

Long Acting HIV Drugs for Prevention: Data and Potential implementation

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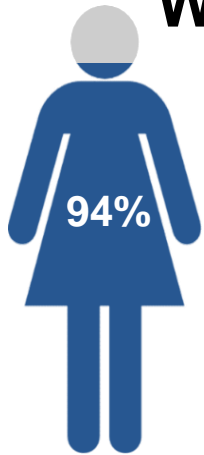
Content

- **Importance of adherence for PrEP**
- **Vaginal rings**
- **Injectables**
- **The future**
 - Broadly neutralising antibodies
 - Implants
 - Microneedles

ADHERENCE

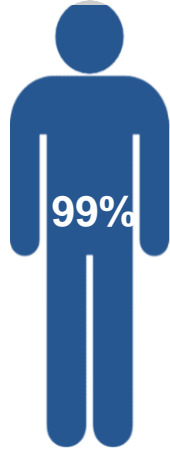
Adherence *really* matters: PrEP

7 Pills Per Week



94%

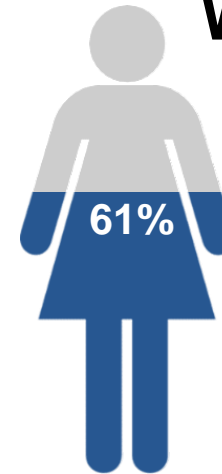
Best Protection



99%

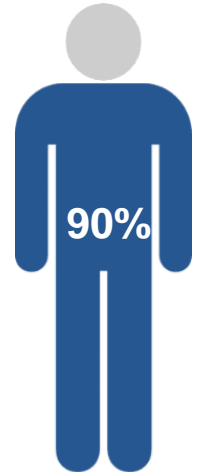
Best Protection

4 Pills Per Week



61%

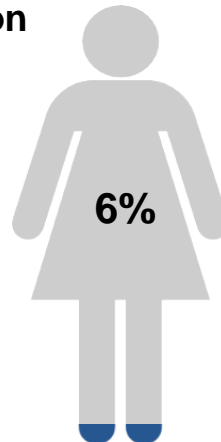
Good Protection



90%

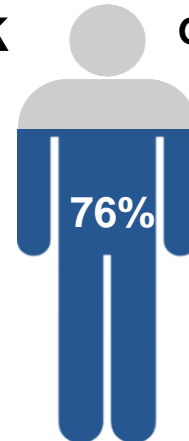
Better Protection

2 Pills Per Week



6%

Poor Protection



76%

Good Protection

PrEP adherence in trials

- **Daily oral tablets**
 - Adherence to visits may not = adherence to medication
 - Several PrEP trials show reports >> reality
- **Injectables (so far)**
 - Visit = injection = adherence
- **Vaginal rings....**

VAGINAL RINGS

Dapivirine most advanced: two phase 3 RCTs of monthly ring vs placebo

- **ASPIRE¹ (n=2629)**
 - 27% reduction in new HIV in active arm (56% if restricted to >21s with better adherence, no significant reduction in women <21)
 - Similar adverse vents and HIV resistance in both arms
- **RING² (n=1959)**
 - HIV incidence 31% lower in dapivirine group arm (HR 0.69; P=0.04)
 - NNRTI RAMs: 18.2% dapivirine arm vs 16.1%
 - Serious adverse events more common on dapivirine (2.9% vs 0.9%) with no clear pattern

1. Baeten JM et al. N Engl J Med. 2016 Dec 1;375(22):2121-2132;

2. Nel A et al. N Engl J Med 2016; 375:2133-2143

ASPIRE: adherence is not just a pill issue

- **Analysis of 1211 women on active product**
- **Plasma & ring concentrations vs self-report**
 - Correlation between PK & self-report BUT....
 - PK non-adherence more frequent than self-report, particularly for 18-21 year olds vs older women
 - 11% 18–21 year olds and 7% of 22+ year olds who rated their ability to keep the ring inserted as **good, very good or excellent** were **non-adherent** by PK measures

Two open-label studies at CROI 2018

- **DREAM (RING rollover)**
 - Lower dapivirine concentrations in rings than in RING study & estimated 96% (vs 83% in RING) had used ring for at least some of the preceding 4 weeks
 - HIV incidence 59% lower than predicted
- **HOPE (ASPIRE rollover)**
 - 1299/1407 (92%) eligible accepted the ring rollover
 - HIV incidence 1.9/100PY vs anticipated 4.1/100PY
- **Both completed early 2019, final results awaited**

