CONTROLLING THE HIV EPIDEMIC WITH

ANTIRETROVIRALS



Avoiding the Cost of Inaction

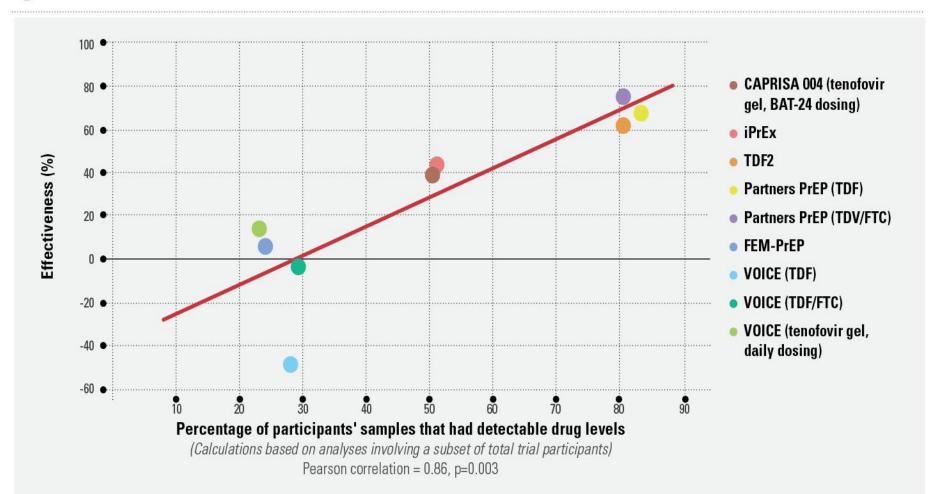
Antiretroviral Chemoprophylaxis:

State of the Evidence

Kenneth H. Mayer, M.D.
Fenway Health/Harvard Medical School
Beth Israel Deaconess Medical Center



Effectiveness and Adherence in Trials of Oral and Topical Tenofovir-Based Prevention



Trials of oral and topical tenofovir-based PrEP show that these strategies reduce risk of HIV infection if they are used correctly and consistently. Higher adherence is directly linked to greater levels of protection.

Source: Salim S. Abdool Karim, CAPRISA

Prep clinical questions

Symptoms: Start-up, GI, uncommon

Renal: uncommon with monitoring

Bone: focus on youth ATN 110/113

Selection for resistance: rare, almost all 184V

Risk compensation vs. reaching those at risk

Other STI: need for frequent monitoring; HSV-2?

Other approaches: Two ring studies; FACTS 001

Ongoing and Planned Phase 3/4 Research, Including Demonstration Projects

- Phase 3 studies are continuing to evaluate PrEP in various demographic groups
- Gilead is committed to post-marketing demonstration studies in the U.S. and globally
- Collaborators: ANRS, CDC, FHI, MRC, NIAID (DAIDS), NICHD (ATN), SFDPH, U. Washington, and Gilead Sciences

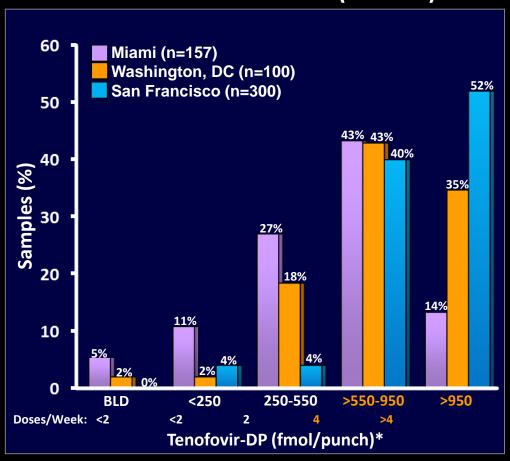
Population	Studies	Participants
MSM	17	14,100
Heterosexual Men & Women Serodiscordant Couples	8	10,201
Total	25	24,301

ANRS = French National Agency for AIDS Research; CDC = Centers for Disease Control and Prevention; FHI = Family Health International; MRC = Medical Research Council (UK); NIAID = National Institute of Allergy and Infectious Diseases; DAIDS = Division of AIDS; NICHD = National Institute of Child Health and Human Development; SFDPH = San Francisco Department of Public Health

High Levels of Adherence are Feasible: US PrEP Demonstration Project: (2012-2014)

- STD clinics in San Francisco, Miami,
 Washington, DC (n=831)
 - MSM, transgender women (1.4%)
 - Clinic referrals (63%)
 - Self-referrals (37%): more likely to be white, higher education level, higher sexual risk behaviors and risk perception versus clinic referrals
- Offered up to 48 weeks of open-label emtricitabine/tenofovir DF
 - Accepted PrEP: 60.4%
 - 77% had TDF-DP levels consistent with taking >4 doses/week
- PrEP uptake associated with
 - Self-referral, prior PrEP awareness, higher-risk sexual behaviors

Tenofovir-DP Levels (Week 4)



^{*}femtomole/punch: measure of flux density.

