Complications & Co-morbidities Scientific Committee Update

IMPAACT Community and Science Meeting 23 June 2022



Committee Membership

Acting Chair: Jackie Hoare

At Large Members:

Linda Aurpibul*

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Steve Innes*

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NICHD Rep: Jack Moye

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NIMH Rep: Pim Brouwers

PHACS Rep: Kunjal Patel 1

DMC Rep: Madison Cooper

SDAC: Jane Lindsey, Meredith Warshaw

ICAB Rep: Gwyneth Hendricks*; Angie

Partap

LC Rep: Dale Dayton

Ops Center Coordinator: Jen Libous,

Rachael Jeffrey, Sarah Buisson

SLG Liaison: Grace John-Stewart

Committee Priorities

- Investigating potential neuroprotective and neurotoxic effects of ART to preserve neurocognitive development and mental health in infants, children, and adolescents
- Refining and optimizing the evaluation and treatment of neurocognitive and mental health disorders, particularly executive dysfunction, depression and PTSD
- Evaluating novel preventive and/or therapeutic approaches to highpriority diseases among pediatric populations with or affected by HIV, including respiratory syncytial virus (RSV), working with NIAID and other partners
- Evaluating other co-morbidities and complications of importance for pediatric, adolescent and pregnant populations with HIV, with other partners and NIH institutes

Studies Planned for Development

IMPAACT HIV Complications and Comorbidities



IMPAACT 2038 & 2041

2038

Phase I Study of the Infectivity, Safety and Immunogenicity of two Recombinant, Live-Attenuated B/HPIV3 Vector Vaccines Expressing the Fusion Glycoprotein of RSV Engineered for Increased Immunogenicity, Delivered in Single Doses as Nose Drops to HPIV3-Seronegative Infants and Children 6 to 18 Months of Age (CAP 554)

2041

Safety and Pharmacokinetics of **GLE/PIB** in **Pregnant Persons with Hepatitis C** with or without HIV (CS 5032)



Ongoing Studies

IMPAACT HIV Complications and Comorbidities



IMPAACT 2016 - Overview

- Study Title: Evaluating a Group-Based Intervention to Improve Mental Health and ART Adherence Among Youth Living with HIV in Low Resource Settings
- Study Design:
 - Two-arm, individually randomized controlled trial preceded by Focus Groups and Pilot Testing to adapt intervention to local context
 - ► Eligible participants include 15–19-year-old youth living with HIV and mental health distress, and their caregivers (if available and agreed to by youth participant).
- Purpose: To evaluate whether an Indigenous Leader Outreach Model (ILOM) of trauma informed cognitive behavioral therapy (TI-CBT) [referred to as TI-CBT delivered by Indigenous Youth Leaders (IYL)] is associated with improved mental health outcomes and ART adherence among youth living with HIV.

IMPAACT 2016 – Study Updates

- Study expected to resume under an amended protocol this year after pause due to COVID-19
- ▶ To-date:
 - Finalized and translated the TI-CBT intervention manuals used to facilitate the TI-CBT intervention
 - All sites completed community stakeholder engagements
 - 2 of 5 planned focus groups completed prior to the pause for adaptation feedback; remaining focus groups projected to be completed this year
 - Intensive two-week training held January 2020 for IYL at the South Africa site





IMPAACT 2018/2021 - Overview

Study Design:

- Phase I (IMPAACT 2018) and Phase I/II (IMPAACT 2021), double-blind, randomized studies looking at vaccine candidates for Respiratory Syncytial Virus (RSV) compared to placebo
- Eligible participants include healthy 6 to 24-month-old children, who are exposed to HIV or not living with HIV (as per prior IMPAACT RSV vaccine studies)
- IMPAACT 2021: 3 lead vaccine candidates from each attenuation strategy are being studied

Vaccines:

