

# Safety of Current Antiretroviral Therapy on the CNS

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# Disclosures

**Research funds were paid to UC San Diego on behalf of Dr. Letendre:**

- National Institutes of Health
- Gilead Sciences
- Merck & Co., Inc.
- ViiV Healthcare

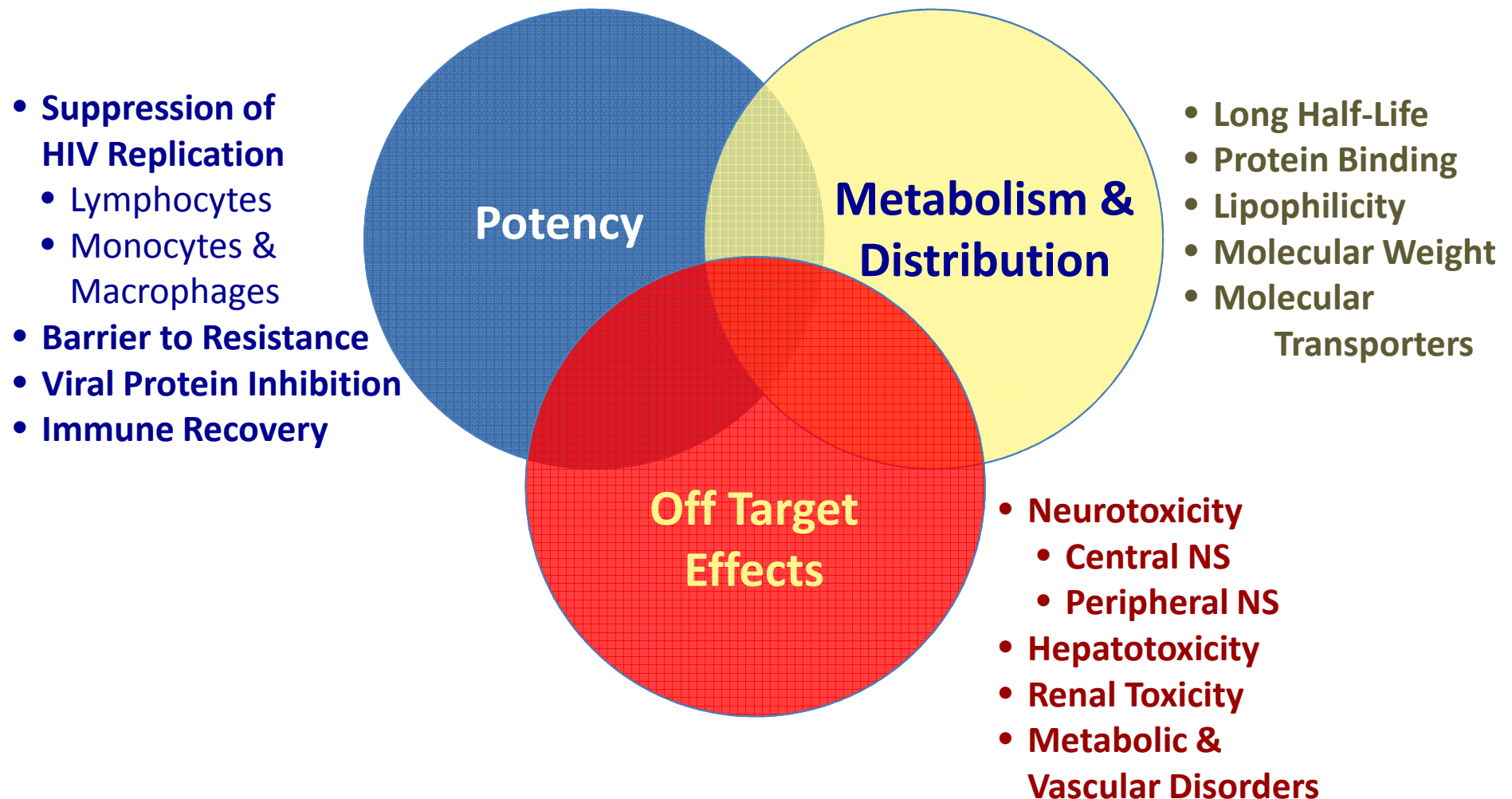
**Dr. Letendre was paid for an advisory board:**

