

# Building Bridges Between Prevention and Treatment

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# Evolving Science Presents New Opportunities

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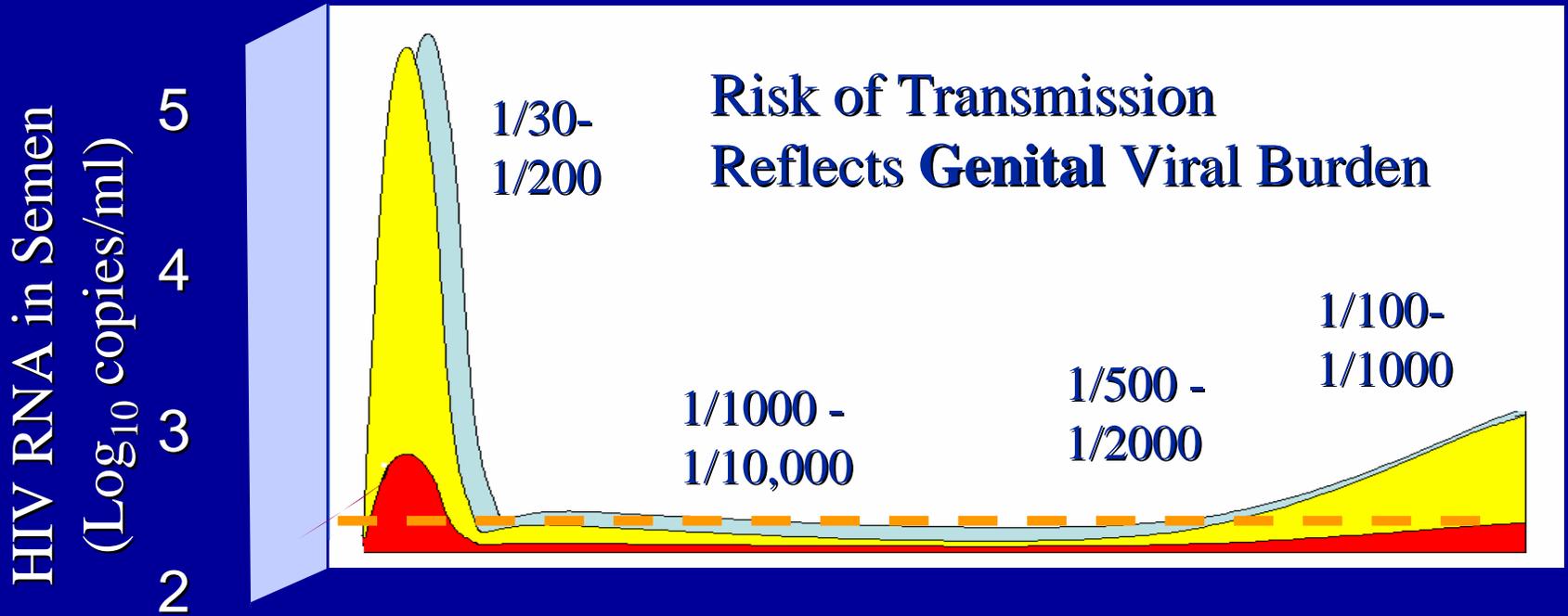
- Acute infection
  - Role of intervention
- New drugs, novel regimens
  - Paradigm shift
- Integration of Prevention and Treatment
  - Microbicides
  - Pre-exposure Prophylaxis
  - Mother to Child Transmission

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# Acute Infection

# Sexual Transmission of HIV

(Cohen and Pilcher, *JID* May 2005)



**Acute Infection**  
3 wks

Asymptomatic  
Infection

HIV Progression

AIDS

# New Opportunities: Acute Infection

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- Identify infections early via prevention trials
- Treat very early with new drug combinations which potentially might preserve T cell populations and block establishment of reservoirs
- Decrease transmissibility and modify course of disease by early attenuation of viral load

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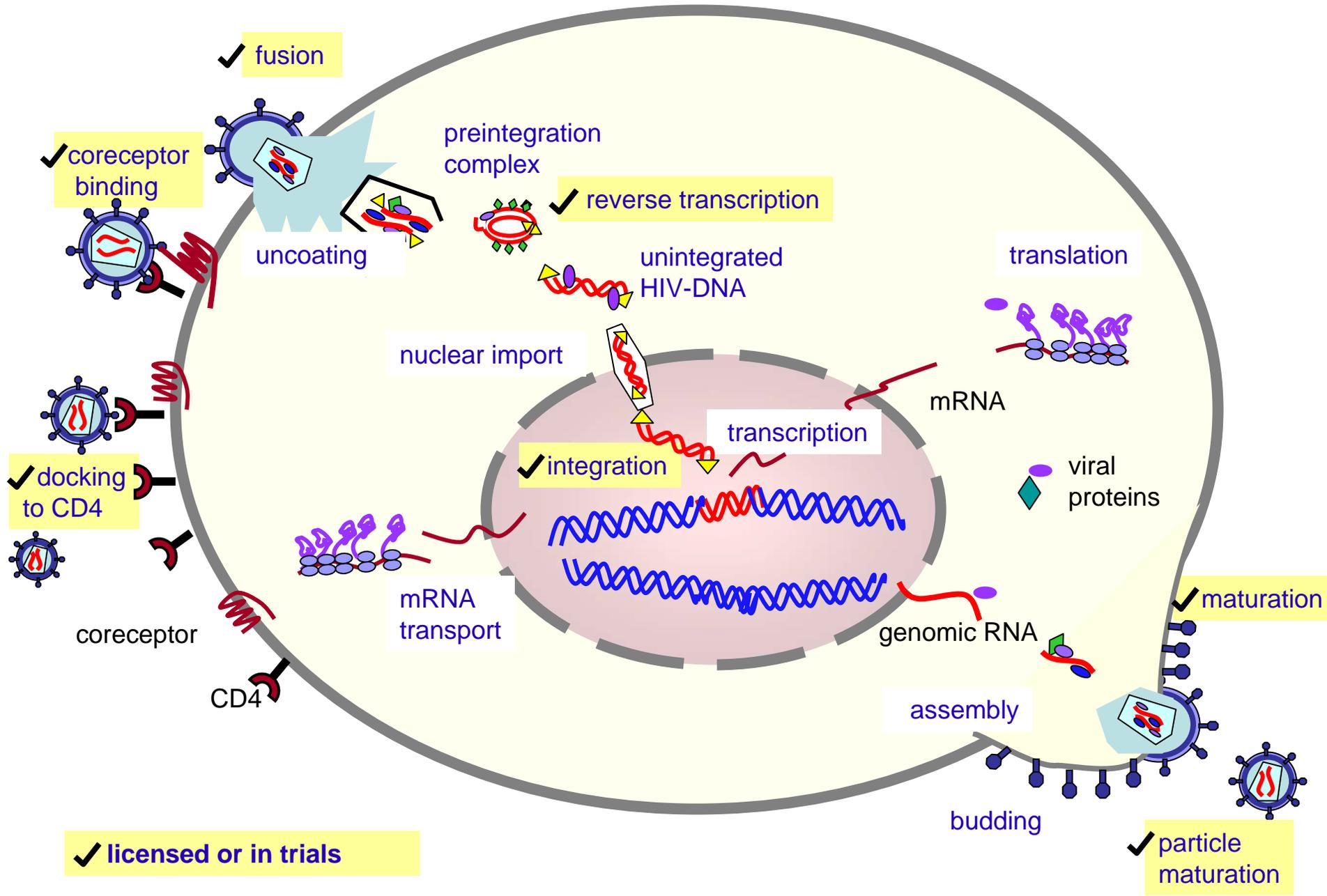
# New drugs, Novel regimens

