

CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS



HIV

Treatment as Prevention
and Pre-Exposure Prophylaxis



June 11-12, 2012
Royal Garden Hotel, London

Sponsored by:

IAPAC
INTERNATIONAL ASSOCIATION
OF PHYSICIANS IN AIDS CARE

In partnership with:

British HIV Association
BHIVA

WELCOME FROM THE CO-CHAIRS

Dear Colleagues:

We are honored to welcome you to the inaugural **Controlling the HIV Epidemic with Antiretrovirals** summit, hosted by the International Association of Physicians in AIDS Care (IAPAC), in partnership with the British HIV Association (BHIVA). We are also excited to Co-Chair this summit given the rapid pace at which the science is evolving around combination HIV prevention, most notably with the use of antiretrovirals for treatment as prevention (TasP) and for oral and topical pre-exposure prophylaxis (PrEP).

The last time period in which we experienced such excitement was 16 years ago at the advent of combination antiretroviral therapy (ART) with protease inhibitors. Indeed, within a week after the 1996 International AIDS Conference, more than 75,000 patients who had been using antibiotics and chemotherapy as treatment against opportunistic infections began an effective antiretroviral regimen. What ensued since has been a dramatic decrease in HIV/AIDS-related morbidity and mortality. A growing armamentarium of antiretroviral agents, a dedicated health system, a trained health workforce, and an empowered community of people living with HIV/AIDS (PLWHA) eventually made this Lazarus-like effect possible for millions of HIV-infected individuals. However, it was not all smooth sailing – especially with respect to facilitating universal access to ART, a goal we have yet to reach and, indeed, may not reach for some time to come.

Today, we are faced once more by promising data, this time related to both TasP and PrEP. But, as with ART almost two decades ago, we are confronted with challenges that require the attention of a multidisciplinary group of experts to solve if we are to both implement these biomedical interventions in a safe and optimal way, as well as avoid a world in which we face two distinct implementation scenarios: the have's, and the have not's. That is why we are gathered here for the next two days... We aim to have difficult conversations around implementation challenges and opportunities, and to develop consensus where we can around how best to move forward, including where further research may be required to guide our movements.

We encourage each of you to share your experiences, voice your opinions, and participate fully so that our deliberations lead to concrete implementation guidance in the coming months and years that will allow us to control the HIV epidemic through combination prevention with TasP and PrEP.



Brian Gazzard, MD
Co-Chair
London, England, UK



Kenneth Mayer, MD
Co-Chair
Boston, MA, USA

WELCOME FROM IAPAC'S PRESIDENT

Dear Colleagues:

From the discovery of HIV diagnostic and screening tests in the mid-1980s, to the advent of antiretroviral therapy (ART) in the mid-1990s, an army of people – among them researchers, scientists, clinicians, allied health professionals, advocates, and people living with HIV/AIDS (PLWHA) themselves – have worked to bend morbidity and mortality curves associated with the global HIV pandemic. They have achieved these successes in the face of myriad challenges, though often at a speed that has not kept pace with a virus that reproduces at a rate of an estimated 10 billion virions daily.

Indeed, one need not enumerate sobering morbidity and mortality statistics to understand that, despite considerable progress made over the course of the past 30 years, the human immunodeficiency virus continues to cause unnecessary suffering and hastened deaths globally. We must thus seize upon opportunities to enhance the effectiveness of our prevention efforts, both primary and secondary.

Our colleagues in the prevention arena are working diligently to further reduce HIV transmission rates among high-risk individuals. On the secondary prevention front, over the past 11 months since we gathered in Rome for the International AIDS Society conference, we have individually and collectively embraced a theoretical paradigm shift from ART as a strictly clinical tool for treating PLWHA to a dual role for ART as a biomedical prevention tool targeted to at-risk populations. However, as with any paradigm shift, implementation requires re-conceptualization, in this case on the order of that which occurred almost two decades ago when we re-conceptualized HIV treatment following the advent of combination ART with protease inhibitors.

This summit is extraordinarily timely as we are wrestling globally with next steps in the field of combination prevention with ART. We have thus assembled a world-class faculty of plenary speakers and panelists to discuss implementation challenges *and* opportunities. And, we have invited the participation of advocates, bioethicists, clinicians, researchers, social scientists, and other stakeholders, including donors without whose support the introduction of biomedical prevention on a population scale is virtually impossible.

For myriad reasons, not the least of which is a clear and present opportunity to stem the global tide of 18,000 new HIV infections daily, I wish you a successful summit!



José M. Zuniga, PhD, MPH
Washington, DC, USA

WELCOME FROM BHIVA'S CHAIR

Dear Colleagues:

The British HIV Association (BHIVA) is delighted to be working in partnership with the International Association of Physicians in AIDS Care (IAPAC) to co-host this very important summit in London. As new and exciting data emerges in the HIV prevention arena, it is critically important to have the time and the space to discuss exactly what it all means and how to use it most effectively, as well as to identify the gaps that need more research.

