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IAS 2019, HIV pipeline, gene-cure mice...

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HTB is a not-for-profit community publication. It reviews the most important medical advances related to clinical management of HIV including access to treatment. We compile comments to articles from consultant, author and editorial responses.

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EDITORIAL

This slim issue of HTB includes a hint of what to expect from the upcoming 10th IAS Conference on HIV Science (IAS 2019) in Mexico.

The EMA has also approved the fixed dose dual combination of dolutegravir/lamivudine (and expect IAS 2019 to include more data on this combination).

IAS-USA have updated their guidelines on mutations associated with HIV drug resistance.

Richard Jefferys provides expert analysis both on the recent report of gene editing being used to cure mice and the inability of mainstream press to report this accurately.

Appropriately for the summer holiday season, USAIDS calls again for lifting all HIV-related travel restrictions. If you are travelling, the list of countries to avoid is included.

SUPPLEMENTS

Adult HIV Pipeline Report (2019)

This annual review of HIV drugs in development is included as a supplement to this issue of HTB.

http://i-base.info/htb/36278

U=U resources for UK clinics: free posters, postcards and factsheets

Please continue to order these free resources.

Customise U=U posters for your clinic

i-Base can customise U=U posters to include pictures of your doctors, nurses, pharmacists, peer advocates or any other staff that would like to help publicise U=U.

For further information please contact Roy Trevelion at i-Base: roy.trevelion@i-base.org.uk

i-Base 2019 appeal

This year we are continuing a funding appeal to help i-Base continue to provide free publications and services.

Your help has been inspiring – and we hope this support will continue during 2019. If 1000 people support us with £5 a month we will be on course to meet our funding shortfall. All help is appreciated.

http://i-base.info/i-base-appeal-we-need-your-help

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CONFERENCE REPORTS

10th IAS Conference on HIV Science (IAS 2019)

21-24 July 2019, Mexico City

Introduction

Simon Collins, HIV i-Base

The 10th IAS Conference on HIV Science (IAS 2019) will take place in Mexico City from 21 – 24 July 2019.

This meeting is the smaller of the conferences organised by the International AIDS Society, alternating every other year with the larger World AIDS Conferences, and it has a greater emphasis on science.

This conference will be the focus for the most important advances in basic and clinical science relating to HIV treatment and prevention and will include policy and implementational practice.

The meeting is expected to attract 6,000 participants from more than 140 countries.

A limited programme is already posted to the conference. This will include titles of oral presentations, sessions and speakers, but without the study abstract or further details which remain embargoed until they are presented.

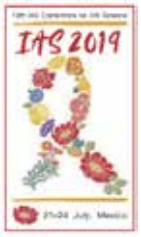
http://www.ias2019.org

The article in this issue of HTB is:

- IAS 2019: late breaker highlights

IAS 2019: late breaker highlights

Simon Collins, HIV i-Base



IAS 2019 has already highlighted important late-breaking studies for the upcoming conference.

These include:

- New data on the possible risk of birth defects with dolutegravir (DTG)-based HIV treatment during pregnancy from Botswana and Brazil.
- Results of the first human trial of a new PrEP implant.
- A study of same-day PrEP initiation for men who have sex with men in Brazil Mexico and Peru.
- New insights from the DISCOVER trial comparing F/TAF and F/TDF as PrEP.
- Analyses of the need for integrated HIV and sexual and reproductive health care from the recently completed ECHO trial examining HIV and STI incidence, PrEP use and contraceptive effectiveness among young women at high risk.
- Results of the Phase 2a ASCENT study of mosaic-based vaccines.
- Latest data on effectiveness of two-drug DTG/3TC regimens for HIV treatment.
- ADVANCE study results on the use of DTG- and TAF-based treatment regimens in sub-Saharan Africa.
- New efficacy data on the novel drug MK-8591 for HIV treatment.

