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Ageing with HIV Conference
NEW CHALLENGES AND UNMET NEEDS
OF PEOPLE LIVING AND AGEING WITH HIV/AIDS AGED 18 - 50
Quality of Life and Preventive Healthcare
3-6 May 2018 Alfavito Hotel, Kyiv, Ukraine

Session: **HIV CURE - managing expectations**

Overview

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Outline

- What is a cure for HIV infection?
- Which strategies are being explored?
- Managing community concerns and expectations



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What does 'cure' mean?

- No need for on-going medication (ARV treatment)
- No symptoms (clinical progression)
- No viral progression/immune damage
- No risk of transmission

Two different ‘curative’ approaches

FUNCTIONAL CURE

When the level of HIV particles in an infected person’s body has been reduced to such an extremely low level that the person can stop treatment and not worry about the disease rebounding and damaging his immune system or body.



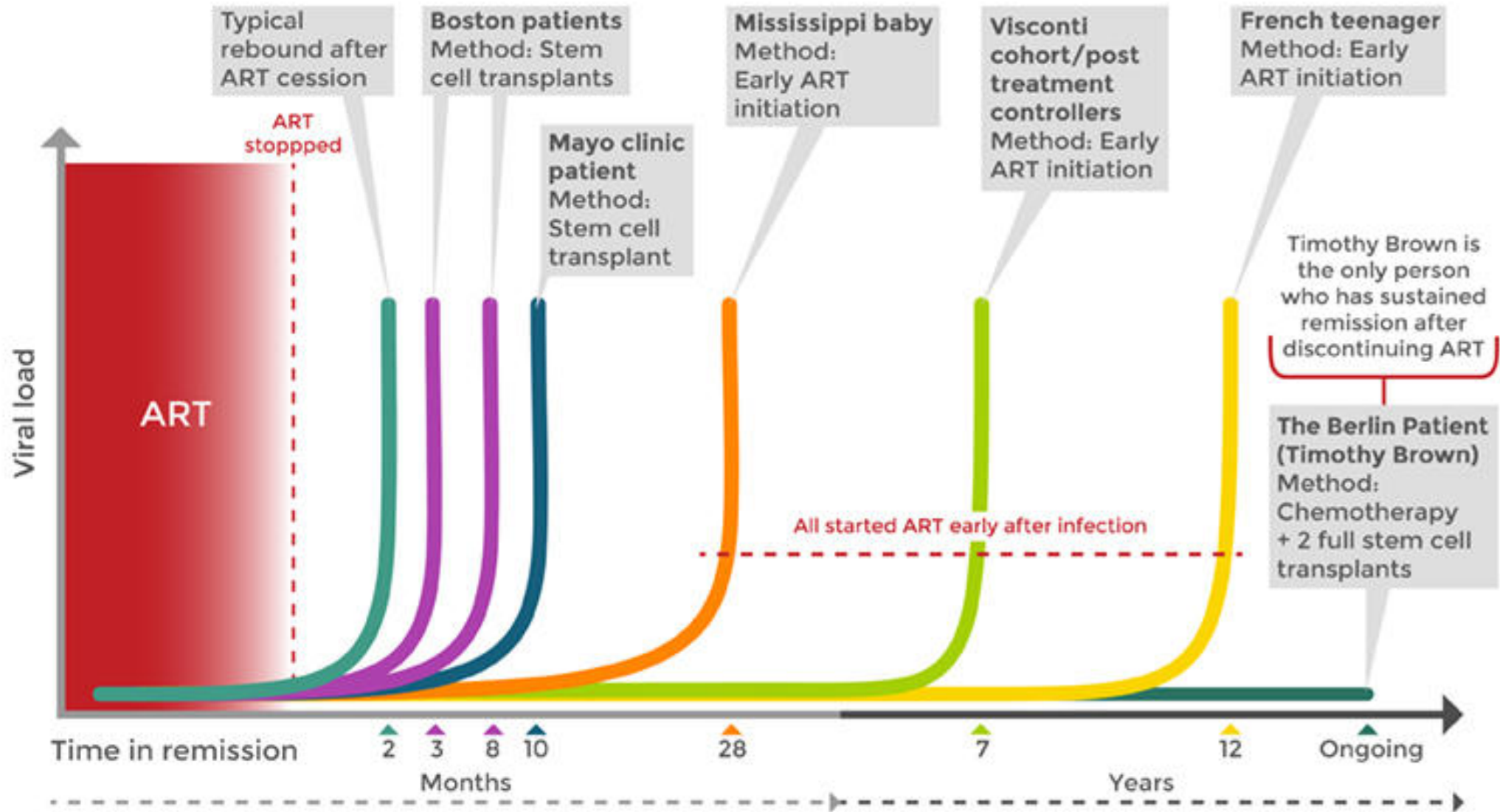
STERILIZING CURE

Eradication of HIV

When every last particle of HIV has been destroyed or cleared out from an infected person’s body.



