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The European treatment network for HIV, hepatitis and global infectious diseases

HIV Glasgow 2022

NEAT ID Symposium and Updates

Glasgow

23rd OCTOBER 2022

AGENDA

SPEAKER	SEGMENT
Prof. Christine Katlama and Prof. Carlo Giaquinto	Welcome
Prof. Anton Pozniak	Introduction Slides
Prof. Stefano Vella	NEAT ID Background
Prof. Jean-Michel Molina	PrEP Survey
Dr Stefano Rusconi	WISARD w48 Data
Prof. Marta Boffito	PIONEER
Dr Esteban Martinez	NEAT 22 Sub Studies – Weight Gain
Prof. Georg Behrens	NEAT ID Studies and Publications
Prof. Stephane De Wit	NEAT ID New Studies
Prof. Jurgen Rockstroh	NEAT ID Integration Grants
Prof. Anton Pozniak	Closing

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OUR MISSION

To enable and conduct Clinical Research on HIV, Hepatitis and Emerging Global Infectious Diseases

WHAT NEAT ID DO

- 7 fully recruited Studies
- 8 actively recruiting Studies
- 1 Study in set up
- 2 Studies in pipeline
- Current Study activity expected out to 2025
- Award NEAT ID “Integration” Grants

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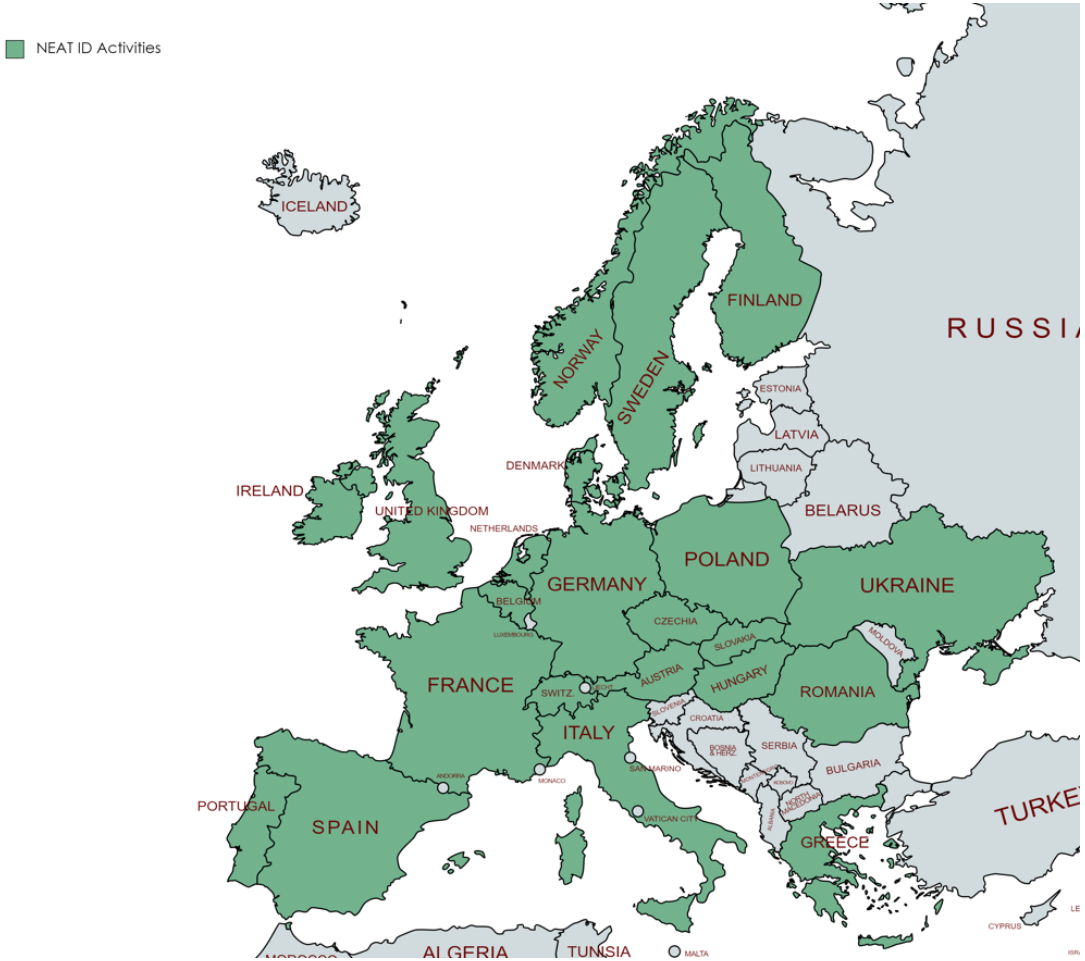
NEAT ID Network



With further reach in:

- USA
- Canada
- Brazil
- Mexico
- Chile
- Thailand
- Tanzania
- South Africa
- Argentina

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NEAT ID IN NUMBERS

Over 5000 patients recruited	3 Covid-19 Studies completed	4 HIV Studies completed	7 active HIV Studies
Provided 8 directly funded Grants	More than 20 countries involved	€30 Million in funding to sites	Over 150 sites involved

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PARTNERS

GILEAD

Penta
Child Health Research

janssen

MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

ViiV Healthcare

NHS
Chelsea and Westminster Hospital
NHS Foundation Trust

VANDERBILT UNIVERSITY MEDICAL CENTER

CW+

ACTG
AIDS CLINICAL TRIALS GROUP

NATIONAL INSTITUTES OF HEALTH

RESEARCH ORGANISATION (KC) LTD

MSD

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GOVERNANCE

Anton Pozniak

President

Stephane De Wit

Vice President

Nikos Dedes

Treasurer

Christine Katlama

Jürgen Rockstroh

Carlo Giaquinto

Stefano Vella

Andrzej Horban

Abdel Babiker

Jean-Michel Molina

Georg Behrens

Francois Raffi

Esteban Martínez

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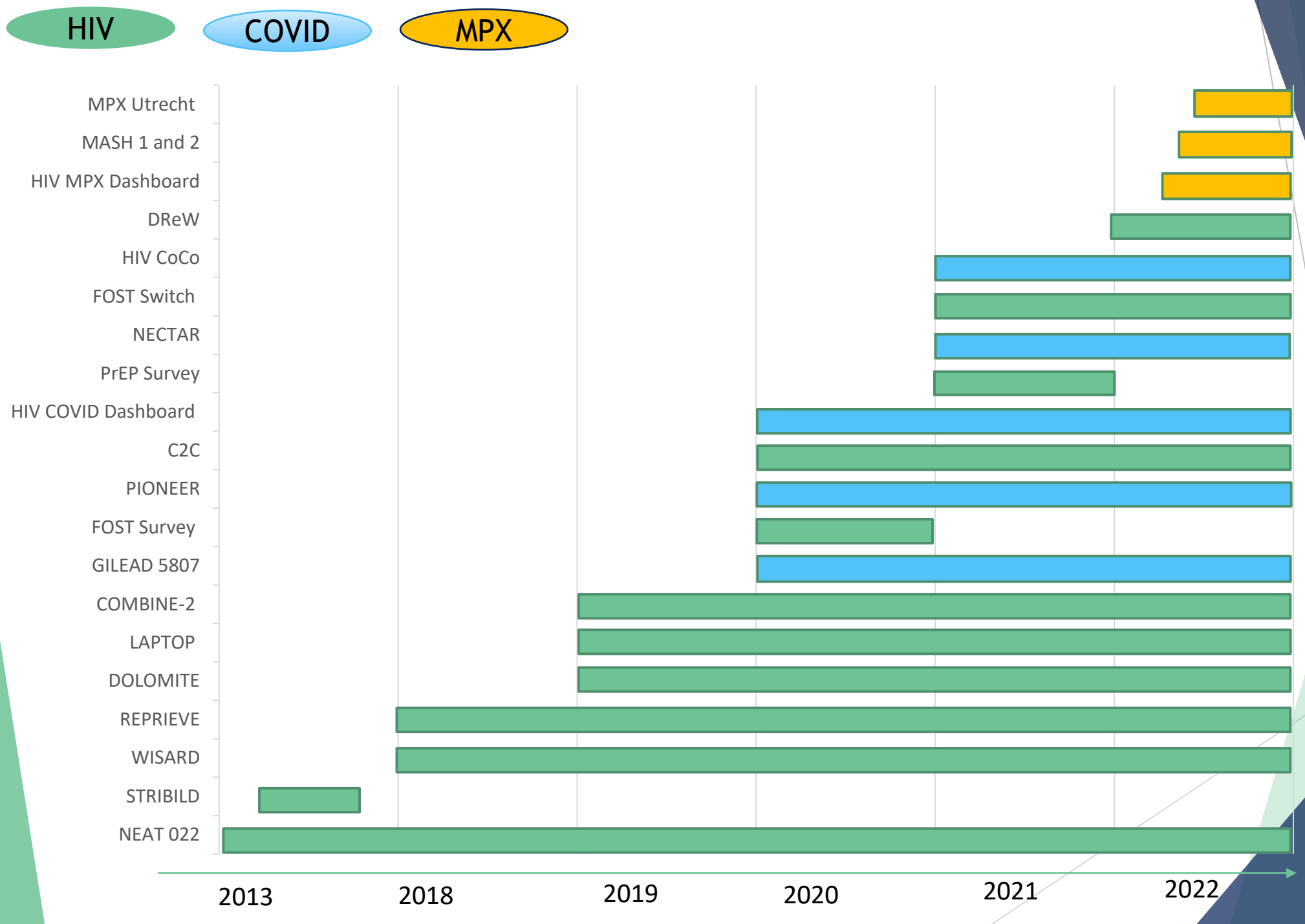
HIV
COVID
MPX
MPX Utrecht
MASH 1 and 2
HIV MPX Dashboard
DReW
HIV CoCo
FOST Switch
NECTAR
PrEP Survey
HIV COVID Dashboard
C2C
PIONEER
FOST Survey
GILEAD 5807
COMBINE-2
LAPTOP
DOLOMITE
REPRIEVE
WISARD
STRIBILD
NEAT 022
2013
2018
2019
2020
2021
2022

NEAT ID – A History

Presented by: Prof. Stefano Vella

From

NEAT
EUROPEAN AIDS TREATMENT NETWORK

To

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The European treatment network for HIV, hepatitis and global infectious diseases

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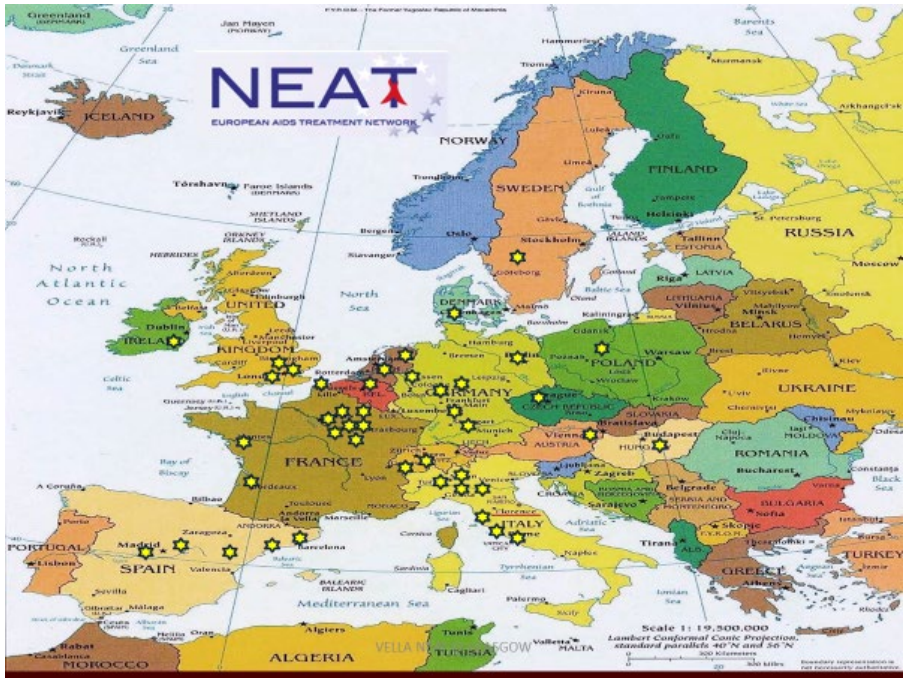
EUROPEAN COMMISSION
Community Research

NEAT
EUROPEAN AIDS TREATMENT NETWORK

EUROPEAN AIDS TREATMENT NETWORK

Project no: LSHP-CT-2006-037570
Instrument: Network of Excellence
Thematic Priority: FP 6 - Life sciences, genomics and biotechnology for health
"Integrating and strengthening the European Research Area"
Start date of project: 1st of February 2007 / Total duration: 60 months

2007 - 2011



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The NEAT Operational structure was an activity-focused integrated model organised in 4 major WP areas

WP1 – Network Functioning

Activity areas:

- Management and Governance
- Fundraising
- External networking
- Public website and IT
- Quality

WP2 – Clinical Research

Activity Areas:

- NEAT001 ANRS 143 (Governance, Development & management
- Data Analysis
- Trial Legal Sponsorship
- NEAT 001 sub-studies
- NEAT Hepatitis Cohort Network

WP3 – Integration of Research

Activity areas:

- Integration Grants (small, intensive cross partner/ cross country clinical studies)

WP4 – Education and Training

Activity areas:

- Focused on Clinical Research training courses
- PhD and master programmes
- Training exchange programmes

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NEAT
EUROPEAN AIDS TREATMENT NETWORK

GENERAL ASSEMBLY
7TH AND 8TH JUNE 2012

- NEAT went far beyond the scope of a Network of Excellence
- Tangible products with relatively small amount of funds
- Ability to find external co-funding
- Real Integration among partners
- Creation of a Functional European Clinical Research Network
- Relevant number of high quality publications

Where NEAT should / could go ?

