Report from Retro

Treatment tidbits from the HIV confab

June 1, 2004 By Liz Highleyman

San Francisco went retro for the 11th Conference on Retroviruses and Opportunistic Infections (CROI) in February. Picketing activists were joined by more than 200 HIV docs vowing to boycott Abbott over the Norvir price hike, and the summit—surprise!—tackled HIV in prison and demanded that rich countries cough up cash for global AIDS programs. The treatment news...

Hep C hoo-ha: The 800-person APRICOT study dropped some good news: 40 percent of HIVers coinfected with hep C (29 percent with stubborn genotype 1) showed no sign of C six months after the standard peg-interferon-plus-ribavirin treatment—*the highest cure rate yet*. But two smaller studies produced rates of 27 percent (about 15 percent for genotype 1). What's up? One small study included more African Americans, the other, people with advanced liver disease (neither group responds well to hep C treatment). Another report: HIVers do as well as neggies after liver transplants as long as their HIV is under control.

HAART beat: Viramune (nevirapine, a non-nuke or NNRTI) resistance can develop quickly. In Thailand, women who took just one dose of Viramune during delivery didn't respond as well to later treatment with non-nukes. The drug may still be the best bet for slashing HIV transmission to babies, but *pregnant women should get combo HAART*—and more than one dose, please!

Meanwhile, researchers poured more cold water on once-daily all-nuke regimens, including tenofovir/abacavir/3TC and tenofovir/ddI/3TC, whose lousy results prompted advisory letters last year. But one four-nuke regimen (Trizivir/tenofovir) seems OK for some HIVers with low viral loads.

Boosted Reyataz (atazanavir) still looks good after 48 weeks, causing *less gastrointestinal misery and elevated blood fats* than other PIs. Over the same period, T-20 didn't cause metabolic or body-fat problems in 150 HIVers.

Side dishes: A gene makes African Americans and Latinos clear Sustiva (efavirenz) from their bodies more slowly than whites, potentially causing nastier side effects from the non-nuke.

HIVers taking HAART in the MACS trial were more likely than neggies to suffer *high blood sugar and diabetes* (risk factors for heart disease), but the D:A:D trial acquitted HIV drugs of causing *high blood pressure.*

Unlike earlier studies, a new one said HIV meds don’t seem to cause *bone loss*.

Double jeopardy: 5 percent of HIVers in studies in San Diego and LA were super-infected with additional HIV strains, boosting viral loads and dropping CD4 cells. One unlucky HIVer picked up a *drug-resistant virus* the second time around.

Coming soon: the *first real-world trials of several entry inhibitors* (Schering’s SCH-D, Glaxo’s GW873140, Tanox’s TNX-355), a new once-daily nuke (Pharmasset’s Reverset) and a new protease inhibitor (Tibotec’s TMC 114). Look busy.

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