

Happy Birthday to Us!

by Dedy Hidayat S.

We are proud to be celebrating the INA-RESPOND newsletter's first birthday and hope that this is only the first of many years of progressive program to come from the INA-RESPOND network.

The Idea

This newsletter was initiated as a communication tool of the INA-RESPOND network and is used to disseminate information to its members. It serves to bond all members together into a family unit and keeps member informed of all planned network activities and functions. It is also our wish that through the newsletter, we can improve the members' morale and motivate them to perform exceptionally.

The Changes

Entering its 2nd year, the newsletter undergoes some changes. Our standards have been maintained throughout the year, and as ever we have interesting assortment of news and updates that we are and will be presenting as our gift to our deserving readers.

Not only the design and content but also the editorial staff is going through some changes as one of our precious members, Ms. Sonia Kusumawardani, has parted with us. She has been a great asset, and we all hope she carries on her legacy in her next job.

Last but not least, on behalf of the editorial staff, I would like to thank all the network members for all your support.



The network's TRIPOD Investigator Meeting is just around the corner! The investigator meeting, which is arranged in tandem with the GCP / Lab Training, will be held on October 9-11, 2014 in Bogor, Indonesia.

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SCIENCE CORNER

Years of experiments in cells, animals, and humans are spent to eventually bring a new medicine to patients' bedside. Learn the story behind the discovery of Acyclovir, an antiviral drug to slow the growth and spread of herpes virus.

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Quiz

Remember the newsletter's special edition issued last month, which featured the HIV/AIDS? Do you think you still have the information on top of your head? Check out this month's quiz made specially to challenge you on the HIV/AIDS topic.

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Picture 1. The People behind the Newsletter.

From Left to Right: Dedy H., Nurhayati, M.Karyana, Anandika P, Herman K., Susanto.

TRIPOD STUDY

The TB study core team meeting was held on September 29 to discuss the latest MOP and give update on the progress of TRIPOD. The latest draft is currently being revised by the CRA and protocol team. The CRF is also being updated based on inputs from TB research group to synchronize the study CRF with their TB common protocol CRF. Sites are forming their team and are excited for the upcoming Investigator Meeting.



Picture 2. dr. Helmi and dr. Annisa



Studies' Progress and Updates

by dr. Nurhayati, dr. Nugroho Harry Susanto, dr. Anandika Pawitri, dr. Herman Kosasih, Sonia Kusumawardani

HIV/AIDS STUDY

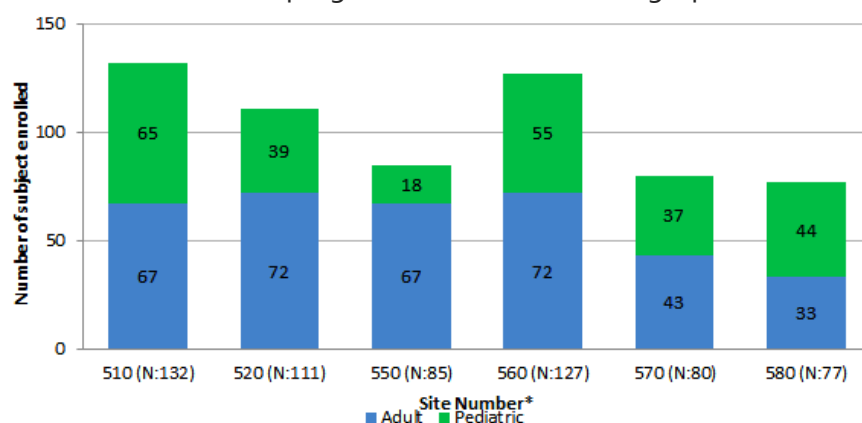
INA-RESPOND is preparing a community-based HIV study, called Indonesia PASTI BISA. The hypothesis of this study is 'early administration of ART in positive persons will decrease the incidence of HIV in the population'.

During his visit to the United States, dr. Karyana discussed with the colleagues from US-NIAID on how to select the districts for the study based on the epidemiological data in Indonesia.

It has been decided that districts considered as *Kota* will be excluded since it is assumed that the mobility of people is high. Therefore, study will be conducted in *Kabupaten*, which will be selected from the 76 districts that provide continuum of care (*Layanan Komprehensif Berkesinambungan*) in 2015.

