Impact of Sex & Semen on TFV-Based PrEP MTN 011

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Making ¢ of TFV Gel Trial Results

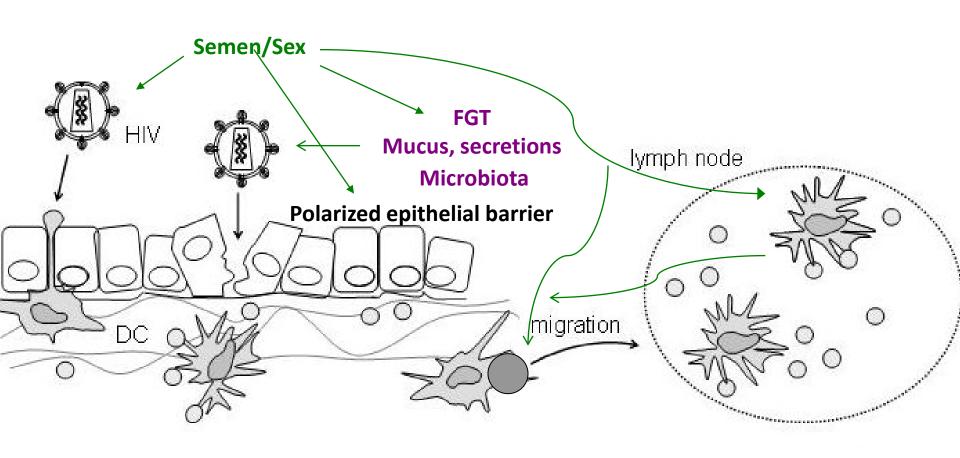
- Discrepancy preclinical & clinical trial outcomes
 - Robust activity in vitro
 - Full protection in NHP models
- Discrepancy in topical clinical trial outcomes:
 - Modest protection CAPRISA 004 vs. none in VOICE
 - Dosing schedule: BAT 24 vs. daily
 - Adherence
 - Sexual practices
 - Hormonal contraception: Required in VOICE
 - Altered mucosal environment in different poplations

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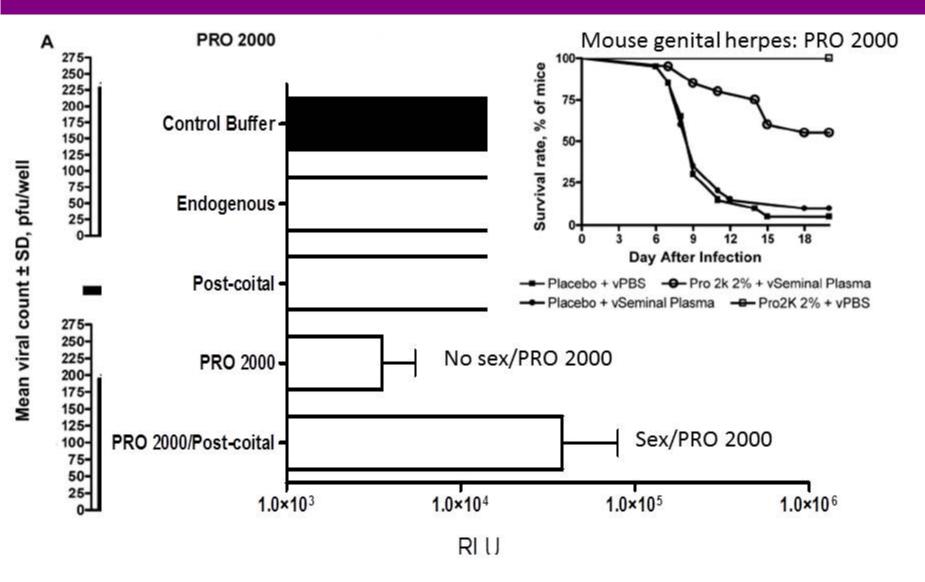
*Sex & semen modulate PK/PD & HIV risk

Sex and Semen Fuel the HIV Epidemic



Does sex/semen also modulate PK/PD?

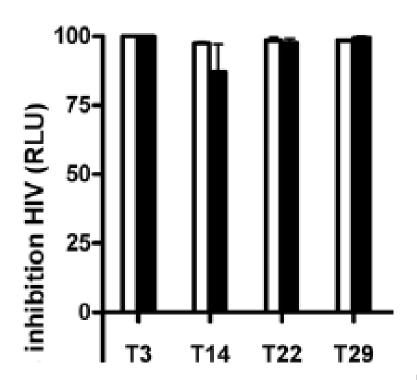
Semen Interferes with Polyanionic Drugs: Bench to Bedside



Patel et al, JID, 2007, Keller et al PLoS One, 2010, Segarra et al, PLoS One, 2012

