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AIDS 2010
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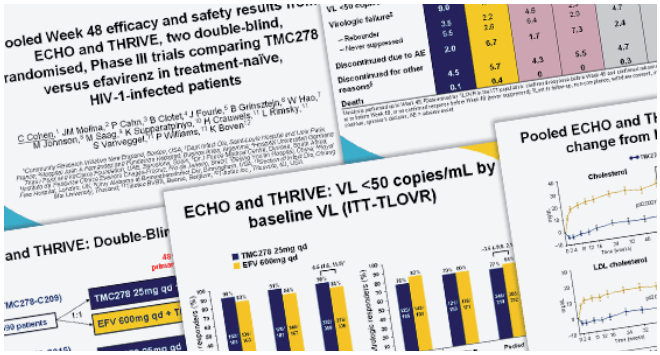
New drug – rilpivirine does well in trials

Rilpivirine (TMC278) is as effective as efavirenz (*Sustiva* or *Stocrin*) when used in combination antiretroviral therapy by people starting treatment, pooled results from two studies presented to the Vienna conference show.

The safety and effectiveness of rilpivirine, an experimental non-nucleoside reverse transcriptase inhibitor (NNRTI), made by Tibotec, was compared to that of efavirenz in the ECHO and THRIVE studies. These trials involved 1400 patients starting HIV treatment for the first time.



Images from presentation by Dr Cal Cohen of Community Research Initiative New England (www.crine.org)

After 48 weeks of the trial, the proportion of people in each arm with an undetectable viral load was almost identical (84.3% in the rilpivirine arm, 82.3% in the efavirenz arm). This showed that rilpivirine was 'non-inferior' to efavirenz.

Patients who took efavirenz were more likely to stop treatment than those taking rilpivirine (6.7 vs 2%). Those taking efavirenz were about three times more likely to report side-effects such as dizziness and vivid dreams.

Resistance patterns differed amongst those efavirenz- and rilpivirine-treated patients whose viral load rebounded. Rilpivirine-treated patients tended to develop the E138K mutation that causes resistance to the second-line NNRTI etravirine (*Intelence*). Half of those who experienced treatment failure on rilpivirine developed resistance to the drug and, of them, 90% were resistant to etravirine too.

It is expected rilpivirine will be submitted for a US licence very soon, and it is likely that it will be combined into a single, once-daily pill with Gilead's *Truvada* (tenofovir and FTC).

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New drug – experimental integrase inhibitor shows promise

Early results from a phase 2 study show that the experimental integrase inhibitor GSK-572 has a rapid, powerful anti-HIV effect, and works against strains of the virus resistant to the only licensed drug in this class, raltegravir (*Isentress*).

The SPRING-1 study involved 205 patients starting HIV therapy for the first time.

They were randomised to receive one of three doses of GSK-572 or the NNRTI efavirenz (*Sustiva* or *Stocrin*) as part of combination HIV therapy.

Researchers presented 16-week interim results, describing the "rapid and robust" anti-HIV effect of the different doses of GSK-572 studied.

By week 4, 66% of the GSK-572 recipients had viral loads below 50 copies/ml, compared to 16% of the efavirenz recipients. By week 16, approximately 90% of those taking the experimental integrase inhibitor had undetectable viral loads compared to 60% of those taking efavirenz.

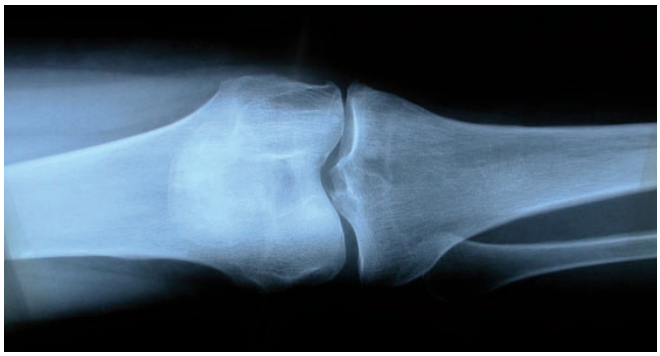
CD4 cell gains were better amongst those taking GSK-572, and they were less likely to report side-effects than those taking efavirenz.

The 50mg dose of GSK-572 has been selected for further testing in phase 3 trials.

The separate VIKING study included patients with resistance to anti-HIV drugs, including raltegravir. The drug was provided as monotherapy for ten days, with combination treatment then continuing for 24 weeks.

By day 11, 78% of patients had a viral load below 400 copies/ml. However, only 33% of those with the Q148 resistance mutation achieved this outcome. Nevertheless, the researchers believe these results show that it is difficult for HIV to become resistant to the new drug.

HIV and hepatitis C – bone problems more common



HIV-positive patients who are co-infected with hepatitis C are more likely to experience a fracture.

Researchers from the US Department of Veterans Affairs examined the records of just under 57,000 HIV-positive patients who received care between 1988 and 2009.

