

# Tenofovir Concentration in the Female Genital Tract

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# The Microbicide Challenge is a Tall Order...

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In order to prevent HIV infection we have to:

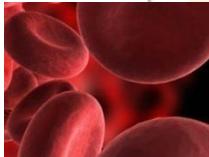
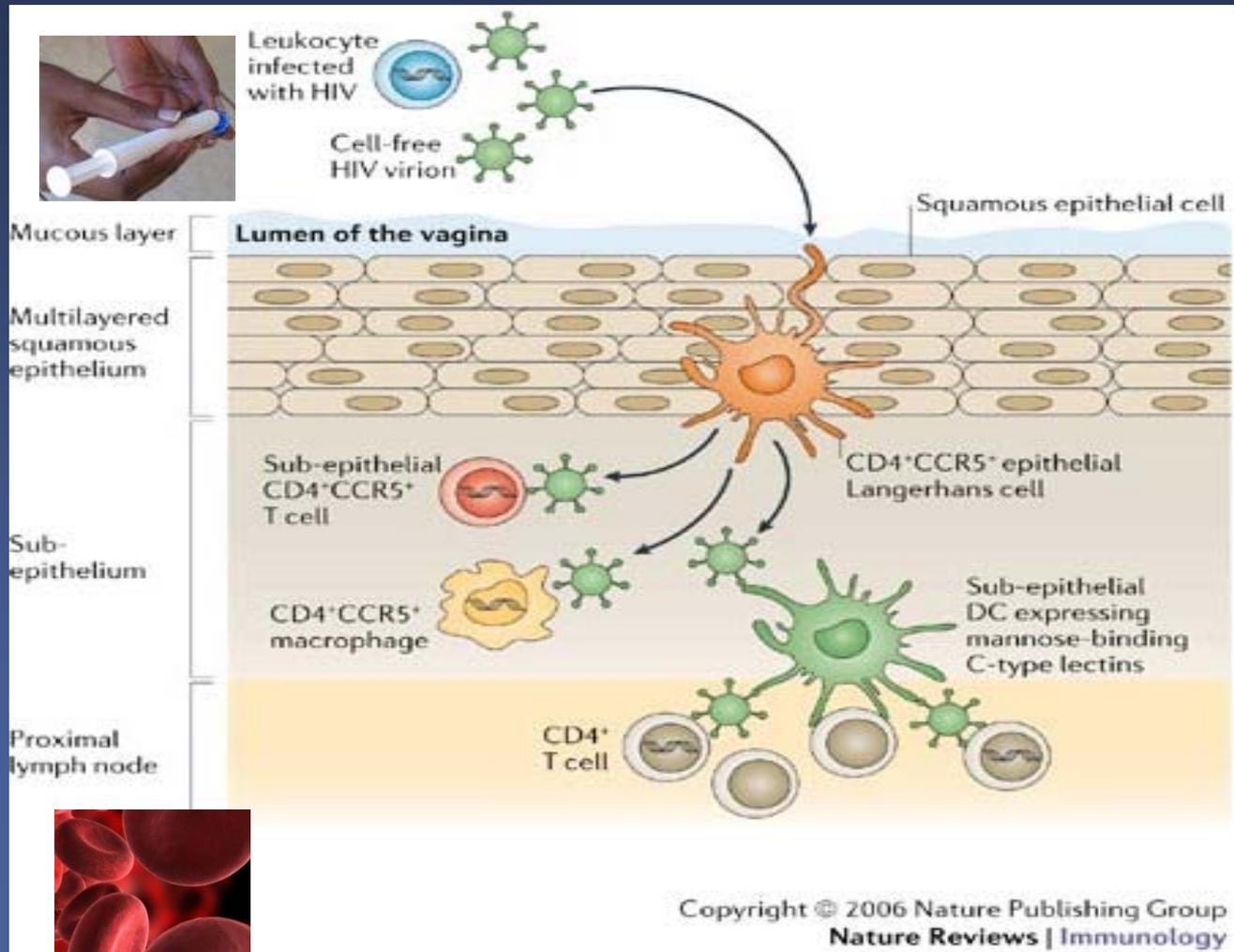
- ◆ Deliver the *appropriate* concentration of TFV
- ◆ To the *appropriate* biological site
- ◆ For the *appropriate* duration
- ◆ And avoid side effects and resistance

