

# **EACS** Young Investigators Conference

Palais des Académies, Brussels  
Friday, December 16, 2016

## **SUMMARY OF THE BREAKOUT SESSIONS**

# New treatment strategies: Novelties in ART & strategy

*Moderator: Josep Maria Llibre, Spain*

Pawel Jakubowski, Poland  
Chloé Orkin, UK

Matthias Zaccarin, Hospital of Western Denmark

## Initial Combination Regimen for ART-naïve Adult HIV-positive Persons

### A) Recommended regimens (one of the following to be selected)<sup>1,2\*</sup>

Regimen	Dosing	Food requirement	Caution
<b>2 NRTIs + INSTI</b>			
ABC/3TC/DTG <sup>(L, B)</sup>	ABC/3TC/DTG 600/300/50 mg, 1 tablet qd	None	Al/Ca/Mg-containing antacids or multivitamins should be taken well separated in time (minimum 2h after or 6h before). DTG 50 mg bid with rifampicin.
TAF/FTC <sup>(B)</sup> or TDF/FTC <sup>(B, V)</sup> + DTG	TAF/FTC 25/200 mg, 1 tablet qd or TDF/FTC 300/200 mg, 1 tablet qd + DTG 50 mg, 1 tablet qd	None	
TAF/FTC/EVG/c <sup>(B)</sup> or TDF/FTC/EVG/c <sup>(B, V)</sup>	TAF/FTC/EVG/c 10/200/150/150 mg, 1 tablet qd or TDF/FTC/EVG/c 300/200/150/150 mg, 1 tablet qd	With food	Al/Ca/Mg-containing antacids or multivitamins should be taken well separated in time (minimum 2h after or 6h before).
TAF/FTC <sup>(B)</sup> or TDF/FTC <sup>(B, V)</sup> + RAL	TAF/FTC 25/200 mg, 1 tablet qd or TDF/FTC 300/200 mg, 1 tablet qd + RAL 400 mg, 1 tablet bid	None	Co-administration of antacids containing Al or Mg not recommended. RAL 400 or 800 mg bid with rifampicin.
<b>2 NRTIs + NNRTI</b>			
TAF/FTC/RPV <sup>(B)</sup> or TDF/FTC/RPV <sup>(B)</sup>	TAF/FTC/RPV 25/200/25 mg, 1 tablet qd or TDF/FTC/RPV 300/200/25 mg, 1 tablet qd	With food (min 390 Kcal required)	Only if CD4 count > 200 cells/ $\mu$ L and HIV-VL < 100,000 copies/mL. PPI contra-indicated; H2 antagonists to be taken 12h before or 4h after RPV.
<b>2 NRTIs + PI/r or PI/c</b>			
TAF/FTC <sup>(B)</sup> or TDF/FTC <sup>(B, V)</sup> + DRV/c or + DRV/r	TAF/FTC 10/200 mg, 1 tablet qd or TDF/FTC 300/200 mg, 1 tablet qd DRV/c 800/150 mg, 1 tablet qd or + DRV 800 mg, 1 tablet qd + RTV 100 mg, 1 tablet qd	With food	Monitor in persons with a known sulfonamide allergy.

- Integrase Strand Inhibitors (INSTI):
  - Dolutegravir, Raltegravir and Elvitegravir superior to Atazanavir
  - DTG neuropsychiatric AEs (sleep disturbances 5 %)
  - DTG virological control in monotherapy studies
- Tenofovir:
  - TAF non-inferior to TDF
  - No risk of renal insufficiency
  - Improves bone mineral density

Strategy	Study	N	Reducing regimen	Virological outcomes	Resistance	Renal outcomes	Bone outcomes
PI/r + INSTI	NEAT 001	805	DRV + RTV + RAL	Lower efficacy	5 mutations	eGFR improvement	BMD improvement
	RADAR	85	DRV + RTV + RAL	Lower efficacy	None	Comparable	BMD improvement
	PROGRESS	206	LPV/r + RAL	Similar efficacy	10 mutations	eGFR improvement	BMD improvement
	SPARTAN	94	ATV + RAL	Similar efficacy	5 mutations	N/A	N/A
	ACTG5262	112	DRV + RTV + RAL	Lower efficacy	7 mutations	N/A	N/A
PI/r + 3TC	GARDEL	217	LPV/r + 3TC	Similar efficacy	2 mutations	N/A	N/A
PI/r + MVC	MODERN	797	DRV + RTV + MVC	Lower efficacy	None	eGFR improvement	BMD improvement
	A4001078	121	ATV + RTV + MVC	Lower efficacy	None	eGFR improvement	N/A
	MIDAS	24	MVC + DRV + RTV	Lower efficacy	None	N/A	N/A
INSTI + 3TC	PADDLE	20	DTG + 3TC	90% VL <50 copies/mL at week 48	None	N/A	N/A

