



Request for Applications for the HIV/Aging Pilot Program

I. Basic Information

I.1. Background

This Pilot RFA is a collaboration between the Nathan Shock Centers of Excellence (NSCs), the Claude D. Pepper Older Americans Independence Centers (OAICs; aka “Pepper Centers”), Evelyn F. McKnight Brain Institutes (MBIs), and the Centers for AIDS Research (CFARs) and is funded by the National Institute on Aging (NIA) (R33AG067069).

The NSCs were established in 1995 to provide leadership in research focused on the basic biology of aging, leading advancements in next generation geroscience platforms for biomarker discovery, epigenetics of aging, and innovative models of heterogeneity in aging. The OAICs were established to advance research into causes, mechanisms, prevention and treatment of functional decline and disability with aging. For over 30 years, OAICs investigators have developed and validated key measures of function, excelled in recruiting and retaining older research subjects, defined phenotypes and mechanisms of aging and disability, and gathered imaging, biologic sample, and clinical data repositories from seniors. The MBI were formed in 1999 to bring together multidisciplinary teams to better understand brain health and age- and disease-related changes in cognition. The CFARs integrate National Institutes of Health (NIH) funded HIV/AIDS research across 20 sites with basic, clinical, and social-behavioral interests.

Through these efforts, it has become clear that people with HIV (PWH) are developing non-AIDS-defining but HIV-associated co-morbidities at rates much higher than HIV-uninfected populations. Age is the dominant risk factor for these conditions, which include cardiovascular disease, neurocognitive decline, metabolic disease, osteoporosis, kidney disease, liver disease, frailty, and cancers. Manifestations of these chronic illnesses now account for the majority of morbidity and mortality in PWH, not opportunistic infections, as previously seen. The increased burden of disease leads to early multi-morbidity, functional decline, and geriatric syndromes (falls, fractures, frailty) in PWH.

A number of “hallmarks” of aging that collectively define the aging phenotype have been identified. Geroscience is a newly described concept relating these key mechanisms of aging to the development of chronic disease, functional decline, and disability limiting healthy years of life. ***The focus of this RFA is on the application of geroscience concepts to better understand HIV infection’s associations with chronic disease and premature multi-morbidity, functional decline, and geriatric syndromes (e.g., falls, frailty, dycognition). Proposals that are focused on the aspects of the biology of aging (e.g. biomarkers, epigenetics) that contribute to chronic diseases and the hallmarks of aging that drive the aging process within the context of HIV will be considered for funding. Pilots for interventions in PWH based on geroscience principles (see Geroscience. 2018 Dec;40(5-6):419-436. doi: 10.1007/s11357-018-0042-y for a conceptual example of such trials) will also be considered.***

I.2. Purpose

The purpose of this program is to promote interdisciplinary research into Aging among PWH by bridging research excellence between CFAR and NSCs/OAICs/MBI and develop the next generation of HIV Geroscience translational researchers. Proposals with an emphasis on the emerging field of Geroscience and its application in HIV will be the focus. CFAR, NSCs, OAICs, and MBI support pilot grants on their own, and a small number of research projects at the interface of HIV and aging have been funded

previously, but this RFA is to specifically encourage interactions between NSCs, OAICs, or MBI and CFAR investigators and to encourage interdisciplinary engagement through collaborations between experts in HIV and aging.

There are a number of unique advantages to this RFA. For example, CFAR sites have significant access to patient samples from older PWH through the CFAR Clinical Cores and CFAR Network of Integrated Clinical Systems (CNICS). Many OAICs have established image and bio-specimen repositories in older HIV-uninfected subjects that are available for comparative studies. NSCs have developed cutting-edge methods and technology for biomarker detection and genetic assessments of aging. Coordinated efforts between these networks have a much greater likelihood of substantially advancing the field than individual projects that lack such integration. MBI have unique expertise in the integration of cognitive outcomes with systemic biomarkers, and also have a small, yet well-characterized cohort of elderly adults, including imaging, blood biomarkers, and extensive cognitive testing that could be used for comparative studies. Further, led by the NIA, the NIH's Geroscience Network has developed aging-focused projects and staff across the Institutes and Centers (ICs) of the NIH emphasizing the importance of the aging mechanisms in the development of many, if not most, chronic diseases and providing NIH staff with an understanding of Geroscience in multiple institutes/centers.

Of note, CNICS has a large cohort of PWH across a range of ages, carefully validated outcomes, and a specimen repository that may be a particularly useful resource for proposed projects.