# Why Are Pharmacokinetic Data Collected

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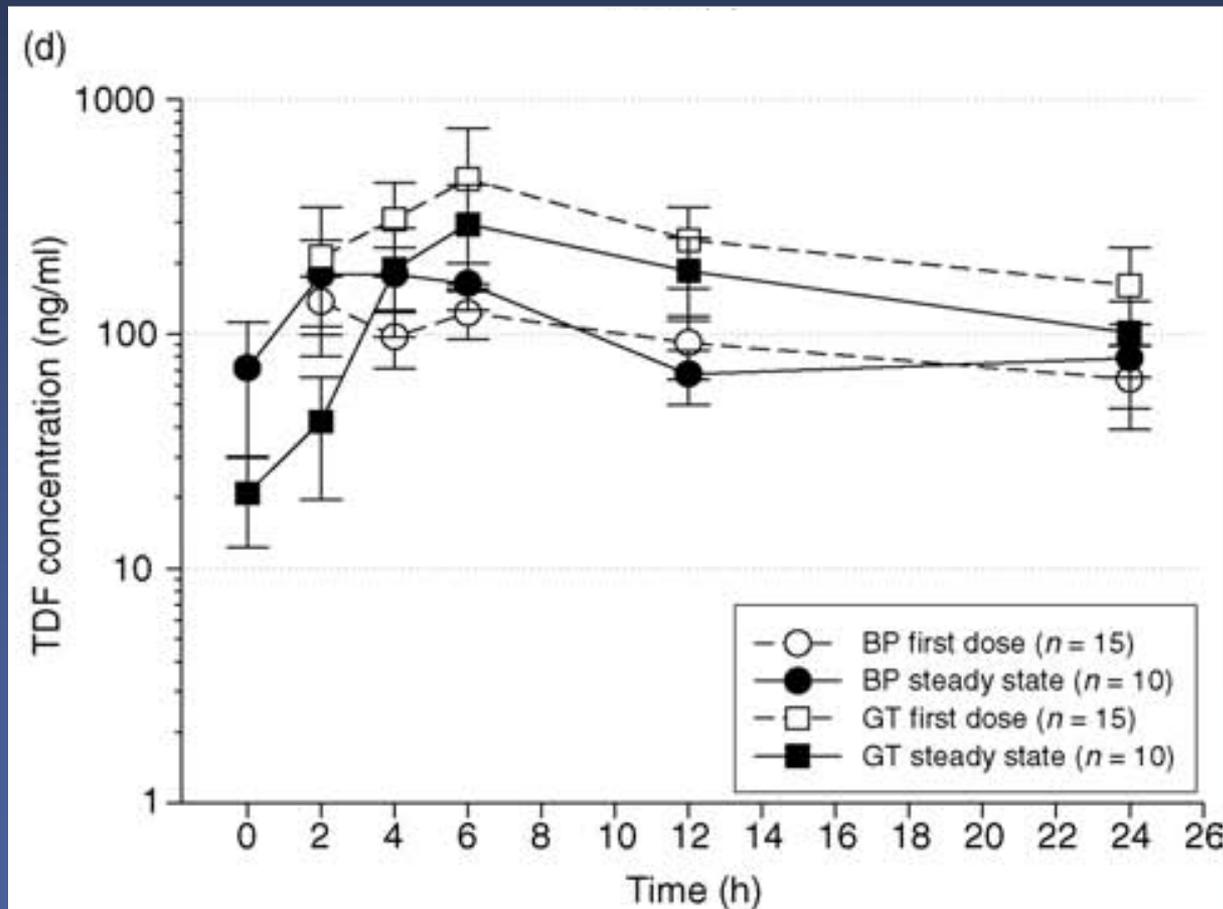
- ◆ Inform clinical trials for selection of drug dose and dosing frequency
- ◆ Provide biologic plausibility to interpret clinical trial results

