

GloCal Career Development Series

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GloCal Alumnae (2022-2023)

Outline

- My path to a research career
- Current research: mobility and HIV
- K01 application & lessons learned
- Work/life balance

Early global health experiences



Neno, Malawi
2009



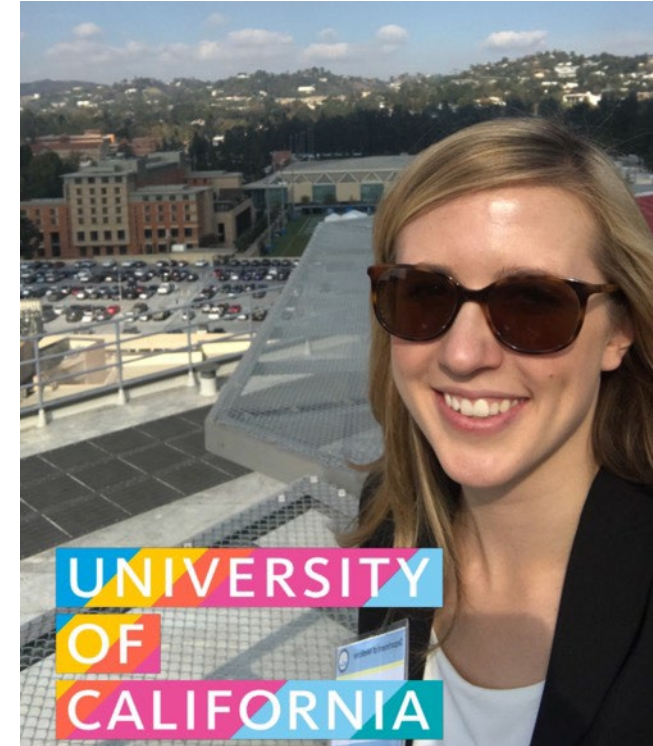
Zalewa, Malawi, 2010



