



TREATMENT SUCCESS & FAILURE IN THE ERA OF HAART

Track D , Session 3

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Veronica Miller, PhD

Forum for Collaborative HIV Research



TREATMENT FAILURE

- Lack of virologic suppression
 - <400 HIV RNA copies/ml
 - <50 HIV RNA copies/ml
- Failure to reach virologic suppression
- Rebounding viral load after virologic suppression



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POINTS TO CONSIDER

- Historic context
- Sources of data
- Access to quality care



TREATMENT SUCCESS

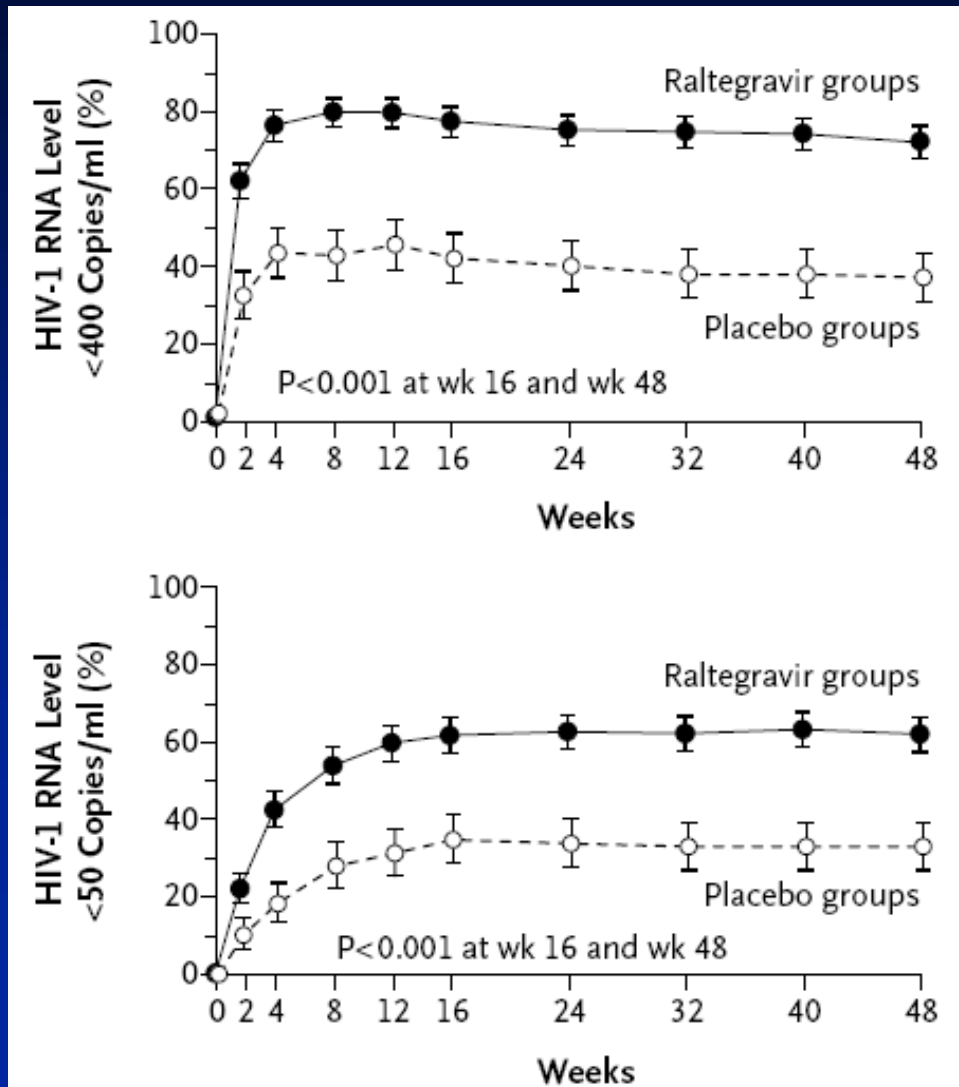
- Potent antiretroviral drug regimen
 - Continuous improvement in combination therapy since 1996
- Adherence
 - Good drugs don't work if people don't take them



