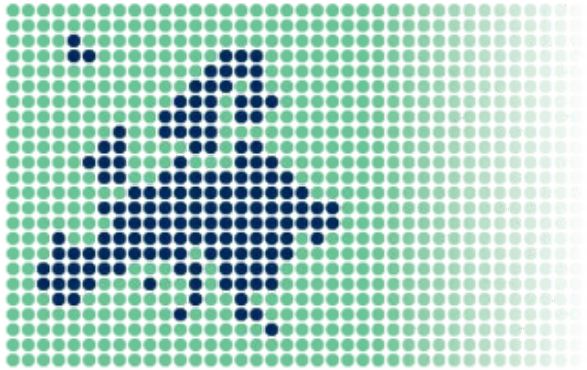

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The European treatment network for HIV, hepatitis and global infectious diseases

EACS 2023

NEAT ID Symposium and Updates

Warsaw, Poland

19th October 2023

WELCOME TO POLAND

AGENDA

SPEAKER	SEGMENT
Prof Christine Katlama and Dr Laura Waters	Welcome
Prof Andrzej Horban, Prof Esteban Martinez	Welcome to Poland
Nikos Dedes	Introduction Slides
Prof Esteban Martinez	REPRIEVE
Prof Jean-Michel Molina	LAPTOP
Prof Jean-Michel Molina	NEAT ID Studies and Publications Update
Prof Jurgen Rockstroh	NEAT ID Integration Grants Update
Prof Christine Katlama	Introduction Panel Chair (Jean-Michel Molina)
Prof Jean-Michel Molina, Prof Paddy Mallon, Dr Marta Vasylyev	Panel discussion: Emerging Infections and the Role of NEAT ID, followed by questions.
Prof Christine Katlama and Dr Laura Waters	Closing

OUR MISSION

Clinical Research on Infectious Diseases including HIV/AIDS and emerging infectious diseases at European and International Level.

To spread expertise, resources, funds and provide training and mobility of scientists at all levels and foster lasting research collaborations Internationally

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WHAT NEAT ID DO

- 11 fully recruited Studies
- 2 actively recruiting Studies
- 3 Study in set up
- 5 Studies in pipeline
- Current Study activity expected out to 2026
- Award NEAT ID “Integration” Grants

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NEAT ID IN NUMBERS

Over 5000 patients recruited	3 Covid-19 Studies completed	7 HIV Studies Fully Recruited	50+ publications
Provided 8 directly funded Grants	More than 20 countries involved	€30 Million in funding to sites	Over 150 sites involved

