

UK-CAB 84: Meeting with ViiV Healthcare and IAS Feedback

Room Mal G16, Birkbeck, University of London, Malet Street, London WC1E 7HX

Friday 4 August 2023

Meeting report

Meeting Overview

- Company pre-meeting
 - Company Meeting: ViiV Healthcare
 - IAS Feedback
 - NICE and Injectable PrEP
 - STI/HIV 2023 World Conference Feedback
 - Member Updates
 - Attendance list
 - Meeting report
-

1. ViiV pre-meeting – Ben Cromarty

Ben led the ViiV pre-meeting and covered the following company review:

- Company background
- Current HIV drugs
- Pipeline research
- Review of UK-CAB questions to ViiV Healthcare

Please note the pre-meeting slides are confidential to UK-CAB members and available on request.

2. Company Meeting with ViiV Healthcare

INSTIs: Discussed metabolic and weight gain issues which typically affect women to a greater extent than men. Weight gain, blood lipids and glucose monitoring are all important markers to monitor in people concerned about this issue. The risk factors include: female sex; Black ethnicity; older; CYP2B6 genotype; baseline HIV RNA >100k; low CD4 count at baseline; type of ARVs taking.

There is a debate about how much weight gain is a 'return to health', vs. a side effect of these medications. There is some evidence that people on efavirenz were having their weight suppressed, and following a switch they're now putting weight on. ViiV's overall message was that the impact of INSTIs still unknown/undiscovered. Biggest chance of weight gain is seen in people with a baseline CD4 count of <200.

CAB members questioned why Raltegravir hasn't been assessed in the same way, and also whether ViiV would fund weight-loss-drug studies to see if these help people who have significant weight gain (e.g. 10kg or over). Questions were also raised about glucose monitoring for diabetes risk, and not just in people who are overweight.

There were concerns about adolescents and young people born with HIV and the impact of life-long treatment on them as they age with HIV, but are 'young' and only in their 20s and 30s now. How can the HIV sector prepare and support this group who might face issues we are unaware of, or not looking for in people their age?

Injectable CAB/RPV: Uptake in the UK is slow and low; this is anticipated and usual for us compared to rest of Europe and North America. At the moment it is estimated about 700 people with HIV in the UK are on injectable treatment. More than 30 clinics are providing it, some better than others. Many of the clinics had experience with trials or compassionate use programmes before the drug was readily available. Market research has indicated people with HIV are more likely to raise the subject than their clinicians. Support from ViiV includes providing nurse advisers for clinics, especially regarding injection technique.

Real world studies are ongoing in relation to viral rebound when on the treatment. Where most of these have occurred more than two baseline factors have been present, including a BMI >30, and resistance to the drugs. The BHIVA guidelines take these factors into account in their guidelines, which is why they are quite strict as to who can have this treatment.

Pipeline: ViiV concentrating on long-acting formulations. Reducing current formulations to change delivery method e.g. enable people to inject themselves. Looking at how to create treatments which can last 3-6 months before next dose needed. Third generation INSTI in development (a 'child' of dolutegravir). For more information visit: <https://viivhcmedinfo.com/our-pipeline/>

3. IAS Science Conference Feedback - Simon Collins:

There was a general conversation how many conferences are now hybrid with people accessing content remotely rather than travelling long journeys to attend in-person.

Highlights from the conference:

- Conference format: access and info.
- WHO and U=U.
- Cure-related studies.
- ART: weight, hypertension, pipeline.
- REPRIEVE and statins.
- Prevention: injectable PrEP, DOXY and pipeline

Simon advised that people can volunteer to peer-review abstracts. Of more than 3,00 submitted about half were accepted to this event. Simon also suggested people watch the rapporteur summaries when released as they cover all the key points of the research succinctly.

See slides for research covered in the meeting [here](#):

<https://tinyurl.com/y4x48paf>

4. NICE and Injectable PrEP – Alex Sparrowhawk

Injectable cabotegravir as PrEP has been approved by MHRA. Before it is available via the NHS it is assessed by NICE. The first stage of this process has been initiated, the draft scoping consultation. Members were asked to discuss who might benefit from injectable PrEP.