This summit brings together experts from many different disciplines and viewpoints, together with key stakeholders. This very timely coming together of global expertise gives us a unique opportunity to both take stock and map out the route forward. But making progress will also depend on political engagement and leadership. In the past year, the House of Lords has produced a comprehensive review of the HIV situation in the United Kingdom, which has brought new energy and made very powerful recommendations for resourcing the prevention agenda. This summit provides further momentum and gives us another opportunity to get the HIV prevention messages to those with the power to make a difference to this epidemic.

We have within these two days an unrivaled chance for discussion and debate, to address the exciting, difficult, and controversial issues that face us in an atmosphere of international collaboration and willingness to move forward. I hope you will all take every chance to engage and participate with this critically important issue, and also find a little time to see something of London.

I wish you all a very successful summit.



Jane Anderson, PhD
London, England, UK

CONFERENCE INFORMATION

PROGRAM OVERVIEW

The concepts of antiretroviral-based treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP) gained formidable ground in 2011, both cited in numerous 2011 Top 10 lists of clinical developments in HIV medicine. In addition, PrEP has recently been a topic of heated debate as regulatory bodies – most notably the US Food and Drug Administration (FDA) – entertain approving expanded indications for existing antiretroviral drugs for HIV prevention. However, there is much to learn about and plan for as we prepare for their potential integration into clinical practice. In addition, there are numerous challenges facing a variety of stakeholders as we seek to achieve the impact these biomedical prevention interventions promise in the third decade of the HIV pandemic.

The International Association of Physicians in AIDS Care (IAPAC), in partnership with the British HIV Association (BHIVA), is hosting this two-day **Controlling the HIV Epidemic with Antiretrovirals** summit with a goal of providing a venue for the presentation of data related to and discussion about the practical aspects of TasP and PrEP implementation in a variety of clinical settings. Audience response system-facilitated sessions throughout the summit will attempt to identify consensus points (or the lack thereof) around TasP and PrEP implementation, which will be featured in a Consensus Statement to be released at the XIX International AIDS Conference in Washington, DC, USA.

DISCLOSURE

Gilead Sciences and ViiV Healthcare have provided educational grants in support of this summit at the Lead Sponsor and Major Sponsor levels, respectively. IAPAC is responsible for control of the summit's content and faculty selection. In awarding educational grants, neither Gilead Sciences nor ViiV Healthcare had any involvement in the content of the program or the selection of presenters, panelists, and/or moderators.

GENERAL INFORMATION

MEETING VENUE

Controlling the HIV Epidemic with Antiretrovirals is being held at the Royal Garden Hotel. Plenary presentations and panel discussions will be held in the Palace Suite in the Lower Lobby Level (see the Hotel Map on page 4).

MEALS

Breakfast will be served from 0700 to 0800, Monday, June 11, 2012, and Tuesday, June 12, 2012, in the pre-function area of the Palace Suite. Snack breaks will take place as scheduled in the summit program in the pre-function area of the Palace Suite. Lunch will be served from 1305 to 1405, Monday, June 11, 2012, and from 1240 to 1410, Tuesday, June 12, 2012, in the pre-function areas of the Palace Suite, the Kensington Suite, and the York Suite (see the Hotel Map on page 4). Dinner is not provided on either day.

INTERNET ACCESS INSTRUCTIONS

To access the hotel's wireless network, go to any webpage and the Swisscom log-in page will appear. Select the prepaid option and enter:

Username: EVENT/IAPAC

Password: ROYAL

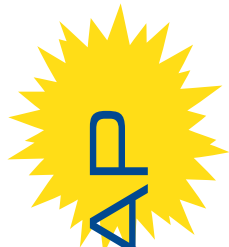
SLIDE PRESENTATIONS

Slide presentations will be available at www.iapac.org post-summit.

