Consensus and Concern in HIV Treatment Guidelines

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Choice of Backbone

- Choice based on various factors including potency, convenience, side effects, resistance issues and must be individualized!
- Common choices in fixed dose formulations:
  - ZDV+3TC: Long history, low toxicity, good resistance barrier. Drawback BID dosing.
  - TDF+FTC: Good potency, once day dosing, low side effects. Concerns of K65R resistance path, drug interactions, unknown potential for long term toxicity.
  - ABC+3TC: Good potency, once day dosing, few drug interactions. Concern re: hypersensitivity reactions in 3-5%. Guidelines are still not agreed on 5701 testing!

Choice of Cornerstone

- Hot debate: Is a non-nucleoside regimen sufficiently potent for advanced stage disease compared to boosted PI especially given low resistance barrier of non-nucleosides.
- In most trials, nnRTI more viral suppressive than boosted PI, even with low CD4, high baseline viral load.
- But CD4 may be better with PI
- In terms of potency efavirenz slightly beats nevirapine.
- Hot debate 2: Which boosted PI?

DHHS HIV Treatment Guidelines Panel

- National/regional focus
  - USA
- Sponsorship
  - Government, NGO
- Membership (51)
  - Physicians, regulators, advocates
- Selection process
  - Nominated by government, elected by panel
- Frequency of revision
  - Continuous
- Data included
  - Published, presented, in press
- Method of analysis
  - Evidence based/expert opinion
  - Majority voting

Indications for Initiation of Therapy: Chronic Infection

Clinical Category	CD4+ T Cell Count	Plasma HIV RNA	Recommendation
Symptomatic (AIDS, severe symptoms)	Any value	Any value	Treat
Asymptomatic, AIDS	<200 cells/µL	Any value	Treat
Asymptomatic	>200 cells/µL but <350 cells/µL	Any value	Treatment should be offered, with consideration of pros and cons

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Indications for Initiation of Therapy: Chronic Infection

Clinical Category	CD4+ T Cell Count	Plasma HIV RNA	Recommendation
Asymptomatic	>350 cells/µL	≥100,000 copies/mL	Most clinicians recommend deferring therapy; some will treat
Asymptomatic	>350 cells/µL	<100,000 copies/mL	Defer therapy

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Initial Treatment: Preferred Components

NNRTI Option

- **Efavirenz***

OR

PI Options

- **Atazanavir + ritonavir**
- **Fosamprenavir + ritonavir (BID)**
- **Lopinavir/ritonavir (BID)**

+

NRTI Options

- **Tenofovir + emtricitabine****
- **Zidovudine + lamivudine****

*Avoid in pregnant women and women with significant pregnancy potential.

**Emtricitabine can be used in place of lamivudine and vice versa.

Antiretroviral Medications: Should not be offered at any time

- Antiretroviral components not recommended:
  - Efavirenz in pregnancy and in women with significant potential for pregnancy*
  - Nevirapine initiation in women with CD4 >250 cells/mm3 or men with CD4 >400 cells/mm3

* Women who are trying to conceive or who are not using effective and consistent contraception.

About This Slide Set

- This presentation was prepared by Susa Coffey, MD for the AETC National Resource Center in October 2006.
- See the AETC NRC Web Site for the most current version of this presentation. http://www.aidsetc.org

Hammer et al. *JAMA*. 2006;296:827-843