

# Wake Forest University School of Medicine

## Curriculum Vitae

**NAME:** Aimee Maree Wilkin, M.D., M.P.H.

**CURRENT ACADEMIC TITLE:** Assistant Professor

**ADDRESS:**

**BUSINESS:** Section on Infectious Diseases  
Wake Forest University Health Sciences  
Medical Center Boulevard  
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**EDUCATION:**

August 1986-May 1990 Rice University  
Houston, Texas  
B.A. - Biochemistry

August 1990-May 1994 University of Texas Medical Branch  
Galveston, Texas  
M.D.

August 1999-May 2001 Johns Hopkins University  
School of Public Health and Hygiene  
Baltimore, Maryland  
M.P.H.

**POSTDOCTORAL TRAINING:**

July 1994-June 1995 Internship  
Internal Medicine  
University of Cincinnati  
Cincinnati, Ohio

July 1995-June 1997 Residency  
Internal Medicine  
University of Cincinnati  
Cincinnati, Ohio

July 1997-June 1999 Fellowship  
Infectious Diseases  
University of Cincinnati

Cincinnati, Ohio

**PROFESSIONAL LICENSURE:**

North Carolina #200100984  
Ohio #72300 (Expired)  
Maryland #d0054765 (Expired)

**EMPLOYMENT:**

October 1999-June 2001	Medical Director Johns Hopkins Counties Program AIDS Service Johns Hopkins University Baltimore, Maryland
July 1999-June 2001	Instructor School of Medicine Johns Hopkins University Baltimore, Maryland
August 2001- June 2004	Instructor Wake Forest University Health Sciences Section on Infectious Diseases Medical Center Boulevard Winston-Salem, North Carolina
July 2004- Present	Assistant Professor Wake Forest University Health Sciences Section on Infectious Diseases Medical Center Boulevard Winston-Salem, North Carolina

**OTHER PROFESSIONAL APPOINTMENTS AND INSTITUTIONAL SERVICE:**

June 2005-present	Member, GCRC Advisory Committee, WFUHS
April 2005-present	Senior Research Fellow, Health Inequalities Program, Duke University
July 2005-present	Member, Women's Health Service Line Steering Committee, Wake Forest University Health Sciences
April 2006-present	Associate Faculty, Women's Health Center of Excellence for Research, Leadership, Education

**PROFESSIONAL MEMBERSHIPS:**

1995-	American College of Physicians
1999-	Infectious Diseases Society of America

2001- HIV Medicine Association  
2001- American Academy of HIV Medicine  
2002- American Public Health Association  
2002- International AIDS Society  
2002- International Association of Physicians in AIDS Care  
2002- Physicians for a National Health Plan

**COMMITTEES:**

2001-2002 Steering Committee: HIV Ambulatory Care for University Health Consortium  
2003 Technical Representative, American College of Physicians to the Centers for Disease Control, HIV prevention Initiative  
2003-present Member, National Board of Directors, American Academy of HIV Medicine  
2003-present Chairman, Southeast Board of Directors, American Academy of HIV Medicine  
2004 Member, Board of Directors, Northwest Care Consortium  
2004-present President, Board of Directors, Northwest Care Consortium  
2004-present Member, Advisory Committee to the State Aids Care Unit, North Carolina DHHS  
2004-present Member, Finance Committee, American Academy of HIV Medicine  
2004-present Member, ADAP Sub-Committee, American Academy of HIV Medicine  
2005 Participant, Job Analysis for HIV Specialist, American Academy of HIV Medicine

**PROFESSIONAL INTERESTS:**

Research interests: Issues surrounding access to quality care for HIV infected patients and factors affecting successful implementation of antiretroviral therapy in the clinical setting.

Research in progress:

The Effect of Medication Pill Burden on Virologic and Immunologic Outcomes in an Outpatient Infectious Diseases Clinic (Johnson) Approval 10/2004

Differences in access to care among HIV infected adults referred to Wake Forest University Baptist Medical Center Infectious Disease Specialty Clinic (Wilkin) Approval 3/2005

