Regulatory Considerations for the Treatment of Lipodystrophy – Roundtable Discussion - Forum for Collaborative HIV Research

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Discussion areas

- Issues in design of clinical trials for treatment of HIV-associated lipodystrophy with regard to registration of a product for approval
 - Entry criteria
 - Monitoring issues
 - Response criteria

Conditions reviewed

- Facial lipoatrophy
- Peripheral lipoatrophy
- Visceral fat gain
- Dorsocervical fat pads

Facial lipoatrophy

- Entry criteria
 - Patient and physician defined
- Baseline measurement
 - Objective ultrasound, photography
- Response criteria
 - Overall appearance improved
 - Objective change standardized measure/grading scale
 - Subjective improvement
 - QOL, Visual score
 - Needs to be blinded if possible
- Durability critical
 - At least 2 years of follow-up

Peripheral lipoatrophy

- Entry criteria
 - Subjective entry patient and doctor agree
- Baseline measurement
 - Objective DXA, CT
- Response
 - % change from baseline
 - If severe LA, small amount increase enough (10-15%), especially if also metabolic improvement
 - Moderate LA, need substantial improvement (e.g. 40% over 2 yrs), but that alone may be sufficient
 - Subjective assessment if improvement slow may be problem
 - Does not worsen fat gain

Visceral fat Gain

- Entry criteria
 - Anthropometry, WC and WHR
 - Adjusted by gender
- Baseline measurement
 - objective CT +/- DEXA
 - QOL
- Response
 - % change from baseline 8-10% decrease in VAT
 - Lipoatrophy does not worsen
 - Metabolic changes at least neutral
 - Subjective assessment (blinded)

Dorsocervical fat pad

- Entry criteria
 - Subjective entry patient and doctor agree
- Baseline measurement
 - Anthropomorphic measurement
 - Symptom score (specific)
- Response
 - % change from baseline
 - Subjective assessment, QOL, symptom score

All studies

- Safety issues
 - Long-term and short-term
- Impact on HIV and ART
 - No effect on VL or CD4
 - Drug interaction data on commonly used ART

Participants

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