

Treatment Scientific Committee Session

Theodore Ruel, Chair University of California, San Francisco, USA June 24, 2021



Objective for Treatment

2

 Advance ART of pregnant and postpartum women with HIV, aiming to optimize maternal and child health outcomes, and accelerate the evaluation [pharmacokinetics (PK), safety, antiviral efficacy], licensure and optimal use of potent and durable ARVs for pregnant women and infants, children and adolescents with HIV.



Research Priorities

3

- 1) Characterize the PK properties and dosing of ARVs and relevant drug-drug interactions among women during pregnancy and lactation, and their infants.
- 2) Evaluate novel prophylaxis regimens for infants born to women with HIV.
- 3) Identify and rapidly evaluate the PK, safety and antiviral efficacy of the most promising ARVs for first-line treatment, accelerating licensure for pediatric populations living with HIV.



How do we achieve those priorities?

4

- Partner with industry for registrational trials of new agents
- Perform additional studies to address data gaps in key populations and scenarios
- Provide leadership for treatment guidelines around the globe – identifying priority agents and research gaps
- **IMPAACT** Annual **Meeting** 2021









Virtual Workshop on

Approaches to Enhance and Accelerate Study of New Drugs for HIV

and Associated Infections in Pregnant Women

Part 1: 8-10 December 2020

Part 2: 6-7 July 2021

- 1. Refine key principles around optimal approaches: develop a framework for prioritization, acceleration and optimization of type and timing of studies in pregnant women.
- 2. Review and refine best practices
- **3.** Formulate strategic action plan for promoting the inclusion of pregnant women in research prior to drug regulatory authorization

Phase 2b Phase 3 REGI PK/safety in PK/safety/VL response in PK/safety/VL response (Phase 2) in pregnancy?** pregnancy? pregnancy?** If NOT already completed-> (1)*. NO SOME simultaneous* If already completed -> (2). MOST right after* No benefit to (1) IF PK/safety/VL pregnancy NOT already done: including Simultaneous (Parallel[^] or integrated) pregnant Phase 2 trials in non-pregnant adults and Phase 3 trial includes initial Parallel study or Substudy of pregnant people for ARVs with higher people in initial PK/safety in pregnant people \rightarrow then all pregnant people benefit/ lower risk situations, such as ARV human safety eligible for Phase 3 trial active against multi-drug resistant HIV in and dose-OR women without other ART options ranging study Most ARV Phase 2 in pregnant people (2) IF PK/safety/VL pregnancy data already available: of new ARVs after⁴ non-preg Phase 2 completed. Phase 3 trial enrolls pregnant & non-pregnant people from as/before Phase 3 trial starts its beginning or a parallel^A pregnant people only study is *Likely impacted by availability of results of pre-clinical conducted **Repro Tox studies** By the time of drug registration: ** 3rd -> 2nd -> 1st trimester Dosing, VL response & short-term safety in pregnant people ^Separate, pregnancy-specific studies (whether in parallel or following established (& in label) non-pregnant studies) run greater risk of being unresourced if not Studies to assess adverse fetal, pregnancy & infant outcomes required or incentivized (which incentives??) underway

When/How to Include PW during Pre-Approval Drug Trials

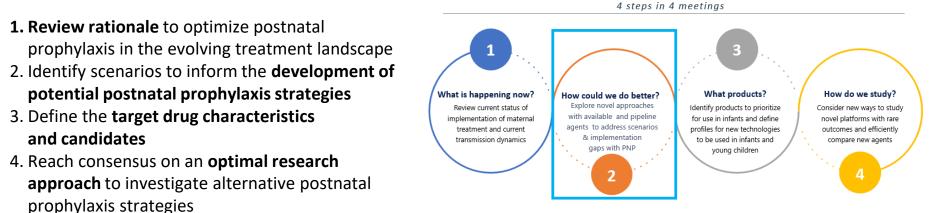






Virtual Workshop on

Postnatal prophylaxis to reach elimination of vertical transmission: optimizing research and accelerating access to innovation





Treatment Session Agenda

7

Start Time	<u>Topic</u>	<u>Presenter</u>
10:30	Treatment Agenda and Current Activities	Ted Ruel, MD
10:40	Role for Long Acting Formulations in Pediatrics and Pregnant Women	Mo Archary, MBChB
10:45	The Front of the Pipeline in Adults	Charlie Flexner, MD (Johns Hopkins University)
11:00	Microarray Patch Platform	Manjari Quintanar-Solares, MD, MPH (PATH)
11:15	Implantable Possibilities	Marc Baum, PhD (Oak Crest Institute of Science)
11:30	Comments from Community	Aisha Gava (Uganda) and Thabo Makete (South Africa)
11:45	Discussion/Q&A	All Presenters
12:00	Adjourn	

Please post your questions along the way for the REA!



Who is the TSC?

Committee Members

Linda Barlow-Mosha, Makerere Univ - Johns Hopkins Univ Research Collaboration Brookie Best, University of California, San Diego Carolyn Bolton, Centre for infectious Disease Research in Zambia Edmund Capparelli, University of California, San Diego Diana Clarke, Boston Medical Center Lee Fairlie, Wits Reproductive Health & HIV Institute Liz Lowenthal, University of Pennsylvania School of Medicine Mark Mirochnick, Boston Medical Center Jorge Pinto, Federal University of Minas Gerais Andy Wiznia, Albert Einstein College of Medicine

SDMC Representatives

Kathryn Gray, SDAC, Harvard School of Public Health Pearl Samson, SDAC, Harvard School of Public Health Sean Brummel, SDAC, Harvard School of Public Health Barbara Heckman, DMC, Frontier Science

Chair and Vice-chair

Ted Ruel, University of California, San Francisco **Mo Archary**, University of KwaZulu-Natal

NIH Representatives

Renee Browning, DAIDS Ellen Townley, DAIDS Dwight Yin, NIAID Tafadzwa S. Kasambira, DAIDS

Community Advisory Board Representatives

Aisha Gava, Uganda Thabo Makete, South Africa

Leadership and Operations Center

Katie McCarthy, IMPAACT Operations Center, FHI 360 Shane Reynolds, IMPAACT Operations Center, FHI 360 Veronica Toone, IMPAACT Operations Center, FHI 360 Sharon Nachman, IMPAACT Network Chair, SUNY at Stony Brook





THANKS!

To the speakers, to the committee and to you for your attention ...





Acknowledgments

10

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