I.3. Eligibility and Mentoring

Pilot applications are welcome from any faculty investigator at any rank; post-doctoral fellows are NOT eligible unless they will be a faculty member on July 1, 2024, and can provide a letter from their department chair to this effect. Applicants do not have to come from the participating centers but MUST have mentorship from a faculty member within CFAR, NSCs, OAICs, or MBI. All applications must include investigators from BOTH HIV and Geroscience ***We are looking to fund either:***

- (1) new investigators who have NOT yet received an R01** (A new investigator is defined by NIH as an “applicant who has not yet competed successfully for a substantial, competing NIH research grant”- see further details here), **or**
- (2) any level investigator from a Geroscience/Aging background who has NOT worked in or is just starting work in HIV-related aging.**

Strong preference will be given to:

- studies that utilize NSCs, OAICs, MBI, or CFAR-supported specimen repositories and/or databases (i.e., Pepper Center -repositories, repositories at CFAR sites or CNICS), and/or
- applications where the local CFAR, NSCs, OAICs, or MBI provide some matched funding or covered indirect costs for the applicants, and/or
- applications that receive matched or partial matched funding from, their department or the university, including lower rate institutional support costs.

The inclusion of at least one NSCs or OAICs or MBI or CFAR investigator is MANDATORY (please see Appendix A at the end of this document for a list of all sites). If investigators would like support in finding a collaborator prior to application submission, and requires help, please contact Lydia Drumright Ind23@uw.edu.

I.4. Focus of Projects

Applications submitted for consideration by this RFA should be focused on the field of Geroscience (J Gerontol A Biol Sci Med Sci 2014;69(S1):S1–S3 and Cell 2013;153(6): 1194–1217, J Gerontol A Biol Sci Med Sci 2016; 71 (11): 1385-1387, and Physiol 2016; 594 (8): 2001-24 and its application in HIV (J Acquir Immune Defic Syndr. 2012;60 Suppl 1:S1-18; J Gerontol A Biol Sci Med Sci. 2014;69(7):833-42). The intent is that pilot data resulting from studies funded through this RFA will provide “feeder” data for more extensive investigation in high-priority areas via the NIA/multi-institute sponsored FOAs (PAR-21-068, PAR-21-069). Only those applications focused on aspects of geroscience that contribute to chronic diseases and functional decline in the context of aging with HIV will be considered for funding. These aspects include, but are not limited to:

- Inflammation and other cell-cell signaling
- Cellular senescence

- Mitochondrial dysfunction
- Stem cell exhaustion
- Altered metabolism/nutrient sensing
- Epigenetic modifications and telomere attrition
- Altered proteostasis
- Stress adaptation
- Macromolecular damage (e.g., genomic instability, oxidative damage)
- Senotherapeutics (e.g., fisetin used in both HIV and Aging)
- Effects of these factors on cognitive decline and risk for chronic health problems

In addition to the above we are also interested in receiving applications from social science, epidemiology, and basic science. Human participants and/or tissue samples are desired, but animal models that address Geroscience in HIV that have clear translational value are acceptable. NSCs, OAICs, MBI, or CFAR involvement is **mandatory**.

I.5. Funding Criteria

It is anticipated that two to four pilot grants will be awarded through this RFA with total funding (including indirect costs) of up to \$40,000 each from this RFA. Additional matching support from the CFAR, NSCs, OAICs, or MBI is preferred, but not required. Refer to section III.4, page 4 for detailed budgetary considerations.

I.6. Travel Support

Pilot grant awardees are expected, and will be funded, to attend the OAICs Annual Meeting (or HIV equivalent) to present their results and become “immersed” in aging or HIV research opportunities. Preferred meetings include plenary, networking opportunities, scientific poster sessions, and extensive early career faculty activities. *Note: funds for travel for a single meeting of this type will be provided outside the budget for direct grant dollars (i.e. do NOT include travel for this purpose in the grant budget); you can include costs for travel to an additional meeting up to \$2000.* Examples of an HIV meeting that may be substituted include the Conference of Retroviruses and Opportunistic Infections (CROI), CNICS annual meeting, Keystone meeting on HIV and Aging; decisions about meetings will not be made until after funding, given ongoing changes to meetings in response to the pandemic.

II. Timelines and Contacts

The competition will be administered in a two-phase process: the Concept Proposal phase and the Full Proposal phase. The Concept Proposal phase is open to all eligible candidates. To be eligible to compete in the Full Proposal phase, the applicant must first successfully compete in the Concept Proposal phase.

