

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

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Background

- Analytical Treatment Interruptions (ATI) in HIV cure studies aim to test the efficacy of novel therapeutics
- Previous surveys we conducted in 2017 highlighted significant medical and ethical challenges for People Living with HIV (PLHIV) and clinicians.

Methods

- Two anonymous online surveys were developed in collaboration with local community-based HIV organisations: one for PLHIV and one for HIV clinicians/care providers
- Surveys distributed via mailing lists, social media posts and HIV cure volunteers newsletter. Clinician surveys were distributed via “Ozbug” a mailing list for Infectious Diseases clinicians and trainees in Australia and New Zealand, as well as the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) newsletters and bulletins.
- Responses collected from 23rd April – 1st August 2025
- Results analysed with descriptive statistics, then compared using Pearson’s Chi-squared test.

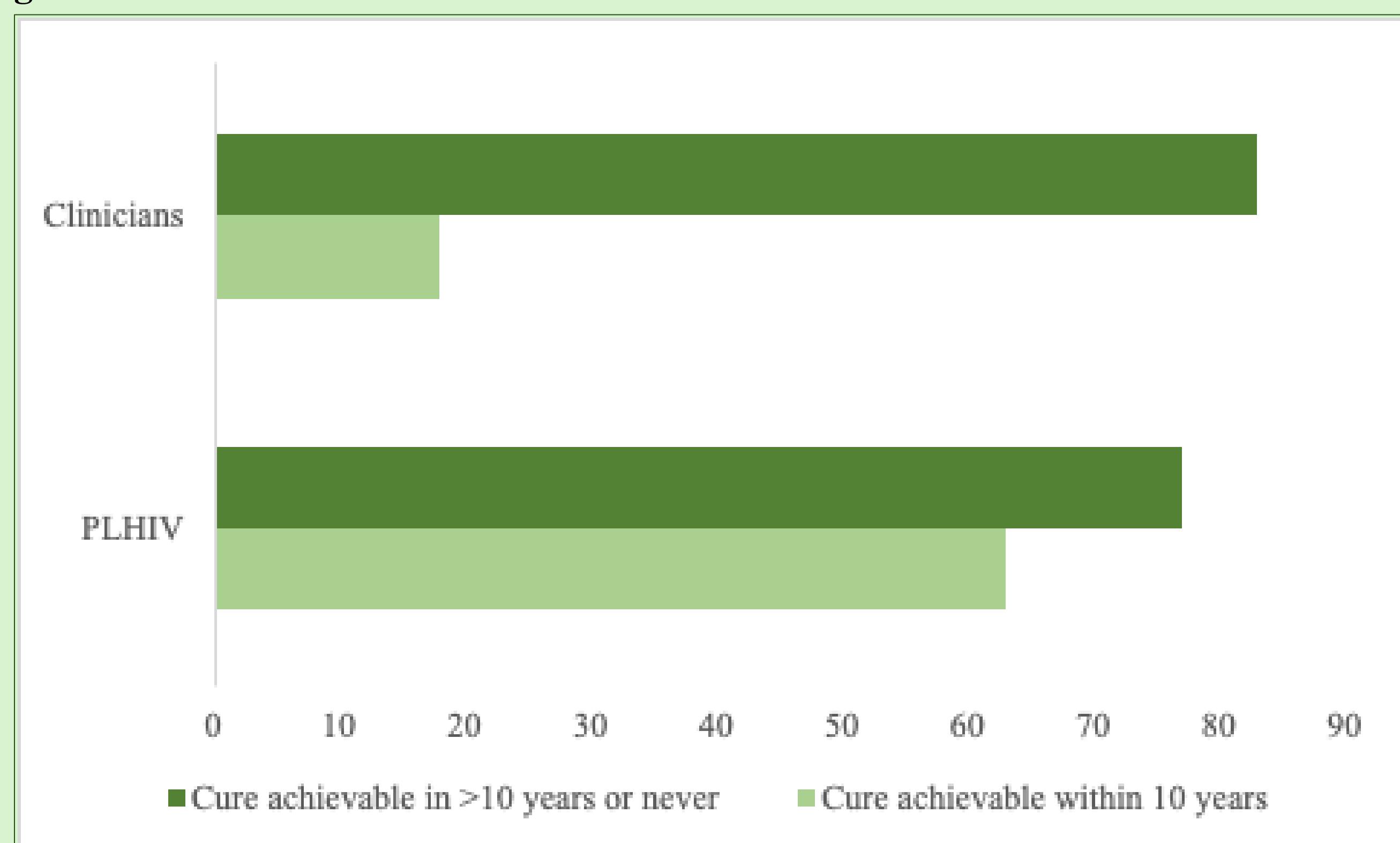
Results

- 106 clinicians and 184 PLHIV responded, with 93 clinicians and 137 PLHIV completing 100% of the questions

