Acceptability, motivations and attitudes towards analytical treatment interruptions in HIV cure trials in people living with HIV and their healthcare providers

Authors:
Gage-Brown AG[1], Power J[2], Martinez C[3], Smith M[4], Allan B[5], Hamlet J[6], Ellis H[7], Noorman MAJ[8], McMahon JH[9], Lau JSY[1,4,9]

[1]Royal Melbourne Hospital, Melbourne, Australia
[2]Australian Research Centre for Sex Health and Society at La Trobe University, Bundoora, Melbourne
[3]National Association of People Living with HIV Australia, Sydney, Australia
[4]Department of Infectious Diseases, University of Melbourne, at the Peter Doherty Institute for Infection and Immunity, Melbourne, Australia
[5]Qthink Consulting, Melbourne, Australia
[6]Thorne Harbour Health, Melbourne Australia
[7]Positive Women Victoria, Melbourne Australia
[8]Utrecht University, Utrecht, The Netherlands
[9]Department of Infectious Diseases, Alfred Health and School of Translational Medicine, Monash University, Prahran, Australia

Background:
Analytical Treatment Interruptions (ATI) in HIV cure trials aim to test the efficacy of novel therapeutics but previous surveys we conducted in 2017 identified significant medical and ethical challenges for both people with HIV (PHIV) and their healthcare providers (HP). This study aimed to understand current motivations, attitudes and acceptability of ATI for PHIV and HP.

Methods:
Two anonymous online surveys were developed for PHIV and HP in collaboration with local community-based HIV organisations, to assess motivations, attitudes and acceptability of ATI. Surveys were distributed via online mailing lists, social media posts and the HIV cure volunteers database. Responses were summarised using descriptive statistics.

Results:
Fifty-six PHIV and fifty-one HP responded by April 2025. Most PHIV (33/56, 59%) and HP (40/51, 78%) were aware of ATI, an increase since 2017. PHIV remain altruistically motivated to participate in HIV cure trials, with additional personal motivations. Most PHIV and HP agreed ATI is necessary (39/56, 70% PHIV and 36/51, 71% HP) and ethical (33/56, 59% PHIV and 33/51, 65% HP). More HP were happy to promote ATI trials to PHIV compared to 2017 (20/56, 39% vs 34/137, 25%). Both PHIV and HP were concerned about ATI safety, namely viral transmission (30/56, 54% PHIV and 30/51, 59% HP) and general health risks (36/56, 64% PHIV and 20/51, 39% HP). Compared to the previous surveys, fewer PHIV (10/56, 18% vs 135/442, 35%) and HP (2/52, 4% vs 24/144, 18%) preferred HIV viral load to remain undetectable during ATI, whereas viraemia is a predictable endpoint of ATI trials. Responses will be collected until July 2025.

Conclusion:

While PHIV and HP believe ATI is necessary, there remain significant concerns about risks. Improved awareness and increased acceptability of detectable viraemia during ATI affirms the value of ongoing efforts to engage clinicians and PHIV in cure research.

Disclosure of Interest Statement:
JSYL receives honoraria for participation in Advisory Boards and Consultancy roles for ViiV Healthcare and Gilead Sciences, and an investigator-initiated research grant from Merck, Sharp and Dohme unrelated to this work.