Approximately one-third were co-infected with hepatitis C.

A total of 951 patients experienced a fracture of the wrist, hip or vertebra. These fractures usually occur when a person has osteoporosis.

They found that the rate of these fractures was higher among patients with both HIV and hepatitis C, and that co-infection increased the risk of fracture by between 27 and 43%.

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HIV and children – early treatment cost-effective

Starting antiretroviral therapy soon after a baby is born is much more cost-effective than delaying treatment until later, a South African study has shown.

The World Health Organization (WHO) recommends immediate antiretroviral therapy for HIV-infected babies. This is because results from clinical trials in South Africa showed that this dramatically reduced the risk of death compared to starting treatment later.

Further analysis of the results of one of these trials – the CHER study – showed that early treatment doesn't just save lives, it also makes economic sense.

Presenter, Dr Gesine Meyer-Rath. ©IAS/Steve Forest/Workers' Photos

The mean cost per child on deferred treatment (that initiated an average of 27 weeks after birth) was US$2432 (95% CI: 1982 to 2889), whereas on early treatment (started seven weeks after birth) it was US$1349 (95% CI: 1244 to 1464) – a significant cost saving.

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HIV and tuberculosis – rapid ART saves lives

Patients with HIV who start antiretroviral therapy within two weeks of initiating treatment for tuberculosis (TB) are much less likely to die than those who wait two months before commencing HIV treatment.

Results of the CAMELIA study presented to the conference showed that the risk of death was reduced by 39% for those starting therapy after two weeks.

The study was conducted in Cambodia and involved 661 HIV/TB co-infected patients, whose average CD4 cell count was only 25.

Lead investigator for the CAMELIA study, Dr Francois Blanc. ©IAS/Steve Forest/Workers' Photos

People starting early HIV treatment were more likely to develop immune reconstitution inflammatory syndrome (IRIS). However, the risks of this were offset by the reduced mortality seen with this treatment strategy.

"We can speculate that initiating ART two weeks after the onset of TB treatment could potentially save 150,000 of the 450,000 annual HIV-TB related deaths," said one of the investigators.

"This is a wonderful study," commented Jerry Friedland of Yale University.

TB is the single greatest cause of death in people with HIV, and activists had earlier demonstrated at the conference carrying signs that said "No more people with HIV dying from TB".

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Human rights central to HIV prevention for men who have sex with men

Men who have sex with men in Kampala, Uganda, who have experienced homophobic violence or harassment are five times more likely to be HIV-positive than other men.

Joel Nana of African Men for Sexual Health and Rights. ©IAS/IAS/Steve Forrest/Workers' Photos

The study involved 303 men. Recruitment to it was disrupted in May 2008 after the arrest of LGBT activists at an HIV conference in Kampala.

There was a poor understanding of HIV risk – 11% of the men believed that neither insertive nor receptive anal sex involved a risk of HIV transmission.

Men who had ever experienced violence or abuse because of their sexuality were five times more likely to have HIV. Of the whole sample, 37% had been physically abused, 37% had been blackmailed, and 26% had been forced to have sex.

The Vienna conference heard that the prevention and treatment needs of gay and other men who have sex with men were now recognised in the HIV strategies of African countries.

However, the need to incorporate these health-related needs into a wider human rights agenda was stressed.

Violence, extortion, harassment, stigma and ostracism meant that possible prevention gains would be limited and undermined.

Extended-release nevirapine works well

A new extended-release formulation of nevirapine (Viramune) can be taken once daily and performs at least as well as the older immediate-release pill.

The study involved 1011 treatment-naive adults with HIV.

Analysis at 48 weeks showed that 81% of people taking the new extended-release formulation had an undetectable viral load, compared to 76% taking the immediate-release formulation.

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Where now for AIDS activism?

The AIDS movement is at a "crossroads", according to two panels of activists and policymakers speaking this week at the conference.

A satellite session hosted by the Treatment Action Campaign (TAC) and a session entitled *Durban +10: A New Call to Activism* highlighted the complexities advocates face as the epidemic enters its fourth decade. Sustained political will, insufficient funding, government restriction of civil society, and accountability are all of central concern to those working in the field today.

From left to right: Paula Akugizibwe; Mark Heywood; Mphu Keneiloe Ramatlapeng; Jon Liden. ©IAS/Marcus Rose/Workers' Photos

Treatment literacy illustrated – and translated

Did you see our poster in the poster hall? It's also available to download from our website.

It details a project to create a new format of HIV treatment materials. Working closely with HIV professionals and people with HIV, we designed and tested a series of illustrated leaflets to support conversations about HIV treatment and health. The resulting series, *the basics*, has been a great success and is now available in several other languages.

You can download PDF versions of the basics in English, as well as browsing all our other publications, at www.aidsmap.com/resources. Translations of *the basics* are also available to download from our website, at www.aidsmap.com/translations.

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