

# **Hope on the Horizon**

## **For Patients With Resistance to All Commercially Available HIV Medications**

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Emerging Issues in Clinical Trials for New ARV Development

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# HIV Drug Pipeline – 2010

Agent	Class	Sponsor	Status
Rilpivirine, TMC 278	NNRTI	Tibotec	Phase III
<del>Vieniviroc</del>	<del>CCR5 antagonist</del>	<del>Schering</del>	<del>Phase III</del>
Elvitegravir	Integrase Inh.	Gilead	Phase III
Apricitabine, ATC*	NRTI	Avexa	Phase IIb
<del>Benivimat*</del>	<del>Maturation Inh</del>	<del>Myriad</del>	<del>Phase IIb</del>
UK453,061*	NNRTI	Pfizer	Phase II
IDX889*	NNRTI	Idenix/GSK	Phase II
GSK1349572*	Integrase Inh.	GSK/Shionogi	Phase IIb
GSK1265744*	Integrase Inh.	GSK/Shionogi	Phase IIa
PRO 140*	CCR5 antagonist	Progenics	Phase II
Ibalizumab*	CD4 antagonist	Taimed	Phase IIb
Gilead 9350	PK booster	Gilead	Phase II

\*Potential activity against extensive drug resistance?

- There is a small minority of patients with no remaining active agents due to resistance and/or tolerability . The total number of these patients in the U.S. is unknown. This population will likely increase in the future.
- Access to viable commercially available regimens may not be possible for these patients during the next 3 to 4 years.

- In a limited 2009 survey, 94 physicians from 47 cities reported a total of 252 of these patients. Note: Data mining can be performed from genotype/phenotype data bases to identify these patients.
- These patients are usually not allowed into HIV drug development clinical studies to protect them from functional monotherapy.
- Traditional single-drug expanded access programs (EAPs) or single patient TIND will not help these patients. Simultaneous access to several experimental drugs could be a solution.

- A new approach that removes barriers for a multi-drug EAP (MDEAP) in a centralized manner could help patients at risk of death before 2012, regardless of where they get care in the U.S.
- Three companies with HIV medications in phase II with potential activity to MDR-HIV have supported the idea. We are still waiting for dosing and phase 2b efficacy data to proceed with implementing an MDEAP (1-2 Q 2011).