Tenofovir ring studies

- **Animal studies promising**
 - Good PK, *slight-moderate increase inflammatory infiltrates*
- **Phase 1 TDF intra-vaginal ring vs placebo trial *stopped early* when 17/40 women recruited:**
 - 8/12 women in TDF arm experienced **grade 1 vaginal ulceration** near the ring at average 32 days into ring use
 - No ulceration in placebo arm (n=5)
 - Higher inflammatory markers in TDF vs placebo arm
- **MTN-038**
 - Phase 1, 90-day study of TDF vs placebo ring; results 2020

Vaginal flora: impact on PK & efficacy

- **TOPICAL: FAME studies³**
 - **TFV gel: vaginal & plasma concentrations & efficacy reduced by dysbiosis**
 - **Dapivirine film/gel: concentrations not affected**
- **ORAL: PARTNERS-PREP¹**
 - **No impact of vaginal dysbiosis on oral PrEP efficacy**
- **DAPIVIRINE VAGINAL RING: ASPIRE trial²**
 - **No impact of flora on vaginal or plasma concentrations**
 - **No difference in efficacy by vaginal flora**

1. Heffron R et al. CROI 2017 abstract 85; 2. Hillier S et al, IAS 2017

2. Baeten JM et al. N Engl J Med. 2016 Dec 1;375(22):2121-2132;

3. Hillier S et al. 9th IAS Conference on HIV Science (IAS 2017), July 23-26, 2017, Paris. TUAC0104

Combined ring preparations

- **Combined TDF + FTC ring**
 - Protective in macaques
 - MTN-038: phase 1, results 2020
- **Phase 2a 90 day safety study in Kenya:**
 - TFV vs TFV/LNG vs placebo
 - Estimated completion July 2019
- **Will TDF concentrations from vaginal ring be impacted by vaginal flora?**
- **Nuvaring promotes lactobacilli-dominated vaginal flora in a population with high BV prevalence**

Practical challenges

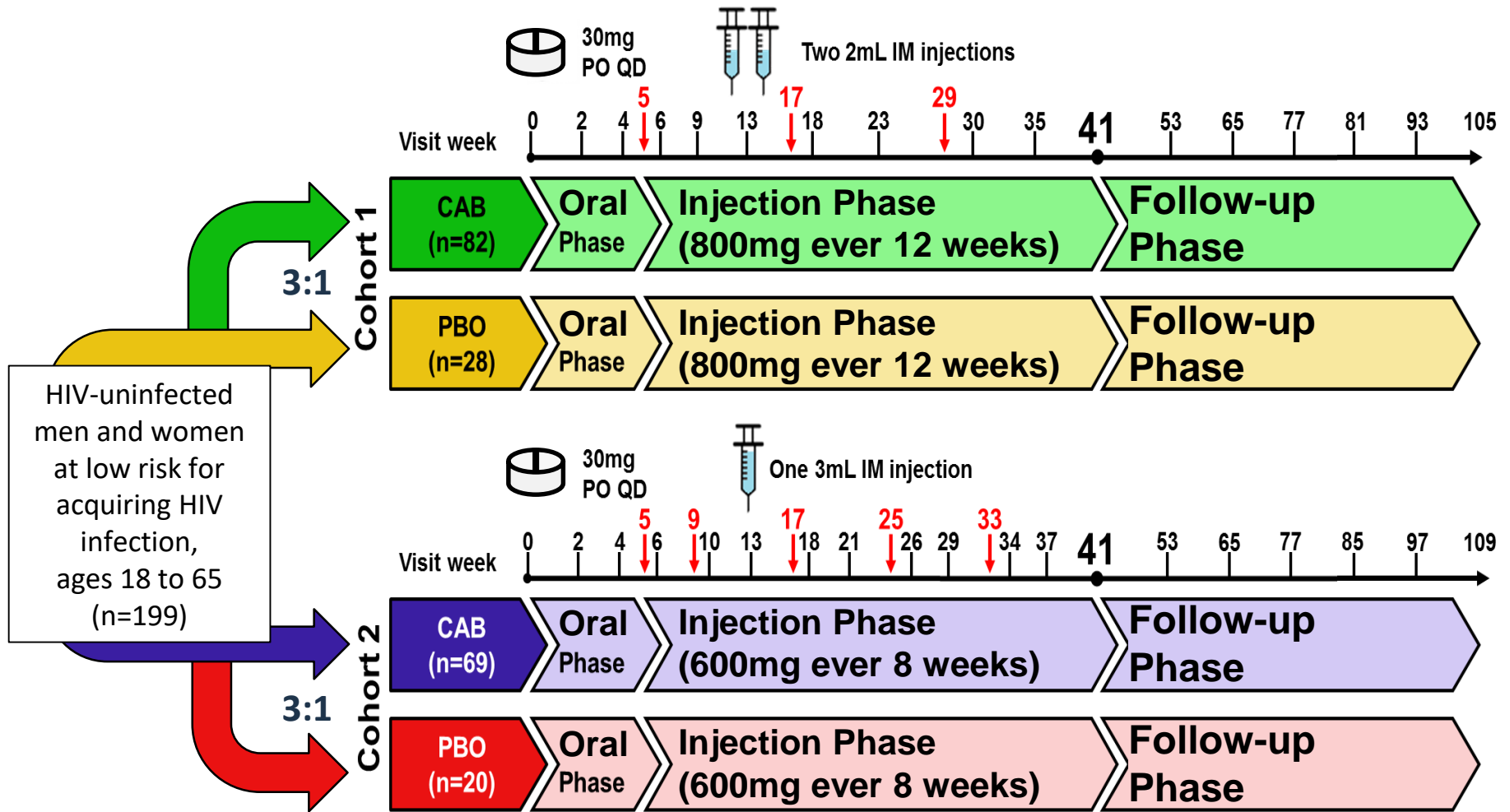
- **Too early to know?**
- **Adherence**
- **Safety**
- **Impact of vaginal flora on NRTI rings**
- **Impact of topical PrEP on genital tract immunity**
 - Dapivirine hydrogel impairs some markers of vaginal innate immunity more than dapivirine film.....
- **(AT LEAST) THREE CRUCIAL FACTORS:**
 - ARV + route + vaginal flora