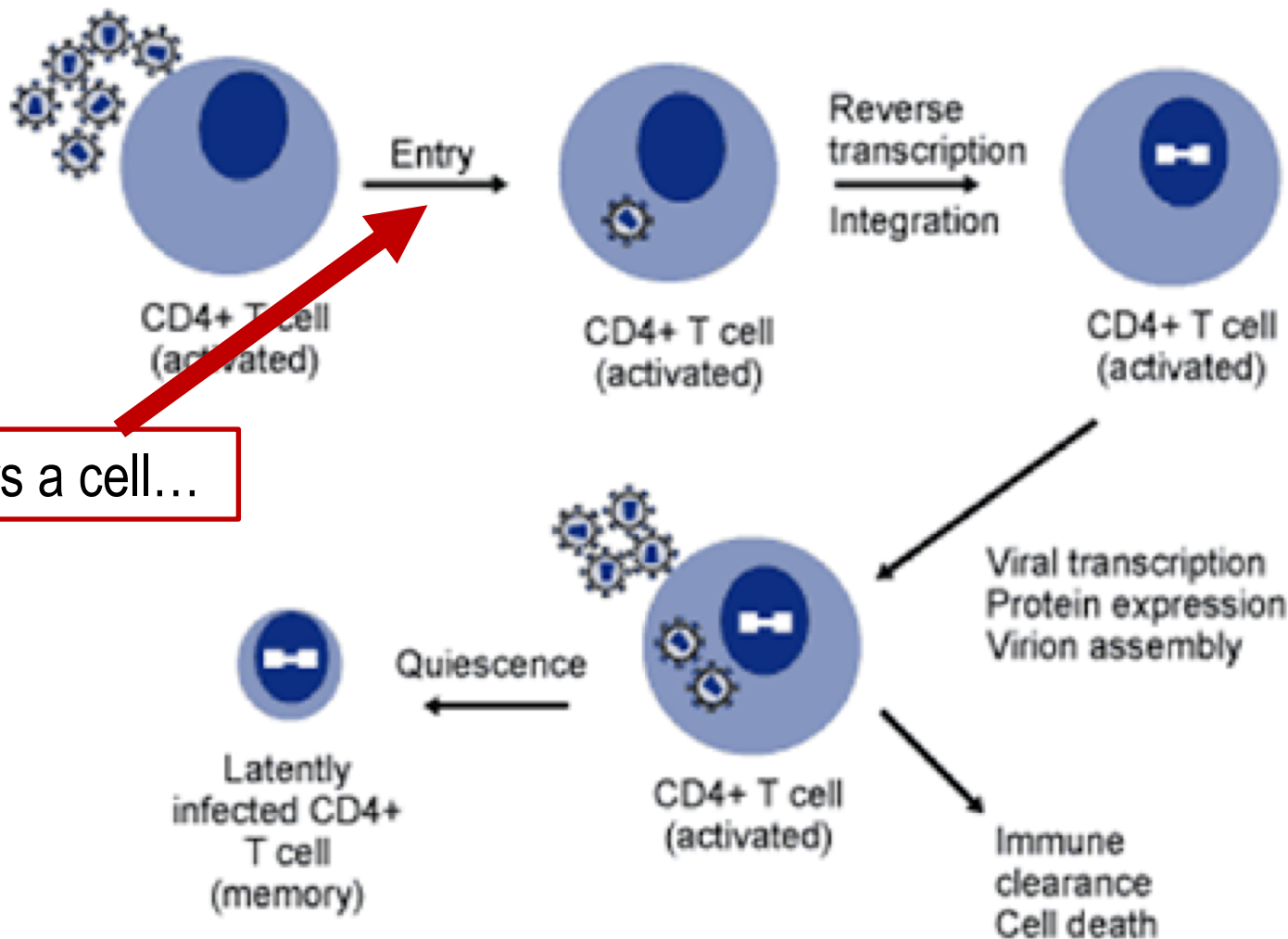
HIV cure trials: Time in remission and viral rebound after ART cessation





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Why is it so hard to 'cure' HIV infection?