Neno, Malawi, 2012



Neno, Malawi, 2013



UCLA Interview Day
2016

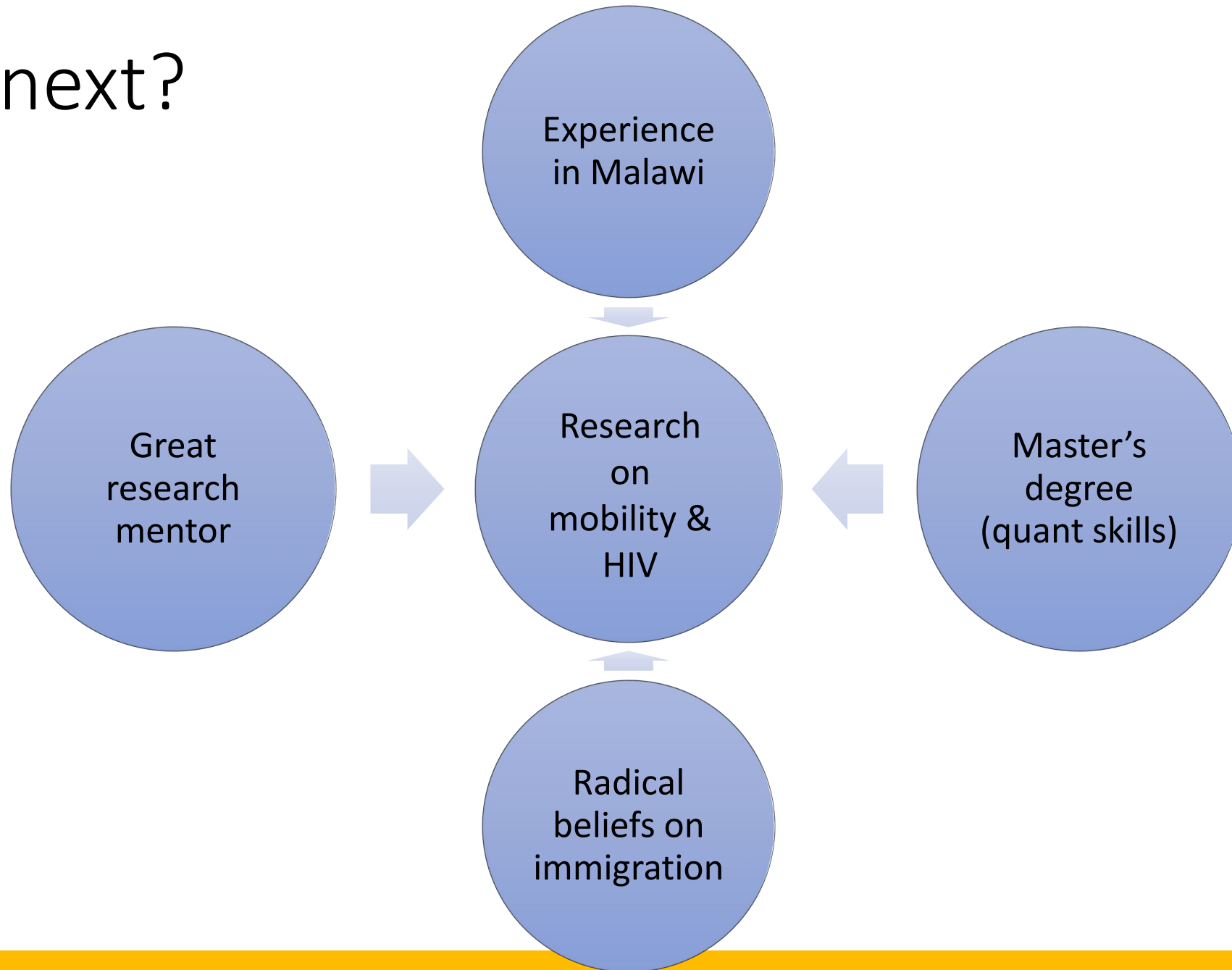
Residency

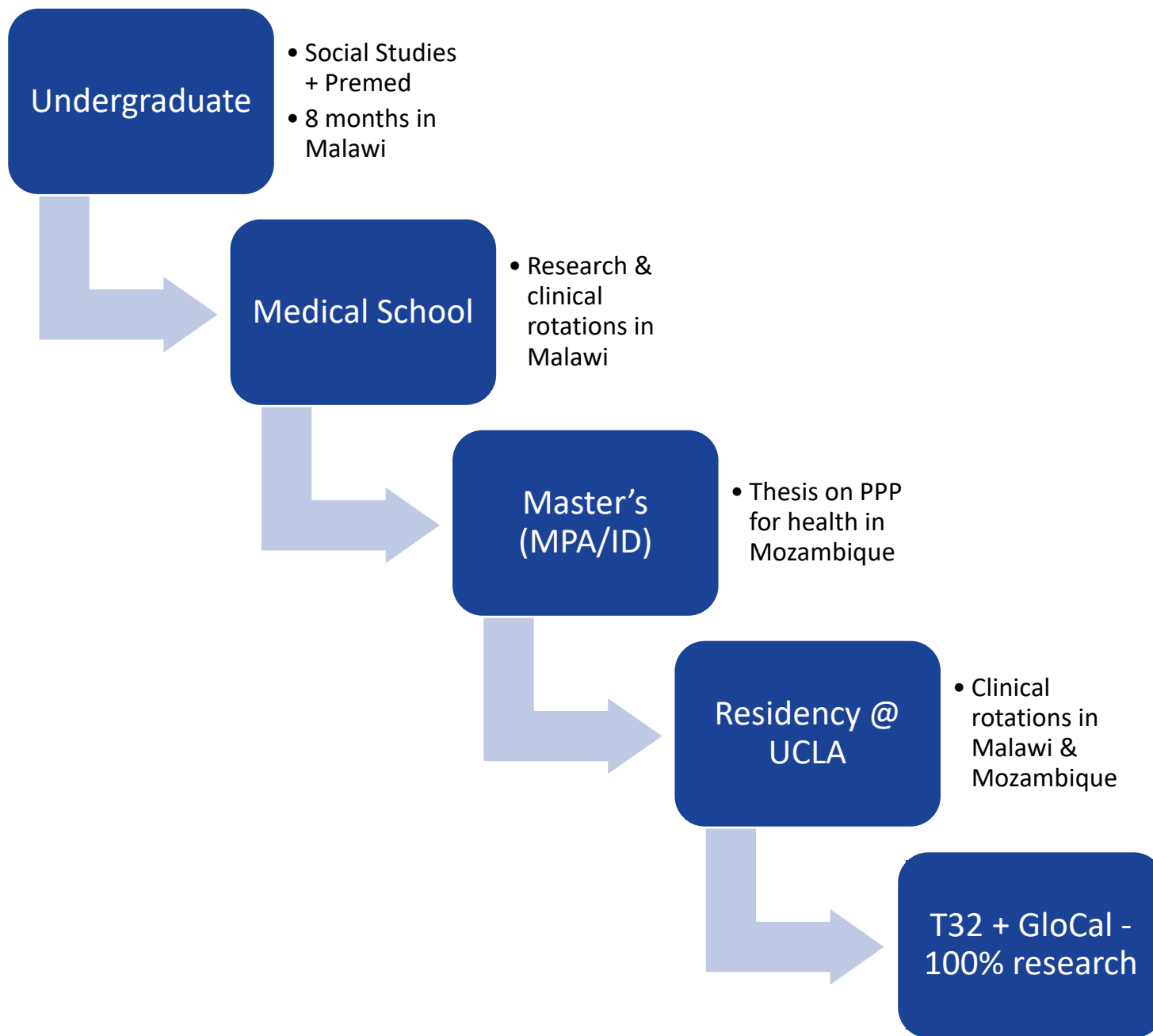
- R1: global health didactics, meeting GH faculty and peers
- R2: Malawi – 3-week clinical rotation



- R3: Mozambique with pediatrics global health program
- R4: COVID → research & street medicine

What next?



