



### Episode 3: What did it take to change HIV from a fatal diagnosis to an often-manageable chronic disease?

**Narrator:**

**Hi and welcome to a Viewpoint with Dean Mary Klotman, from the Duke University School of Medicine. Today we spoke with Dean Klotman and asked her “What did it take to change HIV from a fatal diagnosis to an often-manageable chronic disease, and how can we learn from that success and apply it to other diseases?”**

**Dean Klotman:**

My field of both research and clinical care started, really, when the HIV epidemic started in this country, and I was really able to see what happens when you bring together the power of an academic medical system in partnership with NIH and the federal government in partnership with industry. We had training of doctors. We had investigators change their research focus to HIV. We had funding from the government to support that research, and we had an industry that was really motivated to develop the therapeutics. And, when all that comes together it was a tremendous success story. Within a period of 25 years, HIV went from 100 percent fatal disease to a completely manageable disease. To me that is the justification to have academic health systems, because there is no other model that could bring together the clinical care, the training of the next generation of physicians, and scientists, and the research that was needed.

Certainly with HIV there was a sense of urgency. It rapidly became an international epidemic. The other areas of research have a sense of urgency as well, and in fact the war on cancer was declared in the 1970s. But some issues are more challenging than others. It just turned out with HIV, that at least in terms of the therapy and coming up with drugs, that was pretty straight forward because molecular biology had really come to maturity. And so you could understand the whole virus and start really developing drugs targeting the different critical proteins of the virus.

Cancer has been a lot more elusive. And so I don't think it's a lack of urgency, but I think we are almost at that tipping point for cancer now, where the technology, the understanding of basic cancer biology is at a point where I see an era where you could have again a great partnership between industry, NIH funding, and academic medical centers to really capitalize on what we think are really opportunities in cancer.

The moonshot initiative really does try to create incentives for institutions to come together to share data, and I think that that is potentially a major catalyst. But in the end of the day it's funding and the moonshot brings funding to be very focused on cancer. So yes, that kind of visibility helps quite a bit.

**Narrator**

**Viewpoint is a production of the Duke University School of Medicine. Tune in each month for Dean Mary Klotman's thoughts and ideas about important and timely topics issues related to medical education science and discovery and patient care. For more information, please visit [medschool.duke.edu/viewpoint](https://medschool.duke.edu/viewpoint).**