

Chicago Hope?

A snoozy HIV summit's greatest hits

January 1, 2004 By [Tim Murphy](#)

The all-that-jazz city simmered down last September for—deep breath—the 43rd Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC), the annual big-deal revue where researchers trot out new HIV data. This year's crop? “Thin,” says Cincinnati HIV doc Judith Feinberg, MD. The few show-stoppers:

KALETRA KUDOS ICAAC's shocker was a scrappy but small study by Houston's Joe Gathe, MD, who started 30 patients (with an average CD4 count of 169 and viral load of 250,000) on the PI Kaletra (ritonavir/lopinavir) alone—that's right: no nukes! Of the 22 who stayed in the trial after six months, all but one reached undetectable—and an average CD4 count over 200. Is this the dawn of a simpler, cheaper, less side-effect-ridden starting option that actually works? “I'm a believer,” says Florida's Gerald Pierone, MD.

NO NUKES-ONLY The triple-nuke combo Ziagen (abacavir), Epivir (3TC) and Viread (tenofovir) bombed as a starter regimen compared to Ziagen, 3TC plus non-nuke Sustiva (efavirenz). After the flop of triple-nuke only Trizivir against nukes-plus-Sustiva for newbies, this latest casts even more doubt on starting HAART with nukes alone. Feinberg says her patients have been on triple-nuke combos in studies, but “I'd rarely prescribed it and I'm even less inclined to now.”

LINER NOTES A study found that when HIVers got therapeutic drug monitoring (TDM)—the lab test that measures the actual levels of a drug in your system—and then had med doses adjusted based on the TDM reading, they ended up with fewer side effects but just as good HIV management as a group without TDM. On the treatment horizon, Pfizer's experimental oral entry inhibitor, UK-427,857, squashed viral loads in HIVers for 10 days with no major side effects.