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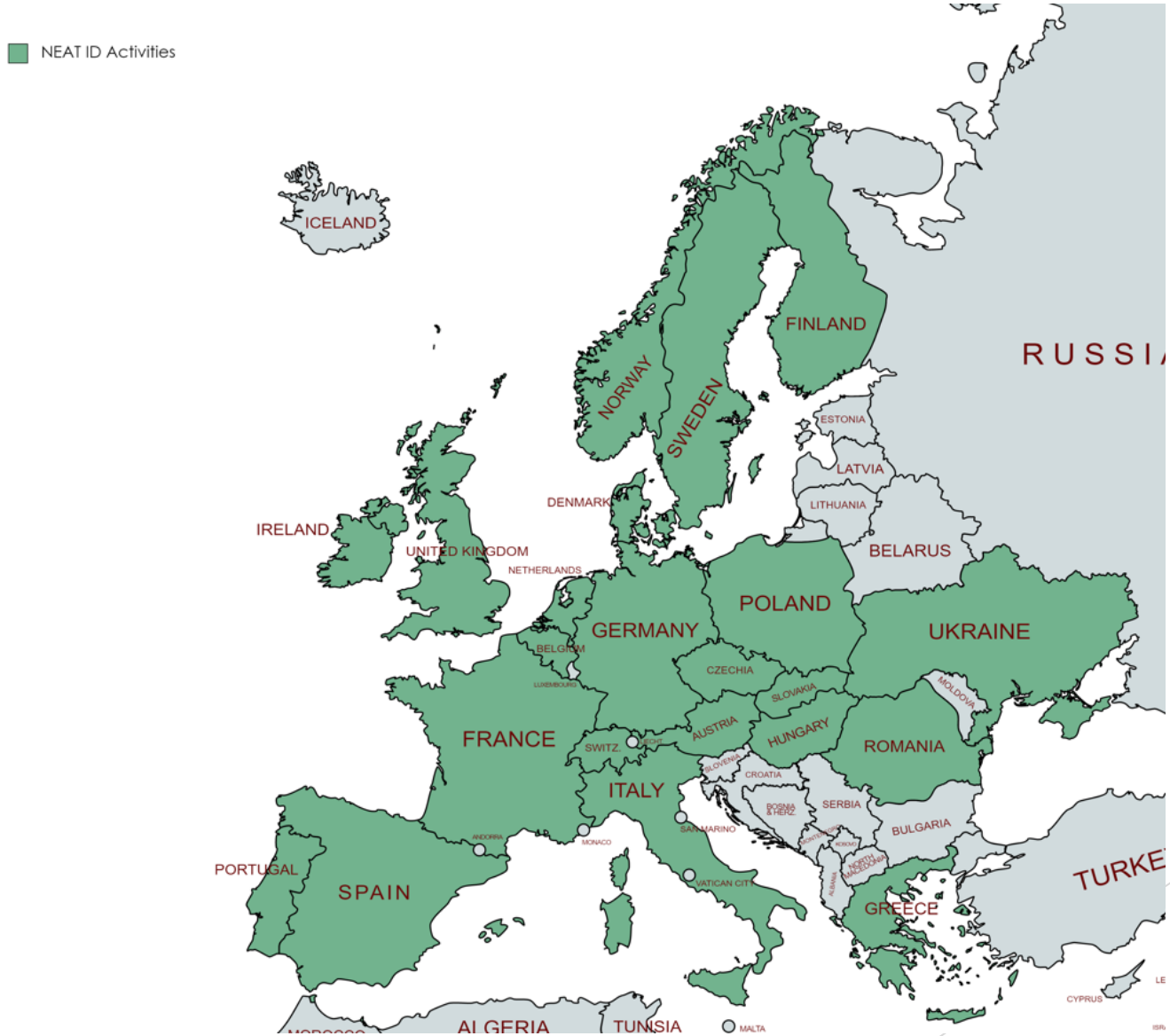
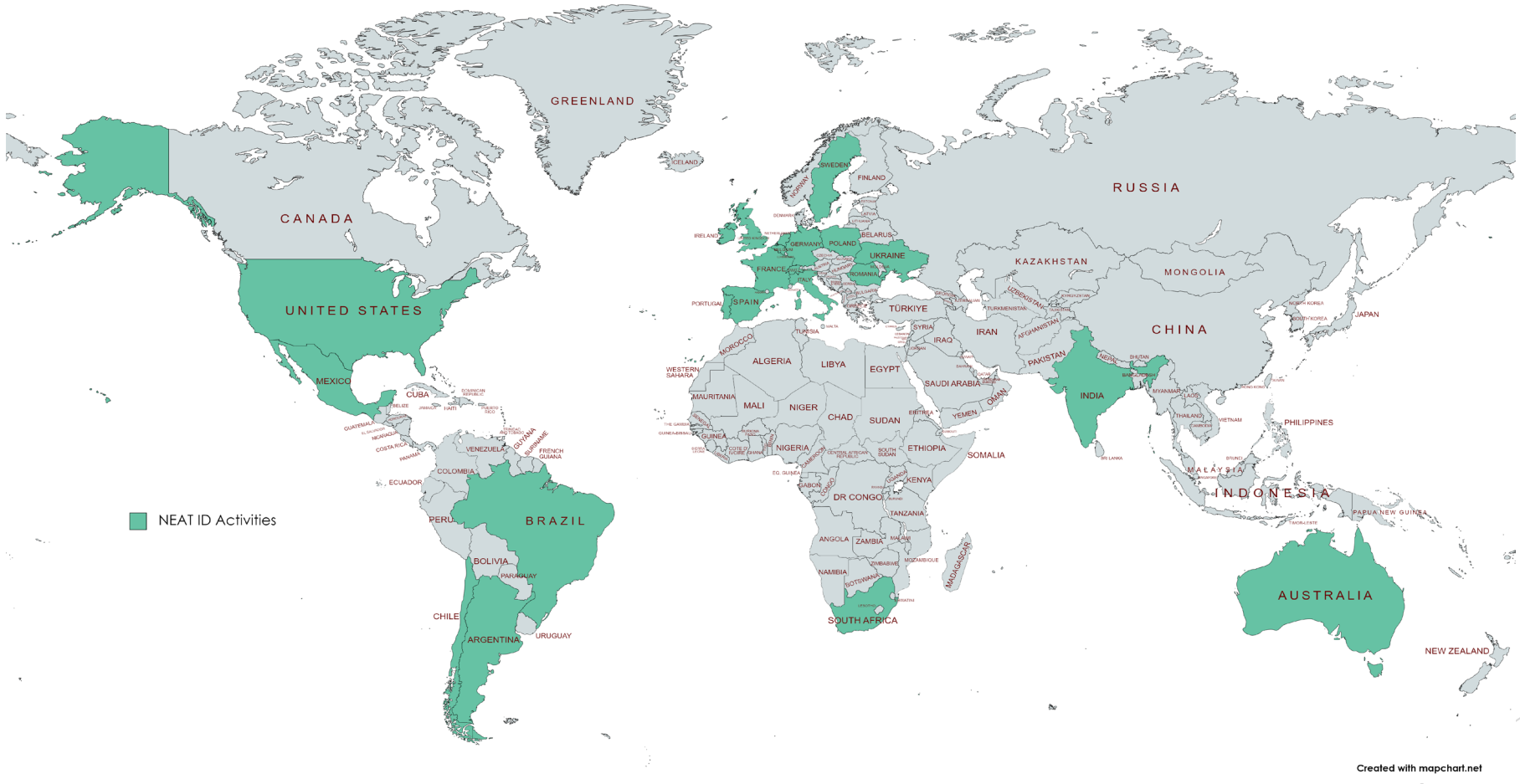
EUROPEAN NETWORK



