COMMUNITY AND PROVIDER ATTITUDES TOWARDS TREATMENT INTERRUPTIONS IN HIV CURE TRIALS

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Background:
Analytical treatment interruptions (ATI) assess effects of interventions aimed at curing HIV or achieving antiretroviral therapy (ART)-free HIV remission. Understanding ATI acceptability and how ATI should be conducted amongst people living with HIV (PLHIV) and their HIV healthcare providers (HHP) is limited.

Methods:
Online surveys for PLHIV and HHP assessed understanding and acceptability of different monitoring strategies during ATI (frequency of CD4, viral load (VL) and clinical assessment), potential risks of ATI and the prospect for HIV cure. Responses were collected from July 2017-January 2018. Survey results were compared using χ^2 test between PLHIV and HHP for ATI monitoring strategies and perceptions of cure research.

Results:
442 PLHIV completed the survey: 21% female, 61% ≤ 50 years old, 24% identified as heterosexual, 95% on ART, 83% reported undetectable VL. 55% thought HIV cure would be achievable within 10 years. The preferred frequency of CD4, VL and clinical monitoring during ATI was monthly (31%, 35%, and 39% respectively). 59% stated they would be more willing to undergo ATI if home based VL testing was available, 51% if nurses could perform home visits, and 54% if pre-exposure prophylaxis was offered for HIV negative partners. 144 HHP completed the survey: 72% practiced in Australia, 51% work in teaching hospitals, 24% in community based family practices and 15% in sexual health clinics. 19% HHP believed a HIV cure would be achievable within 10 years. Responses from questions comparable between surveys demonstrate: higher cure optimism amongst PLHIV, higher awareness of ATI in HHP, decreased acceptability of sustained viremia in PLHIV and similar acceptability of changes in CD4 (Table).

Conclusion:
PLHIV were more optimistic of a HIV cure than HHP, but were less aware of ATI or willing to have periods of sustained viraemia. Clear education messages in relation to ATIs should be developed for both PLHIV and HHP.

Disclosure of Interest Statement:
SRL has participated in advisory roles and educational activities of Viiv and Merck Sharp & Dohme Corp. All honoraria were paid to the investigator's institutions.

Survey Question	People living with HIV (PLHIV)^ (n=442)	HIV Healthcare Providers (HHP)^ (n=144)	P-value*
HIV cure achievable in next 10 years	226/410 (55)	26/140 (19)	< 0.01
HIV cure not achievable in lifetime	56/410 (14)	23/140 (16)	0.4
Ever participated/enrolled a patient in HIV cure-focused trial	21/412 (5)	25/140 (18)	<0.01
Aware of ATI	182/399 (46)	86/138 (62)	< 0.01
Would not allow a sustainable period with a detectable viral load (recommence after a detectable viral load)	135/387 (35)	24/136 (18)	< 0.01
Would allow ATI for long as necessary to test trial intervention if remained well	99/387 (26)	37/136 (27)	0.7
Want CD4 to remain >350 during ATI	286/359 (80)	120/137 (88)	0.04

NOTES: ATI, analytical treatment interruption

* compared using χ^2 test

^ proportion of participants who responded to the question (%)