Demographics

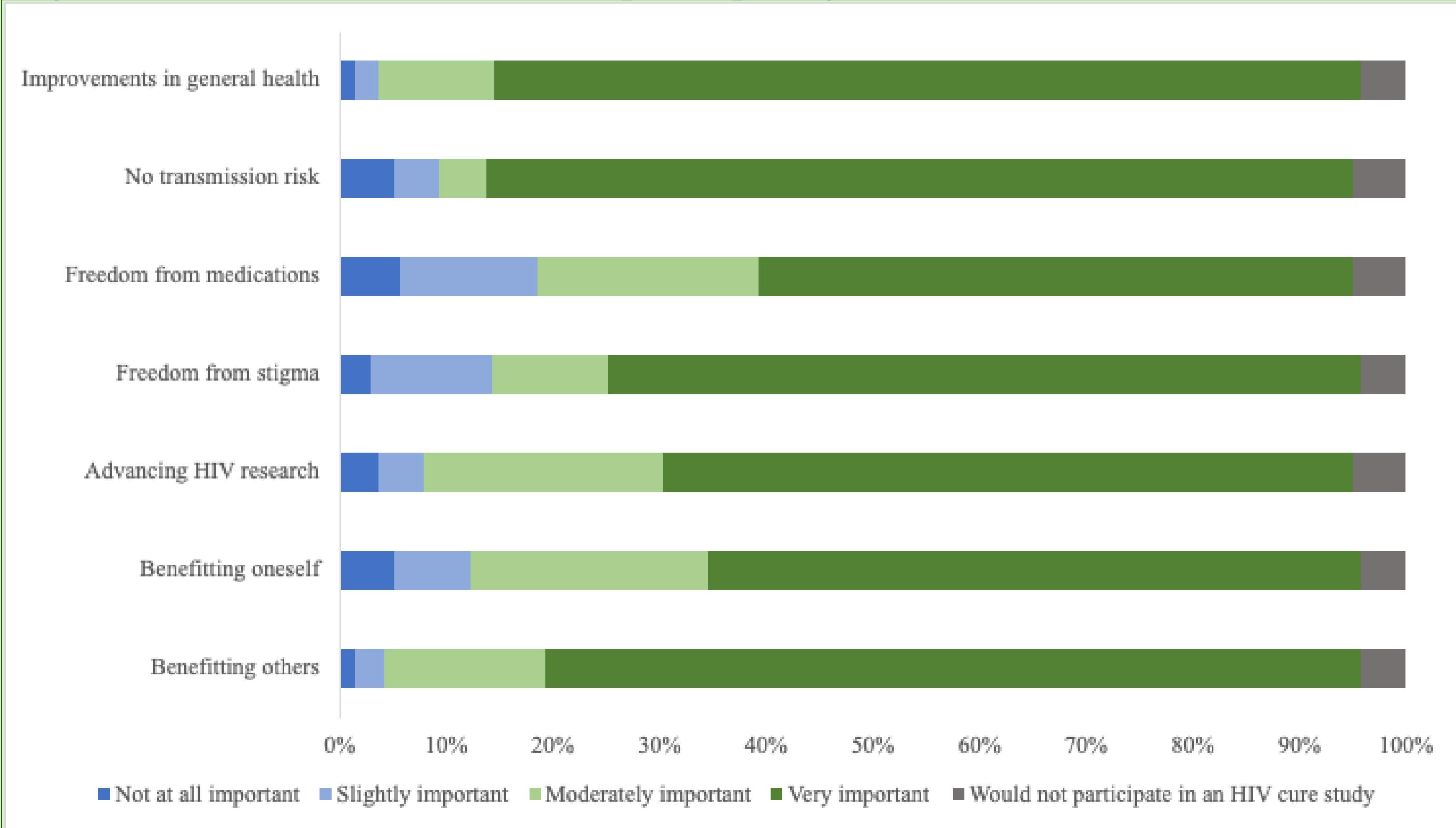
- Median age of PLHIV was 49 years old. Most were men (n=123, 78%) and identified as gay/lesbian (n=99, 64%). 63% (n=89) of respondents were born in Australia.
- Most clinicians practiced in Australia (n=97, 96%) in tertiary teaching hospitals (n=76, 73%) and were infectious diseases specialists (n=70, 68%).

