AFROCAB

HIV Cure: Navigating Through the Maze

Understanding cure-related research and our roles as advocates

26 June 2025

Simon Collins,
i-Base.info

Disclaimer

- I am an optimist.
- There will be a cure for HIV.

I am 64, HIV+ treatment activist with HIV i-Base in London.

I started ART in 1996 with a CD4 count of 2, have been undetectable since then, with good access to treatment and monitoring.

I need to take other meds so ART is easy for me.

Brief for this workshop

1. Appreciate the ethical, social, and access considerations in HIV cure research, especially for communities.

2. Identify the roles of people living with HIV, adolescents and other community stakeholders in HIV cure advocacy and trial preparedness.

Appreciate the issues involved in cure research & look at our roles as advocates

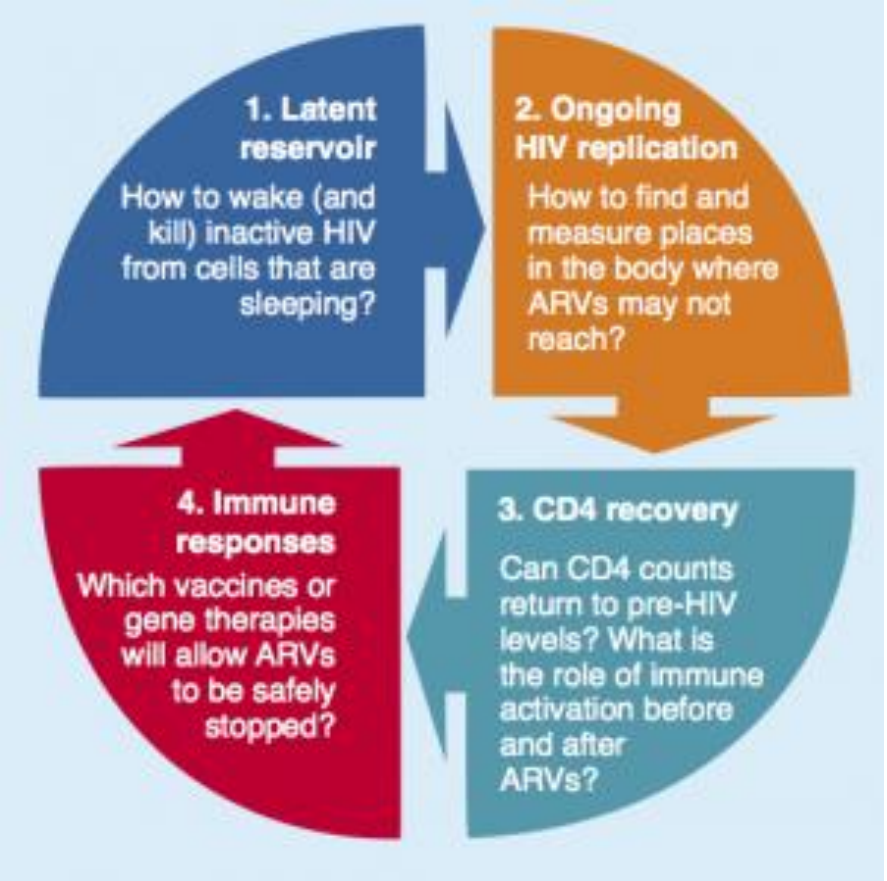
cure research?

or

cure-related research?

HIV cure puzzle

1. Latent reservoir (HIV in sleeping cells)



2. Ongoing HIV replication

3. Boosting CD4 recovery

4. Immune treatment to let us stop ART

Hope vs science?

- People enroll with optimism:

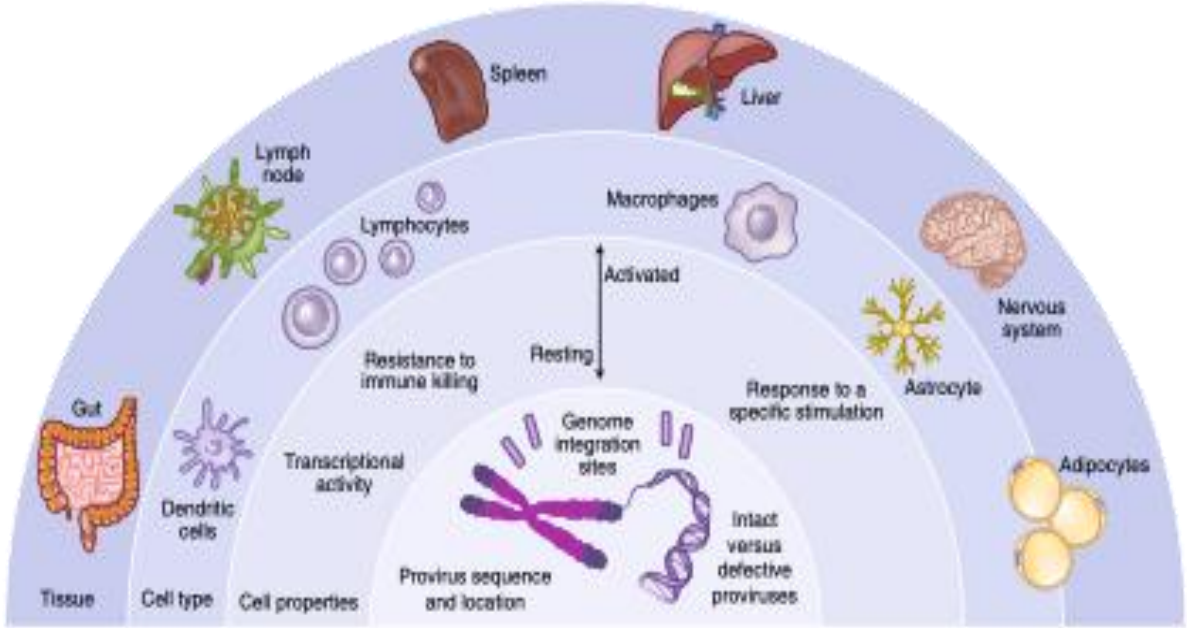
“But I might be the one who is lucky”

