

HOPE: Empowering Choice

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Dapivirine ring as a choice

No, I told him to take the ring as the condom. I said: “Because you do not want the condom, this is now our condom, just ignore it, it’s inside my body and it’s mine. Because you don’t want the condom so pretend as if this is my condom because you don’t want to wear a condom I am wearing mine.” We never had problems about it and we never spoke about it again.

- ASPIRE participant, Durban, South Africa

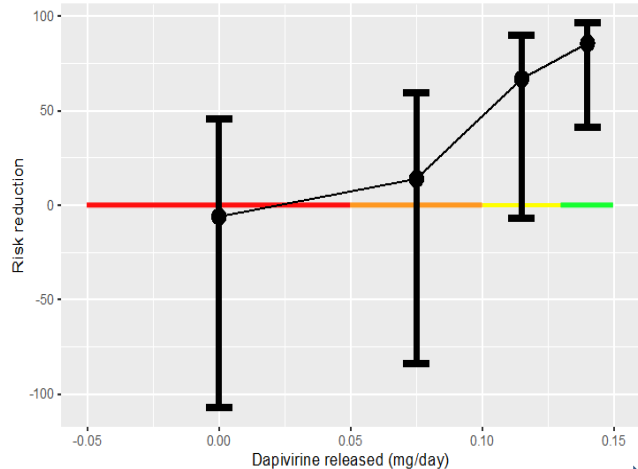
ASPIRE: HIV-1 Protection

Overall, 27% reduction in the rate of HIV-1 acquisition, compared to placebo.

Excluding two sites with low adherence, HIV-1 protection was 37% ($p=0.007$).

Among women >21 years of age, 56% ($p<0.001$).

When taking into account residual levels of dapivirine in the ring - >56% and as high as 92% in some analyses.



More dapivirine released = more use = more protection

Why do HOPE?

- A clinical trial is only the beginning of getting a product scaled up.
- *Essentially, we are now where oral PrEP was 5 years ago:*
 - Imperfect efficacy in the first trial (iPrEx = 44% overall, 59% among those ≥ 25 years, not significant for those < 25 years)
 - Just beginning open-label studies – i.e., where participants know it is safe and know it is not placebo.



Graphic: AVAC

MTN-025/HOPE: What We Will Learn

- Now that we know the ring works and is safe, do women want it, use it, and achieve HIV protection.
 - In open-label projects of oral PrEP for HIV prevention, those who chose to use PrEP had **higher** adherence and **better** HIV protection than in blinded, placebo-controlled trials. *This strongly suggests that adherence and HIV protection will be higher in MTN-025/HOPE than in MTN-020/ASPIRE.*

HOPE is different than ASPIRE

- ASPIRE & HOPE are different studies and we must think of them differently:

	ASPIRE	HOPE
Design	Randomized, blinded phase III trial	Open-label phase IIIB trial w/ no randomization or blinding
Placebo	Yes	No
Product	Unproven efficacy, may be placebo, unproven safety	Proven to prevent HIV, proven safe
Goal	Determine whether the ring was effective and safe	Show whether women will use the ring, when given the opportunity

- In many ways, unlike anything we have done before.*

From ASPIRE to HOPE

- ASPIRE & HOPE are different studies and we must think of them differently.

The questions, the goals, and the culture of this study is different than ASPIRE ... and different than most (all?) studies we have done before.

Key Concepts in HOPE



CHOICE



ADHERENCE



ACCURATE
REPORTING

Counselling to Optimize Adherence, Choice, and Honest Reporting

CHOICE: Helping you choose the best HIV prevention method for you

In our sessions, we will...

- Discuss the Ring or any other HIV prevention method you choose
- Help you decide on the best HIV prevention plan for you
- Help you adjust your plan

Key messages:

- ✓ The Ring can greatly reduce a woman's chance of HIV infection
- ✓ Protection is highest when the Ring is used all the time
- ✓ The Ring is not protective when it is not used
- ✓ The Ring is very safe to use

Choice & straightforward messages?