DATA FROM CLINICAL TRIALS

- Ideal clinical conditions
 - Frequent monitoring
 - Highly motivated patients and providers
 - Screening at baseline for ability to participate in clinical trials

Combined BENCHMRK data



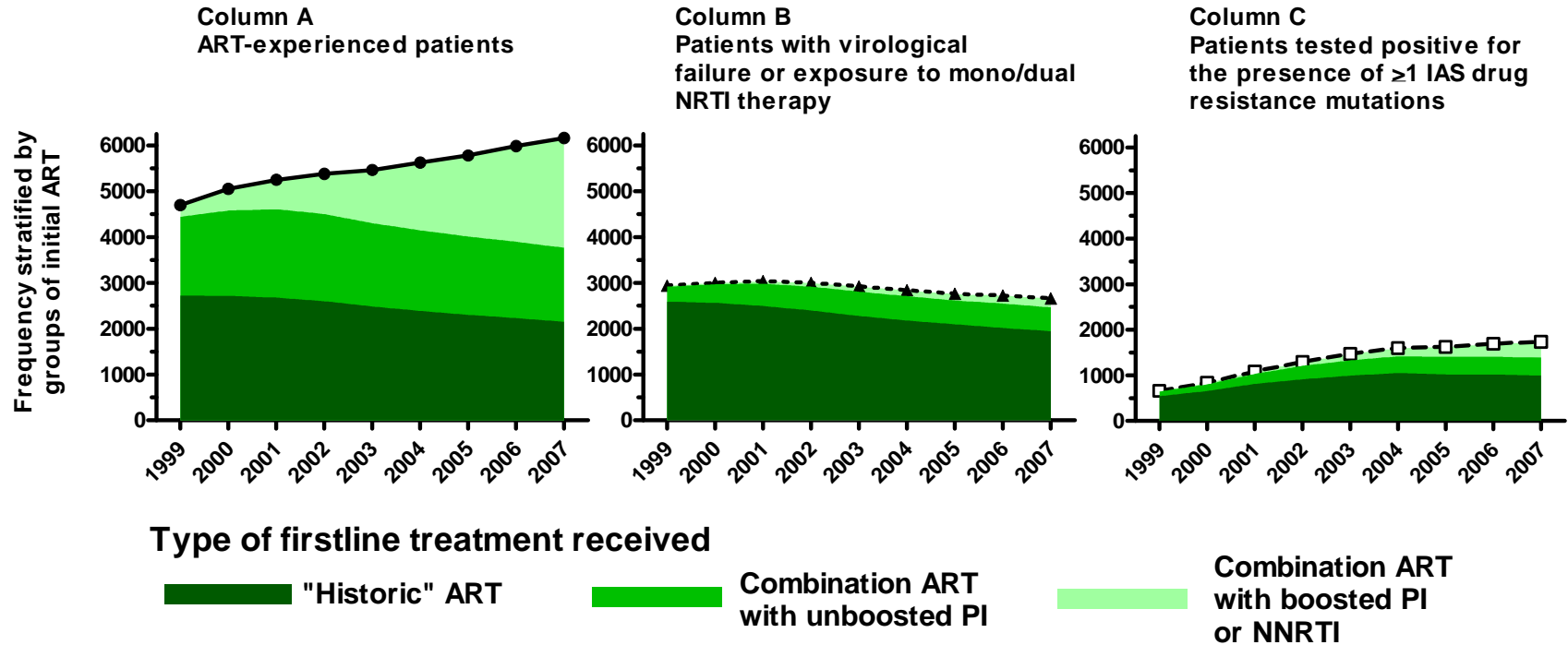
Steigbigel et al
NEJM 2008



