



HPTN

HIV Prevention
Trials Network

HPTN

State of the Network

Achievements and Way Forward

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HPTN Mission

To advance HIV prevention through the use of integrated strategies, centered on reducing HIV incidence in populations at greatest risk for infection.

Focus of the Research

- To identify new PrEP agents/regimens
- To design/implement integrated strategy studies

The Year in Review



- Four studies completed
- Four new studies launched and one to be launched shortly
- Completed enrollment of four studies:
 - First two studies of injectable long-acting ARVs for PrEP among women
 - Study among HIV+ PWID and their partners in Eastern Europe and southeast Asia
 - Study assessing feasibility of recruitment and retention of MSM in SSA (very, very close to complete enrollment)
- Launch of two monoclonal antibody studies (VRC 01) for HIV prevention in collaboration with HVTN

The Year in Review



- Progress in HPTN 071 (PopART), *the largest HIV prevention study to date!*
- Design of the *first non-inferiority phase 3 HIV prevention study (HPTN 083)*
- Findings from six studies presented at major conferences
- Expanded network reach and engaged in new collaborations around the world
- Expanded HPTN domestic scholars program to include international scholars

Studies Completed

- HPTN 068 (Financial incentives, conditional on school attendance, in young women SA)
- HPTN 052 (ART for prevention in discordant couples)
- HPTN 069/ACTG A5305 (Safety and tolerability of maraviroc-containing regimens for PrEP)
- HPTN 073 (Uptake and adherence with TDF/FTC PrEP among Black MSM)

HPTN 068: Effects of cash transfer for the prevention of HIV in young women in South Africa



Enrollment **2,537**

- Enrolled in grades 8, 9, 10 or 11 in participating high schools
- Age 13-20 years

Follow Up: Completed March 2015

Intervention	Control
1,263	1,274
Cash transfer conditional on school attendance	No cash



Primary objective: HIV Incidence

HPTN 068: Key Findings

- Overall HIV incidence: 1.8%,
 - 16 year olds: 1%
 - ≥ 20 years: 5%

No difference in HIV incidence

HR 1.17 (95% CI 0.80-1.72, P=0.42)

No difference in HSV-2 incidence,

RR 0.92 (0.71- 1.18) (P=0.492)

- High school attendance in both study arms
- School enrollment and attendance were protective for HIV acquisition irrespective of study arm.
 - **Three fold** higher risk of HIV infection in school drop out to non-drop outs [HR 3.21 (95% CI 1.81, 5.71, p<.0001)]

Insights from the study:

- Interventions should focus on 18-24 year olds and out of school youth
- Cash transfer may be efficacious in settings with low school enrollment

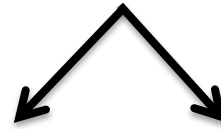
HPTN 052



1,763 sero-discordant couples
HIV-infected (CD4 350 to 550 cells/ μ L)
HIV discordant partner



Randomization Botswana, Brazil, India, Kenya, Malawi,
South Africa, Thailand, US, Zimbabwe



Immediate ART
350-550 cells/ μ l

Deferred ART
CD4 <250>200

NEJM, August 2011

96% decrease in HIV transmission

HPTN 069/ACTG A5305— Safety and tolerability of Maraviroc for PrEP







406/400



188/200

Study Design	Phase 2 Double-blind Randomized
Location	13 sites – U.S. only

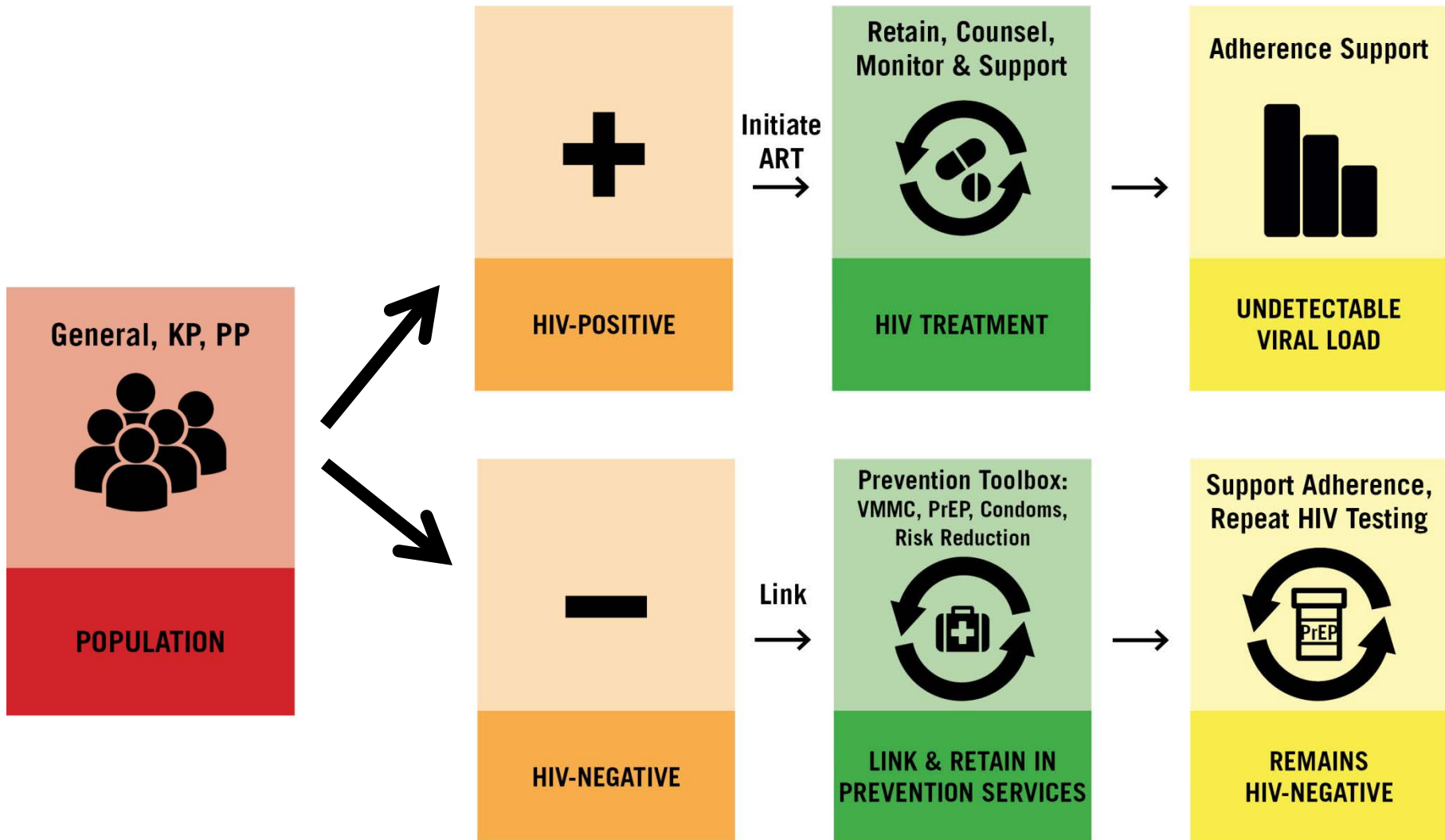
Study arms	
Arm 1	MVC
Arm 2	MVC+FTC/TDF
Arm 3	MVC+FTC
Arm 4	TDF

Study Status	
 	Follow-up completed April 2015 Final results at CROI 2016
 	Follow-up completed November 2015 Final results to be presented at AIDS 2016



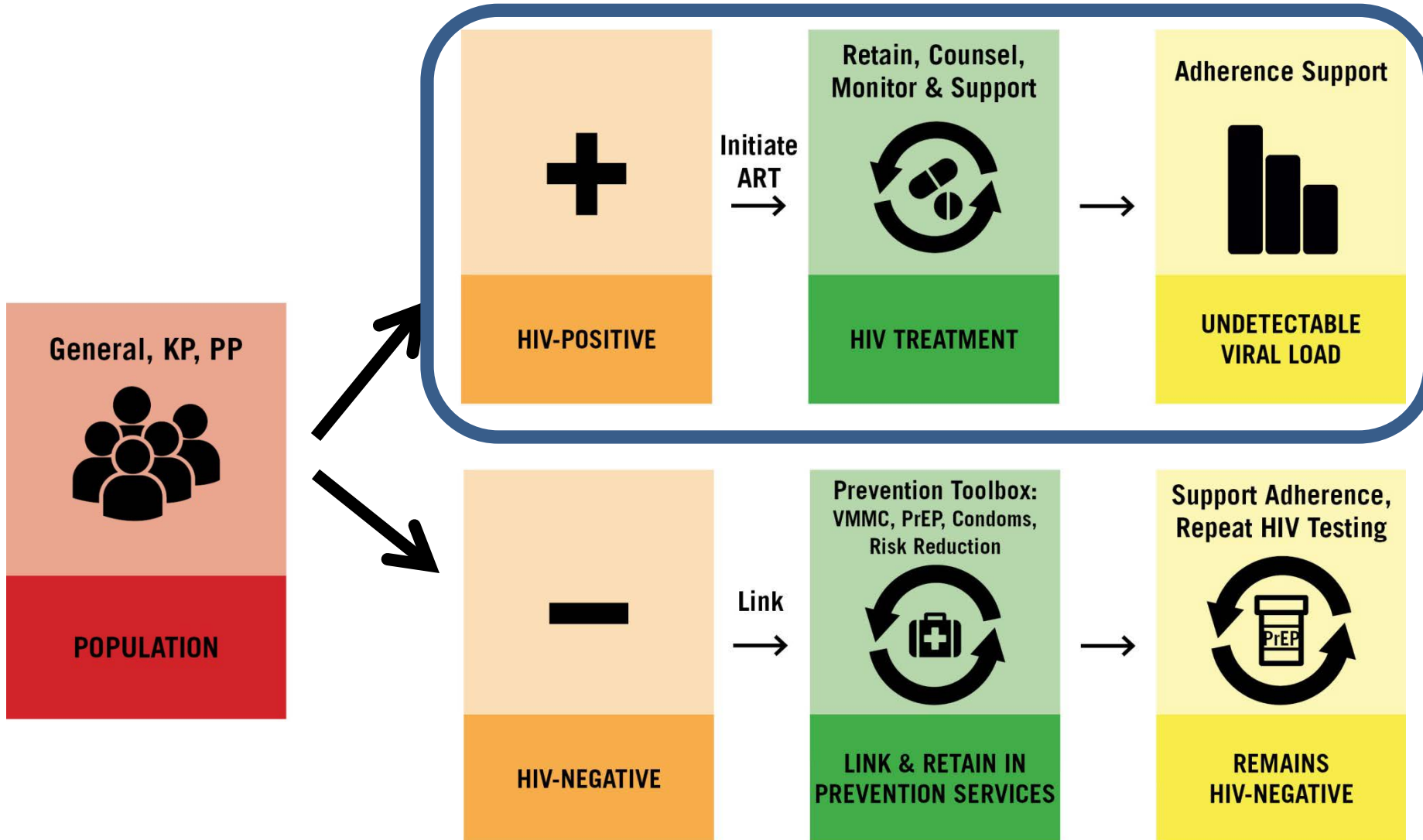
Maraviroc-containing regimens were comparably safe and well-tolerated to TDF+FTC

