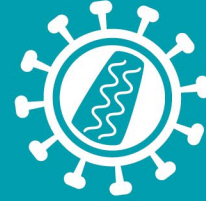


BHIVA



British HIV Association

2022 Spring Conference

Wed 20th - Fri 22nd April
Manchester Central, Manchester



Guidelines/Position Statements

Chair: Dr Laura Waters

Co-chair: Dr Alexandra Maxwell

This educational event is supported by an unrestricted medical education grants from



ART Guidelines

Dr John Walsh

Imperial College Healthcare NHS Trust, UK

This educational event is supported by an unrestricted medical education grants from



Draft BHIVA antiretroviral guidelines 2022

Dr John Walsh

Consultant Physician

Imperial College Healthcare NHS Trust

ART guidelines chair

Thank you

- The whole writing committee
 - Led by Laura Waters & Alan Winston
 - Our community reps Ben Cromarty & Andy Hilton
- Cathy Nieman-Sims

Why am I chair?

- No special knowledge/ skills
- All the work so far has been done by others
- Just volunteered to steer guidelines through consultation phase

Disclosures

- None



GUIDELINES

Main changes

- What to start
- Rapid ART
- Switching with a suppressed viral load
- ART for transgender people with HIV
- Spontaneously controlled HIV
- People choosing not to commence ART

WHAT TO START

Methodology

Critical outcomes ranked by the committee...

- Virological suppression
- Virological failure
- Failure with resistance
- Adverse events ...
 - Causing discontinuation
 - Serious adverse events
 - Grade 3/4 adverse events

Methodology

- Systematic literature search in November 2021
- Modified GRADE approach to produce
 - Summaries of evidence
 - Forest plots for key outcomes
- Evidence will be published as appendix to guideline

First-line treatment

No longer 'preferred' or 'alternative' options

Now...

- Regimens recommended for most people living with HIV (Grade 1A)

or

- Regimens recommended in certain clinical situations (Grade 2A)

**REGIMENS RECOMMENDED
FIRST-LINE FOR
MOST PEOPLE LIVING WITH HIV**

'Tenofovir-XF/XTC'

In these slides T-XF/XTC =

- Tenofovir-DF or Tenofovir-AF plus
- 3TC or FTC

Recommended first-line for most people

Tenofovir-XF/XTC with dolutegravir	
Abacavir/3TC/dolutegravir	<i>HLA B*5701 negative Estimated 10-year CVD risk <10% No hepatitis B treatment/ prevention</i>
Tenofovir-AF/FTC/bictegravir	
Dolutegravir/3TC	<i>No baseline resistance Viral load <500,000 CD4 greater than 200 No hepatitis B treatment/ prevention No cognitive impairment</i>

WHY?

DOL + 2NRTIs versus...

- DRV/b + 2 NRTIs
 - Virological success favour DOL
- EFV + 2 NRTIs
 - Virological success and adverse events favour DOL

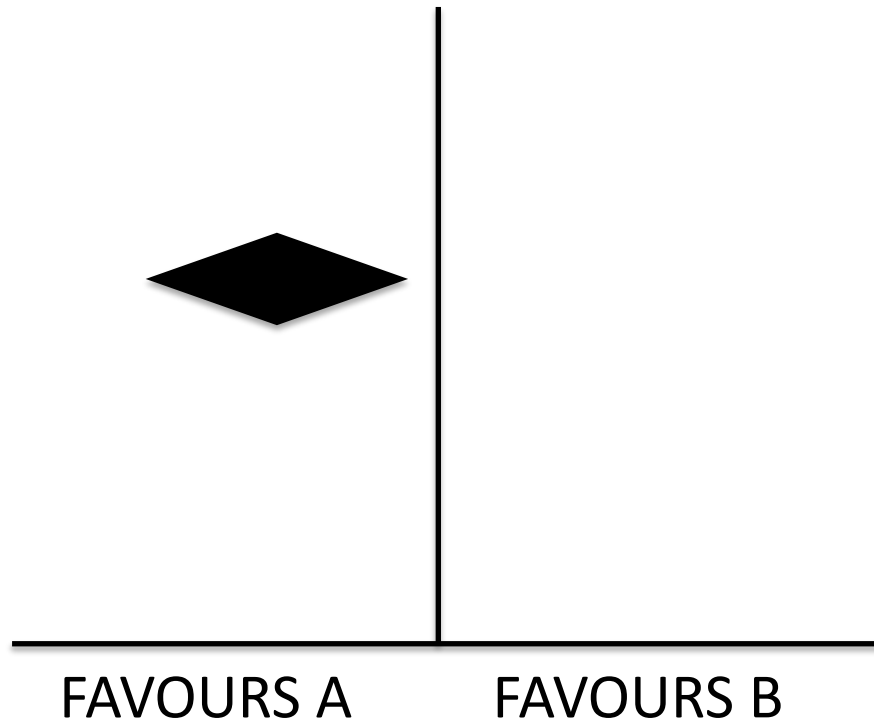
However for ...