INJECTABLES

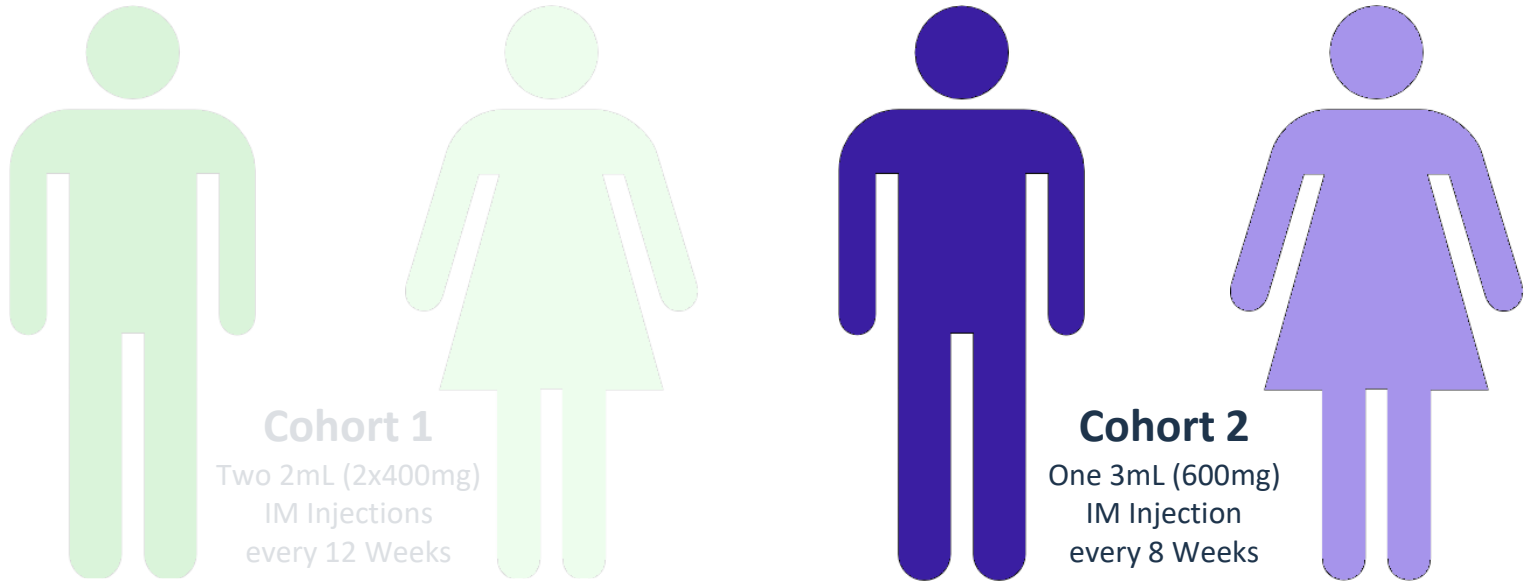
PK & efficacy for injectable HIV PrEP

- **IM RPV discontinued in 2017**
 - Inadequate female genital tract PK & explant suppression
- **IM CAB phase 2**
 - **ECLAIR**: MSM & TGW
 - **HPTN 077**: men & women
- **IM CAB phase 3**
 - **HPTN 083**: MSM & TGW
 - **HPTN 084**: cis-women

PrEP: HPTN 077



HPTN 077: cohort 2 met PK targets for male & female participants



Median Steady State Trough:	~1.35 ug/mL
% > 1X PA-IC90:	≥95%
% > 4X PA-IC90:	≥80%

HPTN 077: cohort 2 met PK targets for male & female participants



Not designed for efficacy, low risk population

Median Steady State Trough:	~1.35 ug/mL
% > 1X PA-IC90:	≥95%
% > 4X PA-IC90:	≥80%

ECLAIR

- **12-weekly 5:1 CAB vs placebo after oral lead-in phase (n=127 men at low risk of HIV)**
- **Injection site reactions common**
- **PK suboptimal**
 - Despite modelling data predicting adequate trough
- **2 new HIV diagnoses**
 - 1 in placebo arm
 - 1 in CAB arm 24 weeks after last injection when plasma CAB concentrations undetectable

HPTN 083: CAB LA 600mg

To Prevent HIV Acquisition in MSM and TGW
Landovitz and Grinsztejn, *Protocol Chairs*

Step 1	Daily oral CAB and TDF/FTC placebo	TDF/FTC and oral CAB placebo
Step 2	CAB LA at two time points 4 weeks apart and every 8 weeks thereafter and TDF/FTC placebo	TDF/FTC and injectable placebo at two time points 4 weeks apart and every 8 weeks thereafter
Step 3	Open-label TDF/FTC to cover the PK tail	Open-label TDF/FTC to Cover the PK tail

Primary Objective: Reduce HIV Incidence (non-inferiority, double blind, double dummy design)

N=4500; Study duration: Enrollment 24-30 months; follow-up ~ 4.5 years

Enrollment goals:

- *Minimum* 50% of US enrollment Black MSM (~ 950)
- Overall minimum 10% TGW (~ 450)
- Overall > 50% under age 30

