Ethical and practical concerns in HIV cure research

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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 designed to be cautious to minimize 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 50,000 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 Ethics 2018 19:83

Ethical considerations in HIV cure research: points to consider.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4825800

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