CROIS

CAB-LA PrEP: Early detection of HIV infection may reduce INSTI resistance risk

Susan Eshleman, MD/PhD

Johns Hopkins University School of Medicine Baltimore, MD USA

Disclosure:

Research collaborations: Monogram Biosciences Abbott Laboratories



Background

HPTN 083 and HPTN 084 demonstrated that long-acting injectable cabotegravir was superior to oral TDF/FTC for HIV prevention

- HPTN 083: MSM and TGW US, Latin America, Asia and Africa
- HPTN 084: Cisgender women sub-Saharan Africa

In Dec 2021, the US FDA approved CAB-LA to reduce the risk of sexual HIV transmission







Impact of CAB-LA on detection of HIV infection

CAB suppresses viral replication and delays antibody production

- Rapid tests and Ag/Ab assays often fail to detect infection
- Supplemental Ab tests may be negative/indeterminate for many months
- HIV RNA levels often remain low or undetectable for long periods

Marzinke, JID 2021; 224:1581 Eshleman, JID 2022, In Press

Delayed detection of HIV infection

- → Delayed ART initiation
- → Emergence of INSTI resistance
- → Potential to impact personal health or on-going HIV transmission



DVR

In this study, we used a low VL INSTI genotyping assay to evaluate the timing of emergence of INSTI resistance

These data were used to assess whether earlier detection of HIV infection using a sensitive RNA assay for HIV screening would reduce INSTI resistance risk



INSTI Genotyping

Prior testing – HPTN 083 CAB arm

- CAB arm: 16 HIV infections among 2,282 enrolled (4 baseline, 12 incident)
- VL >500 c/mL GenoSure PRIme assay (Monogram Biosciences)
- 5/16 cases had INSTI resistance (includes 1 baseline case)
- 2 cases had no results (VL <500 at all visits)

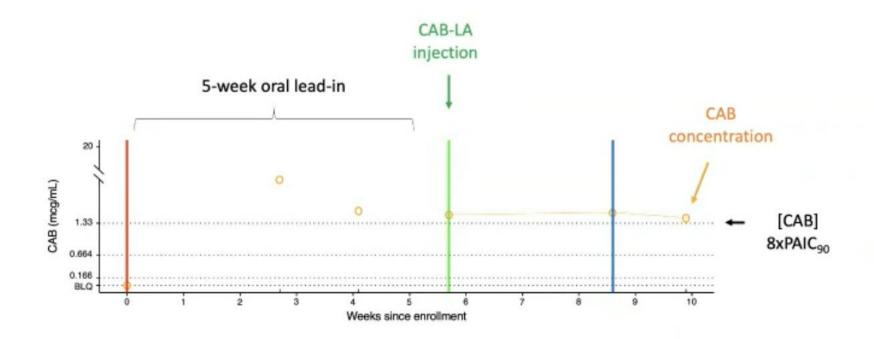
Marzinke, JID 2021; 224:1581

Low VL INSTI resistance testing

- Qualitative RNA test positive (LLOD 30 copies/mL), VL <500 c/mL
- Single genome sequencing assay (Univ of Pittsburgh)
 Halvas, J Clin Invest 2020; 130:5847
- INSTI RAMs Stanford HIV Resistance Database

