Ethical and pratical concerns in HIV cure research

Simon Collins
HIV i-Base/EATG
www.i-Base.info

Outline

Informal session:

looking at the potential disconnect between study participants and researchers

Does this exist?

Is it important?

Guidelines

Twenty years with improving ART has led to clear guidelines for best care.

- Normalise life expectancy
- Early diagnosis
- Early ART
- Individualised for quality of life

  (side effects, dosing times and pill count)
- Maintain undetectable viral load
- Minimise HIV-related inflammation etc.

Cure studies and risk

Cure studies in general ask people to veer away from best practice.

(guidelines sometimes acknowledge that other options are possible in research studies).

Q1: Do people first understand current guidelines?

A: No, often not.

Cure studies and risk

Q2: Do people understand risks involved in cure studies?

A: Probably not.

Many of the active interventions (vaccines, BNAbs, latency reversing drugs) are experimental or not commonly used.

Cure studies and risk

Q3: Do people understand the risks from stopping treatment in an ATI?

A: Probably not.

Other ”experts” – doctors, researchers, advocates etc – often disagree on this.

Most people didn’t understand randomisation in START study.

ATIs in cure studies

Entry criteria are design to be cautious to minimise risk

- Current CD4 count
- Nadir CD4 (lowest ever)
- Coinfections? HCV? History of Ois?
- Inflammation risk?
- CVD assessment etc, smokers?
- Risk to partners (PrEP, condoms etc)

Restart criteria

Restart criteria- fixed or individualised?

- Decline in CD4:

  % or threshold, ie 30% or <350?
- HIV rebound threshold:

  above... 1,000 or 5,000 or 10,000 or 50,0000 and for how long?
- Single or confirmed results
- Any HIV-related symptoms

ATIs: potential harms

Q4: Is there really a risk of harm?

A: Probably yes.

Even just focused on ATIs:

- Viral rebound (seroconversion)
- CD4 decline (vs recovery time)
- Inflammation, sanctuary sites, CNS
- Risk to partners, quality of life

Ethical disconnect

Q5: Do researchers expect personal benefit for participants?

A: No.

Q6: Do participants expect or hope for personal benefit?

A: Yes.

This disconnect is an ethical challenge.

Even if people consent to join research studies, if they have fundamentally different beliefs about study outcomes to the researchers – this becomes an unethical study.

- By definition, the researchers have failed to get the informed consent.
- This is the challenge to community educators

Common example

At community cure workshop at AIDS 2018.

Long discussion about risk from ATIs and disconnect about beliefs, a community attendee (recently diagnosed) stood up and said how inspired he was by the research and that he would be happy to volunteer... because deep down he always had a hope that he might be cured as an outcome.

The educational challenge - change the layout and style of informed consent info.

THIS STUDY WILL NOT CURE YOU OF HIV.

We hope the results will help towards finding a cure in the future.

Balance for risk and safety

- Actual risk from an ATI is likely to be very low.
- Minimal harm most people will have already gone through dynamics of early HIV infection
- Risk of seroconversion with symptoms.
- Reservoir differences between people
- Vulnerability of recent diagnosis.
- Luck and chance in small studies.

Altruism to help science

Q7: Are there benefits from just helping science?

A: Yes, probably.

Especially if it is a good study.

Altruism is not compatible

with personal gain

Further reading

Community guidelines for ATIs in HIV cure research

Richard Jefferys, TAG

Ethical considerations for HIV cure-related research at the end of life.
Karine Dubé, BMC Medical Ethics201819:83

https://doi.org/10.1186/s12910-018-0321-2

Ethical considerations in HIV cure research: points to consider.

Lo B et al, Curr Opin HIV AIDS. 2013 May;8(3):243-9.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4825800

Garner SA et al. Interrupting antiretroviral treatment in HIV cure research: scientific and ethical considerations.

https://www.ncbi.nlm.nih.gov/pubmed/28435691

Thanks