



Background

- Factors including low protein-binding, high reported genital tract exposure and predominance of CCR5-tropic HIV in the CNS suggest MVC may have CNS antiviral activity
- Data describing MVC CSF exposure from cohort studies in varied clinical scenarios with confounding factors eg different ARV regimens and CNS disease
- No data assessing in vivo cerebral effects



	Re	sults				
Number of Age (years) Male, n (%) CD4 count, HIV VL <50	subjects, n , mean (SD) mean (SD) copies/mL, n(%)	12 42 (8) 9 (75) 503 (199) 12 (100)				
	MVC CSF:plasma ratio (%)	1000.00 000.00 (1000.00				
Mean	1.01					
SD	0.29	2000- 2000-				
CV(%)	28.92	3.00 4.00 5.00 6.00 7.00 8.00 9.00				

Results- MRS										
Parameter Mean (SD)	Frontal grey matte NAA/Cr Cho/Cr r		atter ml/Cr	Frontal white matter NAA/Cr Cho/Cr mI/Cr		Right basal ganglia NAA/Cr Cho/Cr ml/Cr				
Absolute change	-0.02 [0.21]	0.02 [0.14]	0.01 [0.63]	0.00 [0.19]	0.00 [0.23]	0.17 [0.65]	0.27 [0.61]	0.14 [0.23]	0.24 [0.60]	
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Summary

- MVC detected in CSF of all subjects (>5x median protein-free IC₉₀) with MVC CSF:plasma ratio of 1.01% and changes in neuronal (NAA/Cr) metabolites associated with MVC plasma exposure
- This is the first study to describe a cerebral effect of MVC and a relationship to exposure
- Future work needed to investigate whether changes associated with cognitive function and assess these effects over longer periods, in both neurosymptomatic and asymptomatic subjects