Role of the Infectious Disease Specialist in AIDS-Related Clinical Research

Colleagues—Although we now know that AIDS is caused by an infectious agent, a wide variety of specialists are involved in AIDS care and research in addition to infectious diseases physicians. There are several explanations for this development that relate to the history of the epidemic: the disease was initially not recognized as an infection, certain malignancies (e.g., Kaposi's sarcoma) are a prominent component of the disease, and multiple organ systems tend to become involved by the infectious and malignant complications of human immunodeficiency virus (HIV) infection. We sought to assess the current level of involvement of infectious diseases subspecialists in AIDS-related clinical research through a survey.

The AIDS Clinical Trials Group (ACTG) of the National Institutes for Allergy and Infectious Diseases is a consortium of 34 centers in the United States organized for the design and implementation of AIDS-related clinical trials. The ACTG funds much of the AIDS-related clinical research in the nation, focusing on topics such as antiretroviral agents, pathogenesis and management of AIDS-related malignancies and opportunistic infections, and treatment of HIV infection in pregnant women and infants. We conducted a written, anonymous survey of ACTG participants to gain a sense of the role of the infectious disease subspecialist in the ongoing research efforts against the manifestations of HIV infection. Also, we surveyed fellows and members of the Infectious Diseases Society of America (IDSA) as an additional measure of this subspecialty's involvement in HIV-related research.

A two-page questionnaire was mailed to all individuals who registered for the ACTG meeting held in July 1990 in Bethesda, MD. Of 492 questionnaires sent, 342 were completed and returned (69.5%), of which 192 (56.1%) were completed by physicians. We report on 192 physician respondents, representing 77% of physicians registered for this meeting. A random sample of subspecialists in infectious diseases was drawn from the 1990 list of the fellows and members of the IDSA. Forty-two individuals were asked to participate in a telephone survey; the 41 who agreed answered two standardized questions asked by a single individual. Frequency distributions are described using mean and SD. We used the t test, the $\chi^2$ and the two-tailed Fisher's exact test to compare continuous and categorical variables; we compared ordered discrete variables by one-way analysis of variance.

Most respondents were Caucasian (79.2%) and male (55.9%). Nearly 57% were in the 31–40 year age group. Average duration of faculty appointment for 187 physicians was 9.1 ± 7.5 years. An average of 43% of respondents' time was devoted to research (65% clinical, 35% laboratory-based). Patient care responsibilities claimed an average of 41% of time, of which 58.5% involved the direct care or supervision of care of patients with AIDS. Twenty-nine percent of physicians reported the publication of >50 articles in peer-reviewed journals, 49% had 5–50 articles published, and 21% had published 0–5 articles. Only 1% of respondents had not published in a peer-reviewed medical journal.

Most physician respondents (122, 63.5%) were subspecialists in the field of infectious diseases (86 in internal medicine, 34 in pediatrics, and 2 in obstetrics and gynecology). Comparison of infectious disease subspecialists with the 70 physicians in other fields revealed no significant differences in age, race, or gender. Although mean numbers of years of faculty appointment did not differ, mean number of ACTG-sponsored publications on which the respondent was a first or senior author was greater for the infectious diseases subspecialists than for other physicians (0.30 vs. 0.09 publications; $P = .01$). Of 27 physicians who served as a chairperson or cochairperson of an ACTG committee, 19 (70.3%) were subspecialists in infectious diseases ($P = .6$). Of 51 who had served as chairperson or cochairperson of a specific ACTG protocol, 40 (78.4%) were infectious disease physicians ($P = .02$).

Of the 41 fellows and members of the IDSA completing the telephone survey, 20 were in an academic setting (16 fellows, 4 members), and 21 predominantly cared for patients (4 fellows, 17 members). Nine of the 41 reported active involvement in AIDS-related research (35% of academicians and 19% of those in private practice).

This survey of physician members of the ACTG as well as fellows and members of the IDSA documents the substantial involvement of infectious diseases subspecialists in AIDS-related clinical research and patient care. Within the ACTG, infectious disease specialists represent the dominant specialty. Their efforts and influence upon progress in clinical research in this area is reflected not only by their numbers but by their frequent role as leaders of major committees or protocols or both. Within the IDSA, nearly a quarter of our sample of physicians were actively involved in AIDS research, and over one-third of academic infectious diseases subspecialists were so involved.

As the AIDS epidemic continues to grow, it becomes increasingly important that clinical exposure and specific training in the presentation and management of HIV infection be offered as a standard part of every infectious diseases fellowship curriculum. In addition, didactic instruction in the methodology of the design and implementation of clinical research must be considered as a routine addition to fellowship training, to prepare infectious disease subspecialists optimally for subsequent leadership roles in AIDS-related clinical research and its integration with patient care. The heavy involvement of infectious disease physicians demonstrated in these areas should prompt reevaluation of manpower needs for the subspecialty, since it is likely that continued implementation of AIDS-related research will be the surest manner of furthering progress in our fight against this infection.

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