# New Opportunities: Paradigm shift for treatment

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- Drug regimens employing new classes
  - Integrase inhibitors – Raltegravir (MK 0518)
  - CCR5 blockers – Maraviroc

# HIV Lifecycle: Targets for Intervention



# Integrase Inhibitor: Week-24 Results

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## ■ Treatment-naïve patients (n=198)

- Randomized, partially blinded 48-week study
- Baseline
  - HIV RNA: 4.6-4.8 log<sub>10</sub> copies/mL
  - CD4: approximately 300 cells/mm<sup>3</sup>

## ■ Regimens

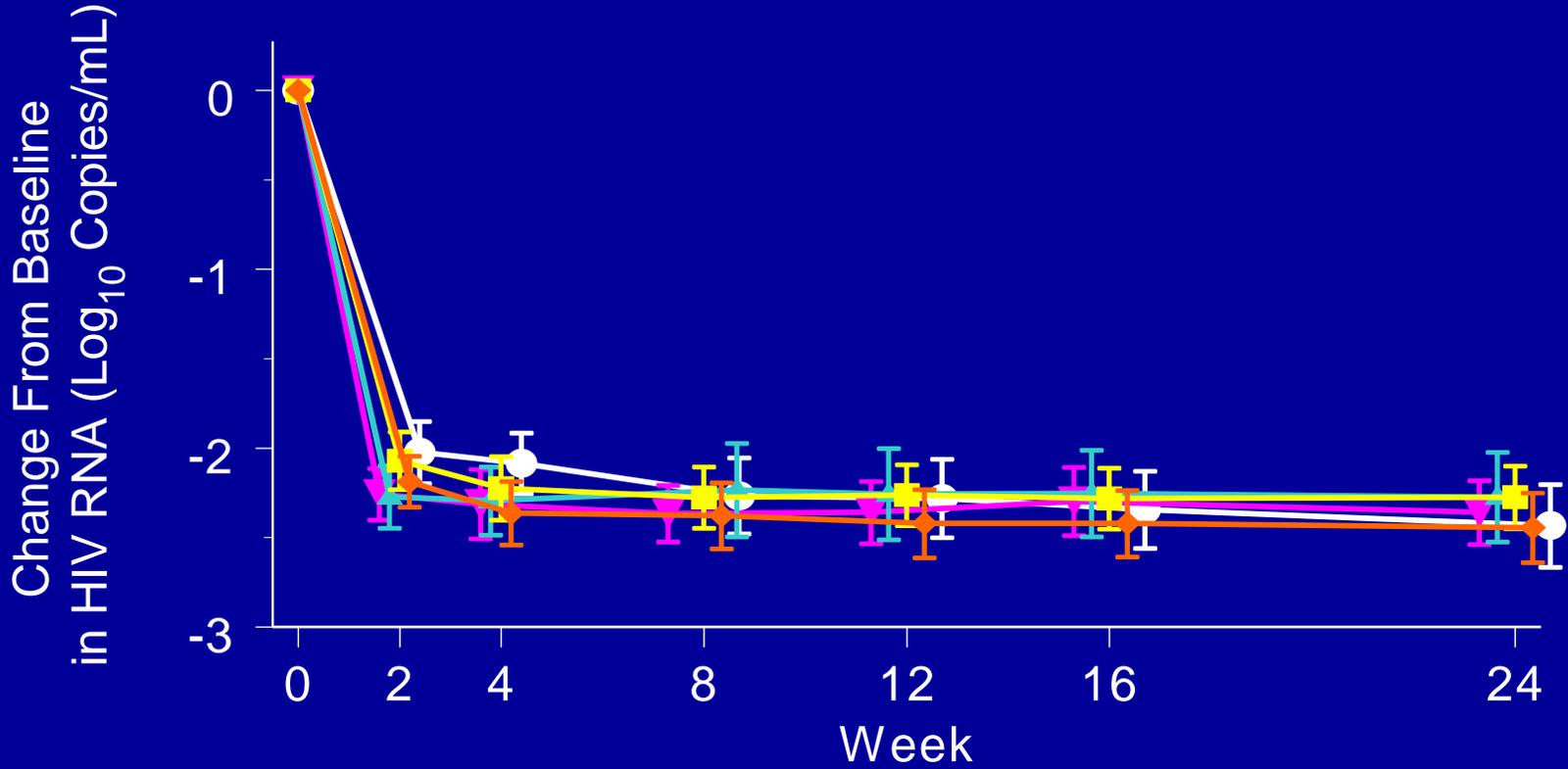
- Raltegravir: 100, 200, 400, or 600 mg bid oral administration
- Efavirenz 600 mg qd
- All patients lamivudine + tenofovir DF

# Integrase Inhibitor: Week 24 Results

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- Week 24: all groups were similar with regard to:
  - Proportion achieving HIV RNA <400 and <50 copies/mL
    - 85% to 100%
  - HIV RNA reduction by week 2
    - >2.0 log<sub>10</sub> copies/mL
  - CD4 cell gain
- Most common adverse events for MK-0518:
  - Nausea, headache, dizziness, diarrhea, insomnia