ANTIRETROVIRALS

Dolutegravir/lamivudine approved as dual HIV combination in EU

Simon Collins, HIV i-Base

On 3 July 2019, dolutegravir/lamivudine was approved as a two-drug fixed dose combination (FDC) in the EU. [1]

This follows approval in the US in April 2019. [2]

DTG/3TC is a once-daily combination that can be taken with or without food.

The indication is for treatment-naive adults who do not have drug resistance to either of these two drugs and approval is based on results of the phase 3 GEMINI 1 and 2 studies that were presented at the IAS conference last year. [3, 4]

The approval includes a boxed warning for management of patients coinfected with hepatitis B (HBV). All patients should be tested for HBV before starting DTG/3TC and additional treatment for HBV should be used.

There is also a caution for women to avoid dolutegravir during conception and in early pregnancy, due to a risk of neural tube defects.

Dolutegravir/3TC is manufactured by ViiV Healthcare and is marketed with the tradename Dovato.

For full details see the full product characteristics. [5]

Reference

1. ViiV press statement. ViiV Healthcare receives EU Marketing Authorisation for Dovato (dolutegravir/lamivudine), a new once-daily, single-pill, two-drug regimen for the treatment of HIV-1 infection. (03 July 2019). https://www.gsk.com/en-gb/media/press-releases/viiv-healthcare-receives-eu-marketing-authorisation-for-dovato-dolutegravirlamivudine-a-new-once-daily-single-pill-two-drug-regimen-for-the-treatment-of-hiv-1-infection/
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HIV pipeline 2019: new drugs in development

Simon Collins, HIV i-Base

This is the third year that i-Base has produced the HIV pipeline review as part of our Fit for Purpose report on antiretroviral treatment optimisation.

This report is now online aand two versions are available:

1. The full version includes more information on each drug, with full references.
2. The "Pipeline-lite" version has a summary for each drug and is included in the i-Base Fit For Purpose report.

Both electronic versions (web and PDF) include hyperlinks to all research sources and references.

This review is based on HTB reports over the last year and coverage from CROI, IAS, EACS, Glasgow and other conferences. It also refers to some studies that will be presented at the AIDS 2019 conference being held in Mexico City from 21–24 July 2019.

Over the last year there were three new approvals of new drugs or fixed dose combinations (FDCs).

These included the new NNRTI doravirine (also in an FDC) and the dual FDC of dolutegravir/lamivudine. Also, although ibalizumab was approved in the US in March 2018 as the first monoclonal antibody, with an indication to treat multiple drug resistant HIV, approval in the EU is still pending as we went to press.

In this issue of HTB we include two tables from the full report that summarise compounds by development stage and likely use.

Please see the full report online:

http://i-base.info/htb/36278

Table 2: Likely positioning for new drugs *(from 2019 Pipeline Report)*

Indication	Name
Treatment-naive	DTG/3TC; doravirine/3TC/TDF, MK-8591, GS-9131, ABX-464.
Switch option on ART	DTG/3TC; doravirine/3TC/TDF, MK-8591 etc.
Multidrug resistance (MDR)	ibalizumab, fostemsavir, MK-8591, GS-9131; ABX-464; all mAbs, likely other new compounds.
PrEP	CAB-LA; MK-8591; VRC01, other bNAbs,
Maintenance without ART	bNAbs - in combinations as swtich after viral load suppressed on ART.

Table 3: HIV pipeline compounds by development phase *(from 2019 Pipeline Report)*

