14<sup>th</sup> Annual Conference of the National HIV Nurses Association (NHIVNA)



# Dr Sheena McCormack

MRC Clinical Trials Unit, London

14-15 June 2012, Manchester Conference Centre

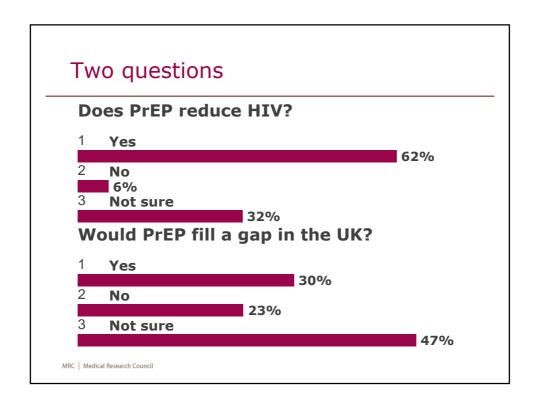


This house believes that PrEP will have a major impact on the UK HIV epidemic

For the motion: Sheena McCormack

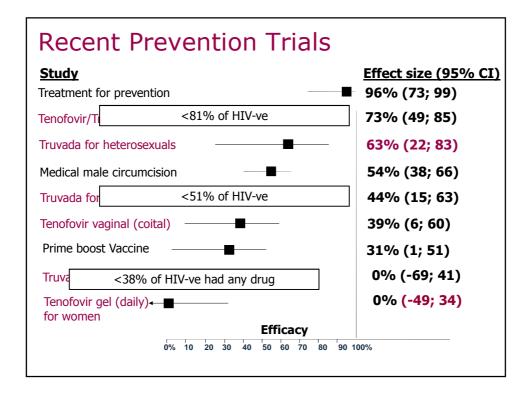
# Two questions

- Does PrEP reduce HIV?
  - 1. Yes
  - 2. No
  - 3. Not sure
- Would PrEP fill a gap in the UK?
  - 1. Yes
  - 2. No
  - 3. Not sure



# Biological efficacy

- There is no doubt that Truvada has biological efficacy
  - It stops HIV replication in the lab
  - It protects animals against challenge
  - It reduces HIV in clinical trials



## PrEP does reduce HIV...by a large amount

- Cases (HIV+), controls (HIV-) in the Truvada gp
  - iPrEX:
    - 9% cases, 51% controls = **92% (40-99%)**
  - Partners:
    - 56% cases, 81% controls = **90% (56-98%)**

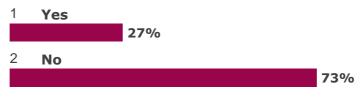
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## Adherence

- Biology: minor variation between subjects
- Adherence: huge variation!
- But does it surprise you this happened in the trials when subjects knew they could be on placebo?
  - 1. Yes
  - 2. No

## Adherence

- Biology: minor variation between subjects
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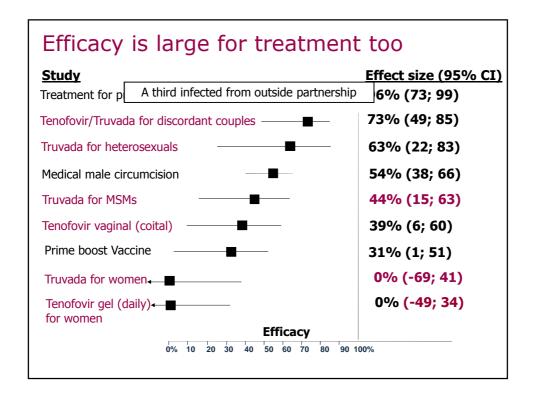
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# Adherence when you know...

- What proportion of people will take drug when they know it will reduce their risk?
  - 1. 50% as was the case in iPrEX?
  - 2. 80% as was th e case in Partners?