Stefano Vella & Anton Pozniak

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RESULTS

NEAT Activities resulted in an impressive record of publications in peer reviewed journals as well as presentations at international conferences overall, NEAT produced:

- 155 scientific articles in international peer reviewed journals
- 28 oral communications at international conferences
- 91 posters and abstracts
- 30 educational videos put online to the public website
- 12 grey literature publications

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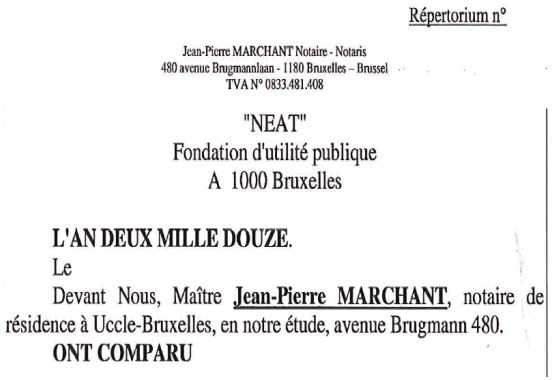
In response to the Commission decision not to fund HIV research

under the future European Framework Programs

(with the exception of EDCTP)

neatid | The European treatment network for HIV, hepatitis and global infectious diseases

has been founded in Brussels in December 2012



Répertorium n°

Jean-Pierre MARCHANT Notaire - Notaris
480 avenue Brugmannlaan - 1180 Bruxelles – Brussel
TVA N° 0833.481.408

"NEAT"
Fondation d'utilité publique
A 1000 Bruxelles

L'AN DEUX MILLE DOUZE.
Le
Devant Nous, Maître Jean-Pierre MARCHANT, notaire de résidence à Uccle-Bruxelles, en notre étude, avenue Brugmann 480.
ONT COMPARU

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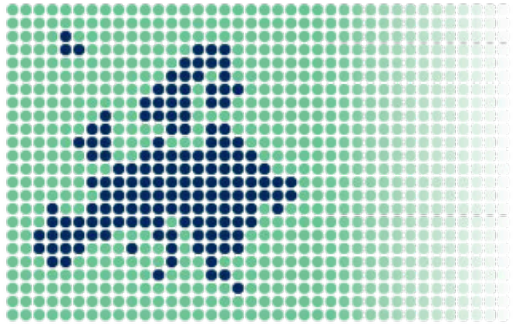

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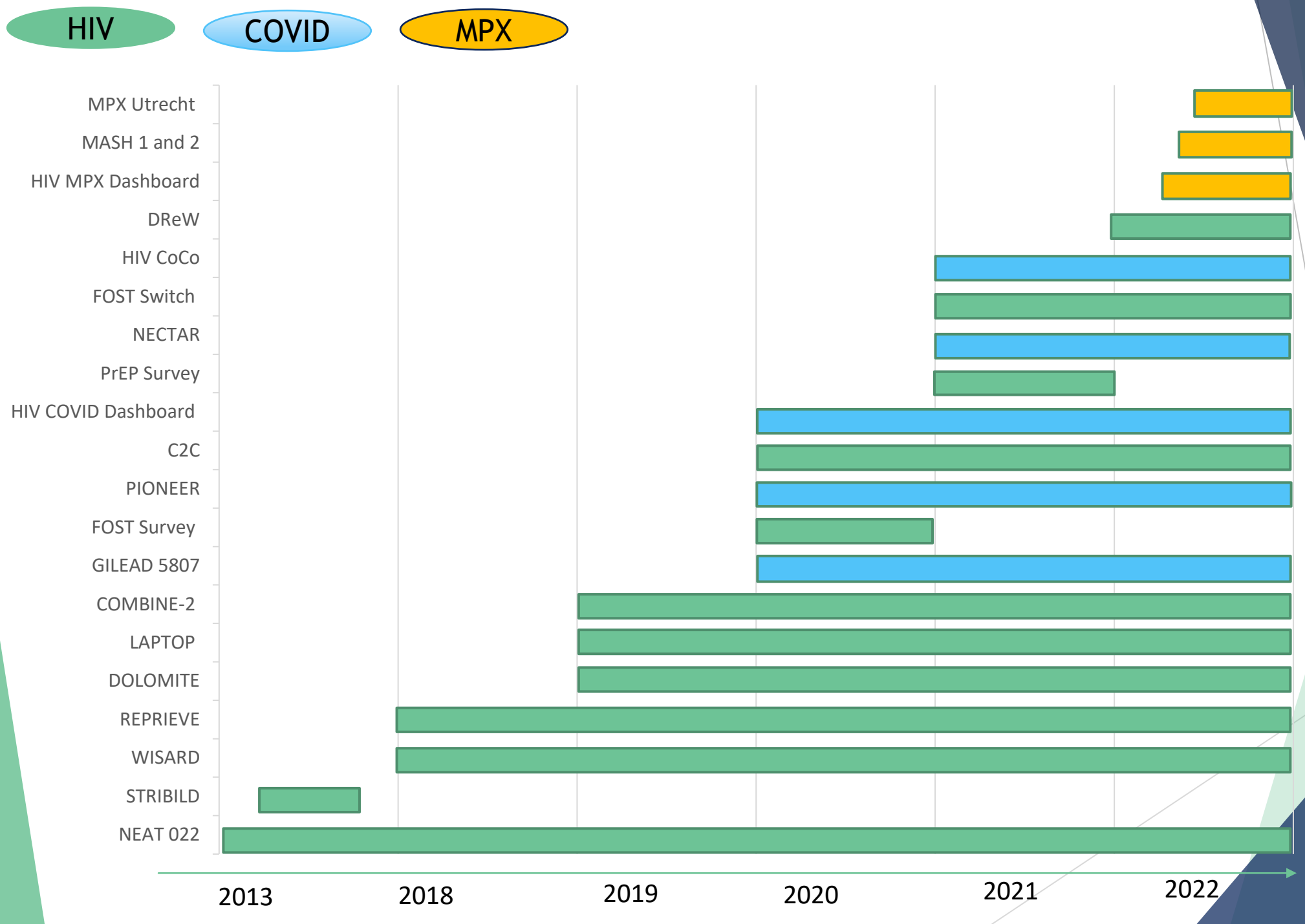
Where We Are Now


HIV
COVID
MPX
MPX Utrecht
MASH 1 and 2
HIV MPX Dashboard
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REPRIEVE
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2021
2022

NEAT ID
Oral Presentations

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PIONEER

A randomised controlled trial of early intervention in patients hospitalised with COVID-19: Favipiravir versus Standard of Care

Presented by: Prof. Marta Boffito

Christopher M Orton, Pallav L Shah, Beatriz Grinsztejn, Gavin C Donaldson, Brenda Crabtree Ramírez, James Tonkin, Breno R Santos, Sandra W Cardoso, Andrew I Ritchie, Francesca Conway, Maria P D Riberio, Dexter J Wiseman, Anand Tana, Bavithra Vijayakumar, Cielito Caneja, Craig Leaper, Bobby Mann, Anda Samson, Pankaj K Bhavsar, Marta Boffito, Mark R Johnson, Anton Pozniak, Michael Pelly

Dr Christopher Orton,

Consultant Respiratory Physician,

Royal Brompton Hospital, UK

Co-Sponsored by

NHS Chelsea and Westminster Hospital NHS Foundation Trust

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Funded by CW+ LifeArc

STUDY RATIONALE

- SARS-CoV-2, has caused the COVID-19 global outbreak. Presently, more than 6,400,000 attributable deaths reported worldwide
- Self-limiting respiratory symptoms, to fulminant multiorgan failure and death
- High mortality rates have related to the saturation of healthcare resources, demonstrating the clear and unmet need for an early intervention that reduces the intense utilisation of such facilities
- Re-purposing of existing drugs is an immediate option and far faster than developing new therapeutics

FAVIPIRAVIR

- Pyrazinecarboxamide derived, nucleic acid analogue that selectively targets the RNA-dependent RNA polymerase utilised in viral RNA synthesis.4

- Broad spectrum activity against multiple families of RNA viruses, including a wide range of influenza viruses

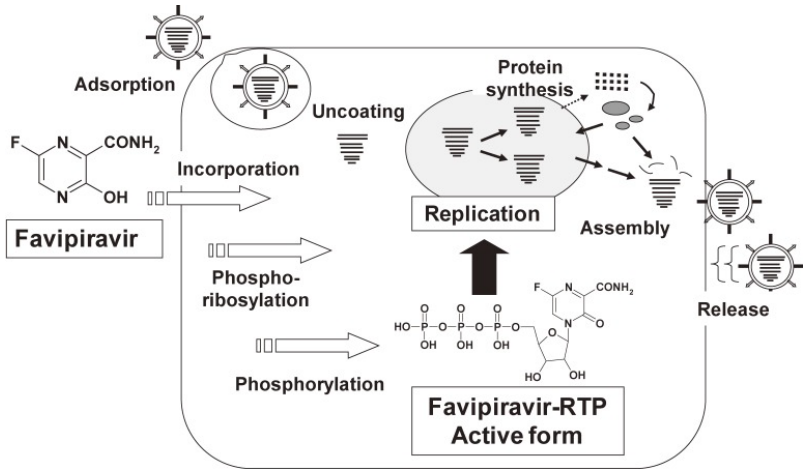
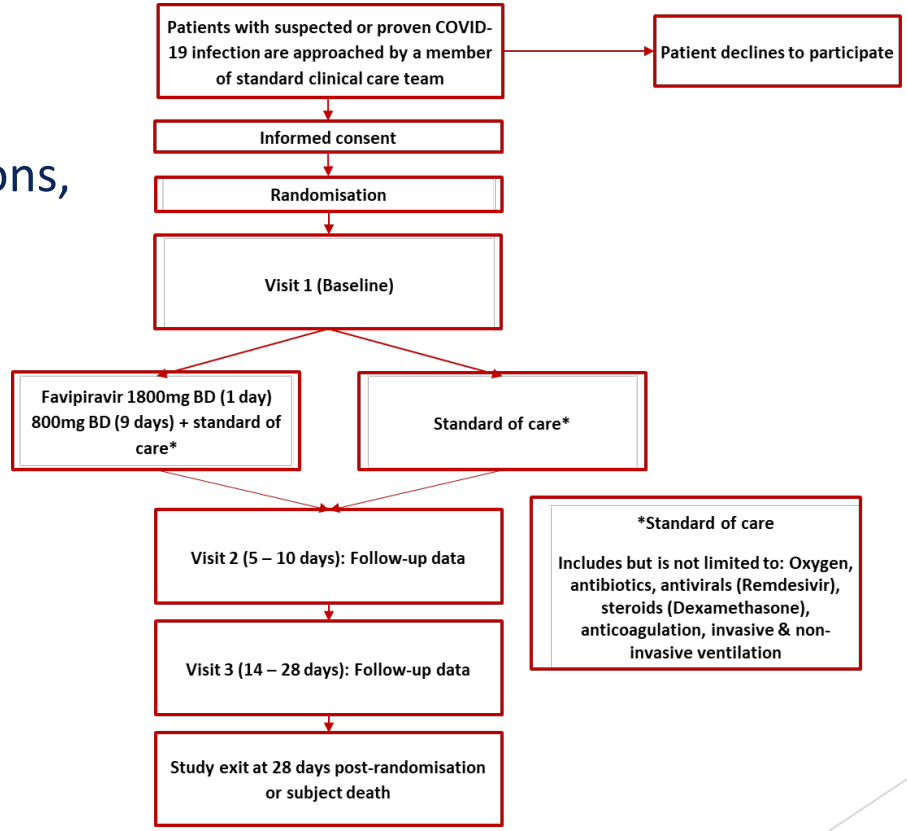


Figure 1. Favipiravir: activation and mechanism of action

PIONEER

METHODS

- Prospective, open label, multi-centre, randomized 1:1, controlled trial
- Adults with capacity, hospital admissions, proven or suspected COVID-19
- UK, Brazil, Mexico
- 503 participants
- May 2020 - May 2021
- Duration of treatment: 10 days
  - Day 1: 1800mg BD
  - Day 2 to 10: 800mg BD
- 28-day follow-up period
- NCT: 04373733



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PIONEER

OBJECTIVES

Primary Objective

To determine whether early intervention with favipiravir reduces the time to significant improvement in clinical status in patients with COVID-19

Secondary Objectives

To assess whether early intervention with favipiravir improves mortality in patients with COVID-19

To determine whether early intervention with favipiravir reduces resource utilisation in patients with COVID-19

Category	
1	Not hospitalised with resumption of normal activities
2	Not hospitalised, but unable to resume normal activities
3	Hospitalised, not requiring supplemental oxygen
4	Hospitalised, requiring supplemental oxygen
5	Hospitalised, requiring nasal high-flow oxygen therapy
6	Hospitalised, requiring ECMO, invasive mechanical ventilation or both
7	Death

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PIONEER

RESULTS

	All (n=502)	Favipiravir (n=251)	SC (n=248)
Male sex: (%)	302 (61%)	142 (57 %)	160 (65 %)
Age (years ± SD)	58·9 ± 15·3	59·2 ± 16·3	58·6 ± 14·2
Age < 60 years of age	248 (49·4)	120 (47·8)	127 (51·2)
Ordinal score (median, IQR)	4 (4 to 4)	4 (4 to 4)	4 (4 to 4)
Hospitalised, not requiring supplementary oxygen (%)	87 (17·3%)	40 (16 %)	47 (19 %)
Hospitalised, requiring supplementary oxygen (%)	376 (74·9%)	190 (76 %)	183 (74 %)
Hospitalised, requiring HFNC and/or non-IMV (%)	39 (7·8%)	21 (8%)	18 (7 %)
White blood count (10^9/L)	7·2 (5·2-9·7)	7·2 (4·9-9·6)	7·2 (5·3-9·8)
Neutrophil count (10^9/L)	5·7 (3·8-8·0)	5·5 (3·7-7·9)	5·7 (4·0-8·1)
Lymphocytes (10^9/L)	0·80 (0·6-1·2)	0·80 (0·60-1·2)	0·85 (0·60-1·2)
C-reactive protein (mg/L)	21·4 (10·9-83·9)	26·2 (11·4-81·7)	18·8 (9·1-83·9)
Time from admission to randomisation (days)	0·91 (0·7-1·3)	0·9 (0·7-1·2)	0·9 (0·7-1·3)
Time from symptom onset to randomisation (days)	8·9 (6·2-11·1)	8·9 (6·2-11·0)	8·9 (6·2-11·5)