Compound/ Company	Class	Notes
Phase 3		
cabotegravir ViiV Healthcare	INSTI	Oral formulation of integrase inhibitor mainly used for lead-in dose before long-acting formulation. Submitted to FDA in April 2019. Also, long-acting implant for PrEP (phase1).
cabotegravir LA/ rilpivirine LA ViiV Healthcare and Janssen	INSTI	Injection with very long half-life – detectable after more than one year following single injection. Research as both treatment with rilpivirine LA and prevention as single compound. Submitted to FDA in April 2019.
fostemsavir ViiV Healthcare	attachment inhibitor	Fostemsavir is a gp120 attachment inhibitor that is mainly being studied in treatment-experienced patients with MDR HIV in a large international study. Updated results at CROI 2019. Regulatory submission expected soon.
leronlimab CytoDyn	mAb CCR5 target	Once-weekly sub-cutaneous injection being studied in addition to ART for multi-drug resistance and as monotherapy maintenance therapy (without ART). Results at CROI 2019 showed high failure rate as monotherapy switch.
UB-421 United BioPharma	mAb CD4 binding	Infusion dosed either weekly or every two weeks as alternative to ART during treatment interruption. No recent results.
Phase 1/2		
MK-8591 (EFdA) Merck/MSD	NRTI	Highly potent, low dose, active against NRTI resistance. Long half-life, potential as oral (weekly dose) and implant (annual implant for PrEP).
MK-8591/3TC/doravirine Merck/MSD	FDC: NNRTI + 2 NRTIs	FDC with NNRTI doravirine and generic 3TC. Also as dual therapy with doravirine. Results presented at CROI 2019 and with two late-breakers at IAS 2019.
GS-9131 Gilead Sciences	NRTI	Active against NRTI resistance. Synergy reported with AZT, FTC, abacavir, efavirenz, bictegravir, dolutegravir and lopinavir, and additive activity with TDF and TAF. Will be coformulated with other Gilead drugs. Phase 2 dose-finding study in Ugandan women. Potency data presented at CROI 2019. No results expected at IAS 2019.
VRC01 VRC01LS VRC07-523LS	bNAb CD4 binding	VRC01 intravenous infusion (40 mg/kg) is being studied in cure research and as PrEP (2 large phase 3 AMP studies are ongoing). Also sub-cutaneous dosing of infants to prevent transmission at birth or from breastfeeding. VRC01LS is a long-acting formulation. Phase 1 results of VRC01LS and VRC07-523LS at IAS 2019.
3BNC117 and 10-1074; PGDM1400 and PGT121, 10E8 etc.	bNAb	Many other bNAbs are in development, often in dual or triple combinations and including trispecific molecules. Potential to be used as switch option without ART and in current studies for use as PrEP. No results expected at IAS 2019.
elsulfavirine, prodrug of VM-1500A Viriom	NNRTI	NNRTI that is being developed for use in low and middle income countries. Similar activity to efavirenz. Long-acting formulation being studied with potential for monthly IM/SC injections. 96-week phase 2 results at AIDS 2018 together with potential for long-acting injectable formulation. No results expected at IAS 2019.
ABX464 Abivax	Rev inhibitor	Compound with evidence of modest antiviral activity (~0.5 log in 4/6 people) that is also being studied for impact on the viral reservoir. Currently in phase 2. No new clinical data has been presented since 2017. No results expected at IAS 2019.
GSK3640254 ViiV Healthcare	Maturation inhibitor	Maturation inhibitor with phase 2a results in HIV positive participants presented at CROI 2019: mean viral load reduction of –1.5 log copies/mL in the highest dose (200 mg/day) group. No results expected at IAS 2019.
Phase 1 and preclinical		
combinectin (GSK3732394) ViiV Healthcare	Entry inhibitor gp41 & CD4	Combined adnectin/fusion inhibitor that stops viral entry by targeting multiple sites of action and the potential for self-administered once-weekly injections. No results expected at IAS 2019.
GSPI1 Gilead Sciences	Protease inhibitor	New QD unboosted PI, high potency, long half-life, potential in FDC single table regimen. No new clinical data has been presented since 2017. No results at IAS 2019.
GS-CA1 Gilead Sciences	Capsid inhibitor	New class active at multiple stages of viral lifecycle. Sub-cutaneous injection with monthly or less frequent dosing. Phase I results in HIV negative at CROI 2019. Phase I in HIV positive participants is ongoing. No results expected at IAS 2019.
MK-8583, MK-8527, MK-8558 Merck/MSD	NRTI and others	These three compounds are registered for phase I studies in HIV positive participants, but with limited details on their mechanism of action. They are plausibly likely to have potential to be long-acting. No results expected at IAS 2019.