- BIC/ TAF/ FTC:
 - No difference in any outcome from DOL

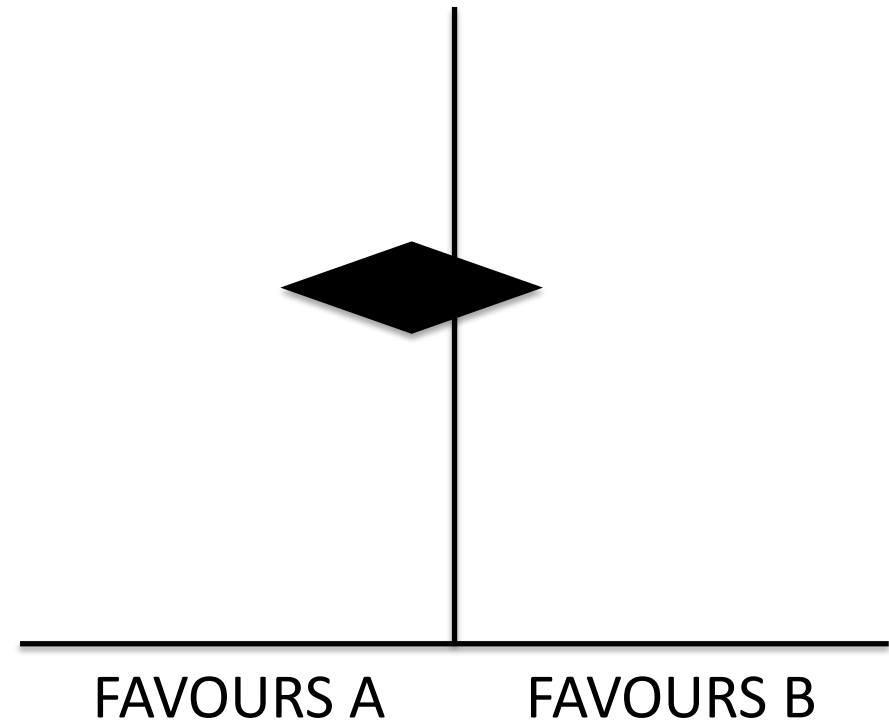