**GRANTS:**

CURRENT

HIV-AIDS Bureau (Wilkin) effort HRSA <i>A Ryan White Title III HIV Primary Care Early Intervention Services Grant</i> Role: Principal Investigator/ Ryan White Program Director	9/30/03- 4/1/07  \$300,000/year	55%
HIV-AIDS Bureau (Wilkin) effort HRSA <i>A Ryan White Title III HIV Primary Care Capacity Building Grant</i> Role: Principal Investigator	8/04-7/07  \$50,000/year	10%
HIV/STD Prevention and Care Branch (Wilkin) effort NCDHHS <i>Ryan White Title II grant to provide HIV primary care services</i> Role: Principal Investigator	7/06-7/07  \$163,333	10%
NIH/ DAIDS/ CPCRA (Wilkin)  <i>A Large, Simple Trial Comparing Two Strategies for a Management of Antiretroviral Therapy (The SMART Study). Community Programs for Clinical Research on AIDS Associate Site</i> Role: Site Principal Investigator	5/03- current \$95,000 (estimated)	0% effort
HIV-AIDS Bureau/SPNS (Wilkin) HRSA <i>A Physician Delivered Intervention for HIV Positive Patients in Clinical Care: OPTIONS Project</i> Role: Site Principal Investigator	09/01/05-08/31/06 \$75,000	5% effort
HIV-AIDS Bureau/SPNS (Wilkin) HRSA/ Duke University <i>HiHope Study: HIV Integration &amp; Health Outcomes Project Evaluation</i> Role: Site Principal Investigator	5/05-current	0% effort
Protocol: TMC114-C214 Tibotec <i>A Randomized, Controlled Open-Label trial to compare the efficacy, safety and tolerability of TMC114/RTV versus LPV/RTVin Treatment-experienced HIV-1Infected Subjects</i> Role: Site Principal Investigator	2005-current Funds accrued per patient	0% effort
Protocol: TMC278 C 204 Tibotech <i>A phase III, Randomized, partially blended dose-Finding trial of TMC278 in antiretroviral naive HIV-1 infected subjects</i>	07/05-current Funds accrued per patient	0% effort

Role: Principal-Investigator

Protocol: TMC114-C211 2006-current 0% effort  
 Tibotec Funds accrued per patient  
*A Randomized, Controlled Open-Label trial to compare the efficacy, safety and tolerability of TMC114/RTV versus LPV/RTV in Treatment-naive HIV-1 Infected Subjects.*

Role: Site Principal Investigator

Protocol: TMC125 C 206 02/06-current 0% effort  
 Tibotech Funds accrued per patient  
*A phase III, randomized, double blinded placebo-controlled trial to investigate the efficacy, tolerability and safety of TMC 125 as part of an ART TMC 114/RTV and an investigator selected OBR in HIV-1 infected subjects with limited to no treatment options*

Role: Principal-Investigator

Protocol: TMC 114 C 226 02/06-current 0% effort  
 Tibotech Funds accrued per patient  
*Early access of TMC114 in combination with low-dose Ritonavir (RTV) and other antiretroviral in highly treatment experienced HIV-1 infected subjects with limited to no treatment options.*

Role: Principal-Investigator

Protocol: BG03-383 2004-current 0% effort  
 Gilead Funds accrued per patient  
*A phase III, randomized, open-label, multicenter study of the treatment of antiretroviral-naive, HIV-1-infected subjects comparing tenofovir disoproxil fumarate and emtricitabine in combination with efavirenz versus combivir (lamivudine/zidovudine) and efavirenz*

Role: Co-Investigator

Protocol: AI1424128 2005-current 0% effort  
 Bristol Myers Squibb Funds accrued per patient  
*A phase IV, Multi-Center, Cross-Sectional Study to Evaluate the I50L Substitution among subjects experiencing virologic failure on a HAART regimen containing atazanavir*

Role: Co-Investigator

PAST GRANT HISTORY

HIV-AIDS Bureau (Wilkin) 9/02-9/03 15%  
 effort  
 HRSA \$50,000  
*Planning grant to prepare to expansion of HIV primary care services*

Role: Principal Investigator

HIV/STD Prevention and Care Branch (Wilkin) 1/04-7/04 20%  
 effort  
 NCDHHS \$70,000

*Ryan White Title II grant to provide HIV primary care services*

Role: Principal Investigator

HIV/STD Prevention and Care Branch (Wilkin) 7/04-7/05 10% effort  
NCDHHS \$93,333

*Ryan White Title II grant to provide HIV primary care services*

Role: Principal Investigator

HIV/STD Prevention and Care Branch (Wilkin) 7/05-7/06 10% effort  
NCDHHS \$93,333

*Ryan White Title II grant to provide HIV primary care services*

Role: Principal Investigator

Protocol M02-418 9/2002- 2/2005 0% effort  
Abbott Funds accrued per patient  
*A randomized open-label study of 800mg Lopinavir/200mg Ritonavir QD in Combination with tenofovir and Emtricitabine vs. 400mg Lopinavir/100mg Ritonavir Bid in Combination with Tenofovir and Emtricitabine in HIV-infected Antiretroviral Naïve Subjects*