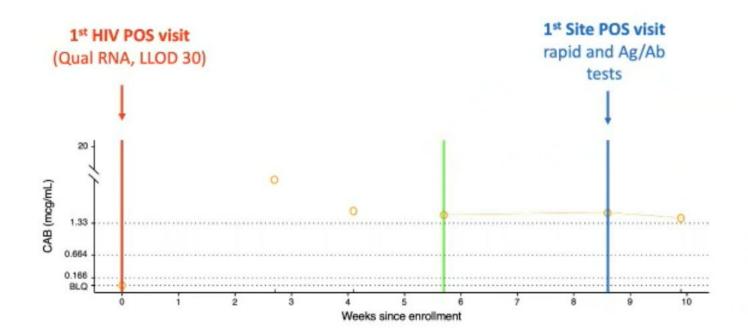


Case presentation





Case presentation





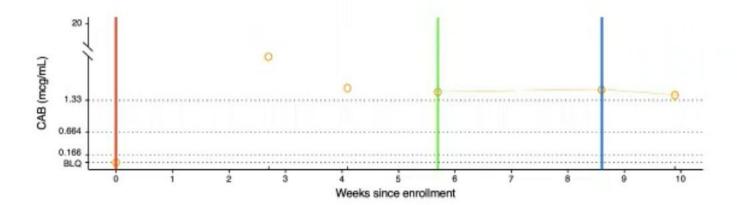


Case presentation

Retrospective testing HPTN Lab Center



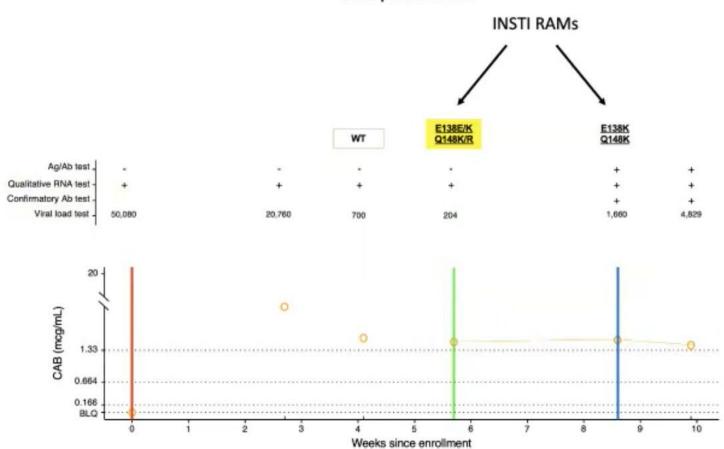






DVE

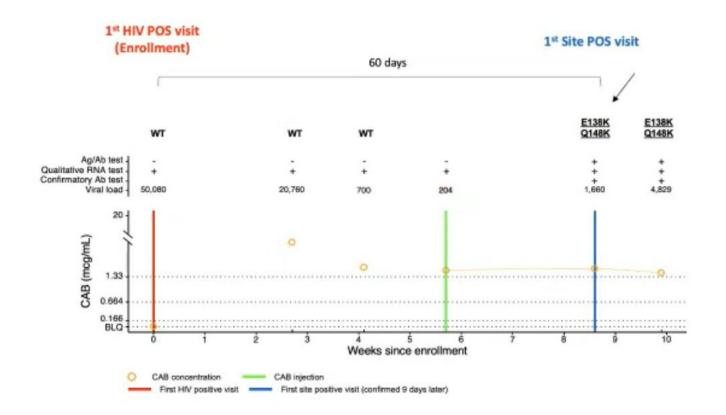
Case presentation





Case A2

Subtype C

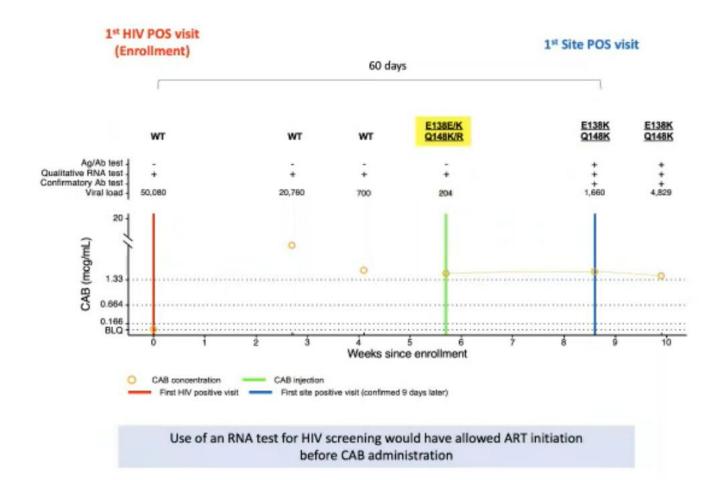






Case A2

Subtype C