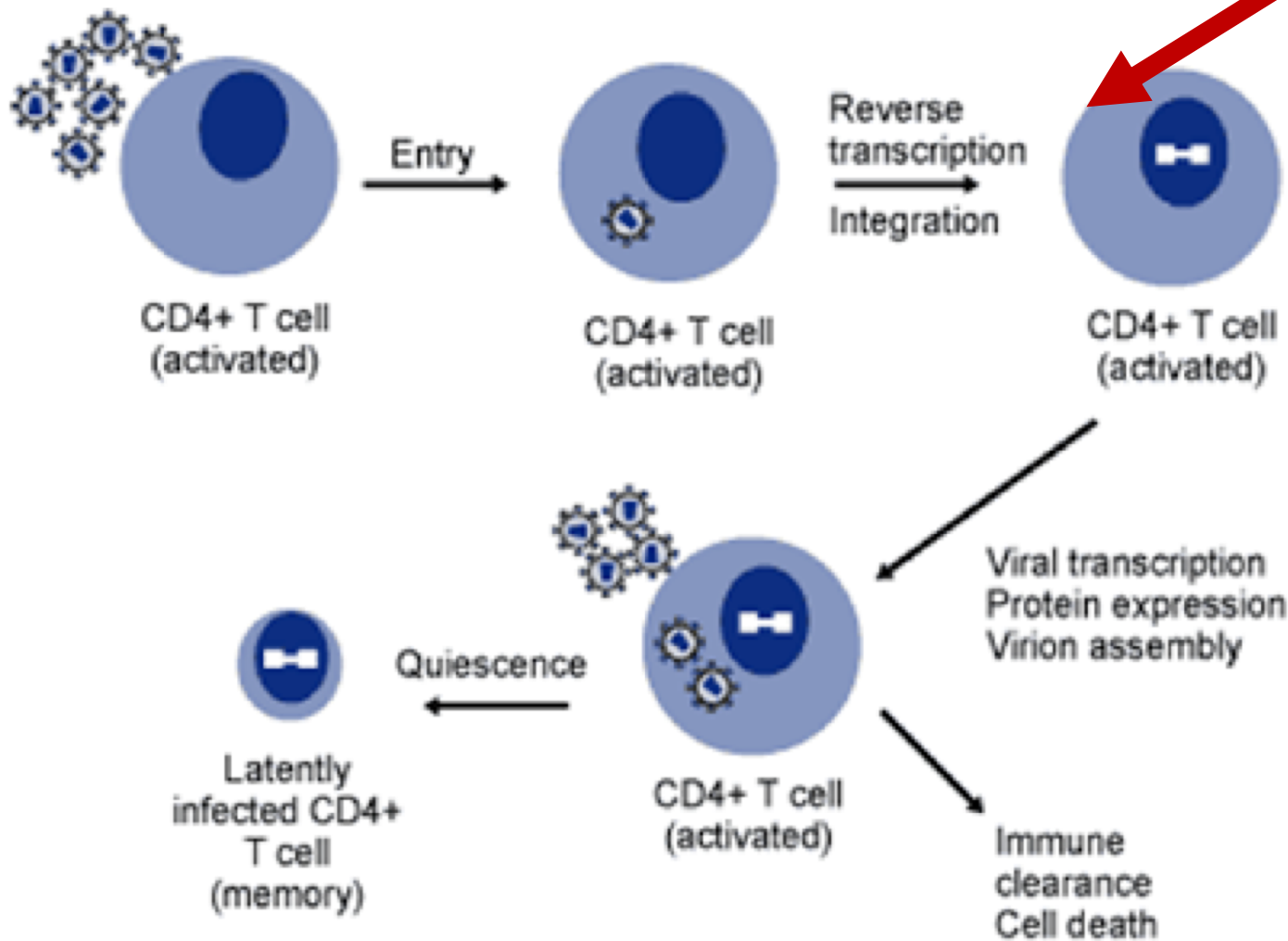


HIV enters a cell...