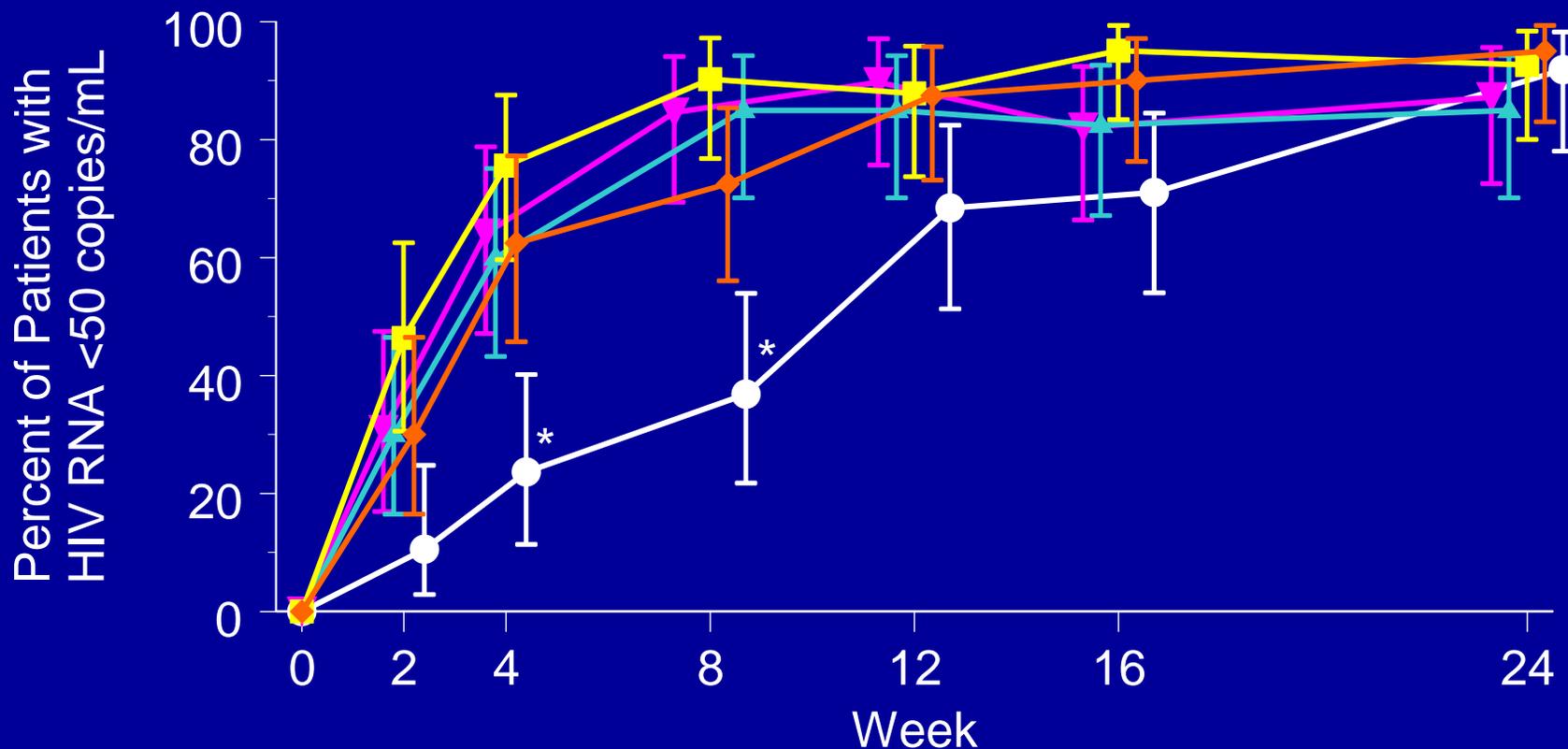
# Protocol 004: HIV RNA Change from Baseline\* (log<sub>10</sub> copies/mL) (95% CI)



	MK-0518 100mg	38	39	39	39	39	39
	MK-0518 200mg	40	40	40	40	40	40
	MK-0518 400mg	40	41	41	41	41	41
	MK-0518 600mg	39	38	38	38	38	38
	Efavirenz	37	38	38	37	38	37

\*assay LoQ 400 copies/mL

# Protocol 004: Percent (95% CI) of Patients with HIV RNA < 50 copies/mL (NC=F)



	MK-0518 100mg	39	39	39	39	39	39
	MK-0518 200mg	40	40	40	40	40	40
	MK-0518 400mg	41	41	41	41	41	41
	MK-0518 600mg	40	40	40	40	40	40
	Efavirenz	38	38	38	38	38	37