- **RSV 276 (IMPAACT 2018/2021):** Expected to have attenuation and increased immunogenicity
- RSV ΔNS2/Δ1313/I1314L (IMPAACT 2018/2021): Expected to have attenuation, temperature sensitivity, and increased immunogenicity
- RSV 6120/ΔNS2/1030s (IMPAACT 2021): Expected to have slightly less attenuation than RSV ΔNS2/Δ1313/I1314L, temperature sensitivity, and increased immunogenicity

IMPAACT 2018/2021 - Study Updates

IMPAACT 2018:

- Closed to accrual with n=65
- RSV ΔNS2/Δ1313/I1314L and RSV 276 were well tolerated and had excellent infectivity, but RSV 276 had excess cough
- Primary manuscript accepted for publication

IMPAACT 2021:

- Study resumed in April 2022 after pause due to COVID-19
- RSV 276 arm closed due to higher rate of solicited AEs in IMPAACT 2018 (specifically, cough)
- Protocol Version 3.0 to be implemented to allow year-round enrollment when RSV levels in communities are low and to eliminate requirement for COVID testing
- Goal: candidates will be safe, and result in at least 70% of vaccine recipients having a ≥4-fold rise in serum RSV-neutralizing antibody titers



Update/Main Findings from Studies Closed to Follow-up

IMPAACT HIV Complications and Comorbidities



12 IMPAACT 2002 - Overview

- Study Title: Combined Cognitive Behavioral Therapy & Medication Management Algorithm for Treatment of Depression among Youth Living with HIV in the US
- Purpose: To examine if a Health and Wellness Cognitive Behavioral Therapy and Medication Management (COMB-R) intervention for depression demonstrates improved outcomes for HIV-infected youth in the United States
- **Study Design**: Multi-site, two-arm, cluster-randomized study
- Study Population: Approximately 130 youth living with HIV, ages 14-24 with depression
- Study Status: Participants off Study and Primary Analysis Completed



13 IMPAACT 2002 - Updates

Primary Manuscript Results:

- At Week 24, youth living with HIV (YLWH) at COMB-R sites, compared with enhanced standard of care sites, reported significantly <u>fewer</u> depressive symptoms on the Quick Inventory for Depression Symptomatology Self-Report (QIDS-SR score 6.7 vs. 10.6, P = 0.01) and a greater proportion in remission (QIDS-SR score ≤ 5; 47.9% vs. 17.0%, P = 0.01).
- A manualized, measurement-guided psychotherapy and medication management algorithm tailored for YLWH <u>significantly reduced</u> depressive symptoms compared with standard care at HIV clinics.



14 RSV Studies (IMPAACT 2011, 2012, 2013) - Overview

Study Design:

- Phase I, double-blind, randomized studies looking at vaccine candidates for Respiratory Syncytial Virus (RSV) compared to placebo
- Eligible participants include healthy 6 to 24-month-old children, who are exposed to HIV or not living with HIV (as per prior IMPAACT RSV vaccine studies)

Vaccines:

- LID DM2-2/1030s (IMPAACT 2011): 1030s: temperature sensitivity, genetically stabilized
- ► LID cp/DM2-2 (IMPAACT 2012): Cold passage "cp" mutations five amino acid point substitutions in nucleoprotein, fusion protein, and polymerase protein
- D46 NS2/N/DM2-2 (IMPAACT 2013): Lower replication due to containing the SH noncoding region that is deleted in the other LID ΔM2-2 candidates, one point mutation each in the NS2 and N proteins, a modified version of the M2-2 deletion

15 RSV Studies (IMPAACT 2011, 2012, 2013) - Updates

Results:

- All three vaccines had good safety profiles.
- Attenuation with a deletion in M2-2 gene is highly promising approach.
- LID DM2-2/1030s (IMPAACT 2011)
 - More attenuated than parental LID DM2-2
 - Excellent infectivity and antibody response
 - Potentially a candidate for further development
- LID cp/DM2-2 (IMPAACT 2012)
 - Overattenuated with insufficient infectivity and antibody response
- ► D46 NS2/N/DM2-2 (IMPAACT 2013)
 - Attenuation similar to parental LID DM2-2
 - Excellent infectivity and antibody response



THANKS!

Any questions?