PIONEER

RESULTS

Consort diagram

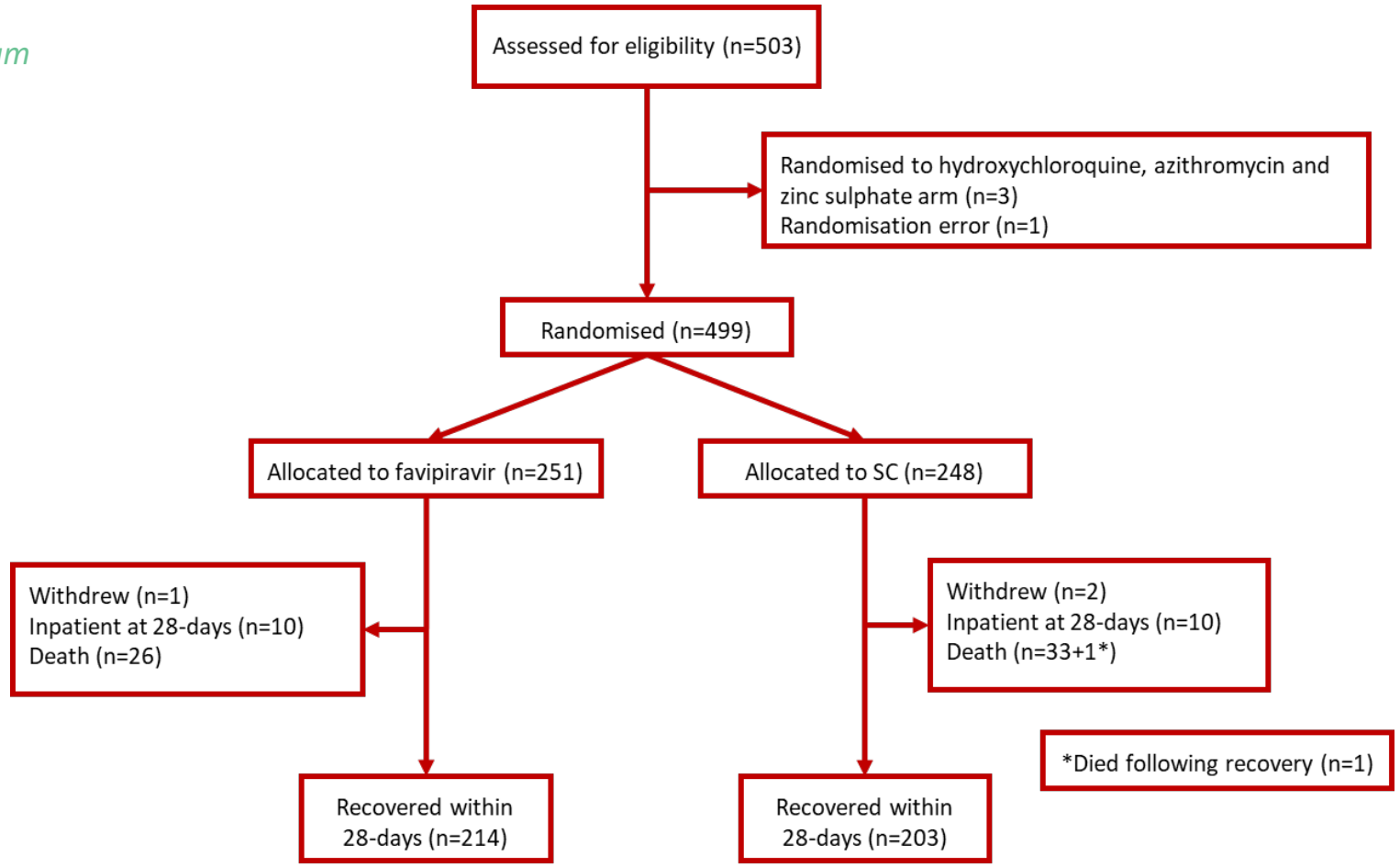

Figure 5. Consort diagram

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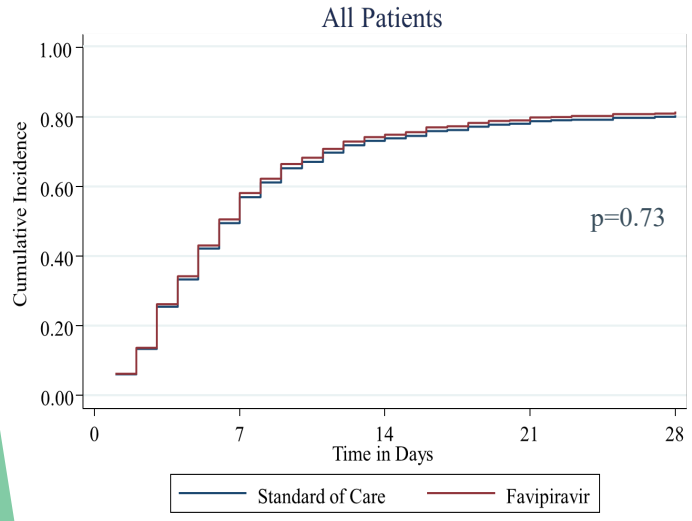
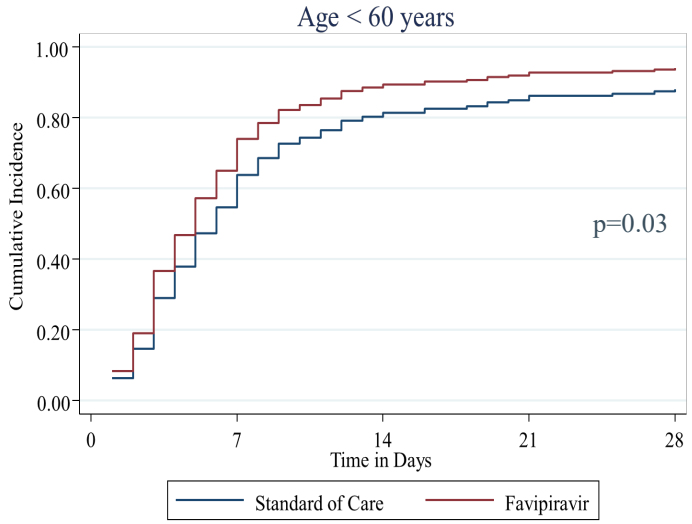
PIONEER

PRIMARY OBJECTIVE: TIME TO RECOVERY

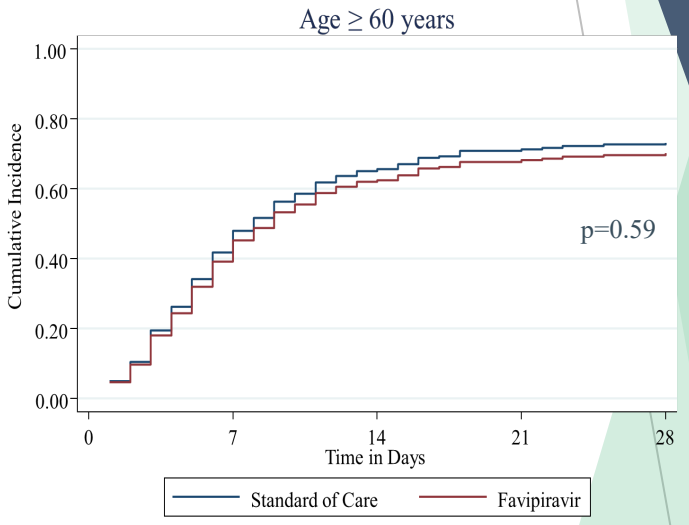
a)



b)



c)



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PIONEER

SECONDARY OBJECTIVES: SURVIVIAL AND MECHANICAL VENTILIATION FREE SURVIVIAL

Kaplan-Meier curves in patients receiving favipiravir and SC, and SC alone, (a & d) for all patients; (b & e) age < 60 years; (c & f) age ≥ 60 years

Survival

Mechanical ventilation free survival

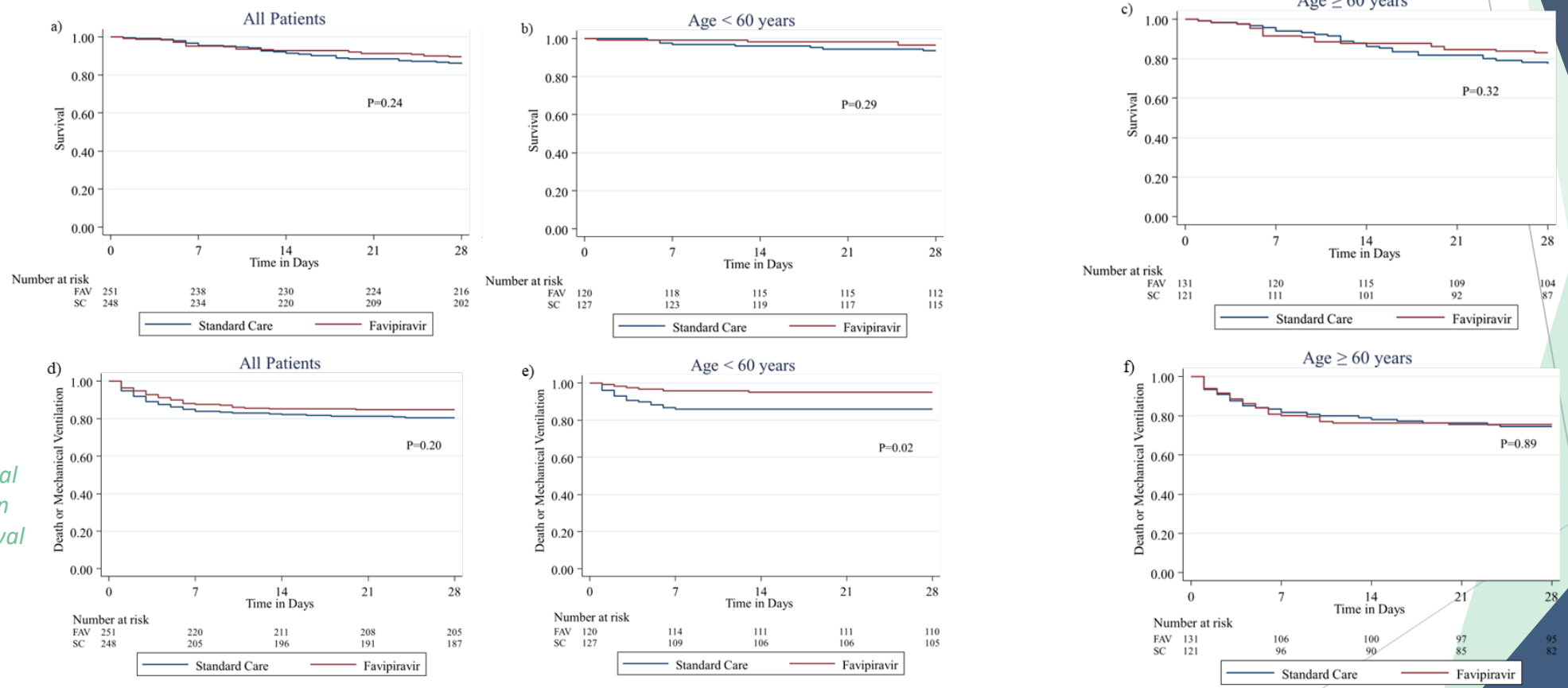

Figure 7. Kaplan-Meier curves in patients receiving favipiravir and SC, and SC alone, (a & d) for all patients; (b & e) age < 60 years; (c & f) age ≥ 60 years

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PIONEER

CONCLUSIONS

- Favipiravir did not improve pre-specified outcomes in patients hospitalised with COVID-19
- Favipiravir may have a beneficial effect on recovery, and mechanical ventilation free-survival in patients under 60-years of age, hospitalised with COVID-19
- Wider evaluation of anti-viral medications, their age-stratified effects and the potential for combination therapy should be considered in COVID-19

Imperial College London | neatid | Chelsea and Westminster Hospital NHS Foundation Trust | LifeArc | cw+

PIONEER

OUTPUT

Is in press with the Lancet Respiratory

PIONEER

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- 3. Ji Y, Ma Z, Peppelenbosch MP, Pan Q. Potential association between COVID-19 mortality and health-care resource availability. *The Lancet Global Health* 2020; 8(4): e480.
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- 5. Shannon A, Selisko B, Le N-T-T, et al. Rapid incorporation of Favipiravir by the fast and permissive viral RNA polymerase complex results in SARS-CoV-2 lethal mutagenesis. *Nature Communications* 2020; 11(1): 4682.
- 6. Wang Y, Fan G, Salam A, Horby P, Hayden FG, Chen C, Pan J, Zheng J, Lu B, Guo L, Wang C. Comparative effectiveness of combined favipiravir and oseltamivir therapy versus oseltamivir monotherapy in critically ill patients with influenza virus infection. The Journal of infectious diseases. 2020 Apr 27;221(10):1688-98.