HPTN Prevention Strategy



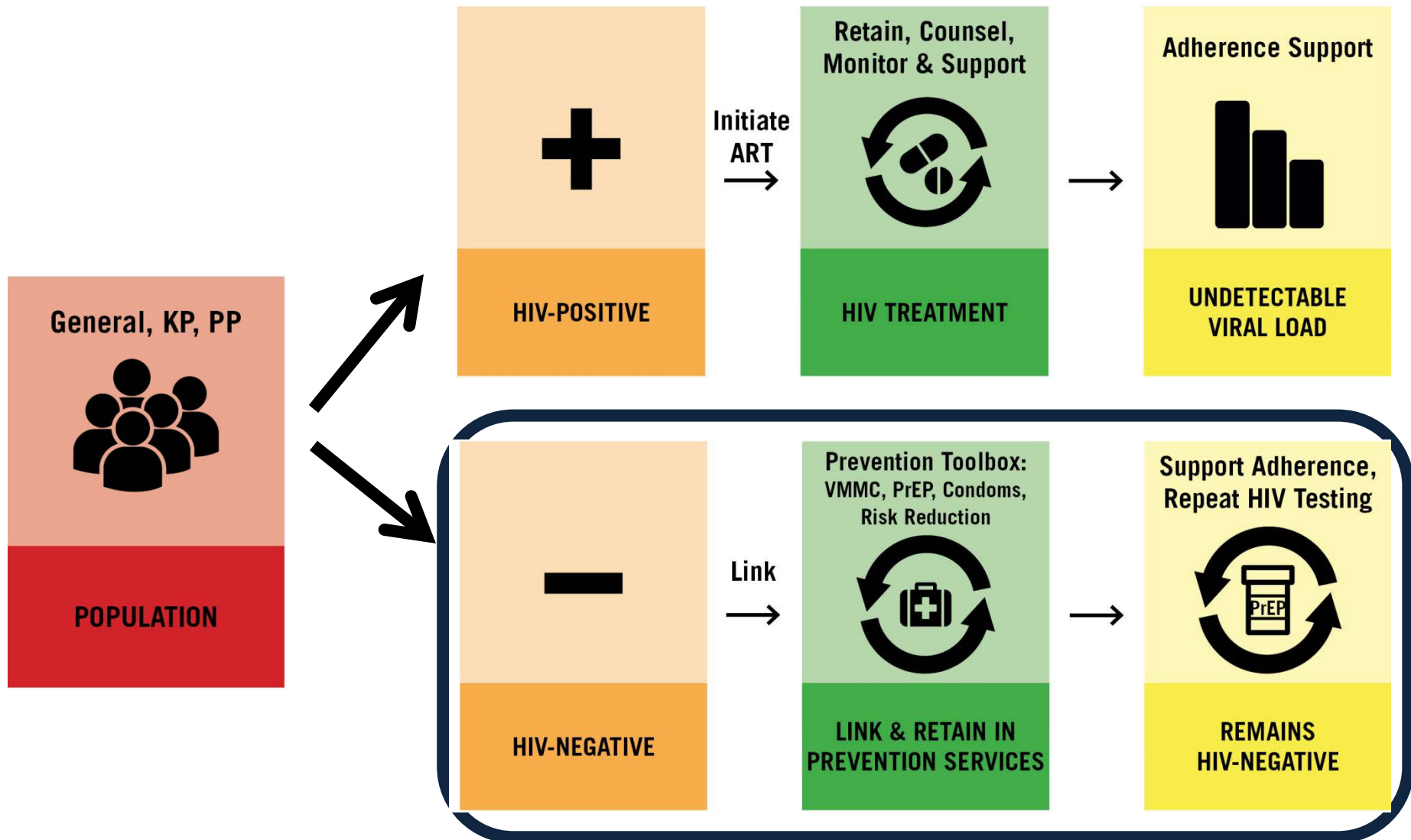
Prevention of HIV Transmission

ART for Prevention



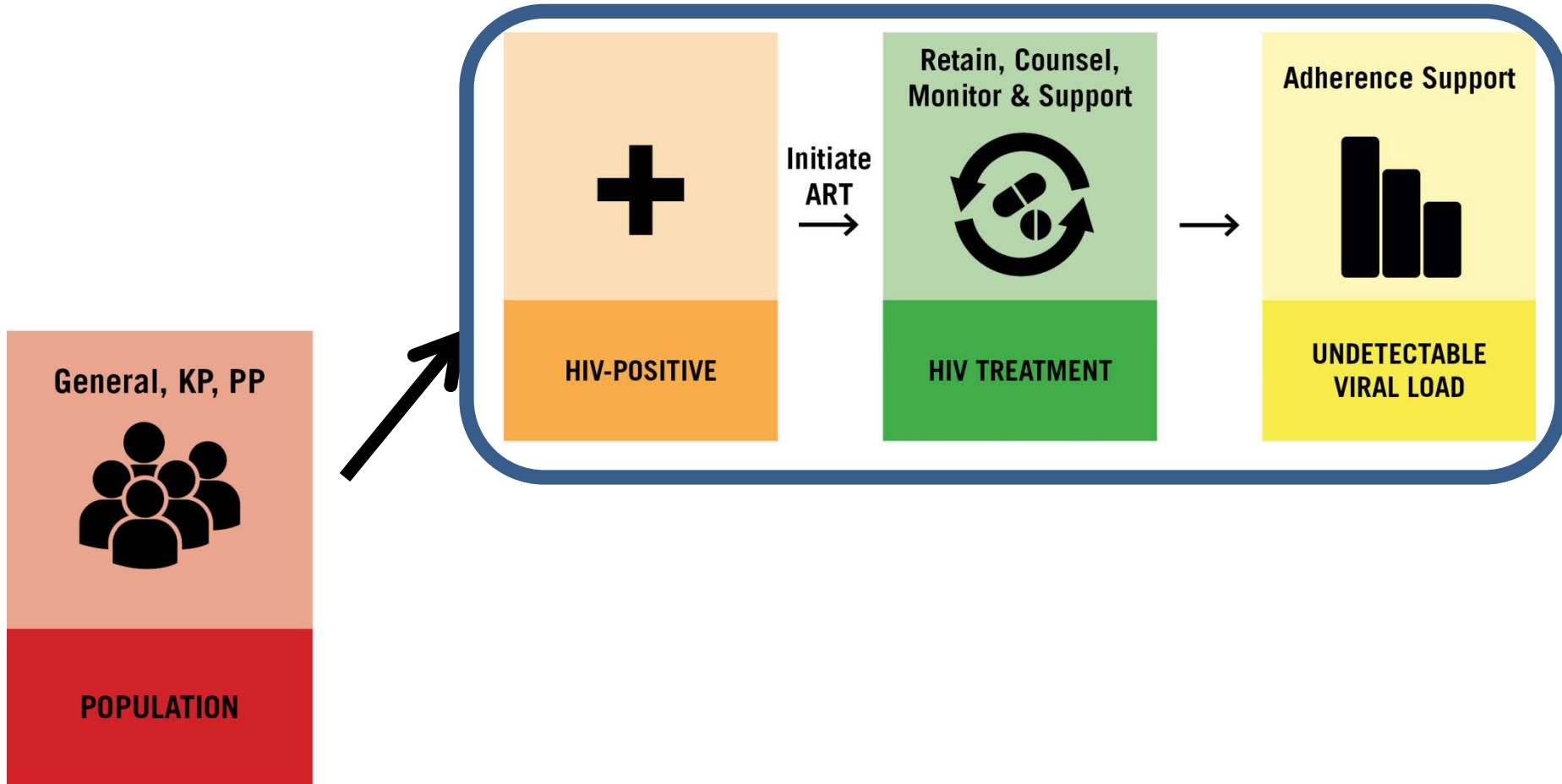
Prevention of HIV Acquisition

Pre-exposure Prophylaxis



Prevention of HIV Transmission

ART for Prevention



UNAIDS Global Targets By 2020

90%

**of all people
living with HIV
will know their
HIV status**

90%

**of all people
diagnosed with
HIV will receive
sustained
antiretroviral
therapy**

90%

**of all people
receiving
antiretroviral
therapy will have
durable suppression**

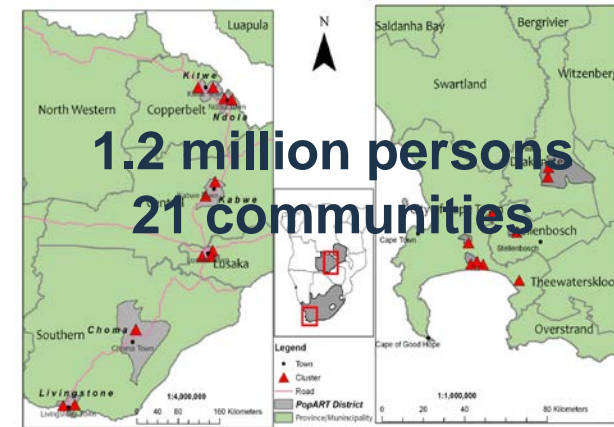
Optimizing Use of ART for Prevention

Community-Level



Interventions by CHiPs

	<u>Round 1</u>	<u>Round 2</u>
Households Visited	161, 000	117, 486
Adults consented	317, 000+	220,634
Agreed to HIV test Or Reported HIV+	239, 000+	174,884



Study objective: To determine the impact of a community-level, combination HIV prevention package on community-level **HIV incidence**.