HPTN 084: CAB LA 600mg

To Prevent HIV Acquisition in Women

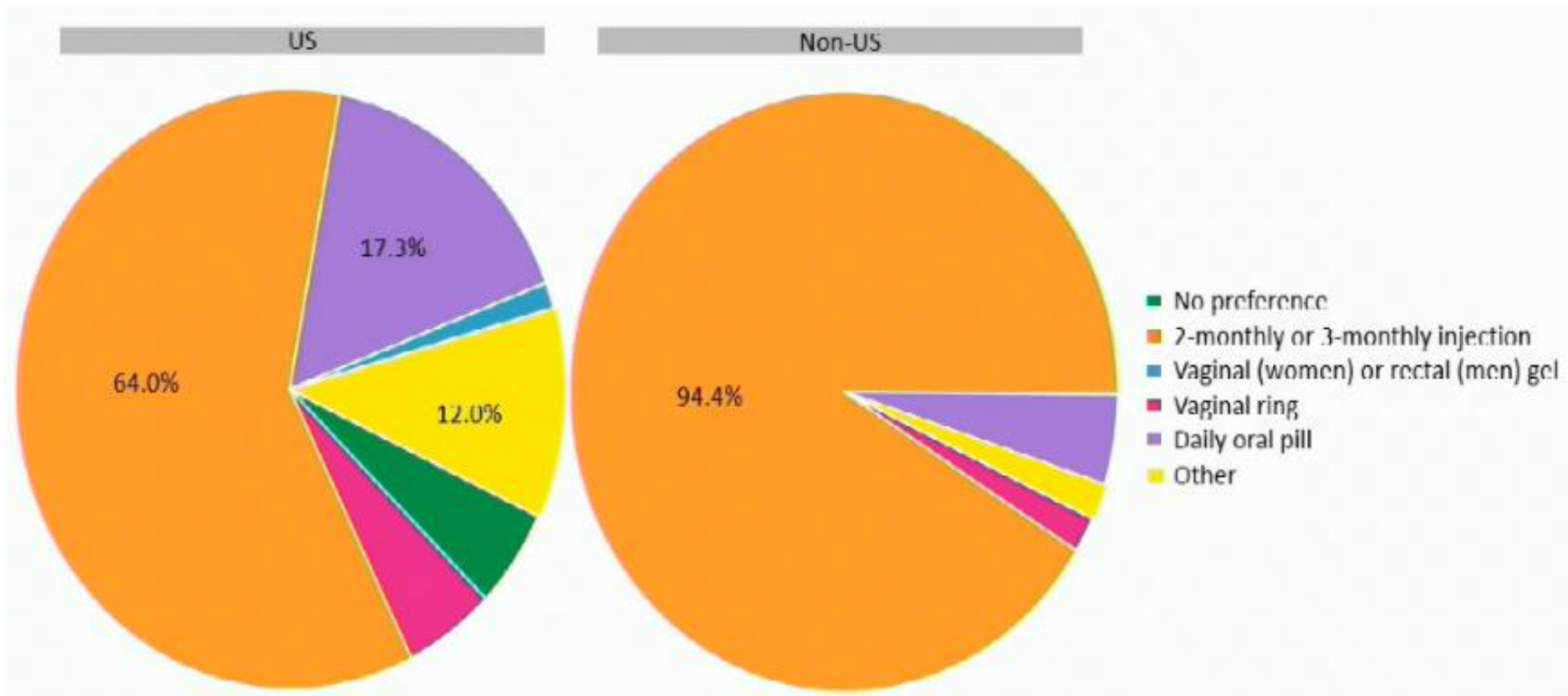
Delaney-Moretlwe and Hosseinipour, *Protocol Chairs*

Step 1	Daily oral CAB and TDF/FTC placebo	Oral TDF/FTC and oral CAB placebo
Step 2	CAB LA and oral TDF/FTC placebo at two time points 4 weeks apart and every 8 weeks thereafter	Oral TDF/FTC and injectable placebo at two time points 4 weeks apart and every 8 weeks thereafter
Step 3	Open-label oral TDF/FTC to cover the PK tail	Open-label oral TDF/FTC to cover the PK tail

Primary Objective: Reduce HIV Incidence (superiority, double blind, double dummy design)