There was a general concern that many who can benefit from any method of PrEP may not be aware that they could be at risk of being exposed to HIV, and do not engage in sexual health services.

Members agreed there were benefits to injectable PrEP, for example not worrying about forgetting to take tablets, or when to take them. It would also help people who find it difficult to swallow pills.

Groups/populations and circumstances where injectable PrEP could be beneficial:

- People experiencing domestic violence who do not want pills discovered
- People who struggle to adhere to pill-based medication
- People with no fixed address/co-habit with other people, but access services regularly, potentially sex workers, homeless people, migrants and asylum seekers etc.
- People travelling to countries for work who ban entry to people with HIV (and PrEP could be mistaken as HIV treatment etc.)

5. STI-HIV 2023 World Conference Feedback – Harun Tulunay

Doxy PEP and PrEP was mainly discussed in the sessions. New real-life data presented from US showed that Doxy PEP is effective. The conference was very technical and community involvement level wasn't high. The conversations were mainly about how to approach to STI testing and how to be more inclusive. Bringing Pleasure back to the Sexual Health session was highly attended and showed that people actually want to see about sexual pleasure in the campaigns. There was no focused session on aging. BASHH will organise a feedback webinar to share information about sessions in the conference. The details will be passed onto members once the webinar date is set.

Read HIV Prevention England's briefing for more information about [Using antibiotics to prevent STIs \[PDF\]](#)

6. Member updates

- **Fathers living with HIV:** one member raised a recent case of a man living with undetectable HIV conceiving a child with their partner, who tested negative when tested at 3 months pregnant. When the child was born recently the hospital insisted on testing mother and baby, and initiating infant PEP. The BHIVA pregnancy guidelines only talk about pregnant people, rather than fathers, so it was difficult to pass on useful information to the individual to push back on these actions by the maternity ward etc. The child was born during the weekend so contact with their HIV consultant wasn't possible. The issue was resolved a couple of days later. Member to contact BHIVA for comment/should a section be added to the pregnancy guidelines etc.
- **FTC London update:** Lots of work ongoing around the Charter Mark initiative and ambassadors' programme. Content created by/for London will be shared so that organisations outside of the capital can make use of it too.
- **Conferences feedback:** general statement made that conference panels often finish with community, rather than start with, and our contributions are rushed with what time is left after other panellists. As well as 'people first' language, we should push for 'people first' panels.

7. Attendees:

From ViiV Healthcare:

1. Dr Andrew Murungi, UK Country Medical Director
2. Sylvia Nicholson, Policy Director, ViiV Healthcare UK
3. Sinead Ward, ViiV General manager

Members:

	Name	Organisation	Destination
1	Alex Sparrowhawk	THT	Manchester
2	Ben Cromarty	York and Scarborough Hospitals; Yorkshire Mesmac	Northallerton
3	Damian Kelly	UK-CAB	Manchester
4	Garry Brough	Positively UK	London
5	Fabiola Bayavuge	CAHN	Manchester
6	Fotios Saltaferis	Personal	Camden
7	Harun Tulunay	Positively UK	London
8	James Dunworth	HIV i-Base	London
9	Jeff Ukiri	George House Trust	Manchester
10	Jo Josh	BHIVA Communications Officer	Redhill
11	John Jaquiss	UK-CAB BHIVA Representative	Reigate Surrey
12	Mel Rattue	THT	Watford
13	Memory Sachikonye	UK-CAB	London
14	Nicoletta Policek	UK-CAB	Edinburgh
15	Par Gustafsson	Body Positive Dorset	Bournemouth
16	Paul Clift	Personal	London
17	Richard Desmond	UK-CAB Steering Group	London
18	Simon Horvat Marcovic	Positively UK/UK-CAB/THT	London
19	Simon Collins	HIV i-Base	London