



# Curing HIV: time for a new direction

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## Why do we even need a cure for HIV?

- Cost
- Accessibility
- Adherence
- Drug resistance
- Toxicities/side effects
- Persistent immune dysfunction

nature  
medicine

**PERSPECTIVE**

International AIDS Society global scientific strategy:  
towards an HIV cure 2016

Steven G Deeks<sup>1,2\*</sup>, Sharon R Lewia<sup>3,4,5\*</sup>, Anna Laura Ross<sup>6</sup>, Jintanat Ananworanich<sup>1,6</sup>, Moncef Benkirane<sup>7</sup>,  
Paula Cannon<sup>8</sup>, Nicolas Chomont<sup>9</sup>, Daniel Douek<sup>10</sup>, Jeffrey D Lifson<sup>11</sup>, Ying Ru Lo<sup>12</sup>, Daniel Kuritzkes<sup>13</sup>,  
David Margolis<sup>14</sup>, John Mellors<sup>15</sup>, Deborah Persaud<sup>16</sup>, Joseph D Tucker<sup>17</sup>, Françoise Barre-Sinoussi<sup>18</sup> &  
International AIDS Society Towards a Cure Working Group<sup>19</sup>

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## HIV wholesale drug costs (US\$)

- Australia: \$27,000  **Triumeq**  
abacavir 600 mg/dolutegravir 50 mg/  
lamivudine 300 mg tablets
- US: \$40,000  **Genvoya**  
elvitegravir 150mg/cobicistat 150mg/emtricitabine  
200mg/tenofovir alafenamide 10mg tablets
- Global fund: \$80  **TDF/3TC/EFV**  
tenofovir/lamivudine/efavirenz

## How are drugs priced?

- ✓ Clinical value
- ✓ What the market can bear
- ✓ Patent environment
- ✓ Duration of treatment
- ✓ Route of administration
- ? R&D costs
- ✗ Costs of production



## Ramifications for (1<sup>st</sup>-gen) HIV cure?

- ✓ Clinical value cure
- ✓ What the market can bear HIC vs LMIC
- ✓ Patent environment
- ✓ Duration of treatment Short duration:adherence
- ✓ Route of administration
- ? R&D costs
- ✗ Costs of production
- HOW MUCH DOES IT MATTER WHAT FORM IT TAKES?

## Take-home #1:

- too early to pick and choose
- scientists are not price-makers
- Let's pursue every avenue

## Why do we even need a cure for HIV?

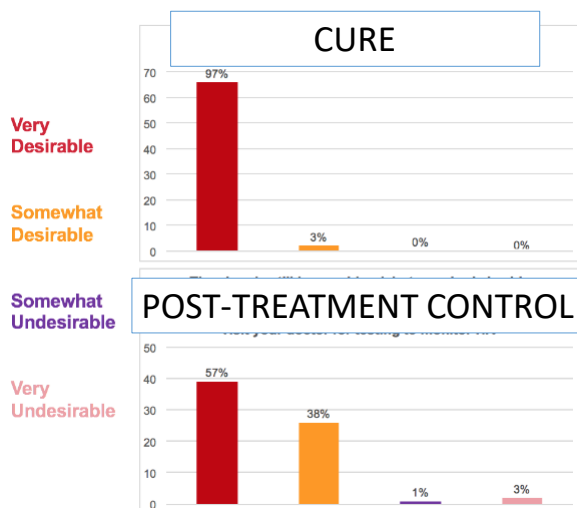
- Stigma

*“it’s hard for someone like me to form a meaningful, lasting relationship”*

*“it eats silently on your self esteem”*

*“I want to get rid of HIV from my body completely”*

## Experiences and expectations of cure trial participants



If PLWHIV want this....



James McMahon

why are scientists doing this?

