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Adolescents and young adults on first-line ART prefer a self-administered electronic questionnaire to assess ART adherence

Kamban Hirasen¹, Denise Evans¹, Rebecca Berhanu², Rita Graber², Julia Turner², Lawrence Long¹ and Matthew P Fox³¹Health Economics and Epidemiology Research Office, Department of Internal Medicine, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, South Africa²Right to Care, Johannesburg, South Africa³Department of Global Health, Boston University School of Public Health, Boston, MA, USA

Because many young South African's have been exposed to mobile technology we set out to determine if a self-administered electronic questionnaire would be an acceptable approach to measure adherence to ART. Cross-sectional study among HIV positive adolescents and young adults (18-35 years) on first-line ART for >3 months at the Themba Lethu HIV Clinic in Johannesburg, South Africa between 07/2015–01/2016. Participants were asked a series of questions to assess their preference for a self-administered electronic versus a counsellor/social worker administered paper-based questionnaire to measure adherence to ART. Of the 77 participants enrolled (14% refusal rate), 19 (25%) were male and the majority (88%) had been on ART for more than 12 months. 66% (51/77) reported good adherence, defined by a VAS score $\geq 90\%$. When using a five-level Likert scale, 80% (41/51) agreed or strongly agreed that they are comfortable using a Smartphone or tablet. 60% (46/77) reported that they preferred an electronic questionnaire on a Smartphone or tablet over a paper form and 68% (52/77) preferred a self-administered questionnaire over an interview-administered one. Finally, 95% (38/40) of study participants who completed the adherence questionnaire on an electronic device reported that it was relatively easy to complete. Conversely, 52% (40/77) had concerns about confidentiality and that their responses would not be stored and transferred safely on an electronic device. In order for self-administered electronic questionnaires to be useful in routine clinic settings participants need to be reassured that their responses will be securely stored and transferred to maintain patient confidentiality.

khirasen@heroza.org

H₂O₂ signals via iron induction of VL30 retrotransposition correlated with cytotoxicity

Dimitrios Noutsopoulos

Laboratory of General Biology, Medical School, University of Ioannina, Greece.

The impact of oxidative stress on mobilization of endogenous retroviruses and their effects on cell fate is unknown. We investigated the action of H₂O₂ on retrotransposition of an EGFP-tagged mouse LTR-retrotransposon, VL30, in an NIH3T3 cell-retrotransposition assay. H₂O₂ treatment of assay cells caused specific retrotranspositions documented by UV microscopy and PCR analysis. Flow cytometric analysis revealed an unusually high dose- and time-dependent retrotransposition frequency induced, ~420,000-fold at 40 mM H₂O₂ compared to the natural frequency, which was reduced by ectopic expression of catalase. Remarkably, H₂O₂ moderately induced the RNA expression of retrotransposon B2 without affecting the basal expression of VL30s and L1 and significantly induced the expression of various endogenous reverse transcriptase genes. Further, whereas treatment with 50 mM FeCl₂ alone was ineffective, cotreatment with 10 mM H₂O₂ and 50 mM FeCl₂ caused a 6-fold higher retrotransposition induction than H₂O₂ alone, which was associated with cytotoxicity. H₂O₂ - or H₂O₂ /FeCl₂-induced retrotransposition was significantly reduced by the iron chelator DFO or the antioxidant NAC, respectively. Furthermore, both H₂O₂-induced retrotransposition and associated cytotoxicity were inhibited after pretreatment of cells with DFO or the reverse transcriptase inhibitors efavirenz and etravirine. Our data show for the first time that H₂O₂, acting via iron, is a potent stimulus of retrotransposition contributing to oxidative stress-induced cell damage.

dnoutso@cc.uoi.gr