BLD: below limit of detection.

iPrEx Open-Label Extension (OLE): HIV Incidence and Predictors of Detectable Drug

- HIV incidence in iPrEx OLE
 - PrEP versus no PrEP
 - 1.8 versus 2.6 infections/100 person-years (adjusted HR: 0.51, 95% CI: 0.26-1.01)
 - PrEP, but no drug detected
 - 4.7 infections/100 person-years
- HIV incidence in original iPrEx: placebo recipients
 - 3.9 infections/100 person-years

Predictors of Detectable Drug		
	Adjusted Odds Ratio	
Non-condom intercourse (reference: none) Receptive, anal	1.66 (<i>P</i> <0.0001)	
	1.00 (1 < 0.0001)	
Male sexual partners (reference: 0-1)		
2-4	1.33 (<i>P</i> =0.005)	
<u>></u> 5	1.82 (<i>P</i> <0.0001)	
Age (reference: 18-24 years)		
30-39	1.64 (<i>P</i> =0.0002)	
<u>></u> 40	3.29 (<i>P</i> <0.0001)	
Education (reference: <secondary)< td=""><td></td></secondary)<>		
Secondary	1.99 (<i>P</i> <0.0001)	
Post-secondary	1.93 (<i>P</i> <0.0001)	

Lively Discussion and Debate in the Blogosphere

Project Inform launches new educational video series on PrEP!



Making decisions to take PrEP with your doctor.



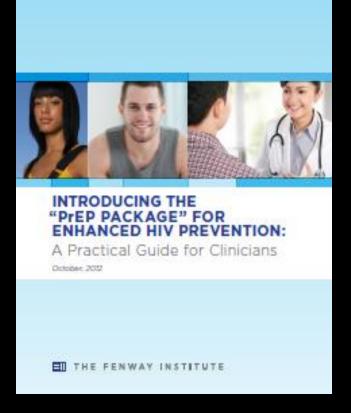
Using PrEP in relationships with HIV-positive men.



Figuring out how PrEP fits into your life.

- Brief video testimonials developed regarding PrEP users' decisions and motivations to take PrEP and experiences taking PrEP
- Also: www.myprepexperience.blogspot.com AIDS Foundation of Chicago







www.thefenwayinstitute.org/prepinfo





Proportion of PrEP Users by State of Residence

(MH PrEP Survey, Mayer et al, CROI 2014)



Proportion of reponders; darker shades of green indicate a higher proportion of participants. Not pictured: Alaska (0.2%) and Hawaii (0.6%)

N=9,179 1.2% had used PrEP

Circles indicate locations where PrEP use was reported and number of participants reporting PrEP use in that location

Factors Associated with PrEP Use among US MSM

Multivariable Model, Manhunt Survey, CROI, 2014

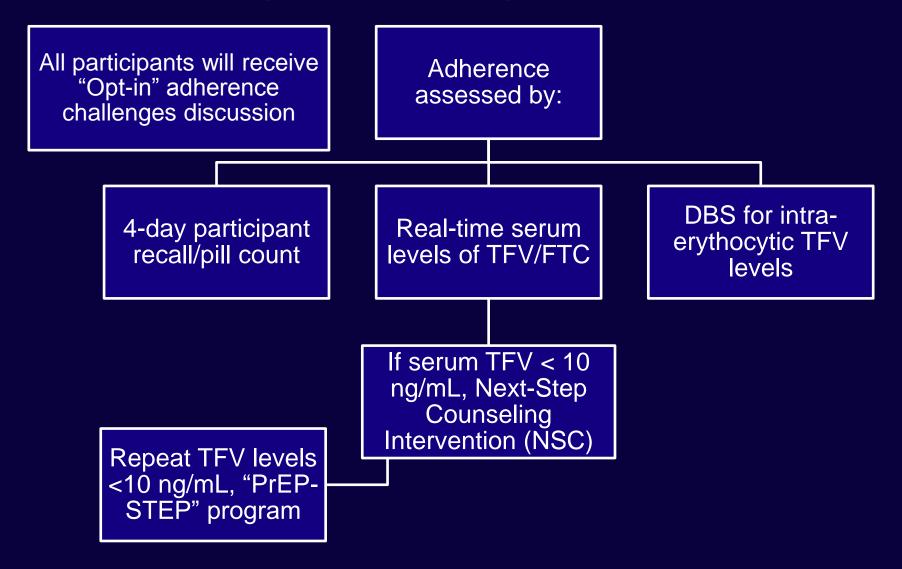
Characteristic	Multivariable OR (95% CI)
College graduate or above (vs. less than college education)	5.33 (1.25 to 22.7)
Ever diagnosed with an STI	2.74 (1.36 to 5.52)
Used PEP	16.0 (8.24 to 31.2)
Comfortable talking with provider	4.19
about MSM sex	(1.51 to 11.6)