TIMELINE FOR SUBMISSIONS AND NOTIFICATIONS	
RFA Release.....	November 17, 2023
Concept Proposals Due	January 12, 2024
Notification of Full Proposal Selection	January 29, 2024
*Full Proposals Due	March 29, 2024 (*invited applicants only)
Estimated Award Announcement Date.....	April 26, 2024

II.1. Electronic Submission of Concepts and Applications

All concept proposals and invited applications must be submitted as a *single electronic (Portable Document Format (PDF)) package* via the UAB CFAR website (see link below) **by 5:00 pm PST on the deadline dates** listed above. Applications received after the deadline will not be considered *accepted*, even if the website link remains active.

II.2. Questions/Requests for more Information

Questions should be addressed to: Donna Porter, PhD donnaporter@uabmc.edu, or Lydia Drumright, PhD Ind23@uw.edu.

III. Application Instructions

CONCEPT PROPOSALS

Concept Proposals are due January 12, 2024

III.1. Concept Proposal Instructions

Concept Proposals will be submitted electronically in one, single Adobe PDF file via the R33 HIV and Aging Submission Form on the UAB CFAR Developmental Core Page (linked here).

The Concept Proposal should be uploaded using the link above in a single Adobe PDF file, prepared in the order listed below. A cover letter is not required. Only one concept study may be submitted per lead investigator.

1. Two-page concept proposal outlining the hypotheses, specific aims, brief preliminary data (if any), and brief research design. As the criteria for selection in the Concept Proposal phase are primarily based upon the scientific merit, investigator, significance, approach, and innovation, concepts should address these topic areas.

Please note: *References of works cited should be included but are not part of the total page count.*

2. Biographical Sketch for the applicant (SF424 (R&R) Format - Download: MS Word) and paired coinvestigator/ mentor. ****New NIH Biosketch format is Required.**

III.2. Review Process and Criteria

A Scientific Selection Committee (SSC) will review the Concept Proposals. Criteria for selection in the Concept Proposal phase are primarily based upon the scientific merit, investigators, significance, approach, and innovation. For full descriptions of these criteria, see section III.5: Review Process and Criteria.

Researchers whose proposals are selected for the full proposal competition phase will be notified by email on or around January 29, 2023 and will have ~10 weeks to prepare and submit a full proposal.

FULL PROPOSALS

Full proposals are due March 29, 2024. Only researchers whose proposals were selected from the concept proposal competition phase are invited to submit full proposals. A link will be provided for submission.

Successful awardees will be eligible for and encouraged to access NSCs, OAICs, and CFAR Cores for research tools and services. For more information about Core services, see the links to local OAIC, NSC and CFAR sites in Appendix A. To find out more about and access resources please connect with your local or national contact for the center of interest. Successful awardees are also encouraged to access CNICS data and/or samples.

III.3. Full Application Instructions

Full Proposals will be submitted electronically in one Adobe PDF file via the UAB CFAR website submission form. A cover letter is not required or recommended. The full proposal will be on the forms used commonly for NIH grant applications (PHS 398 forms) and should follow a modified NIH investigator initiated grant application (R21) format (see specifics to include in the order listed below). For applications with human or animal subjects, approvals from the Institutional Review Board (IRB) or Institutional Animal Care and Use Committee (IACUC) at

the appropriate institution must be obtained before funds are released. Required letters to accompany the application are listed below.

Pilot Project awardees will be required to provide a 6-month report on progress. A final report will be submitted by the awardees at the end of the funding year cycle. Awardees will be tracked for a minimum of 5 years to monitor productivity (abstracts, publications, grants), and pilot award grantees will give a poster or slide presentation at the end of the funding period at an appropriate meeting.

The Full Proposal should include (in this order; in a single PDF file):

1. Face Page: (Download: MS Word or PDF) Include Institutional sign-off and eRA Commons ID.
* Applicants from University of Washington are required to complete a face page with eRA Commons ID, but do not need Departmental, School, or Office of Sponsored Programs signatures, due to sub-budgeting, rather than subcontracting.
2. Project Summary Page: (Download: MS Word or PDF)
3. Detailed budget for 12 month period: (Download: MS Word or PDF)
4. Complete budget and justification: (Download: MS Word or PDF)
5. Checklist including institutional indirect (F&A) costs: (Download: MS Word or PDF)
6. Resources page (Download: MS Word or PDF)
7. Biographical Sketch for the PI, Co-Investigators and all collaborators (Download: MS Word) **New NIH Biosketch format is Required.
8. Other Support for the PI (Download: MS Word)
9. Research Plan (Maximum 6 pages excluding Specific Aims and References). Use PHS 398 Continuation Format pages (Download: MS Word or PDF).
 - a. Specific Aims (suggested length 1 page – not included in the page count)
 - b. Significance
 - c. Innovation
 - d. Approach