Study duration: Enrollment 24 months; follow-up up to 4.5 years, N=3200

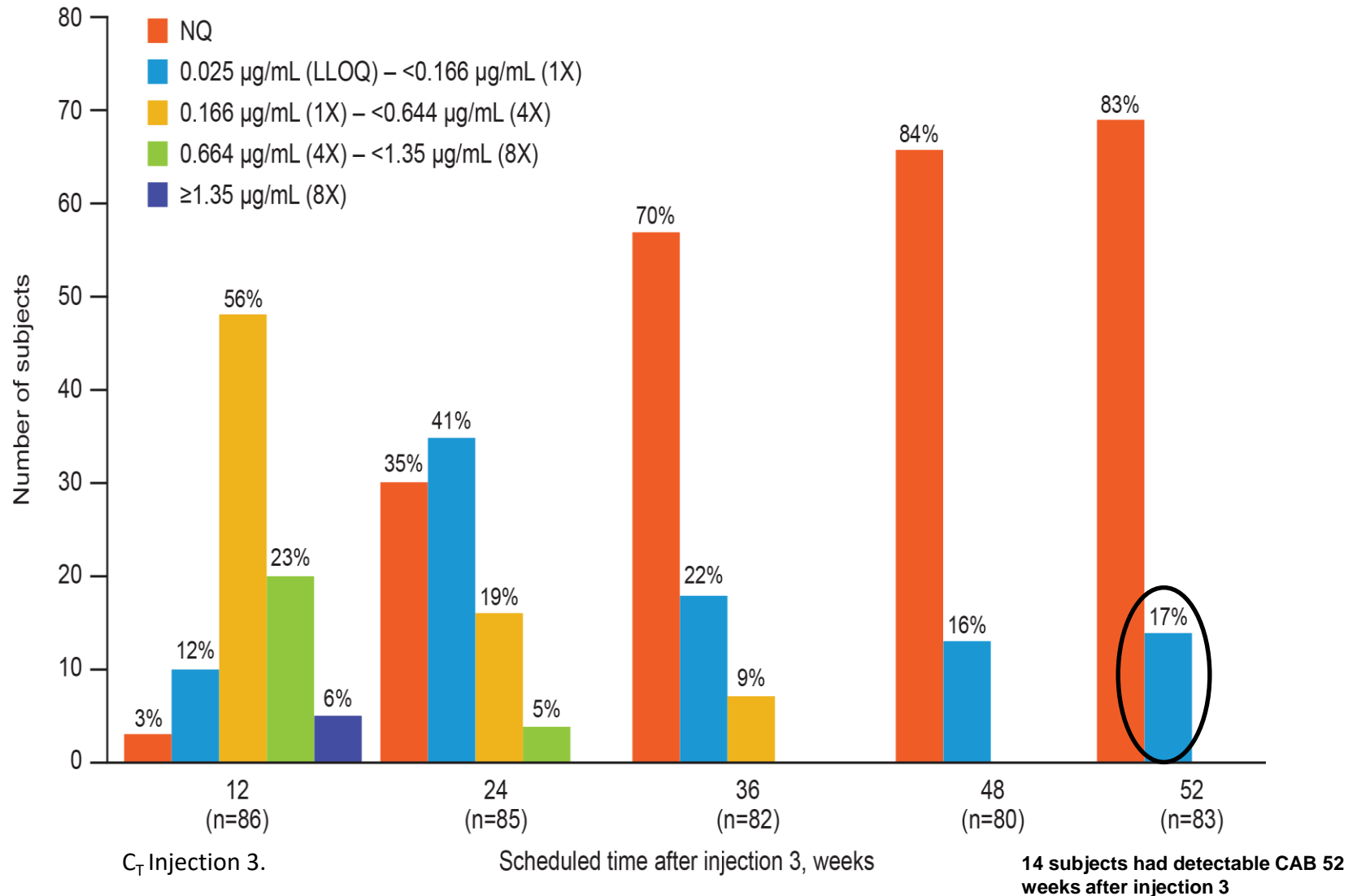
Patients prefer injectable in ART trials, what about PrEP? HPTN 077



Patient preferences

- **Discrete choice studies: efficacy most important**
- **Non-oral options largely preferred**
 - Particularly injectables, rings if multi-purpose
- **Questions are based real & estimated attributes**
- **TRIO: 277 women randomised to placebo PrEP:**
 - Monthly ring, monthly IM injection, daily tablet for 1 month then choice of product for 2 months
 - 85% preferred PrEP over condoms
 - 64% chose injections for phase 2
 - Adherence highest for injections

ECLAIR: CAB persists in a minority 52W after last injection



Unanswered questions

- **What will happen with delayed or missed doses?**
- **Covering the PK tail?**
 - How long? TDM guided?
 - What with?
- **Acceptability of long-term IM injections**
- **Impact of BMI**
- **Impact of additional IM injections**
- **Practicalities & costs of service delivery**

THE FUTURE

JOURNAL OF CONTROLLED RELEASE

- Rilpivirine dissolving microarray patches
- ‘Self-limiting’ but what will the tail be?
- Will the patch size be practical?



Implants


- **Lots of preclinical work**
 - TAF
 - Cabotegravir
 - Multipurpose implants possible
- **Macaque studies of TAF/FTC implant:**
 - Sustained delivery 83 days, preventative tenofovir levels within 3 days, refillable transcutaneously

Skepticism

AIDS Patient Care and STDs, Vol. 33, No. 4 | Clinical and Epidemiologic Research

 Free Access

Design of an Implant for Long-Acting HIV Pre-Exposure Prophylaxis: Input from South African Health Care Providers

Emily A. Krogstad , Elizabeth T. Montgomery, Millicent Atujuna, Alexandra M. Minnis, Shannon O'Rourke, Khatija Ahmed, Linda-Gail Bekker, and Ariane van der Straten