CAT

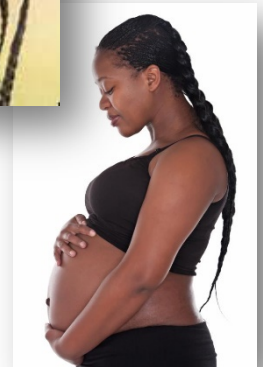
HOPE is different than ASPIRE for CAT

- For contraception (and the CAT) HOPE brings new & different opportunities:

	ASPIRE	HOPE
Starting place	More limited scope of options, most women using injectables	Tremendous experience and expertise with a diversity of options
Contraceptive goal	Diversify options, promote LARC methods	Choice <i>And how does that include the choice not to use (the ring, but also contraception)</i>
Pregnancy rate	As low as possible – important for the clinical trial	May be higher than ASPIRE, but that does <u>not</u> hurt the goals of HOPE

Pregnancy and HIV protection

- The periconception period, pregnancy, and the post-partum period are high-risk times for HIV
- Women need prevention options for all times of their lives
- Safety information about new prevention tools in women who become pregnant is tremendously important for scale-up



Moving forward

- A clinical trial is only the beginning of getting a product scaled up.
- *Many questions loom as we move this ring forward:*
 - *Do women want it*
 - *Will women use it / will they be protected*
 - *How will women use it in the real world*
 - *What about safety in pregnancy?*
 - *Can we empower CHOICE throughout our work in HOPE?*



Graphic: AVAC

MTN-020/ASPIRE & MTN-025/HOPE

Study Team

- **MTN-020/ASPIRE leadership:** Jared Baeten (protocol chair), Thesla Palanee-Phillips (protocol co-chair), Nyaradzo Mgodi (protocol co-chair), Elizabeth Brown (protocol statistician), Katie Schwartz & Ashley Mayo (FHI 360), Lydia Soto-Torres (DAIDS medical officer)
- **Study sites:**
 - **Malawi: Blantyre site (Malawi College of Medicine-John Hopkins University Research Project):** Bonus Makanani, Taha Taha
 - **Malawi: Lilongwe site (University of North Carolina Project):** Francis Martinson
 - **South Africa: Cape Town site (University of Cape Town):** Lulu Nair, Linda-Gail Bekker
 - **South Africa: Durban eThekweni site (Centre for AIDS Programme of Research in South Africa):** Gonasagrie Nair, Leila Mansour
 - **South Africa: Durban – Botha's Hill, Chatsworth, Isipingo, Tongaat, Umkomaas, Verulam sites (South African Medical Research Council):** Anamika Premrajh, Arendevi Pather, Logashvari Naidoo, Nishanta Singh, Nitesha Jeenarain, Samantha Siva, Vaneshree Govender, Vimla Naicker, Zakir Gaffoor, Gita Ramjee
 - **South Africa: Johannesburg site (Wits Reproductive Health and HIV Institute):** Thesla Palanee-Phillips
 - **Uganda: Kampala site (Makerere University-Johns Hopkins University Research Collaboration):** Flavia Matovu Kiweewa, Brenda Gati, Clemensia Nakabiito
 - **Zimbabwe: Chitungwiza-Seke South, Chitungwiza-Zengeza, Harare-Spilhaus sites (University of Zimbabwe-University of California San Francisco Collaborative Research Program):** Nyaradzo Mgodi, Felix Mhlanga, Portia Hunidzarira, Zvavahera Chirenje
- **Microbicides Trials Network Leadership and Operations Center (University of Pittsburgh, Magee-Womens Research Institute, University of Washington, FHI 360, Population Council, RTI International):** Sharon Hillier, Ian McGowan, Katherine Bunge, Beth Galaska, Cindy Jacobson, Judith Jones, Ashley Mayo, Barbara S. Mensch, Elizabeth Montgomery, Patrick Ndase, Kenneth Ngire, Rachel Scheckter, Devika Singh, Kristine Torjesen, Ariane van der Straten, Rhonda White
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- **Microbicides Trials Network Statistical and Data Management Center (Fred Hutchinson Cancer Research Center):** Elizabeth Brown, Jennifer Berthiaume, Marla Husnik, Karen Patterson, Melissa Peda, Barbra Richardson, Daniel Szydio
- **US National Institutes of Health:** Nahida Chakhtoura, Donna Germuga, Cynthia Grossman, Diane Rausch, Lydia Soto-Torres
- **International Partnership for Microbicides:** Zeda Rosenberg, Annalene Nel
- **ASPIRE & HOPE participants and their communities and Community Working Group**
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