Treatment Optimization of HIV and Hepatitis C: implications for future updates of WHO guidelines

Meeting Report

22 February 2015
Washington State Convention Center
Seattle, USA

World Health Organization

Introduction

The WHO HIV/AIDS and Hepatitis Department intends to convene a satellite and technical working group meeting at the CROI Conference held in Seattle in February 2015 to move forward the Treatment Optimization agenda, with a view to informing the incorporation of new evidence into the next set of WHO consolidated guidelines on use of ARV drugs and the next Hepatitis Guidelines.

Meeting Objectives

1. To discuss in more details new data and research plans on dosing and formulations of key drugs (low dose EFV, DRV/r FDC) and the strategic role of new classes (integrase inhibitors, TAF, new booster agents) in a public health perspective. The group will issue a prioritized pipeline of drugs and formulations with related research gaps to be addressed.

2. To establish an ongoing relationship with experts who would be able to advice WHOs work on ARV drug optimization for adults and children.

3. To share the lessons learned from the HIV treatment optimization agenda with the Hepatitis experts and foster new work on drug optimization for the DAAs for Hepatitis C and other treatments for Hepatitis B.

Expected Meeting Outcomes

1. Establishment of an Adult Technical Working Group on Treatment Optimization, which will meet periodically to discuss the agenda on treatment optimization.
2. Meeting report including advice to the GDG on what to consider for the update process of WHO ARV consolidated guidelines in 2015 and beyond (what to include /when to include /what is needed to include)
3. List of questions related to priority drugs and formulations for future optimization of sequencing
4. Major research gaps to inform future Guidelines revision and ARV drug optimization development
5. List of priorities for Treatment Optimization of hepatitis drugs and working group engaged to follow this at the global level.

Working group methods and prioritization process

This meeting was composed by short presentations/comments on the topics established in the agenda (see ANNEX 1) considering the prepared background

document and specific questions to the audience, and followed by plenary discussions moderated by a facilitator. At the end of the meeting a consensus on each topic discussed were obtained and specific questions were answered by the participants, which will help WHO to develop an action plan considering the future updates of WHO ARV consolidated guidelines (what to include /when to include /what is needed to include).

Conclusions

The following major conclusions were made during the meeting:

1. Considering all aspects of public health approach, the large majority of participants (85%) considered that TDF/3TC/EFV 600 mg still fit into this strategy. A moderate and similar level of support for EFV400 and DTG (45% and 40% respectively). Need of more information on safety in TB and PW were highlighted. Very limited support for rilpivirine containing regimens.

2. Most people (85%) do not favour introduction of TAF in the near future, because of lack of data on appropriate combinations. Approximately 52% support looking at lower dose TDF. Need for new trials programme highlighted.

3. Little enthusiasm for either PI/raltegravir (23%) or PI+3TC (24%), based on previous trials. Most participants would like to see new development programme for new combinations as DRV/r + DTG.

4. Most people supported evaluating DRV/r low dose (72%) , but little support for transition to cobicistat (23%). Mixed opinions about ATV/r (43%).

5. High level of support for simple diagnostic algorithm (92%). Highest priority for DAAs profile was pan-genotypic efficacy, short treatment duration and high SVR rates in cirrhotics.

Way forward and timelines:

This executive summary will be published in WHO/HIV website for documentation purposes. A short communication report manuscript is under elaboration and will be shared with the participants for input/review by end of March/2015, and submitted for publication in a scientific journal in Q2 2015, after WHO clearance. A new Think Tank meeting is planned for Feb/ 2016, during next CROI to be held in Boston, USA.

ANNEX 1: MEETING AGENDA

Treatment Optimization of HIV and Hepatitis C: implications for future updates of WHO guidelines	TIME	AGENDA ITEM
	6:00 PM- 6:05 PM	Welcome remarks
	6:05 PM - 6:35 PM	EFV vs DTG: Pregnancy, TB and food - drug interaction trials with EFV, DTG and RPV
	6:35 PM - 7:05 PM	TAF vs TDF: Will there be a switch to TAF in the future, or is it more practical to use lower dose TDF in many countries?
	7:05 PM - 7:35 PM	Role of new strategies: Two-drug versus three drug treatment, in naïve and pre-treated patients
	7:35 PM - 8:05 PM	PI optimization: lower dose studies and use of new booster agents (COBI vs RTV)
	8:05 PM - 8:35 PM	Hep C treatment in a public health approach: which combinations of DAAs look most promising for large-scale treatment programmes?
	8:35 PM - 8:45 PM	Closing remarks and next steps

ANNEX 2: LIST OF PARTICIPANTS

NAME	INSTITUTIONAL AFFILIATION
1. Andrew Hill	Chelsea and Westminster Hospital, UK
2. Andrew Kambugu	Makarere University, Uganda
3. Anton Pozniak	Chelsea and Westminster Hospital, UK
4. Beatriz Grinsztejn	Oswaldo Cruz Foundation, MoH, Brazil
5. Ben Plumley	Pangea, USA
6. Charles Flexner	JHU, USA
7. Chris Duncombe	Bill and Melinda Gates Foundation, USA
8. David Ripin	CHAI, USA
9. Deenan Pillay	Africa Centre Health and Pop. Studies, South Africa [unable to attend]
10. Diane Havlir	UCSF, USA
11. Elaine Abrams	ICAP, Columbia University, USA
12. Elliot Raizes	CDC, USA
13. Francois Venter	Witwatersrand University, Johannesburg, South Africa
14. Gary Maartens	UCT, Cape Town, South Africa [unable to attend]
15. Jean-Michel Molina	Saint-Louis Hospital and University of Paris, France
16. Jennifer Cohn	Medecins Sans Frontieres, Switzerland
17. Joe Fortunak	Howard University, USA [unable to attend]
18. Jose Gatel	Hospital Clinic-IDIBAPS, Spain
19. Juergen Rockstroh	University of Bonn, Germany
20. Karine Lacombe	Saint-Antoine Hospital, France
21. Kenly Sikwese	AFROCAB, Zambia
22. Lara Stabinski	PEPFAR/OGAC, USA
23. Lynne Mofenson	EGPAF, USA [unable to attend]
24. Marc Lalemant	DNDI, Switzerland
25. Marcelo Freitas	National HIV and Hepatitis Programme, MoH, Brazil
26. Mike Saag	University of Alabama, USA
27. N Kumarasamy	YRG Care India
28. Pedro Cahn	Fundación Huesped, Argentina
29. Poly Clayden	HIV iBase, UK
30. Roy Gulick	Cornell University, USA
31. Saye Khoo	University of Liverpool, UK
32. Sean Emery	Kirby Institute, Australia
33. Simon Collins	HIV iBase, UK
34. Stefano Vella	Istituto Superiore di Sanita, Italy
35. Tracy Swan	TAG, USA
36. Vincent Soriano	Hospital Carlos III, Spain

WHO staff:

1. Gottfried Hirnschall	WHO/HIV/ODH, Geneva
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3. Marco Vitoria	WHO/HIV/TAC, Geneva
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5. Martina Penazzato	WHO/HIV/TAC, Geneva
6. Silvia Bertagniolo	WHO/HIV/TCO, Geneva
7. Stefan Wiktor	WHO/GHP, Geneva
8. Haileyesus Getahun	WHO/TB, Geneva