Broadly neutralising antibodies

- **Promising PrEP efficacy in animal studies**
 - Rectal, vaginal & penile exposure
- **Risk of resistance with ‘monotherapy’**
 - Combinations crucial

CONCLUSIONS

Concerns: a non-exhaustive list

1. Safety in pregnancy

- e.g. CAB signal in animal studies

2. Drug-drug interactions

- e.g. modelled impact of rifampicin + LA CAB at CROI 2019

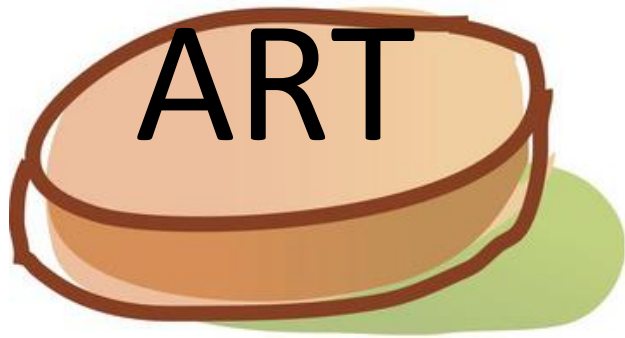
3. Systemic exposure with topical methods

- e.g. low concentrations of dapivirine in breast milk & low plasma concentrations of tenofovir following enema