*All research plans will undergo a biostatistical evaluation as part of the review process, therefore applicants are strongly encouraged to consult a biostatistician in the preparation of their application.
10. Description of the Research Environment (suggested length ½ page). Use PHS 398 Continuation Format pages (Download: MS Word or PDF).
11. Impact on the field: For studies focused on HIV, describe the impact of the study on the field of aging. For studies focused on aging, describe the impact on the field of HIV (suggested length ½ page or less). Use PHS 398 Continuation Format pages (Download: MS Word or PDF).
12. Bibliography and References cited (as needed) Use PHS 398 Continuation Format pages (Download: MS Word or PDF).
13. Protection of Human Subjects (if applicable; maximum 1 page). Use PHS 398 Continuation Format pages (Download: MS Word or PDF).
14. Vertebrate Animals (if applicable; maximum 1 page). Use PHS 398 Continuation Format pages (Download: MS Word or PDF).
15. Letters of Support
 - a. Letters of support from co-investigators and collaborators essential to the proposed project should accompany the application.

Use this link (<https://grants.nih.gov/grants/funding/phs398/phs398.pdf>) for detailed instructions on how to fill out these forms. Bibliography and References Cited sections do not count toward the page limit. No appendices are allowed. Do not submit Targeted/Planned Enrollment Tables. Applications must be in English.

Only invited applicants from the pilot submissions should submit a full application. Full applications should be submitted electronically via:

https://www.uab.edu/medicine/cfar/index.php?option=com_rsform&view=rsform&formId=17 [uab.edu]

III.4. Budget Development Guidelines and Restrictions

1. Maximum total costs (direct and indirect) are allowed up to \$40,000. Competitive investigators are strongly encouraged to obtain waivers or adjusted rates for indirect costs and/or matching local funds as a sign of institutional commitment.
2. Travel to the OAIC Annual conference, or similar HIV conference for those coming from a geroscience background, is provided by this funding mechanism and should not be included in the budget. Budgeting for travel to other conferences to present project research results is allowable and encouraged (travel budget limited to no more than \$2000).
3. Requested support for project collaborators who are NOT at the same institution as the awardee must be listed as consultant costs. If the collaborator cannot accept consultancy fees, a subcontract must be issued to their institution. These costs must be listed in the detailed budget as consortium costs with applicable indirect costs included.
4. **No international components will be allowed through this mechanism.**
5. Costs associated with IRB review of human research protocols, or IACUC review of animal research protocols, are not allowable as direct charges.
6. Awardees who have support from K awards should discuss eligibility issues with their program officers and with institutional officials as eligibility may vary by NIH sponsor for the K award and institutional policies. The staff of this mechanism is not able to determine eligibility for K awardees.
7. All costs must conform to the NIH Grants Policy Statement (GPS) and applicable U.S. Office of Management and Budget circulars for necessity and reasonability, allocability, conformance and consistency, as well as allowability. Please follow the link below to section 7.2 cost principles section of the NIH Grants Policy Statement.

III.5. Review Process and Criteria

Written Reviews:

The evaluation criteria includes:

- **Significance** – What will be the potential effect of these studies on the concepts or methods that drive the field of research? Does the study address an important problem consistent with the objective to advance our understanding of HIV in the aging population? If the aims are achieved, how will scientific knowledge be advanced?
- **Investigator** – Are the PI, mentor(s), collaborators, and other researchers well suited to the project? Do the PI and other investigators have appropriate experience and training? If the project is collaborative, do the investigators have complementary and integrated expertise, and are there both NSCs/OAICs/MBI and CFAR researchers involved?
- **Approach** – Are the conceptual framework, design, methods, and statistical analysis plan adequately developed, well integrated and appropriate to the aims of the project? Does the applicant acknowledge potential problem areas and consider alternatives? Does the study design account appropriately for differences by sex or gender, if applicable?
- **Innovation** – Does the project employ novel concepts, approaches, or methods? Are the aims original and innovative? Does the project challenge existing paradigms or develop new methodologies or technologies?
- **Environment** – Do the proposed methods take advantage of the unique environment and unique populations where appropriate? Are useful collaborative arrangements between resources in the institution(s) utilized, where appropriate, and described adequately?