- Ethical differences in low- vs high-income settings?
  - less stable access to ART and monitoring.
  - fewer options if ART fails.
  - different social & legal background for disclosure.
  - fewer details about risk - ie baseline CD4 count.

Some people want to actively help science as a way to give something back – but risks need to also be clear.

Cure awareness as treatment literacy

Important to know a little about the viral reservoir - overlaps with adherence, resistance and hope.



Landscape of the HIV reservoir

May/June 2025

Global development

Breakthrough in search for HIV cure leaves researchers 'overwhelmed'

Global development
Breakthrough in search for HIV cure leaves researchers 'overwhelmed'

World-first discovery harnesses mRNA in the search for an HIV cure

Australian researchers have made a major breakthrough in HIV research by repurposing the same mRNA delivery system used in COVID-19 vaccines, not to prevent infection, but as a potential strategy to find a cure.

May 28, 2025

HIV Discovery Could Open Door to Long-Sought Cure

Ethical, social and access

1. Ethical issues?

   Hope? Truth? Reality? Funding?

2. Social issues?

   Who wants a cure? Why?

3. Access issues?

   Future demands for any future advances vs treatment, prevention and vaccines. Ie examples of PrEP including injectables.

Why community? (with our many demands)

Advocacy, education and engagement.

Overcome complex and difficult science.

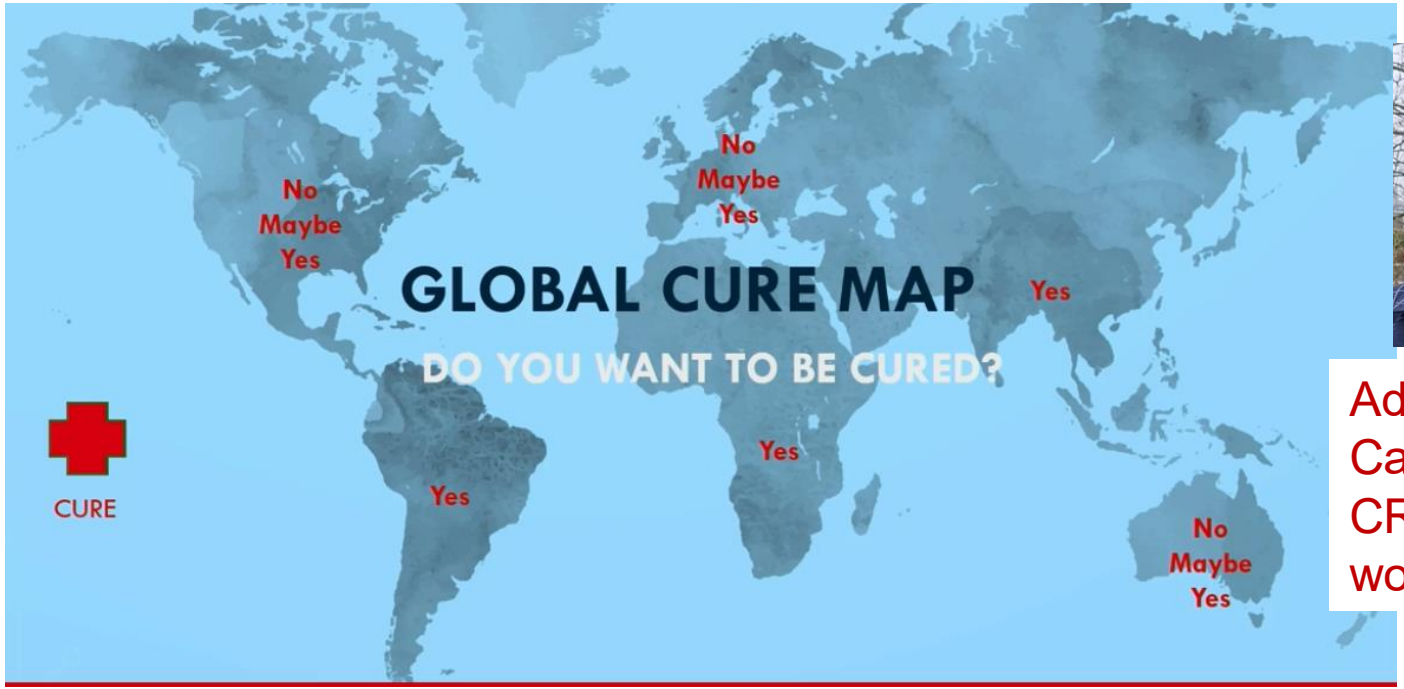
Cure provides hope for the future.