QUESTIONS

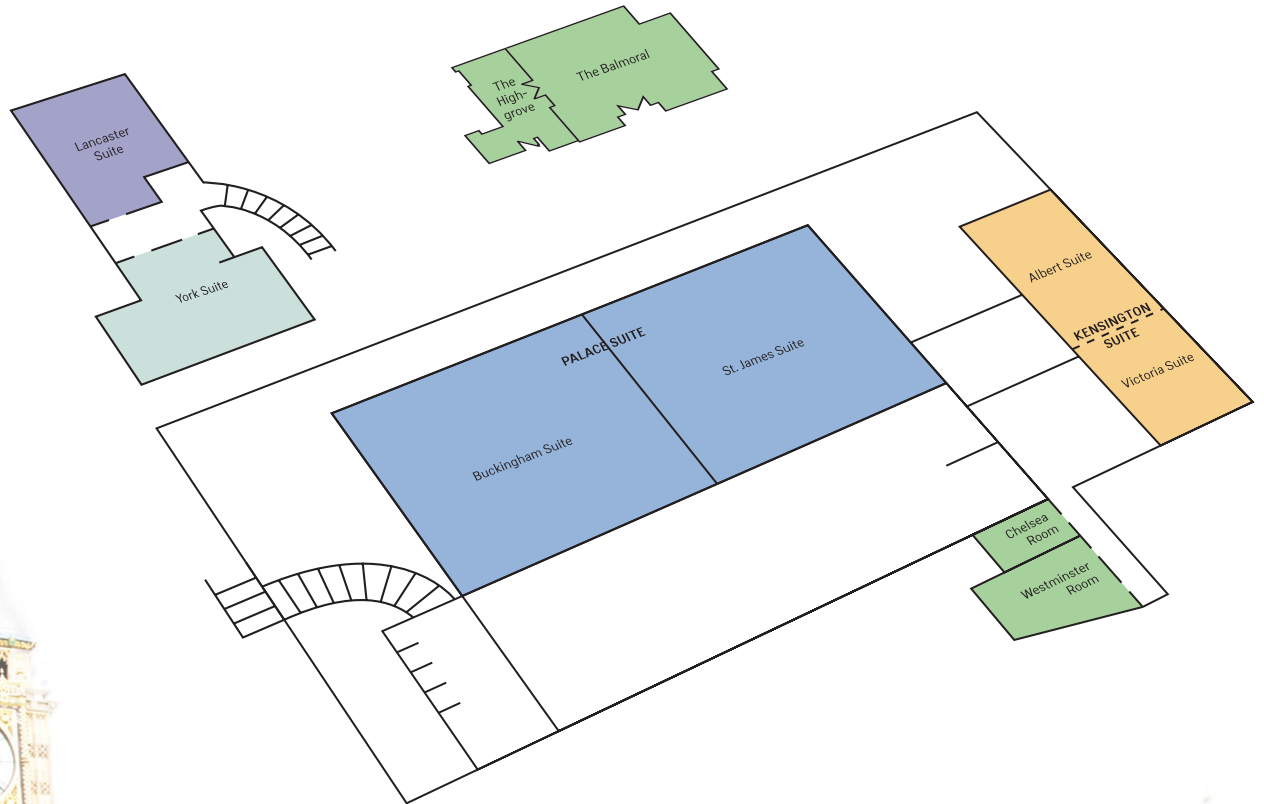
If you have any questions during the summit, please locate an IAPAC staff member at the Registration Booth. If you have any questions post-summit, please contact Alexis Weinstein at aweinstein@contacthmc.com.

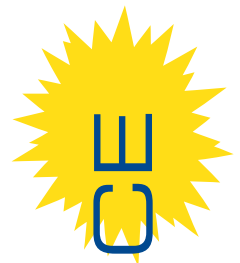




HOTEL MAP

ROYAL GARDEN HOTEL





MONDAY, 11 JUNE 2012

0800-0815 **WELCOME BY CONFERENCE CO-HOSTS**
José M. Zuniga, PhD, MPH, and Jane Anderson, PhD

WELCOME BY CONFERENCE CO-CHAIRS
Brian Gazzard, MD, and Kenneth Mayer, MD

0815-0845 **KEYNOTE ADDRESS**
Combination Prevention – Public Health and Human Rights Imperatives
Gottfried Hirnschall, MD

TREATMENT AS PREVENTION

0845-0930 **PANEL 1**
Review of Current TasP Studies
Moderator: *Papa Salif Sow, MD*
Sarah J. Fidler, MBBS, PhD
Victor De Gruttola, ScD
Timothy Hallett, PhD

0930-0950 **PLENARY 1**
Perspectives from the Vancouver TasP Workshop
Julio Montaner, MD

0950-1035 **PANEL 2**
Facilitating Access to TasP from Bench to Clinic
Moderator: *Mauro Schechter, MD*
Ron d'Amico, DO, MSc
John Pottage, MD
James Rooney, MD
Paul Schaper, MPH

1035-1135 **DISCUSSION**

1135-1205 Coffee Break

1205-1225 **PLENARY 2**
TasP - Individual versus Public Health Benefit versus Both
Kevin Fisher, JD, MSc

1225-1245 **PLENARY 3**
Health System Concerns Related to TasP and MARPs
Valerie Delpech, MD, MPH

1245-1305 **DISCUSSION**

1305-1405 Lunch

1405-1450 **PANEL 3**
Implementing TasP - Addressing Clinical and Other Concerns
Moderator: *Bertrand Audoin*
Gus Cairns, MA
Robert Carroll, RN, ACRN
Ceri Evans
Jorge Saavedra, MD
Ian Williams, MD

