Work, work, work, work, work, work, work?..

August 25, 2008 By Paul Dalton

I haven?t written lately because 1) I have been busy catching up from being out of the office, and 2) I have felt less than inspired. But the way to break writers block is to write, so here I go.

There has been renewed chatter about the prospects for curing HIV infection. This has to be a good thing. The scientific hurdles to a durable cure are daunting, but that should never be reason not to strive for our ultimate goal.

The concept of a ?functional? cure has crept in to the discussion- thanks somewhat to Tony Fauci?s talk in Mexico, but also due to much behind-the-scenes activist work. In some ways this concept represents an important advance in-and-of-itself.

Burned as many of us were by David Ho?s rosy eradication predictions, as a group AIDS ?experts? are wary of the prospects for complete viral eradication. Is it possible to extract every last virion, from every last latent cell? How would we even know we had?

The question now is does it matter? Can we instead construct a functional cure- some sort of intervention that would allow a person with HIV to live a normal life span without the need for long term ARVs? That would be good enough for me.

One area that needs some serious discussion is the lack of real movement in the field of immune based treatments. Once a promising area of HIV research, IBTs have been largely relegated to the sphere of bench science, with little immediate or middle-term prospect for wide spread use.

It seems important to me not to forget that western medicine has cured exactly one chronic viral infection (that I am aware of), Hepatitis C. Now the treatment doesn?t work most of the time, and the side effects can be brutal. The point is though, that this sometimes successful treatment does not use anti-virals, but immune based therapies. (Ribavirin is an anti-viral, but has been shown not to have anti-HCV activity directly).

I tend to think that immune based therapies will need to be part of the cure- whether it be eradication or a functional cure. As much as I fret over pharma?s flagging interest in anti-retrovirals, the situation is much direr for IBTs.

It is the job of advocates to push to overcome these kinds of hurdles. There aren?t many working in IBTs- Richard Jefferies of TAG being a notable exception. Still the work is crucial and must be carried forward.

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