NEAT ID PrEP Survey

HIV Pre-Exposure Prophylaxis Services, Provision, and Delivery in the NEAT ID Network

Presented by: Prof. Jean-Michel Molina

Sponsored and Funded by neatid

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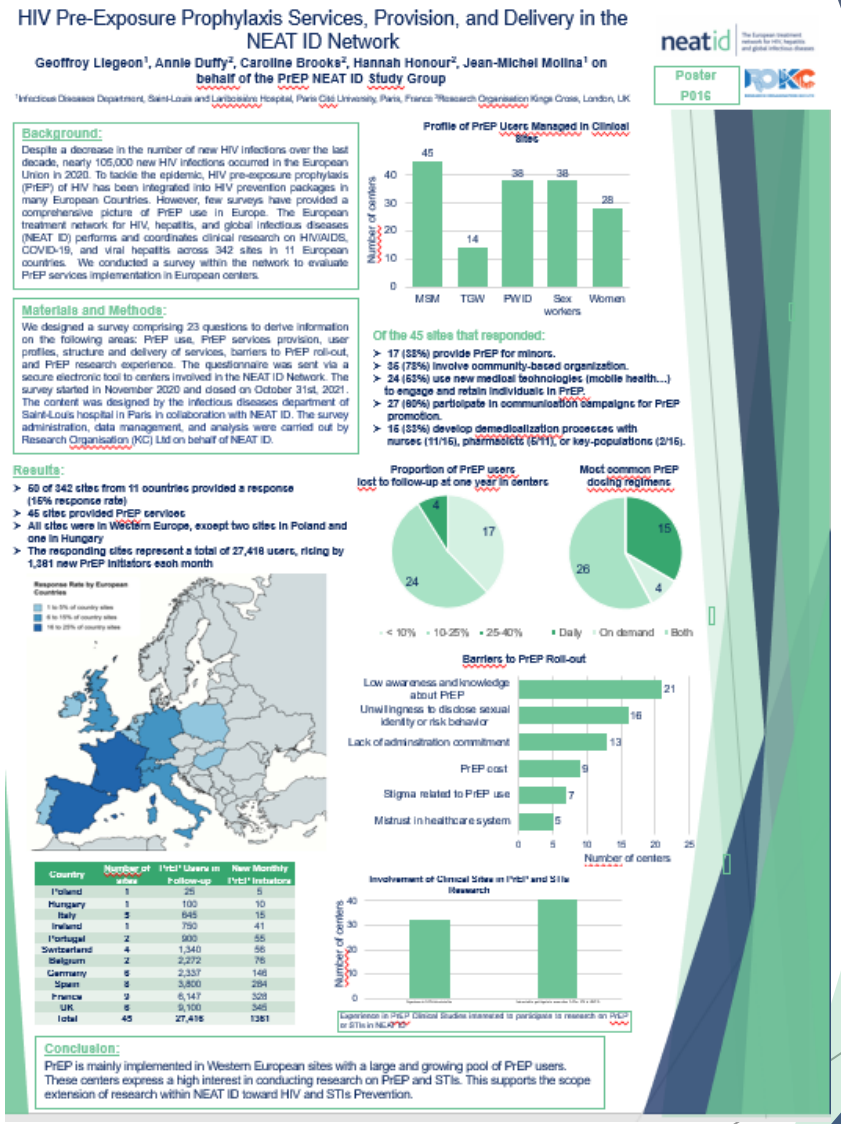

HIV Pre-Exposure Prophylaxis Services, Provision, and Delivery in the NEAT ID Network

Geoffroy Liegeon[1], Annie Duffy[2], Caroline Brooks[2], Hannah Honour[2], Jean-Michel Molina[1] on behalf of the PrEP NEAT ID Study Group

[1]Infectious Diseases Department, Saint-Louis and Lariboisière Hospital, Paris Cité University, Paris, France [2]Research Organisation Kings Cross, London, UK

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Poster P016

KC

Background:

Despite a decrease in the number of new HIV infections over the last decade, nearly 105,000 new HIV infections occurred in the European Union in 2020. To tackle the epidemic, HIV pre-exposure prophylaxis (PrEP) of HIV has been integrated into HIV prevention packages in many European Countries. However, few surveys have provided a comprehensive picture of PrEP use in Europe. The European treatment network for HIV, hepatitis, and global infectious diseases (NEAT ID) performs and coordinates clinical research on HIV/AIDS, COVID-19, and viral hepatitis across 342 sites in 11 European countries. We conducted a survey within the network to evaluate PrEP services implementation in European centers.

Materials and Methods:

We designed a survey comprising 23 questions to derive information on the following areas: PrEP use, PrEP services provision, user profiles, structure and delivery of services, barriers to PrEP roll-out, and PrEP research experience. The questionnaire was sent via a secure electronic tool to centers involved in the NEAT ID Network. The survey started in November 2020 and closed on October 31st, 2021. The content was designed by the infectious diseases department of Saint-Louis hospital in Paris in collaboration with NEAT ID. The survey administration, data management, and analysis were carried out by Research Organisation (KC) Ltd on behalf of NEAT ID.

Profile of PrEP Users Managed in Clinical Sites

Of the 45 sites that responded:

- 17 (38%) provide PrEP for minors.
- 35 (78%) involve community-based organization.
- 24 (53%) use new medical technologies (mobile health…) to engage and retain individuals in PrEP.
- 27 (60%) participate in communication campaigns for PrEP promotion.
- 16 (35%) develop demedicalization processes with nurses (11/16), pharmacists (5/11), or key-populations (2/16).

Results:

- 50 of 342 sites from 11 countries provided a response (15% response rate)
- 45 sites provided PrEP services
- All sites were in Western Europe, except two sites in Poland and one in Hungary
- The responding sites represent a total of 27,418 users, rising by 1,381 new PrEP initiators each month

Proportion of PrEP users lost to follow-up at one year in centers

Most common PrEP dosing regimens

Response Rate by European Countries

Barriers to PrEP Roll-out

Country	Number of sites	PrEP Users in Follow-up	New Monthly PrEP Initiators
Poland	1	25	5
Hungary	1	100	10
Italy	5	845	15
Ireland	1	750	41
Portugal	2	900	55
Switzerland	4	1,340	56
Belgium	2	2,272	76
Germany	6	2,337	146
Spain	8	3,800	284
France	9	6,147	328
UK	6	9,100	346
Total	45	27,416	1361

Involvement of Clinical Sites in PrEP and STIs Research

Experience in PrEP Clinical Studies interested to participate to research on PrEP or STIs in NEAT ID

Conclusion:

PrEP is mainly implemented in Western European sites with a large and growing pool of PrEP users. These centers express a high interest in conducting research on PrEP and STIs. This supports the scope extension of research within NEAT ID toward HIV and STIs Prevention.

Title of poster: HIV Pre-Exposure Prophylaxis Services, Provision and Delivery in the NEAT ID Network

Poster P016

Presented at: HIV Glasgow 2022

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PREP SURVEY

OBJECTIVES AND METHODS

Study objective:

- To evaluate the implementation of PrEP services in European centers belonging to the European treatment network for HIV, hepatitis, and global infectious diseases (NEAT ID).

Materials and Methods:

- A survey comprising 23 questions on the following areas: PrEP use, PrEP services provision, user profiles, structure and delivery of services, barriers to PrEP roll-out, and PrEP research experience.
- Sent via to 342 centers involved in the NEAT-ID Network across 15 countries in Europe.
- Responses collected from November 2020 to October 31st, 2021.

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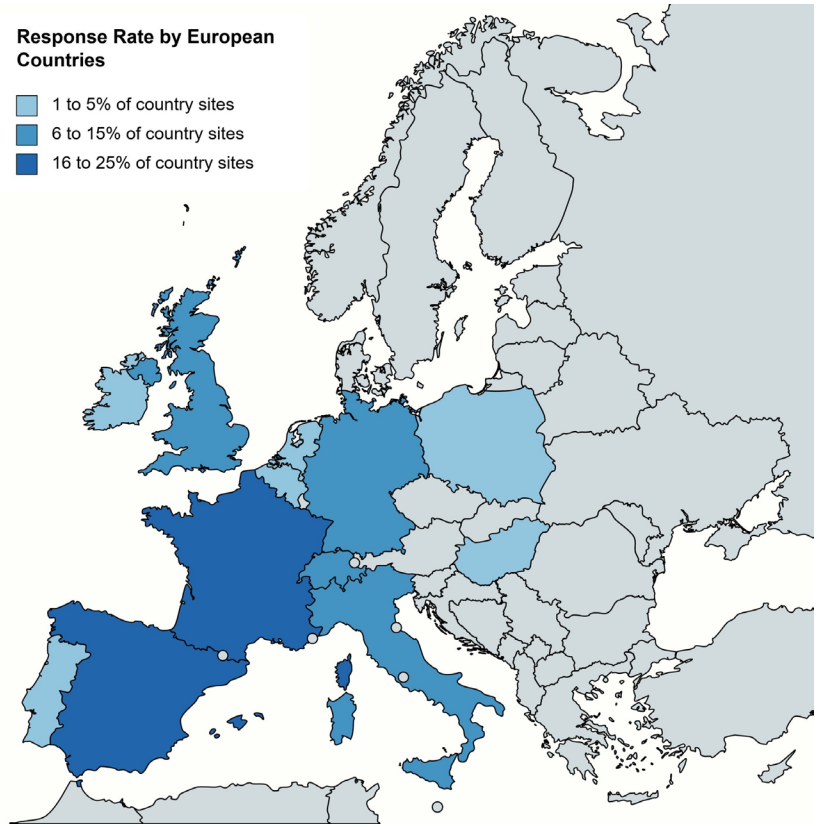
PREP SURVEY

PrEP SERVICES PROVISION

- 50 of 342 sites (15%) provided a response
- 45 sites provided PrEP services across 11 countries
- All sites were in Western Europe, except two sites in Poland and one in Hungary
- The responding sites represented a total of 27,416 users, with 1,361 new PrEP initiators each month



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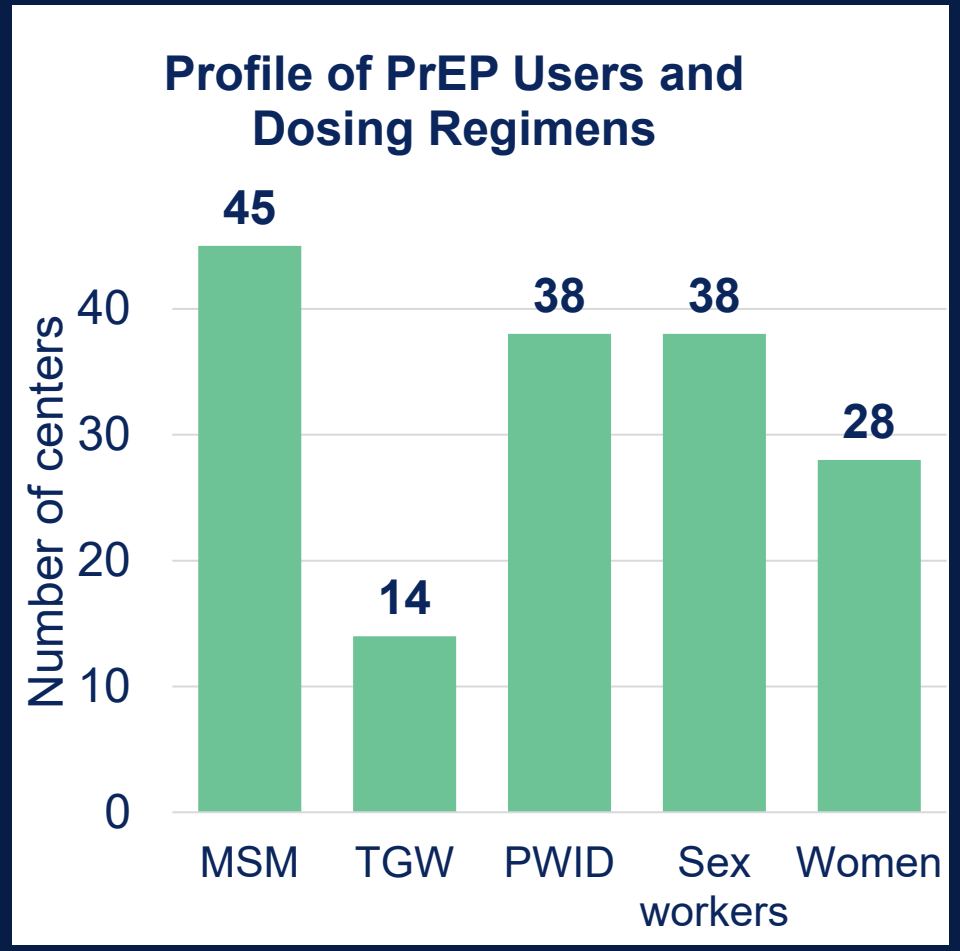
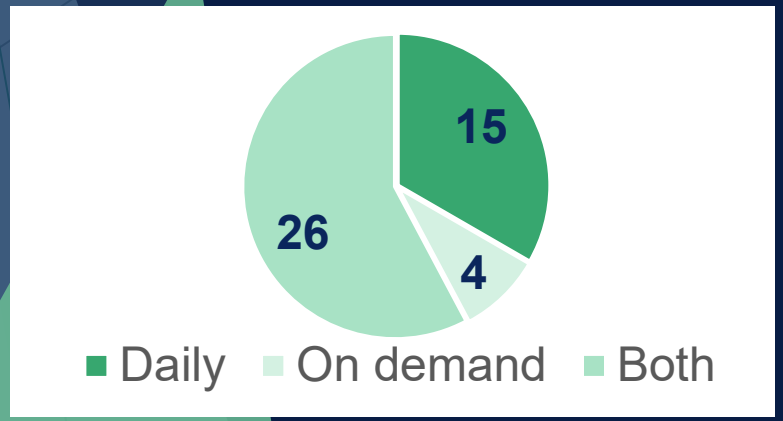
PREP SURVEY

PrEP PRACTISES

Of the 45 sites that responded:

- 35 (78%) involved community-based organizations
- 24 (53%) use new medical technologies (mobile health…) to engage and retain individuals in PrEP
- 27 (60%) participated in communication campaigns for PrEP promotion
- 17 (38%) provided PrEP for minors
- 15 (33%) developed demedicalization strategies with nurses (11/15), pharmacists (5/11), or key-populations (2/15)