Schematic representation of the establishment of a latent HIV reservoir in quiescent memory CD4 T cells

Source: The GW Research Center for the Eradication of HIV. <https://smhs.gwu.edu/timetoendhiv/hiv-aids/finding-a-cure>

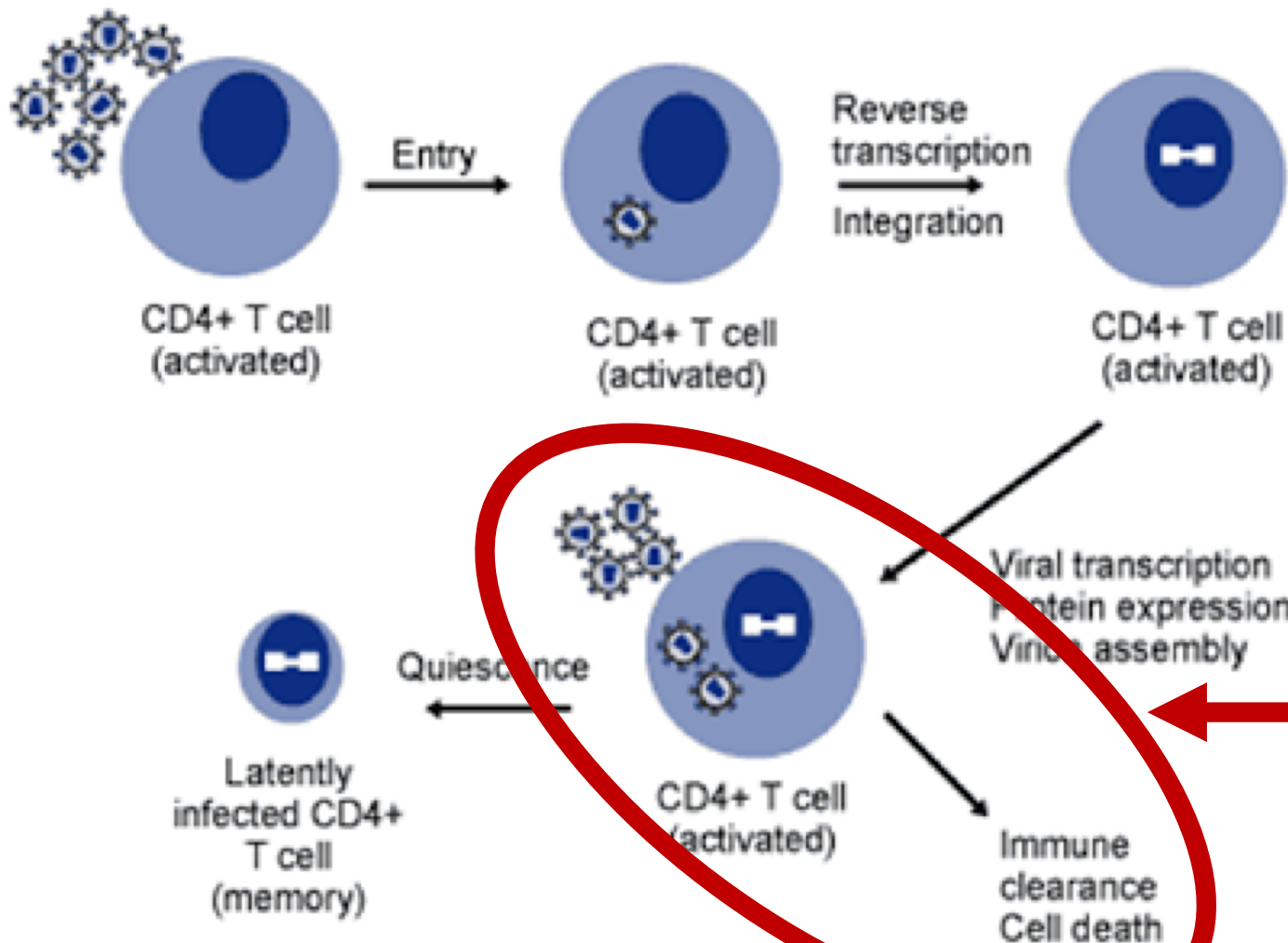
Why is it so hard to 'cure' HIV infection?



and integrates into the cell's DNA

Schematic representation of the establishment of a latent HIV reservoir in quiescent memory CD4 T cells

Why is it so hard to 'cure' HIV infection?



