PROMISE 1077HS Adherence Analysis

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Background slide

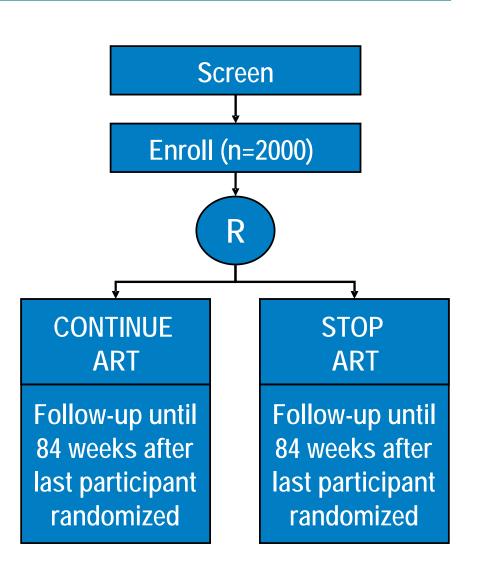
 A randomized strategy trial conducted among women who received highly active antiretroviral therapy (ART) during pregnancy for purposes of prevention of mother-to-child transmission (PMTCT) of HIV but do not otherwise meet criteria to initiate HAART for their own health

PROMISE 1077HS

- To determine whether continuation of HAART (Arm A) after delivery or other pregnancy outcome reduces morbidity and mortality compared to discontinuation and re-initiation of ART according to current standards of care (Arm B).
- The primary combined endpoint includes death, AIDS-defining illness, and serious non-AIDS-defining cardiovascular, renal, and hepatic events.

1077HS Research Question

Among women who do not meet criteria for ART for their own health, who received a triple ARV (ART) regimen during pregnancy for PMTCT, is long term health better served by continuing or stopping ART postpartum?



Primary Adherence Objective

 "To evaluate rates of self-reported adherence to ART and its association with the primary endpoint and with CD4+ cell count, HIV- 1 viral load, and HIV-1 resistance patterns at 1, 2, and 3 years following randomization."

Adherence Objectives

- To compare adherence among those in the immediate treatment arm to those in the delayed treatment arm
- To compare Quality of Life data between those in the immediate versus delayed ART arms
- To determine which components of the QOL/Adherence/Resource use self report form are most predictive of nonadherence
- To look at geographic differences in adherence

Additional objective

 ~18 months into the study, addition of a detailed adherence questionnaire asking about barriers

Side effects make me feel sick	0	1	2	3			
Following dietary restrictions is hard (taking medicine with or without food)							
Needing to share ART with other family members and friends		ġ		Ď			
Not understanding how to take the medicine		1 		3 			
_	0	1	2	3			
Religious beliefs	ō	1	2	3			
Traveling away from home	0	1	2	3			
7. Transportation problems getting to the clinic for refills	0	1	2	3			
8. Pills getting lost, damaged, or stolen	0	1	2	3			
9. It is hard to take so many pills		1	2	3			
10. I am tired of taking pills every day		1	2	3			
11. Remembering to take pills every day		1		3			
12. I am busy taking care of my baby							
I am busy doing other things (household work, childcare for older children, working)				3			
14. Other health problems or illnesses get in the way							
15. Fear or worry that other people <u>inside</u> of the home will find out I am sick							
16. Fear or worry that other people <u>outside</u> of the home will find out I am sick	Ö	ġ					
17. I don't feel sick so it is hard to take pills every day	Ď	ġ					
18. I don't think the pills work and prefer other types of alternative treatment	Ö	ġ					
19. I don't think I need the pills right now because my CD4 T-cell count is high (my immune system is strong)							
20. If someone saw me taking my pills, they might start asking questions							
21. Of all the choices above, what is the MAIN reason it is difficult to take medication every day? NOTE : Choose one of the options checked above that is identified as the main reason and enter number here:							

