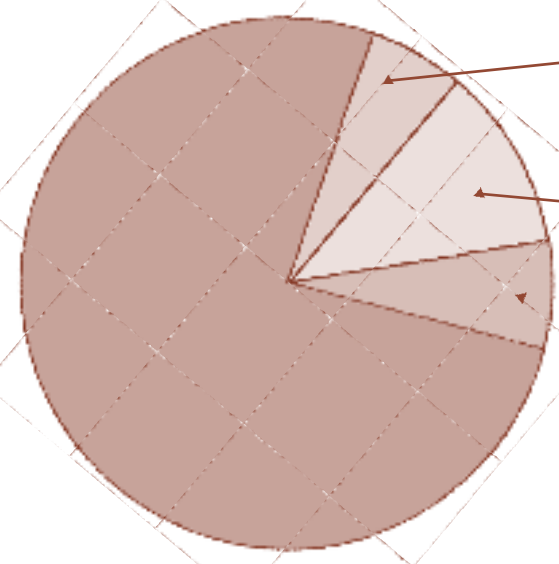

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