AFIRE STUDY

Up to September 28, 1,966 patients have been screened from 6 active sites and 612 subjects have been enrolled (354 adults and 258 children). Enrollment progress can be seen in the graphic below:



* 510 – RSUP dr Hasan Sadikin, Bandung
550 – RSUP dr Wahidin, Makassar
570 – RSUD dr Soetomo, Surabaya

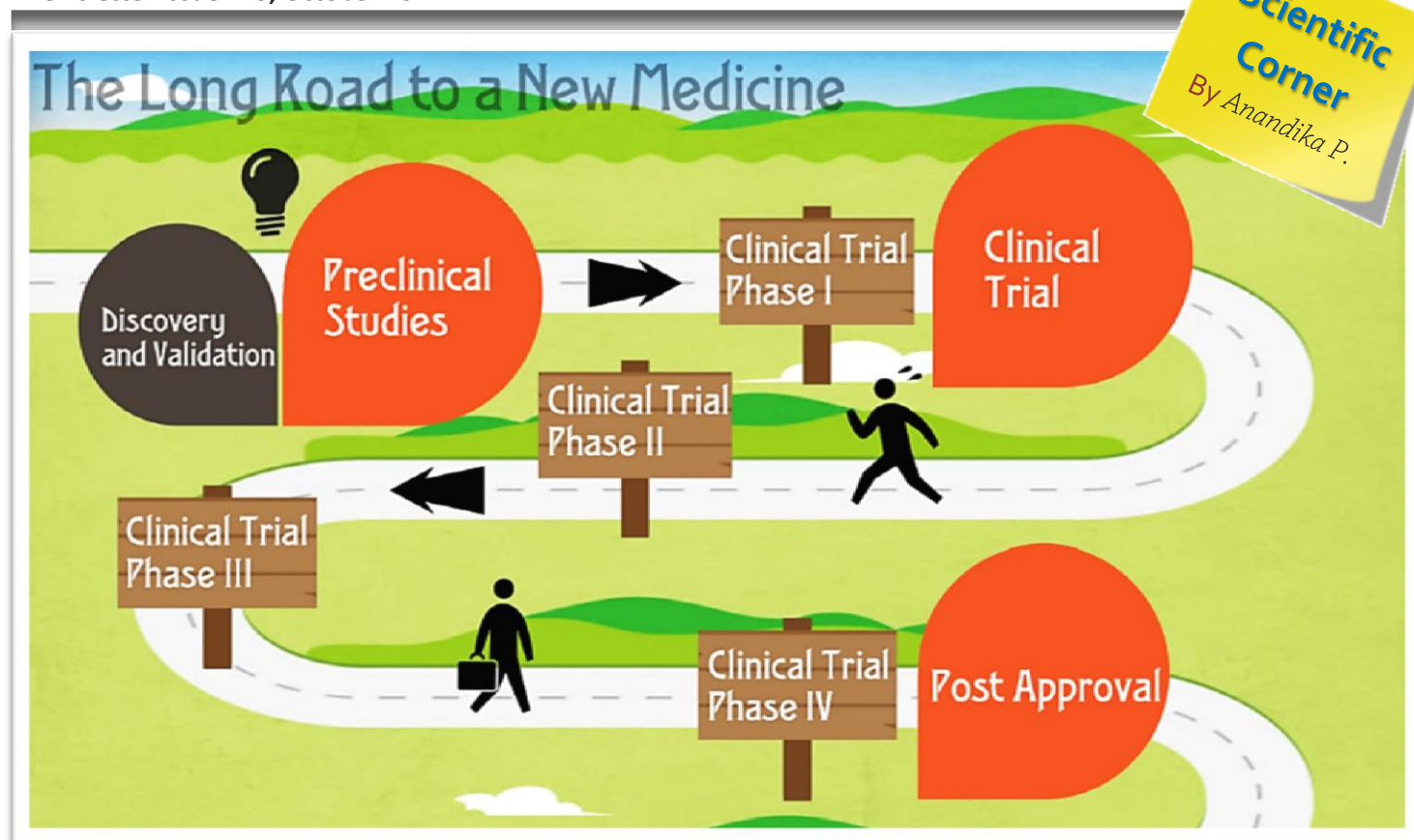
520 – RSUP Sanglah, Denpasar
560 – RSUP dr Kariadi, Semarang
580 – RSUP dr Sardjito, Yogyakarta