WORLDWIDE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SWEDEN
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RUSSIA
ICELAND
IRELAND
GERMANY
POLAND
BELARUS
UKRAINE
FRANCE
ROMANIA
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CHINA
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LIBYA
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SAUDI ARABIA
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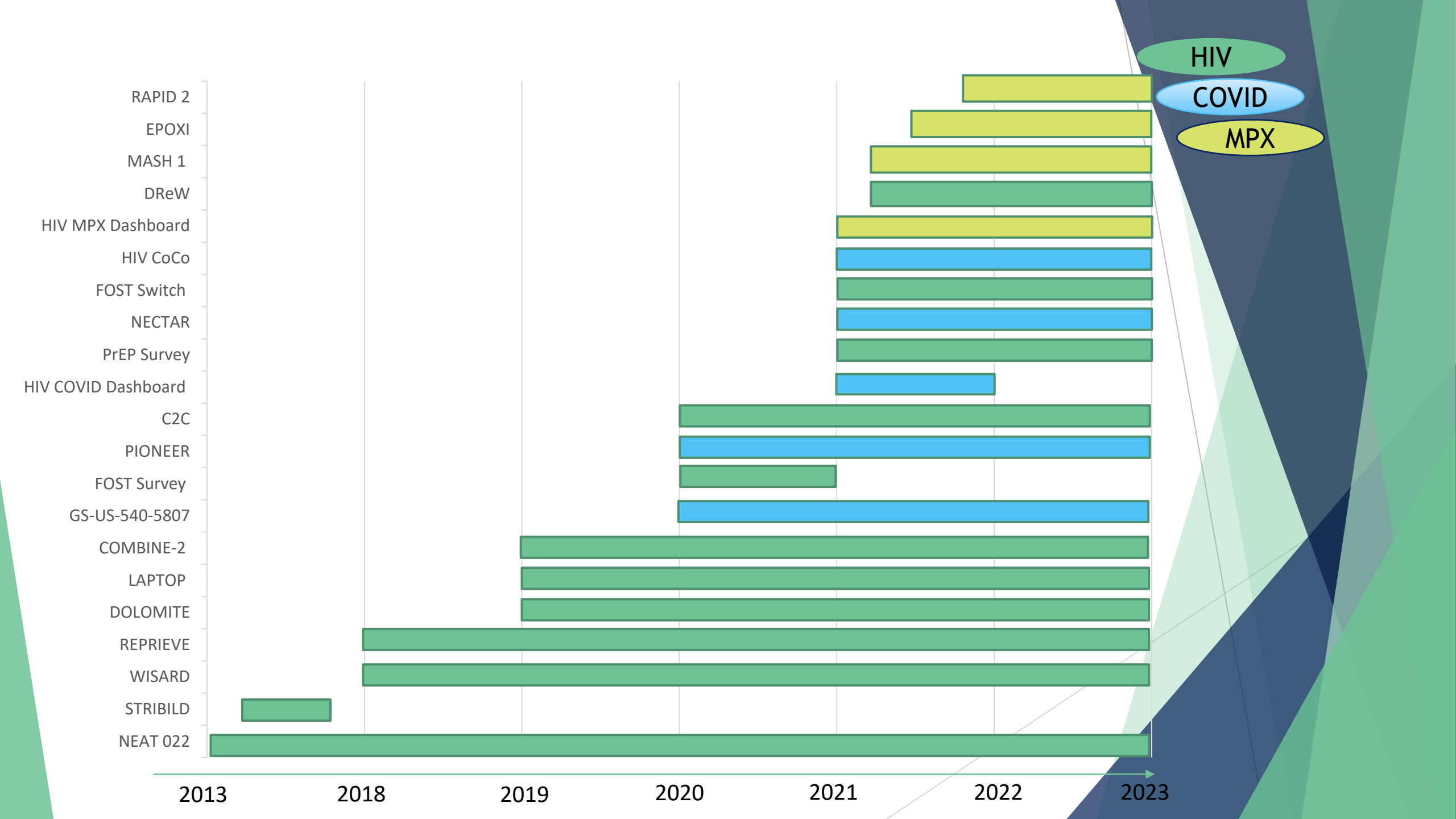
KENYA
DR CONGO
TANZANIA
ANGOLA
ZAMBIA
NAMIBIA
SOUTH AFRICA
MADAGASCAR
MYANMAR
THAILAND
VIETNAM
PHILIPPINES
MALAYSIA
INDONESIA
PAPUA NEW GUINEA
AUSTRALIA
NEW ZEALAND
NEAT ID Activities
Created with mapchart.net


HIV
COVID
MPX
RAPID 2
EPOXI
MASH 1
DReW
HIV MPX Dashboard
HIV CoCo
FOST Switch
NECTAR
PrEP Survey
HIV COVID Dashboard
C2C
PIONEER
FOST Survey
GS-US-540-5807
COMBINE-2
LAPTOP
DOLOMITE
REPRIEVE
WISARD
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PARTNERS


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VERDI


ACTG
AIDS CLINICAL TRIALS GROUP


RESEARCH ORGANISATION (KC) LTD


CW+


NATIONAL INSTITUTES OF HEALTH


MSD


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Abdel Babiker

Jean-Michel Molina

Georg Behrens

Brenda Crabtree

Francois Raffi

Francois Venter

Laura Waters

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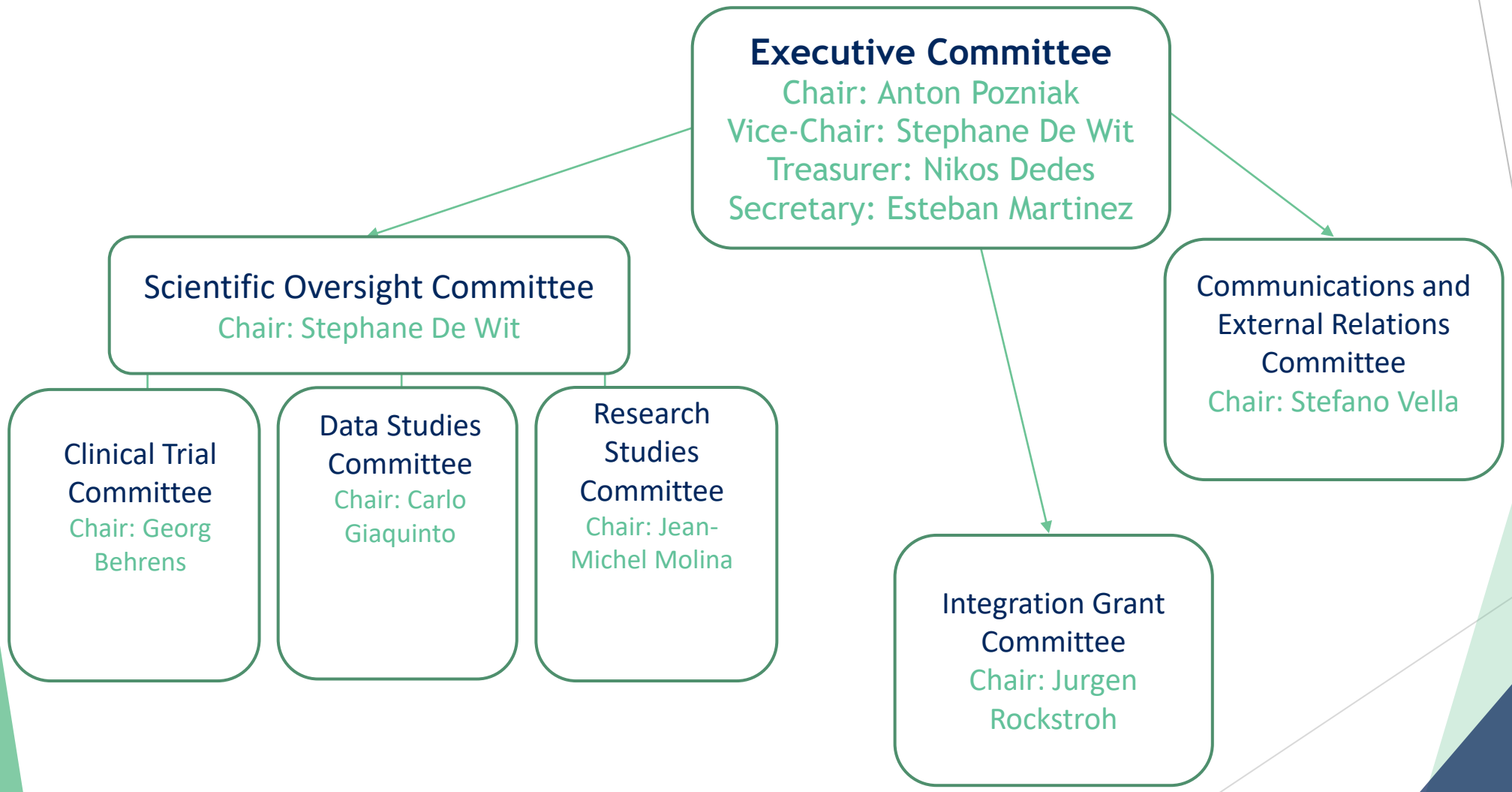
COMMITTEE STRUCTURE