GUIDELINES

IAS–USA update of drug resistance mutations (2019)

Simon Collins, HIV i-Base

The 2019 Update of the Drug Resistance Mutations in HIV-1 has just been published by the IAS–USA.

Several key mutations have been added or updated since the previous issue of the list in January 2017.

The resource also includes interpretative notes for each mutation. It is designed to help health workers identify key mutations associated with resistance to HIV drugs and to make clinical decisions regarding antiretroviral therapy (ART).

https://www.iasusa.org/resources/hiv-drug-resistance-mutations

Reference

Wensing AM et al. 2019 Update of the Drug Resistance Mutations in HIV-1. Resistance Mutations Update 27(3) July/August 2019.

https://www.iasusa.org/wp-content/uploads/2019/07/2019-drug-resistance-mutations-figures.pdf (PDF)

CURE RESEARCH

HIV risk to partners of people in studies with a treatment interruption

Simon Collins, HIV i-Base

Risks to partners of HIV positive people who are enrolled in studies that include taking a treatment interruption treatment interruption are the focus of eight articles published as a supplement to the Journal of Infectious Diseases (JID).

The free or open access articles in this issue are:

- Risk to nonparticipants in HIV remission studies with treatment interruption: a symposium - Nir Eyal and Steven G Deeks
- How to address the risk of HIV transmission in remission studies with treatment interruption: the low-hanging fruit Approach - Nir Eyal
- Human Immunodeficiency Virus transmission risk in analytical treatment interruption studies: relational factors and moral responsibility - Liza Dawson
- Removing One barrier to protecting sex partners in HIV remission studies with a treatment interruption - Nir Eyal

C O M M E N T

The ethics of this concern for partners is increasingly recognised by research groups with community demands also calling for access to PrEP to be included within such studies.

Reference

JID paper. Risk to Sexual Partners in HIV Remission Studies with Treatment Interruption. Selected articles. Volume 220, Issue Supplement_1, 1 August 2019.

https://academic.oup.com/jid/issue/220/Supplement_1

Gene editing to eliminate HIV from mice: misleading and wrongly reported in media coverage

Richard Jefferys, TAG

Many different news outlets have published articles about a study published on 2 July 2019 in Nature Communications, [1] which reports the possible elimination of HIV from a small number of humanised mice.

The research involved the use of a gene-editing technique, CRISPR/Cas9, which has been designed to try to remove HIV from infected cells. [2]

The intent is to perform what might be considered a sort of genetic surgery, slicing the HIV genome from where it has integrated into the genetic code of an infected cell.

The research group of Kamel Khalili at Temple University is developing the approach, and they have previously generated headlines after publishing preliminary results (see prior Media Monitor entries on the topic) [3]. Khalili has also founded a company, Excision Biotherapeutics, which aims to commercialise the technology. [4]

The latest experiments involved combining a CRISPR/Cas9 construct targeting HIV with a souped-up form of antiretroviral therapy called LASER ART (sequential long-acting slow-effective release antiviral therapy), invented by study co-author Howard Gendelman and colleagues at the University of Nebraka.

The treatments were tested in a humanised mouse model – the mice are bred to be immune deficient, then have their immune systems reconstituted with transplanted human cells, which allows them to be infected with HIV (the virus cannot infect mouse cells). Notably, these models are imperfect because the human cells are eventually rejected as foreign, and don't necessarily behave exactly how they would in the human body.

Out of a total of 23 humanised mice that received both LASER ART and CRISPR/Cas9 over the course of three different experiments, nine did not show evidence of HIV viral load rebound when LASER ART was stopped. HIV genetic material could also not be detected in multiple tissue samples from eight of the nine non-rebounders, leading to the claim that the virus may have been eliminated in these cases. In contrast, all animals that received LASER ART without CRISPR/Cas9 experienced HIV viral load rebound after LASER ART cessation.

The results appear encouraging, but there are still multiple reasons to be cautious about concluding that the work "paves the way to a human cure" as some headlines have stated.