DOLUTEGRAVIR/ 3TC

Regimen A vs regimen B

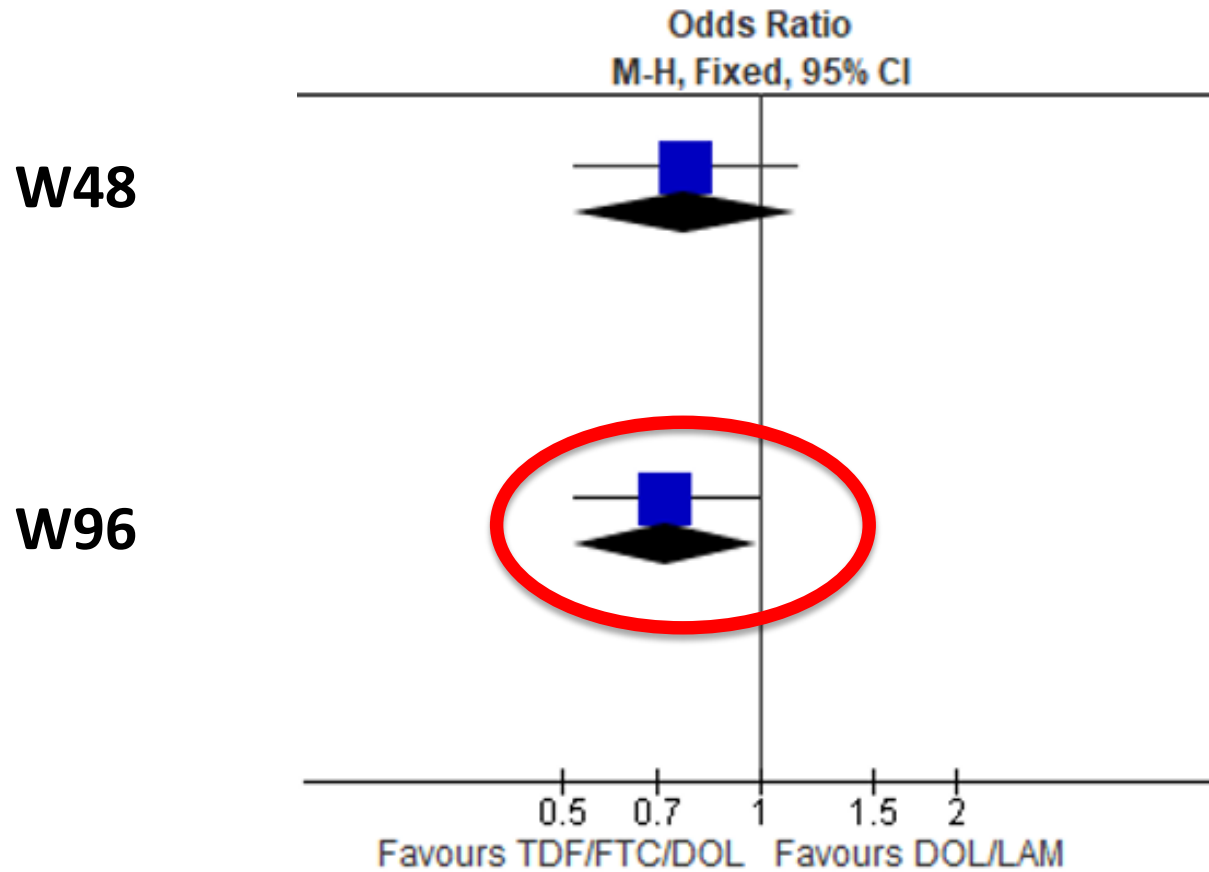
VIROLOGICAL SUCCESS