\* P < 0.001 for MK-0518 at each dose vs. EFV

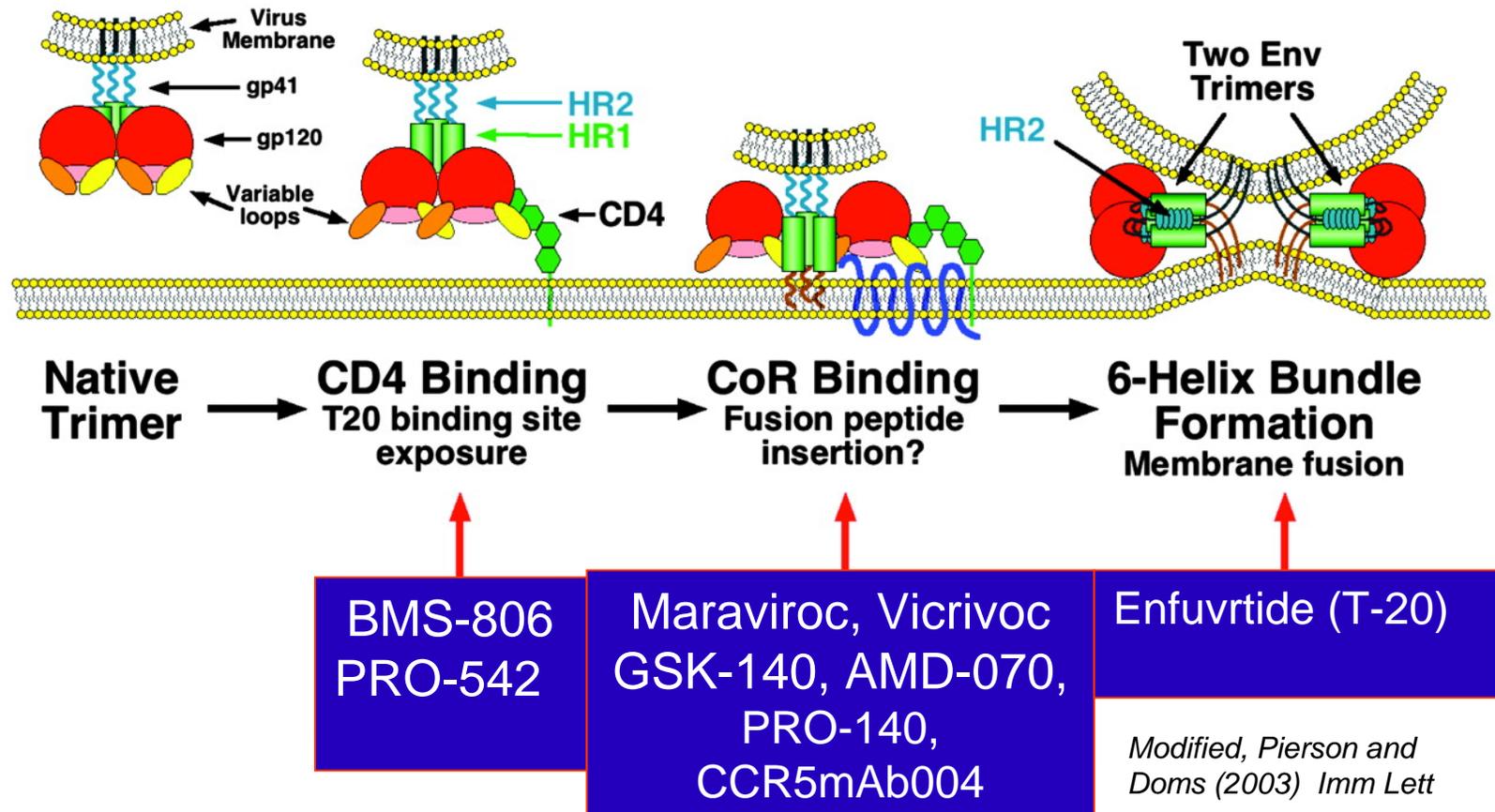
IAC 2006 Abs# THLB0214

# Integrase inhibitor: Raltegravir

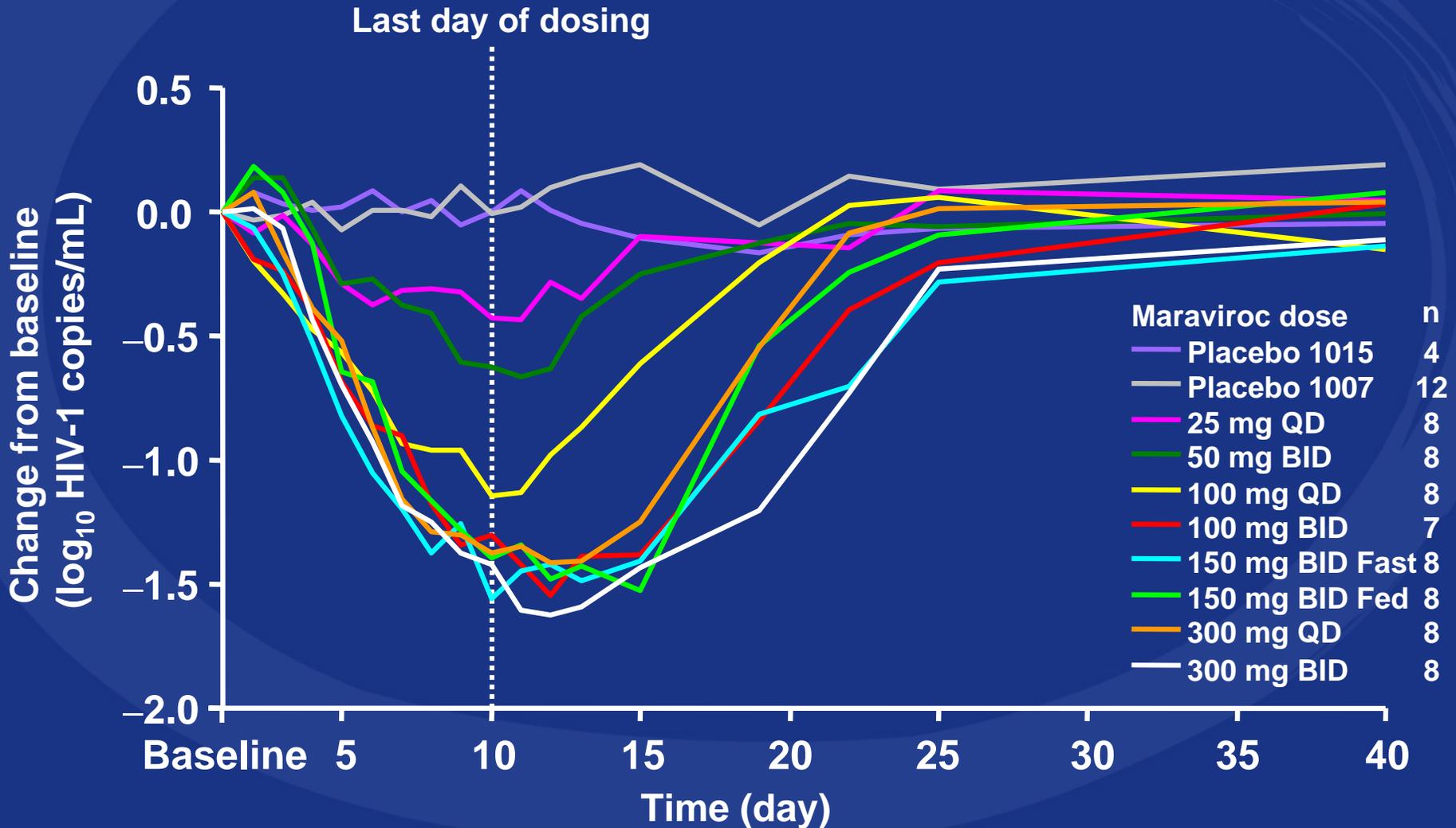
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- Data reported at CROI in treatment experienced patients show 79% with less than 400 copy VL when drug added to optimized background
- CD4 responses superior to placebo added to optimized background
- Well tolerated
- Important new drug/class with potential to reduce virus in reservoirs

# Targeting the entry pathway



# MVC Efficacy Results: Mean Reduction in Viral Load over Time



# Maraviroc in Treatment Experienced Subjects: Motivate Trials

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- Maraviroc (qd and bid) plus OBT demonstrated significantly increased viral suppression
- Maraviroc plus OBT also resulted in significantly increased CD4 changes
- No clinically relevant differences between Maraviroc and placebo recipients with respect to adverse events

# Maraviroc Motivate Studies

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Patients (%) with < 50 copies

<b># Active Drug</b>	<b>PCB</b>	<b>QD</b>	<b>BID</b>
0	3	18	29
1	9	43	43
2	19	52	53
3	55	61	58

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# Integration of Prevention and Treatment

# Approaches to HIV Prevention

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- Education and behavior modification
- Treatment/prevention of drug/alcohol abuse
- Clean syringes (i.e. "needle exchange programs)
- Condoms, other barrier methods
- Circumcision
- Interruption of transmission from mother to child
- Topical microbicides
- Prophylactic antiretroviral therapy
- Treatment of other sexually transmitted diseases
- Vaccination

# Integration of Prevention and Treatment

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- Boundaries between prevention and treatment are blurring
  - Prevention mother to child transmission
  - Pre-exposure prophylaxis
  - Post-exposure prophylaxis
  - Discordant couples
  - Prevention for positives – impact of treatment on transmission