Population Cohort

>38,000 enrolled in PC0

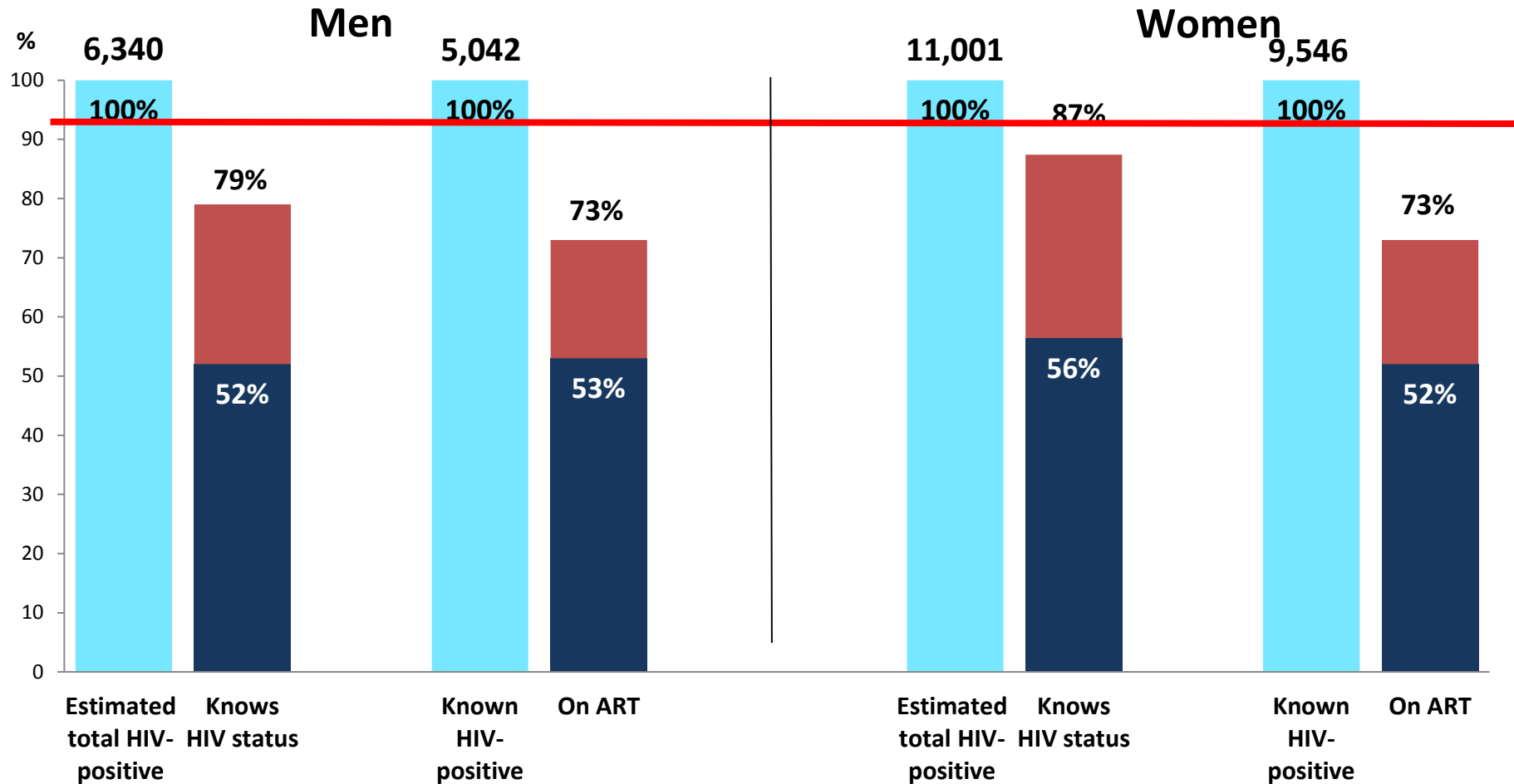
>4600 new participants enrolled in PC12

>24,700 participants completed follow-up

**>74,500 specimens collected and tested
in-country and at HPTN LC**



90-90: Estimated uptake, total HIV+ adult population Arm A - Zambia (R1)

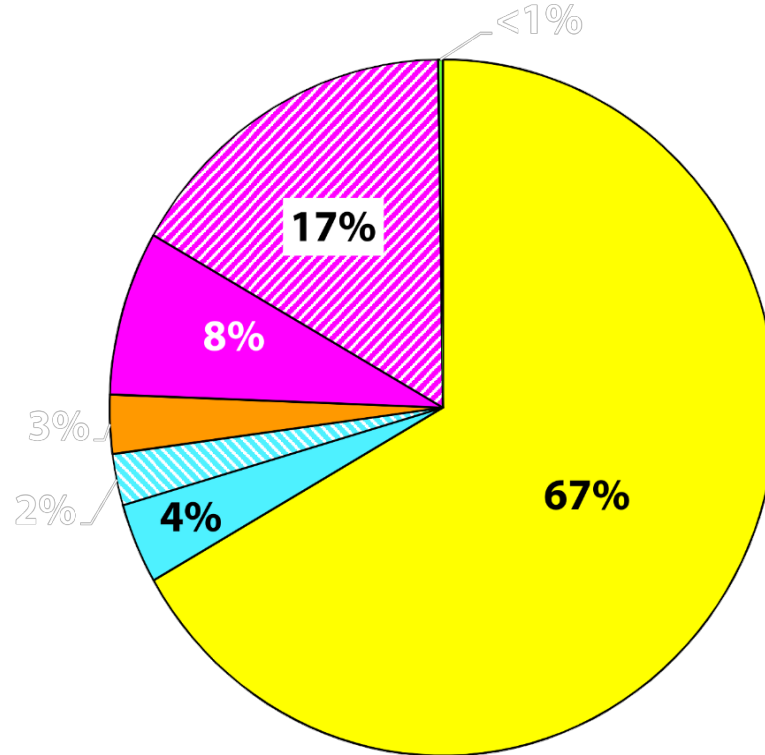


Optimizing Use of ART for Prevention

MSM in the US



New HIV infections in the US, 2014



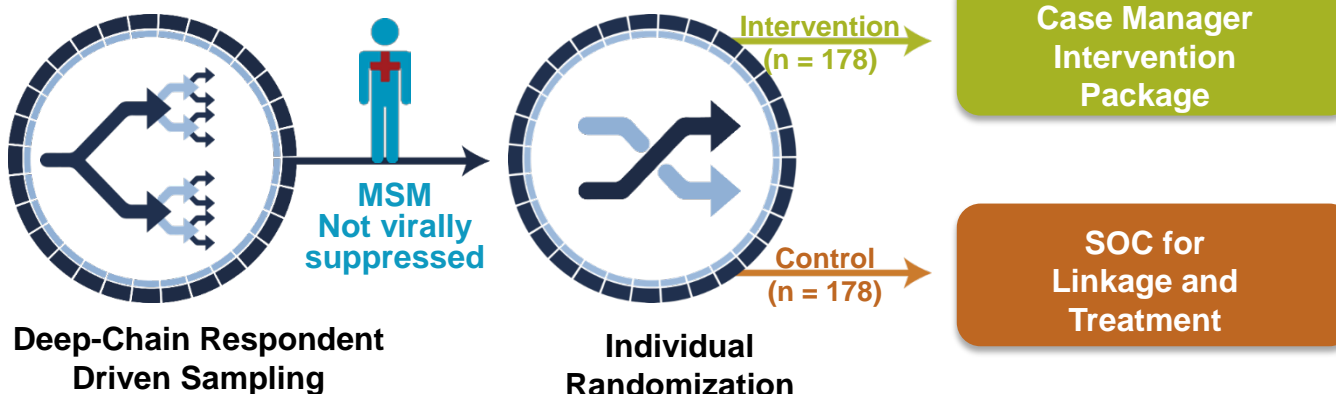
Male-to-male sexual contact
Injection drug use (IDU) - Males
Injection drug use (IDU) - Females
Male-to-male sexual contact - Other
Heterosexual contact^a - Males
Heterosexual contact^a - Females
Other^b

**Two thirds of new HIV infections
In the US occurred among MSM**

HPTN 078: Enhancing Recruitment, Linkage to Care and Treatment for HIV-Infected MSM in US

Screened population	Enrolled participants
2700	356
MSM \geq 16 yo	MSM/ HIV+
Study Duration: 12 M Enrollment	24 M Follow-up