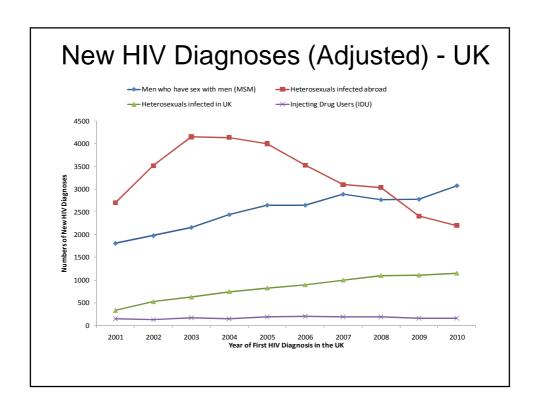
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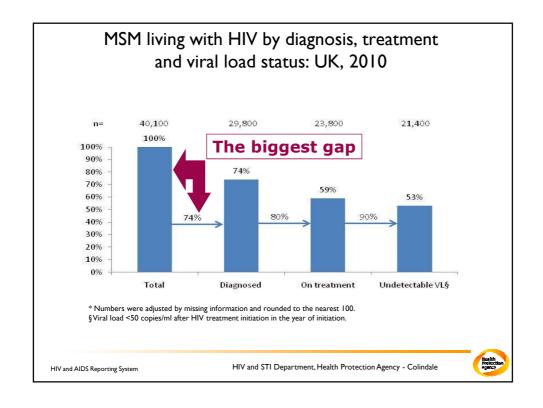
# Adherence when you know... What proportion of people will take drug when they know it will reduce their risk? 50% as was the case in iPrEX? 80% as was the case in Partners? 48%

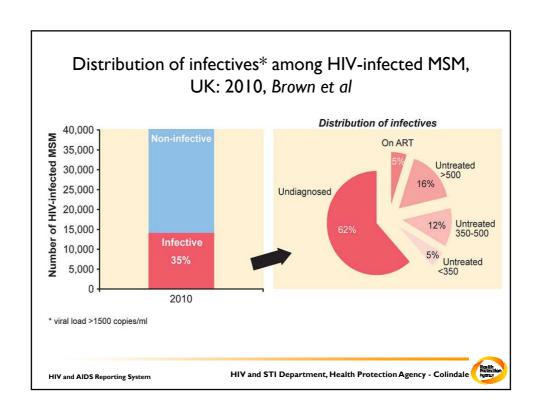


# Is there a gap to fill?

 Why don't we treat our way out of the epidemic in the UK?







# The gap is all about testing...

- Brown et al
  - 35% (14,000) of 40,000 MSM were estimated to be infective in 2010, of whom **62% are undiagnosed**, 33% diagnosed but untreated, and 5% on ART.
  - Infective MSM among the diagnosed untreated population fell from 5,200 in 2006 to 4,600 in 2010 with only a modest decline in median VL

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# The gap is diagnosis...so we need to...

- Engage HIV negative at risk populations
- Tailor HIV testing to frequency of risk
- Tackle barriers to risk reduction
  - Depression
  - Addiction
  - Low self-esteem
- PrEP is an opportunity to make this happen

## To conclude

myprepexperience.com

"Taking the Truvada does not make me "reckless" in my decision to have unprotected sex, it makes me feel supported by a community of doctors and advocates, who recognize the nuances of my situation, and are doing all they can to help me stay negative."

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## To conclude

myprepexperience.com

"As I learned the truth about HIV (by becoming an HIV counselor myself and working with young street-based injectors) I started taking more risks myself. At a certain point, I felt like my risk tolerance had the potential to get me infected. So I spent a lot of time considering PrEP. I spoke to doctors, friends working at all levels of prevention and poz men on Truvada. I read up on it and finally decided to try it.

The sex I've had in the last two months has been some of the most spiritual, connected and passionate sex I've ever had. The persistent anxiety I've lived with for so many years is gone."

