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Introduction

- People who initiate antiretroviral therapy (ART) during acute HIV infection (AHI) are potential candidates for HIV cure clinical trials, as early ART reduces HIV reservoir size.
- However, these cure trials, which may include ART treatment interruption (ATI), involve potential risks.
- Assessing views of potential participants is crucial and will provide indispensable information for trial design.

Objectives

We explored knowledge and perception of HIV cure and willingness to participate in cure trials among potential trial participants.

Methods



October-December 2018



20 male participants of the Netherlands Cohort Study on Acute HIV infection (NOVA)



All had initiated ART immediately during AHI between 2014-2018



In-depth interviews



Topics discussed:
Knowledge and perception of HIV cure



2 standardised scenarios of potential cure trials

Results



Median age was 39 (IQR 28-47) years. 18/20 participants were mostly or exclusively attracted to other men.



Most participants:

- Were not familiar with HIV cure, though when asked, described it as complete eradication
- Thought being cured would be positive to a greater or lesser extent

Some participants:

- Thought the positive aspects of being cured would be undermined by fear of re-infection

“No more pills, the virus out of my body, forever. Yes, the virus completely out of my body. Yes, that would be nice, although currently I don’t notice anything, but it’s just the idea.”



Hypothetical Scenario 1 – brief ATI

- Participants would get several doses of an experimental drug. They would later stop their ART.
- As soon as the virus is detectable in the blood, ART would be started again.

11/20 participants considered participating

Hypothetical Scenario 2 – extended ATI

- Participants would get several doses of an experimental drug. They would later stop their ART.
- After the virus is detectable in the blood, participants would continue to remain off ART for about another month.

4/20 participants considered participating



Motives:

- The predominant motivation for participation was to help others. Six participants mentioned hope of being cured themselves.

“Just imagine, it turns out to be a miracle, then you are one of the first to be helped, who can live HIV free, yes.”



Barriers:

- Difficulties combining study visits with work
- Fear of onward HIV transmission
- Possible health impact
- Anxiety of interrupting a stable situation (e.g. because of satisfaction with the current ART regimen)

“I would find it scary, I think. Scary in the sense that, yes, what happens if you don’t have your HIV treatment and the experimental drug doesn’t work, what will happen to you? Does HIV come back and what are the side effects? What does it do to your body?”

Conclusions

People with AHI were more willing to participate in brief ATI than extended ATI. Limited knowledge and understanding of cure as HIV eradication, and unrealistic views of the personal benefits of trial participation, underscore the importance of educating potential cure trial participants. Researchers should offer realistic conceptions of HIV cure (i.e. long-term remission rather than eradication) and of study-related benefits during recruitment and consent processes.