- Atlanta
- Baltimore
- Birmingham
- Boston



Primary objectives: Recruitment feasibility and viral suppression

All sites activated, enrollment started

Optimizing Use of ART for Prevention

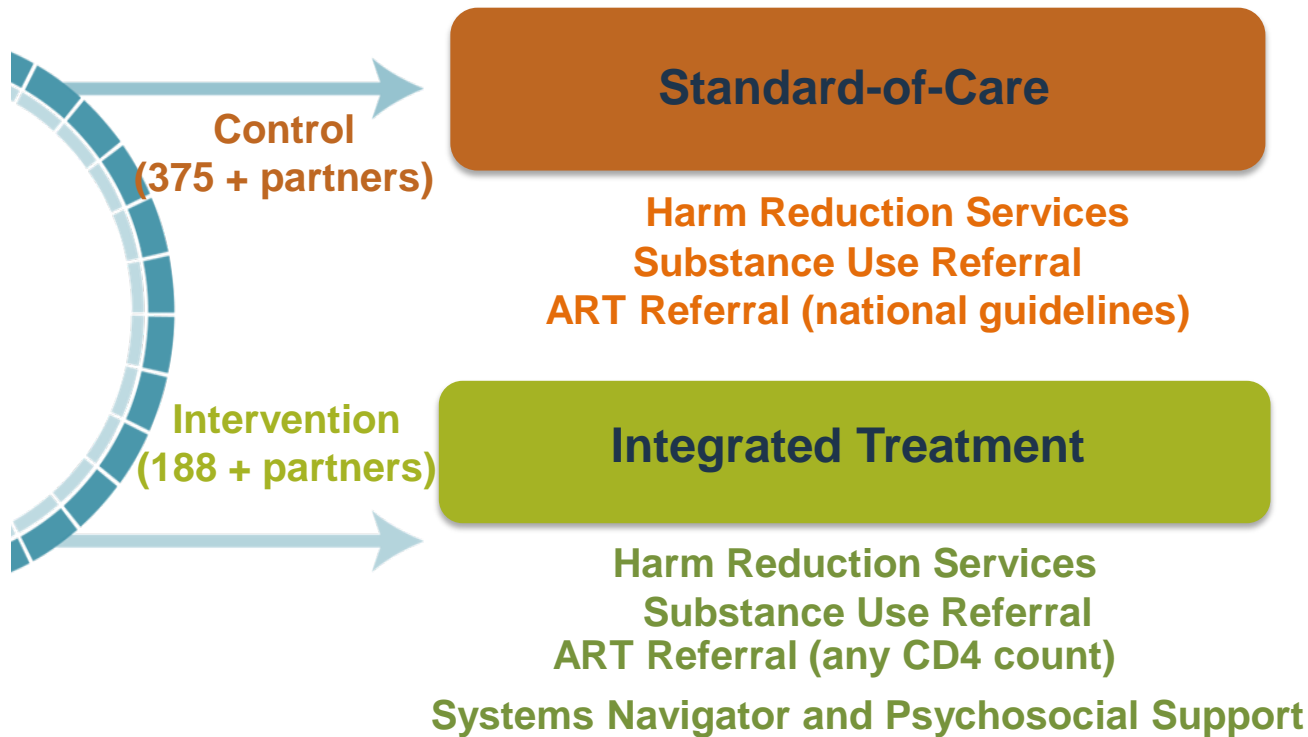
PWID in Eastern Europe and Southeast Asia



HPTN 074: A study comparing an integrated intervention including supported ART to standard of care for PWID

Intervention	Standard of Care
125 HIV +	375 HIV +
188 HIV – Partners	563 HIV – Partners
15 Months Recruitment 12 Months Follow-Up	



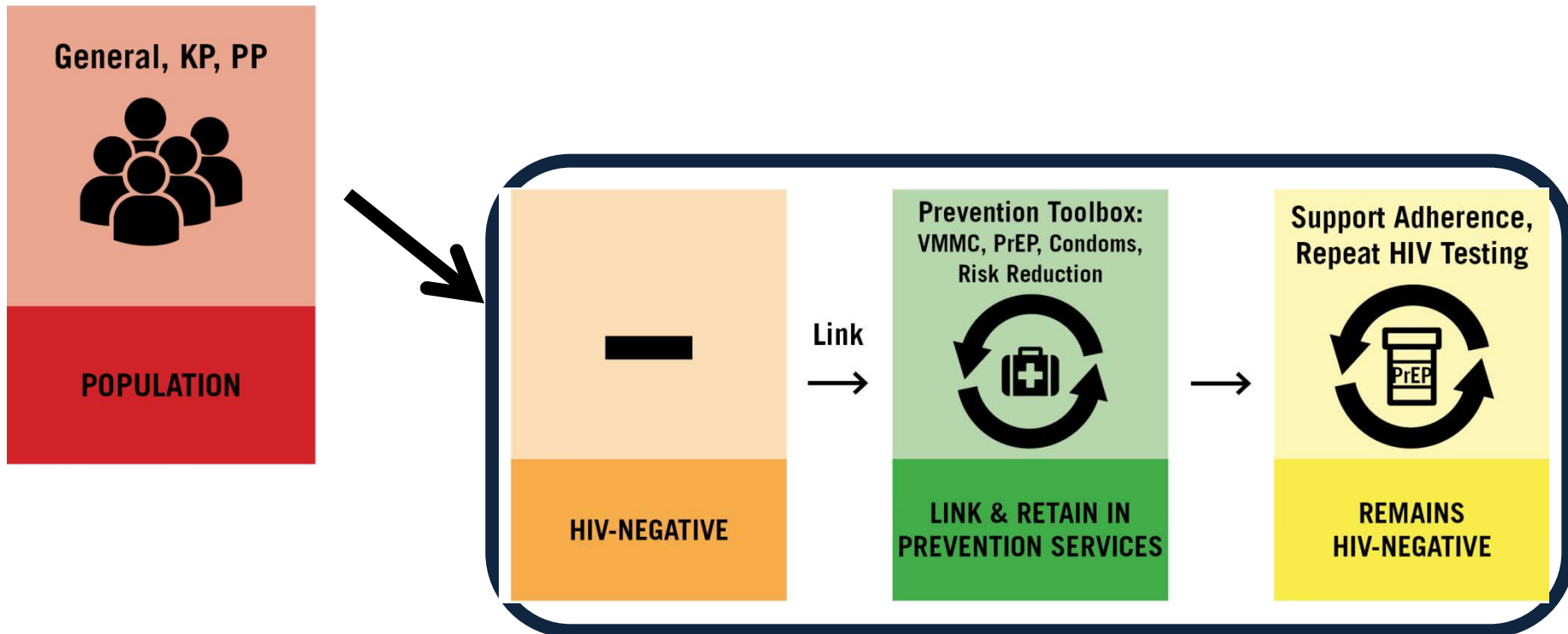


Primary Objective: Assess HIV incidence, recruitment, retention, and feasibility and barriers of the intervention

Enrollment completed ahead of schedule!
484/500 Index Participants and 725/750 Partners

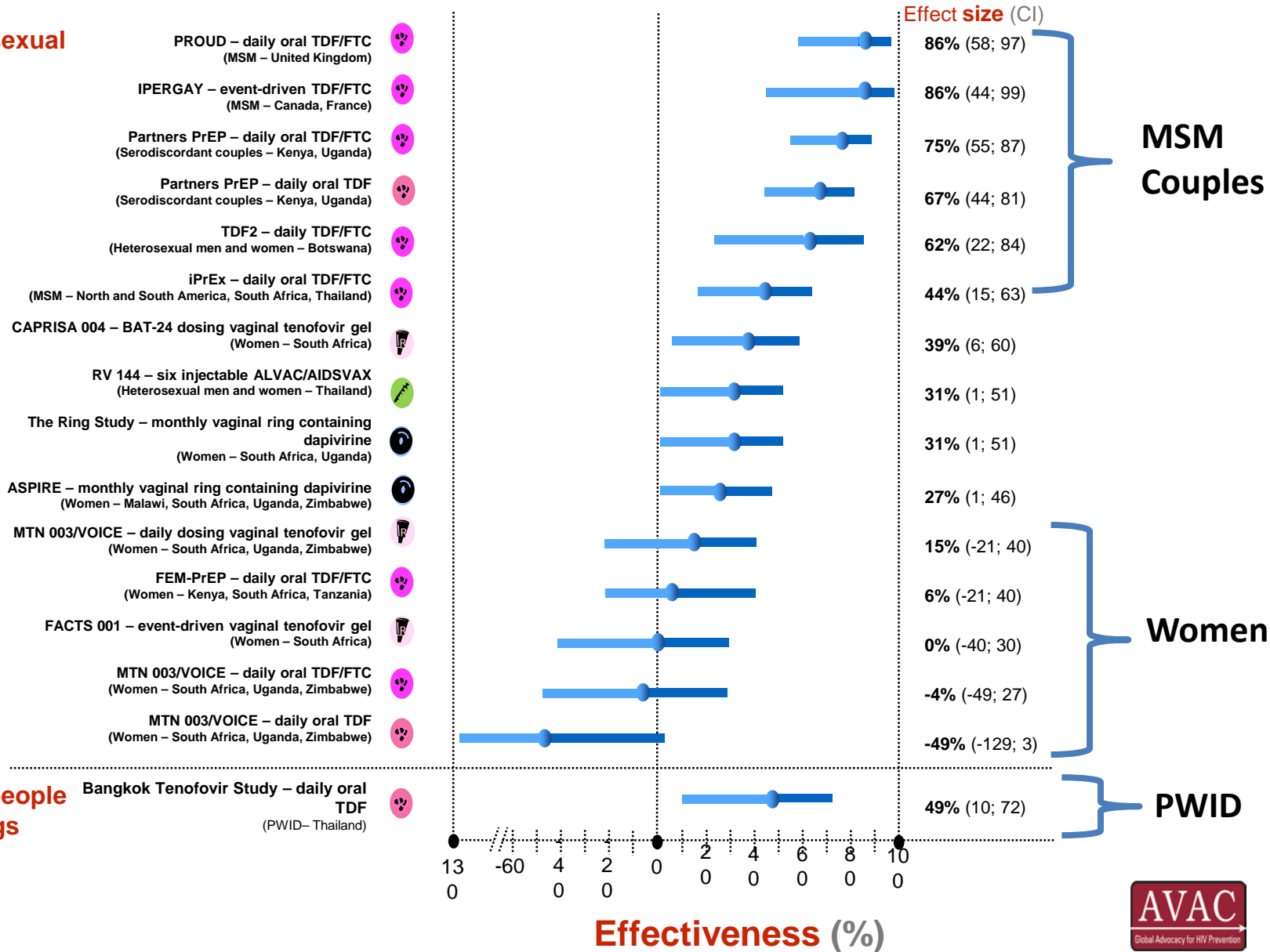
Prevention of HIV Acquisition

Pre-exposure Prophylaxis (PrEP)