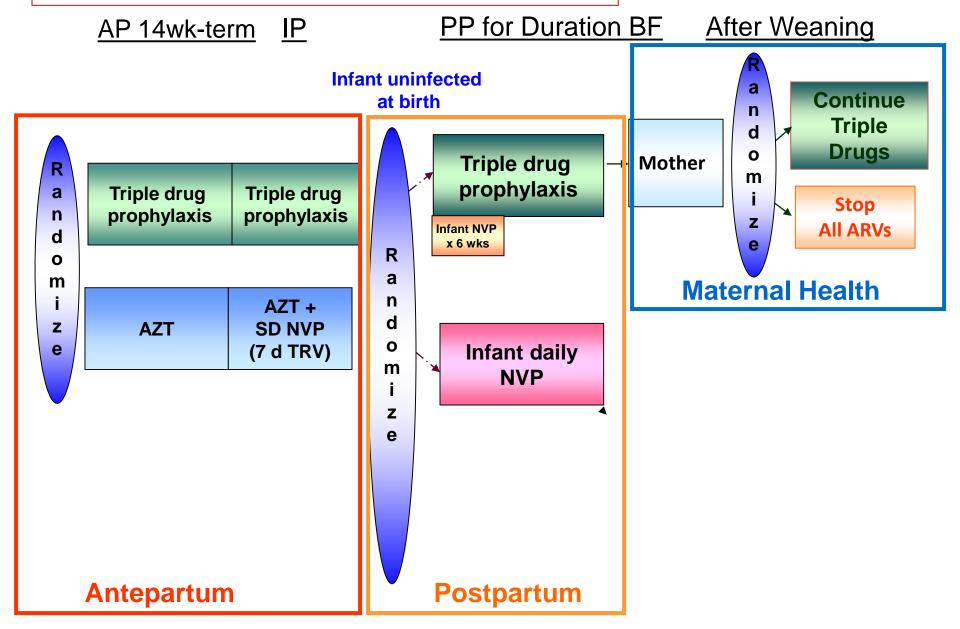
I. Have you disclosed your HIV status to your primary sex partner?								
		(Ch	eck one box)					
		Ye	es 1					
		No	2 🗌					
I do not have a primary sex partner (hi	usband or	boyfriend) 3 🗌					
J. Have you disclosed your HIV status to any of the following (outside of primary partner)?								
(Check	k one box	for each	item below)					
			Not					
	Yes	No	applicable					
1. Parent(s)			3					
	Ġ	_	, 					
2. Sibling(s)	1	2	3					
3. Children	1	2	3					
4. Other relatives	1	2	3					
5. One or more friends	1	2	3					
6. Religious leader	1	2	3					
7. Counselor	1	2	3					
8. I have not disclosed my HIV status to anyone	1	2	3					
Other, specify NOTE: If you answer 'Yes' to this item, use the line below to specify the category (not name) of person to whom you have disclosed your status. (e.g., Teacher).	1	2	3					
Specify [70]:								
K. Does difficulty telling people about your HIV status (disclosing your HIV status to family and friends) make taking your HIV medications everyday a challenge?								
		(Ch	eck one box)					
	No.	not at all	1 ☐					
		but rarely	2 🗍					
	Yes, so	metimes	3 🗍					
Yes, much or most of the time 4								
•		I the time	5 🗌					

Adherence Objectives

- Among those with evidence of virologic failure (VL > 1,000 copies) due to nonadherence, to characterize most common barriers
- To determine whether barriers vary between those who are adherent and those with episodes of virologic failure
- To determine whether barriers vary by geographic region

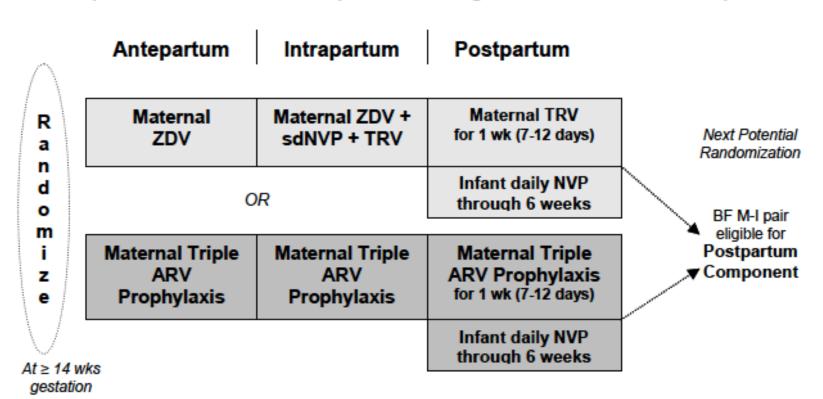
PROMISE General Overview: Sequential Randomized 2x2 Factorial Trial