PREP SURVEY

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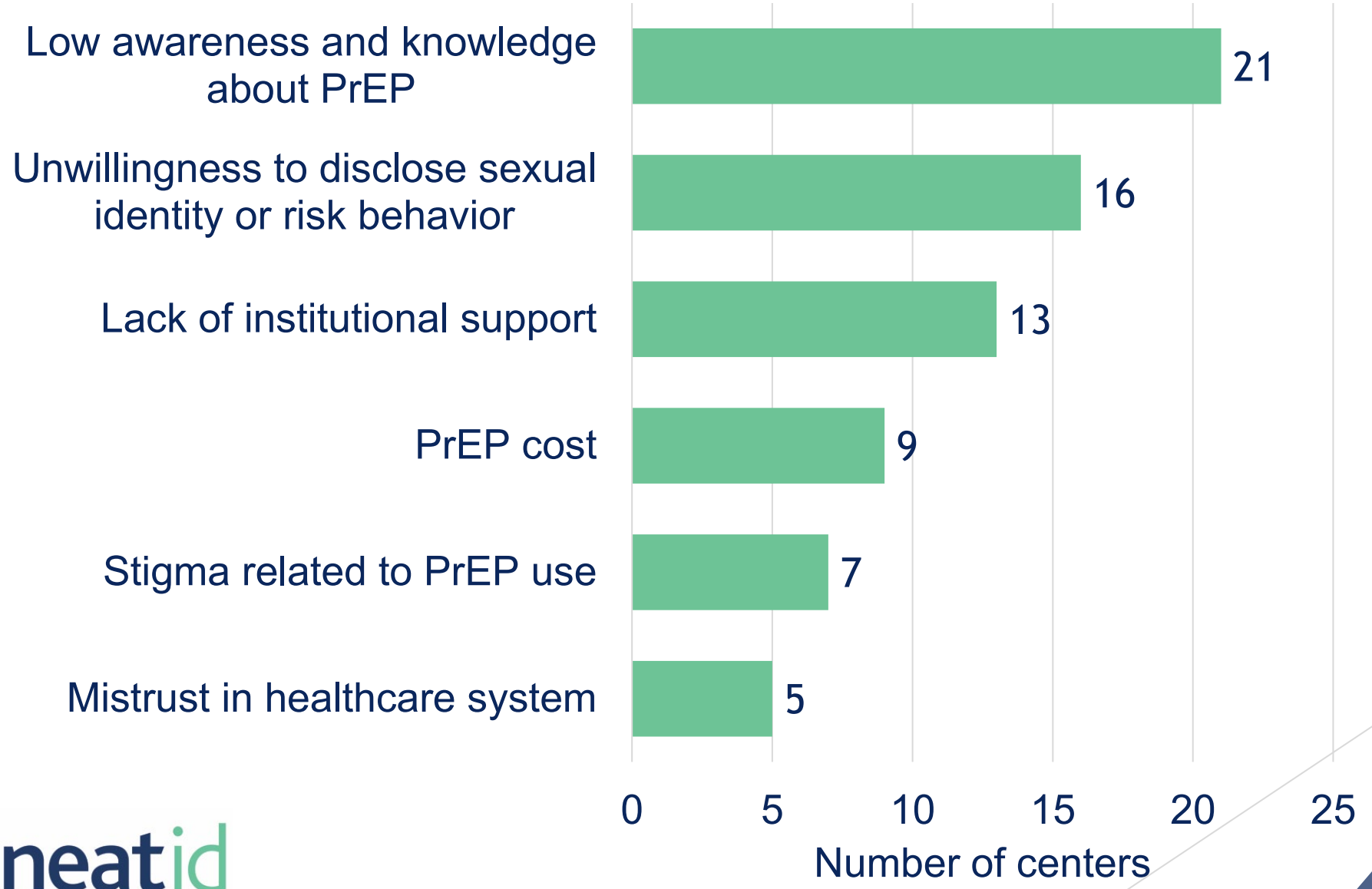
BARRIERS TO PrEP ROLL-OUT



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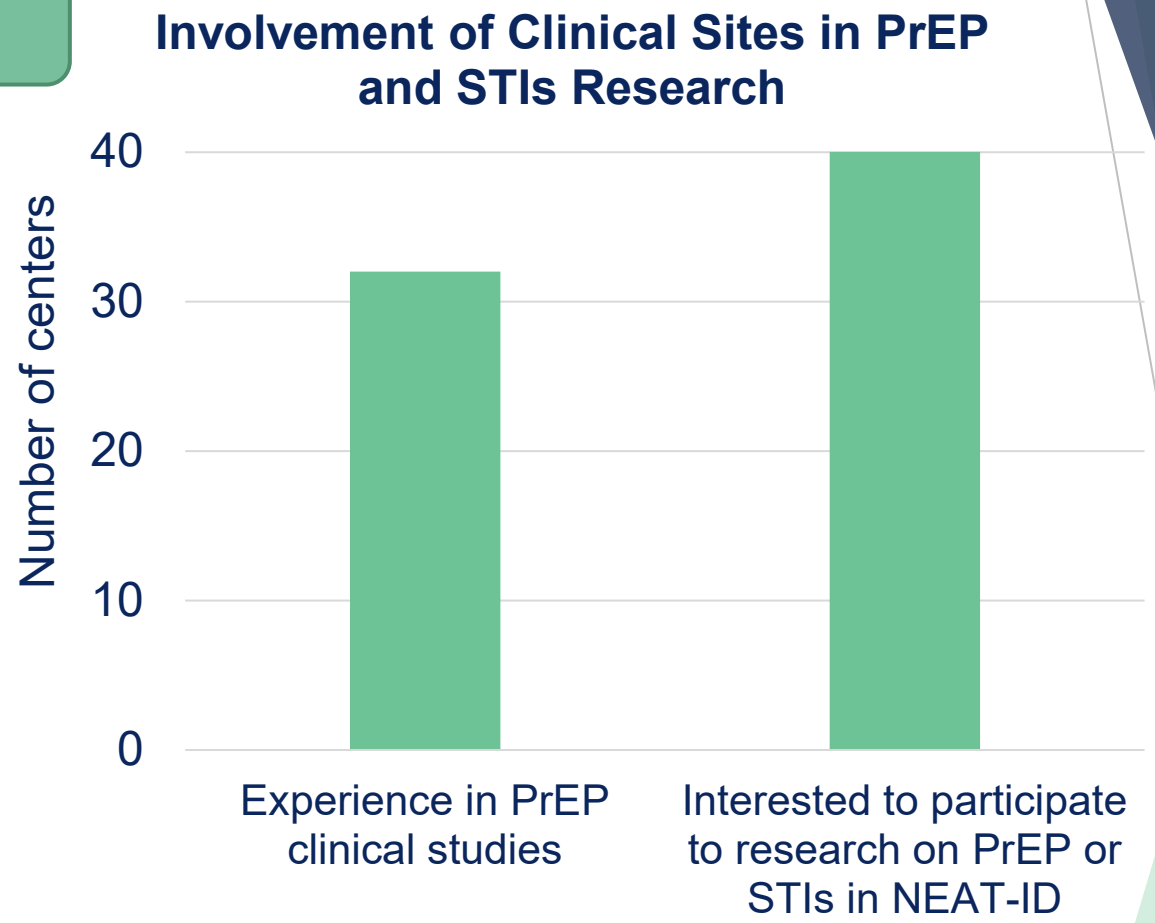
PREP SURVEY

CONCLUSION

PrEP in the NEAT-ID network:

- Mainly implemented in Western European sites.
- Large and growing pool of PrEP users.
- High interest in sites for conducting research on PrEP and STIs.



This supports a scope extension of research within NEAT ID toward HIV and STIs Prevention.

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PREP SURVEY

WISARD

An open-label, multi-centre, randomised, switch study to evaluate the virological efficacy over 96 weeks of 2-drug therapy with DTG/RPV fdc in antiretroviral treatment-experienced HIV-1 infected subjects virologically suppressed with NNRTI resistance mutation K103N

Presented by: Stefano Rusconi, M.D.

Sponsored by neatid

Funded by ViiV Healthcare Janssen

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48 WEEK RANDOMISED STUDY OF SWITCH TO DTG/RPV IN SUBJECTS WITH HIV RNA <50C/ML AND ARCHIVED K103N

Authors: Graeme Moyle[1], Lambert Assoumou[2], Jean-Michel Molina[3], Frank Post[4], Adrià Curran[5], Stefano Rusconi[6], Stephane De Wit[7], Christoph Stephan[8], François Raffi[9], Margaret Johnson[10], Maria Del Mar Masia[11], Jamie Vera[12], Carl Fletcher[13], Annie Duffy[13], Kellie Morris[13], Anton Pozniak[1], for NEAT Foundation, WISARD study group.

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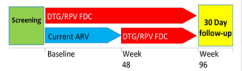
Background

- The 2-drug regimen of DTG/RPV has been studied in switch for virologically suppressed subjects with no prior history of treatment failure or resistance (SWORD 1&2 Trials).
- Viruses with the NNRTI resistance mutation K103N retain in vitro susceptibility to RPV.
- The aim of this study is to assess the efficacy and tolerability of a dual combined therapy of Dolutegravir (DGT) 50 mg OD + Rilpivirine (RPV) 25 mg OD in virologically suppressed participants with previous virological failure with NNRTIs and documented to have had the mutation K103N
- This was a planned 48 week interim analysis with all subjects at or past week 48 prior to data release.

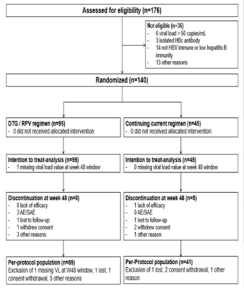
Design

This is a 96-week European, open-label, multi-centre, exploratory study randomised 2:1 of switch to DTG/RPV vs continuing current suppressive regimen (CSR) in treatment experienced, HIV-1 subjects with documented, prior K103N mutation.
Prior PI and NRTI mutations were permitted. Mutations known to reduce susceptibility to RPV or DTG, INSTI failure history, or contraindications to DTG or RPV were exclusions.

Experimental Arm: 100 patients switch to DTG/RPV regimen for 96 weeks
Control Arm: 50 patients continue on current regimen for 48 weeks before switching to DTG/RPV



Study Flow Chart



Statistical Methods

- Data were summarised using median and interquartile range (IQR) for continuous variables and number and percentage for categorical variables.
- Change in laboratory parameter analyses were performed using mixed models with random intercept.
- Poisson regression model was used to compare the incidence of adverse events between the 2 groups.
- All reported p values are two-tailed with a significance level set at 5%.

Patient Demographics

	DTG/RPV (N=95)	Current ART (N=45)	Total (N=140)
Age (years), median (IQR)	52 (44-58)	53 (47-56)	52 (46-57)
Gender, N(%)			
Male	78 (82.1)	35 (77.8)	113 (80.7)
Female	17 (17.9)	10 (22.2)	27 (19.3)
Child bearing potential, N(%)	6/17 (35.3)	3/10 (30.0)	9/27 (33.3)
Ethnicity, N(%)			
White caucasian	69 (72.6)	29 (64.4)	98 (70.0)
White mixed	2 (2.1)	1 (2.2)	3 (2.1)
Asian	4 (4.2)	0 (0)	4 (2.9)
Black	7 (7.4)	7 (15.6)	14 (10)
African	4 (4.2)	3 (6.7)	7 (5)
Caribbean	1 (1.1)	1 (2.2)	2 (1.4)
Other	8 (8.4)	4 (8.9)	12 (8.6)
Time since HIV diagnosis (years), median (IQR)	17.1 (7.3-26.3)	22.4 (13.1-26.5)	19.7 (8.8-26.4)
Duration on ART (years), median (IQR)	15.8 (6.3-23)	17.7 (10.5-23)	16.2 (7.3-23)

Immunological data at screening

median (IQR)	DTG/RPV (N=95)	Current ART (N=45)	Total (N=140)
CD4+ count (cells/µL)	510 (284-715)	617 (284-787)	570 (284-762)
CD4+ (%)	32.9 (25.7-38.2)	31.3 (27-38)	32 (26-38.1)
CD8+ count (cells/µL)	659 (377-892)	720 (491-940)	665.5 (434-904.5)
CD8+ (%)	39 (32-45.7)	39.3 (33.2-46.1)	39.1 (32.9-46)
CD4/CD8 ratio	0.8 (0.6-1.1)	0.8 (0.6-1)	0.8 (0.6-1.1)

ARV at enrolment

	DTG/RPV (N=95)	Current ART (N=45)	Total (N=140)
NRTI regimen	**72 (75.8)**	**36 (80)**	**108 (77.1)**
Tenofovir-DF (TDF) /Emtricitabine	25 (26.3)	7 (15.6)	32 (22.9)
Tenofovir-AF (TAF) /Emtricitabine	22 (23.2)	15 (33.3)	37 (26.4)
Abacavir /Lamivudine	17 (17.9)	9 (20)	26 (18.6)
Other	8 (8.4)	5 (11.1)	13 (9.3)
PI regimen	**60 (63.2)**	**28 (62.2)**	**88 (62.9)**
Darunavir	50 (52.6)	22 (48.9)	72 (51.4)
Atazanavir	8 (8.4)	6 (13.3)	14 (10)
Lopinavir	1 (1.1)	0 (0)	1 (0.7)
Amprenavir	1 (1.1)	0 (0)	1 (0.7)
INsTI regimen	**46 (48.4)**	**21 (46.7)**	**67 (47.9)**
Dolutegravir	16 (16.8)	7 (15.6)	23 (16.4)
Bictegravir	20 (21.1)	8 (17.8)	28 (20)
Raltegravir	3 (3.2)	1 (2.2)	4 (2.9)
Elvitegravir	7 (7.4)	5 (11.1)	12 (8.6)

Reasons for non-success at week 48

	DTG/RPV N=95		Current ART N=45	
	N	% (95% CI)	N	% (95% CI)
HIV-RNA < 50 copies/mL	**84**	**88.4 (80.2-94.1)**	**40**	**88.9 (75.9-96.3)**
HIV-RNA ≥ 50 copies/mL (Protocol defined Virological failure) – details below	**3**	**3.2 (0.7-9.0)**	**1**	**2.2 (0.1-11.8)**
• Data in window not below 50 copies/mL	2	2.1 (0.3-7.4)	0	0.0 (0.0-7.9)
• Discontinued for lack of efficacy	1	1.1 (0.0-5.7)	1	2.2 (0.1-11.8)
• Change in background therapy	0	0.0 (0.0-3.8)	0	0.0 (0.0-7.9)
No virologic data at week 48	**8**	**8.4 (3.7-15.9)**	**4**	**8.9 (2.5-21.2**
• Discontinuation due to AE/SAE	3	3.2 (0.7-9.0)	0	0.0 (0.0-7.9)
• Discontinuation due for other reason	4	4.2 (1.2-10.4)	4	8.9 (2.5-21.2)
• On study but missing data in window	1	1.1 (0.0-5.7)	0	0.0 (0.0-7.9)

Details of Protocol defined virological failures at week 48

ARV regimen at screening	Treatment group	HIV-RNA VL SCR	HIV-RNA VL BSL	HIV-RNA VL WK4	HIV-RNA VL WK12	HIV-RNA VL WK24	HIV-RNA VL WK48	HIV-RNA VL ET	HIVR relative to baseline
Darunavir (DRV) /Cobicistat	Switch to DTG/RPV	<20 (14-FEB-2019)	27 (12-MAR-2019)	60 (09-APR-2019) || 73 (07-MAY-2019)	<20 (01-JUL-2019)			<20 (10-SEP-2019)	PI: L63P; A71T, V77I, L90M, I93L NRTI: 39A; D67N; T69S; K70R; M184V; K219Q NNRTI: K103N/R/S
Darunavir (DRV) /Ritonavir (RTV)/TDF/FTC	Switch to DTG/RPV	38 (04-FEB-2019)	<20 (18-FEB-2019)	36 (18-MAR-2019)	45 (13-MAY-2019)	139 (12-AUG-2019) || 36 (30-AUG-2019)	55 (30-JAN-2020) || 109 (03-FEB-2020)	<20 (02-APR-2020)	NNRTI: K103N
TAF/FTC/EVG/C	Switch to DTG/RPV	<20 (26-MAR-2019)	<20 (08-APR-2019)	22 (07-MAY-2019)	20 (01-JUL-2019)	62 (23-SEP-2019) || 28 (07-OCT-2019)	116 (09-MAR-2020) || 86 (09-APR-2020)	<20 (01-JUN-2020)	PI: A71T
Raltegravir (RAL) /Maraviroc (MVC) /TAF/FTC	Continue current therapy	<39 (10-OCT-2019)	<39 (07-NOV-2019)	<39 (05-DEC-2019)	41 (30-JAN-2020)	204 (23-APR-2020) || 98 (29-MAY-2020)		129 (02-JUL-2020)	NNRTI: K103N PI: L33F/L, A71A/V, V82A/V, L90L/M NRTI: D67D/N, T69A/T; M184V; T215S/T NNRTI: K103N

Conclusions

- In subjects with archived K103N currently suppressed on standard regimens, switch to DTG/RPV maintains virological suppression in the majority of subjects through week 48.
- Higher rates of mainly grade 1 AEs were observed, consistent with other switch studies.