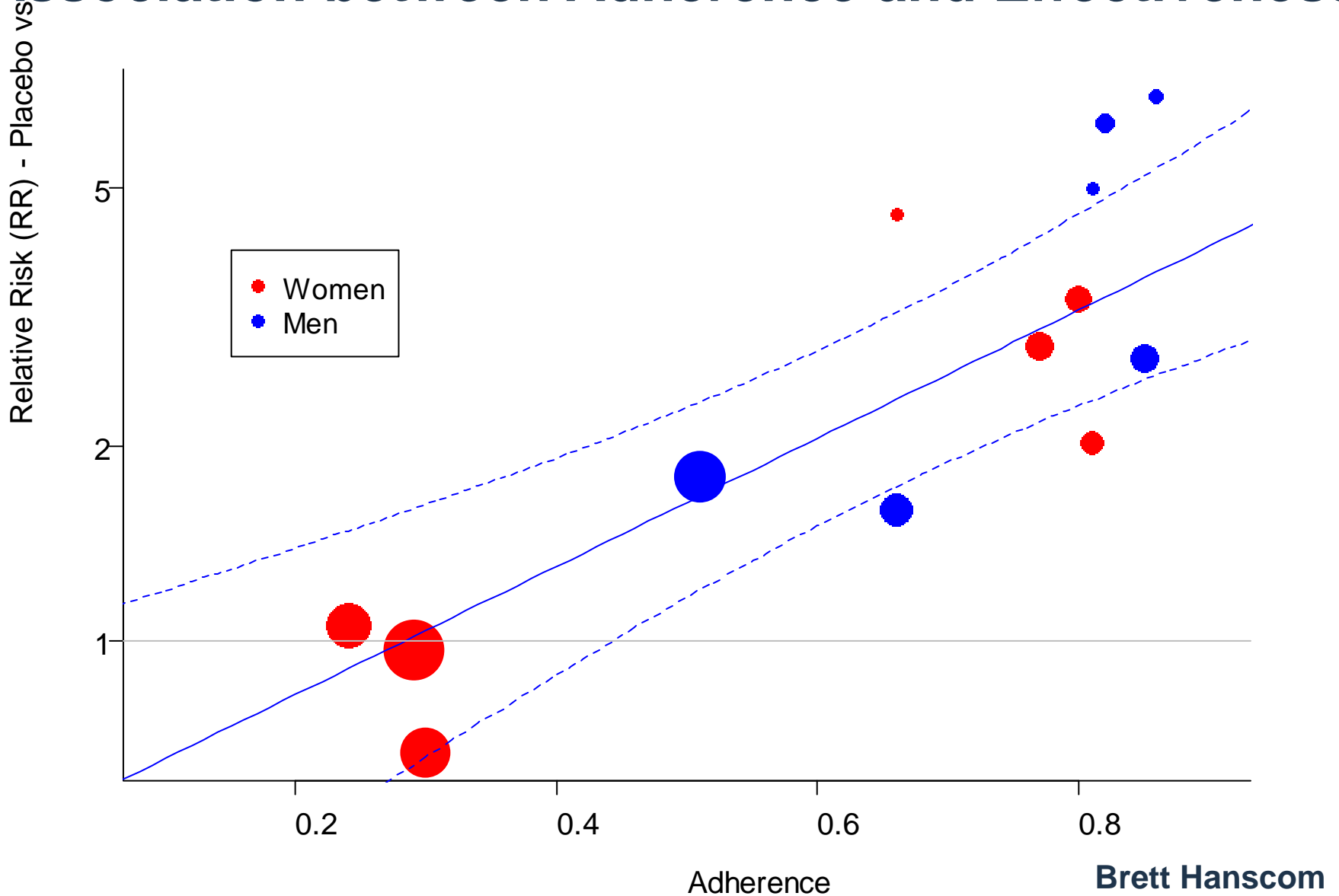
Clinical Trial Evidence for PrEP

Prevention of sexual transmission



Prevention in people who inject drugs

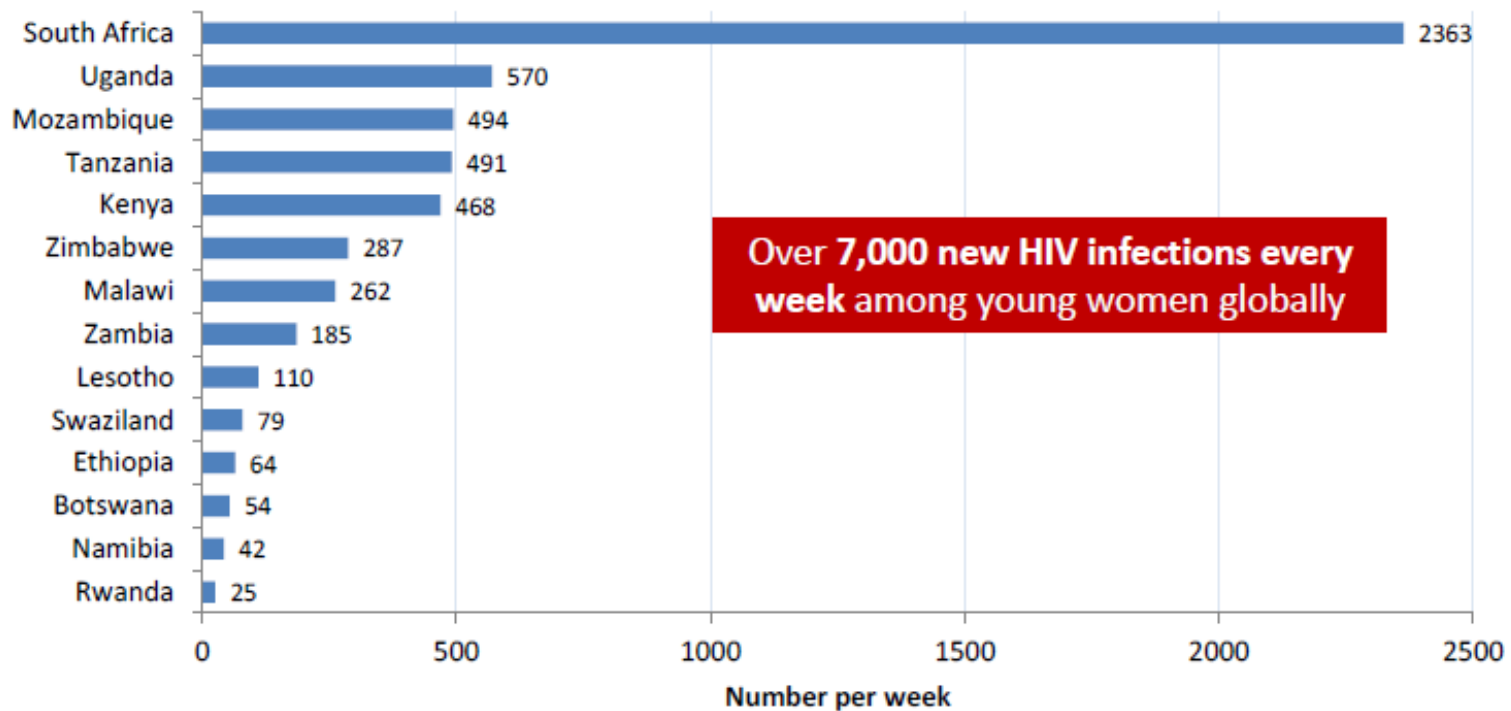
Association between Adherence and Effectiveness



One-third of new HIV infections globally occur in young African women (15-24 yrs)

Estimated number of new HIV infections *per week* among young women aged 15-24 years in East and Southern Africa, 2012

Data source: UNAIDS 2013



HPTN 082: Uptake and adherence to daily oral TDF/FTC PrEP in young (16-25 yrs) Southern African women



Study Population

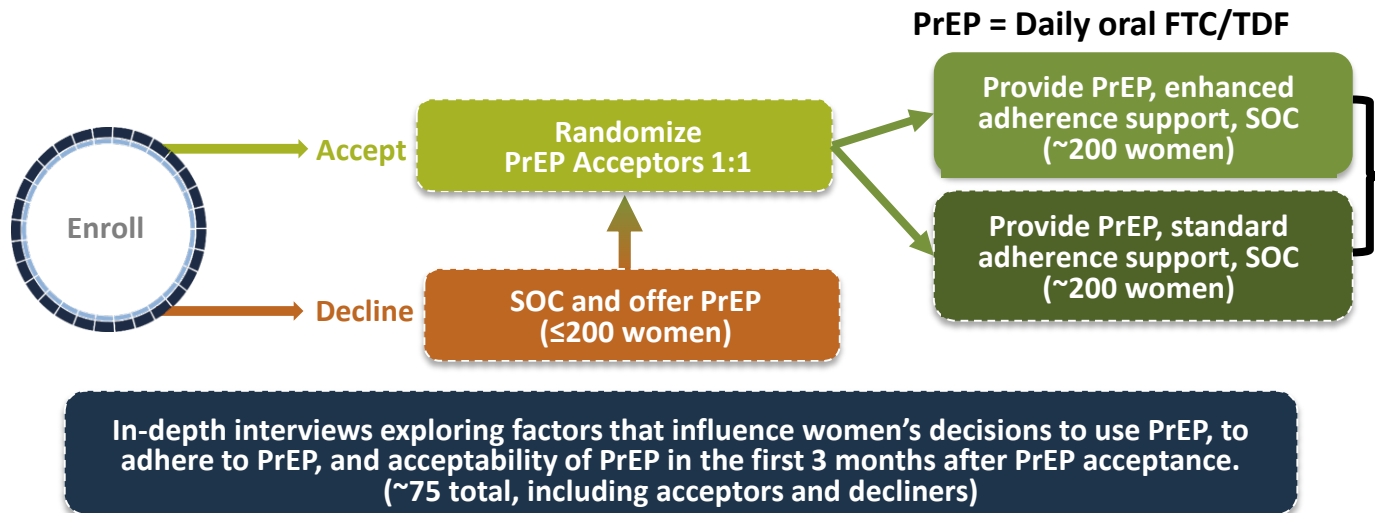
Uninfected women
Ages 16-25 yrs

South Africa
Zimbabwe

Target Enrollment

- 400 women who accept PrEP at enrollment
- ≤ 200 women who decline PrEP at enrollment