Strategy	Study	N	Reducing regimen	Virological outcomes	Resistance	Renal outcomes	Bone outcomes
PI + RTV + 3TC	ATLAS-M	266	ATV + RTV + 3TC	Non inferior/superior efficacy	3 mutations in control arm	eGFR improvement	Significant improvement
	SALT	286	ATV + RTV + 3TC	Similar efficacy	1 mutation in control arm	No change	No difference
	NA	48	DRV + RTV + 3TC	98% remained undetectable	None	eGFR improvement	N/A
PI + RTV + INSTI	HARNESS	109	ATV + RTV + RAL	Lower efficacy	3 mutations	Fewer than in controls	N/A
PI + RTV + MVC	MARCH	395	DRV + RTV + MVC	Lower efficacy	16 mutations	No change	N/A
DTG mono	Katlama	28	DTG	89% VL < 50 copies/mL at week 24	6 mutations	N/A	N/A
	Rojas	33	DTG	97% VL < 37 copies/mL at week 24	N/A	Decreased eGFR	N/A
DTG mono/dual	Gubavu	52	DTG	98% < 50 copies/mL at last visit	4 mutations	No change	N/A
NNRTI + INSTI	LATTE-2	243	CAB ∞ + RPV	IP: 91% VL < 50c/mL wk 20 MP: wk 32 VL < 50c/mL: 91% /4wks vs 95% /8 wks vs 91% controls	None	N/A	N/A

## Long-Acting Agents

- IM adm of Cabotegravir + Rilpivirine non-inferior to po adm of CAB + ABC/3TC
- Well tolerated
- High pt satisfaction

## Long-Acting Agents

- IM adm of Cabotegravir + Rilpivirine non-inferior to po adm of CAB + ABC/3TC
- Well tolerated
- High pt satisfaction



Norplants



- A set of 6 capsules each filled with 36 mg of **levonorgestrol** (total 216 mg) for subcutaneous implantation on the inside of upper arm.
- If kept implanted, 1 set of 6 tubes remain effective for 5 years.
- The contraceptive effects are readily reversible with removal of implants.
- Mechanism of action: same as minipills.







## Pipeline

- AI + RAL/TDF vs ATV/r + RAL/TDF: non-inferior and well tolerated
- mAb Ibalizumab for pre-treated MDR HIV: 60-80 % reduction of HIV RNA and well tolerated
- Doravirine + TDF/FTC vs EFV + TDF/FTC: non-inferior and well tolerated

# Cure for HIV: shock and kill

## Combined effect of Vacc-4x, recombinant human granulocyte macrophage colony-stimulating factor vaccination, and romidepsin on the HIV-1 reservoir (REDUC): a single-arm, phase 1B/2A trial

Dr **Steffen Leth**, MD  , **Mariane H Schleimann**, PhD, **Sara K Nissen**, MS, **Jesper F Højen**, MD, **Rikke Olesen**, PhD, **Mette E Graversen**, MD, **Sofie Jørgensen**, BSs, **Anne Sofie Kjær**, MD, **Paul W Denton**, PhD, **Alejandra Mørk**, PhD, **Maja A Sommerfelt**, PhD, **Kim Krogsgaard**, DMSc, Prof **Lars Østergaard**, DMSc, **Thomas A Rasmussen**, PhD, **Martin Tolstrup**, PhD, Dr **Ole Schmeltz Søgaard**, PhD  

Published: 07 July 2016

# **EACS** Young Investigators Conference

Palais des Académies, Brussels  
Friday, December 16, 2016

Hope you enjoyed **YING!**

We're on the move

Stay in touch

Through social network?