## If we build it, they ~~will~~ come

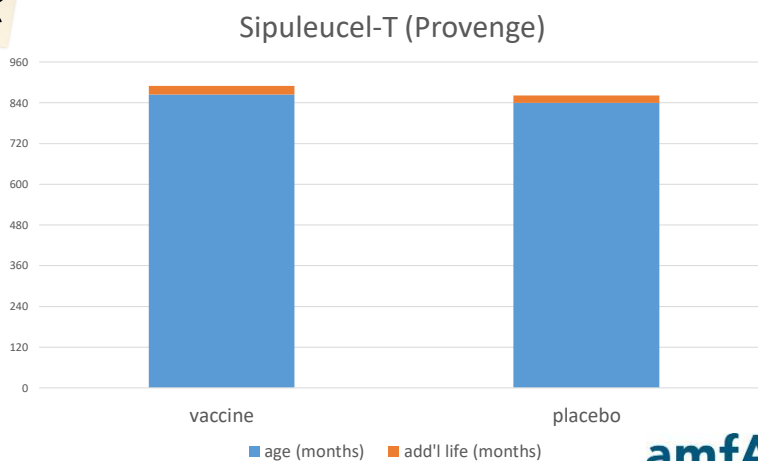
- Male condom *might not*
- Female condom
- Microbicides
- PrEP
- Fuzeon



## PTC is “easier” – therapeutic vaccine should do the trick



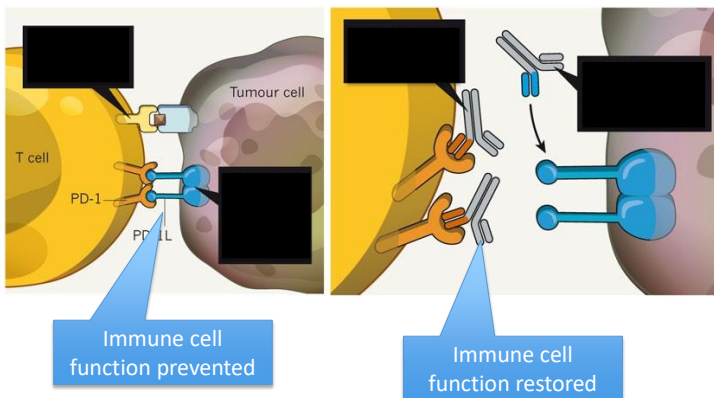
\$95k



# PTC is easier –we can learn from cancer

## WAKING UP THE BODY'S DEFENCES

Tumour cells can inhibit the body's immune response by binding to proteins, such as PD-1, on the surface of T cells. Antibody therapies that block this binding reactivate the immune response.



## HIV?

- Mutational escape
- Ag presentation

# Non-immune control mechanisms?

- Enhanced epigenetic silencing

*J. Virol.* 2012 Dec;86(23):13081-4. doi: 10.1128/JVI.01741-12. Epub 2012 Sep 12.

**Long-term nonprogressor and elite controller patients who control viremia have a higher percentage of methylation in their HIV-1 proviral promoters than aviremic patients receiving highly active antiretroviral therapy.**

Palacios JA<sup>1</sup>, Pérez-Piñar T, Toro C, Sanz-Minquela B, Moreno V, Valencia E, Gómez-Hernando C, Rodés B.

- Gut microbiome

*Science*. 2017 Nov 2. pii: eaan3706. doi: 10.1126/science.aan3706. [Epub ahead of print]

**Gut microbiome influences efficacy of PD-1-based immunotherapy against epithelial tumors.**

Routy B<sup>1,2,3</sup>, Le Chatelier E<sup>4</sup>, Derosa L<sup>1,2,3</sup>, Duong CPM<sup>1,2,5</sup>, Alou MT<sup>1,2,3</sup>, Dailière R<sup>1,2,3</sup>, Fluckiger A<sup>1,2,5</sup>, Messaoudene M<sup>1,2</sup>, Rauber C<sup>1,2,3</sup>, Roberti MP<sup>1,2,5</sup>, Fidelle M<sup>1,3,5</sup>, Flament C<sup>1,2,5</sup>, Poirier-Colame V<sup>1,2,5</sup>, Opolon P<sup>6</sup>, Klein C<sup>7</sup>, Inbarren K<sup>8,9,10,11,12</sup>, Mondragón L<sup>8,9,10,11,12</sup>, Jacquilot N<sup>1,2,3</sup>, Qu B<sup>1,2,3</sup>, Ferrere G<sup>1,2,3</sup>, Clémenson C<sup>1,13</sup>, Mezquita L<sup>1,14</sup>, Masip JR<sup>1,14</sup>, Nallet C<sup>15</sup>, Brosseau S<sup>15</sup>, Kaderbhal C<sup>16</sup>, Richard C<sup>16</sup>, Rizvi H<sup>17</sup>, Levenez F<sup>4</sup>, Galleron N<sup>4</sup>, Quinquis B<sup>4</sup>, Pons N<sup>4</sup>, Riffel B<sup>18</sup>, Minard-Colin V<sup>1,19</sup>, Gonin P<sup>1,20</sup>, Sonia JC<sup>1,14</sup>, Deutsch E<sup>1,13</sup>, Loriot Y<sup>1,3,14</sup>, Ghiringhelli F<sup>16</sup>, Zalcman G<sup>15</sup>, Goldwasser F<sup>8,21,22</sup>, Escudier B<sup>1,14,23</sup>, Hellmann MD<sup>24,25</sup>, Eggermont A<sup>1,2,14</sup>, Raouf D<sup>26</sup>, Albiges L<sup>1,3,14</sup>, Kroemer G<sup>27,9,10,11,12,28,29</sup>, Zitvogel L<sup>30,2,3,5</sup>.