# Where do the drugs need to be?



# ORAL TDF

## TFV in blood plasma (BP) and genital tract (GT) After 1<sup>st</sup> dose and Steady State

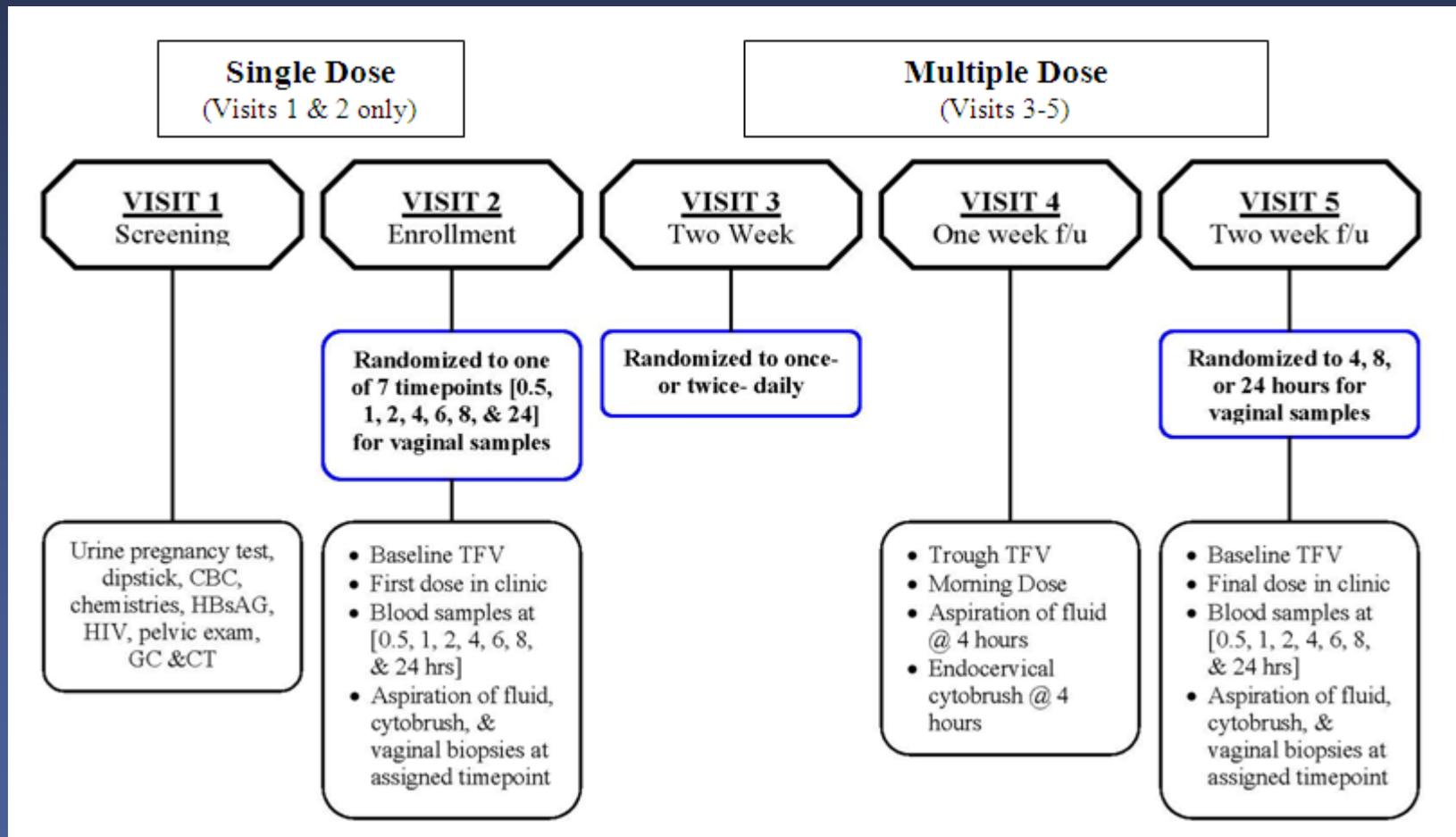


# TFV gel Clinical Safety and PK Studies

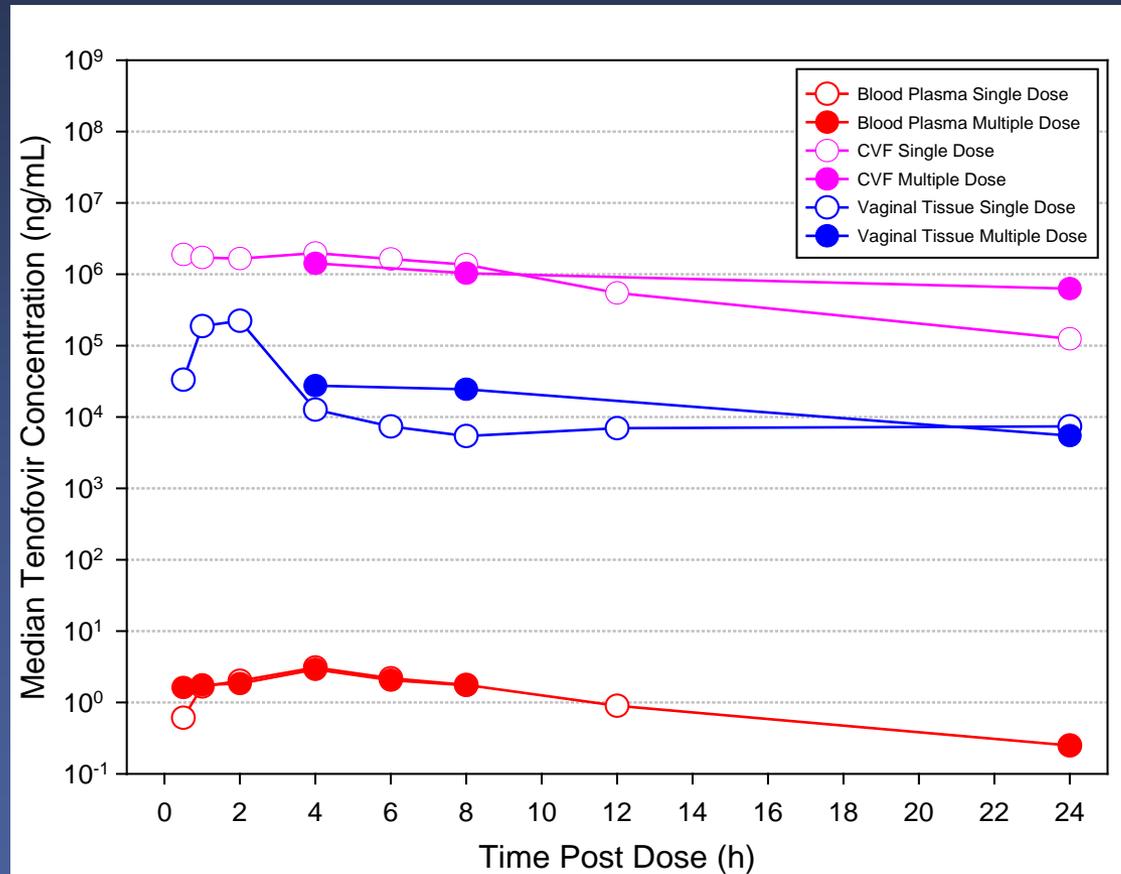
Study	N (# TFV)	Arms	Endpoints			
			Safety (includes AEs)			PK
			Colpo	Cyto- kines	Flora	
HPTN 050 <i>Safety study in HIV- &amp; HIV+</i>	84	0.3 vs 1% QD or BID for 2 weeks	√			√
MTN 059 <i>Expanded Safety</i>	200 (100)	4 arms: Daily or Coitally Tenofovir or placebo for 6 months	√	√	√	√
CONRAD PK	49	Single dose then 2-weeks (once or twice-daily)				√
MTN 001 <i>Crossover safety and PK</i>	144	6-weeks oral 6-weeks vaginal 6-weeks oral + vaginal		√	√	√