Project PrEPare (NIMH R34, Fenway)

- Modeled after "Life-Steps," (Safren et al)
 ART adherence intervention
- •Modular intervention: 4 weekly visits and 2 booster sessions (nurse-delivered).
- •Intervention content:
 - CBT-oriented adherence problem-solving
 - Brief motivational interviewing
 - Identification of barriers and solutions
 - Sexual risk-reduction strategies
 Optional modules:
 - Mental health and substance use concerns
 - Adherence to PrEP was measured daily via Wisepill
 - Sexual risk taking was assessed by text messages (Lester, 2010)



Southern California: Path-PrEP: Staged Adherence (R Landovitz)







U.S. Black MSM and PrEP: Lessons from HPTN 061

Annual HIV incidence 3%; for 18-29 y.o. 5.9%

-Koblin B et al PLoS ONE, 2013

High rates of STIs, associated with HIV

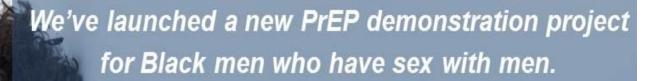
-Mayer KH et al PLoS ONE, 2014

Many men with advanced HIV were identified

-Mannheimer S et al, AIDS 2012, MS under review

Many unmet social needs, poverty, incarceration

-Brewer, R et al, AJPH, 2013; JAIDS, 2013



Participate in the live Twitter chat on

#HPTN073

Wednesday, August 14

#PrEPChat

at 10 am PT / 1 pm ET

With our guests: @JonPaulLucas and @cchauncey

Be sure to follow @HIVptn

Join the HPTN 073 Webinar:

"Introducing HPTN 073: A BMSM PrEP Demonstration Study" at 11 am PT / 2 pm ET

by registering at

http://bit.ly/073Webinar

Find out more about HPTN 073 at www.HPTN.org and at Facebook/HIVptn



PrEP Uptake Among Young MSM

- Chicago cohort of young, primarily Black MSM
- 2/3 of those in earlier ATN trial enrolled in iPeEX Ole with choice of PrEP use or not
- 70% of those YMSM elected to take PrEP
- Drug detection ↑ from 45% to 58% and 70% expressed interest in ongoing PrEP use



Hosek, CROI, 2014

Purview paradox: contradictory beliefs about which providers will prescribe PrEP

(Krakower, AIDS and Behavior, 2014)



Primary care providers are in the best position to prescribe PrEP

Primary care providers:

It would not be feasible to prescribe PrEP



New England providers perceived numerous barriers to prescribing PrEP (Krakower, Adherence 2014)

Lack of patient requests

Concerns about insurance coverage

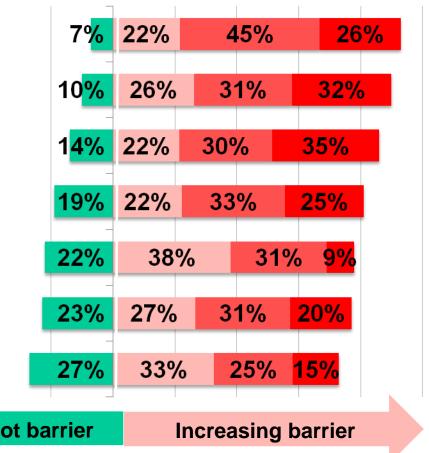
Clinicians not trained to prescribe PrEP