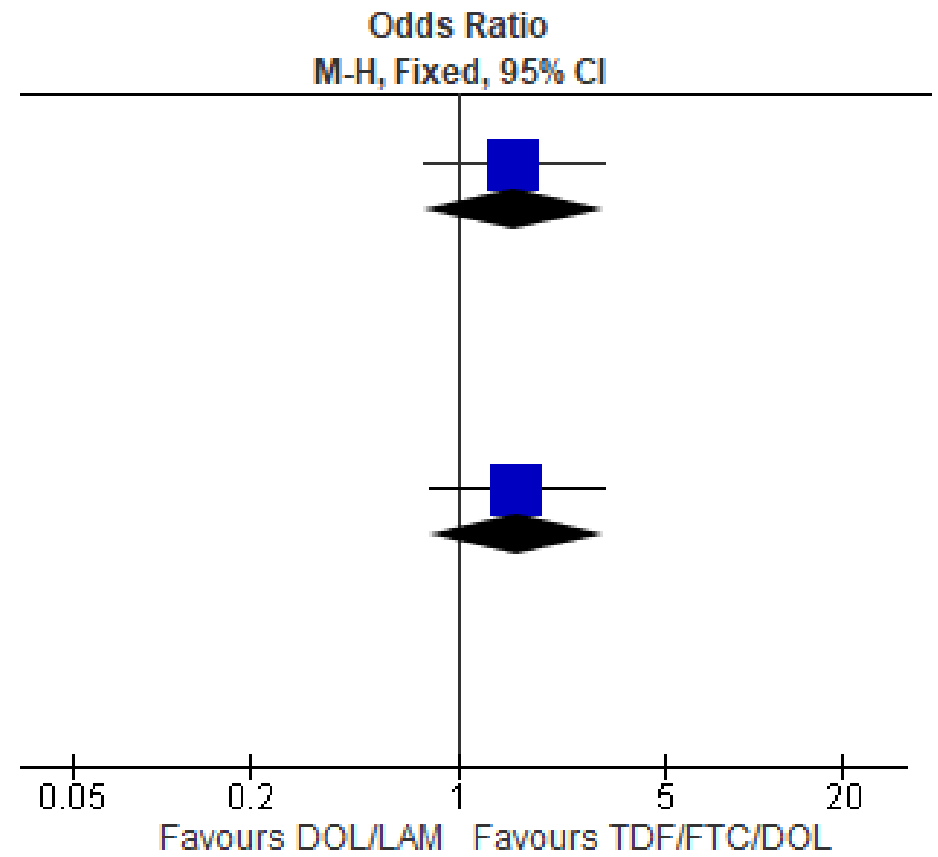
VIRAL FAILURE or AEs



TDF/FTC/DOL vs. 3TC/DOL



VIROLOGICAL SUCCESS