- Cipla
- Merck & Co., Inc.
- ViiV Healthcare

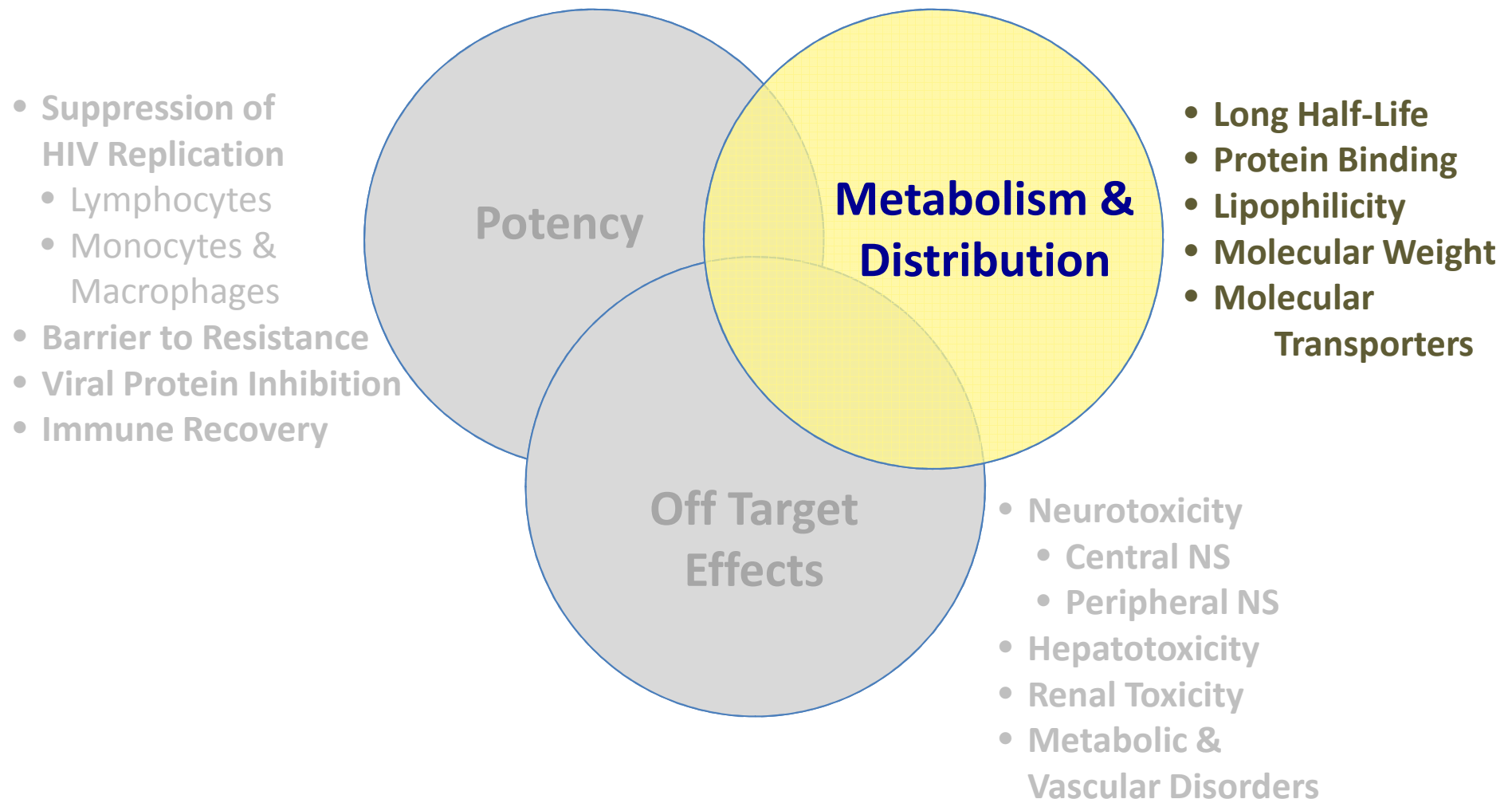
**Dr. Letendre was paid for a lecture:**