Role: Site Principal Investigator

Protocol: BG04-646 2005-current 0% effort  
Gilead Funds accrued per patient  
*Combination of Efavirenz and Truvada (The COMET Study): A phase IV evaluation Switching from twice daily Zidovudine and Lamivudine (Combivir) to a simplified, daily regimen of co-formulated emtricitabine and tenofovir disoproxil fumarate (Truvada), in virologically suppressed HIV-1 Infected patients taking efavirenz.*

Role: Co-Investigator

Protocol: ML18598 (ENF 404) 12/05-current 0% effort  
Trimeris/Roche Funds accrued per patient  
*A randomized, open-label, two-way crossover study to assess to the tolerability of the B2000 needle-free injection device (NFID) for administration of Enfuvirtide (ENF)*

Role: Co-Investigator

Protocol: A4311002 2002-2004 0% effort  
Agouron  
*A Double-Blind, randomized, Placebo-controlled Study of two Doses of Capravirine (AG1549) In Combination With Viracept and Two Nucleoside Reverse Transcriptase Inhibitors in HIV-Infected Patients Who Failed an Initial Nonnucleoside Reverse Transcriptase Inhibitor Containing Regimen*

Role: Co-Investigator

Protocol GS-99-903 2000-2003 0% effort  
Gilead Funds accrued per patient



Role: Co-Investigator

Protocol A1455-135 2/2003-2004 0% effort  
*Zest-QD: A Phase IIIB, Open Label, randomized, multicenter Study Switching HIV-1 Infected Subjects with a Viral Load of <50 Copies/ML on a BID or More Frequent Initial HAART Regimen to a once Daily Regimen Including Stavudine XR, Lamivudine, and Efavirenz*

Role: Co-investigator

## **BIBLIOGRAPHY:**

### Journal Articles:

Wilkin A, Feinberg J. PCP: A clinical review. *Am Fam Physician* 1999; 60:1699-1714.

Wilkin A, Feinberg J. Prophylaxis against fungal infections and cytomegalovirus disease after bone marrow transplantation. *Oncology* 2000; 14(12):1701-1708.

Rhodes S, Hergenrather K, Wilkin A, Alegria-Ortego Jose, Montano J. Preventing HIV infection among young immigrant Latino men: results from focus groups using community-based participatory research. *J Nat Med Assoc* 2006; 98 (4): 1-10.

### Chapters:

Frame P, Wilkin A. *Pneumocystis carinii* infection and AIDS. In: Crowe et al (eds.) *Management of the HIV-infected Patient*, 2<sup>nd</sup> edition. London: Martin Dunitz Ltd 2002: 421-442.

Wilkin T, Wilkin A. Management of the patient with HIV disease. In: Rakel R, Bope (eds.) *Conn's Current Therapy*. Philadelphia, PA: WB Saunders 2002: 45-57.

### Abstracts:

Boapimp P, de Comarmond C, Kettler J, Pegram PS, Wilkin A, Predictors of neurosyphilis in hiv-infected patients with positive serum rapid plasma reagin test. 43rd Annual Meeting of the Infectious Diseases Society of America. October, 2005, Abstract 857.

Molina JM, Wilkin A, Domingo P, Myers R, Hairrell J, Naylor C, et al Once daily vs. twice daily lopinavir/ritonavir in antiretroviral naive patients: 96-week result. Third IAS Conference HIV Pathogenesis and Treatments July 2005, WePe12.3C12

Bowden P, Rhodes S, Wilkin A, Jolly, C, Brown M. HIV among urban Latino males in northwestern North Carolina: Formative results and recommendations for primary and secondary prevention interventions. The 132nd Annual Meeting of American Public Health Association November 2004, Abstract 3126.0 Table 8

Wilkin A, Linke M, Gilbert M, Thullen T, Tanaka R, Walzer P. Seroreactivity to a recombinant fragment of human major surface glycoprotein in HIV – infected individuals. 37<sup>th</sup> Annual Conference of the Infectious Diseases Society of America. November 1999, Abstract 314.

Wilkin A, Gerwig J., Houck J, Moore, R. The use of highly active antiretroviral therapy in HIV clinics in suburban and rural health departments. 4th Annual Johns Hopkins M.P.H. Program Public Health Seminar. May 2001, p 24.

### **COMMUNITY SERVICE**

Physician volunteer Community Clinic of High Point.

### **PERSONAL INTERESTS**

Soccer, travel