Detailed screening and enrollment progress is available in portal folder: Studies\INA101\Screening progress.pdf or go to the following link: <https://ina-respond.s-3.com/EdmFile/getfile/797233>

Congratulations to **Site 510 - RSHS** as the current top recruiter, and happy belated birthday to Dr. M. H. Gasem, our AFIRE Protocol PI!
For further information on this study please go to:
<http://www.ina-respond.net/afire-study/>

SEPSIS STUDY

After Sepsis Protocol was submitted to NIHRD IRB on September 1, Indonesia is hopeful to receive the response in the next couple of weeks. As soon as we get the approval, each site will proceed with the submission to its local IRB. In order to catch up with Thailand and Vietnam counterpart, we are planning a kick off meeting with all the site team in November and to have the first site activation in December 2014. SEAICRN Executive Committee (EC) meeting was held on September 10-11 in Hanoi. The meeting discussed the ongoing Sepsis study's results, other potential trials for the network, and the network's strategic plan to make the network more energized. Next EC meeting is to be determined.



Years of experiments in cells, animals, and in humans are done to eventually bring a new medicine to patients' bedside. Hopefully, the story about two researchers, Schaeffer and Ellion, to discover Acyclovir can give you an insight on how people develop a new medicine.

Drug Discovery in a Story

The discovery of the first antiviral compounds did not come until 1950, and it was not until 1960s a program of intensive screening of compounds for activity against RNA and DNA viruses was started at Burroughs Wellcome. The effort of Schaeffer and Ellion led to the discovery of Acyclovir in 1974. A quote from book Nobel Prize Women in Science stated, "Acyclovir turned out to be different from any other compounds Elion had ever seen. It is so similar to a compound needed by the herpes virus for reproduction that the virus is fooled.

The virus enters normal cells and starts to make an enzyme that helps it to reproduce. This enzyme activates Acyclovir and turns into something that is toxic to the virus. In short, Acyclovir makes the virus commit suicide."

*Before a promising compound can be safely tested on human, a great deal more detailed research must be done to answer vital question about its chemical properties and ability to treat a particular disease. This is known as **preclinical studies**. It is carried out in a laboratory in test tubes (in vitro) and in living organism (in vivo).*

Intense preclinical investigation brought Acyclovir to the point of clinical testing in 1977.

Phase one clinical trials aim to test the safety of a new medicine. This will be the first time that the medicine is tried on humans. A small number of people, usually healthy volunteers are given the

medicine and researchers observe for side effects and calculate what the right dose might be to use in treatment. This phase is known as dose-ranging studies.

Between 1978 and 1981, phase II multi center programs brought the topical, intravenous, and oral formulations of Acyclovir to a point where safety and efficacy studies (undertaken by true believers and securitized by true skeptics) were accepted.

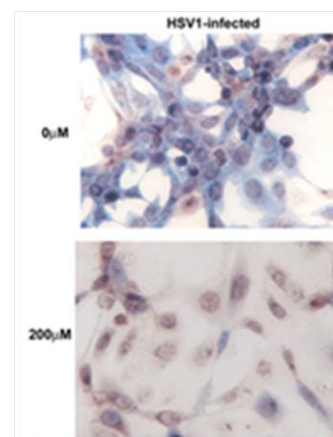


Figure 1. Acyclovir inhibits HSV 1 replication.
Vero cells were infected with HSV1. Cells were not treated (above) and treated with 200 μM acyclovir (ACV).



Figure 2. Gertrude Belle Elion

She received the Nobel Prize for Medicine in 1988 for the development of drugs used to treat several major diseases.

Phase two clinical trials test larger group of people who suffer from disease that the medicine targeted on. The aim is to see the efficacy of a new medicine. Afterwards, in **phase three clinical trials** researchers test medicine in larger groups of people who are ill, and compare a new medicine against an existing treatment or a placebo too see if it works better in practice.

