

# Abstract # 151 EXPERIENCES AND EXPECTATIONS OF PARTICIPANTS COMPLETING HIV CURE FOCUSED CLINICAL TRIALS



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## Background

- Understanding expectations and experiences of people living with HIV participating in clinical trials in HIV cure research will assist the design of future studies and the process of informed consent
- We have previously reported on participants completing one cure focused trial [1] and this study extends that work to include people completing 2 additional trials testing HIV cure focused interventions

## Methods

- Participants were receiving antiretroviral therapy (ART) and had completed one of three studies. Two examined the effects of adding Vorinostat (VOR) or Disulfiram (DSF) on latent HIV [2,3], and the third examined if the addition of Dolutegravir (DTG) impacts residual HIV viral replication.
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**Design** - A paper survey provided to all subjects at the conclusion of the trial (typically last study visit) focused on:

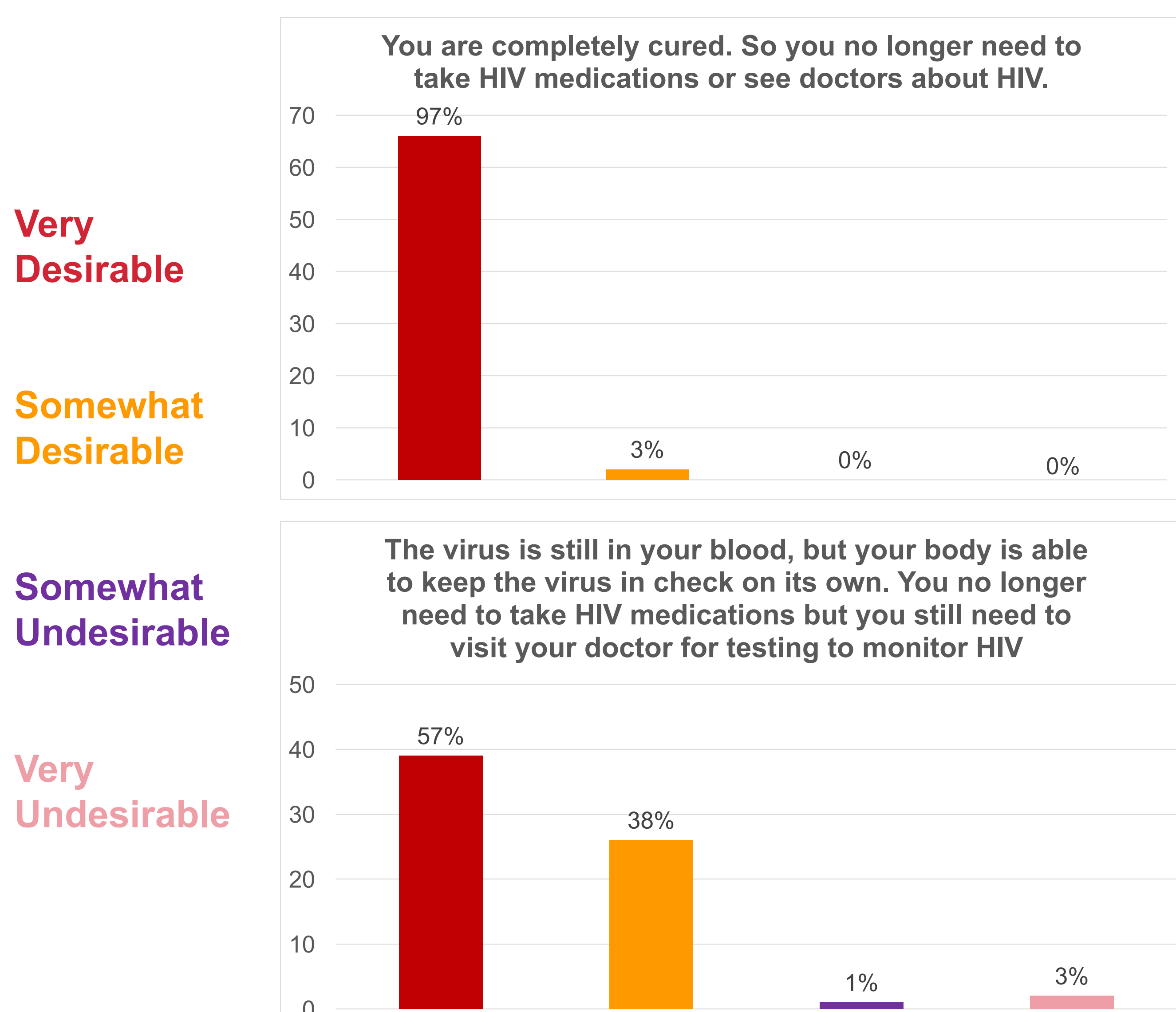
- Experiences and satisfaction with trial participation
- Desirability of two potential HIV cure scenarios ('sterilising cure' [completely cured / stop ART / no doctor visits] and 'functional cure' [HIV still present / stop ART / doctor visits required])
- Ranking the importance of 5 potential benefits of HIV cure (stopping ART, stopping doctor visits, cannot transmit HIV, cannot be re-infected with HIV and being considered someone without HIV)

**Analysis** - Compared by Wilcoxon signed-rank (sterilizing vs. functional cure) and Kruskal-Wallis (five potential benefits) tests

## Results

- 68 participants completed the survey
  - 20/20 (100%) VOR, 10/15 (66%) DSF, 38/40 (95%) DTG
  - 67/68 (99%) male and all had viral load <50 copies/mL for a minimum of 3 years and CD4 counts >350 prior to enrolment
- Participants expressed high levels of satisfaction with the studies:
  - When using a scale of 0 to 100 median satisfaction with the overall study experience was 90 (IQR: 90-100)
  - >85% subjects would definitely consider enrolling in a similar study focussed on HIV cure if approached.
- 97% rated a 'sterilising cure' very desirable compared to 57% for a 'functional cure' (p<.01). Fig 1.