Perhaps most important, it is not yet known if CRISPR/Cas9 targeting HIV can be safely administered to people.

A primary concern is the possibility of "off-target" effects, a scenario in which the CRISPR/Cas9 technology inadvertently edits and damages human genes. The researchers have not uncovered any significant off-target effects so far, but it's a technically daunting task to assess the entire genetic code for evidence of problems.

Delivering CRISPR/Cas9 to all the cells in the human body that might be infected with HIV represents a major challenge. The delivery vehicle used in the new humanised mouse study was an adeno-associated virus (AAV) vector. AAVs are not known to cause harm and are a popular delivery method for gene therapies. However, the efficiency with which they might target CD4 T cells – the main location of persistent HIV in people on ART – is unclear. Indeed the AAVs used in this study would actually enter many cells in the body beyond HIV-infected CD4 T cells, raising issues of safety and off-target activity.

Adding to the challenge, CRISPR/Cas9 is derived from bacteria, meaning that the human body is likely to treat it as foreign and mount an immune response against it. Studies have found that most people have pre-existing immune responses to Cas9 due to exposure to the bacteria ***Staphylococcus aureus*** and ***Streptococcus pyogenes***. [5] Using AAV as a delivery vehicle may also promote the development of immunity against the CRISPR/Cas9 cargo—this type of problem stymied the first attempt to use AAV to deliver an anti-HIV broadly neutralising antibody in a clinical trial. [6]

The genetic variability of HIV in humans means that CRISPR/Cas9 will need to target parts of the virus that mutate the least in order to be broadly effective across different populations (and recognise all the viral variants present in an individual). In the humanised mouse study, animals were infected with laboratory HIV strains.

Some scientists have expressed concern over what might happen if a cell harbours more than one copy of HIV. [7]

Rather than removing a single virus, the CRISPR/Cas9 technology could theoretically make cuts at sites in each HIV copy, causing the removal of all the cell's genes that were in between. This would likely damage the cell, although the exact consequences would be unpredictable.

There are also some uncertainties regarding the technical aspects of the published study – as author Howard Gendelman notes in the Daily Mail article, the paper was rejected by 'many different journals'. While Gendelman claims this was just due to scepticism about the results, it is likely that the independent scientific peer reviewers who recommended rejection had specific concerns about how the research was conducted and/or presented.

Notably, no other research groups have yet presented any similar results with CRISPR/Cas9 in animal models (at least to our knowledge). Independent confirmation would offer reassurance about the reliability of the findings.

The next step prior to human trials is conducting experiments in macaque monkeys infected with SIV (HIV's counterpart in monkeys). Some preliminary results were presented in March 2019 at the Conference on Retroviruses and Opportunistic Infections (CROI), and were covered in detail on TAG's HIV Basic Science, Vaccines, and Cure Project Blog. [8]

It will be critical to test whether targeting SIV with AAV-delivered CRISPR/Cas9 in macaques treated with antiretroviral therapy can prevent viral load rebound when therapy is stopped (as appeared to occur in some of the humanised mice). A successful outcome in the SIV/macaque model would offer far more convincing support for the potential efficacy of the approach than results in humanised mice.

A problem to be aware of with the current media coverage is that many of the headlines are inaccurate. For example, TIME: "For the first time, researchers eliminated HIV from the genomes of living animals" and the Daily Mail: "Scientists eliminate HIV in the entire genome of lab mice for the first time ever." [9, 10, 11, 12]

The source of the confusion is the Temple University press release, which was titled "HIV eliminated from the genomes of living animals." [13]

This is not true. Mice cannot be infected with HIV, so the virus was not eliminated from their genomes. The claim of HIV elimination only applies to the human cells that the mice had been transplanted with, and the genomes of those human cells belong to the human they came from, not the mice.

The Temple University research group and Excision Biotherapeutics hope to start human trials within a year or so, but that is likely to depend both on results in macaques and whether regulators at the U.S. Food and Drug Administration decide there is sufficient evidence that participants would not face undue risks.

