On Your Mark

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Sure, we all know new U.S. guidelines say you can put off HAART until your T cells hit 350. But docs at Northwestern Medical School recently probed deep into AIDS' pre-HAART past to learn more about lowering the starting line to 200. Delving into data from the long-running MACS megastudy, they looked at 1,500 HIVers who had at least 200 T cells in 1985 and how they fared for three years. Among those with viral loads below 20,000 in '85, only 11 percent progressed to AIDS—but nearly half with higher loads (over 50–60K) saw their Ts drop direly below 200. The study's modern-day message? HIVers with super-low viral loads can consider putting off HAART till Ts hit 200.

Maybe just to be contrary, docs at Cornell's Weill Medical College in New York City also recently riffled through a welter of studies—to come up with a model showing that, all told, the benefits of starting HAART at 350 T cells outweighed waiting until Ts hit 200, both in terms of life expectancy and cost—even when factoring in the risk and treatment cost of such drug side-effects as heart disease and lipodystrophy. A nice plug for the much-maligned cocktail, indeed. The only bummer? The Cornell docs predicted that a 37-year-old HIVer starting HAART at 350 Ts had on average just 16.6 years left. Yikes! But, hey, it's just a model. And study head Bruce Schackman says this "doesn't account for therapies that might come down the line"—only what we have right now, *circa* 2003. Whew! Now, just look both ways before crossing the street.

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