Study Design

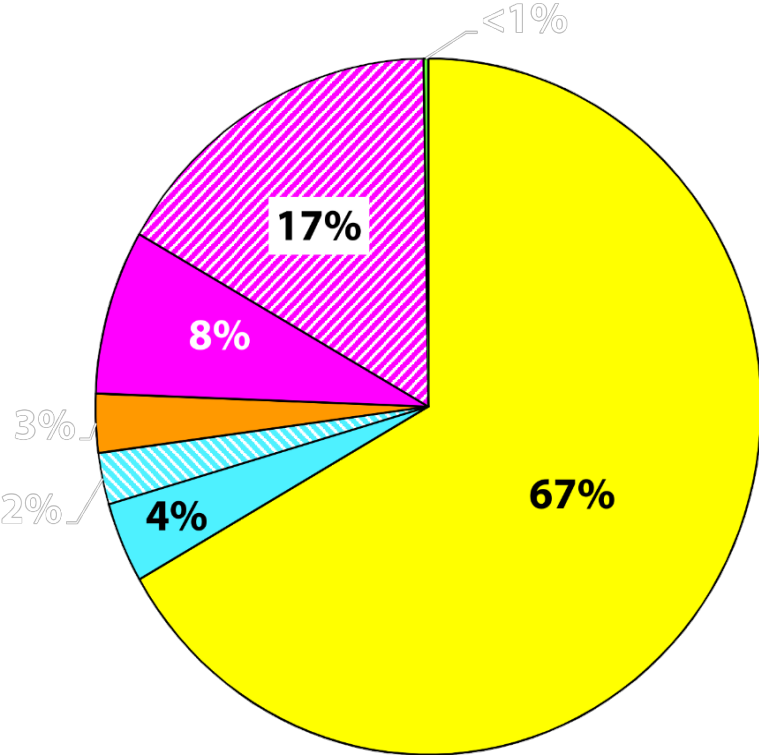


Standard Adherence Support	Enhanced Adherence Support
<ul style="list-style-type: none"> • CBT counseling • SMS texting • Adherence clubs 	<ul style="list-style-type: none"> • CBT counseling • SMS texting • Adherence clubs • Drug level feedback counseling

Primary objectives:
Assess the proportion and characteristics of women who accept versus decline PrEP

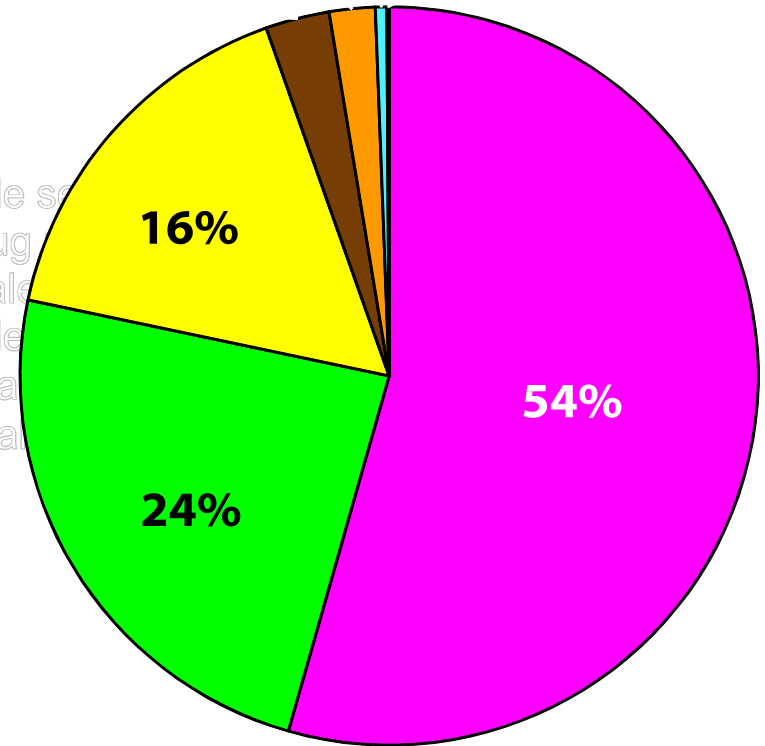
Training for study initiation in July 2016

New HIV infections in the US, 2014



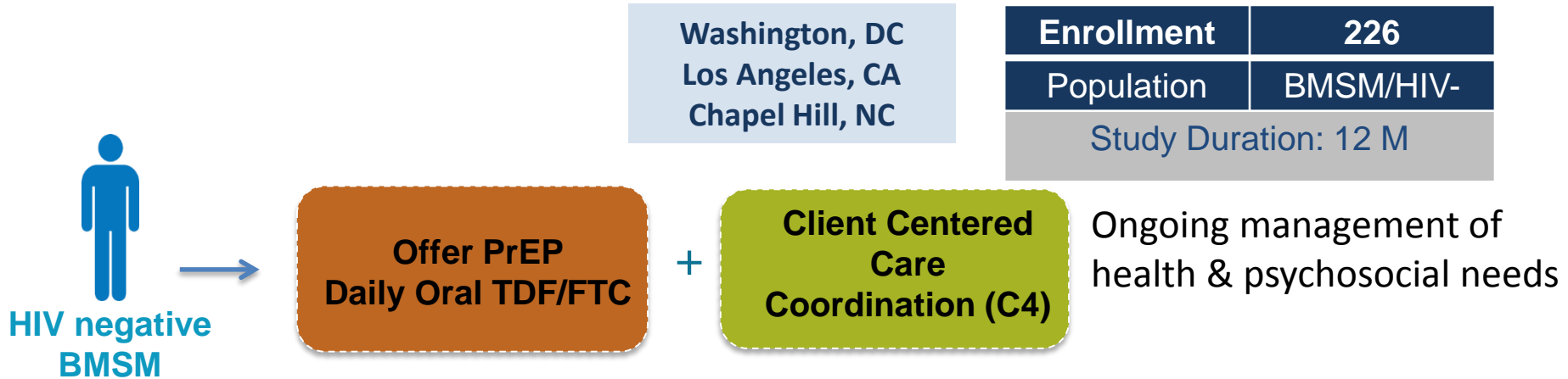
**Two thirds of new infections
In the US occurred among MSM**

Male-to-male sexual
infection drug
U – Female
male-to-male
heterosexual
heterosexual
other





**More than half of new infection among MSM
In the US occurred among Black MSM**

HPTN 073: Uptake of and adherence to TDF/FTC PrEP among Black MSM in the US



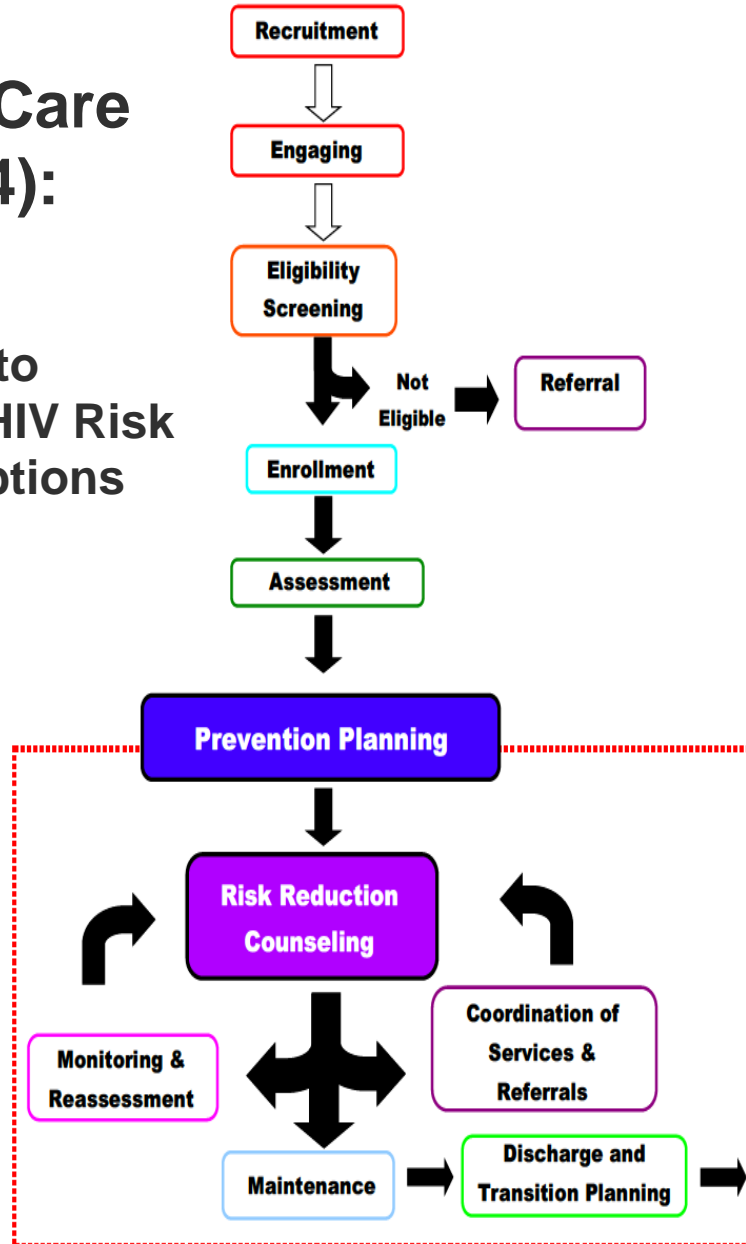
Study Status

Follow-up completed September 2015

<p>Self-reported uptake and adherence presented at CROI 2016</p> 	<p>Additional results to be presented at AIDS 2016</p> 
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Client Centered Care Coordination (C4):

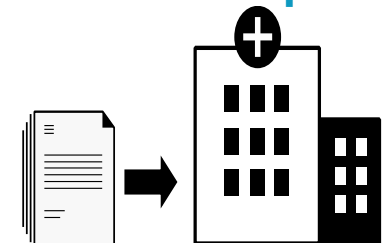
A Culturally Specific
Intervention Package to
Support PrEP Use in HIV Risk
Reduction Menu of Options



PrEP Uptake:
79%

12-Month
Retention: 92%

Transition to
Community
Follow-Up



C4 Core
Components



HPTN 075: Feasibility of recruitment and retention of African MSM

Observational study:

400 MSM in 4 Sites

- Men 18-44 years living in sub-Saharan Africa who report anal sex with a man in the past 3 months

12 Months of Follow-Up

- 5 study visits with structured HIV behavioral assessments, medical examinations, and collection of biological samples