NEAT ID
Oral Presentations

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REPRIEVE

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

Presented by: Prof. Esteban Martinez

Sponsored by: neatid The European treatment network for HIV, hepatitis and global infectious diseases

Funded by: MGH 1811 MASSACHUSETTS GENERAL HOSPITAL

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LEARNING OBJECTIVES

- To know the efficacy and safety of statin therapy as primary prevention of cardiovascular disease in persons with HIV at lower risk than indicated (REPRIEVE study).

- To discuss potential impact of REPRIEVE results on clinical practice.

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STUDY RATIONALE

- PWH show increased cardiovascular disease (CVD) (50-100%) and excess plaque controlling for traditional risk, even at a young age
- ART reduces comorbidities but residual immune activation persists, even with good viral suppression - ART alone is not sufficient to prevent CVD
- Statins lower LDL cholesterol, a main driver of CVD in PWH, but also residual immune activation and inflammation, including among PWH
- Pitavastatin, a statin unaffected by ART, will prevent MACE in PWH at low to moderate risk, for whom statins are not typically prescribed under current guidelines

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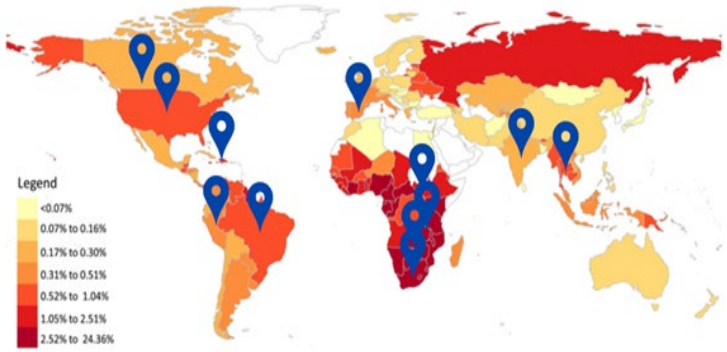
METHODS

Inclusion Criteria

- Documented HIV
- Receiving stable ART
- CD4+ > 100 cells/mm^3
- Age ≥ 40 years, ≤ 75 years
- No known atherosclerotic cardiovascular disease (ASCVD)
- 10-yr ASCVD risk score
  - <7.5%, LDL < 190 mg/dL
  - ≥7.5% and ≤ 10%, LDL < 160 mg/dL
  - >10% and ≤15%, LDL < 130 mg/dL

Exclusion Criteria

- Current use of statins, gemfibrozil, or PCSK9 inhibitors
- Known decompensated cirrhosis