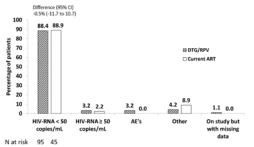
Results

Results were available for all 140 randomised subjects (DTG/RPV: 95, CSR: 45), well matched for baseline characteristics, median age was 52yr, 82% male, 73% white and median CD4 570 c/uL. Baseline regimens included NRTIs 77%, PI/b 63%, INSTI 48%.
Proportion of subject with treatment success (HIV-RNA<50 copies/mL) by ITT FDA Snapshot* at week 48 was DTG/RPV 88.4% vs CSR 88.9% (-0.5%, 95% CI -11.7 to +10.7). One CSR (2.2%) and three DTG/RPV (3.2%) subjects were confirmed virological failures (2x ≥50copies/ml >2weeks apart). All virological load failures were <200 copies/ml.
Adverse event occurred with DTG/RPV 80.0% vs CSR 73.3%. Drug-related AE rate was 23.2% for DTG/RPV (mostly grade 1, and one grade 3) with none in the CSR group. Three DTG/RPV subjects out of 13 discontinuations (8 DTG/RPV; 5 CSR) were withdrawn for AEs (Aggressive behaviour; fatty faeces and flatulence; sleep disorder). There were no significant differences in changes to weight, lipids, or renal parameters

*The ITT FDA Snapshot data presented here has been corrected from that which was presented in the submitted abstract.

Primary Efficacy Endpoint*

Proportion of participants with HIV-RNA <50 copies/mL at week 48, with the ITT FDA Snapshot method



Safety results

Incidence of adverse events from baseline to W48

	DTG/RPV (N=95)		Current ART (N=45)		P-value¥
	N of events	N of pts (%)	N of events	N of pts (%)	
Any adverse events (AEs)	234	76 (80.0)	72	33 (73.3)	0.003
Grade 1	153	62 (65.3)	49	25 (55.6)	0.031
Grade 2	70	39 (41.1)	20	12 (26.7)	0.065
Grade 3-4	7	5 (5.3)	2	2 (4.4)	0.559
Missing grade	4	3 (3.2)	1	1 (2.2)	0.590
Drug related AEs	34	22 (23.2)	0	0 (0.0)	0.007
Drug related grade 3 AEs	1	1 (1.1)	0	0 (0.0)	0.998
Aggressive behaviour	1		0		
AE leading to the study drugs interruption	4	3 (3.2)	0	0 (0.0)	0.451
Aggressive behaviour	1		0		
Fatty faeces	1		0		
Flatulence	1		0		
Sleep disorder	1		0		
Serious adverse events (SAE)	4	3 (3.2)	2	2 (4.4)	0.916
Right patella fracture	1		0		
Bacterial pneumonia	1		0		
Brain tumor meningioma	1		0		
Wound infection skull (post surgery)	1		0		
Pulmonary atypical mycobacterium infection	0		1		
Pancreatitis	0		1		

¥ Cumulative incidence was compared between groups using Poisson regression analysis that accounted for all AEs and different follow-up duration for each participant.

PRESENTED AT AIDS 2022 – the 24th International AIDS Conference

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AIDS 2022 29 July – 2 August

Title of poster: Randomised study of switch to DTG/RPV in subjects with HIV RNA <50c/ml and archived K103N over 48 weeks

Presented at: IAS 2022

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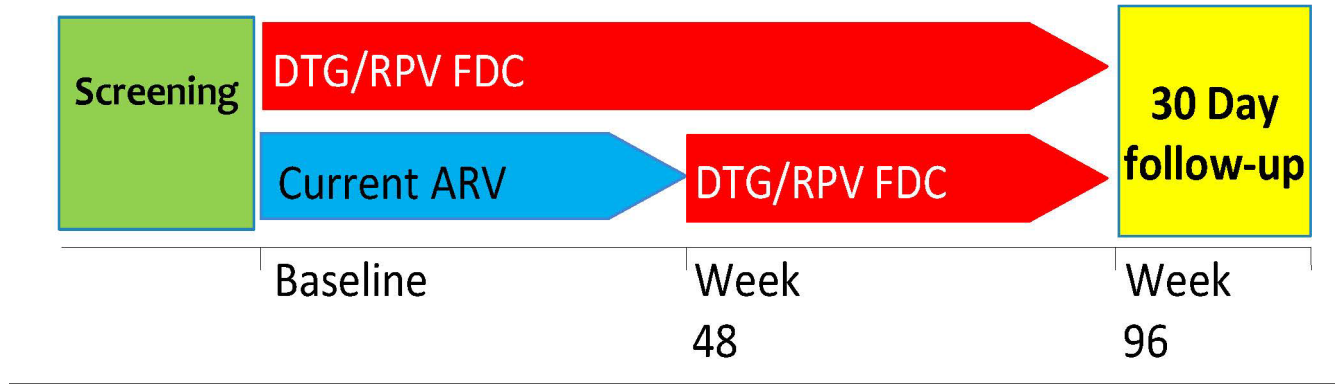
STUDY OUTLINE

Experimental Arm:

100 Patients switch to DTG/ RPV regimen for 96 weeks.

Control Arm:

50 patients continue on current regimen for 48 weeks before switching to DTG/ RPV



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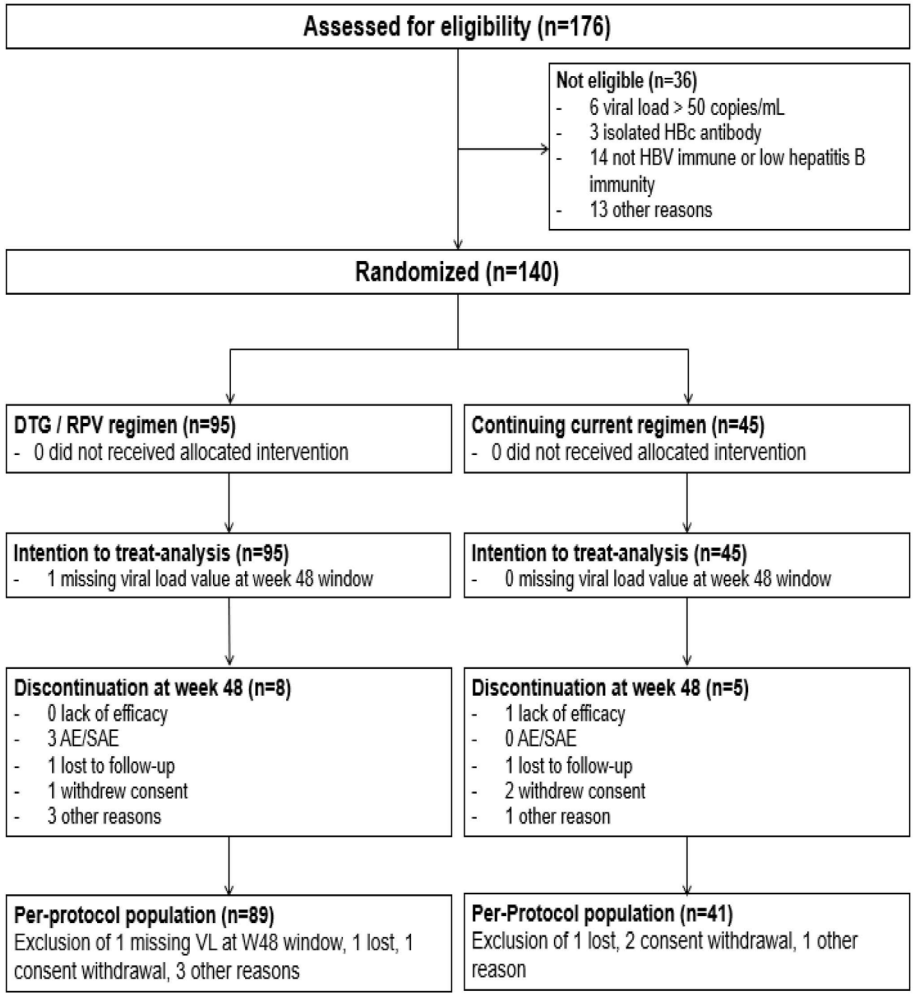
WISARD

STUDY FLOW CHART



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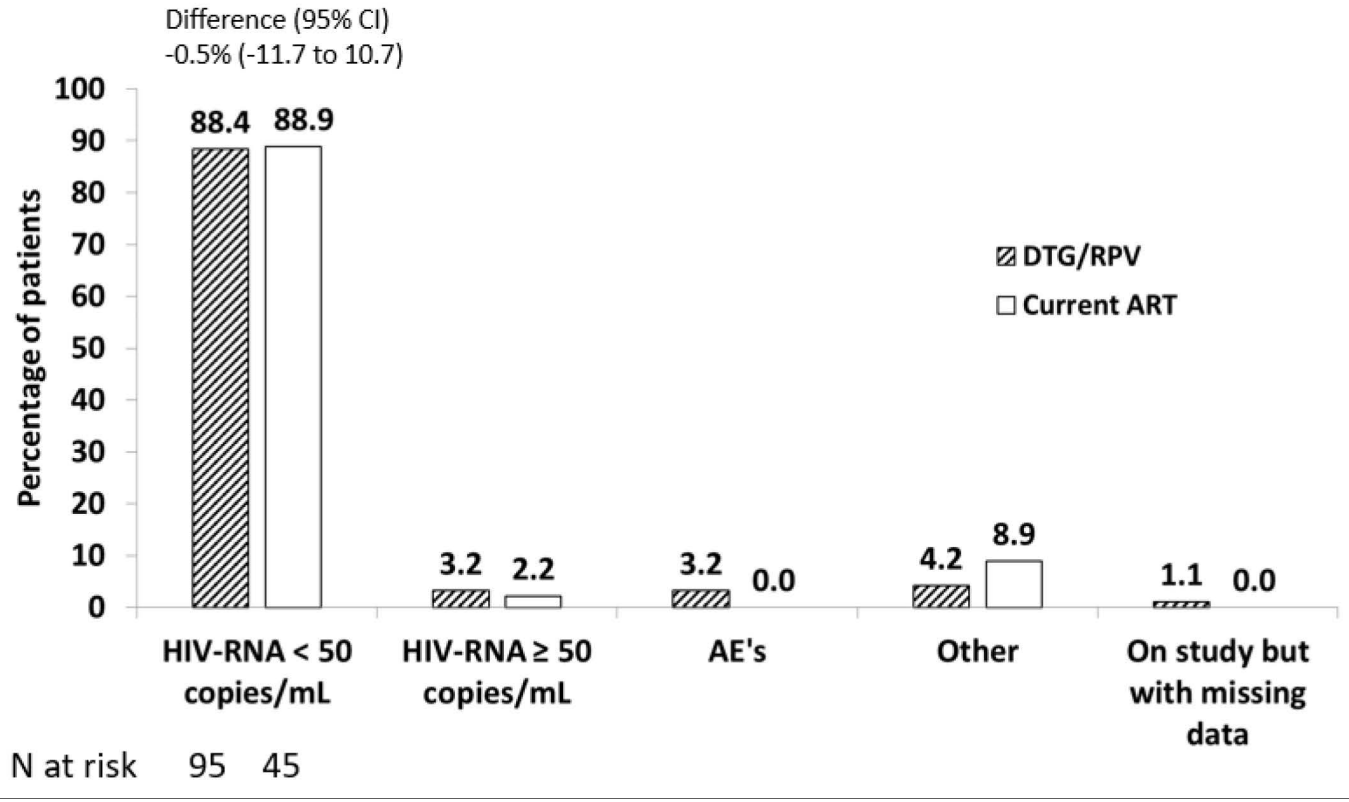
PRIMARY EFFICACY ENDPOINT

Proportion of participants with HIV-RNA <50 copies/mL at week 48, with the ITT FDA Snapshot method



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DETAILS OF PDVF AT WEEK 48

ARV regimen at screening	Treatment group	HIV-RNA VL.SCR	HIV-RNA VL.BSL	HIV-RNA VL.WK4	HIV-RNA VL.WK12	HIV-RNA VL.WK24	HIV-RNA VL.WK48	HIV-RNA VL.ET	DRMs prior to baseline
Darunavir (DRV) /Cobicistat	Switch to DTG/RPV	<20 (14-FEB-2019)	27 (12-MAR-2019)	60 (09-APR-2019) || 73 (07-MAY-2019)	<20 (01-JUL-2019)			<20 (10-SEP-2019)	**PI:** L63P, A71T, V77I, L90M, I93L **NRTI:** 39A; D67N; T69S; K70R; M184V; K219Q **NNRTI:** K103N/R/S
Darunavir (DRV) /Ritonavir (RTV)/TDF/FTC	Switch to DTG/RPV	38 (04-FEB-2019)	<20 (18-FEB-2019)	36 (18-MAR-2019)	45 (13-MAY-2019)	139 (12-AUG-2019) || 36 (30-AUG-2019)	55 (20-JAN-2020) || 109 (03-FEB-2020)	<20 (02-APR-2020)	**NNRTI:** K103N
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Raltegravir (RAL) /Maraviroc (MVC) /TAF/FTC	Continue current therapy	<39 (10-OCT-2019)	<39 (07-NOV-2019)	<39 (05-DEC-2019)	41 (30-JAN-2020)	204 (23-APR-2020) || 98 (29-MAY-2020)		129 (02-JUL-2020)	**PI:** L33F/L; A71A/V; V82A/V; L90L/M **NRTI:** D67D/N; T69A/T; M184V; T215S/T **NNRTI:** K103N

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Conclusions

- In subjects with archived K103N currently suppressed on standard regimens, switch to DTG/RPV maintains virological suppression in the majority of subjects through week 48.
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NEAT 022 Sub-Studies

Limited weight impact after switching from boosted protease inhibitors to dolutegravir in people living with HIV with high cardiovascular risk: a post hoc analysis of the 96-week NEAT-022 randomized trial.