Most cells recognize infection, causing cell death

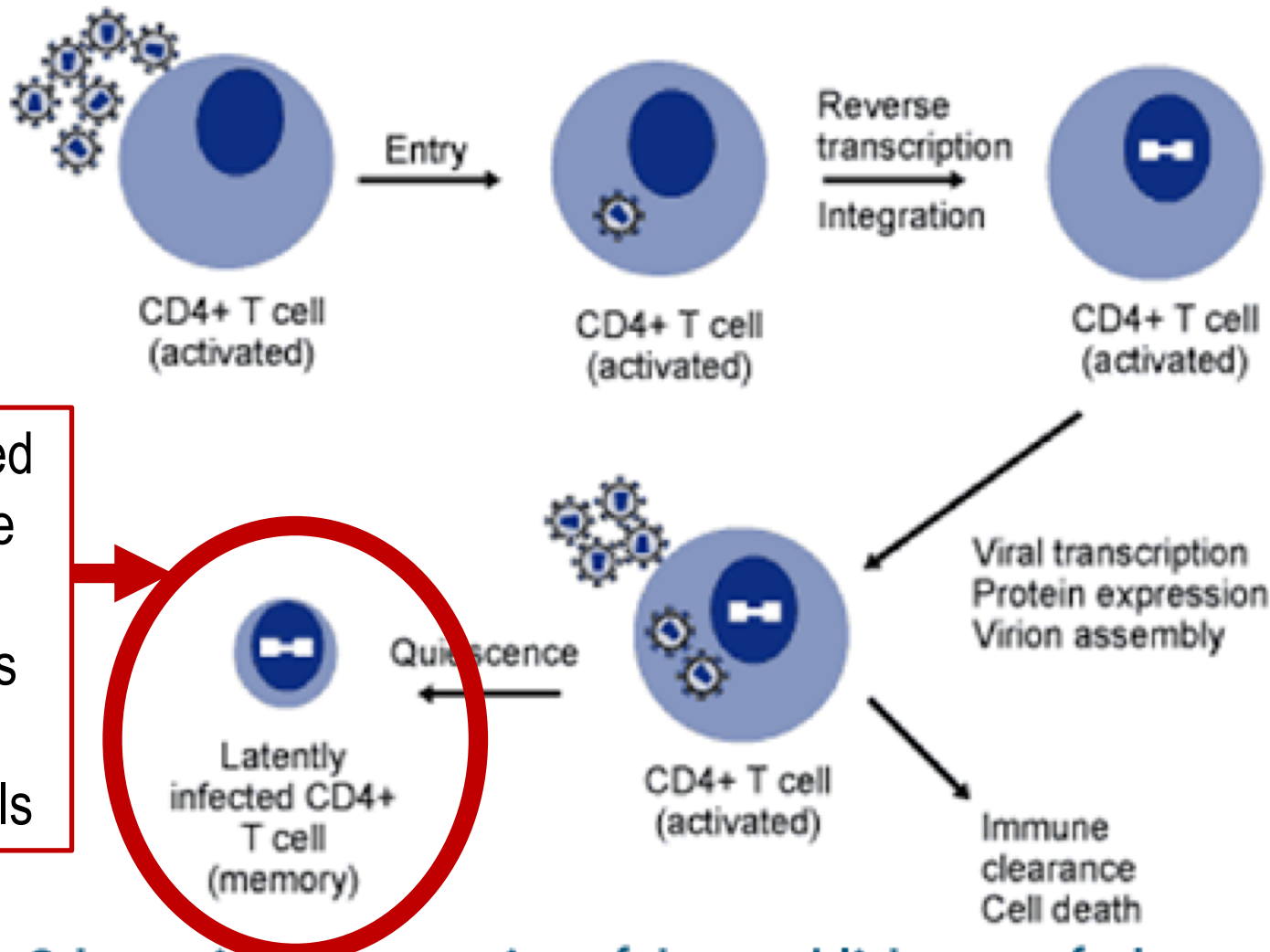
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Why is it so hard to 'cure' HIV infection?