Figure 1: PLHIV and clinician views on if a cure for HIV is achievable and when



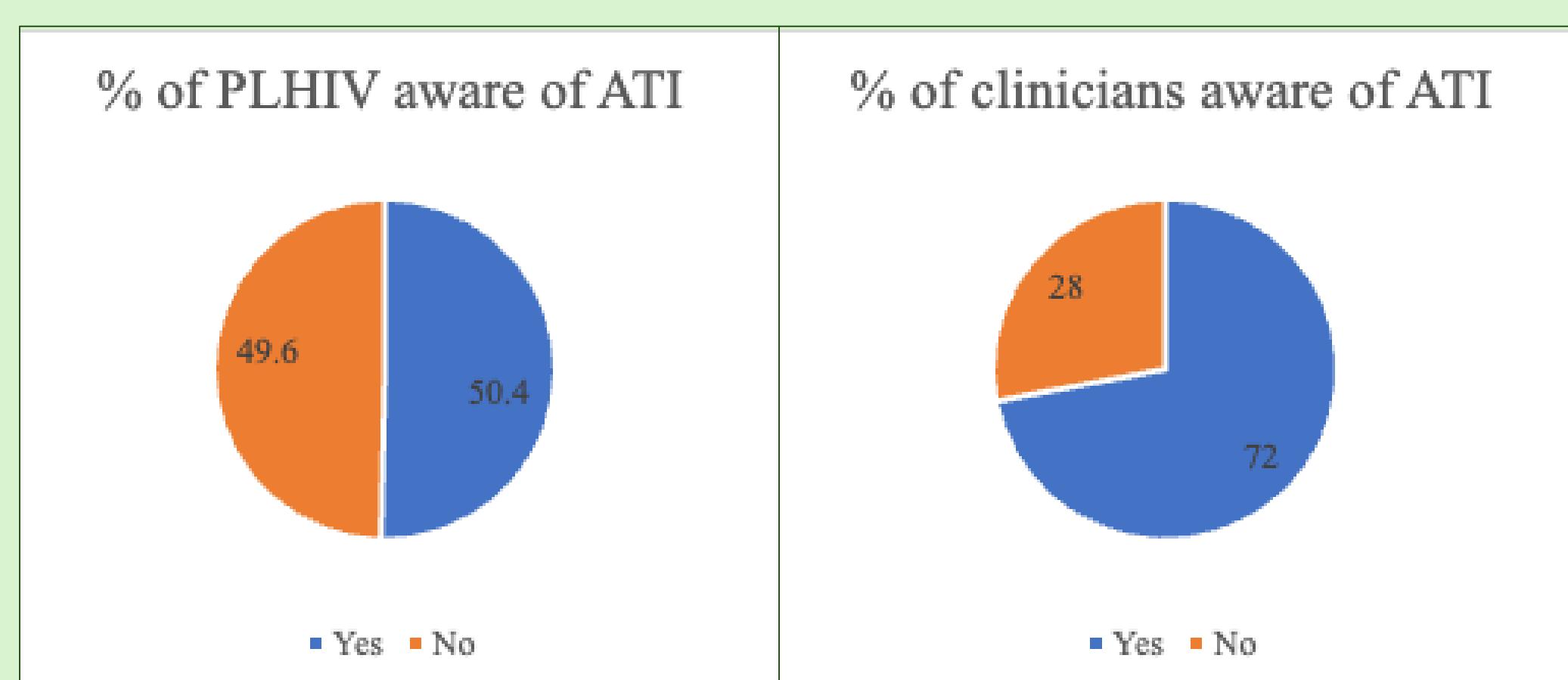
- PLHIV were significantly more optimistic for an HIV cure than clinicians (fig. 1), with 63 (45%) PLHIV thinking cure achievable within 10 years, whereas only 18 clinicians (18%) held this view ($p <0.001$) (fig. 1).
- Since 2017, PLHIV have become significantly less optimistic regarding cure prospects ($p=0.038$), whereas the views of clinicians have not significantly changed.