Source

Richard Jefferys, TAG. HIV eliminated from the genomes of living animals

http://www.treatmentactiongroup.org/cure/media-monitor#Gendel

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OTHER NEWS

UNAIDS call on 48 countries and territories to remove all HIV-related travel restrictions

Simon Collins, HIV i-Base

On 27 June 2019, UNAIDS and the United Nations Development Programme (UNDP) issued a press statement to urge countries to remove all forms of HIV-related travel restrictions.

This was included as a promise in the 2016 United Nations Political Declaration on Ending AIDS .

The press release notes: Out of the 48 countries and territories that maintain restrictions, at least 30 still impose bans on entry or stay and residence based on HIV status and 19 deport non-nationals on the grounds of their HIV status. Other countries and territories may require an HIV test or diagnosis as a requirement for a study, work or entry visa. The majority of countries that retain travel restrictions are in the Middle East and North Africa, but many countries in Asia and the Pacific and eastern Europe and central Asia also impose restrictions.

Also, that since 2015, four countries have taken steps to lift their HIV-related travel restrictions: Belarus, Lithuania, the Republic of Korea and Uzbekistan.

The 48 countries and territories that still have some form of HIV related travel restriction are: Angola, Aruba, Australia, Azerbaijan, Bahrain, Belize, Bosnia and Herzegovina, Brunei Darussalam, Cayman Islands, Cook Islands, Cuba, Dominican Republic, Egypt, Indonesia, Iraq, Israel, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Malaysia, Maldives, Marshall Islands, Mauritius, New Zealand, Oman, Palau, Papua New Guinea, Paraguay, Qatar, Russian Federation, Saint Kitts and Nevis, Samoa, Saudi Arabia, Saint Vincent and the Grenadines, Singapore, Solomon Islands, Sudan, Syrian Arab Republic, Tonga, Tunisia, Turkmenistan, Turks and Caicos, Tuvalu, Ukraine, United Arab Emirates and Yemen.

Source

UNAIDS press release. UNAIDS and UNDP call on 48 countries and territories to remove all HIV-related travel restrictions. (27 June 2019).

https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2019/june/20190627_hiv-related-travel-restrictions

FUTURE MEETINGS

Conference listing 2019

The following listing covers some of the most important upcoming HIV-related meetings and workshops.

11th International Workshop on HIV Pediatrics

20 – 21 July 2019, Mexico City

www.virology-education.com

HIV & HBV Cure Forum

20 – 21 July 2019, Mexico City

https://www.iasociety.org/HIV-Programmes/Programmes/Towards-an-HIV-Cure/Events/2019-HIV-HBV-Cure-Forum?

International Workshop on HIV & Transgender People

July 2019, Mexico City, date TBC

www.virology-education.com

10th IAS Conference on HIV Science

21 – 24 July 2019, Mexico City

www.ias2019.org

4th European Workshop on Healthy Living with HIV

13 – 14 September 2019. Barcelona

www.virology-education.com

21st Intl Workshop on Comorbidities and Adverse Drug Reactions in HIV

5 – 6 November 2019, Basel, Switzerland

https://www.intmedpress.com

10th International Workshop on HIV & Aging

10 - 11 October 2019 | New York, NY, USA

www.virology-education.com

17th European AIDS Conference

6 – 9 November 2019, Basel

www.eacsociety.org

3rd European Chemsex Forum

14-16 November 2019, Paris

https://ihp.hiv

PUBLICATIONS & SERVICES FROM i-BASE

i-Base website

All i-Base publications are available online, including editions of the treatment guides.

http://www.i-Base.info

The site gives details about services including the UK Community Advisory Board (UK-CAB), our phone service and Q&A service, access to our archives and an extensive range of translated resources and links.

Publications and regular subscriptions can be ordered online.