1450-1510 **PLENARY 4**
Treatment 2.0 as a Catalyst for TasP through Drug/Treatment Optimization
Stefano Vella, MD

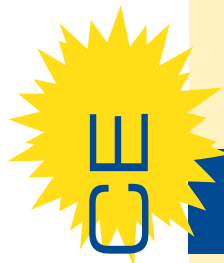
1510-1530 **PLENARY 5**
Ethical Standards vis-à-vis Prevention in Biomedical Prevention Trials
Richard Ashcroft, PhD

1530-1630 **DISCUSSION**

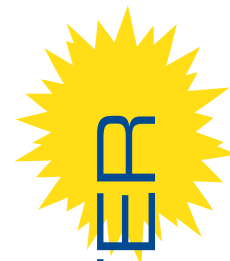
1630-1715 **PANEL 4**
Implementing Universal TasP - Wishful Thinking?
Moderator: *Nikos Dedes*
Eric Fleutelot
Helen Rees, MD

1715-1815 **DISCUSSION**

1830-2030 Opening Reception



	PRE-EXPOSURE PROPHYLAXIS	1220-1240	PLENARY 10 Cost-Benefit Analysis of Universal versus Selective PrEP <i>Bruce Schackman, PhD</i>
0800-0820	PLENARY 6 PrEP - Current Global Themes and Future Directions <i>Kenneth Mayer, MD</i>	1240-1410	Lunch
0820-0840	PLENARY 7 Antiretroviral Pharmacology for PrEP <i>Craig Hendrix, MD</i>	1410-1455	PANEL 7 Community, Provider, Operational, and Regulatory Perspectives on PrEP Implementation Moderator: <i>Yuzef Azad, MD</i> <i>Claire Foreman</i> <i>Michael Horberg, MD, MAS</i> <i>Benjamin Young, MD, PhD</i> <i>Jim Pickett</i>
0840-0925	PANEL 5 Review of Current PrEP Studies Moderator: <i>Carmen Zorrilla, MD</i> <i>Benjamin B. Brown</i> <i>Roy M. Gulick, MD</i> <i>Sheena McCormack, MSc</i> <i>Ian McGowan, MD, PhD</i> <i>Bruno Spire, MD, PhD</i>	1455-1555	DISCUSSION
0925-0955	Coffee Break	1555-1625	Coffee Break
			TasP AND PrEP
0955-1040	PANEL 6 Facilitating Access to PrEP from Bench to Clinic Moderator: <i>Chris Duncombe, MD, PhD</i> <i>Ron d'Amico, DO, MSc</i> <i>Manuel Goncalves, MD</i> <i>James Rooney, MD</i> <i>Paul Schaper, MPH</i>	1625-1645	PLENARY 11 IAPAC Adherence Guidelines – Addressing the Achilles’ Heel of TasP and PrEP <i>Jean B. Nachega, MD, PhD</i>
1040-1140	DISCUSSION	1645-1705	PLENARY 12 Implementation Science – Building the Prevention 2.0 Ship As We Sail Her <i>Kevin Fenton, MD, PhD</i>
1140-1200	PLENARY 8 Behavior and PrEP - Behavioral Threats to PrEP Success <i>K. Rivet Amico, PhD</i>	1705-1725	PLENARY 13 Combination Prevention – Seizing the Moment to Curb a Pandemic <i>José M. Zuniga, PhD, MPH</i>
1200-1220	PLENARY 9 Managing PrEP-Related Safety Concerns <i>Veronica Miller, PhD</i>	1725-1730	CLOSING REMARKS <i>Brian Gazzard, MD, and</i> <i>Kenneth Mayer, MD</i>
		1730	Adjourn



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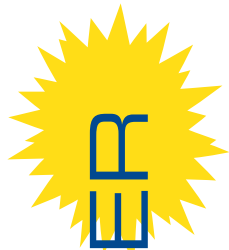


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**Photo unavailable because of Jubilee festivities.*



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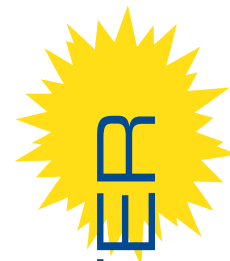
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CONTROLLING THE HIV EPIDEMIC WITH ANTIRETROVIRALS

Controlling the HIV Epidemic with Antiretrovirals is sponsored by the **International Association of Physicians in AIDS Care (IAPAC)**, in partnership with the **British HIV Association (BHIVA)**. We wish to express our gratitude to the institutional and commercial supporters whose generosity has made this summit and post-summit-related activities possible.

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* Post-summit educational activities