Review Committee:

Applications will be reviewed by the Application Research Committee, consisting of CFAR/NSCs/OAICs/MBI Investigators, with procedures analogous to an NIH Study Section. Each application will have a primary, secondary, and biostatistical reviewer (where appropriate). The reviewers will be asked to summarize the strengths and weaknesses of the proposal based on all of the above criteria.

Reviewers will provide a written critique, provided to all applicants, based in alignment with the goals of this funding mechanism, path to subsequent grant applications and research productivity, and the 5 NIH criteria to yield an overall impact score. Each project is scored according to the NIH scoring system using scientific merit as the metric for success. Those applicants who are selected for funding will be notified immediately.

IV. Award Requirements

IV.1. Pre-Award Requirements

Funding will be awarded via a subcontract from University of Washington. All questions regarding the awarding of funding should be directed to the contact listed in the notice of award. Prior to the awarding of funding, the following information should be provided, if applicable:

1. Human Subjects and Animal Care Approvals: Animal Care and IRB approvals, if applicable, must be obtained prior to **receipt** of an award, but are not required to submit an application. Prior to funding, a copy of all Institutional Biohazard, Animal Care and IRB approvals must be forwarded to the post-award administrator. Prior to receipt of an award involving human subjects, IRB approval from all participating sites and human subjects training certification for all key personnel will be required.

For more information about human subjects approval, see: <http://www.hhs.gov/ohrp/> and <https://www.niaid.nih.gov/grants-contracts/human-subjects>.

For more information on animal care approvals, see: <http://grants.nih.gov/grants/olaw/olaw.htm> and <https://www.niaid.nih.gov/grants-contracts/research-vertebrate-animals>.

IV.2. Post-Award Requirements

1. Awardees will be required to submit yearly progress reports at 6 months and at the end of the budget period. Awardees will be tracked for a minimum of 5 years
2. To monitor productivity (abstracts, publications, grants that use data, findings or methodology that was gained due to funding), and pilot award grantees will give a presentation at the end of the funding period at the OAICs annual meeting.
3. Support from this mechanism must be acknowledged in all publications and presentations even after the grant has ended.
4. If for any reason the awardee is unable to fulfil the requirements or adhere to the policies of the award, at the discretion of the funding mechanism leadership, the award may be revoked.

Appendix A: CFAR, NSC, OAIC, and MBI and Sites

CFAR, NSCs, OAICs, and MBI sites provide a range of core services and research support. Different centers and locations distribute resources using a range of paradigms. Please review resources from the locations of participating investigators and make contact with the center if you have any questions about their resources or core services.

Centers for AIDS Research (CFAR) Sites

- Rustbelt CFAR at (Case Western Reserve University, University Hospitals of Cleveland and University of Pittsburgh) - <http://cfar.case.edu/>
- District of Columbia CFAR (George Washington University, American University, Children's National Health System, DC Health, Georgetown University, Howard University, Washington DC Veterans Affairs Medical Center, and Whitman-Walker Health) - <https://dccfar.gwu.edu/>
- Duke Center for AIDS Research - <http://cfar.duke.edu/>
- Einstein-Rockefeller-CUNY Center for AIDS Research - <https://www.einstein.yu.edu/centers/erc-center-for-aids-research/>
- CFAR at Emory University - <http://www.cfar.emory.edu/>
- CFAR at Harvard University - <http://cfar.globalhealth.harvard.edu>
- CFAR at Johns Hopkins University - <http://hopkinscfar.org/>
- Providence/Boston CFAR - www.provboscfar.org
- CFAR at University of Alabama at Birmingham - <http://www.uab.edu/cfar/>
- CFAR at UCSD - <https://cfar.ucsd.edu>
- UCSF-Gladstone CFAR - <http://cfar.ucsf.edu>
- CFAR at University of Miami - <http://cfar.med.miami.edu/>
- CFAR at University of North Carolina - <http://unccfar.org/>
- CFAR at the University of Pennsylvania - <http://www.med.upenn.edu/cfar/>
- CFAR at University of Washington/Fred Hutch - <http://cfar.washington.edu>
- Third Coast Center for AIDS Research (Northwestern University, University of Chicago, Community Partners) - <https://www.thirdcoastcfar.org/>
- Tennessee Center for AIDS Research - <https://tn-cfar.org/>
- Texas Developmental Center for AIDS Research - <https://www.bcm.edu/research/research-centers/texas-developmental-center-for-aids-research>