A few infected cells become "long-lived" memory cells or "resting memory" cells

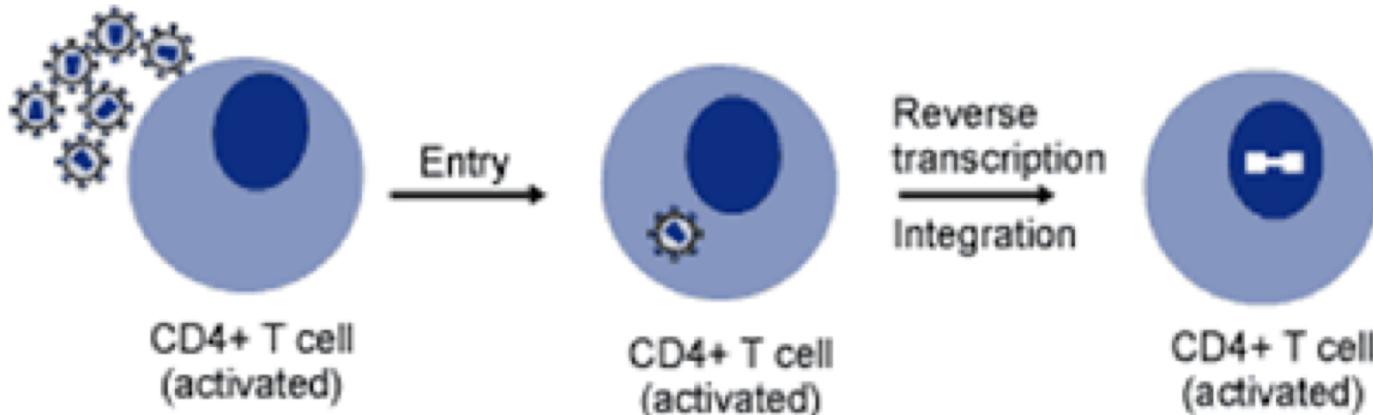
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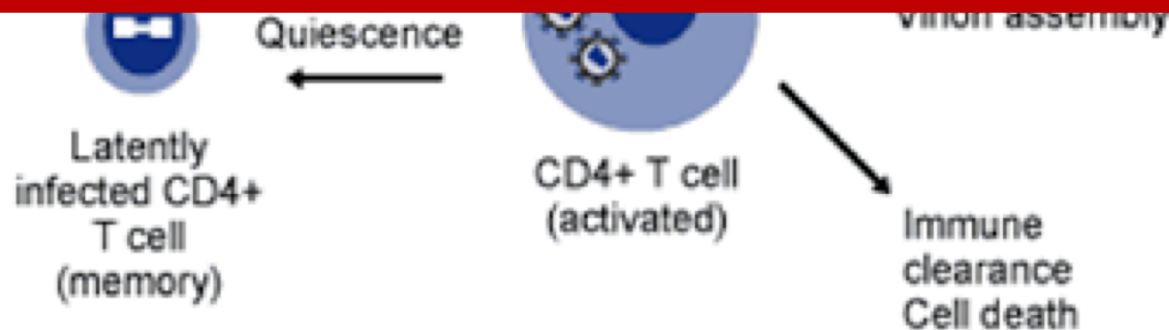


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Why is it so hard to 'cure' HIV infection?