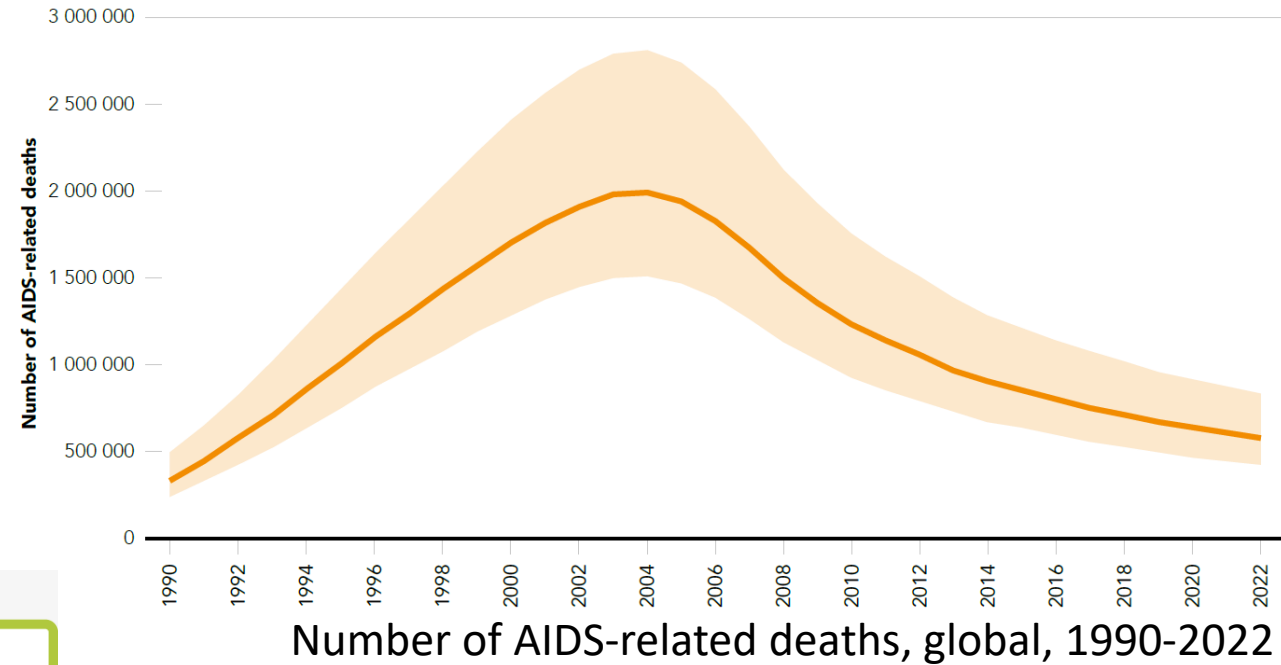
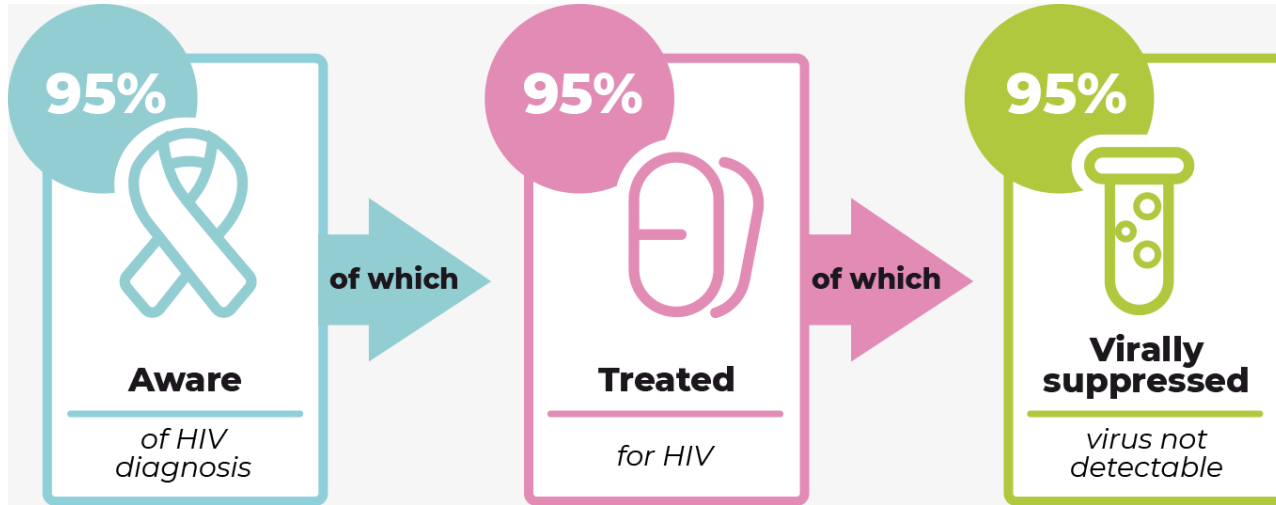




Current research: Mobility & HIV

Current research - HIV

- HIV treatment is readily available across sub-Saharan Africa (SSA) and has led to dramatic decline in death rates



- Many countries on track to reach 90-90-90, some to reach 95-95-95¹

Current research - HIV

- But new infections persist (1.3 *million* in 2022) due to gaps in the care cascade, including viral non-suppression among people on treatment²



Mobility & HIV

- Outcomes are worse for “mobile” PLHIV³
 - True across treatment cascade & across SSA
 - Less likely to know status, be retained in care, and be virally suppressed

6x

Lesotho: Migrant workers 6 times more likely to be lost to follow-up after 1 year than non-migrant peers⁴

#1

South Africa: mobility was most common reason for stopping ART⁵

2.7x

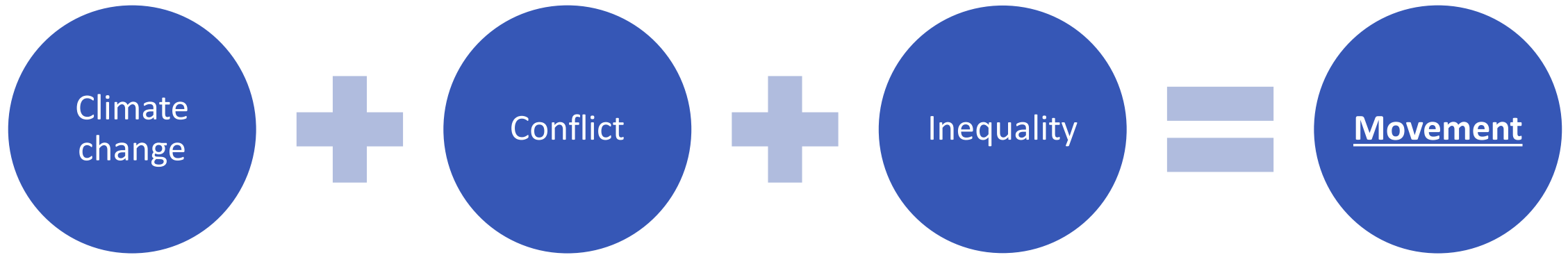
Kenya & Uganda: among men, recent in-migrants were 2.7 times more likely to lose viral suppression⁶