Figure 2: Motivations of PLHIV for participating in HIV cure studies



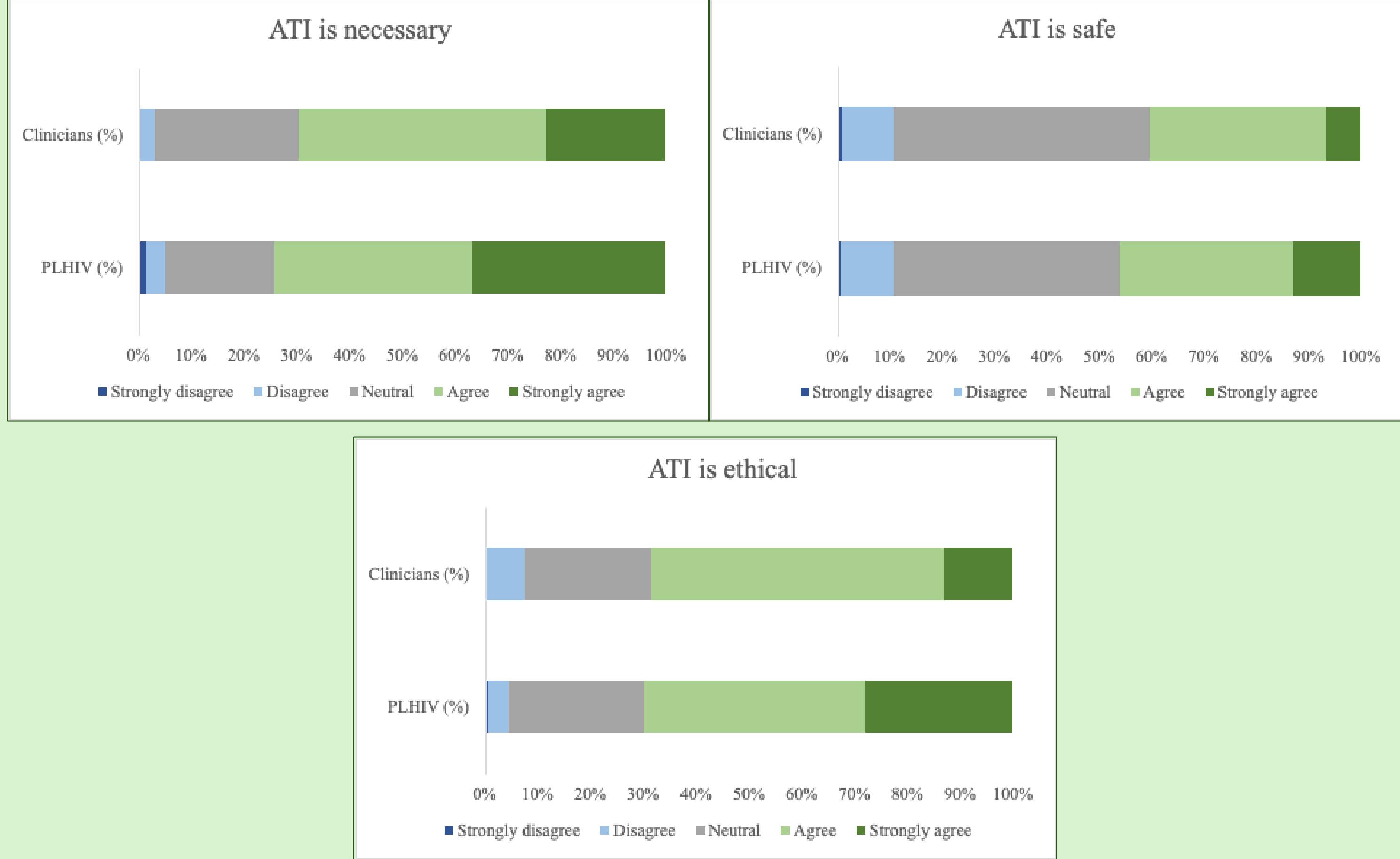
- PLHIV have multiple motivations for participating in HIV cure studies. Altruistic motivations that were “very important” for PLHIV included benefitting others (n=107, 76%) and advancing HIV cure research (n=90, 65%). Personal motivations that were “very important” included improving general health (n=112, 81%) and being unable to transmit HIV (n=113, 81%) (fig. 2).

