

## Welcome and State of the Network

Cape Town,
South Africa
October 6<sup>th</sup> 2015

#### HIV & AIDS in Africa

- In 2013
  - 24.7M living with HIV
    - 58% women
  - 1.5 M new infections (4,109 per day)
    - 33% reduction from 2005
  - 1.1 M deaths (3,013 per day)
    - 33% reduction from 2005
- By March 2015
  - Global ART coverage 41%

#### HIV Prevention in 2014/2015

- More evidence for PrEP effectiveness in MSM
  - Proud study (UK) & IperGay (France)
- Exciting Long Acting (LA) PrEP non human primate data
- Preliminary data on broadly neutralizing antibodies (bNab)
- Phase 1 studies of LA PrEP and bNabs completed and Phase 2 studies ongoing

#### Oral PrEP

- PrEP Trials in European MSM
  - PROUD (86% reduction)
  - IperGay (86% reduction)
- PrEP Demonstration Projects

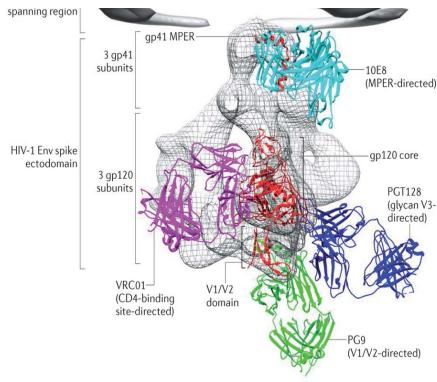
| Partners   | Kenya &Uganda | Serodiscordant couples   |
|------------|---------------|--------------------------|
| AMPrEP     | Netherlands   | MSM & TGW                |
| PRELUDE    | Australia     | High risk men and women  |
| PrEPBrasil | Brasil        | MSM & TGW                |
| CHAMPS     | South Africa  | Heterosexual adolescents |

#### New PrEP Approaches

- LA PrEP Agents
  - Rilpivirine (HPTN-076)
  - Cabotegravir (HPTN-077 and HPTN-083)



 Broadly Neutralizing antibodies (HPTN-081)





# What Makes for a Successful HIV Prevention Strategy?

#### The Prevention Score Card

|                     | Clinical Trials           | Implementation |                       |        |           |
|---------------------|---------------------------|----------------|-----------------------|--------|-----------|
|                     | Safety &<br>Effectiveness | Cost           | Medical<br>Monitoring | Burden | Adherence |
| Oral PrEP           | +++ / +++                 | \$\$           | ++                    | ++     | +++       |
| LA PrEP             | ++/?                      | \$\$\$         | +++                   | +++    | 0         |
| Antibodies          | ++/?                      | \$\$\$\$       | ++++                  | ++++   | 0         |
| Vaccines            | ++/+                      | \$\$           | ++                    | +      | 0         |
| Microbicide<br>gels | +++/+                     | \$\$           | ++                    | ++     | +++       |
| Intravaginal rings  | +++/?                     | \$             | +                     | +      | ++        |
| Circumcision        | +++ / +++                 | \$             | 0                     | 0      | 0         |

#### Prevention Priorities

- The prevention toolbox is real and like contraception provides choices
- All current HIV prevention strategies have strengths and weaknesses
- We have learned that the dapivirine IVR is safe, acceptable, and used
- Effectiveness data awaits, but the ring appears to be an attractive option with respect to scale up and implementation





#### MTN Activities in 2014/2015

#### MTN Trials Completed in 2015

- MTN-017
  - Phase 2 rectal safety and acceptability study
- MTN-011 study
  - PK/PD coital study of TFV gel
- MTN-014 study
  - Rectal/vaginal safety and PK study of RGTFV gel
- MTN-020 (ASPIRE) study
  - Phase 3 evaluation of the DPV IVR
- MTN-024
  - Phase 2a safety study of the DPV IVR in post menopausal women

## New/Ongoing MTN Trials

- New Populations for the dapivirine ring:
  - MTN-023: Phase 2a safety study of a DPV IVR in adolescent females
  - MTN-029: Phase 1 PK study of the DPV IVR in lactating women
- New agents for use as rectal microbicides:
  - MTN-026: Phase 1 rectal safety and PK study of DPV Gel
- New classes of drugs formulated as rings:
  - MTN-027: Phase 1 safety and PK study of MK-2048/Vicriviroc (MK-4176)/MK 2048A IVR
  - MTN-028: Phase 1 PK study of IVR containing Vicriviroc (MK-4176) and MK-2048

#### Contributions in Reproductive Health

- Contraceptive Action Team:
  - Diversified the contraceptives used at all of our ASPIRE sites
  - Built capacity in staff to become experts in family planning, including insertion of IUCDs, implants
  - Met the goal of decreasing reliance on DMPA and ensuring that no more than 50% of women enrolled in ASPIRE at any site used any single contraceptive



#### Opportunities & Challenges

#### Opportunities for the MTN

- Building on the foundation of the ASPIRE trial
  - The HOPE study
  - DPV IVR studies in African adolescents (MTN-034)
- Moving towards a three month DPV IVR
- Further development of second generation IVRs
- Evaluation of a combination contraceptive / antiretroviral IVR
- Moving rectal microbicides towards Phase 3
  - Initiate a global Phase 2A study

## Challenges for the MTN

- The outcome of the ASPIRE study will determine the future direction of the MTN portfolio
- We all need to be ambassadors for topical microbicides!
  - Safety and acceptability
  - Access and affordability
  - Scalability
- The WHO guidelines for PrEP will increase the operational complexity of Phase 2B/3 effectiveness trials

## The Journey Continues



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