

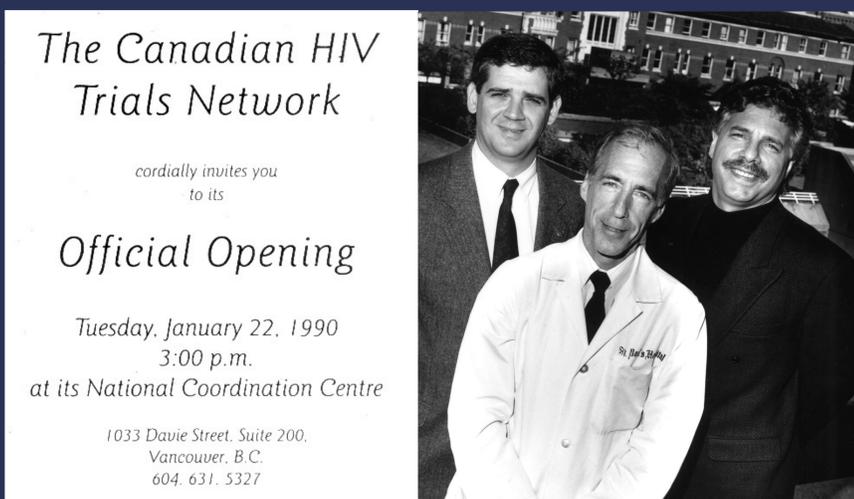
The CIHR Canadian HIV Trials Network: 32 years strong in improving prevention, treatment, and management for people living with HIV in Canada through the implementation of high-quality research

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Background

Since 1990, the CIHR Canadian HIV Trials Network (CTN) has been a partnership of researchers, people living with HIV, government, health advocates, and industry committed to advancing prevention, treatment, and management of HIV, HCV, and STTBIs. Here, we provide an overview of the CTN's successes, lessons learned, challenges, and future opportunities as Canada works toward our 90-90-90 targets.



Left: Invitation to the CTN's official opening. Right: The three founding members of the CTN from left to right: Drs. Julio Montaner, John Ruedy, and Martin Schechter.

Description

To support research on HIV treatment and care, including community-based and culturally appropriate treatment, the Network developed four research cores to address vaccines and immunotherapy, comorbidities, co-infections, and HIV prevention, respectively.

The CTN also addresses research gaps and priorities by funding pilot studies, developing research with community, scientific and community review of studies, accountable resource allocation, semi-annual meetings, an international External Advisory Committee, providing research support services, and the use of virtual technologies.



Left to right: Dr. Michael Allard (UBC Medicine), Dr. Jeannie Shoveller (CIHR), Dr. Aslam Anis (CTN National Director), The Honourable Hedy Fry (MP, Vancouver Centre), Dr. Melanie Murray (CTN Investigator), Mr. Darren Lausher (CTN Community Advisory Committee) at the 2019 CIHR funding announcement.



The 2011 CTN Postdoctoral Fellows and former program lead, Jacquie Sas (far left).

Lessons & Successes

- ➔ **Training:** The Postdoctoral Fellowship Program has trained over 100 fellows to date, many of whom now lead the Network and continue to conduct research.
- ➔ **Community engagement:** Our Community Advisory Committee is now a model for community engagement for other networks. We have also embedded Community Engagement Teams within our research core structure to improve community collaboration.
- ➔ **Funding innovation:** Our inclusive research agenda supports investigator-initiated studies.
- ➔ **Funding for pilot studies:** We provide junior investigators with funding for high-risk, preliminary studies to build skills, generate data, and improve their chances of success in national funding competitions.
- ➔ **Guidelines and long-term HIV management:** The Network supports guideline development (e.g., PrEP) and studies focused on managing comorbidities, coinfections, and aging.
- ➔ **Enhancing infrastructure:** As study complexity increases, the Network connects investigators and experts to file Health Canada trials and assign trial monitors.

Conclusions

Next steps include:

- ➔ Embracing further international collaborations for larger clinical trials and building expertise in implementation science, particularly around co-infections, comorbidities, and a broader STBBI mandate.
- ➔ Continued concentration on populations with less favourable outcomes, such as Indigenous communities, people who use drugs, and people aging with HIV, to reach our 90-90-90 goals.
- ➔ Further use of decentralized trials, virtual appointments, and in-home procedures introduced due to COVID-19 to co-create participant-centric and trauma-informed research studies.
- ➔ Committing to anti-racism and anti-colonialism Network policies and structures.
- ➔ Increasing support to investigators to further eliminate study administrative burden.