84%→64%

Kenya & Uganda: Non-residents were 20 percentage points less likely to be virally suppressed⁷

- “Mobility” is common but highly variable
 - Who, why, when, and where

Mobility will increase



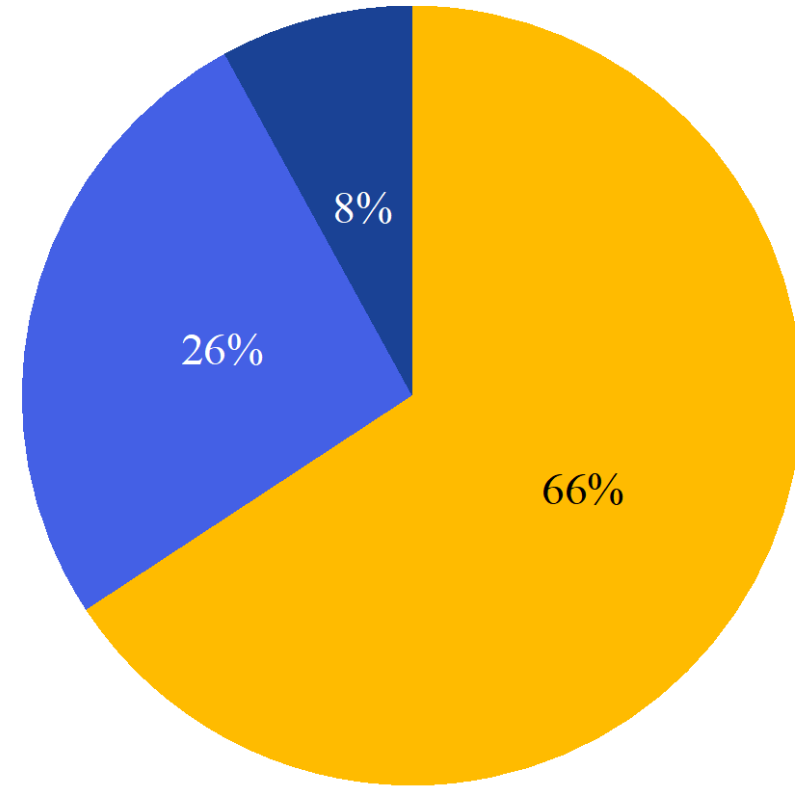
Mobility among MLHIV in Malawi

- Mentor's parent trials (IDEaL & Engage)
- Eligibility:
 - Men living with HIV (MLHIV)
 - ≥ 15 years of age
 - Interruption in treatment (IIT) – never initiated or late for refills

Key postdoc finding: mobility is common

- 34% of men enrolled spent >14 days away from home in the past year

Men living with HIV disengaged from ART (n=651)



- Non-mobile (<14 days away)
- Mobile with at least one trip >14 days
- Mobile with no trips >14 days

Key postdoc finding: mobility is essential

- 69% of trips were for income generation
- Travel to Mozambique and Tanzania was common, usually for work

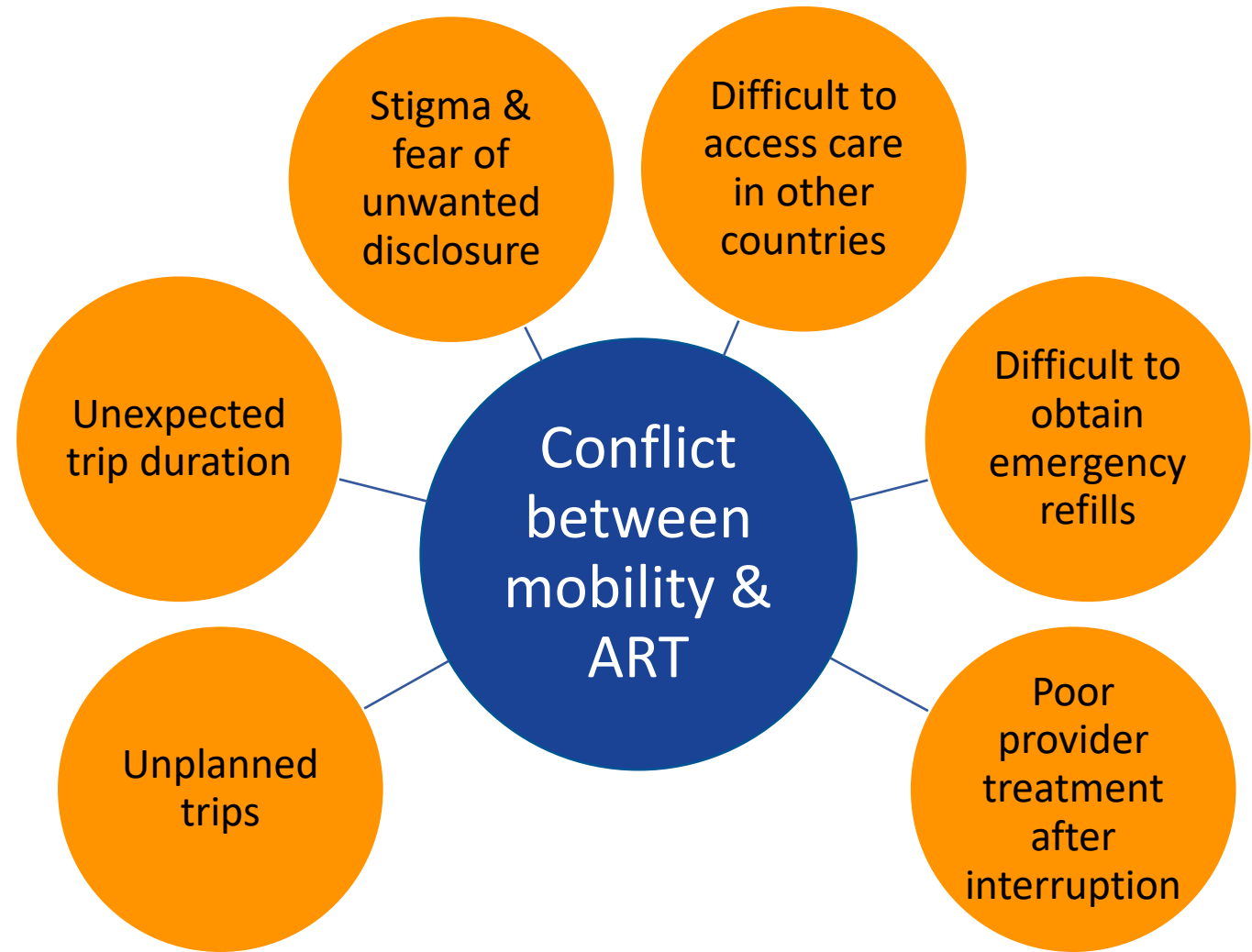
Table 2. Trips ≥ 14 nights taken by mobile men experiencing treatment interruption in Malawi (n=257)