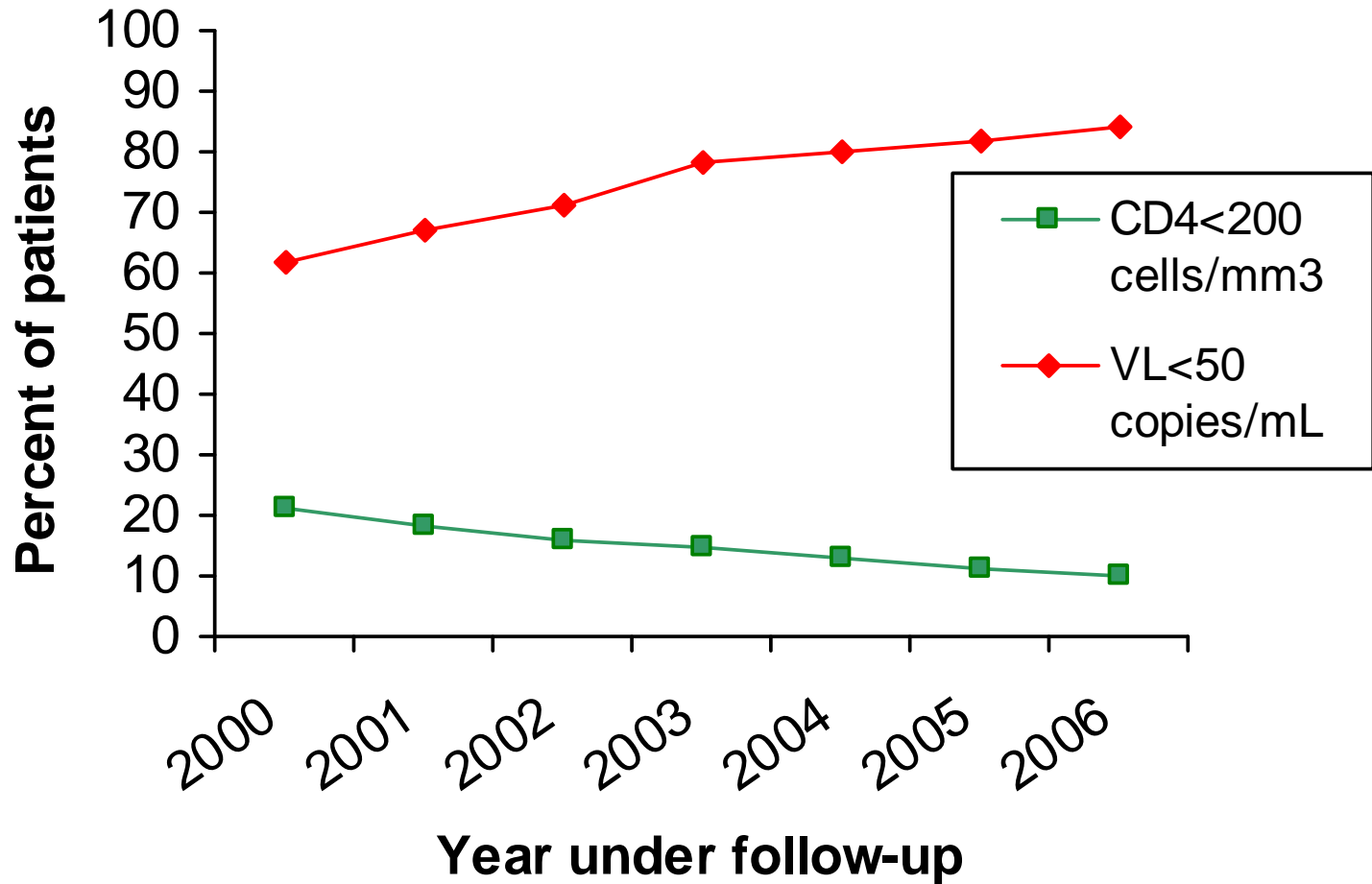
DATA FROM OBSERVATIONAL COHORT STUDIES

- “Real life” scenario
- Cohorts from various settings
 - Different patient groups
 - Different type of clinics
 - Longer term follow up possible
- Observe trends over time
- Compare different ‘eras’ of highly active antiretroviral therapy