The first new drug application was filled in 1981 and the first form of the drug (topical) was made available for use by practicing physicians in 1982.

Phase four clinical trial take place once new medicines have passed all the previous stages and have been given marketing license. It means that the medicine is available to be prescribed by physician. In this phase, the medicine continues to be studied while it is being used in practice. Somehow this phase is the 'real trial' whether the medicine work as expected in the real community.

In a way, stories like those of Schaeffer and Elion paint a lovely picture of how research, in reality, often works. Yes, sometimes there are happy coincidences and chance encounters, and sometimes they are critical to new discoveries. But on their own, they're meaningless. Without years of rigorous work that follow them up, they consign to forget history books.

References:

www.nhs.uk

King, DH. History, Pharmacokinetics, and Pharmacology of Acyclovir. 1988.

Nobel Prize Women in Science

Site Specialists Profile

by Sonia Kusumawardani

She is always the first to arrive at INA-RESPOND's office. While some of us are still enjoying our few last minutes in bed, she is already busy with her work. By nature she is sweet-tempered and understanding, but she can be strong and firm to stand her ground when the situation requires.

She loves eating snacks and noodles. It is very convenient getting around town with her because she knows many good street food vendors. We admire her meticulousness and gracefulness when dealing with people with different kinds of personality.

Reading novel, making quizzes, eating Italian food, & doing crossword puzzles are only a few of her favorite things. She has won the Sunday newspaper's crossword puzzle twice so far. She is sincere, friendly, and warm, which makes her an easy person to work with. She's worked in various clinical researches, and she is always happy to share her knowledge with the Secretariat team. She is punctilious in taking notes. This is actually because she is quite forgetful. Other Secretariat team members make good use of the situation and often borrow her notebook.



Picture 3. Site Specialists

Can you guess which description each of these three ladies belongs to?

This Site Specialist is an Aquarian who happens to be a swimming champion in her primary school. She is the latest member of the Site Specialist trio. When we first met her, she looked graceful and polite. As we get to know her, she is so much more than that. She is witty, enthusiastic, and ambitious to learn from her fellow co-workers. As a kid, she wanted to become an astronaut, but when she studied medicine and translational research in university, she finally found her true calling. She eats moderately unless she has just come out from a long meeting; her appetite will hike.

Save the Date

by Dedy Hidayat S.

An Investigator meeting is a meeting that should be attended by all the Investigators and site personnel who have agreed to participate in a multi-center clinical trial. The purpose of the meeting is to ensure that everyone involved in the study receives the same information and inform the Investigators about the investigational medicinal product and the clinical trial.

There may also be some training in GCP and regulatory requirements. Investigator meetings are usually held just before the start of the trial and there may be more than one Investigator meeting.

Investigator Meeting

The TRIPOD Investigator Meeting & GCP / Laboratory Training will be held on October 9–12, 2014 at Hotel Santika, Bogor

Network Steering Committee Meeting

The next NSC Meeting will be held on October 22–23, 2014 at



Picture 4. Steering Committee Meeting

Medical Faculty Building of Padjajaran University, Bandung.

FOR MORE INFORMATION

Please contact Mr. Dedy Hidayat or Ms. Yayu Nuzulurrahmah at +62 21 42879189 ext. 102 or 112 during office hours (08.00 – 16.00)



by Anandika Pawitri

Did you know that there is a myth among people saying that you can get HIV from mosquitoes' bite? Let's not make the same mistake and get our knowledge straight.

Here are lists of type of exposure; can you guess *what is the first and second highest risk of getting HIV from each group of transmission (parenteral, sexual, mother-to-child)?*

Please email your answer to INA.Secretariat@s-3.com by October 26, 2014 for a chance to win a special souvenir.

Type of Exposure

Parenteral

- ? Blood Transfusion
- ? Needle-sharing during injection drug use
- ? Percutaneous (needle-stick)



Sexual

- ? Receptive anal intercourse
- ? Receptive peno-vaginal intercourse
- ? Insertive anal intercourse
- ? Insertive peno-vaginal intercourse
- ? Unprotected sex with HIV-infected individuals on ART



Mother to child

- ? Without prevention measures
- ? With prevention measures including ARV prophylaxis



INA-RESPOND Newsletter

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