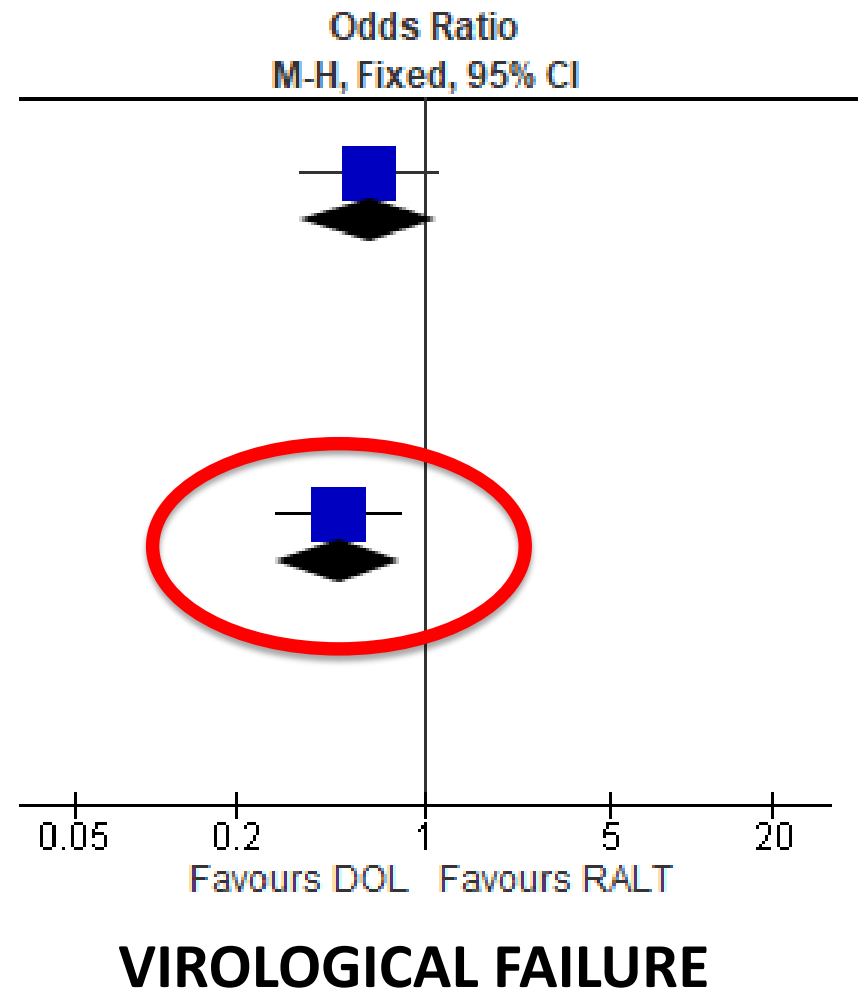
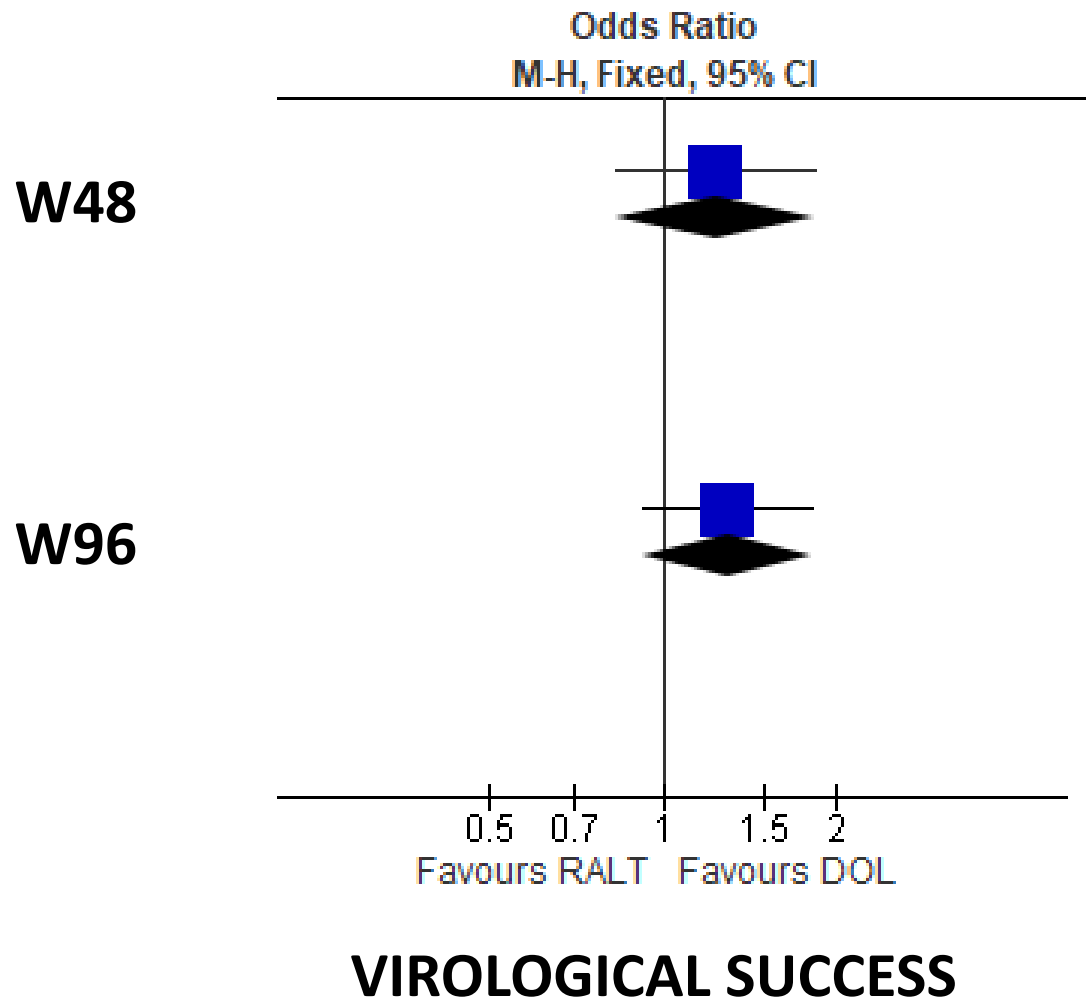
VIROLOGICAL FAILURE