The collection of long-lived memory cells is called the **Latent Reservoir**



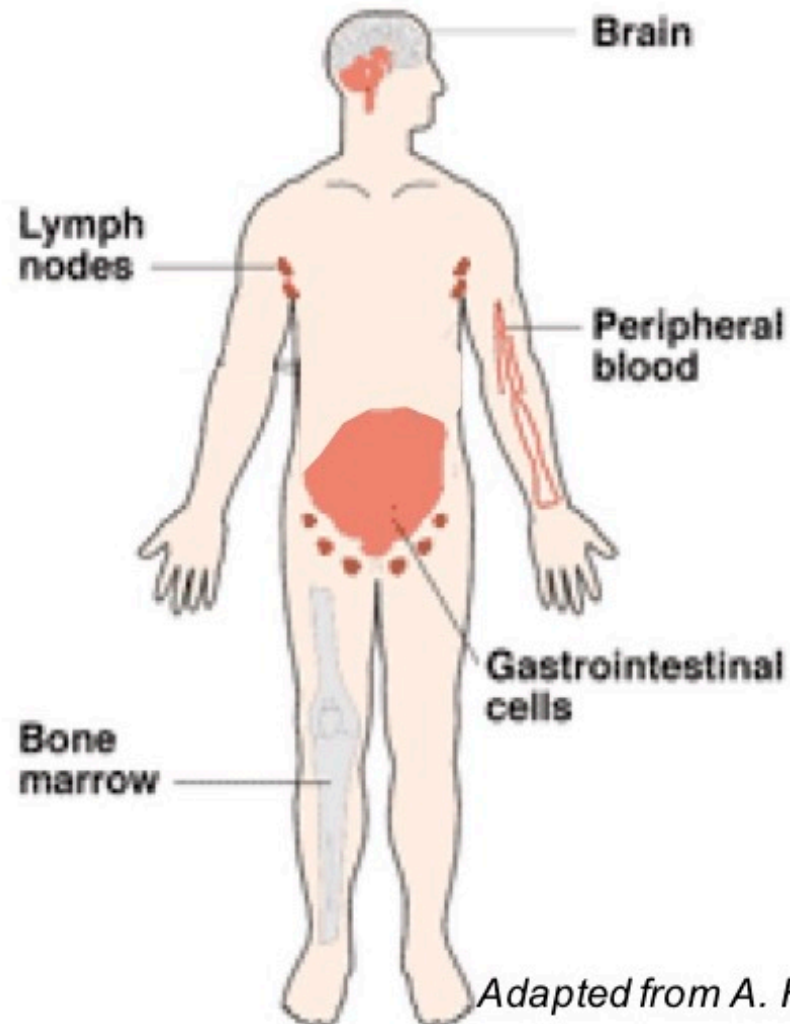
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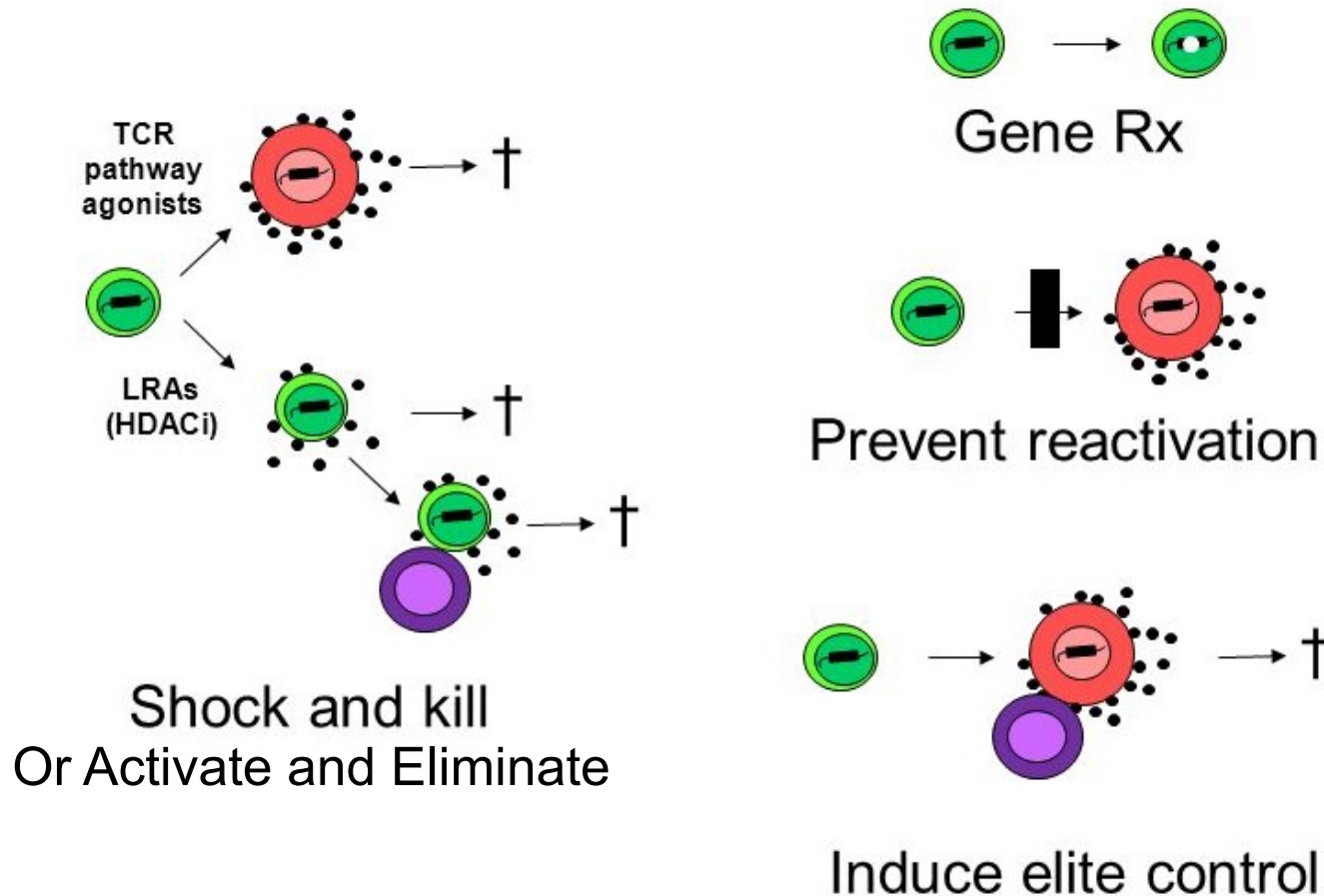
Where is the reservoir