Clinicians not aware of CDC guidance

Time constraints

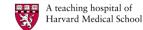
Clinicians not aware of PrEP

Limited # at-risk patients



Not barrier

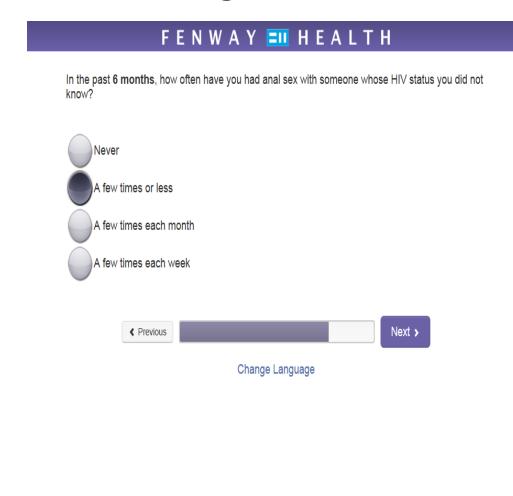






New Technologies may provide tools for more efficient risk screening

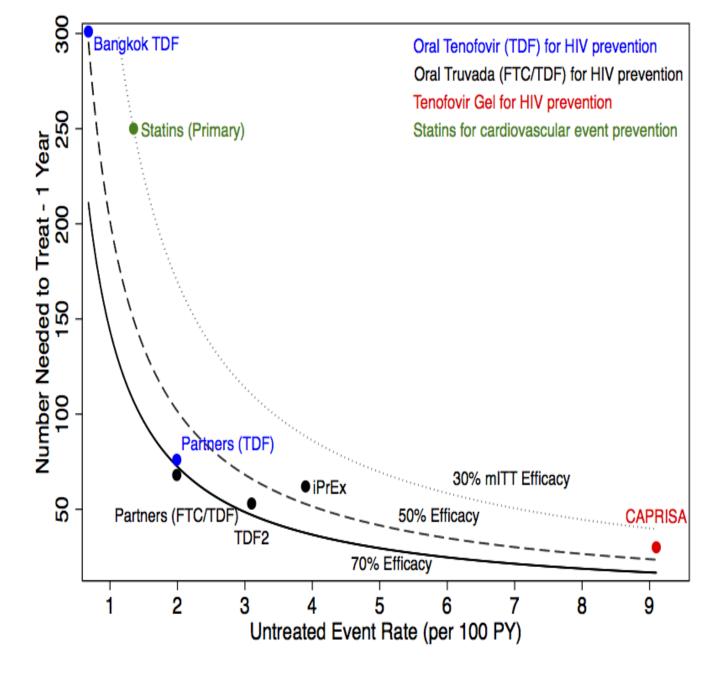
	HIRI-MSM	Risk Index*	
1	How old are you	<18 years	score 0
	today (yrs)?	18-28 years	score 8
		29-40 years	score 5
		41-48 years	score 2
		≥49 years	score 0
2 How many men have you had sex with in the last 6 months?	How many men have	>10 male partners	score 7
		6-10 male partners	score 4
	in the last 6 months?	0-5 male partners	score 0
3 In the last 6 months,	In the last 6 months,	1 or more times	score 10
	how many times did you have receptive anal sex (you were	0 times	score 0
	the bottom) with a man?		
4 How many of your male		>1 positive partner	score 8
	sex partners were HIV positive?	1 positive partner	score 4
		<1 positive partner	score 0
5	In the last 6 months,	5 or more times	score 6
how many times did you have insertive anal sex (you were the top) with a man who was HIV positive?	0 times	score 0	
6	In the last 6 months, have	Yes	score 5
	you used methamphetamines such as crystal or speed?	No	score 0
7	In the last 6 months,	Yes	score 3
	have you used poppers (amyl nitrate)?	No	score 0
		Add down entries in right column to calculate total score	Total score



D. Smith JAIDS 2012

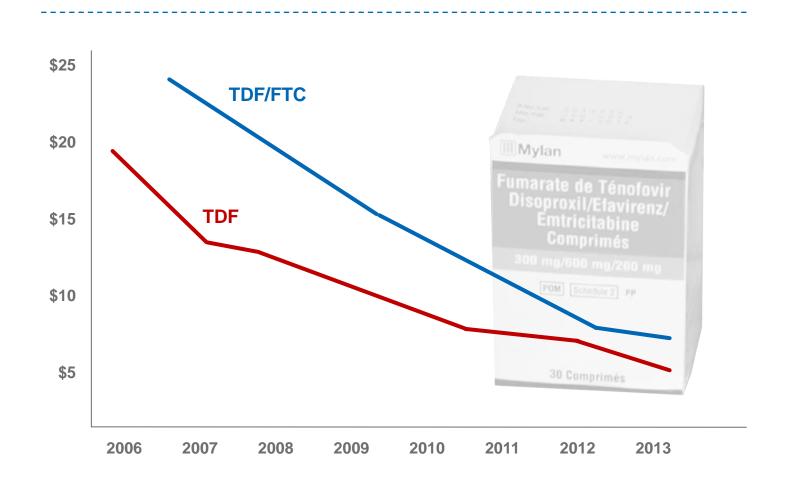
Electronic Patient Reported Outcomes, CNICS