REGIMENS RECOMMENDED IN CERTAIN CLINICAL SITUATIONS

Recommended first-line in certain situations

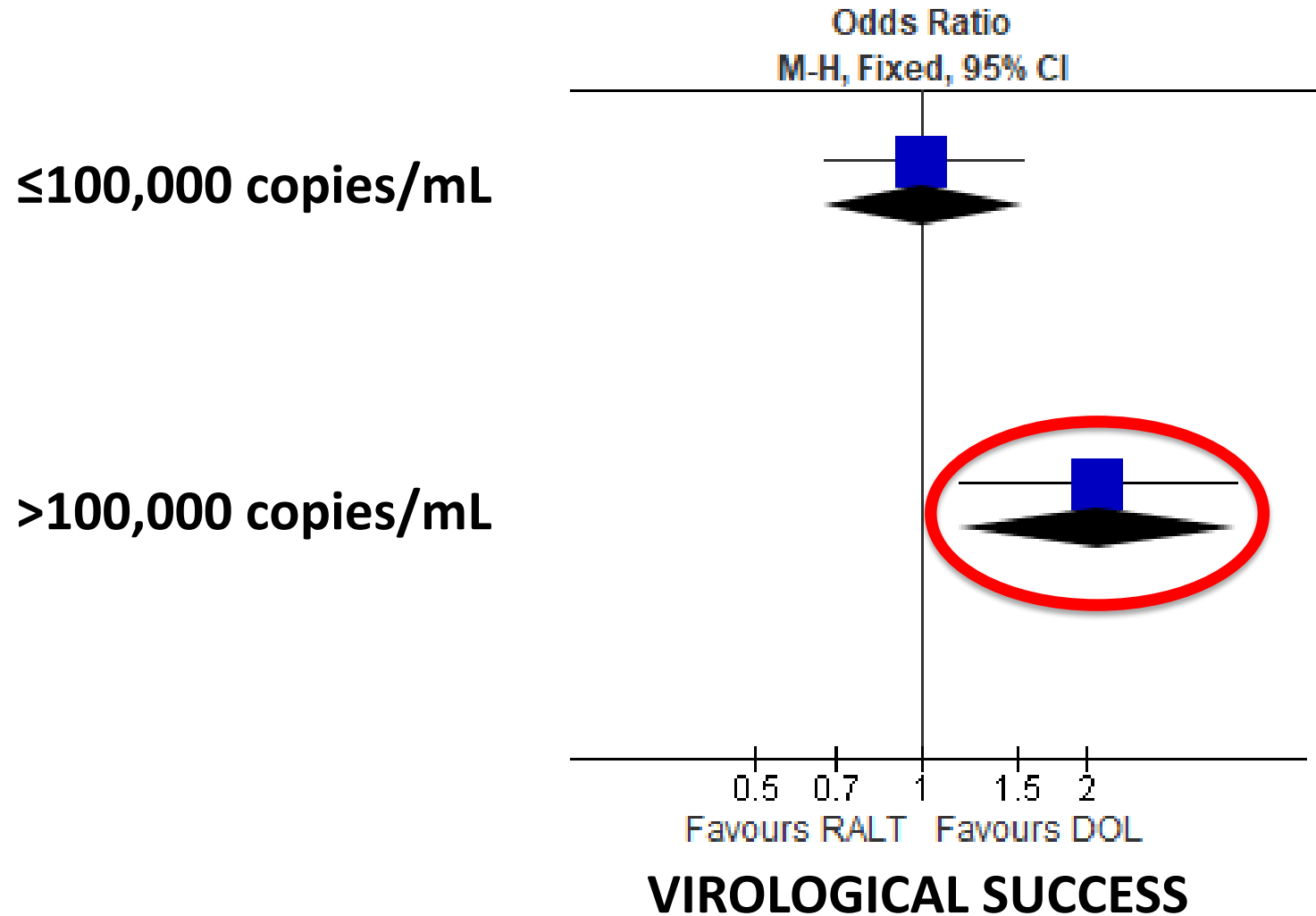
Tenofovir-XF/XTC with raltegravir	<i>Viral load <100,000 copies/mL</i>
Tenofovir-XF/XTC with darunavir/b	
Tenofovir-XF/XTC with doravirine	
Tenofovir-XF/XTC with efavirenz Abacavir/3TC with efavirenz	<i>Consider during pregnancy and TB treatment but not otherwise not recommended</i>

2NRTI + RAL vs. 2NRTI + DOL



2NRTI + RAL vs. 2NRTI + DOL

High baseline viral load (96 week data)