Length of trip, median (IQR)	30 (14-90)
Reasons for travel, n (%)	
Income generation	177 (69%)
Planned obligation	12 (5%)
Unplanned obligation	39 (15%)
Social visits	20 (8%)
School	5 (2%)
Other	4 (2%)
Trip destination, n (%)	
Within home district	69 (27%)
Within home region (outside district)	68 (26%)
Outside home region (within Malawi)	38 (15%)
Outside Malawi	82 (32%)
Travel companion, n (%)	
Family	32 (16%)
Colleagues	56 (22%)
Friends	33 (13%)
None (travelled alone)	126 (49%)

	Income-generating trips	Non-income generating trips
Trip destination, n (%)		
Within home district	37 (21%)	32 (40%)
Within home region (outside district)	47 (26%)	21 (26%)
Outside home region (within Malawi)	28 (16%)	10 (13%)
Outside Malawi	65 (37%)	17 (21%)

Key postdoc finding: mobility and ART conflict

- Men bring medications on trips...
- But they frequently run out and miss appointments while away.



High-risk mobility

Table 2: Association of mobility and repeat TI among MLHIV in IDEaL/ENGAGE trials in Malawi (n=1123)

	Odds Ratio (OR)	Adjusted Odds Ratio (aOR)	Area under curve (AUC; adjusted model) †
Mobility during trial - quantitative			
≥3 nights	1.6 (1.20-2.07) ***	1.55 (1.17-2.05) ***	0.617
≥14 nights	1.62 (1.17-2.26) ***	1.59 (1.14-2.22) ***	0.613
≥30 nights	2.6 (1.64-4.06) ***	2.55 (1.61-4.04) ***	0.626
≥90 nights	3.6 (1.66-7.59) ***	3.62 (1.67-7.86) ***	0.618
Mobility during trial - other characteristics			
Ever traveled outside Malawi	1.9 (1.15-3.15) **	1.89 (1.13-3.17) **	0.613
Any unplanned travel (≤2 days notice)	2.1 (1.44-3.10) ***	2.18 (1.47-3.22) ***	0.620
Ever away longer than expected	2.5 (1.61-3.79) ***	2.40 (1.55-3.73) ***	0.628
Ever traveled for income generation	1.5 (1.08-2.04) **	1.38 (0.99-1.91)	0.610
Ever traveled for funeral	2 (1.10-3.47) **	2.15 (1.19-3.88) **	0.609

** p<0.05; *** p<0.01; † Adjusted for sociodemographic characteristics including age >40, married, top wealth quintile, owning a productive asset, and hazardous alcohol usage

Green = selected for high-risk mobility definition

“High-risk mobility”:

- Any trip ≥30 nights
- Any trip lasting longer than expected

Mobility & IIT

Rates of repeat IIT

39% → 59%

No high-risk mobility

With high-risk mobility

When controlling for other factors associated with repeat IIT, men who experienced high-risk mobility had **more than twice the odds** of repeat IIT (aOR 2.18, 95%CI 1.5-3.1).

Predicting IIT

Identifying Risk of Treatment Interruption (IRTI)