Primary Objective

To assess retention of a cohort of MSM to inform feasibility of an intervention study



Kisumu, Kenya
Blantyre,
Malawi
Soweto, SA
Cape Town, SA




Almost Completed enrollment!
389 of 400 men enrolled

Long-acting Agents for HIV Prevention



Two studies of safety of long-acting injectable PrEP initiated and enrollment completed

 **HPTN 076: Safety and acceptability of injectable rilpivirine (TMC278 LA) for PrEP**

136

US Sites

Newark, NJ
Bronx, NY

International Sites

Cape Town, South Africa
Harare, Zimbabwe

194   **HPTN 077: Safety, tolerability and pharmacokinetics of injectable cabotegravir (CAB) in men and women**

International Sites

Soweto, South Africa
Vulindlela, South Africa
Lilongwe, Malawi
Rio de Janeiro, Brazil

US Sites

Los Angeles, California
San Francisco, California
Washington, DC
Chapel Hill, North Carolina

Primary objective: Evaluate the safety and tolerability of the product

Fully enrolled

HPTN 083: Phase 2B/3 Study of Efficacy of injectable cabotegravir for PrEP in **MSM and transgender women**

N = 4500 (10% TGW overall; 50% of US BMSM; 50% overall < 30 year old)

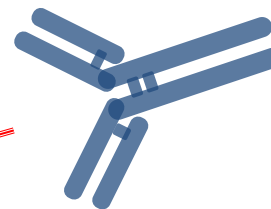
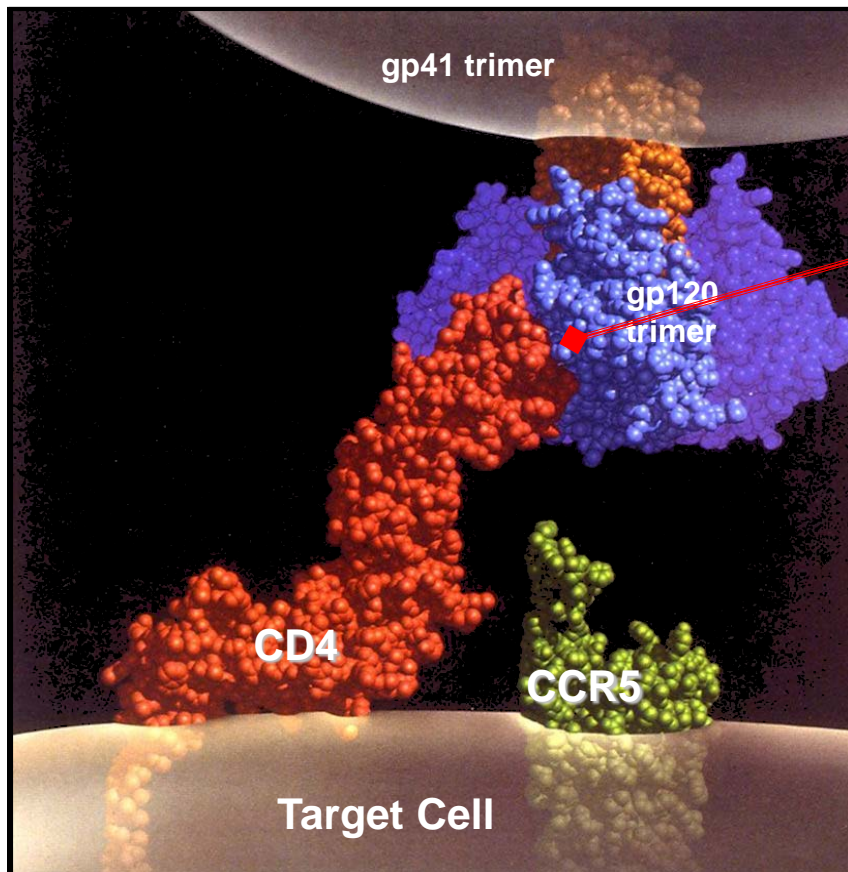
	CAB	TDF/FTC
Step 1	Daily oral CAB and oral TDF/FTC placebo	Daily oral TDF/FTC and oral CAB placebo
Step 2	Injectable CAB and daily oral TDF/FTC placebo	Daily oral TDF/FTC and injectable placebo
Step 3	Open-label daily oral TDF/FTC for up to 48 weeks	Open-label daily oral TDF/FTC for up to 48 weeks

Primary objective: HIV Incidence

40+ sites chosen in the Americas (Argentina, Brazil, Peru, US) and Asia (Thailand, Vietnam; India pending)

HPTN 084: Phase 2B/3 Study of efficacy of injectable cabotegravir for PrEP in **women (*under development*)**

Monoclonal Antibodies for HIV Prevention



VRC01 MAb

VRC01 attaches to the CD4 binding site on gp120 envelope protein of HIV

VRC01 neutralize ~ 90% of diverse viral isolates



MSM+TG AMP: HVTN 704/HPTN 085

Enrolled participants
2700 MSM & TG in US
Study duration
92 weeks

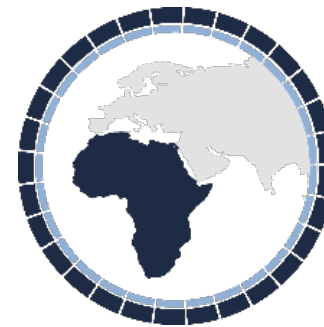


Regimen	N*	Infusions every 8 weeks through Week 92
VRC01 10 mg/kg	900	
VRC01 30 mg/kg	900	
Control	900	
Total	2700	

Study opened 31 March, 2016
As of end of May, 110 participants enrolled!