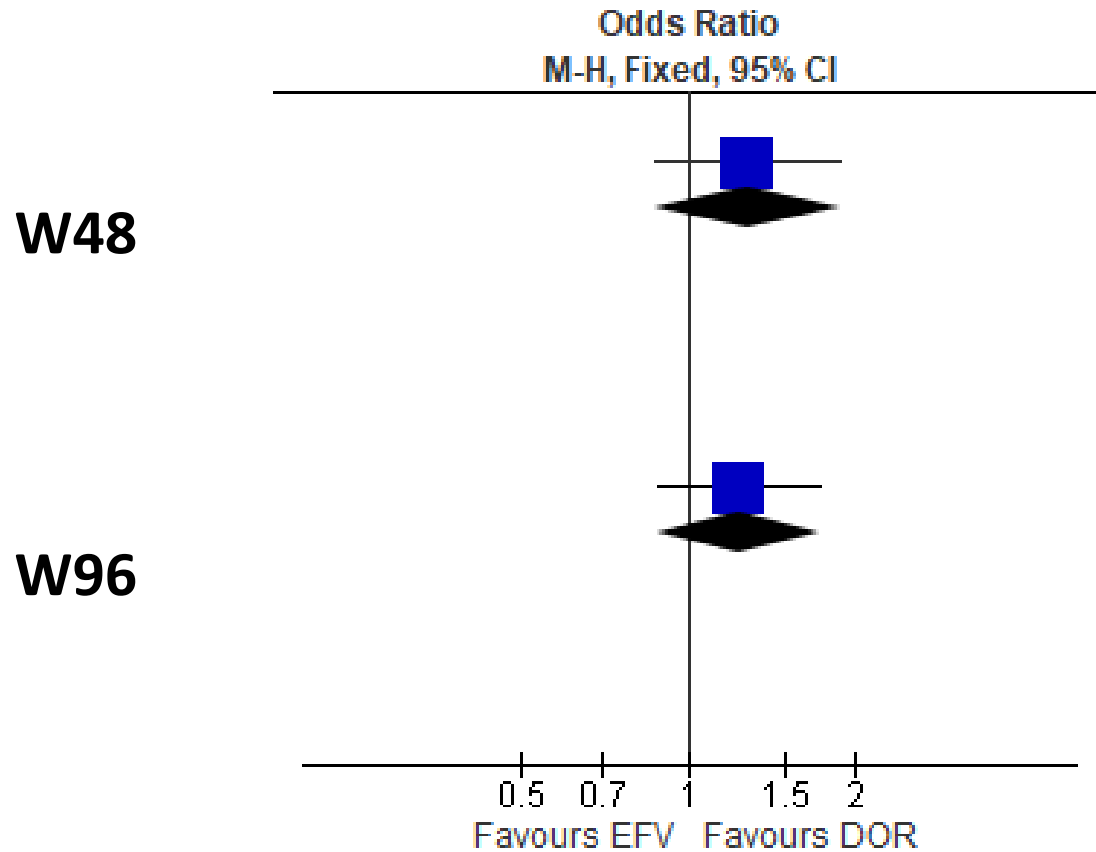


DORAVIRINE

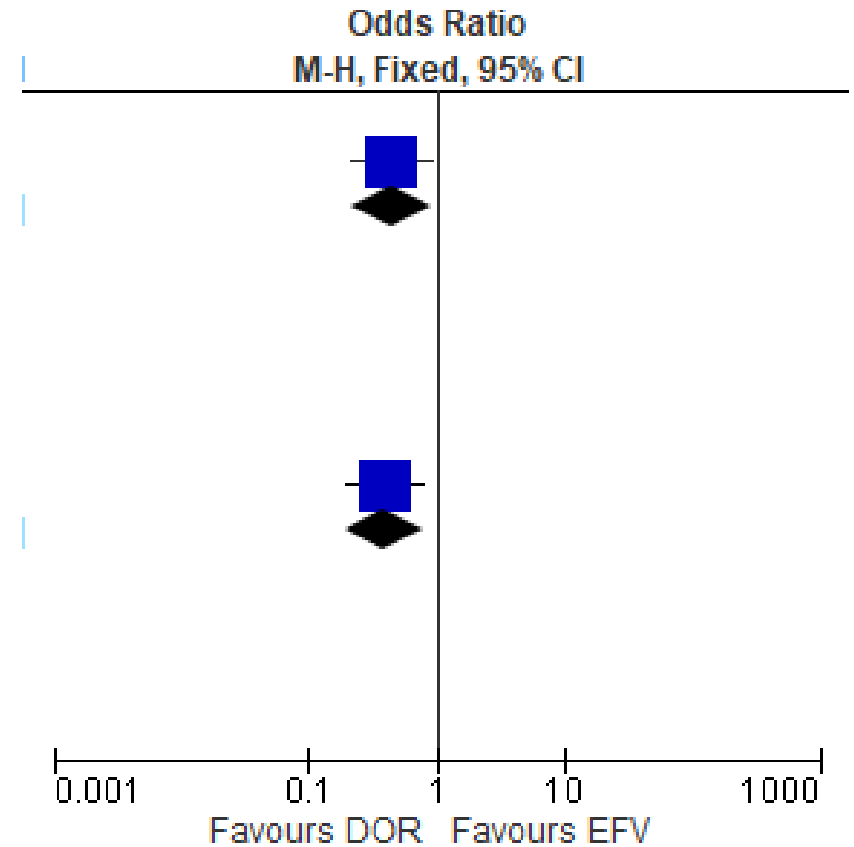
TXF/XTC + DOR

- RCT data comparing DOR with
 - DRV/r
 - EFV
- But not DOL or BIC
- Hence DOR not in 'for most people' list