Claude D. Pepper Older Americans Independence Center (OAIC) Sites

- Boston Pepper Center – <https://pepper.bwh.harvard.edu>
- The University of California, San Francisco (UCSF) - <https://geriatrics.ucsf.edu/peppercenter>
- University of Connecticut Center on Aging - <https://health.uconn.edu/aging/>
- Duke University Medical Center - <https://sites.duke.edu/centerforaging/claude-d-pepper-older-americans-independence-center/>
- University of Florida - <https://aging.ufl.edu/>
- Johns Hopkins University - <https://coah.jhu.edu/oaic/>
- University of Maryland - <https://www.medschool.umaryland.edu/peppercenter/>

- University of Michigan - <https://medicine.umich.edu/dept/dgpm/geriatric-medicine/research/claude-d-pepper-older-americans-independence-center>
- University of Pittsburgh - <https://www.utmb.edu/scoa/research/supported-research-programs/pepper-center/home>
- Mount Sinai - <https://icahn.mssm.edu/research/oaic>
- Northwestern University - <https://www.feinberg.northwestern.edu/sites/cahra/>
- University of Texas Medical Branch (UTMB) - <https://www.utmb.edu/scoa/research/supported-research-programs/pepper-center/home>
- University of Texas Health Sciences Center San Antonio - <https://sapepper.barshop.uthscsa.edu/>
- Wake Forrest University School of Medicine - <https://school.wakehealth.edu/Research/Institutes-and-Centers/Sticht-Center/Claude-Pepper-Center>
- Yale University - <https://medicine.yale.edu/intmed/geriatrics/peppercenter/>

Evelyn F. McKnight Brain Institute (MBI) Sites

- University of Alabama at Birmingham - <https://www.uab.edu/medicine/mbi/>
- University of Arizona - <https://www.embi.arizona.edu/>
- University of Florida - <https://mbi.ufl.edu/>
- University of Miami - <https://mbi-umiami.org/>

Nathan Shock Center (NSC) of Excellence Sites

- Albert Einstein College of Medicine – <https://www.einstein.yu.edu/centers/aging/centers-of-excellence/nathan-shock/>
- The Jackson Laboratory – <http://agingmice.jax.org/>
- Salk Institute/University of California, San Diego (UCSD)/Sanford-Burnham Institute (San Diego) - <https://www.salk.edu/science/research-centers/san-diego-nathan-shock-center/>
- University of Alabama at Birmingham – <https://www.uab.edu/shockcenter/>
- University of Oklahoma – <https://oklahomanathanshockcenteronaging.org/>
- University of Southern California/Buck Institute (Los Angeles) - <https://www.buckinstitute.org/lab/usc-buck-institute-nathan-shock-center-of-excellence/>
- University of Texas Health San Antonio - <https://nathanshockcenters.org/university-of-texas>
- University of Washington - <https://depts.washington.edu/uwhalo/uwhalo/nsc/>

Appendix B: Previously Successful Candidates and Projects

This pilot grant scheme is now in year 3. The below are details of successful candidates and their proposals from years 1 & 2. You can read more about the candidates and their studies on the HARC website.

2021 HARC Pilot Award Recipients

- S. Kathleen Bandt, MD (Northwestern University) – Surface based deep learning to define HIV-related brain aging
- Andrew Hahn, MD (University of Washington) – Determination of the impact of abnormal glucose levels on the progression of frailty among people living with HIV
- Peng Li, PhD (Harvard) – Associations between rest activity circadian rhythm and cognition in PLWH
- Vitor Oliveira, PhD (Case Western Reserve University) – Relationship between body fat and functional status among adults aging with HIV

2022 HARC Pilot Award Recipients

- Thomas Buford, PhD (University of Alabama at Birmingham) - Feasibility of High-intensity Interval Training in Older Adults with HIV and Co-Occurring Hypertension
- Jimmy Ma, MD (University of Washington) - Aging, Depression, Antidepressant Effectiveness, and Incidence of Stroke among People with HIV
- Mary Clare Masters, MD (Northwestern University) - Longitudinal Associations Between Plasma SASP Biomarkers and Frailty in Older Persons with HIV
- Brienne Miner, MD (Yale University) - Sleep Deficiency and Brain Aging in Older People Living with HIV

Applicant biographies and project descriptions will be forthcoming on the website.