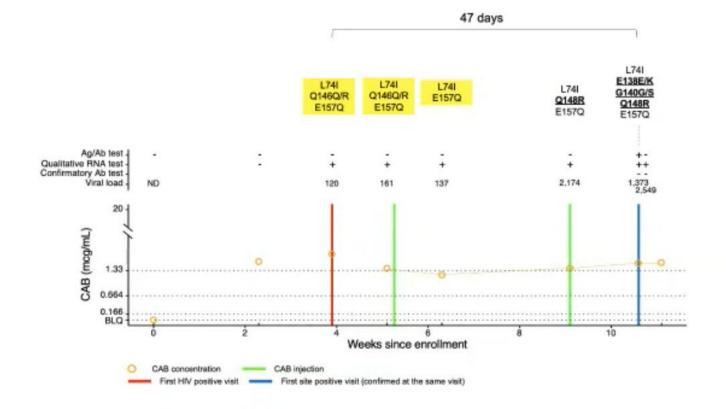




DVE

Case C1

Subtype B



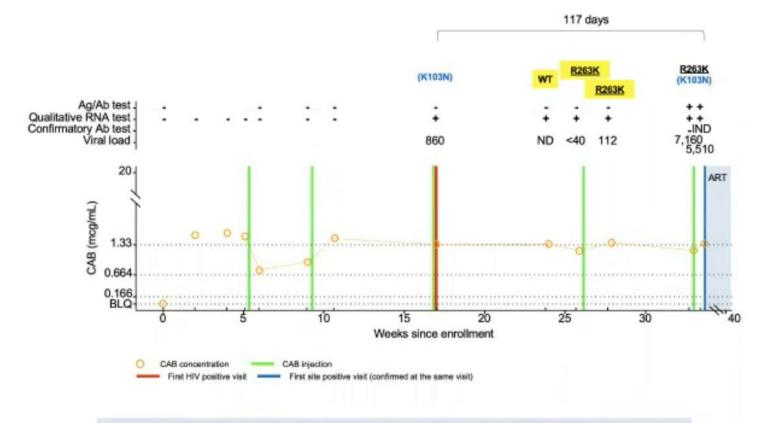
Use of an RNA test for HIV screening would have allowed ART initiation before major INSTI RAMs were detected



DVR

Case D3

Subtype B/F

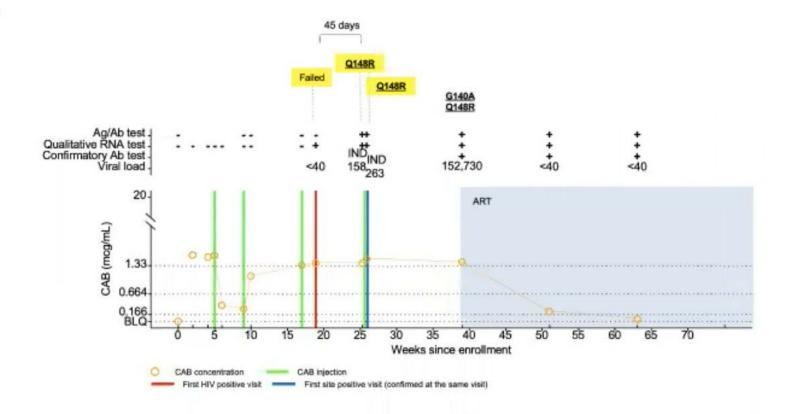


Use of an RNA test for HIV screening would have allowed ART initiation before the INSTI RAM was detected