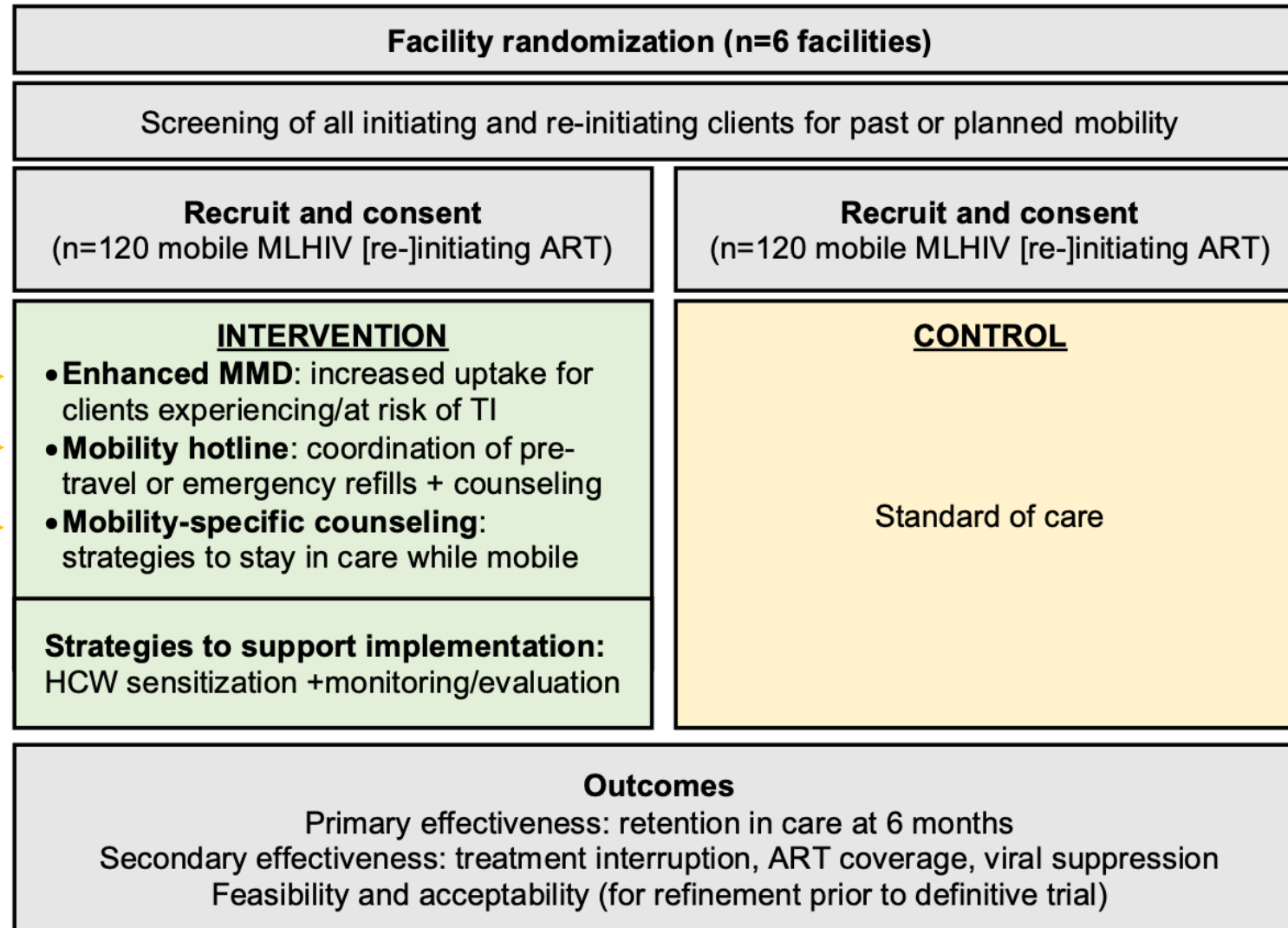
- Prospective cohort
 - n=924
 - Men and women (~45%/55%)
 - Newly initiating & re-initiating ART clients
 - Re-initiating: returning ≥ 28 days after missed appointment
 - Baseline survey: sociodemographics, mobility, livelihoods, depression, alcohol
- Completed enrollment April 2024
- Chart review follow-up planned starting November 2024
 - Primary outcome: 6-month retention (<28 days late to all appointments)
 - Tracing participants at home for confirmation & additional survey (1:1 IIT:control)

The background features a series of overlapping geometric shapes in various shades of blue (dark, medium, and light) and white. These shapes create a dynamic, layered effect, with some elements appearing as diagonal stripes and others as solid blocks. The overall composition is modern and clean.

Next steps: K01 intervention pilot

Reducing Mobility-Associated Interruption in
Treatment (ReMIT)

ReMIT intervention pilot





Lessons from K01 application process

Pre-application: find your home

- FIRST STEP: who will write your institutional support letter?
What do they need from you to write it?
- Not always a transparent process
- “Soft money”

Pre-application: identify mentors



Tom Coates, PhD



Kathryn Dovel, PhD, MPH



Sam Phiri, MSc, PhD



Risa Hoffman, MD, MPH



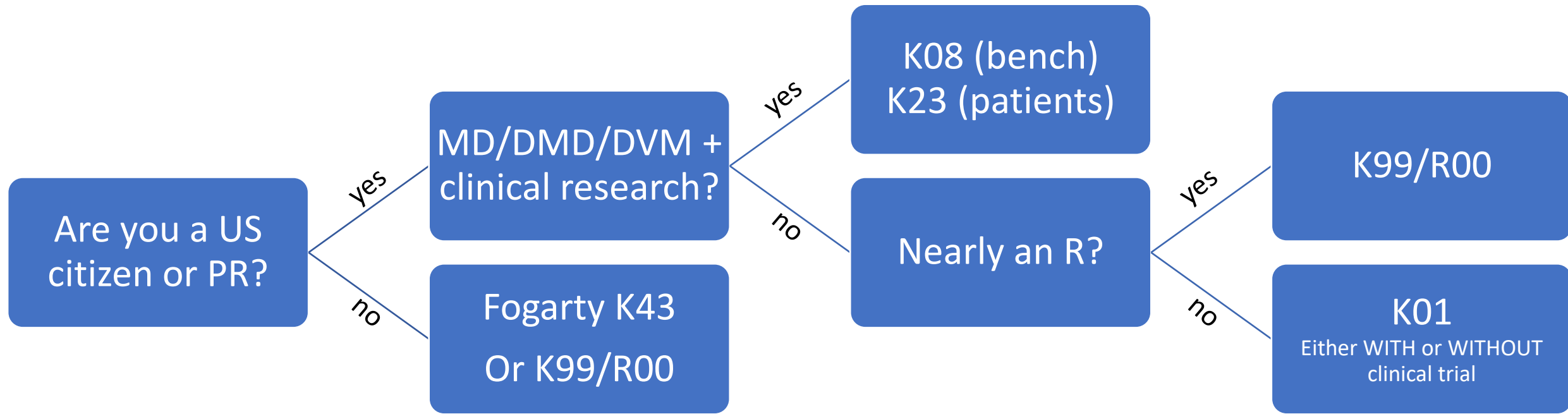
Carol Camlin, PhD, MPH



Chi-Hong Tseng, PhD

- GloCal mentors are a great place to start!
 - But you'll likely need more
- Some will be VERY involved with application, others less
- Strong, conflicting opinions are OK
 - But be ready to refuse some advice
- Need one with many previous K mentees
 - Yes, it's often a white, American man... for now