Presented by: Dr Esteban Martinez

JOURNAL ARTICLE ACCEPTED MANUSCRIPT

Limited weight impact after switching from boosted protease inhibitors to dolutegravir in persons with HIV with high cardiovascular risk: a post hoc analysis of the 96-week NEAT-022 randomized trial Get access

Laura Waters, Lambert Assoumou, Ana González-Cordón, Stefano Rusconi, Pere Domingo, Mark Gompels, Stephane de Wit, François Raffi, Christoph Stephan, Mar Masiá ... Show more

Clinical Infectious Diseases, ciac827, https://doi.org/10.1093/cid/ciac827

Published: 19 October 2022 **Article history**

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BACKGROUND AND END-POINTS

Background

In NEAT022 trial, virologically suppressed PWH at high CV risk switching from PI to DTG either immediately (DTG-I) or after 48 weeks (DTG-D) showed:

- non-inferior virological suppression, and
- significant lipid and CV risk reductions

} on switching to DTG vs. continuing PI

End-points

Major endpoints:

- 48- and 96-week weight and body mass index (BMI) changes.

Other end-points:

- Factors associated with weight/BMI changes within first 48 weeks of DTG exposure
- Proportion of participants by category of percent weight change
- Proportions of BMI categories over time
- Impact on metabolic outcomes

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NEAT022

BASELINE AND CHARACTERISTICS

	DTG-I (n=204)	DTG-D (n=208)	Total (n=412)
Age ≥ 50 years: %	87.3	88.0	87.6
Framingham >10 at 10y: %	76.5	73.1	74.8
Male gender: %	88.2	89.9	89.1
White race: %	83.8	86.1	85.0
CD4+ cells/µL: median	634	584	610
Backbone nucleo(t)ides: %			
• TDF/FTC	66.0	64.4	65.2
• ABC/3TC	31.5	32.7	32.1
• Other	2.5	2.9	2.7
PI/r: %			
• Lopinavir	5.9	11.1	8.5
• Darunavir	51.7	51.9	51.8
• Atazanavir	37.9	34.1	36.0
• Other	4.4	2.9	3.7
Current Smoker: %	38.2	37.7	38.0
Daily exercise: %	31.4	27.9	29.6

	DTG-I (n=204)	DTG-D (n=208)	Total (n=412)
Diabetes mellitus: %	5.4	6.7	6.1
Hypertension: %	36.0	38.0	37.0
Lipid lowering agents: %	30.9	29.8	30.3
Fasting lipids (mmol/L): median			
• Total cholesterol	5.2	5.0	5.1
• Triglycerides	1.6	1.6	1.6
• LDL-cholesterol	3.1	3.1	3.1
• HDL-cholesterol	1.2	1.2	1.2
• Total/HDL Cholesterol ratio	4.2	4.1	4.1
BMI (Kg/m²): median	25.8	25.8	25.8
• Underweight (<18 .5): %	1.0	2.5	1.7
• Normal (18.5 – 25): %	36.5	41.4	38.9
• Overweight (25.01 – 30): %	47.8	40.9	44.3
• Obese (>30): %	14.8	15.3	15.0
Weight, Kg: median	79.5	78.1	79.0

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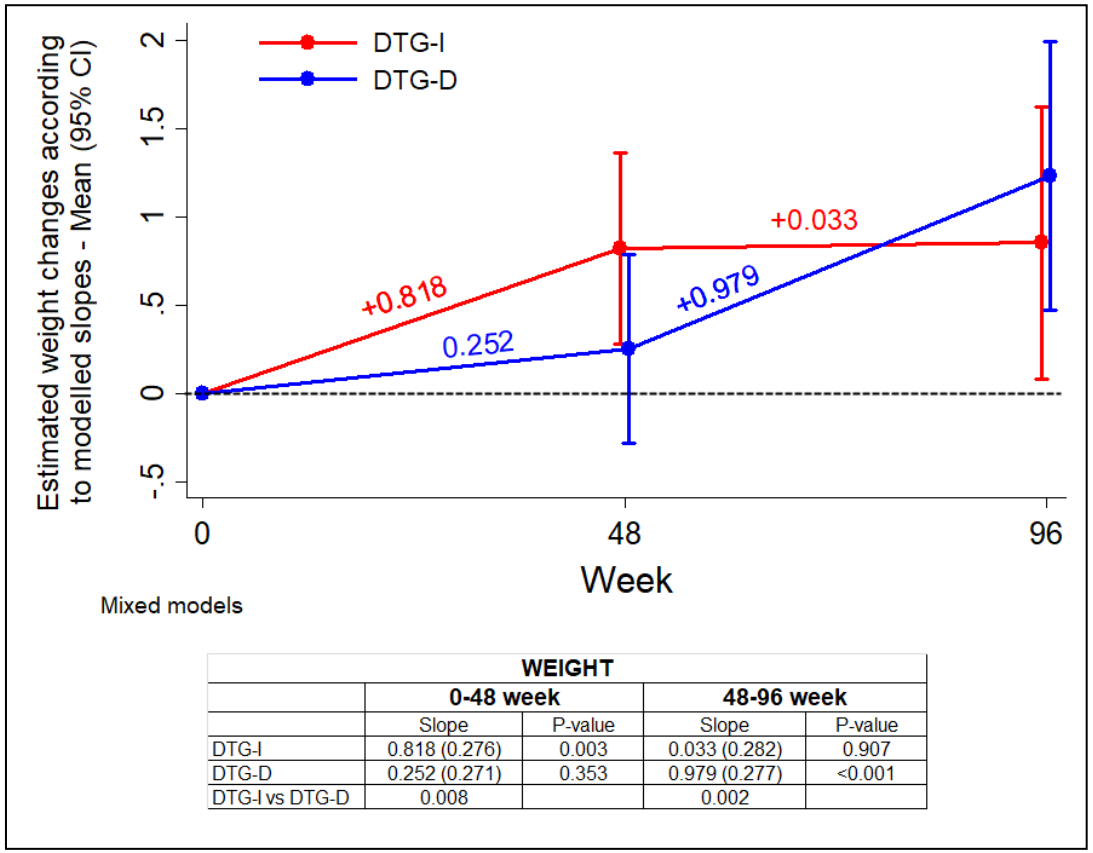
NEAT022

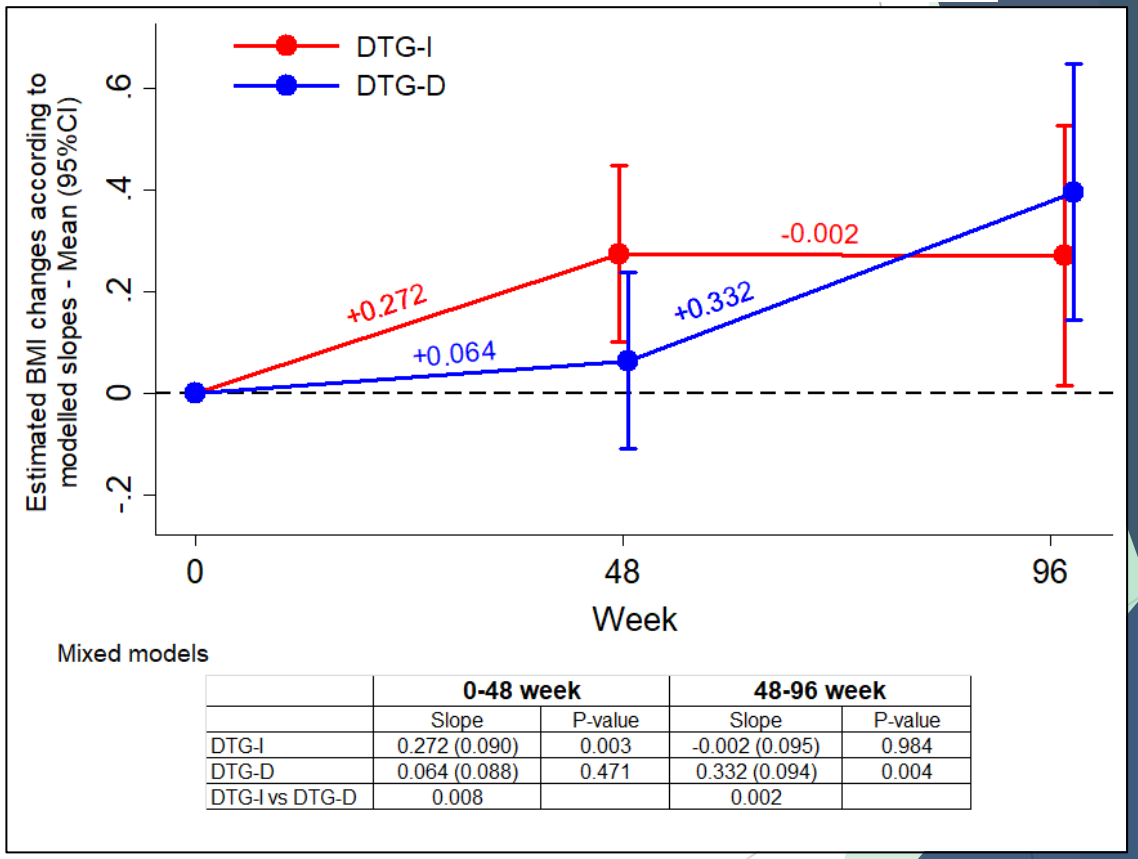
Change in weight (kg) according to modelled slopes



Mixed models

WEIGHT				
	0-48 week		48-96 week	
	Slope	P-value	Slope	P-value
DTG-I	0.818 (0.276)	0.003	0.033 (0.282)	0.907
DTG-D	0.252 (0.271)	0.353	0.979 (0.277)	<0.001
DTG-I vs DTG-D	0.008		0.002	

Change in BMI (kg/m²) according to modelled slopes



Mixed models

	0-48 week		48-96 week	
	Slope	P-value	Slope	P-value
DTG-I	0.272 (0.090)	0.003	-0.002 (0.095)	0.984
DTG-D	0.064 (0.088)	0.471	0.332 (0.094)	0.004
DTG-I vs DTG-D	0.008		0.002	

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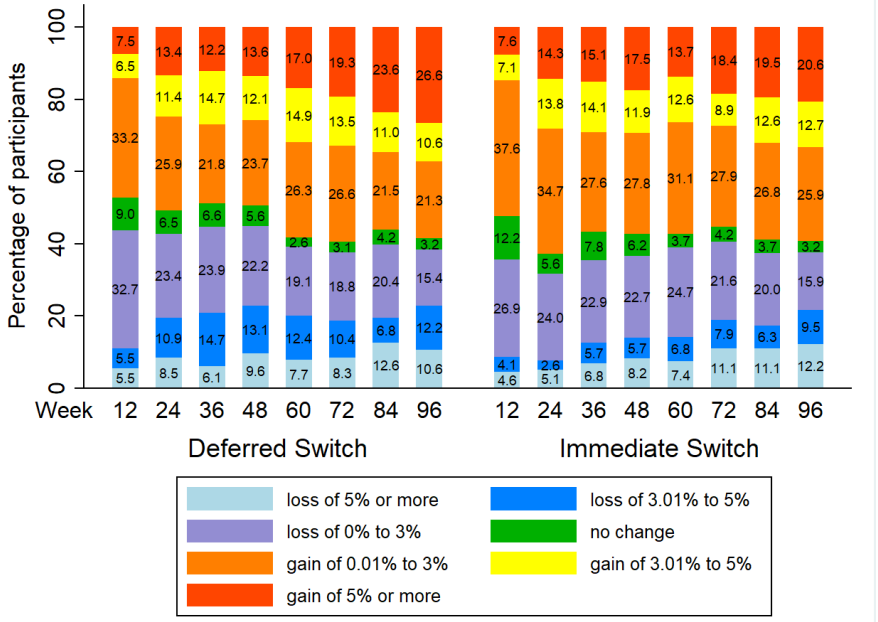
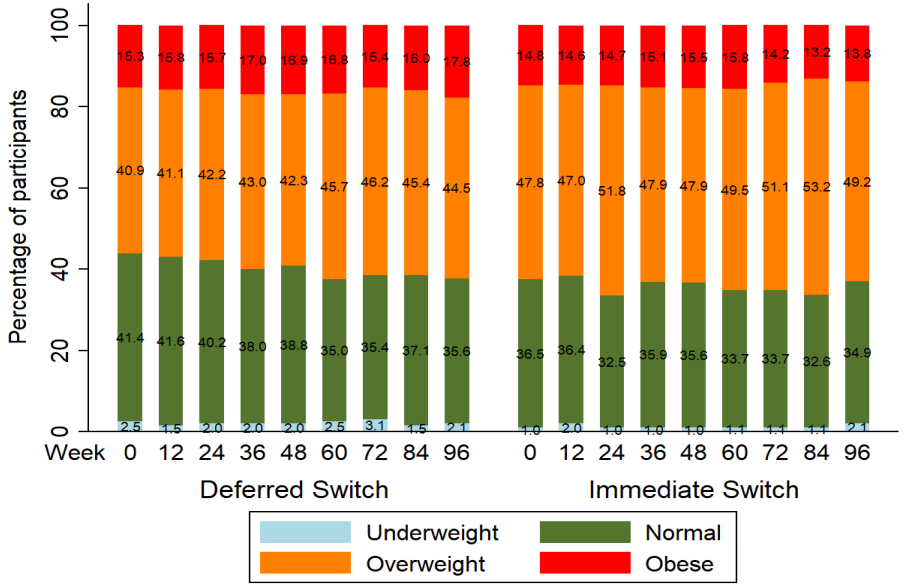
NEAT022

Proportion of participants by category of percent weight change from baseline



Proportion of participants in underweight, normal weight, overweight or obese body mass index (BMI) categories over time