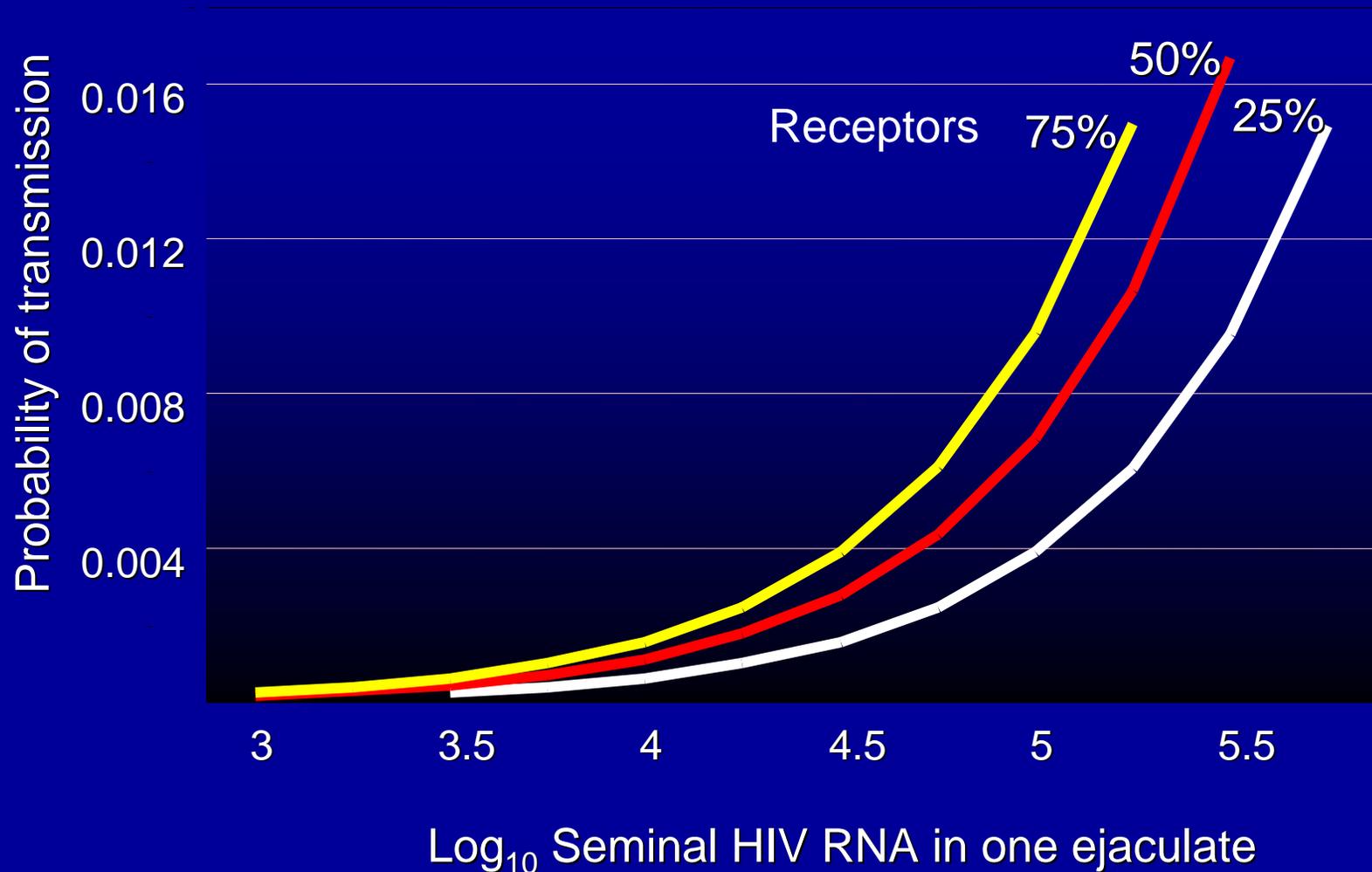
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# Pre Exposure Prophylaxis as a model for integration of Prevention and Treatment

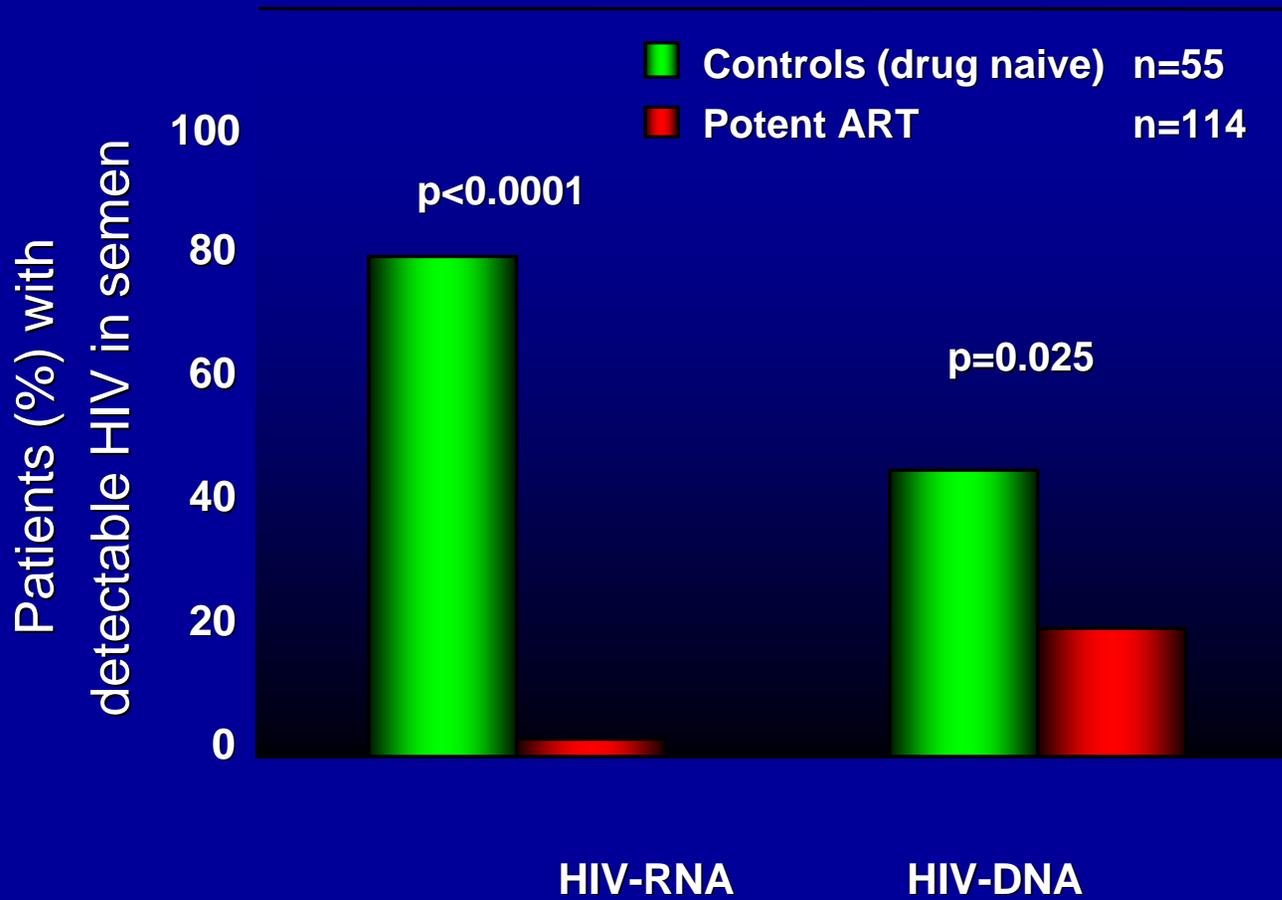
High Risk Population  
Discordant couples