# Tenofovir PK Study Design

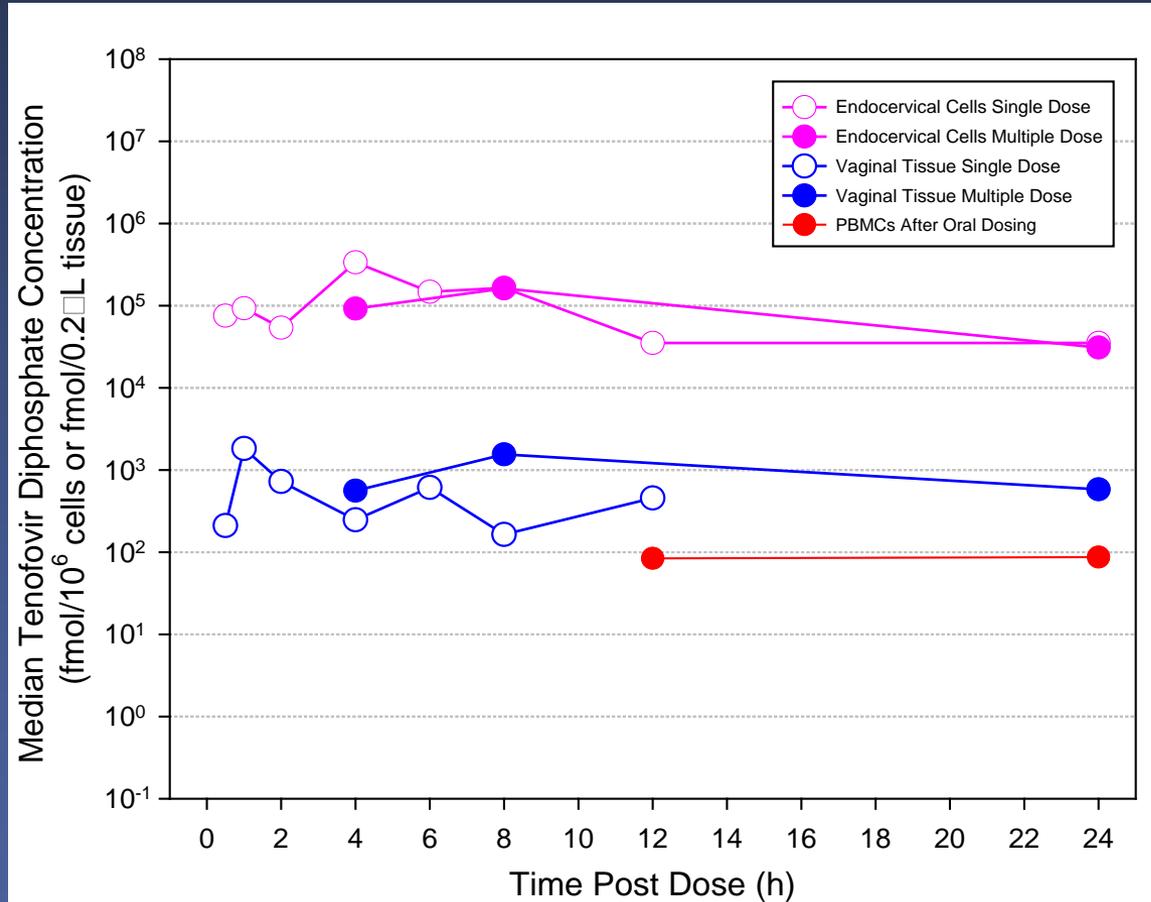
## N=49



# Tenofovir Pharmacokinetics

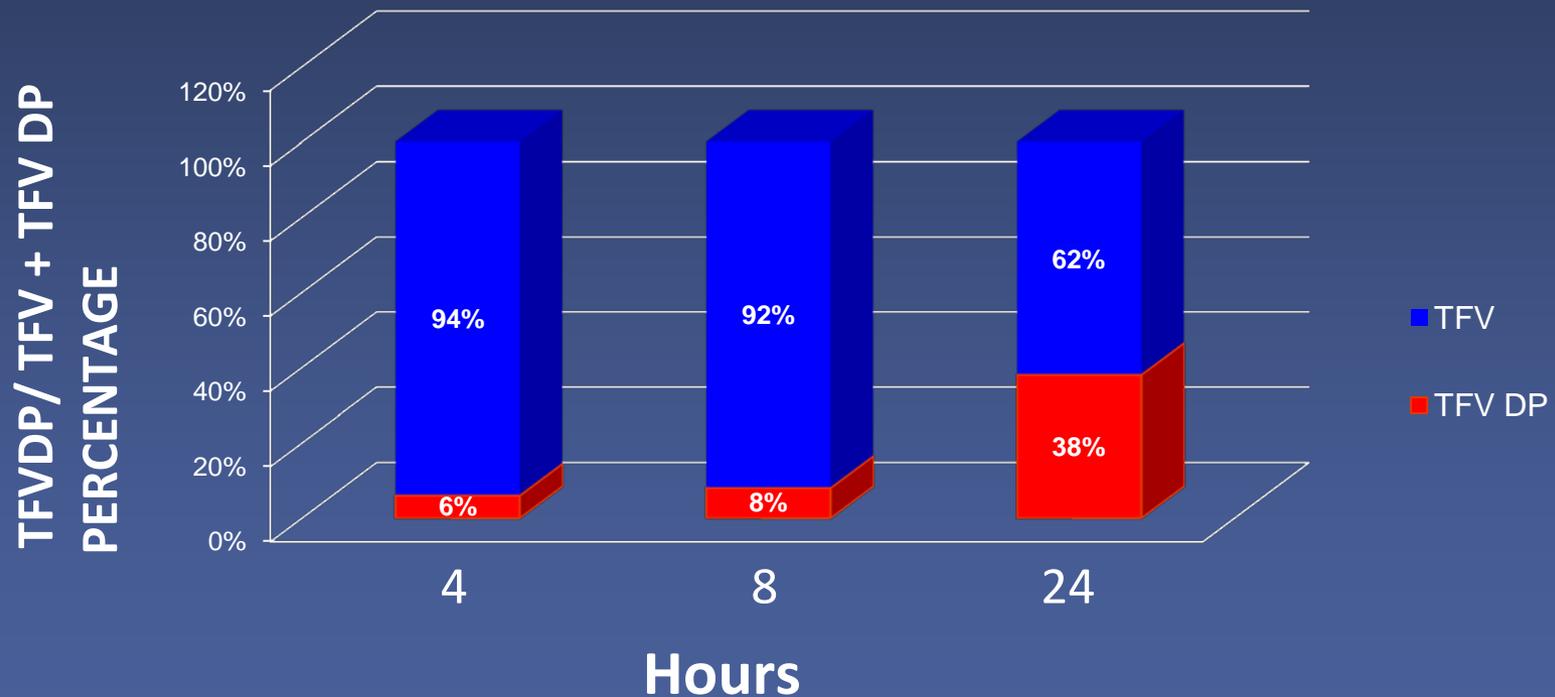


# Tenofovir Diphosphate Pharmacokinetics



# What percentage of total tenofovir is in the active metabolite form?

## Vaginal Tissue levels after 2 Weeks of Dosing



# Median (IQR) Parameters Blood Plasma

Analyte, Matrix, Dose Frequency	C <sub>max</sub> (ng/mL)	T <sub>max</sub> (hr)	AUC <sub>24h</sub> (hr*ng/mL)	C <sub>24h</sub> (ng/mL)
TFV Single Dose	4.0 (1.5-9.1)	4 (2-6)	36.4 (13.5-69.6)	0.3 (0.3-0.5)
TFV Multiple Dose	3.4 (2.4-6.1)	4 (2-6)	37.2 (24.6-62.6)	0.3 (0.3-0.6)
TDF (oral) 300 mg	3.0x 10 <sup>2</sup>	1	2.3x 10 <sup>3</sup>	--

# Median PK Parameters TFV-DP in Genital Tract

Analyte, Matrix, Dose Frequency	Cmax (ng/mL)	Tmax (hr)	AUC <sub>24h</sub> (hr*ng/mL)	C <sub>24h</sub> (ng/mL)