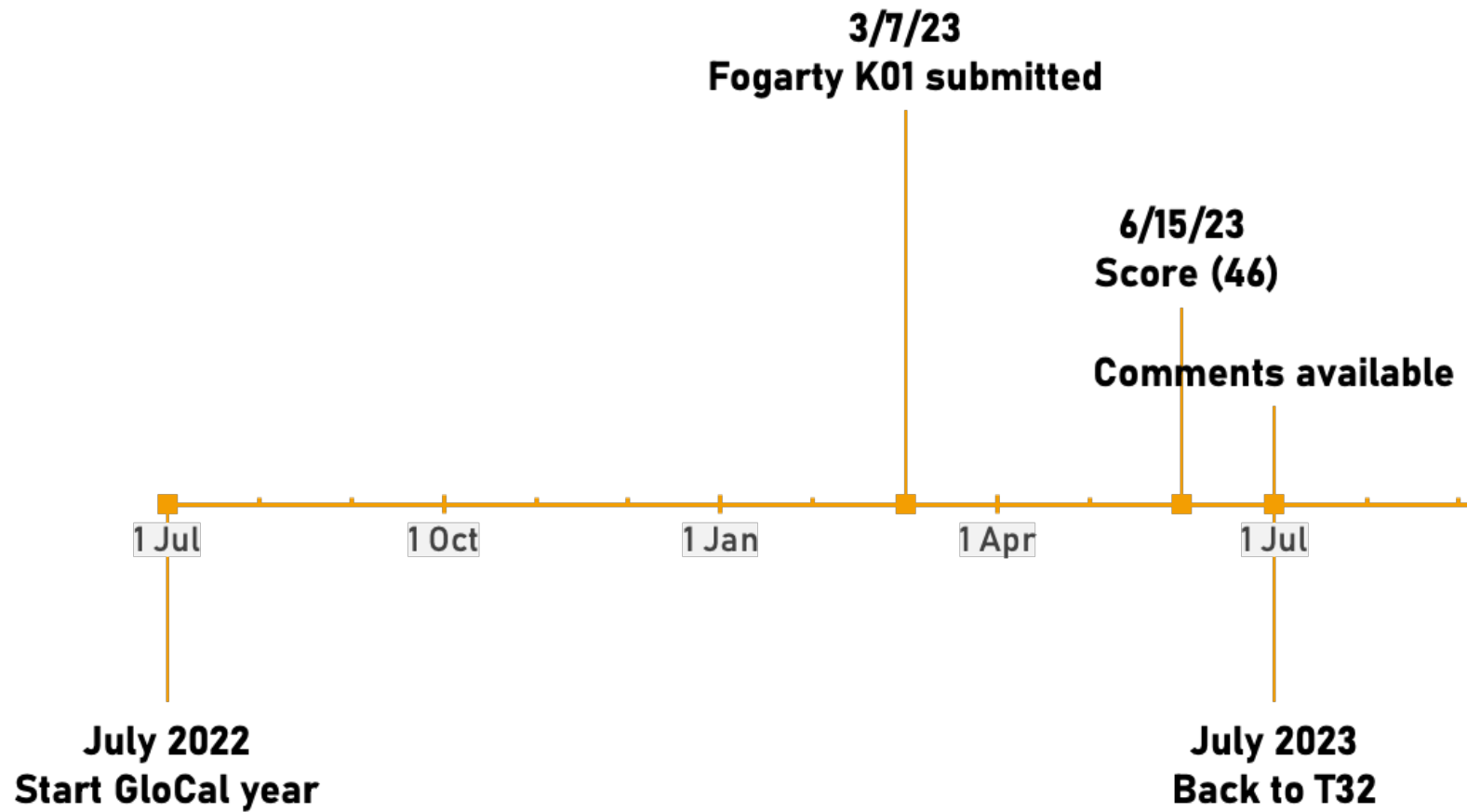
Choose your K



My K01

- Research plan:
 - Aim 1: intervention refinement with providers, clients and community advisory board
 - Aim 2: intervention pilot
- Training plan:
 - Health system interventions
 - Trial design and analysis (biostatistics)
 - Mobile populations
 - Ethics & decolonizing global health

My K01 timeline



My K01 timeline

First submission to Fogarty in March 2023
(end of GloCal year)

- Jun-Oct 2022: conceptualizing
- Nov/Dec: outlining and meetings with mentors
- Jan/Feb: drafting in earnest
- March 7: submitted
- June: scored (46)
- Mid-July: comments available

Lesson:

It's OK if Aim 1 is exploratory,
but don't leave it TOO open-
ended

Lesson:

