Roundtable Session: Clinical Trial Design and Participation

Professor Olivier Lambotte
Department of Clinical Immunology
Hôpital Bicêtre
ImVA Inserm/CEA U1184
Université Paris Sud
COI

• BMS
• MSD
• Astra Zeneca
• Janssen
HIV infection and Cancer

• Why are we talking about these two diseases today?
• Two major causes of death
• Affect anyone from 0 to 99 years-old, everywhere in the world
• The immune system is unable to eliminate cancer cells and HIV-infected cells
• BUT…
HIV infection and Cancer

- The two diseases are different!
- The causes are different: a tumor cell versus a virus
- The diseases are different: one virus versus dozens of different cancers
- HIV cure is not possible today but a small cancer can be cured by surgery for example
- The physicians are different: the oncologist versus the infectious disease specialist (they “think” different…)
- The treatments are different: cytotoxic chemotherapy, radiotherapy, surgery versus antiretroviral drugs
- Are the patients the “same”? They “have” (could have) a different way of thinking their disease
  - HIV: a chronic disease with ART
  - Cancer: a deadly disease if you have a metastatic disease
Think different ?
HIV infection and Cancer

• The two diseases share many similarities!

1/ Major improvement of survival (1997-2017)
   – For HIV infection with combined ART
   – For some cancers and even metastatic cancers thanks to immunotherapies

= Long-term survival for both

5-years Survival: 23% - 25%
15 patients in complete response
HIV infection and Cancer

• The two diseases share many similarities!

2/ The “cure” is limited by the persistence of rare cells
   – Intrinsic properties favouring persistence and survival
   – Defects of the immune system
     = Common mechanisms of persistence for HIV and cancer cells

3/ Cure strategies share drugs
   – Targeting the infected/cancer cell
     • iHDACs, DNA methylation inhibitors, JAK inhibitors…
   – Boosting the immune system
     • Immunotherapies (anti-PD1…), TLR agonists, IDO inhibitors…
HIV infection and Cancer

• The management of these two diseases shares many similarities!

4/ Evolution of the therapeutic strategy
– Small pilot studies (phase I/II) with proof of concept
  • Testing Latency Reversing Agents (LRA) in HIV infection
  • Testing new cancer strategies
– Taking into account new adverse events
  • Those of LRA in HIV infection
  • Those of immunotherapies in cancer
HIV infection and Cancer

• The two diseases share many similarities!

5/ Goals are the same
– The Cure for all patients everywhere
– Get access to costly treatments can be very difficult and this should be improved
– Role of the patients associations and community is determinant for these questions to help physicians

People have to speak together: the roundtable
Speakers
Jintanat ANANWORANICH, MD, PhD
Associate Director for Therapeutics Research, U.S. Military HIV Research Program

Research in
- Pediatric HIV
- Acute HIV
- HIV remission
- Neuro HIV
- Thailand
Jean-Philippe SPANO, MD, PhD
Professor in Medical Oncology
Head of Department of Medical Oncology Pitie-Salpetriere Hospital, Paris
Pierre et Marie Curie University Paris, France

Research in
- Breast, GI cancer, HIV cancer
- Head of CancerVIH national network, and the French rare cancer group of Institut du Cancer (InCa)
Thomas Uldrick, M.D., M.S.
Clinical Director,
HIV & AIDS Malignancy Branch
Center for Cancer Research, NCI

Research in
- KSHV-associated Malignancies
- HIV and Cancer
- Cancer Immunotherapy in Patients with HIV
- South Africa
Michael LOUELLA

community engagement for

AIDS CLINICAL TRIALS UNIT
UNIVERSITY of WASHINGTON

HIV cure research + community-based participatory research + social media
Gilliosa
SPURRIER-BERNARD

MELANOMA PATIENTS NETWORK EUROPE
1. patients first
2. solutions, not problems
3. data, not opinions
and
4. if you don’t do it- no one will

MELANOMEFRANCE