Ie - cure is an easy concept: *but absence of virus? Or clinic visits, or meds, or risk to partners or stigma? [1]*

1. Verdult F. Community survey on HIV cure. IAS 2012, Washington.

Demand for a cure: No/Maybe/Yes

Everyone wants a cure in countries with least access to ART



Adam Castillejo, CROI 2024 workshops

“People with HIV in Africa need an HIV cure because we don’t always want to be worrying about who the next US President is going to be”.

Moses “Supercharger” Nsubuga, 2019

Risks vs benefits

As ART becomes better, cure-related research becomes:

- Relatively more risky.
- More intensive study visits.
- Analytic Treatment Interruptions (ATIs) – needing to stop ART for a period.
- 2025 changes in US aid and ART access.

ATIs

Analytic Treatment Interruptions (ATIs) involve stopping ART for a period with close monitoring.

- Safe for some people in the short term.
- For people at low risk of complications.
- Viral load will rebound to over 100,000 c/mL.
- Some people may reach 1-10 million c/mL.
- What if no CD4 history inc lowest ever CD4?

Advocacy roles?

1. Source of accurate information?
   Balance hopes with reality ot research.
2. Cure-related research?
   Balance risks with limited likely benefit.
3. Advocate?
   To make sure research is as safe as possible.
   To help with informed consent.
   To help explain the results.

Research issues?

1. Stopping ART

   Can balance hopes with reality ot research.

2. Context of restarting ART

   Hsving detectable viral load for several months.

3. When to access: phase 1, 2 or 3?

   Which studies should be available in which countries?

Recent results with bNAbs

Two recent studies (FRESH and RIO) using immune-based treatment (bNAbs) kept viral load undetectable for 6, 12, 18, 24 months without ART.

How many people? which countries? which treatment? what is the cost?

In the randomised RIO study some of these people were in the placebo arm.

CROI 2025, San Francisco.- oral abstracts 107 and 106

FRESH and RIO studies

Both studies enrolled participants who were diagnosed and use ART very early in acute HIV. Needed high CD4 (>500) and undetectable for at least 1 year,

	FRESH (single arm)	RIO (randomised placebo)
Country	South Africa	UK
N	20 women, subtype C	68 men, subtype B
Treatment	2 x bNAbs + TLR7	2 x bNAbs vs placeobo
Off-ART wk 48	6/30	22/34 vs 2/34
Still off ART + comment	4/30 (for 1.2 to 3.4 yrs) inc 1 with VL >100,000	6/68 inc 2 participants in the placebo arm

CROI 2025, San Francisco.- oral abstracts 107 and 105

Advocacy roles in FRESH

Explaining study

- Single arm vs randomised etc
- Explaining ATIs and safety for partners.
- Peer support.

Community responses to results:

- Why have you been hiding this cure (timeline for research)?
- Why were there no men involved.?
- Can we get this cure now?

Krista Dong, FRESH Cohort

Thanks

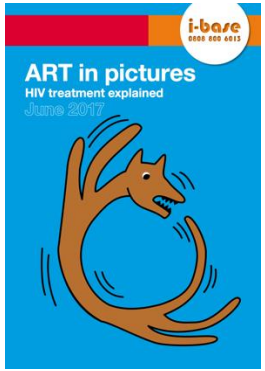
simon.collins@i-base.org.uk

Further info

Towards an HIV Cure
IAS

Community webinars including AFROCAB

IAS roadmap for a cure: easy-to-read overview of recent progress and future goals
https://i-base.info/ias-towards-an-hiv-cure-2021/



TREATMENT ACTION GROUP
MARCH 2025

HIV Cure Research Information Sheet

TAG
Treatment Action Group

https://www.treatmentactiongroup.org/

Lack of CD4 nadir

CD4 (baseline)	CD4 nadir	ATI (wks))	VL restart (copies/mL)	Time to BLQ (weeks)
671	NA	8	639,000	20
750	NA	6	328,000	15
1560	NA	14	370,000	67
840	NA	4	1.1 million	31
1070	NA	11	2.1 million	18
630	NA	3	5.5 million	23

1. Lee M et al. JIAS (August 2024).