Figure 3: Awareness of ATI among PLHIV and clinicians



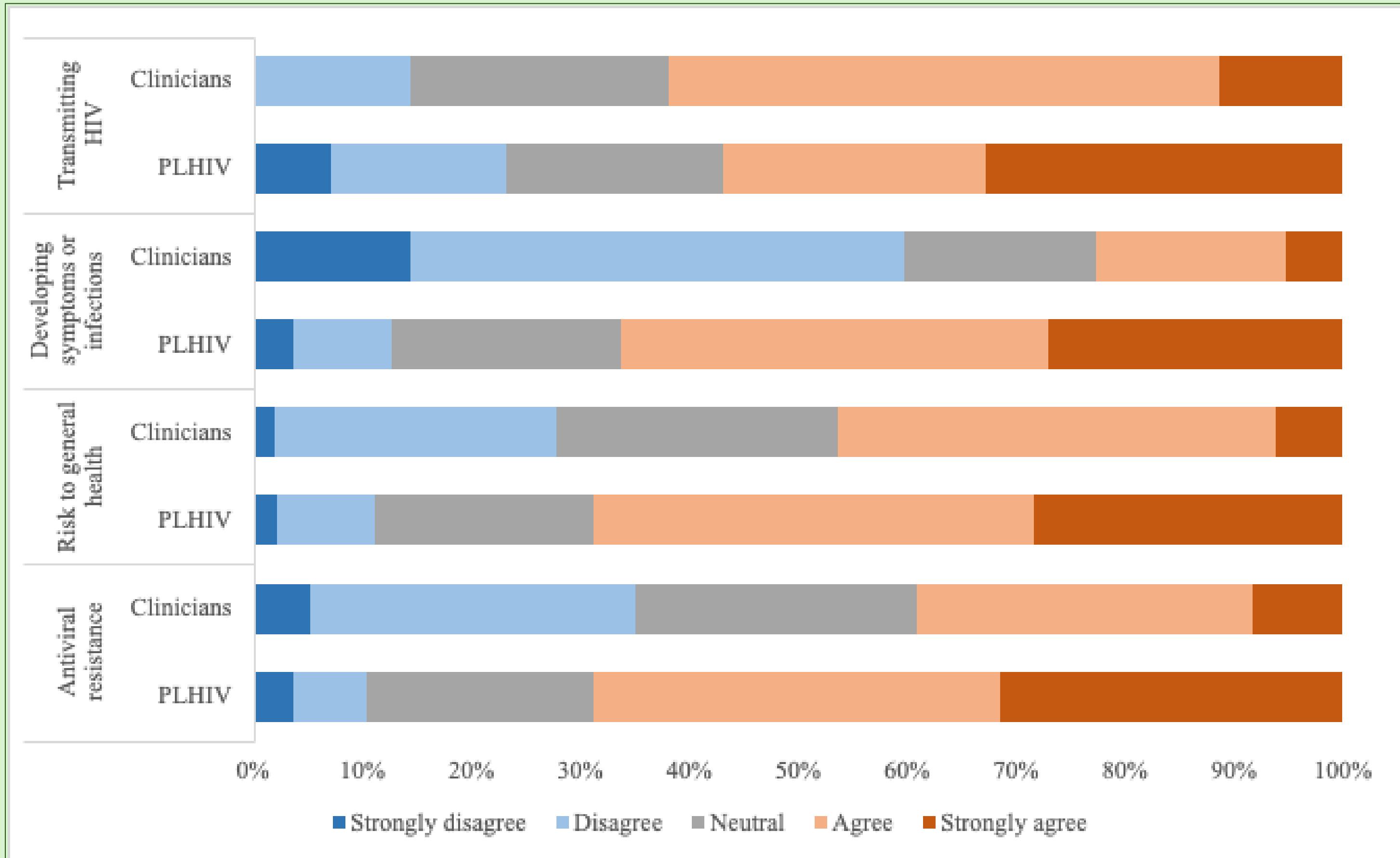
- Clinicians were significantly more aware of ATI than PLHIV ($p<0.001$). 72% of clinicians (n=72) vs 50.4% (n=71) PLHIV were aware of ATI (fig. 3). Awareness of ATI has not significantly changed since 2017 ($p=0.332$).

Figure 4: Attitudes of PLHIV and clinicians towards ATI



- Most clinicians and PLHIV agreed/strongly agreed that ATI is necessary (103 (74%) PLHIV, 64 (70%) clinicians) and ethical (93 (70%) PLHIV, 63 (68%) clinicians) (fig. 4).
- PLHIV and clinicians were more equivocal regarding safety of ATI, with 60 (43%) PLHIV and 45 (49%) clinicians responding “neutral” to this statement (fig. 4).

Figure 5: PLHIV and clinician concerns about HIV cure studies involving ATI



- PLHIV were significantly more concerned than clinicians about all potential risks associated with HIV cure studies involving ATI ($p<0.001$).
- For example, 38 (39%) clinicians vs 92 (69%) PLHIV strongly agreed they were concerned about developing antiviral resistance (fig. 5).

Conclusions

- PLHIV are optimistic regarding a cure for HIV and motivated to participate in cure studies
- Awareness of ATI has not increased in the past 8 years, highlighting need for dedicated clinician and patient education
- Feedback from community and clinicians should be actively sought during design of HIV cure trials, particularly regarding safety concerns.