TFV-DP ECC Single Dose <sup>1</sup>	7.5 x 10 <sup>5</sup>	4	58.1 x 10 <sup>5</sup>	0.8 x 10 <sup>5</sup>
TFV-DP ECC Multiple Dose <sup>1</sup>	3.6 x 10 <sup>5</sup>	8	44.5 x 10 <sup>5</sup>	0.5 x 10 <sup>5</sup>
TFV-DP Tissue Single Dose <sup>1</sup>	0.5 x 10 <sup>3</sup>	4	1.7 x 10 <sup>3</sup>	n/a
TFV-DP Tissue Multiple Dose <sup>1</sup>	3.1 x 10 <sup>3</sup>	8	43.4 x 10 <sup>3</sup>	1.3 x 10 <sup>3</sup>
TDF (oral) 300 mg Blood Plasma	3.0x 10 <sup>2</sup>	1	2.3x 10 <sup>3</sup>	--
<sup>1</sup> Estimated from 4, 8 and 24 hour samples				

# What do we know about TFV in Genital Tract?



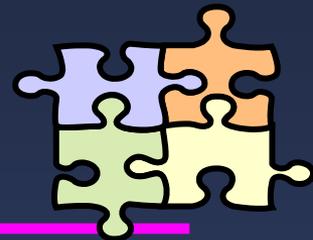
## Oral:

- ◆ GT exposure within 2 hrs of oral dose
- ◆ TFV reached peak conc by 6 hours
- ◆ GT conc. were at or above BP conc 4h after dose and remained higher

## Intravaginal:

- ◆ TFV high in vaginal tissue ( $10^4$ - $10^5$  ng/ml)
- ◆ TFV-DP high in ECC ( $10^5$  ng/ml) and vaginal tissue ( $10^3$  ng/ml)

# What will other ongoing studies tell us? More pieces to the puzzle...



- ◆ **TFV010—**
  - ▶ Mucosal Immunity: cytokines, antimicrobial proteins and endogenous activity, ECC TFV-DP (Results M2010)
- ◆ **MTN001—**
  - ▶ Genital Tract PK with oral vs intravaginal administration
- ◆ **PK in Pregnancy—**
  - ▶ 002—PK in blood, amniotic fluid, fetal cord blood, placenta and endometrium after single dose
  - ▶ 008---PK after 7 days in pregnancy and lactation
- ◆ **Rectal Studies—**
  - ▶ 006 --To compare PK among oral TDF, rectal TFV gel & placebo gel

# What do we still need to know?

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- ◆ TFV-DP levels in cell populations (immune vs. epithelial cells)
- ◆ TFV-DP conversion—need to stabilize samples
- ◆ What drug levels are needed and where?

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