Figure 1. Perspective on HIV cure if it could be achieved (n=68)



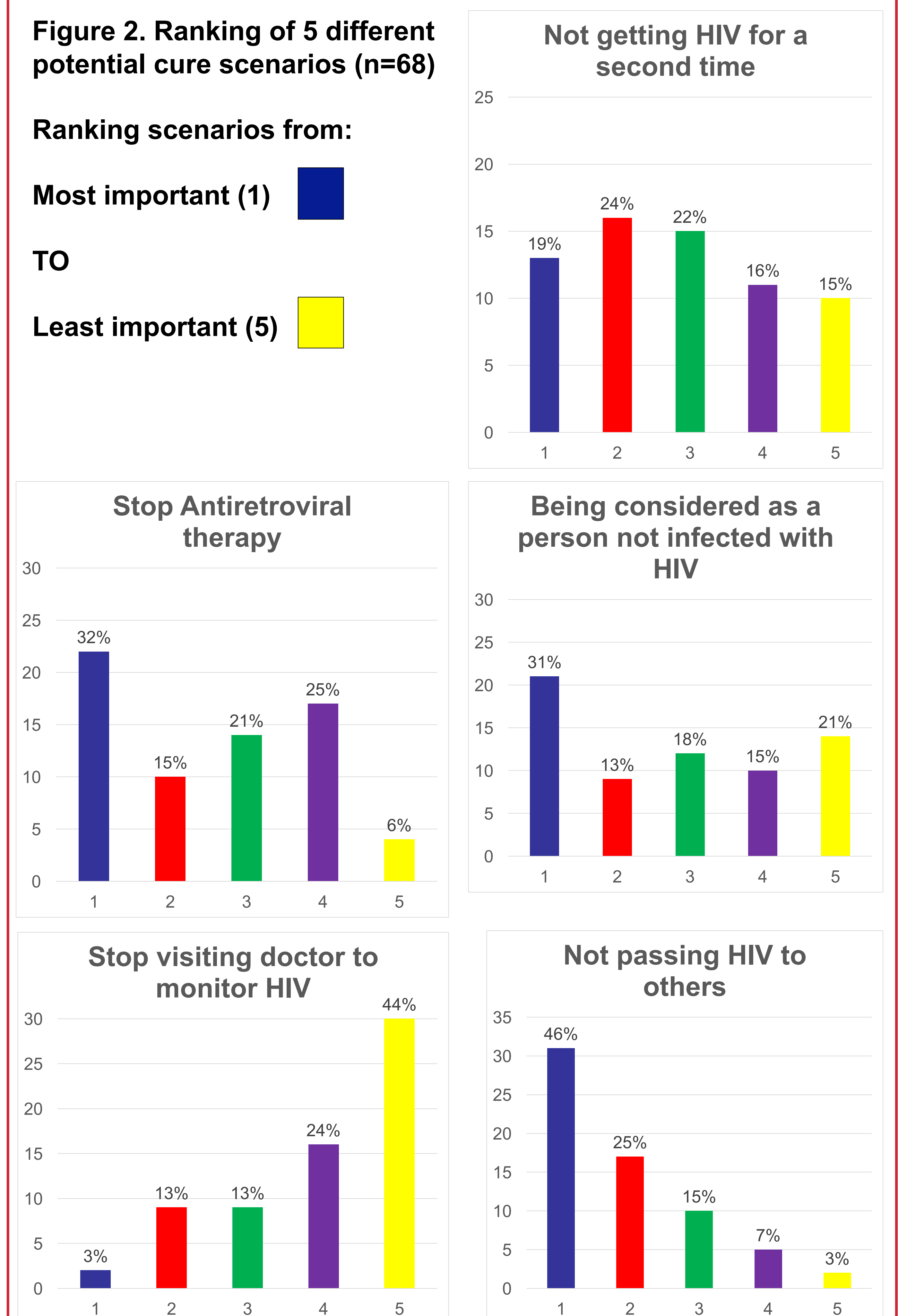
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- When ranking 5 potential benefits of cure greatest importance was placed on stopping HIV transmission (46% 'most important') and least importance on stopping doctor visits to monitor HIV (3% 'most important') (p<.01 when comparing all 5 scenarios). Fig 2.

Figure 2. Ranking of 5 different potential cure scenarios (n=68)

Ranking scenarios from:

- Most important (1) [Blue square]
- TO
- Least important (5) [Yellow square]



## Conclusions

- High levels of participant satisfaction were achieved during an intensive clinical trials focusing on HIV cure.
- The overwhelming majority of participants in cure-focused studies rated a 'complete' or 'sterilizing' cure as more desirable than a scenario of HIV remission and potential benefits of not transmitting HIV was considered most important. These results are similar to the previous published work [1]
- Understanding participant expectations in this field of research allows investigators to more clearly discuss the rationale for these studies and potentially improve study design.

## References

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2. Elliott JH et al. Activation of HIV Transcription with Short-course Vorinostat in HIV-infected Patients on Suppressive Antiretroviral Therapy. PLoS Pathogens. 2014 Nov;10(11):e1004473
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