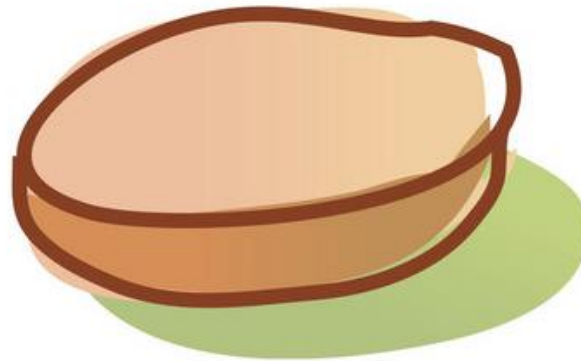
4. Impact of topical methods on mucosa

- Nonoxynol-9, lubricants

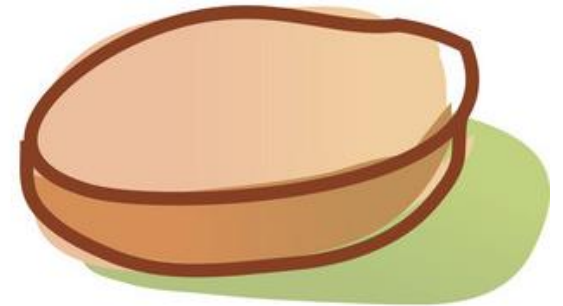
**Long-acting ART:
it's a journey**



IMI 1-2 monthly

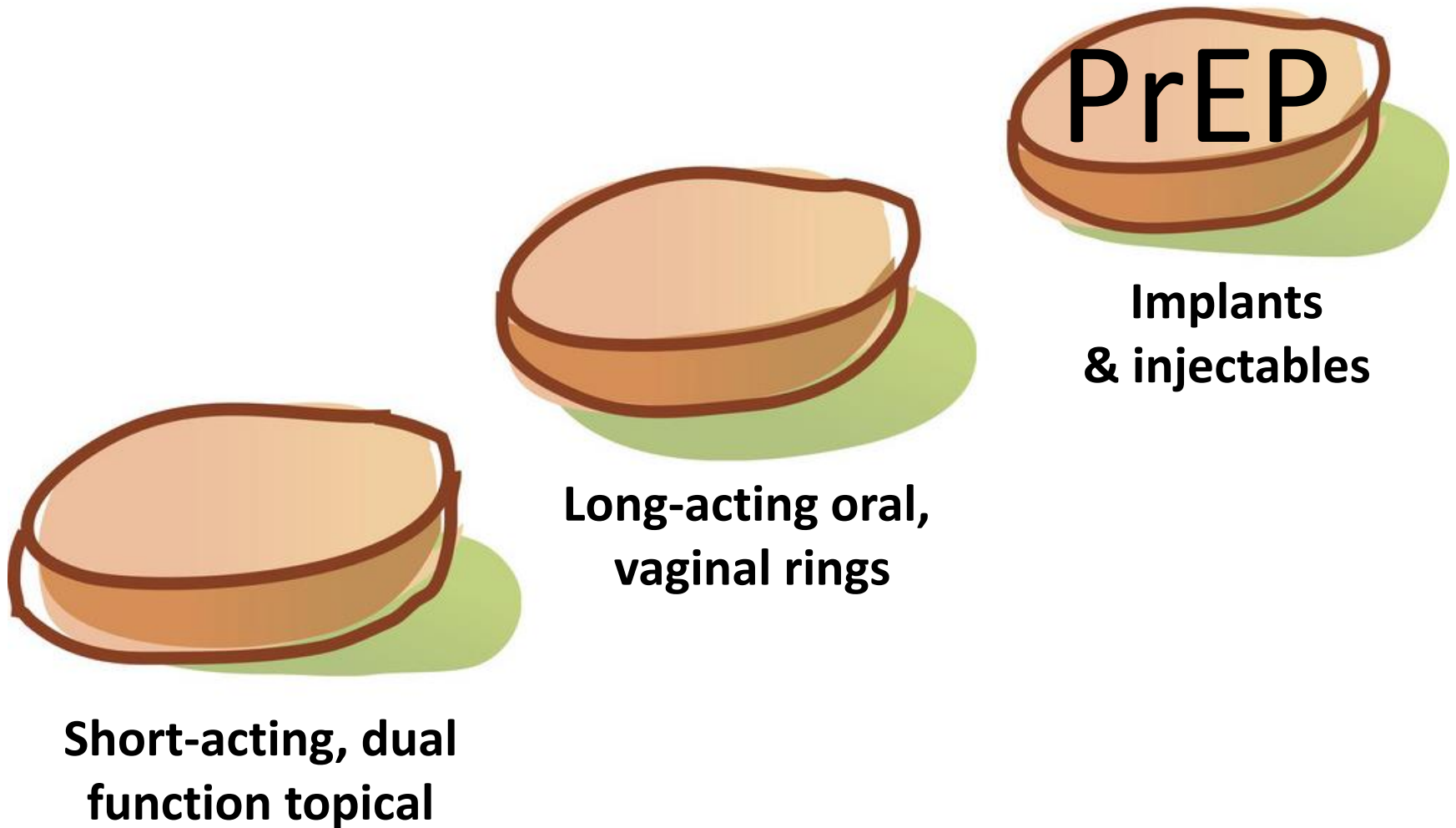


**Less frequent IM,
SC & PO drugs**



Implants

Long-acting PrEP: are we heading in the wrong direction?



Why?!

- **For *some* immediate short acting PrEP preferable?:**
 - Risk is not continuous
 - Event-based methods may limit toxicity
 - Short-acting methods may limit resistance
- **Link PrEP with higher risk sexual practices?**
 - Lubricant
 - Rectal douches: men reporting RAI in last 3/12 80% douched before, 27% after, 98% reported high likelihood of using an HIV-prevention douche: PrEP dissolvable in tap water with rapid onset of action ideal??
 - **IS THIS A DREAM?!**

Development of rectal enema as microbicide (DREAM)

- **DREAM: TDF enema murine studies**
 - Vehicle characteristics crucial (e.g. osmolality)
- **DREAM 01: single pre-sex TDF rectal douche**
 - 98% currently douching & 94% not currently douching would definitely or probably try a microbicide douche
 - Significantly lower plasma exposure than oral
 - Similar colon TFV-DP levels after 1 dose to 7 days consecutive rectal tenofovir gel
 - From 1 to 24 hours after dosing, median colon cell TFV-DP concentrations exceeded target inhibitory concentrations
 - Effective in ex vivo replication analyses

My dream future

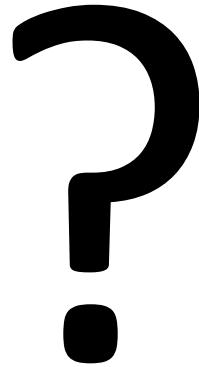
- **Non-treatment agents**

- Vaginal ring delivery HIV CCR5 inhibitor 5P12-RANTES in sheep (could this be combined with contraception?)

- **Intelligent implants**

- Drug release adjusted to plasma concentrations
- Option for immediate shut down without removal
- Individualised concomitant medication
 - Depot contraception
 - STI treatment (in-built RPR monitoring?!

Thank you!



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