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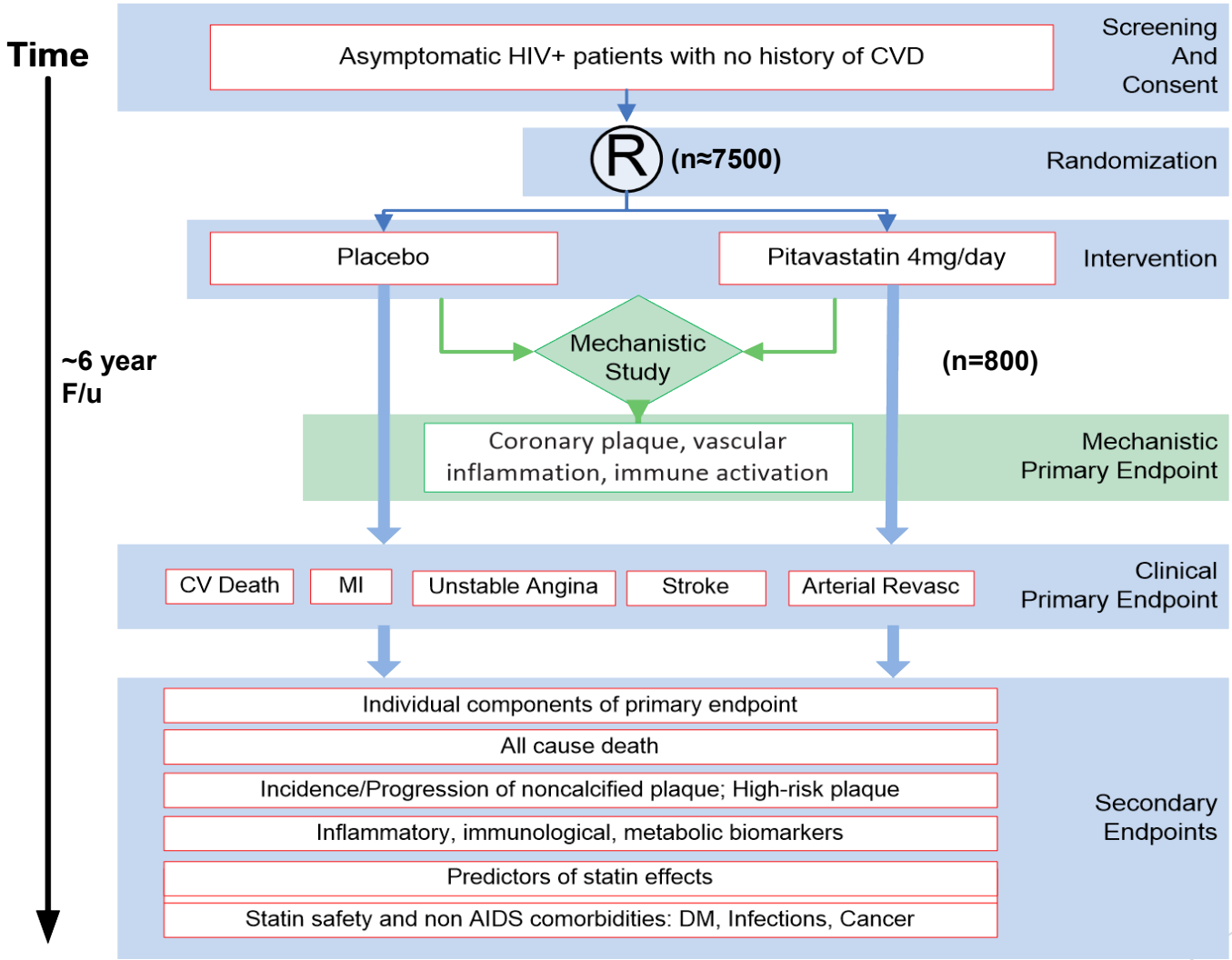
OBJECTIVES



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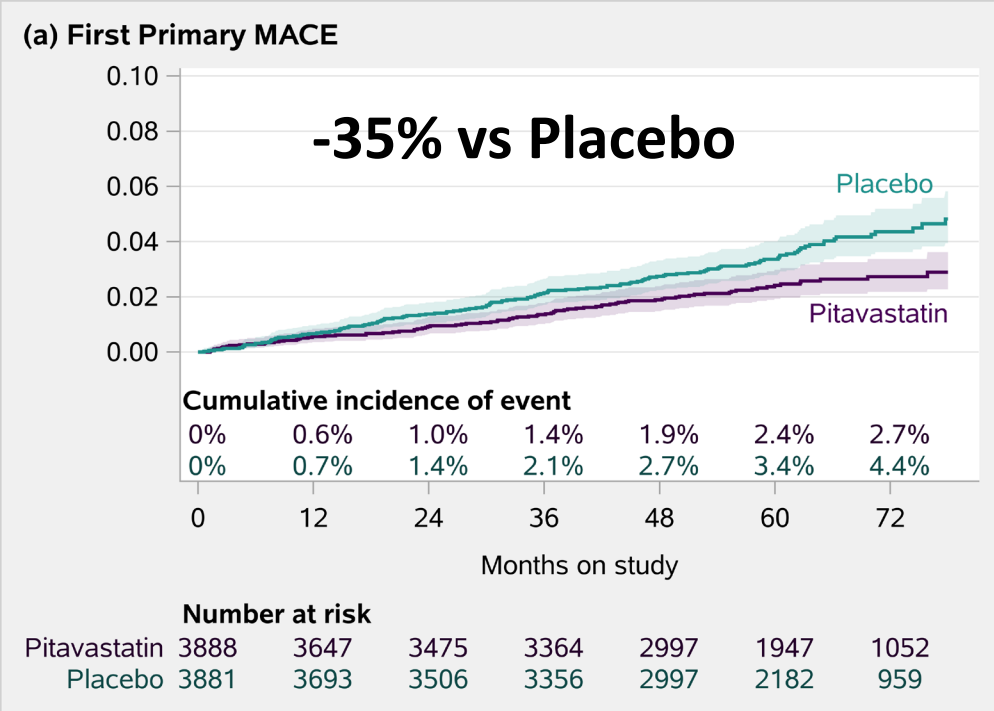
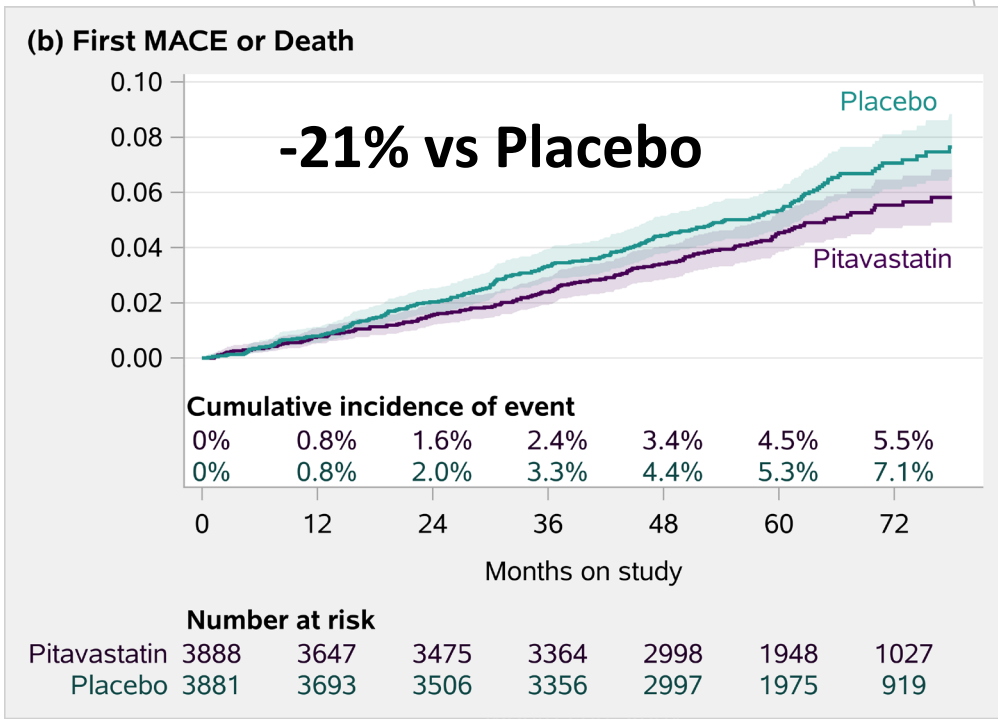
RESULTS - I