# Estimated HIV transmission probability

Chakraborty *et al.*, AIDS 2001



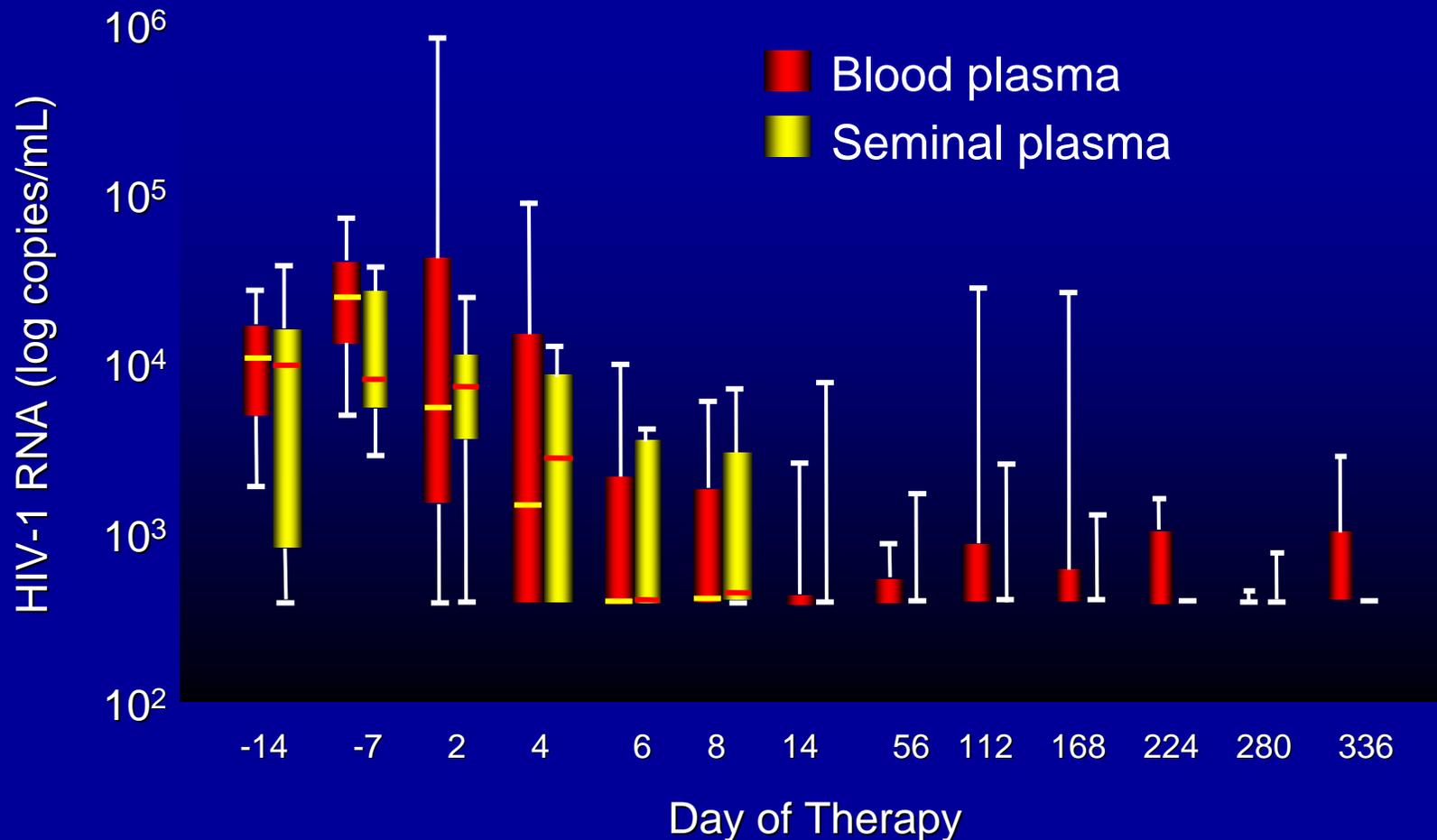
# Semen HIV in patients with suppressed viral load



Vernazza, Cohen *et al.*, AIDS, 2000

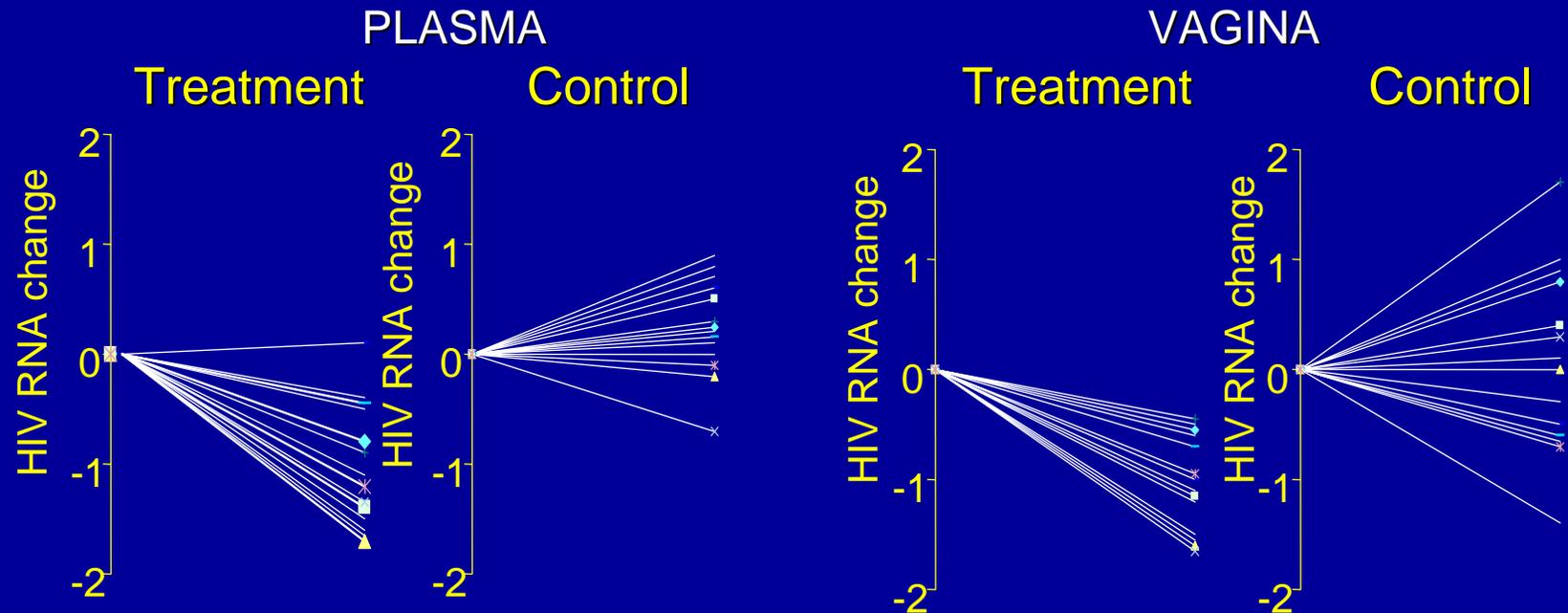
# Durable HIV-RNA suppression in semen with ART

Pereira AS, Cohen *et al.* JID 180:2039; 1999



# Changes in HIV RNA Levels in Vaginal Lavage

(Lennox et al.)



