From: **Simon Collins via groups.io** simon.collins=i-base.org.uk@groups.io
Subject: [ukcab] IAS 2025 feedback - notes on a few studies
Date: 1 August 2025 at 06:07
To: main@ukcab.groups.io

Please find PDF notes and summaries for the IAS 2025 feedback later today which might be useful for people not able to come to the CAB meeting.

Introduction

Conference still only online for delegates, then IAS members after one month and only becomes open access after two months. Last year, IAS agreed to posting the opening and closing ceremonies online straight away but this still didn't happen this year despite these promises.

However, the big picture this year given the international funding crisis caused by the change in US policy, is that IAS did an incredible job to still hold the conference, including being hosted in Malawi. The virtual platform has worked really well.

1. Everything is now political, including science and medicine.

IAS 2025: HIV care is political: early focus on the funding crisis
https://i-base.info/htb/51747

Note that the Kigali Call to Action was to try to separate science from politics and wanted to highlight the specific impact of funding cuts on HIV prevention globally, especially in low- and middle-income countries.

IAS 2025: Kigali Call to Action: sign-on to global leaders
https://i-base.info/htb/51418

IAS conferences alternate every year between the very large World Aids Conferences and a smaller meeting more focussed on science. This year was a science meeting but much of the programme was focused on social issues including global access.

Activists took to the stage during the opening ceremony to challenge all the countries and large agencies that stayed silent over Trump or who complied to new US policies and demands - including against transgender people.

IAS 2025: "We will not be erased" – a community Call to Action
https://i-base.info/htb/51797

2. Access to injectable ART and PrEP

This was a theme throughout the conference - whether this was due to cuts in global funding, drug company pricing or practical issues related to global scale-up. Nothing was resolved at IAS 2025 but it is clear that scientific advances in new drugs can't be separated from the issue of who will get to use them.

Access issues are also important in high-income countries too, including the UK. Lenacapavir is still not available as MDR treatment and CAB-LA has still not been approved as PrEP.

3. Switching to injectable CAB/RPV-LA with detectable viral load.

Two studies presented results in this important situation - where arguably this is a situation of highest need.

The two studies were very different designs. OPERA analysed results from a huge US cohort but was limited by missing data. IMPALA was an RCT in Uganda, Kenya and South Africa.

IAS 2025: Switching to injectable CAB/RPV-LA with detectable viral load: results from the Opera cohort
https://i-base.info/htb/52049

The OPERA cohort includes more than 150,000 people living with HIV in the US. Of these 3,304 used CAB/RPV-LA and 368 started with detectable viral load - but this was mostly at very low levels.

The people generally did very well as much as there was data to report but many missing viral load results, even though you need to routinely test before every injection.

This raises questions about the most appropriate control group in this situation. Luckily, ViiV are already enrolling the large prospective phase 3b CROWN study with 60 sites in Spain and the US

prospective phase 3b SHOW study with 30 sites in Spain and the US.

IAS 2025: Long-acting CAB/RPV in people with suboptimal adherence: IMPALA study results at 48 weeks
https://i-base.info/htb/51876
This study randomised over 500 people in Kenya, Uganda and South Africa to either switch to injectable ART or switching to CAB/RPV-LA injections or stay on oral ART. People all had a history of difficult adherence or had disconnected from care.

Important details include that people really liked the injections, but 5 people had viral rebound after a year compared to zero people on oral ART. The good news that 4 out of 5 were still able to switch to an integrase inhibitor. The worrying news is that 1/5 rebounded to 36,000 and that this jumped to 96,000 while waiting to be confirmed.

High viral rebound shouldn't need the confirmatory test.

4. Reduced dose ART as a crisis response

Two late-breaker oral presentation looked at using less than daily dosing of ART and the results were contradictory - at least at first sight.

Five doses a week could be a safe option for adults: crisis response to ART stock-outs
https://i-base.info/htb/51845

The report is also related to the next one and generated lots of discussion. It is a review of studies using less doses every week, finding that in some countries taking 5 doses a week was as good as taking 7.

This is now included as an option in French guidelines - but also see below.

5-on 2-off dosing is inferior to continuous ART in adolescents in BREATHER Plus study
https://i-base.info/htb/51842

A similar strategy of only taking five doses a week in this large study in adolescents found that 7 days a week was much better. This was in four African countries and trying to explain these different results is complicated.

The report is a bit long and technical - and reflects some of the discussions researchers are having.

5. Once-weekly oral ART

IAS 2025: Once-weekly oral ART with ulonivirine plus islatravir: 24-week phase 2 results
https://i-base.info/htb/51965

Results from early phase 2 study that closed early supports this new once-weekly option.

6. Once-monthly oral PrEP

!AS 2025: Once-monthly oral PrEP using MK-8527: the drug that will stop HIV
https://i-base.info/htb/51874

This is the once-monthly oral PrEP. Still just looking at drug levels but these look really good and would maybe give a week coverage if you are late with a dose.

A strip of 12 small pills would last a year. This is a follow-up drug to islatravir but without the same side effects. And one pill might also work as PEP - in which case it should be and over the counter way to end transmission.

Very exciting - with two large international phase 3 studies planned to start this year.

7. The Kigali Manifesto (not the Call to Action)

IAS 2025: The Kigali Manifesto on the inclusion of people living with HIV in clinical research
https://i-base.info/htb/52102

……..

Simon Collins (he, him)
Advocate and project co-ordinator

simon.collins@i-base.org.uk

www.i-Base.info

+44 (0) 203 914 9005
(messages only)

HIV i-Base
PO Box 81147
London
E1W 9XD

i-Base 2025 appeal
https://i-base.info/donate/

--
Simon Collins
simon.collins@i-base.org.uk
www.i-base.info

Groups.io Links:

Every message in topics or hashtags you are following is emailed to you.
The first message of every new topic is also emailed to you.
You automatically follow any topics you start or reply to.

View/Reply Online (#4782) | Reply to Group | Reply to Sender | Follow This Topic | New Topic
Your Subscription | Contact Group Owner | Unsubscribe [admin@ukcab.net]

IAS 2025 feedback.pdf
383 KB

ias
Kigali & hybrid
2025