~8,000 women who don't need treatment for own health (CD4 >350)



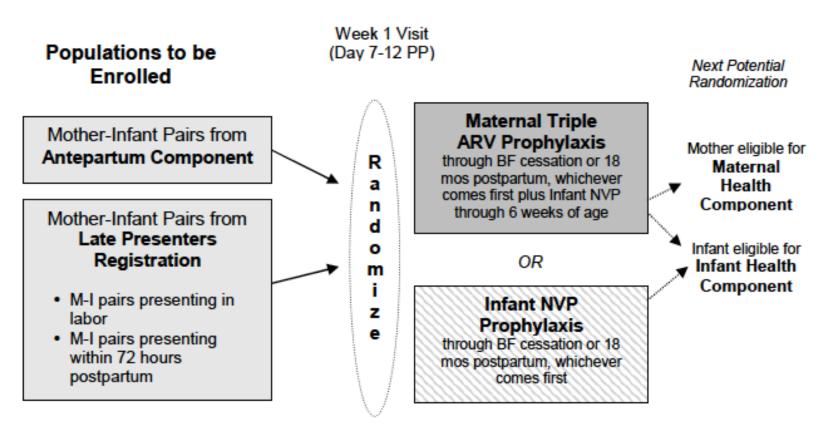
PROMISE 1077BF/FF

Antepartum Randomization: BF Settings (In Countries Where Non-triple ARV AP Regimens are Used for PMTCT)

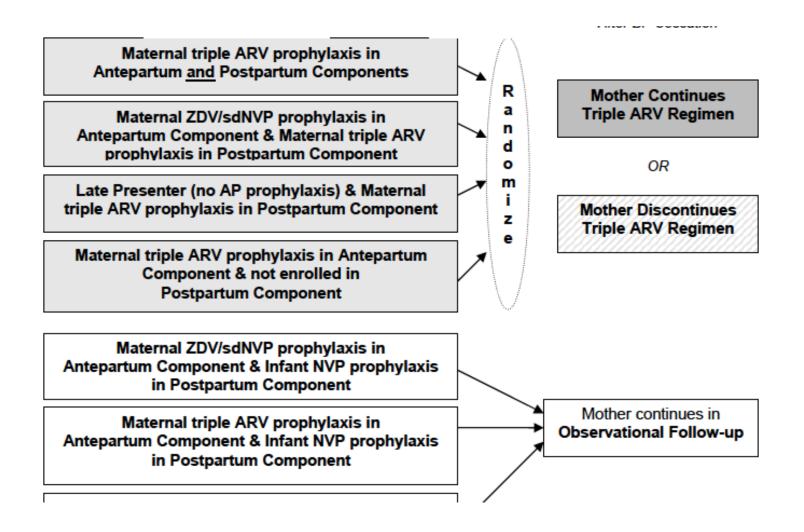


PROMISE 1077BF/FF

Postpartum Randomization: BF Settings



PROMISE 1077BF/FF



1077BF/FF Adherence Objectives

- Antepartum: To evaluate adherence to maternal ARV regimens
- Postpartum: To evaluate adherence to maternal and/or infant ARV regimens
- Maternal Health: To evaluate rates of self-reported adherence and its association with the primary endpoint, CD4 count, viral load, and resistance patterns 1, 2, and 3 years following randomization
- To compare quality of life between study arms at 1, 2, and 3 years
- Additional questions on barriers not added to BF/FF

Additional opportunities BF/FF

- To compare adherence in those in the maternal health arm among those who continue after cessation of breastfeeding versus those who d/c and restart later for maternal health
 - Are factors associated with nonadherence different by region (comparison using 1077HS)

Additional opportunities BF/FF

- To evaluate adherence at different stages (what factors predict high versus low adherence? What factors are associated with specific patterns of adherence: high on all, low on all, mixed)
 - Pregnancy
 - Postpartum up to 3 or 6 months
 - After cessation of breastfeeding among those who continue for maternal health

DISCUSSION