The Q&A web pages enable people to ask questions about their own treatment:

http://www.i-base.info/qa

i-Base treatment guides

i-Base produces six booklets that comprehensively cover important aspects of treatment. Each guide is written in clear non-technical language. All guides are free to order individually or in bulk for use in clinics and are available online in web-page and PDF format.

http://www.i-base.info/guides

- Introduction to ART (May 2018)
- HIV & quality of life: side effects & long-term health (Sept 2016)
- Guide to PrEP in the UK (March 2019)
- HIV testing and risks of sexual transmission (June 2016)
- Guide to changing treatment and drug resistance (Jan 2018)
- Guide to HIV, pregnancy & women's health (April 2019)

Pocket guides

A series of pocket-size concertina folding leaflets that is designed to be a very simple and direct introduction to HIV treatment.

The five pocket leaflets are: Introduction to ART, HIV and pregnancy, ART and quality of life, UK guide to PrEP and HCV/HIV coinfection.

The leaflets use simple statements and quotes about ART, with short URL links to web pages that have additional information in a similar easy format.

U=U resources for UK clinics: free posters, postcards and factsheets

i-Base have produced a new series of posters, postcards and leaflets to help raise awareness about U=U in clincs.

This project was developed with the Kobler Centre in London.

As with all i-Base material, these resources are all free to UK clinics.

Until our online order form is updated to include the U=U resources, more copies can be orded by email or fax.

email: subscriptions@i-base.org.uk

Fax: 0208 616 1250

Other i-Base resources can still be ordered online as usual.

http://i-base.info/forms/order.php

Customise U=U posters for your clinic

i-Base can customise U=U posters to include pictures of doctors. nurses, pharmacists, peer advocates or any other staff that would like to help publicise U=U.

Personalising these for your clinic is cheap and easy and might be an especially nice way to highlight the good news.

For further information please contact Roy Trevelion at i-Base:

roy.trevelion@i-Base.org.uk

Order publications and subscribe online

All publications can be ordered online for individual or bulk copies. All publications are free. Unfortunately bulk orders are only available free in the UK.

http://i-base.info/order

HIV i-Base

All publications are free, including bulk orders, because any charge would limit access to this information to some of the people who most need it.

However, any donation that your organisation can make towards our costs is greatly appreciated.

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(Our bank details for donations: NatWest, Kings Cross Branch, 266 Pentonville Road, London N1 9NA.
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I do not wish to make a regular donation at this time but enclose a one-off cheque in the sum of £ _____ .

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If your employer operates a Give-As-You-Earn scheme please consider giving to i-Base under this scheme. Our Give-As-You-Earn registration number is **000455013**. Our Charity registration number is 1081905

Since many employers match their employees donations a donation through Give-As-You-Earn could double your contribution. For more information on Give-As-You-Earn visit www.giveasyouearn.org

REFUNDS FROM THE TAX MAN

From April 2005 the Inland Revenue is operating a system whereby you can request that any refunds from them should be paid to a charity of your choice from the list on their website. If you feel like giving up that tax refund we are part of this scheme and you will find us on the Inland Revenue list with the code: **JAM40VG** (We rather like this code!) Any amount is extremely helpful.

However you chose to donate to i-Base,
we would like to thank you very much for your support.

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Orders and subscriptions

107 The Maltings,169 Tower Bridge Road, London, SE1 3LJ
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Please use this form to amend subscription details for HIV Treatment Bulletin and to order single or bulk copies of publications. Publications are available free, but please contact i-Base if you would like to make a donation.

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☐ I would like to make a donation to i-Base - *Please see inside back page*

- **HIV Treatment Bulletin (HTB) every two weeks** ☐ **by e-mail**
- **Pocket leaflets** - *A7 small concertina-folded leaflets (2017)*

Pocket HCV coinfection	**quantity** _____	**Pocket PrEP**	**quantity** _____
Pocket ART	**quantity** _____	**Pocket pregnancy**	**quantity** _____
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- **Booklets about HIV treatment**

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- **Other resources**

U=U resources:

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HIV Treatment 'Passports' - Booklets for patients to record their own medical history **quantity** _____

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