Time for T

November 1, 2000 By Lark Lands, PhD

If your been-there-done-that anti-HIV drug list is longer than the one for your Thanksgiving grocery list, Boston's Cal Cohen, MD, may have some good news. A recent yearlong trial of through-the-med-mill HIVers showed encouraging results with T-20, Hoffmann La Roche and Trimeris' phase II experimental antiretroviral -- at least when taken with other meds chosen individually based on resistance testing and clinical history. "This first drug in a new class known as fusion inhibitors is exactly what's needed for the many PWAs who need a second chance," Cohen says. In contrast to all current anti-HIV meds that only work after the virus is *inside* cells, fusion inhibitors block the virus from entering them. (For more on T-20 and its class, see "This Little Drug Went to Market," *POZ*, May 2000.)

The median number of anti-HIV meds previously taken by trial participants was a whopping 10, and 80 percent had taken at least one drug from each of the three approved antiretroviral drug classes (nukes, NNRTIs and protease inhibitors). More than half of those taking T-20 regimens had at least a one-log (ten-fold) reduction in viral load (considered enough to slow disease progression) and/or reached an undetectable viral load. Although conclusions from the study are hampered by a high dropout rate -- 31 out of 71 original participants quit -- only one-fifth stopped because of a lack of viral effect, and no one because of T-20 toxicity.

The fact that, like insulin, T-20 must be given via two daily subcutaneous (under the skin) 50-milligram injections posed little obstacle. "Most people surveyed told us that it was no big deal," Cohen says. "The good, results I think, were part of the reason."

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