**Do-It-Yourself Dissemination Tool Kit: Executive Summary Example**

*Format: E-mail to stakeholders*

*Place the Executive Summary in the body of the e-mail*

**Subject:** Addresstraditional risk factors to prevent serious diseases in adults with HIV

**EXECUTIVE SUMMARY: Traditional risk factors must be addressed to prevent serious diseases in adults with HIV**

In a study published in *The Lancet HIV*, a multidisciplinary team of researchers showed that eliminating traditional lifestyle factors is essential to preserving the health of adults with HIV.

The study showed 24% of cancers and 37% of myocardial infarctions among adults with HIV could be avoided by eliminating **cigarette smoking** in this population. An additional 44% of myocardial infarctions could be avoided by reducing **total cholesterol** to (<240 mg/dL) and 42% could be avoided by reducing **hypertension**. Reducing hypertensionwould also avoid 39% of end-stage renal disease diagnoses. Eliminating **hepatitis C** **virus** infection would avoid 30% of end-stage liver disease diagnoses.

The study was conducted by following upwards of 60,000 adults with HIV in the [North American AIDS Cohort Collaboration on Research and Design](http://www.naaccord.org/) (NA-ACCORD). The roles of smoking, elevated total cholesterol, hypertension, diabetes, chronic kidney disease, hepatitis C and B infection, as well as markers of HIV disease progression (clinical AIDS diagnosis, CD4 count, and HIV viral load) were investigated on the following four diseases: cancer, myocardial infarctions, end-stage renal disease, and end-stage liver disease. Adults with HIV have a greater burden of these four diseases compared to adults without HIV. **These findings provide evidence about the reduction of disease outcomes that would result if a risk factor was eliminated.**

The authors conclude a substantial proportion of non-AIDS-defining cancers, myocardial infarction, end-stage liver disease, and end-stage renal disease could be prevented with interventions on traditional risk factors. Preventing and screening for these risk factors will require sustainable care models to implement such interventions during the decades of life of adults with HIV.

Lead investigator, Keri N Althoff, PhD, MPH, Associate Professor of Epidemiology at the Johns Hopkins Bloomberg School of Public Health comments **“There is an urgency for resources and care models aimed at reducing traditional risk factors in order to protect the health of people as they live and age with HIV.”**

This study was funded through a K01 Career Development Award from the National Institute of Allergy and Infectious Diseases, National Institutes of Health (NIH) and would not have been possible without support from the HIV & Aging R24, Johns Hopkins Center for AIDS Research, the and the numerous NIH institutes and Canadian provincial governments that support the [NA-ACCORD](http://www.naaccord.org/) and [IeDEA](http://www.iedea.org/).

For inquiries, contact Dr. Keri N Althoff at [kalthoff@jhu.edu](mailto:kalthoff@jhu.edu) or 312-479-1174 (mobile). Follow @kerinalthoff on Twitter to see a thread reporting the results from this study.

*Althoff KN, et al. The contributions of traditional and HIV-related risk factors on non-AIDS-defining cancer, myocardial infarction, and end-stage liver and renal diseases in adults with HIV in the US and Canada: A collaboration of cohort studies. The Lancet HIV, 2019. Available at:* [*https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30295-9/fulltext*](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(18)30295-9/fulltext)*.*

**Population attributable fraction (%) is interpreted as: *the proportion of the disease that could be avoided   
if the risk factor (y axis) was eliminated.***

Disease abbreviations:

* NADC = non-AIDS-defining cancer
* MI = myocardial infarction
* ESLD = end-stage liver disease
* ESRD = end-stage renal disease