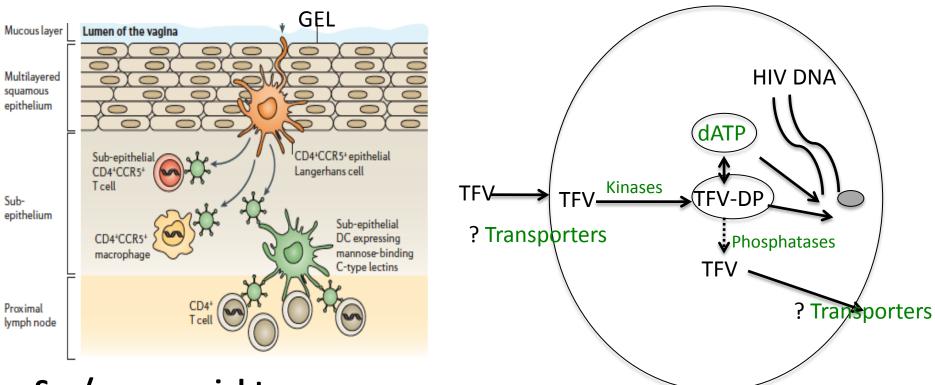
No Adverse Effect of Semen on Tenofovir Activity Ex Vivo

Women applied TFV gel x 14 days (no sex!)
Cells exposed to Day 7 secretions (cervicovaginal lavage)
Challenged with HIV in buffer (white) or in 25% semen (black)
TFV retained antiviral activity



Keller, Madan; PLoS one 2011

But What About the Clinical Setting? Drug Needs to be at the Right Place and at the Right Time

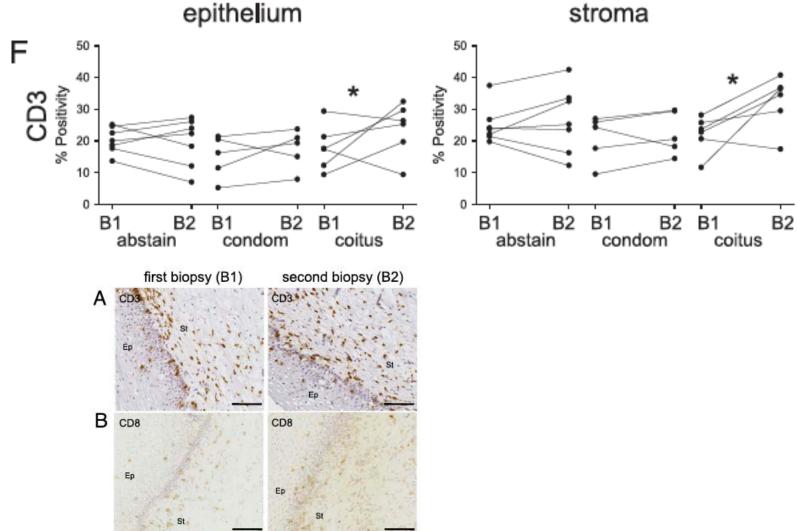


Sex/semen might:

- •Reduce effective dose due to leakage/dilution if applied shortly prior to sex
- Alter drug permeability & transport
- •Impact metabolism
- •Recruit new immune targets
- Activate immune cells
- Alter TFV:dATP stoichiometry

Sex Associated with 1 Immune Cells

Collected 2 biopsies each from women at baseline and then 48 h later, 12 h following coitus with (n=5) or without condom (n=6) or no coitus (n=7)



Sharkey et al J Imm, 2012

Sex/Semen Trigger Inflammatory Responses

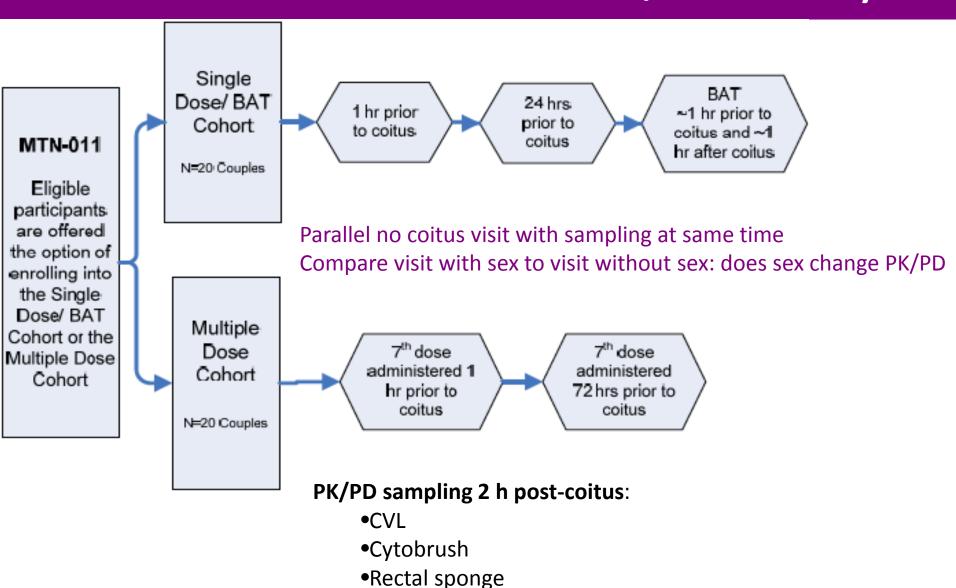
Inflammatory mediators in semen and/or female response to semen/sex:

- Disrupt epithelial barrier
- Recruit Immune cells from lymph node or circulation
- Activate resident immune cells
- Increase dATP stores (shifting dATP: TFV-DP balance)
- Alter TFV uptake/metabolism

MTN 011: PK/PD Study of TFV Gel Dosing with Coitus

- Purpose: Obtain PK/PD data on timing of dosing relative to sex
- Primary objective:
 - PK: TFV & TFV-DP levels in CVL, cytobrush, biopsies, rectal sponge, blood
 - PD: Anti-HIV activity of CVL
- Secondary/Exploratory
 - Acceptability of postcoital/biopsy study
 - Impact of coitus & drug on mucosal immunity (soluble/cellular)
- Study Design: Phase I multi=sequence open label
- Study Population: 40 monogamous couples; 21-46 yrs
- Sites: Pittsburgh and Cleveland

MTN 011: Postcoital PK/PD Study

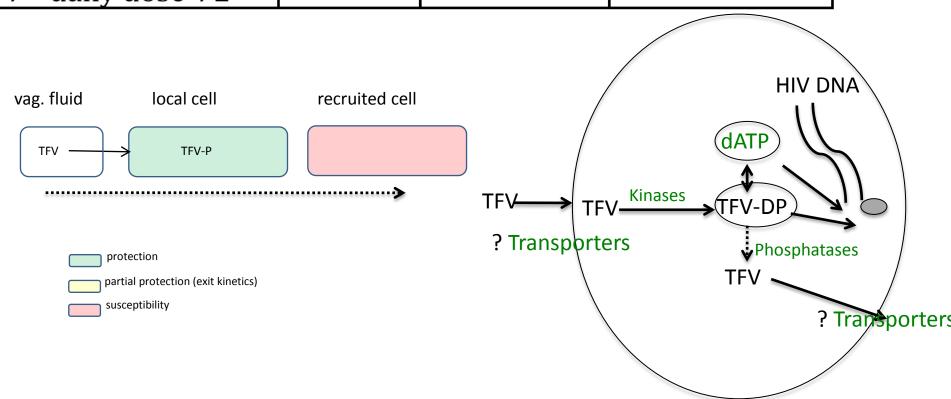


Vaginal & cervical biopsies

Blood

Putting it all together.. Predicting PK/PD

	CVL	Cytobrush	Biopsies
1 h prior to coitus			
24 h prior			
BAT (-1/+1)			
7 th daily dose -1h			
7 th daily dose-72			



CONRAD 113: PK/PD TFV Gel Study

- Primary Objective: To assess TFV and TFV-DP in genital samples and blood plasma/PBMCs after a single sex act and after two weeks of twice weekly sex
- Study Design: Randomized to dosing regimen and to time of sample collection after a single sex act and after two weeks of twice weekly sex; n=90 couples; 5 sites

Genital sampling						
4, 12 or 72 hours post-single sex act						
BAT 24	$gel \rightarrow ^{1h} sex \rightarrow ^{1h} gel$					
PRECOITAL	gel→¹h sex					
POSTCOITAL	sex→ ^{1h} gel					

For each of 9 groups (Regimen x Time-point) N=10

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Two weeks of twice-weekly sex

	Genital Sampling Time-points							
	4 hours post-sex	12 hours post-sex	72 hours post-sex	5 days post-sex	10 days post-sex	14 days post-sex		
BAT 24								
$gel \rightarrow ^{1h} sex \rightarrow 1^{h}gel$	N=10	N=10	N=10		N<30			
PRECOITAL and POSTCOITAL								
gel→¹h sex	N=5	N=5	N=5		N 420			
sex→¹h gel	N=5	N=5	N=5		N<30			
DAILY								
last gel→ ^{12h} sex	N=10	N=10	N=10		N<30			

Implications of 2 Studies

- Inform population as to how to best use products
- Advance new products/formulations
- Understand interplay between sex and TFV PK/PD
- Lay groundwork for more intensive future PK/PD studies that ideally will precede Phase III trials
- Gain insight into VOICE & CAPRISA 004 outcomes