H. Crane

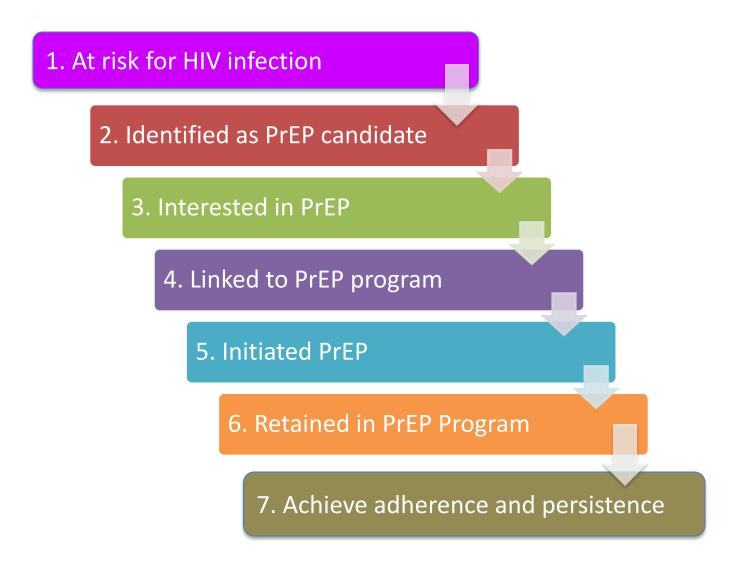


Cost of PrEP is going down globally

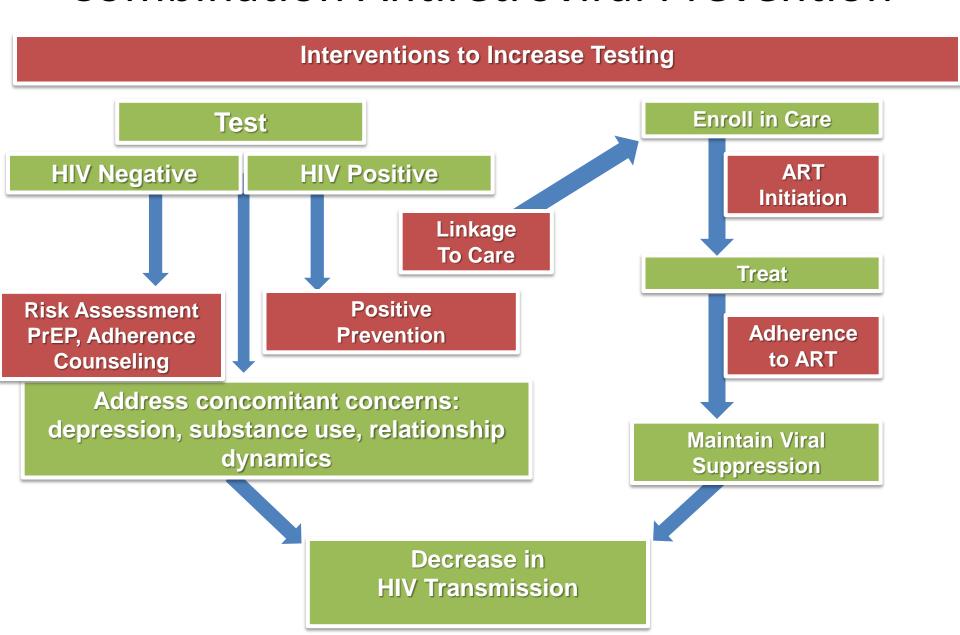
17 generic partners are licensed to manufacture and sell Gilead therapies; market competition has helped reduce the cost of TDF by 80% since 2006



The PrEP cascade (A Liu et al)



Combination Antiretroviral Prevention



PrEP in 2014

- PrEP works when used consistently
- No new safety signals; Bone health under study
- Demo projects underway in many parts of the world
- Early demonstration projects suggest that those who present for PrEP may be motivated to adhere
- Optimizing social media may facilitate safer sex and med adherence counseling
- Providers need more education about PrEP
- Use of generics and focusing on highest risk will \cost
- New PrEP meds/modalities may ↑ uptake, ↓cost

Many thanks

Salim Abdool Karim

Rivet Amico

Susan Buchbinder

Heidi Crane

David Glidden

Robert Grant

Doug Krakower

Raphy Landovitz

Albert Liu

Jim Rooney

Steve Safren

Rodney Vanderwarker

Mitchell Warren

Grants from: NIAID, NIMH, NIDA, NIAAA, NICHD.

HRSA, CDC, and Gilead

www.thefenwayinstitute.org