Incidence MACE:

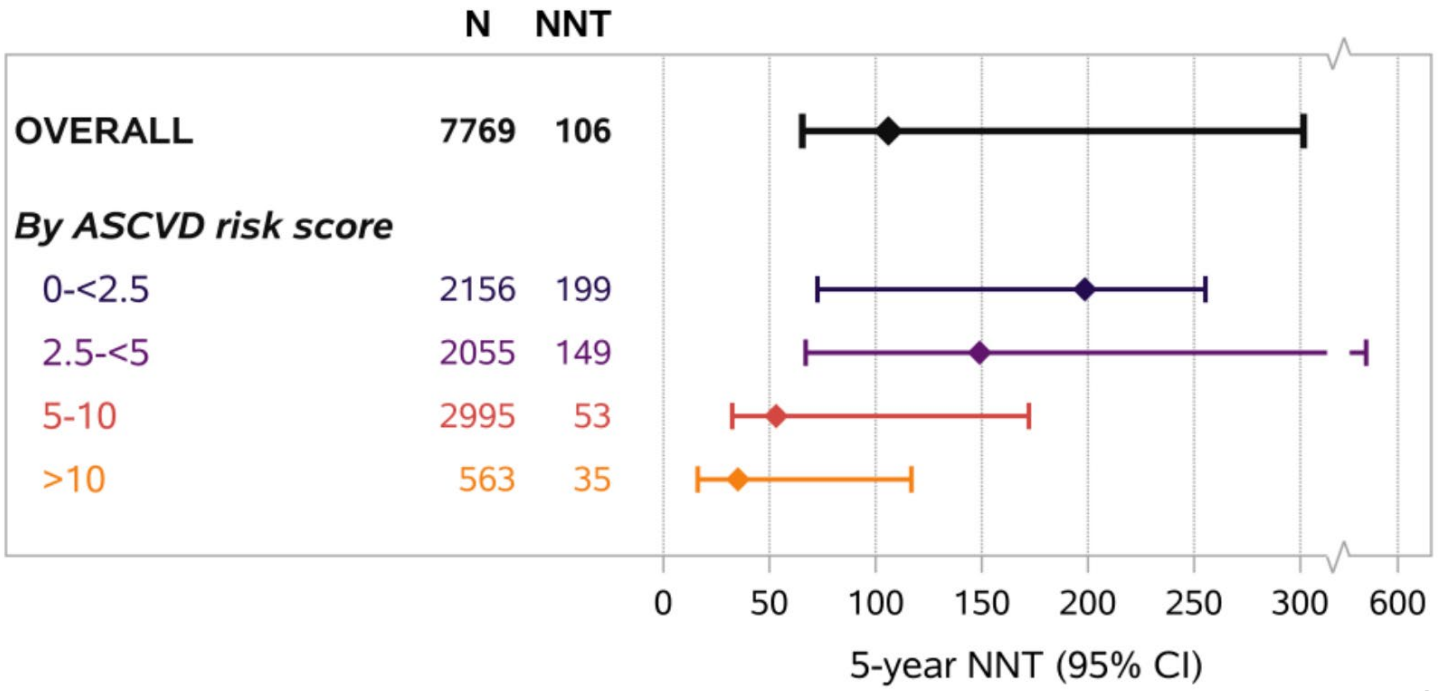
Pitavastatin: 4.81 per 1000 person-years

Placebo: 7.32 per 1000 person-years

Grinspoon S et al. NEJM 2023

RESULTS - II

ASCVD risk scor_	Pitavastatin *no. of participants*	Placebo *no. of participants*	Pitavastatin *no./1000 person-yr (no. of events)*	Placebo *no./1000 person-yr (no. of events)*	Hazard Ratio (95% CI)
0 to <2.5%	1096	1060	1.6 (9)	3.1 (17)	0.51 (0.23–1.16)
2.5 to <5%	1030	1025	5.3 (27)	4.1 (21)	1.30 (0.73–2.30)
5 to 10%	1474	1521	5.5 (36)	11.5 (78)	0.48 (0.32–0.71)
>10%	288	275	13.9 (17)	17.5 (20)	0.79 (0.41–1.50)



Grinspoon S et al. NEJM 2023

RESULTS - III

Adverse events	Pitavastatin (N = 3888)		Placebo (N = 3881)		Incidence Rate Ratio (95% CI)*
	No. with Event	Incidence Rate (95% CI) *no./100 person-yr*	No. with Event	Incidence Rate (95% CI) *no./100 person-yr*	
Nonfatal serious adverse event	695	4.16 (3.86–4.48)	694	4.13 (3.84–4.45)	1.01 (0.91–1.12)
Diabetes mellitus†	206	1.13 (0.99–1.30)	155	0.84 (0.72–0.99)	1.35 (1.09–1.66)
Myalgia, muscle weakness, or myopathy of grade ≥3 or treatment-limiting‡	91	0.49 (0.40–0.61)	53	0.28 (0.22–0.37)	1.74 (1.24–2.45)
Rhabdomyolysis of grade ≥3 or treatment-limiting	3	0.02 (0.01–0.05)	4	0.02 (0.01–0.06)	0.75 (0.17–3.37)§
Alanine aminotransferase elevation of grade ≥3	11	0.06 (0.03–0.11)	8	0.04 (0.02–0.08)	1.38 (0.56–3.43)§
Any adverse event¶	1304	8.88 (8.41–9.38)	1256	8.37 (7.92–8.84)	1.06 (0.98–1.15)