It doesn't *have* to take up all
your time, but it will

My K01 timeline

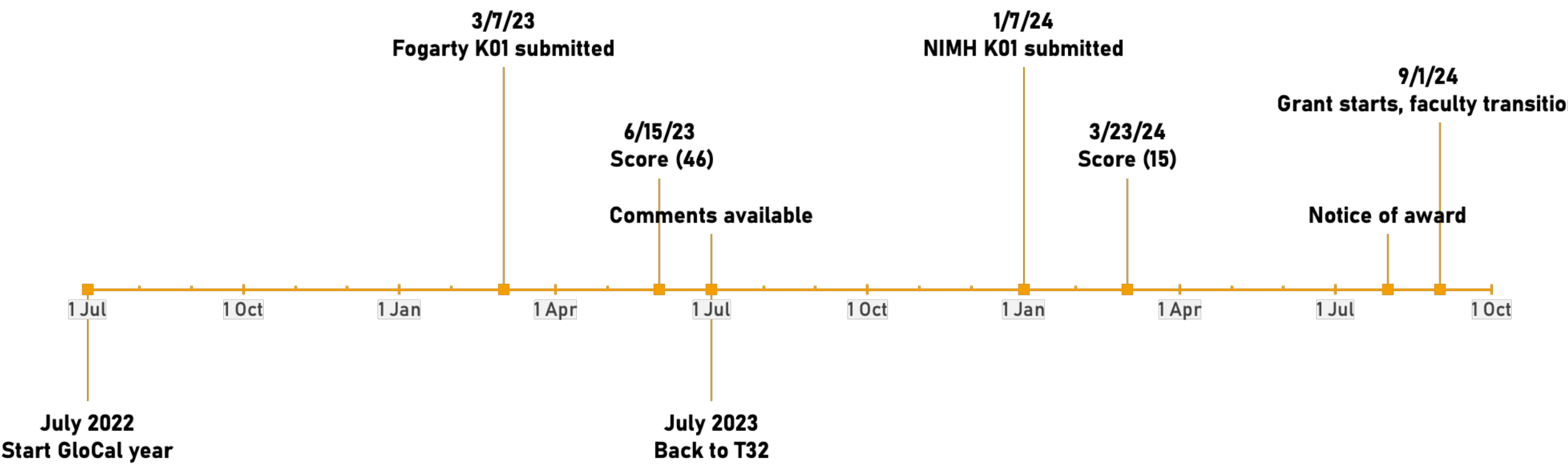
Second submission to NIMH Jan 2024

- Aug/Sept: tried major revision, mentors rejected
- Oct/Nov: back to original + targeted revisions
- Dec: revised other docs
- January 7: submitted
- March 23: scored (15 = definitely funded)
- August: Notice of Award

Lesson:
The strongest mentors have
strong opinions

Lesson:
Round 2 is so much more
pleasant than Round 1

My K01 timeline



Post-score, pre-award

- Lots of work! Some by you, some by your university officials
- “Just in Time” info (outside funding, admin details)
- Human subjects/IRB application *and approval*
- Score of 15 → 5 months until \$
 - Borderline scores (20s/30s) may get funded at the end of the fiscal year so prepare for a long wait (and lots of contact with your program officer)

Research partnerships



Partners in Hope, Lilongwe, Malawi



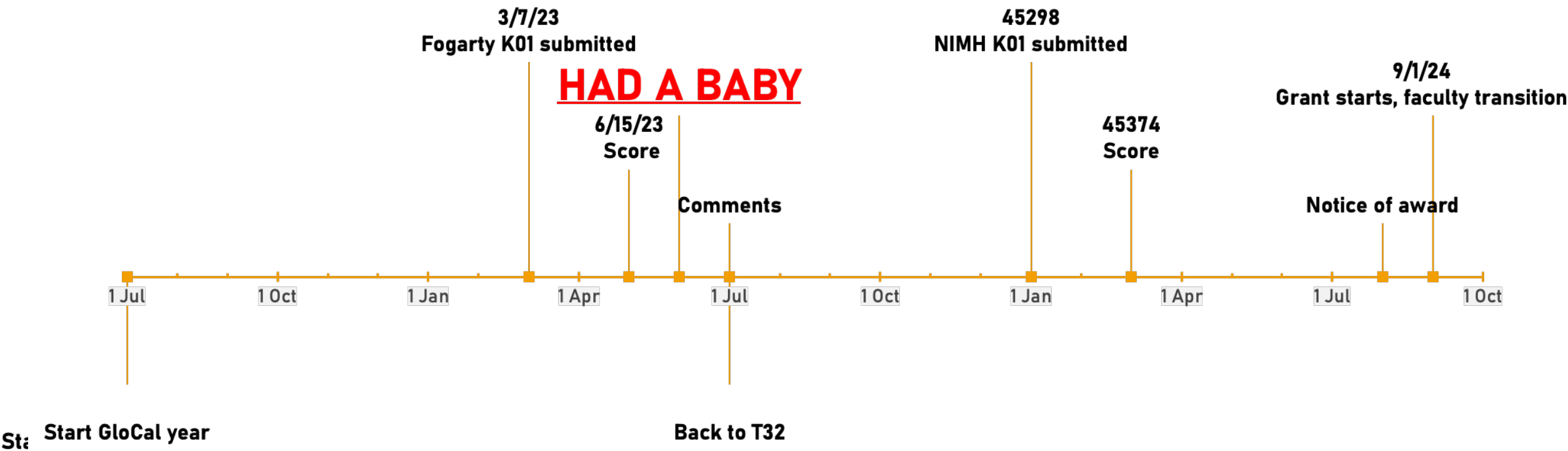
Impact Research & Development
Organization (IRDO) & Kenya Medical
Research Institute (KEMRI), Kisumu, Kenya

Work/life balance – multiple sites



- Travel
 - Pre-baby: 2-3 weeks every 2 months
 - Post-baby: 1 week every 3 months
- Working well remotely
 - Over-communicating
 - Smothering with love
 - Do your homework

My K01 timeline



Work/life balance – it takes a village



Thank you! Zikomo! Asante!



Please feel free to email me with any and all questions, comments, or potential collaborations! Mentoring trainees is one my favorite parts of this career, and I am eager to work on new projects in new settings – so I would love to hear from you. mthorp@mednet.ucla.edu