Case D4

Subtype C

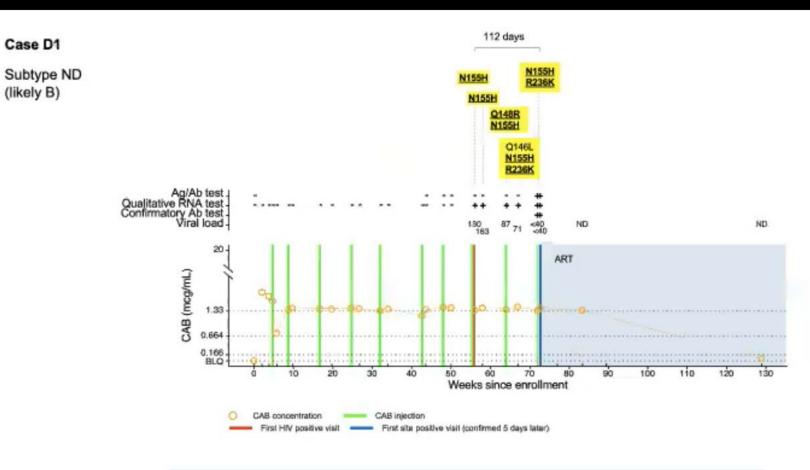


Use of an RNA test for HIV screening would have allowed ART initiation before an additional major INSTI RAM was detected



Case D1

(likely B)

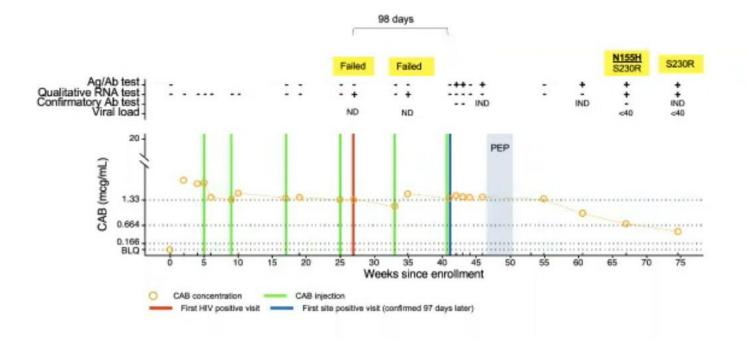


Use of an RNA test for HIV screening would have allowed ART initiation before multiple INSTI RAMs were detected



Case D2

Subtype ND (likely B)



The impact of an RNA test for screening could not be assessed in this case since genotyping results were not obtained near the time of HIV infection





Key Findings

In 5/7 cases, major INSTI RAMs were first detected in samples with low VLs - not just in high VL "breakthrough" samples

Use of a RNA assay for HIV screening would have detected infection before a major INSTI RAM was detected (4 cases) or before additional major INSTI RAMs accumulated (2 cases)



Conclusions

Use of a sensitive RNA assay for HIV screening will help identify infections earlier
This may allow for earlier ART initiation, potentially reducing the risk of INSTI resistance
This testing should be performed using the most sensitive RNA assay available

These findings support the language in the US Package Insert and recent guidance from the US CDC for HIV testing in the setting of CAB-LA PrEP



Apretude package insert: https://www.accessdata.fda.gov US CDC, DHHS. PrEP for the prevention of HIV infections in the United States – 2021 Update



Additional Considerations

None of the participants was started on an INSTI-based ART regimen

Data are not yet available on use of INSTI-based ART in infections that occur in the setting of CAB PrEP

In the context of proven high efficacy, CAB-LA should also be considered for HIV PrEP in settings where HIV RNA screening is not readily available



Acknowledgments

Overall support for the HIV Prevention Trials Network (HPTN) is provided by the NIH (NIAID, NIDA, NIMH, and NICHD) - UM1AI068619-16 (HPTN Leadership and Operations Center), UM1AI068617-16 (HPTN Statistical and Data Management Center) and UM1AI068613-16 (HPTN Laboratory Center)

Abstract authors: Susan Eshleman, Jessica M. Fogel, Elias K. Halvas, John W. Mellors, Estelle M. Piwowar-Manning, Alex R. Rinehart, Marybeth McCauley, Adeola Adeyeye, Juan C. Hinojosa, Robinson Cabello, Keren Middelkoop, Myron S. Cohen, Beatriz Grinsztejn, Raphael J. Landovitz, for the HPTN 083 Study Team

The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.