Grinspoon S et al. NEJM 2023

CONCLUSIONS

- Pitavastatin 4mg/d decreased MACE at 5 years by 35% in PWH at lower than indicated CV risk.
- Higher benefit in PWH with ≥5 ASCVD scores.
- Higher risk of incident diabetes with statin therapy
- Many other secondary end-points yet to be scrutinized
- Impact on guidelines for prevention of comorbidities in PWH
- Pros and cons will need to be discussed

THANK YOU

- Participants
- Site teams
- Funders, including NIH as well as Kowa, Gilead and ViiV
- DAIDS, ACTG, and NEAT ID for trial monitoring and collaboration
- The entire REPRIEVE team

LAPTOP

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

Presented by: Prof. Jean-Michel Molina

Sponsored by: neatid The European treatment network for HIV, hepatitis and global infectious diseases

Funded by: GILEAD

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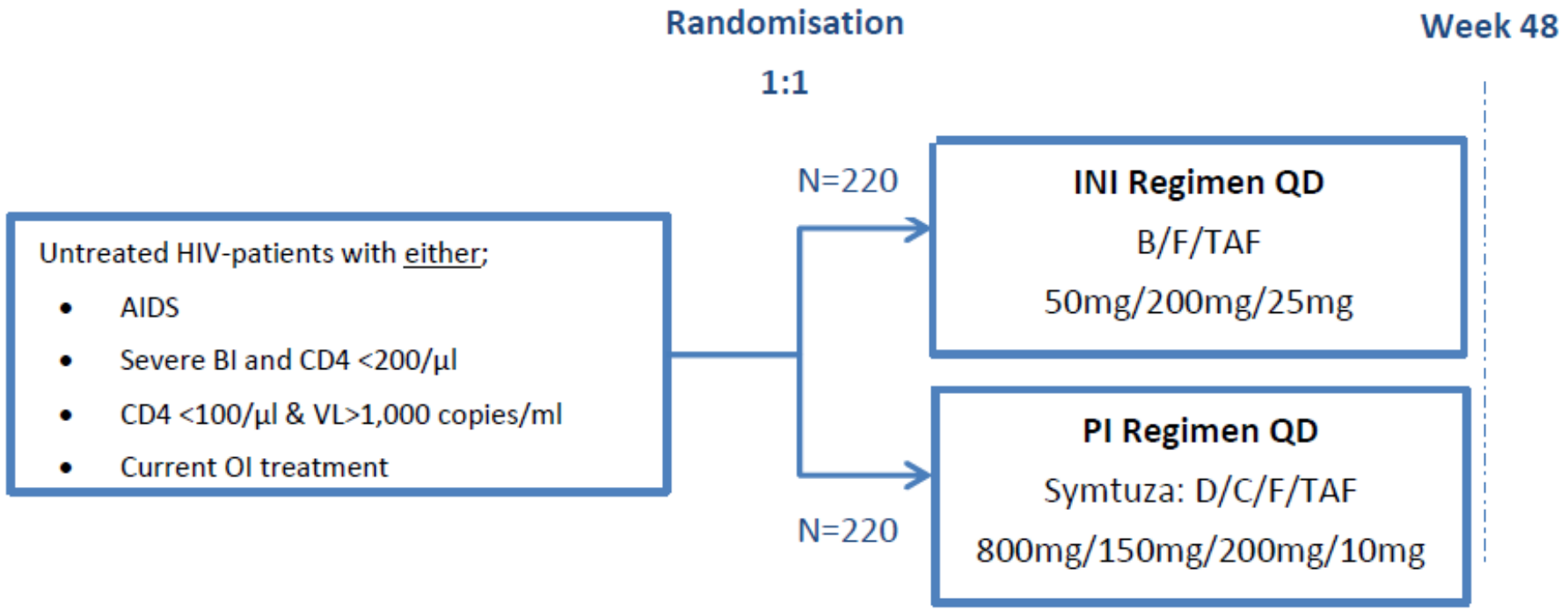
STUDY DESIGN



Primary objective: To demonstrate the non-inferiority of an INI containing regimen [BIC/FTC/TAF QD] versus a boosted PI regimen [DRV/cobi/FTC/TAF QD] in patients with advanced HIV infection.

Secondary objectives: To investigate the immunological and virological response, tolerability, resistance development, discontinuation of therapy due to tolerability, quality of life (QoL) and IRIS incidence.

PROJECT STATUS UPDATE

- **Randomised patients: 447 (last patient in June 2023)**
- **LAPTOP recruitment closed**
- **Country enrolment breakdown:**
  - UK – 90
  - Ireland – 4
  - Spain – 122
  - Germany – 75
  - France – 64
  - Belgium – 34
  - Italy – 58

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OUTCOME MEASURES/ ENDPOINTS

2.4 Outcome measures/endpoints

2.4.1 Primary endpoint/outcome

- Time to failure, as the first occurrence of any of the following components:

1. Virological reasons

a) Insufficient virological response, either:
   a. HIV-1 RNA reduction < 1 log 10 copies/mL at week 12, or
   b. Viral load > 50 HIV-1 RNA copies/mL at week 48

b) Viral rebound, which is subsequently confirmed at the following scheduled or unscheduled visit, defined as either:
   a. Rebound of HIV-1 RNA to >200 copies/mL after having achieved HIV-1 RNA <50 copies/mL
   b. Rebound of HIV RNA by >1 log 10 copies/mL from nadir value, for patients whose viral load has never been suppressed below 50 copies/mL