NEAT022

Factors associated with change in weight after 48 weeks of DTG exposure

Multivariable analysis	Baseline weight Mean	Mean gain (95% CI)	P value
Darunavir	79.6	1.306 (0.716 ; 1.895)	0.0261
White	79.4	1.003 (0.494 ; 1.512)	0.0370
TC/HDL <3.7	75.2	1.615 (0.795 ; 2.434)	0.0361
Underweight BMI	50.2	4.093 (2.771 ; 5.415)	0.0079
Normal BMI	69.3	1.599 (0.962 ; 2.236)	
Overweight	82.6	0.386 (-0.212 ; 0.985)	
Obese	97.2	-0.015 (-0.813 ; 0.784)	

Percent change at weeks 48 and 96

	48 weeks		96 weeks	
	DTG-I	DTG-D	DTG-I	DTG-D
Lipid-lowering drugs	-1.3	3.4	-1.7	-0.9
Diabetes mellitus	0.2	-0.1	1.2	-0.7
Hypertension	2.7	4.9	5.3	5.5

P within & between arms not significant at any time-point

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NEAT022

BACKGROUND AND END-POINTS

- ✓ Switching from boosted PI to DTG in PWH with high CV risk led to modest weight gain limited to the first 48 weeks which involved preferentially normal-weight or underweight persons and was not associated with negative metabolic outcomes

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NEAT022

NEAT ID Studies

Presented by Prof Georg Behrens

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HIV CLINICAL STUDIES

WISARD

"AN OPEN-LABEL, MULTI-CENTRE, RANDOMISED, SWITCH STUDY TO EVALUATE THE VIROLOGICAL EFFICACY OVER 96 WEEKS OF 2-DRUG THERAPY WITH DTG/RPV FDC IN ANTIRETROVIRAL TREATMENT-EXPERIENCED HIV-1 INFECTED SUBJECTS VIROLOGICALLY SUPPRESSED WITH NNRTIS RESISTANCE MUTATION K103N"

Status: Recruitment Closed, focus is on patient retention. 140 patients recruited

LAPTOP

"AN OPEN-LABEL, MULTI-CENTRE, RANDOMISED STUDY TO INVESTIGATE INTEGRASE INHIBITOR VERSUS BOOSTED PROTEASE INHIBITOR ANTIRETROVIRAL THERAPY FOR PATIENTS WITH ADVANCED HIV DISEASE"

Status: In Active Recruitment, 345 out of 440 patient target

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HIV CLINICAL STUDIES

REPRIEVE

"A PHASE III STUDY EVALUATING THE EFFECT OF PITAVASTATIN TO PREVENT CARDIOVASCULAR EVENTS IN HIV-1 INFECTED INDIVIDUALS"

Status: Recruitment Closed. 213 patients recruited

"FOST SWITCH"

"EVALUATING EFFICACY AND CONVENIENCE OF SWITCHING A BOOSTED PROTEASE INHIBITOR TO FOSTEMSAVIR IN PLWH WITH LIMITED THERAPEUTIC OPTIONS"

Status: At Regulatory Stage

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COVID CLINICAL STUDIES

PIONEER

"A RANDOMISED CONTROLLED TRIAL OF EARLY INTERVENTION IN PATIENTS HOSPITALISED WITH COVID-19: FAVIPIRAVIR VERSES STANDARD OF CARE"

Status: Recruitment Closed. 502 patients recruited

NECTAR

"NOVEL EXPERIMENTAL COVID THERAPIES AFFECTING HOST RESPONSE"

Status: In Set Up, Expected to start recruitment in November 2022

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HIV DATA STUDIES

COMBINE 2

"REAL-WORLD EVIDENCE FOR EFFECTIVENESS OF TWO DRUG REGIMEN (2DR): ANTIRETROVIAL THERAPY WITH INTEGRASE INHIBITORS PLUS A SINGLE NUCLEOSIDE ANALOGUE"

Status: Recruitment Closed. 773 patients recruited

DOLOMITE

"A PROSPECTIVE, MULTI-SITE OBSERVATIONAL STUDY TO DEFINE THE SAFETY AND EFFECTIVENESS OF DOLUTEGRAVIR USE IN HIV POSITIVE PREGNANT WOMEN"

Status: In Active Recruitment, 174 / 200 patients recruited

FOST SURVEY

"EXECUTION OF A FEASIBILITY QUESTIONNAIRE AND TOOL IDENTIFYING ASPECTS OF THE EUROPEAN HIV POPULATION IN RELATION TO FOSTEMSAVIR UTILISING THE NEAT ID NETWORK"

Status: Closed

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HIV DATA STUDIES

C2C

"REAL-WORLD EVIDENCE FOR EFFECTIVENESS OF TWO DRUG REGIMEN, ANTIRETROVIRAL THERAPY WITH AN INTEGRASE INHIBITOR PLUS A REVERSE TRANSCRIPTASE INHIBITOR"

Status: In Set Up / Active Recruitment as of September 2022

DREW

"A COHORT STUDY OF USE OF DORAVIRINE (DOR) BASED REGIMENS IN CLINICAL PRACTICE IN EUROPE"

Status: In Set Up / Active Recruitment as of October 2022

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COVID DATA STUDIES

909REM

"A MULTI-CENTRE, MULTI-COUNTRY RETROSPECTIVE COHORT STUDY TO EVALUATE THE CLINICAL OUTCOMES IN ADULTS WITH COVID-19 WHO HAVE BEEN TREATED WITH REMDESIVIR"

Status: Recruitment Closed. 451 cases

GS-US-540-5807

"A MULTI-CENTER, MULTI-COUNTRY RETROSPECTIVE COHORT STUDY TO EVALUATE THE CLINICAL OUTCOMES IN ADULTS WITH SEVERE COVID-19"

Status: Closed. 1041 cases

HIV CoCo

"HIV-1 & CORONAVIRUS-COINFECTION IN EUROPE (HIV-COCO): MORBIDITY & RISK FACTORS OF COVID-19 IN PEOPLE LIVING WITH HIV"

Status: Recruitment Closed. 1878 cases

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NEAT ID Publications

Presented by Prof Georg Behrens

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NEAT ID PUBLICATIONS, POSTERS AND ABSTRACTS

NEAT 22
- ✓ 5 Publications

WISARD
- ✓ Interim analysis (24 weeks) abstract presented as an ePoster at IAS 2021
- ✓ Interim analysis (48 weeks) abstracted presented as a Poster at AIDS 2022
- ✓ Week 48 manuscript in draft

REPRIEVE
- ✓ 9 Publications
- ✓ 2 submitted to CID – pending outcome
- ✓ 2 in development

COMBINE-2
- ✓ Abstract approved for EACS 2022 and presented as a Poster
- ✓ Paper submitted to BHIVA awaiting outcome

909REM
- ✓ 2 x abstracts approved for ID week 2021, presented as Posters
- ✓ 2 x papers have been approved by Journal of Infection

GS-US-540-5807
- ✓ Paper accepted by Oxford University Press for the Infectious Diseases Society of America

PIONEER
- ✓ Paper in Press with Lancet Respiratory

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NEAT ID New Studies

Presented by Prof Stephane De Wit

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NECTAR *COVID-19 Study*

CONNECTS Master Protocol for Clinical Trials targeting macro-, micro-immuno-thrombosis, vascular hyperinflammation, and hypercoagulability and renin-angiotensin-aldosterone system (RAAS) in hospitalized patients with COVID-19 (ACTIV-4 Host Tissue)

Status: In set up

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DREW *HIV Study*

A Cohort Study of use of Doravirine (DOR) based regimens in clinical practice in Europe

Status: In Set Up

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MASH 1 and 2 *MPX Study*

EPOXI *MPX Study*

Mash 1- Registry of HIV and prep patients with MPX
Mash 2 – Prospective cohort of HIV and PrEP patients without MPX
EPOXI – Drug trial of Tecovirimat in out-patients presenting with MPX

Funded by

neatid

Integration Grants

Presented by
Prof Jurgen Rockstroh

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WHAT IS A NEAT ID INTEGRATION GRANT?

- A scientific grant given to a minimum of two countries in collaboration, which includes at least one NEAT ID site
- They are preferentially provided to studies which may relate to ongoing NEAT ID trials
- Cover a wide range of infectious diseases which NEAT ID are interested in, HIV, Hepatitis, MPX, COVID
- The value of the grant is around 100,000 euros
- Reviewed by an independent international panel of experts

PREVIOUS NEAT ID INTEGRATION GRANTS

Dr Christoph Boeseck **Grant 2016**
Bonn University Hospital NEAT 001 Follow Up
Re-infection and DAA-based treatment uptake in acute HCV coinfection within the European acute HCV cohort PROBE-C
Publications:
Ingiliz P, Martin TC, Rodger A, Stellbrink HJ, Mauss S, Boesecke C, Mandorfer M, Bottero J, Baumgarten A, Bhagani S, Lacombe K, Nelson M, Rockstroh JK; NEAT study group. HCV reinfection incidence and spontaneous clearance rates in HIV-positive men who have sex with men in Western Europe. J Hepatol. 2017 Feb;66(2):282-287. IF 14.911

Monin MB, Ingiliz P, Lutz T, Scholten S, Cordes C, Martínez-Rebollar M, Spinner CD, Nelson M, Rausch M, Bhagani S, Peters L, Reiberger T, Mauss S, Rockstroh JK, Boesecke C; PROBE-C study group. Low spontaneous clearance rates of recently acquired hepatitis C virus in HIV-positive MSM (The PROBE-C Study). Clin Infect Dis. 2022 Aug 25:ciac680. IF 9.079

Oral presentation at CROI 2018 and Poster at CROI 2019.
Has been awarded NEAT ID Integration Grant 2022 for follow up

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PREVIOUS NEAT ID INTEGRATION GRANTS

Dr Jose Arribas Grant 2016
Foundation for Biomedical Research of University, Hospital La Paz, Madrid
Telomere length changes after darunavir-ritonavir combined with either raltegravir or tenofovir-emtricitabine in antiretroviral-naive adults with HIV-1: a sub-study of the NEAT001/ANRS143
Publications:

Stella-Ascariz N, Montejano R, Rodriguez-Centeno J, Alejos B, Schwimmer C, Bernardino JI, Rodes B, Allavena C, Hoffmann C, Gisslén M, de Miguel R, Esteban-Cantos A, Wallet C, Raffi F, Arribas JR; NEAT 001/ ANRS 143 Study Group. Blood Telomere Length Changes After Ritonavir-Boosted Darunavir Combined With Raltegravir or Tenofovir-Emtricitabine in Antiretroviral-Naive Adults Infected With HIV-1. J Infect Dis. 2018 Oct 5;218(10):1523-1530. IF 5.60

Alejos B, Stella-Ascariz N, Montejano R, Rodriguez-Centeno J, Schwimmer C, Bernardino JI, Rodes B, Esser S, Goujard C, Sarmento-Castro R, De Miguel R, Esteban-Cantos A, Wallet C, Raffi F, Arribas JR; NEAT 001/ANRS 143 Study Group. Determinants of blood telomere length in antiretroviral treatment-naïve HIV-positive participants enrolled in the NEAT 001/ANRS 143 clinical trial. HIV Med. 2019 Nov;20(10):691-698. IF 3.556

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PREVIOUS NEAT ID INTEGRATION GRANTS

Prof. Gilles Wandeler Grant 2016
University of Bern
Multi-cohort study to inform hepatocellular carcinoma screening strategies in HIV/HBV-coinfected individuals on tenofovir-containing therapy
Publications:

Wandeler G, Mauron E, Atkinson A, Dufour JF, Kraus D, Reiss P, Peters L, Dabis F, Fehr J, Bernasconi E, van der Valk M, Smit C, Gjærde LK, Rockstroh J, Neau D, Bonnet F, Rauch A; Swiss HIV Cohort Study, Athena Observational Cohort Study, EuroSIDA, ANRS CO3 Aquitaine Cohort. Incidence of hepatocellular carcinoma in HIV/HBV-coinfected patients on tenofovir therapy: Relevance for screening strategies. J Hepatol. 2019 Aug;71(2):274-280. IF 30.083
Second paper currently under review

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PREVIOUS NEAT ID INTEGRATION GRANTS

Professor Charles Béguelin Grant 2018
Department of Infectious Diseases, Bern University Hospital, University of Bern, Switzerland
Kinetics of Hepatitis B Virus markers in treated HIV/HBV-coinfected patients
Publications:
Begré L, Béguelin C, Boyd A, Peters L, Rockstroh J, Günthard HF, Bernasconi E, Cavassini M, Lacombe K, Mocroft A, Wandeler G, Rauch A. Long-term trends of alanine aminotransferase levels among persons living with human immunodeficiency virus/hepatitis B virus with and without hepatitis delta coinfection. Front Med (Lausanne). 2022 Sep 15;9:988356. IF 4.71

2 additional manuscripts in preparation

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NEAT ID 2022 INTEGRATION GRANT AWARDEES

Merle Henderson // Imperial College London	Title: Longitudinal changes in plasma neuronal markers in persons with HIV commencing ART.
Linos Vandekerckhove // Ghent university	Title: Feasibility evaluation of anti-HIV Antibody-secreting Chimeric Antigen Receptor T cells as a potential cure in acute seroconverters
Christoph Boesecke // Bonn University Hospital	Title: NEAT-No-C: A multicenter European cohort on annual HCV incidence in MSM in Europe with an embedded European HCV biobank

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In thanks for your support of the NEAT ID Network we invite you to join us for drinks on Monday 24th October 7-8pm at the Crowne Plaza Bar

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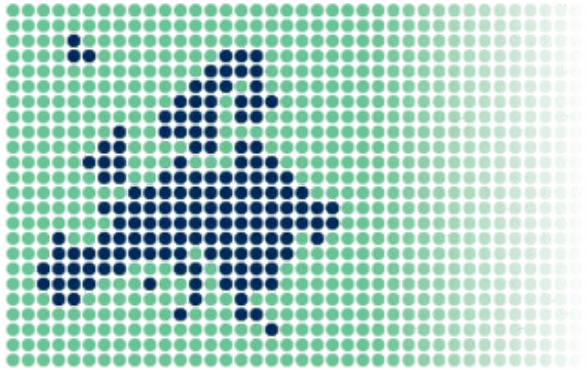

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THANK YOU

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