Evolution of key characteristics in the SHCS



Time trends in percent of clinic patients on ART with viral load < 50 copies/ml



UK CHIC Study, Manuscript in preparation

Slide courtesy of Andrew Phillips

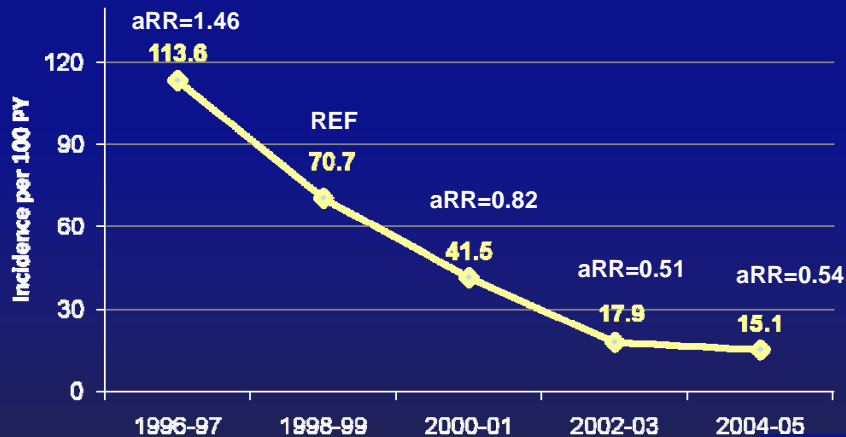


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DATA FROM THE NA ACCORD COLLABORATION

- Focus on 2nd virologic failure
- Mortality following 2nd virologic failure
- 33,381 patients
 - 5057 with 2nd virologic failure

Decline in Incidence of 2nd Virologic Failure over Calendar Time



Adjusted RR from cohort-stratified Cox model adjusting for time from initiation, sex, age, AIDS, CD4 and VL at HAART initiation and switch ARV (PI, NNRTI, NRTIs only) at initiation

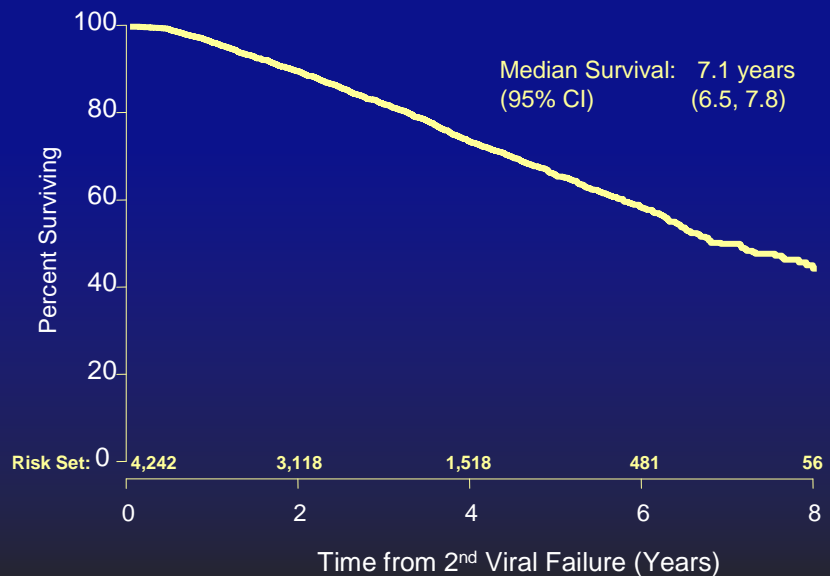
Predictors:

CD4 < 50/ml: more than 4x

VL > 100,000: nearly 2x

AIDS Dx: approx 30% higher

Survival following 2nd Virologic Failure



Slide courtesy of Steven Gange
CROI 2008



IMPLICATIONS FOR WORKFORCE NEEDS

- Multiple co-morbidities, drug toxicities, accompanying CVD, non-AIDS cancers and other complications
- Data demonstrate benefit of experienced providers
- Good news: treatments are better
- But we will continue to see continued treatment failure
 - From clinical trials: up to 40% of patients with extensive treatment experience will not achieve virologic suppression even with the new drugs
- Implications are that care and treatment need to be supported at the provider and the patient level
 - Continuous access to the right drugs (ADAP formularies)
 - Adherence support for patients