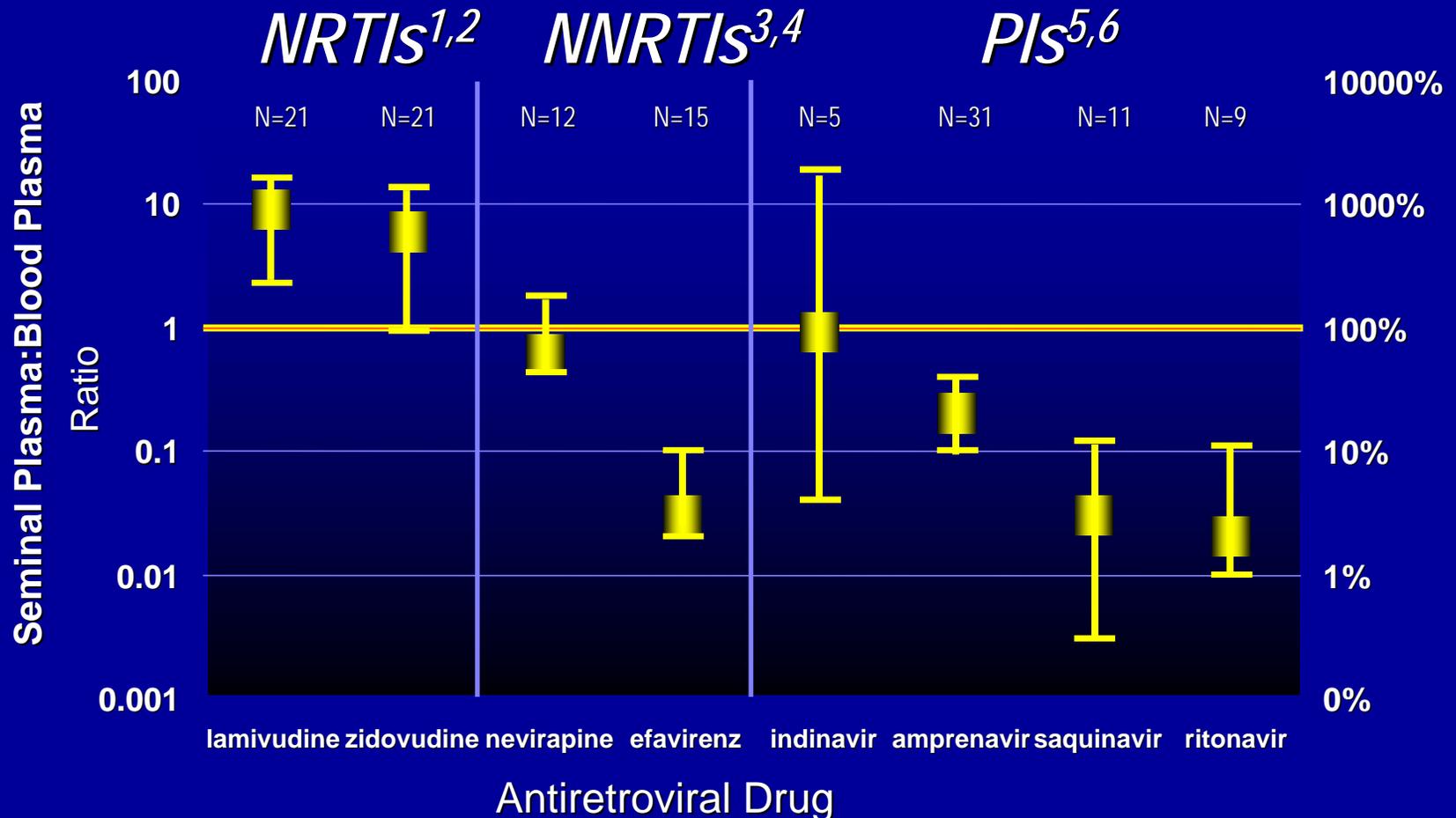
Controls: Women on no rx or stable for 12 wks

Cases: Unrx or stable for > 12 weeks starting at least 1 new ART

Samples obtained 2-10 weeks after change in rx

# Antiretroviral Seminal:Blood Plasma Concentration<sup>1,2,4-6</sup> and AUC<sub>24h</sub><sup>3</sup> Ratios

(median ± minimum - maximum)



<sup>1</sup>Pereira et al J Infect Dis 1999, <sup>2</sup>Henry et al JAMA 1988, <sup>3</sup>Kashuba et al unpublished data, <sup>4</sup>Taylor et al ICAAC 1999, <sup>5</sup>Taylor et al 7th CROI 2000, <sup>6</sup>Pereira et al 7th CROI 2000

# Therapeutic Reductions of HIV Viral Load to Prevent HIV Transmission: Data from HIV Discordant Couples; Rakai, Uganda

**Incidence of HIV 11.8/100 patient years**

<b>VL &lt; 3500 copies/mL</b>	<b>Incidence = 2.2/100 py</b>
<b>VL 3500 – 9999/mL</b>	<b>12.5/100 py</b>
<b>VL 25000 - 49,999/mL</b>	<b>14.7/100 py</b>
<b>VL &gt;50,000/mL</b>	<b>23.1/100py</b>

**Treatment reducing VL to < 3500copies/ml would reduce HIV incidence by 81.4%.**

**Treatment reducing VL to < 9999 copies/ml would reduce HIV incidence by 59.9%.**

# ART for Prevention

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- HPTN 052 – ART for prevention of HIV transmission in serodiscordant couples
  - 87 couple pilot completed
  - Expanding to 1750 discordant pairs

# ART for Prevention

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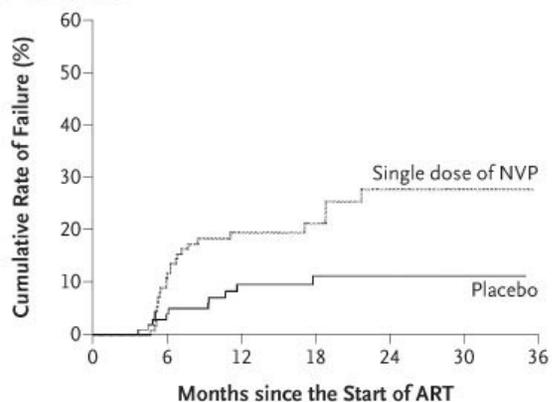
- PrEP Study – Pre-exposure prophylaxis with ART for the prevention of HIV infection in MSM
- RO1 study in Peru expanding to multiple sites
  - Increased sample size to improve power
  - Greater generalizability
  - Public Health Need

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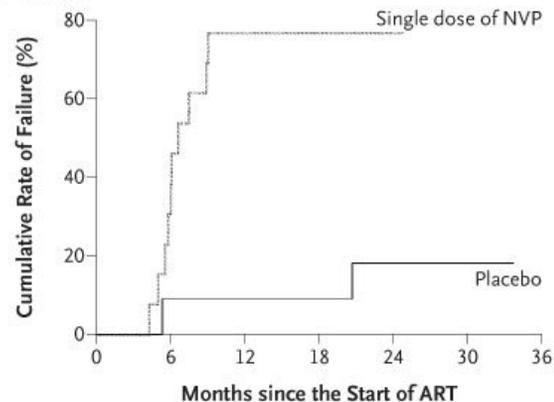
# Prevention of Mother to Child Transmission: Addressing Concerns for NVP Resistance

