

Quarterly Update JULY 2025



Highlights from Recent OCS Publications

Rehman et al., Association between virtual visits and health outcomes of people living with HIV: A cross-sectional study.

 Study supports benefits of virtual HIV care, while long-term effects need further study.

Khan et al., Advancing our Understanding of Employment as a Social Determinant of Health among People with HIV in Ontario.

 Findings support employment as a key social determinant of health for PLHIV.

<u>Lazor et al.</u>, Cannabis Use Trajectories Among People Living with HIV in the Decade Prior to Recreational Legalization in Ontario, Canada (2008–2017).

 High cannabis use was associated with older age, tobacco use, higher education, and depressive symptoms reported by 43% of participants highlighting the need for further research on use trajectories and mental health outcomes post-legalization.

OCS Productivity in 2024

Data collectors completed a total of 2,186 interviews.

- 4,378 active participants at 14 OCS sites. This number decreased by 3% compared to 2023 but remained slightly higher than in 2021 and 2022.
- 234 new OCS participants. New participants accounted for 11% of the 2024 questionnaire and 5% of the total cohort.

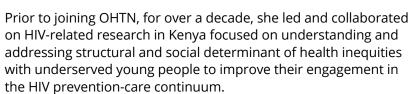
We thank our sites, data collectors, and participants for their contributions to the OCS.

Welcoming the new OCS Director

Lonnie Embleton joined the OHTN as the new OCS Director as of July 2, 2025.

Lonnie holds a PhD in Medical Science from the University of Toronto along with a master's degree in public health, specializing in epidemiology, from the Dalla Lana School of Public Health

from the Dalla Lana School of Public Health (DLSPH).



Dr. Embleton is an Assistant Professor, Status Only at the University of Toronto DLSPH in the Division of Social and Behavioural Health Sciences and an Adjunct Professor in the Department of Global Health and Health Systems Design at the Icahn School of Medicine at Mount Sinai in New York. She is passionate about generating high quality evidence to improve health, economic, and social outcomes for underserved communities to advance health equity.

OCS at the 2025 Canadian Treatment as Prevention (TasP) Summit

TasP Summit took place in Vancouver on June 5-6, 2025. Sergio Rueda, SSC Chair, joined the summit with a well-received talk summarizing the OCS in the context of the HIV epidemic in Ontario and its implications for care engagement, quality of life and health status overall among PLWH.

Sergio noted that the Summit raised the alarm on the rising incidence of HIV in Canada and the great threat that US cuts pose to HIV programs and millions at risk of disease and death globally. Among the many findings shared at the meeting, the TasP and PrEP could be the key to meeting the first three UNAIDS 95 targets and the OCS is well positioned to make a difference in pursuit of the fourth 95 target.

We extend our thanks to Sergio for representing the OCS at this important summit.

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New OCS Research Proposal!

A new research proposal, *Lung cancer screening among people living with HIV (PLWH) in Ontario*, has undergone the committee reviews. Led by doctoral student Saeedeh Moayedi Nia (University of Toronto) and Dr. Ann Burchell, the team will draw on OCS data to understand lung cancer screening referral and uptake among PLWH in Ontario since 2024. They will examine (1) how many PLWH who are eligible for lung cancer screening have been referred for it by their healthcare provider, 2) how many attended their screening appointments, and 3) how many received a LDCT scan. They will also examine factors that may influence referral and screening participation, such as age, tobacco smoking history, income, access to healthcare, and other medical conditions, to identify possible inequities in screening access and utilization. The findings from this study will help us understand whether PLWH are accessing lung cancer screening and what might facilitate future attendance.

New GC Member

Mike Wilson joined as the newest member in February 2025 and will serve a three-year term through February 2028. He is an Associate Professor in the Department of Health Evidence and Impact at McMaster University and serves as the Scientific Director of the McMaster Health Forum.

New Site Investigators at two sites!

Dr. Adrienne Chan has joined as the new investigator at Sunnybrook Health Sciences Centre, taking over from Dr. Nisha Andany. Dr. Chan is an Infectious Diseases physician and Clinician Investigator with two decades of experience in HIV care and implementation science, both in Canada and internationally. She is also an Associate Professor at the University of Toronto.

Dr. Huma Saeed is now the investigator at London's St. Joseph's Hospital, succeeding Dr. Michael Silverman. Dr. Saeed completed advanced training in Infectious Diseases and Transplant ID, with research focused on outcomes in solid organ transplantation among PLWH.

We extend our sincere thanks to Drs. Andany and Silverman for their dedicated leadership and long-standing contributions to the OCS. Their support has been instrumental in advancing the cohort's reach and impact.

New Data Analyst and Practicum Student

Chigozie Ugwu (PhD Statistics) joined the OCS team at the OHTN in June 2025. Chigozie will be bringing her expertise in statistics, public health, spatial analysis, machine learning, health data analytics, and cloud-base data systems to the team.

Simran Mann is a first year Master of Public Health student specializing in Epidemiology at the University of Toronto. With her interest in communicable disease, she aspires to promote health equity using evidence-based research. Simran is working with Dr. Ann Burchell to investigate health and social service usage among PLWH.