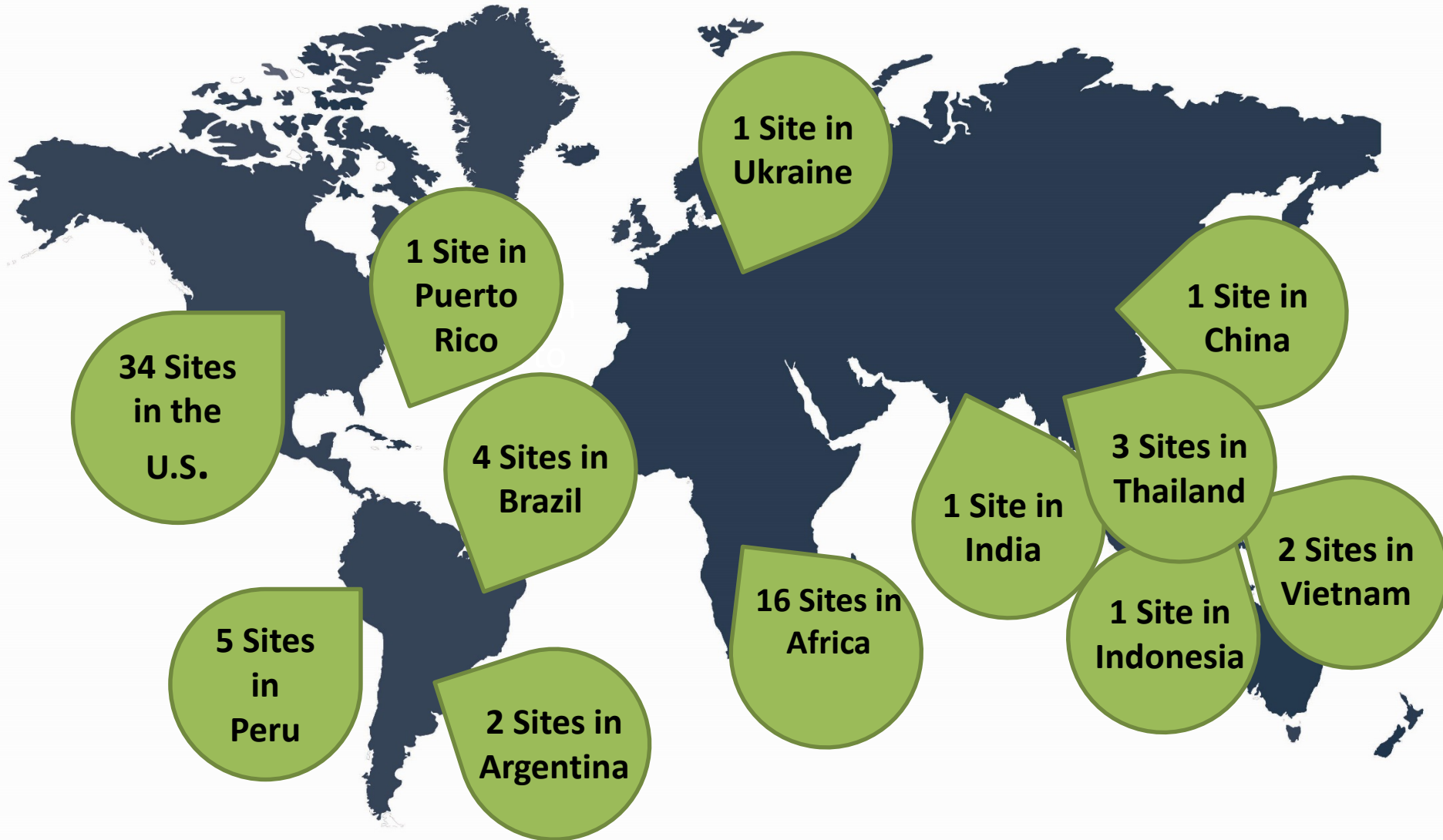
SSA Women AMP: HVTN 703/HPTN 081

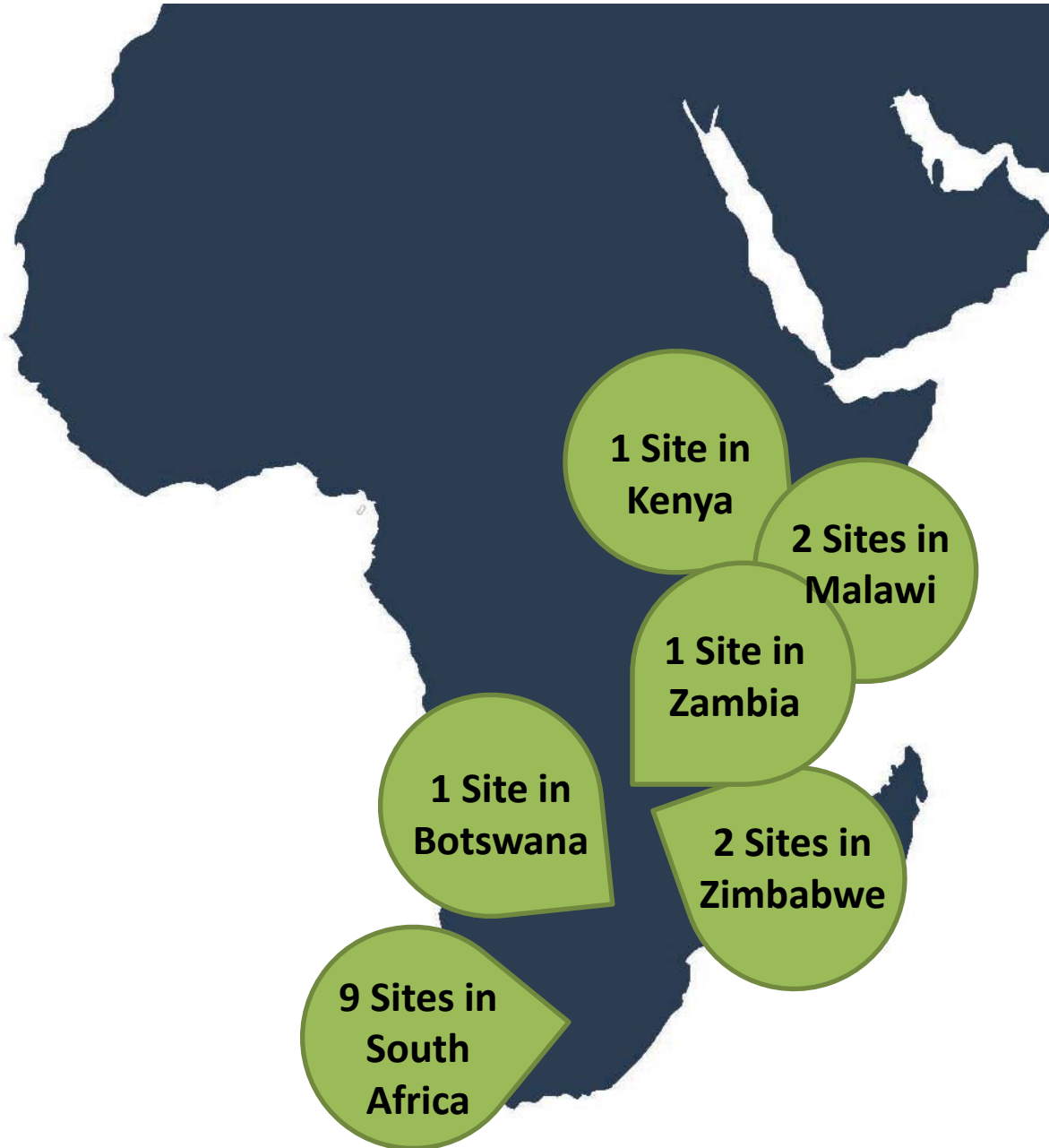
Enrolled participants
1500 South African Women (First enrollments expected by mid-May)
Study duration
92 weeks



Regimen	N*	Infusions every 8 weeks through Week 92
VRC01 10 mg/kg	500	
VRC01 30 mg/kg	500	
Control	500	
Total	1500	

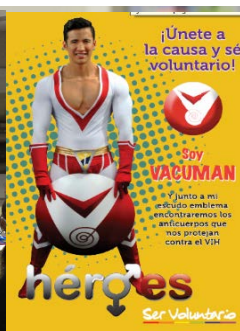
Study started enrollment





Community Engagement

- Eight capacity building community workshops for HVTN 703/HPTN 081, HVTN 704/HPTN 085 and HPTN 083
- In 1st quarter 2016, 31 CRSs provided education/outreach at 508 events
- Cross-network (HPTN & HVTN & MTN) biomedical research summit (NAESM Conference)
- Five-day science (HPTN & MTN) writing workshop
 - writing teams developed, several abstracts presented



HPTN Scholars Program

Goal: To develop the next generation of HIV prevention scientists

- Scholars utilize HPTN data to develop analytic skills, conduct reviews, give presentations, write publications

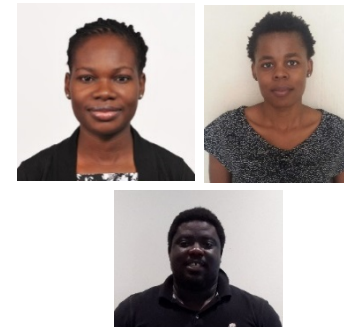
- To date:**
- 21 scholars completed program
 - 31 mentors engaged
 - K awards, R03, R21, faculty positions
 - 12 presentations, 17 publications (+ 1 in press, 2 under review)

Sten Vermund
Darrell Wheeler
Ken Mayer
Quarraisha Abdool Karim
David Serwadda

Seventh Cohort of Scholars



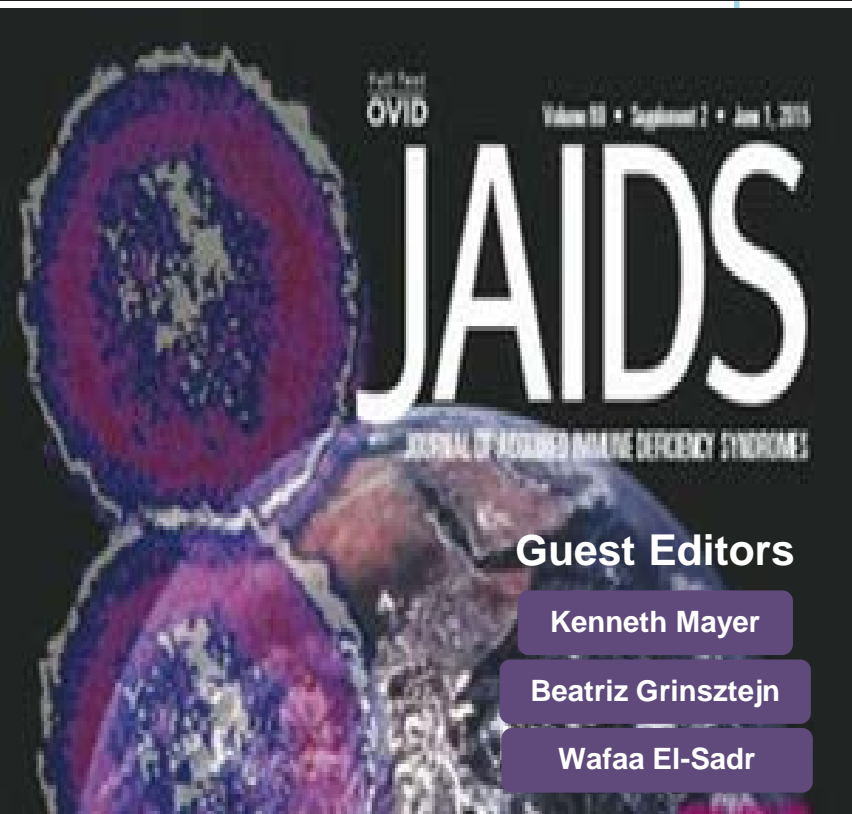
Second Cohort of Int'l Scholars



HPTN Publications 2015-2016

- 46 Publications
- Presentations
 - IAS 2015 - 15
 - CROI 2015 – 7
 - CROI 2016 - 26
 - AIDS 2016 – 28

SPECIAL ISSUE: HIV Prevention for Transgender Populations



JAIDS Supplement – online July 2016

Transgender People and HIV Prevention: What We Know and What We Need to Know
Kenneth Mayer, Beatriz Grinsztejn, and Wafaa M. El-Sadr

Global epidemiology of HIV infection and related syndemics affecting transgender people
Tonia Poteat, Ayden Scheim, Jessica Xavier, Sari L. Reisner, and Stefan Baral

Behavioral Interventions to Prevent HIV Transmission and Acquisition for Transgender Women: A Quick Review
Robert Garafalo, Lisa E. Kuhns, Sari L. Reisner, and Matthew J. Mimiaga

Transgender Women in Clinical Trials of Pre-Exposure Prophylaxis
Robert M. Grant, Jae Sevelius, Valdilea G. Veloso, and Madeline Deutsch

Pharmacologic considerations for Pre-Exposure Prophylaxis in Transgender Women
Peter Anderson

Integrated and Gender-Affirming Clinical Care and Research Programs for Transgender People to Address Disparities in HIV Infection
Sari L. Reisner, Asa Radix, and Madeline Deutsch

Engaging Transgender People in NIH-funded HIV/AIDS Clinical Trials Research
Rona L. Siskind, Michel Andrasik, Shelly T. Karuna, Gail B. Broder, Clare Collins, Albert Liu, Jonathan Paul Lucas, Gary W. Harper, and Philip Renzullo

Design Issues in Transgender Studies
Jim P. Hughes, Lynda Emel, Brett Hanscom, and Sahar Zangeneh

Ethical Issues to Consider in the Design of HIV Prevention Trials Involving Transgender People
Jerome Amir Singh

Conclusions

- Success in recruitment of important at risk populations, e.g., US Black MSM, PWID and their partners, MSM in SSA
- HPTN study results are informing future research by the network and other groups
- Suite of vanguard studies developed to identify how best
 - to recruit, engage specific populations and
 - to determine the uptake, adherence with and outcomes of key interventions
- New collaborations established, robust community engagement accomplished and continued commitment to a new generation of prevention researchers

Acknowledgements

- NIH Institutes (NIAID, NIMH, NIDA)
- PEPFAR; Bill and Melinda Gates Foundation; CDC; and pharmaceutical partners
- **Elsie Talavera and her team** ^{ive}
- Study participants and participating communities
- Investigators, staff and community representatives

Sponsored by NIAID, NIDA, NIMH under Cooperative Agreement # UM1 AI068619 and Cooperative Agreements for the SDMC, LC and CTUs



HPTN

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Thank you!