OUTCOME MEASURES/ ENDPOINTS

2.4 Outcome measures/endpoints

2.4.1 Primary endpoint/outcome

- Time to failure, as the first occurrence of any of the following components:

2. Clinical reasons*
    a) Death related to HIV, AIDS, OI/severe BI or complications of therapy including IRIS
    b) Any new or recurrent AIDS defining event on, or after 28 days of therapy
    c) Any new serious non-AIDS defining event documented by the endpoint review committee (including severe BI, end stage liver disease, renal failure, cardiovascular event, and non-AIDS related malignant disease)
    d) Clinically relevant AEs of any grade or IRIS which require treatment interruption (lasting > 5 days) of INI or boosted PI therapy within the first 48 weeks after randomisation

    Note: Discontinuation of BIC or boosted DRV followed by (within 5 days) continuation with another INI or PI, respectively, is not considered as a strategy failure or endpoint.

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THANK YOU

- Participants
- Site teams
- Gilead

NEAT ID Studies and Publications

Presented by:

Prof Jean-Michel Molina

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HIV CLINICAL TRIALS

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: Reporting. 2 x posters presented. 1 x manuscript has been submitted for publication. W96 data to be analysed to consider abstract for conference

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: Ongoing, closed to recruitment

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HIV CLINICAL TRIALS

REPRIEVE

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

Status: Close down activities. 9 x papers have been published. Final report has been published in NEJM

"FOST SWITCH"

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

Status: In Set Up

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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: Reporting. 3 x poster presented. 1 x abstract accepted presented as poster at EACS 2023,1 x w96 abstract in draft

DOLOMITE

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

Status: Ongoing, open to recruitment. 199 of 250 patients enrolled. 1 x poster presented at AIDS 2022

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: Ongoing, open to recruitment. 878 of 1000 patients enrolled. 1 x poster presented at EACS 2023

DREW

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

Status: Reporting. 1 x abstract presented as rapid oral presentation at EACS 2023

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COVID CLINICAL TRIALS

PIONEER

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

Status: Reporting. Paper published in the Lancet Respiratory Magazine. Pending analysis of exploratory labs

NECTAR

"NOVEL EXPERIMENTAL COVID THERAPIES AFFECTING HOST RESPONSE"

Status: Early reporting and close down activities. 27 patients (ex-US) recruited. The DSMB has stopped Fostamatinib for low conditional power of finding efficacy

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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: Closed. 3 x posters presented at international HIV conferences, 1 publication in Infectious Diseases Now

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. 1 x paper published in CID

HIV CoCo

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

Status: Reporting. 1 x abstract presented as poster at EACS 2023

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MPOX STUDIES

MASH 1

"MORBIDITY, MORTALITY AND RISK FACTORS OF mPOX IN HIGH-RISK SEXUAL HEALTH CLINIC ATTENDERS AND PEOPLE LIVING WITH HIV"

Status: In Set Up

RAPID 2

"RAPID ANALYSIS OF SEROPREVALENCE AND INCIDENCE OF AN EMERGENT INFECTIOUS DISEASE IN PREP USERS AND PEOPLE LIVING WITH HIV"

Status: In Set Up (protocol development)

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

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The European treatment network of HIV, hepatitis and global emerging infectious diseases

website: www.NEAT-ID.org

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Integration Grants

Presented by
Prof Jürgen 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 up to 100,000 euros
- ✓ Reviewed by an independent international panel of experts

NEAT ID INTEGRATION GRANTS

PROFESSOR JOSE ARRIBAS, HOSPITAL LA PAZ

"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"

Status: Closed. 1 x Paper in Journal of Infectious Diseases

PROFESSOR BÉGUELIN, BERN UNIVERSITY HOSPITAL

"KINETICS OF HEPATITIS B VIRUS MARKERS IN TREATED HIV/HBV-COINFECTED PATIENTS"

Status: Reporting. 3 x publications, 2 expected

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NEAT ID INTEGRATION GRANTS

PD DR. CHRISTOPH BOESECKE

"NEAT 001 FOLLOW UP - RE-INFECTION AND DAA-BASED TREATMENT UPTAKE IN ACUTE HCV COINFECTION WITHIN THE EUROPEAN ACUTE HCV COHORT PROBE-C"

Status: Closed. 1 x paper published in CID 2023 IF 20.9. 2 x further papers published using partial data

PROFESSOR GILLES WANDELER

"MULTI-COHORT STUDY TO INFORM HEPATOCELLULAR CARCINOMA SCREENING STRATEGIES IN HIV/HBV-COINFECTED INDIVIDUALS ON TENOFOVIR-CONTAINING THERAPY"

Status: Reporting. 1 x paper published in Journal of hepatology 2023 IF 25.7. 1 x paper has been submitted to publication

2022 GRANTS

Dr Merle Henderson // Imperial College London	NEAT 001: Title: Longitudinal changes in plasma neuronal markers in persons with HIV commencing ART.
Dr Linos Vandekerckhove // Ghent University	Title: Feasibility evaluation of anti-HIV Antibody-secreting Chimeric Antigen Receptor T cells as a potential cure in acute seroconverters
PD DR. 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

All projects expected to close in 2025

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

Next call for Integration Grants expected HIV Glasgow 2024

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Panel Discussion

Chair:
Prof. Jean-Michel Molina
Discussants:
Prof Paddy Mallon
Dr Marta Vasylyev

"Emerging Infections and the Role of NEAT ID"

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In thanks for your support of the NEAT ID Network we invite you to join us for drinks this evening

When: Thursday 19th October, 6-7pm CEST
Where: The bar, Motel One Warschau-Chopin
Tamka 38, Warszawa 00-355

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Questions?

email: neat-id@neat-id.org

website: www.NEAT-ID.org

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