



# in the news

The 11<sup>th</sup> European AIDS Clinical Society (EACS) Conference took place from October 24<sup>th</sup> to 27<sup>th</sup>, in Madrid, Spain. Relay co-Editor in Chief **Dr. Harold Dion** was there to report on the highlights.

## Europeans blaze trail with new guidelines



The new EACS guidelines for the clinical management and treatment of HIV infected adults were eagerly awaited at this year's conference. The guidelines cover when and how to begin antiretroviral (ARV) treatment as well as recommendations for managing metabolic complications (such as high cholesterol and diabetes) and co-infection with hepatitis B and/or C (HBV, HCV).

The new guidelines recommend treatment for all people with CD4 cells count below 350 cells/mm<sup>3</sup> (compared to the 200 cells/mm<sup>3</sup> cutoff in previous guidelines). They also recommend that treatment be considered in people whose CD4 counts are between 350 to 500 cells/mm<sup>3</sup> and whose viral load is higher than 100,000 copies/mL, or who are co-infected with HBV or HCV.

Although many experts around the world have been suggesting this at different conferences throughout the year, the EACS was the first to implement the changes. The U.S. Department of Health and Human Services, whose recommendations are usually followed here in Canada, followed their lead in December 2007.

You can read the EACS guidelines at [www.eacs.eu/guide](http://www.eacs.eu/guide). The latest DHHS guidelines are available at [www.aidsinfo.nih.gov/guidelines](http://www.aidsinfo.nih.gov/guidelines) (click on "Adult and Adolescent Guidelines").

## PI monotherapy under study



Relying on a single drug to control HIV has seemed unthinkable in the era HAART. Nevertheless, researchers are always looking for ways to simplify the drug regimen. At this year's conference, no less than four separate studies comparing monotherapy with the protease inhibitor (PI) lopinavir/ritonavir (Kaletra<sup>®</sup>) to combination therapy were presented.

The 48-week results from the OK04 study showed that switching to lopinavir/ritonavir monotherapy was comparable to taking lopinavir/ritonavir plus two nucleoside reverse transcriptase inhibitors (NRTIs) in people who had managed to get their **viral load** down to undetectable levels (less than 50 copies/ml). Another group of researchers came to the same conclusion after a longer follow-up period. At 96 weeks, 77% of subjects receiving monotherapy and 78% of those on combination therapy achieved virologic suppression (which means they had undetectable viral loads). There were fewer discontinuations due to side effects in the monotherapy arm compared to the combination arm. All those who needed to be put back on NRTIs because their viral load was rebounding were able to get it back below 50 copies/ml, and two people (2%) in each arm developed PI resistance.

In the KalMo simplification study, both the lopinavir/ritonavir monotherapy arms and the triple combination arms had similar outcomes (86.7% of participants with undetectable viral loads and one treatment failure in each group). Lastly, Pulido and colleagues reported that after four years of lopinavir/ritonavir monotherapy, 66.7% of the participants in their study still had their viral load suppressed. There were no cases of PI mutations among the five people who experienced virologic rebound, and they were successfully re-suppressed with the addition of two NRTIs.

These results are encouraging, but PI monotherapy is still investigational and not recommended in current treatment guidelines.

## New NNRTI set for Phase 3



Dr. Patrick Yeni and his colleagues from Paris presented the 48-week results from study C204, a phase 2 trial of the experimental non-nucleoside reverse transcriptase inhibitor (NNRTI) rilpivirine (also known as TMC278).

A total of 368 people who had never taken ARVs before were given 25, 75, or 150 mg of rilpivirine or 600 mg of efavirenz (Sustiva<sup>®</sup>) once daily. All participants received NRTIs chosen by the researchers.

At 48 weeks, there were no significant differences between the treatment groups. Between 77% and 81% of patients achieved an undetectable viral load. Those who were taking rilpivirine were less likely to experience side effects — such as rash, dizziness and abnormal dreams — that are common in people taking efavirenz. Based on the results from this study, the 75 mg dose was selected for future studies in treatment-naïve patients. If all goes well, rilpivirine could become available in a couple of years. **R**