New Site Staff

We welcome five new site staff members to the team: Kajanshy Mannogaran at Toronto General Hospital; Arlène Kezimana at Byward Family Health Centre; Andrew Brennan at Ottawa General Hospital; and Sarah Francis and Ankita Das at Lakeridge Positive Care Clinic.

As we wish good luck to outgoing data collectors, Muna Abdullahi (Toronto) and Arny Naweza (Byward) for their future endeavours, we thank all OCS site staff for their dedication and commitment to the work.

OCS Presence at 2025 CAHR

OCS had a big showing with 10 presentations at the 34th Canadian Conference on HIV/AIDS Research (CAHR) conference held in Halifax, May 1-4. See the key takeaways from presentations in the next page or <u>here</u>.

The Ontario HIV Treatment Network Cohort Study (OCS) is an ongoing research study that collects clinical, social and behavioural information about people living with HIV (PHA) in Ontario. Participation in the study is voluntary, and all personally identifying information of study participants is removed to ensure confidentiality. The OCS was established to improve our understanding of HIV and inform HIV prevention, care and treatment strategies for people living with HIV and groups at risk of HIV infection. For more information about the OCS, please visit <a href="https://oncode/college/coll

Bekele et al., Uptake of three doses of COVID-19 vaccine among people living with HIV who have completed a 2-dose primary series: Findings from the Ontario HIV Treatment Network (OHTN) Cohort Study.

 Uptake of 3 doses of COVID-19 vaccine was significantly lower among women, heterosexual men, and people who are Black, used recreational drugs, and received care in Eastern Ontario/ Southwestern Ontario. A targeted approach may help to improve uptake of updated COVID-19 vaccines in these groups.

<u>Lazor et al.</u>, Feasibility of evaluating standard THC units (STU) across product types among people living with HIV in Ontario, Canada.

 Calculation of a STU by product type was feasible using THC content ranges and amounts consumed, and we saw participants reporting a broad range of STUs across different cannabis product types.

<u>Su at al.</u>, Five-year trajectories of disability and the associated factors among adults aging with HIV in the Ontario HIV Treatment Network Cohort Study.

 Disability experiences among adults living with HIV were episodic in nature and followed three distinct trajectories (low, medium, and high disability) over a 5year period. These trajectories were influenced by a range of intrinsic (e.g., age, gender, race/ethnicity, household income, comorbidities) and extrinsic (e.g., HIV stigma and social support) contextual factors.

Su at al., Dual trajectories of disability and physical activity in adults aging with HIV: Insights from a population-based longitudinal study in Ontario, Canada.

• Disability (no disability; low disability; medium disability; high disability) and physical activity (barely active; decreasing activity; increasing activity; highly active) each followed four distinct trajectories over four years and were interconnected among adults aging with HIV. These findings highlight the importance of ongoing monitoring and the potential role of physical activity in mitigating disability among adults living with HIV.

Rueda et al., Investigating intersectional inequalities of gender, age, and race in cannabis use among Ontarians living with HIV: the Ontario HIV Treatment Network Cohort Study.

 The contribution of people's social identities on frequency of cannabis use was largely additive, but for some there was also an interaction effect which either enhanced or suppressed frequency of use, highlighting a need for tailored messaging and equitable resources and supports. <u>Lazor et al.</u>, A comprehensive profile of cannabis consumers living with HIV after legalization: The Ontario Cannabis and HIV Survey.

 Over half of the participants reported consumption of cannabis for recreational purposes, while only 12% reported medical use. Trends in types of products consumed were similar for both recreational and medicinal use purposes aside from edibles, hash, beverages and concentrates, which were more commonly used recreationally, and liquid oil drops and topicals, which were more commonly used medicinally.

Rehman et al., Association between virtual visits and health outcomes in people living with HIV: A cross-sectional study.

 People living with HIV who received virtual or blended care had good adherence to treatment, viral suppression, and mental health compared.

<u>Light et al.</u>, Self-reported anal cancer screening prior to release of new clinical guidelines: Results from the Ontario HIV Treatment Network (OHTN) Cohort Study.

 New international guidelines recommend annual anal cancer screening for PLWH aged 35+ for MSM and age 45+ for all others. In 2023, the year prior to the release of these guidelines, the proportion reporting an anal cytology (Pap) test were 27% for MSM, 5.3% for women, and 4.1% for heterosexual men. Implementation of the guidelines requires scaling up screening practice among MSM and targeted efforts to introduce screening to women and heterosexual men for whom it will likely be new practice.

Rehman et al., Socio-economical determinants of virtual care use among people with HIV Ontario: A cross-sectional study.

People living outside Toronto, women, non-MSM individuals, those with lower education, and those recently diagnosed with HIV were less likely to use virtual care, highlighting the need to address equity in virtual healthcare access.

<u>Xi et al.</u>, Trends in annual healthcare costs among people living with HIV in Ontario, Canada from 2003 to 2018: Results from a population-based study.

 Healthcare cost trends for PLWH in Ontario have fluctuated over time, primarily reflecting changes in medication costs. Differential healthcare costs across populations warrants further study, including the role of delayed diagnoses and care.