## PTC ↔ cure continuum

- >30 years elite control, viral clearance = 0
- > 10 years post-treatment control, viral clearance = 0



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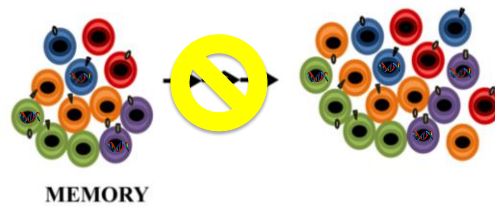
## Take-home #2:

- People living with HIV want a cure
- PTC may not be easier
- PTC may not be stepping stone to cure

➤ Let's make cure our goal

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## 3 ways to cure HIV:



## How to target reservoir cells



- Use targeting moiety
- Use immune system



## Using the immune system

- Boost/redirect immunity
  - Exhausted
  - Dysfunctional
  - Off-target
- Bypass immune system
  - e.g. CAR T cells



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## CAR T development timelines

1987: first CAR T cell (phosphorylcholine)

### Cancer

- 1997: first anti-CD19
- 2010: first anti-CD19 clinical trial

### HIV

- 1994: first construct
- 2000: first clinical trial

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## CAR T cells

- First CAR T cell - 1987

30 years

FDA News Release

### FDA approval brings first gene therapy to United States

*CAR T-cell therapy approved to treat certain children and young adults with leukemia*

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**For Immediate Release** August 30, 2017

FDA News Release

### FDA approves CAR-T cell therapy to treat adults with certain types of large B-cell lymphoma

*Yescarta is the second gene therapy product approved in the U.S.*

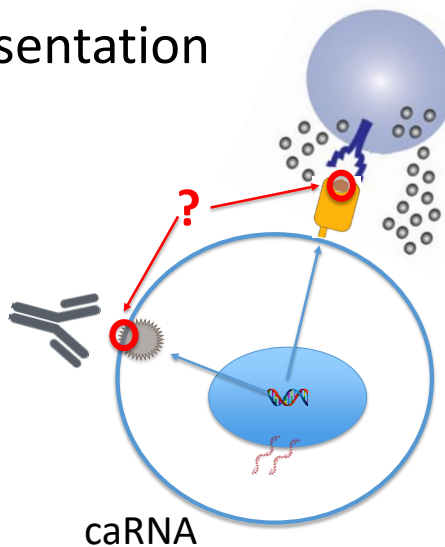
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**For Immediate Release** October 18, 2017

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## LRAs to induce targetable antigen

- Induce peptide presentation
- Induce protein



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## How to target provirus



**MEMORY**

### Gene therapy

- Nucleases
- Target sequence
- In vivo delivery

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## Can gene therapy be delivered?



A \$150,000 instrument being tested in gene-therapy studies of cancer. It automatically adds a new gene to a person's blood cells.

**Rewriting Life**

## This Lab-in-a-Box Could Make Gene Therapy Less Elitist

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## Putting it all together

- Let's pursue *every* avenue
- Let's make *cure* our goal
- *Look* at cure challenges, *see* something different

# Thanks to...



Conference  
organizers

Sharon Lewin     Keith Jerome  
Steve Deeks     Damian Purcell  
Annette Sohn     Jon Karn  
                         Bob Siliciano

Marcella Flores

