

HEALTH PROMOTION



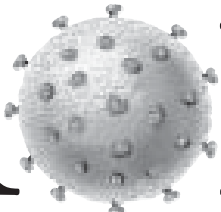
HEALTH PROMOTION PROGRAM MANDATE & DISCLAIMER

In accordance with our mandate to provide support activities and facilities for members for the purpose of self-help and self-care, the Positive Living Society of BC operates a Health Promotion Program to make available to members up-to-date research and information on treatments, therapies, tests, clinical trials, and medical models associated with AIDS and HIV-related conditions. The intent of this project is to make available to members information they can access as they choose to become knowledgeable partners with their physicians and medical care team in making decisions to promote their health.

The Health Promotion Program endeavours to provide all research and information to members without judgment or prejudice. The program does not recommend, advocate, or endorse the use of any particular treatment or therapy provided as information. The Board, staff, and volunteers of the Positive Living Society of BC do not accept the risk of, or the responsibility for, damages, costs, or consequences of any kind which may arise or result from the use of information disseminated through this program. Persons using the information provided do so by their own decisions and hold the Society's Board, staff, and volunteers harmless. Accepting information from this program is deemed to be accepting the terms of this disclaimer.

From the science frontier

CROI 2011



Highlights from the 18th Conference on Retroviruses and Opportunistic Infections

by *Chrystal Palaty*

The 18th Conference on Retroviral and Opportunistic Infections (CROI) took place in Boston from February 27 to March 2, 2011. CROI is a scientifically-focused meeting of the world's leading researchers working to understand, prevent, and treat HIV/AIDS and its complications.

On May 16, Dr. Julio Montaner of the BC Centre for Excellence in HIV/AIDS summarized highlights from CROI for a Vancouver audience. CROI featured four science-packed days of lectures, symposia, and presentations, and was attended by 4,000 clinicians and researchers.

STARTMRK study

Researchers presented the 156-week update of the STARTMRK study at CROI. The study is comparing twice-daily raltegravir (Isentress) with once-daily efavirenz (Sustiva) among treatment-naïve PHAs both in combination with once-daily tenofovir/ emtricitabine (Truvada). Both the raltegravir and efavirenz groups demonstrated good efficacy, with very few treatment failures. However, there were slightly more drug-related side effects among participants taking efavirenz.

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Once-daily versus twice-daily therapies

The QDMRK study, comparing once-daily versus twice-daily raltegravir, found that the once-daily dosing was less effective, with more resistance and more failures than twice-daily dosing. As a result, this study was discontinued and participants all went to the twice-daily regimen.

Another study, Mono-PI: DRV/RTV, compared once-daily dosing versus twice-daily dosing of darunavir (Prezista) with ritonavir (Norvir) over 96 weeks. Treatment failures occurred after participants were switched from a twice-daily dose to a once-daily dose.

Triple therapy versus hypertherapies

The 48-week update of a trial comparing a three-drug antiretroviral therapy versus a five-drug hypertherapy revealed no difference between the two therapies. This study definitively shows that triple therapy is as good as it gets—there's no need to add the extra two drugs.

Several trials testing different roles for maraviroc (Celsentri) didn't demonstrate strong evidence to add a fourth drug to the antiretroviral regimens.

No cardiovascular risk from abacavir

To address the many concerns about cardiovascular problems with abacavir (Ziagen), the US Food and Drug Administration conducted a detailed statistical analysis comparing the results from all abacavir trials. The results showed once and for all that there's no increased risk of heart attacks from abacavir.

Trial results for treatment-experienced patients

The 96-week update of the ANRS 139 TRIO study demonstrates that the combination of raltegravir plus efavirenz (Intelence) and darunavir (Prezista) boosted with ritonavir provides a high rate of virologic suppression in treatment-experienced people with multiple-drug resistant HIV. They maintained virologic suppression for the 96 weeks.

The TaqMan assay

Dr. Montaner is still not satisfied with the TaqMan Assay, which is being used to determine viral load, as it's been giving inaccurate results. Using this assay, he considers the threshold of 250 copies/ml as the clinical threshold for failure. He recommends carefully monitoring patients with viral loads over 50 copies/ml, and recommends repeating the test more frequently. Dr. Montaner doesn't recommend switching treatment

regimens for people below 250 copies/ml, but instead testing again monthly to ensure that they're stable.

New approaches to a cure for HIV

The Berlin patient, described in issue 71 (March/April 2011), is a 40-year-old HIV-positive man who received a bone marrow transplant to treat acute myeloid leukemia. During the procedure, his own immune system was destroyed and replaced with stem cells from a donor who had the very rare CCR5-delta32 mutation. As a result, he appears to be cured of HIV and currently has an undetectable viral load, even though he's no longer taking HAART.

A US company is using a genetic engineering approach to disrupt the CCR5. Once CD4 cells are removed from people, the cells are treated to mimic the CCR5-delta32 mutation and are then put back into the same person. This new experimental therapy was successful in the first few test subjects: the procedure was well tolerated and CD4 counts increased. This is an exciting development, but still in the early stages.

New results support the treatment as prevention approach

Dr. Montaner provided some of the latest results from the HPTN 052 study (www.hptn.org). This study examined HIV transmission in 1,750 sero-discordant couples. The HIV-positive partner either received highly active antiretroviral therapy (HAART) immediately or deferred treatment. In the couples where the poz partner received immediate HAART, the HIV transmission rate was reduced by 96.3 percent. Because this group had lower transmission than the group that received deferred treatment, the study was terminated.

Dr. Montaner emphasized again how treating everyone diagnosed with HIV reduces disease progression, reduces death, and prevents transmission. He discussed additional results that support the treatment-as-prevention approach. He also noted that the World Health Organization is going to make an announcement recommending that treatment as prevention be offered regardless of a person's CD4 counts. ☺



Chrystal Palaty is a Vancouver-based technical writer who translates science into English.