# Time to Virologic Failure

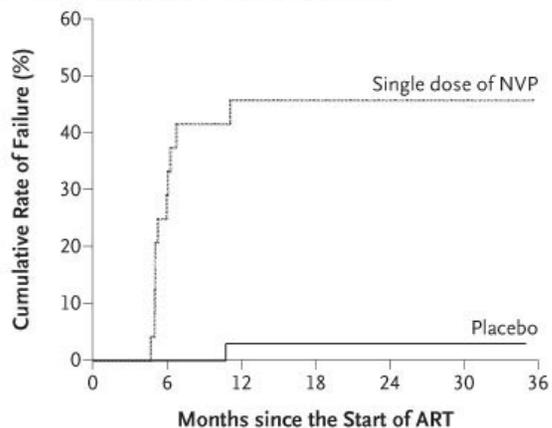
**A All Women**



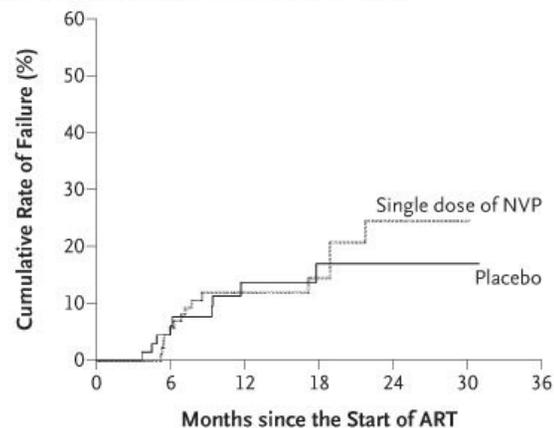
**B Infants**



**C Women Starting ART <6 Mo Post Partum**



**D Women Starting ART ≥6 Mo Post Partum**



Lockman S et al. N Engl J Med 2007;356:135-147



# Prevention of Mother to Child Transmission: Resistance

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- Evaluation of short course combination therapy post-partum to “cover the nevirapine tail”
- Two studies evaluating different drug regimens
- One, two, three and four weeks duration

# Prevention of Mother to Child Transmission: Resistance

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- Studies to determine outcome of subsequent therapy in women who received sdNVP and infected infants born to women receiving sdNVP
  - OCTANE - adults
  - P1060 - infants

# Breast Milk as Mode of Transmission of HIV

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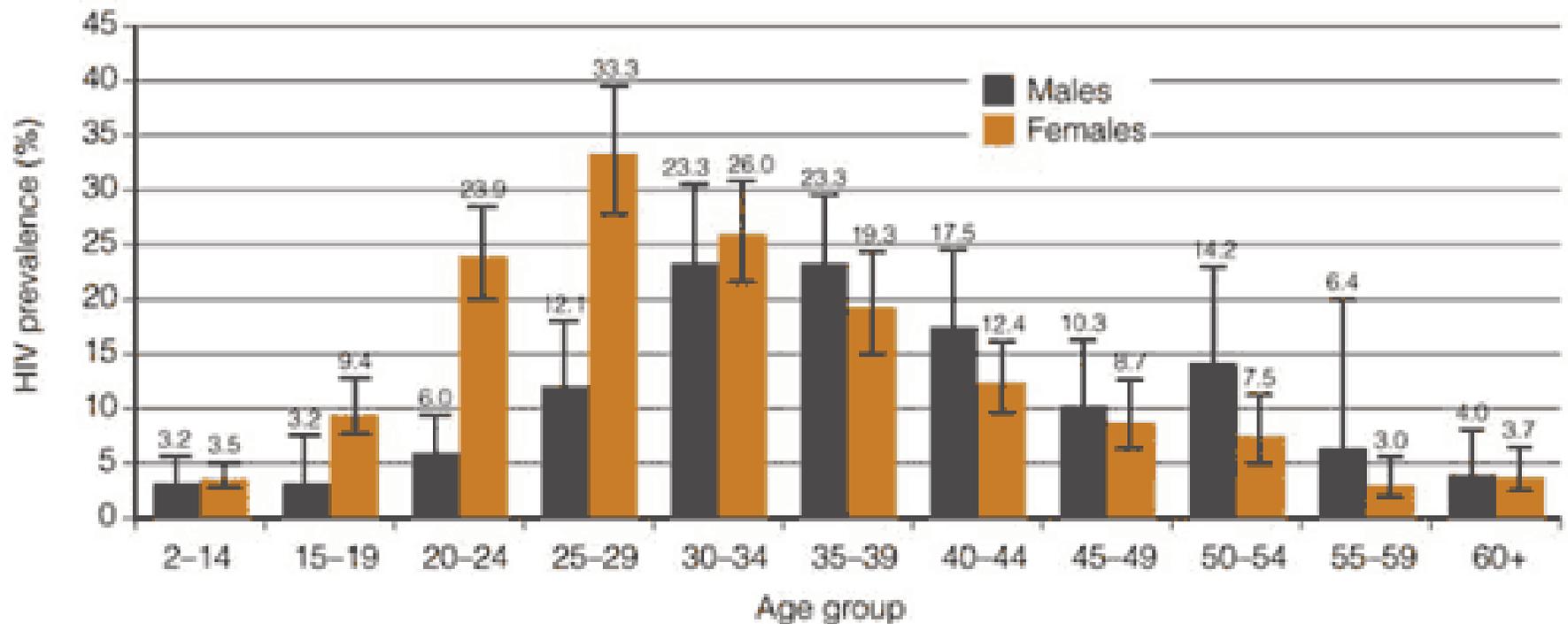
- Remains a major challenge in prevention in developing world
- Two approaches
  - Chemoprevention - 6 week and 6 month NVP to infants
  - Immunoprophylaxis - candidate HIV vaccines to infants born to infected moms
    - Alvac safety study ongoing
    - MRK Ad 5 planned

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# Microbicide Research

Integrated Approaches to  
Prevention and Treatment

# Incidence of HIV in Women in South Africa



# Addressing the needs for woman controlled methods to avert HIV infection

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- Vaginally applied antiviral agents
- Orally delivered drugs
- Provide a basket of options for women

# HPTN 035

## Phase II/IIb Safety and Effectiveness Study

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- Primary Objectives
  - To evaluate safety
  - To estimate effectiveness
- Study Sites: 7 African and 1 U.S.
- Target enrollment: 3,220 women
  - 192 incident infections
- Study Arms: BufferGel; 0.5% PRO 2000/5 Gel (P); placebo gel; no treatment

# MTN 003

## Effectiveness of Oral Tenofovir vs. PMPA Gel

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### ■ Rationale

- Optimal approach to prevent sexual transmission of HIV is unknown

### ■ Study Objectives

#### ■ Safety

- For both uninfected and infected women

#### ■ Efficacy

#### ■ Acceptability

- Different among different populations

### ■ Truvada arm



**History will judge us as a global community by what we will do in the next 25 years as much by what we have accomplished in the first 25 years.**