2NRTI + EFV vs. 2NRTI + DOR



VIROLOGICAL SUCCESS



DISCONTINUATIONS DUE TO AEs

RAPID ART

Rapid ART

- Pros and cons of starting antiretroviral therapy at diagnosis should be discussed
 - including lack of proven benefit for same-day ART in a UK or similar settings (GPP)
- We recommend same-day ART in the following situations (GPP):
 - Symptomatic primary HIV
 - Where an individual wishes to start ART same day and this is clinically appropriate
 - Where it is likely not commencing ART will result in disengagement from care
- We recommend that readiness to start is assessed and decisions about starting ART tailored accordingly (GPP)

Rapid ART or Transmitted Drug Resistance

Recommended regimens

- DTG + TDX/XTC
- DRV/b + TDX/XTC
- BIC/TAF/FTC

SWITCHING WITH A SUPPRESSED VIRAL LOAD

Acceptable for switch if virologically suppressed

ANY FIRST LINE COMBINATION OR ...

INSTI-based 3 drug regimens

Abacavir/3TC with **raltegravir**

Tenofovir-XF/FTC/**elvitegravir**/c

PI-based 3 drug regimens

Tenofovir-XF/XTC with **atazanavir**/b

Abacavir/3TC with **atazanavir**/b

Abacavir/3TC with **darunavir**/b

Tenofovir-XF/XTC with **lopinavir**/r

Abacavir/3TC with **lopinavir**/r

NNRTI-based 3 drug regimens

Tenofovir-XF/XTC with **rilpivirine**

Abacavir/3TC with **rilpivirine**

Abacavir/3TC with **doravirine**

2 drug regimens

Dolutegravir/**rilpivirine**

Injectable **cabotegravir**/**rilpivirine**

3TC with **darunavir**/b

NEW SECTIONS

ART for transgender people with HIV

- Holistic assessment considering impact of ...
 - Drug-drug interactions
 - Mental health concerns
 - Stigma
 - Cardiovascular disease
 - Bone mineral density
- Individualised interpretation of gender-influenced laboratory and other assessments that may impact ART choice
- Clinics should collect accurate data on gender identity to better reflect outcomes for transgender people

Spontaneously controlled HIV

Confirmed HIV infection with viral load <50 without treatment

- Strong recommendation to start treatment
- But if well with normal CD4 count and CD4:CD8 ratio
 - remaining off ARVs may be considered
 - in specific circumstances
 - with 4-6 monthly monitoring

Persons choosing not to commence ART

- Explore reasons for this choice
- Ensure person understands
 - Risk to their own health
 - Risk of transmission to others
- Assess capacity to make this decision
- Offer psychological support

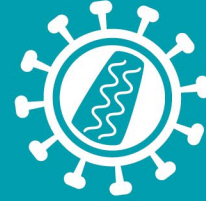
NEXT STEPS

Next steps

- Pre-consultation version has been circulated to BHIVA executive & guidelines committees
- After tweaks the consultation will open on 26th April
- 4-week consultation period
- Virtual community consultation
- 2-4 weeks for final review
- FINAL VERSION JUNE 2022

Thank you!

BHIVA



British HIV Association

2022 Spring Conference

Wed 20th - Fri 22nd April
Manchester Central, Manchester



HIV, disclosure & the law

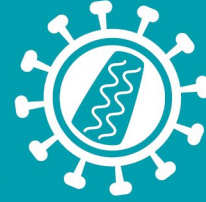
Professor Matt Phillips

North Cumbria Integrated Care NHS Foundation Trust, UK

This educational event is supported by an unrestricted medical education grants from



BHIVA



British HIV Association

2022 Spring Conference

Wed 20th - Fri 22nd April
Manchester Central, Manchester