- Brain
- Lymph nodes
- Peripheral blood
- Gut
- Bone marrow
- Genital tract

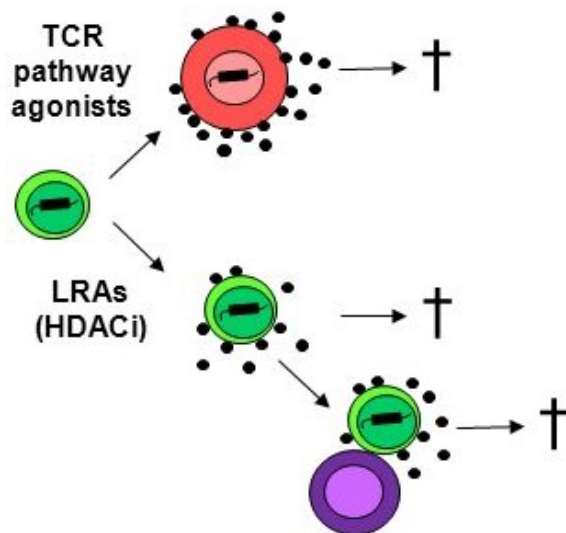


Approaches to HIV cure



Activate and eliminate

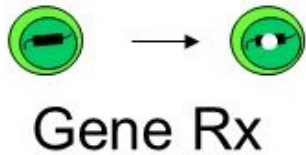
- Latency Reversing Agents (LRAs) have been studied to reactivate resting infected cells
- ART treatment and other interventions (vaccines, monoclonal antibodies, immunotherapies) are studied to eliminate reactivated infected cells



Barriers:

- No decrease in reservoir size so far
- LRAs can pose safety issues

Gene Therapy

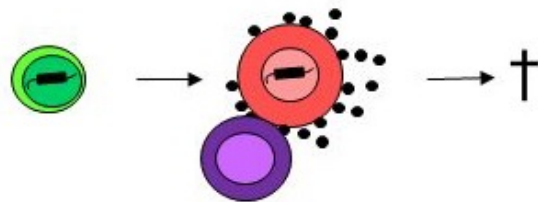


- Manipulate genome to make the cells resistant to HIV
- Zinc Finger Nucleases (ZFN) and CRISPR/Cas9 are the most promising techniques

Barriers:

- No way to deliver interventions to every cell
- Risk for off-target effects

Immunotherapy

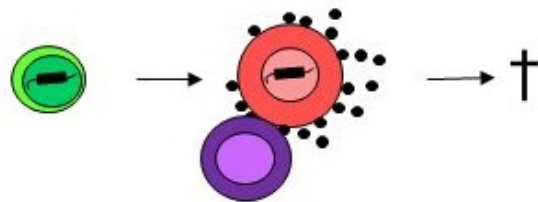


Induce elite control

- Stimulate the immune system so to make it able to overcome HIV infection
- Therapeutic vaccines or monoclonal antibodies some of the strategies studied so far

Immunotherapy

Barriers:

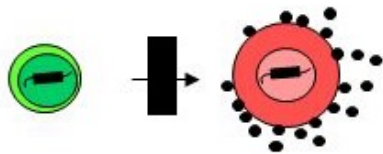


Induce elite control

- Great viral variability makes it difficult to engineer an intervention which is effective against any virus
- Complex regulatory issues because each vaccine component will need to be evaluated separately and in combination
- Animal models do not always translate to humans
- Proving that strict immune control of HIV is clinically equivalent or better than ART

Prevent reactivation

- Very few studies so far



Prevent reactivation

Barriers:

- Infected cells will remain in the body, although in a latent state
- How to be sure no reactivation will occur?



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What Are the Social & Ethical Challenges

- Balancing resources
- Risk versus reward
- Participant selection
- Trial design
- Cost
- Scalability



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Analytical Treatment Interruptions (ATIs)

DRAFT CIRCULATED FOR COMMENTS ONLY

Community recommendations for clinical research involving antiretroviral treatment interruptions

Introduction

This brief review provides community recommendations for research that requires HIV-positive people to interrupt antiretroviral treatment (ART).

We recognize that there are important scientific questions that can only be answered by stopping ART. Examples can include research to either cure HIV or to induce a long-term immune response capable of suppressing HIV in the absence of ongoing ART. Experimental approaches include immune-based therapies, therapeutic vaccines and treatments intended to reduce or clear HIV reservoirs.



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Conclusions

- Despite the fact that few results have been obtained so far, HIV cure research must go on
- Community should be involved in any research project
- Awareness and education about cure research must be promoted in the community
- Ethical issues (informed consent, treatment interruption, risky interventions) should be addressed with community involvement
- Social research about HIV cure should be promoted



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Thank you for your attention

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