- Janssen

# Several ART Drug Characteristics Can Influence CNS Effectiveness

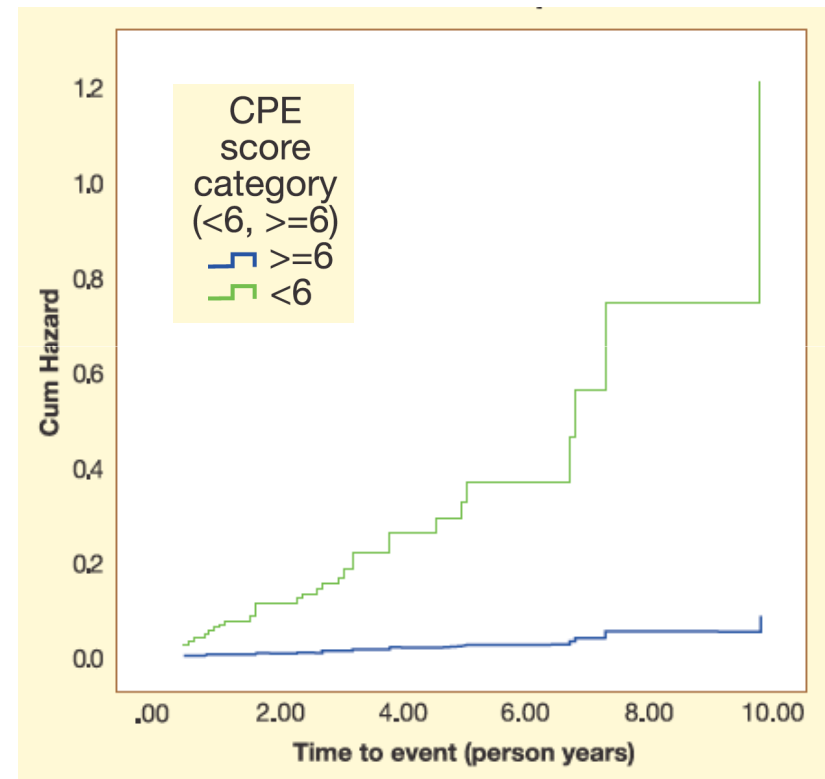


# Several ART Drug Characteristics Can Influence CNS Effectiveness



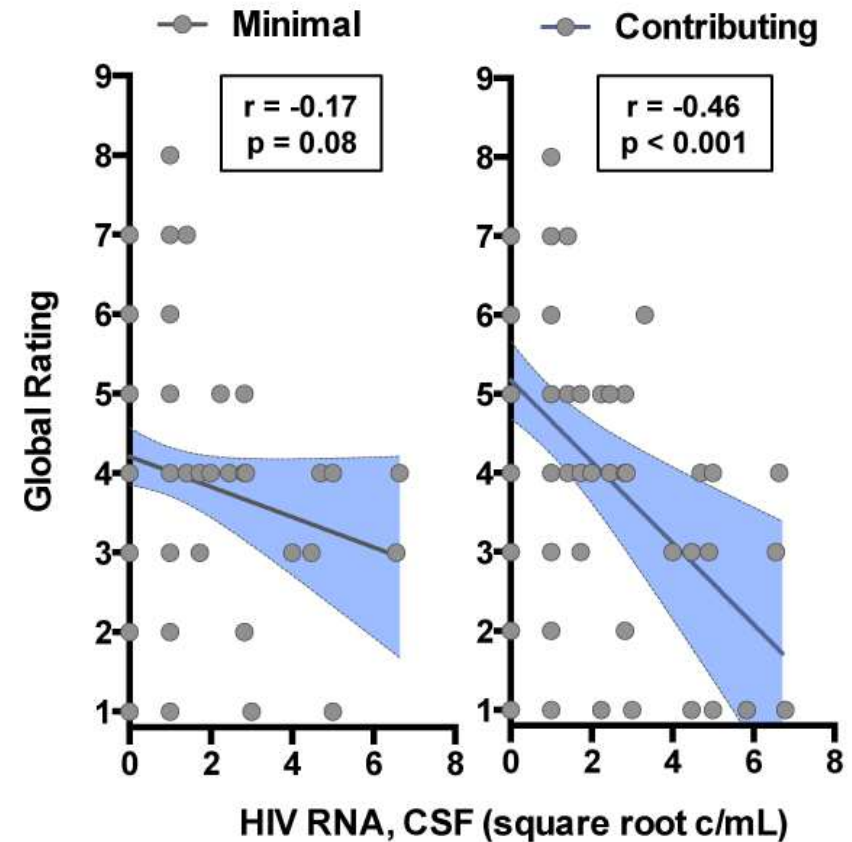
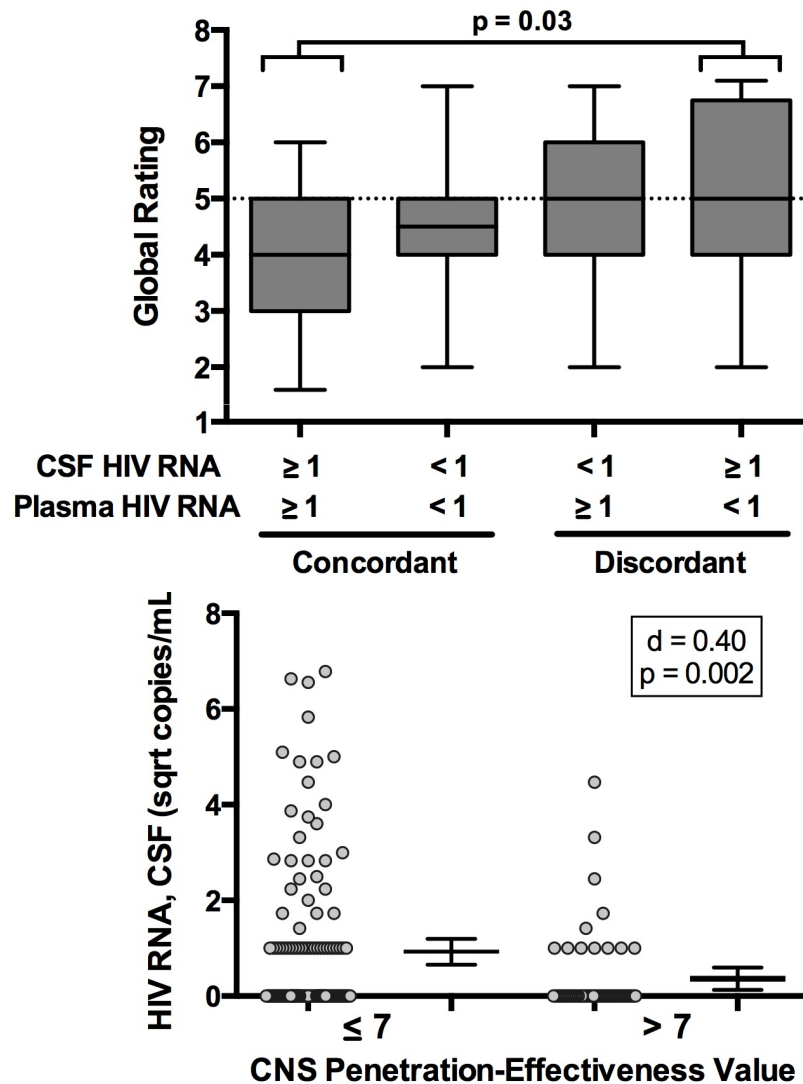
# Continuing Reports of CSF Viral Escape

Patient No.	ART Regimen at the time of neuro-deterioration	CD4 count at baseline	CD4 count at the time of neuro-deterioration	Plasma viral load at neuro-deterioration	CSF HIV viral load at neuro-deterioration
1	TDF/FTC/NVP	83 cells/mm <sup>3</sup>	108 cells/mm <sup>3</sup>	0 copies/ml	12,000 copies/ml
2	TDF/FTC/ATV/r	32 cells/mm <sup>3</sup>	187 cells/mm <sup>3</sup>	210 copies/ml	16000 copies/ml
3	TDF/FTC/ATV/r	70 cells/mm <sup>3</sup>	274 cells/mm <sup>3</sup>	134 copies/ml	35200 copies/ml
4	ABC/3TC/LPV/r	108 cells/mm <sup>3</sup>	367 cells/mm <sup>3</sup>	110 copies/ml	3100 copies/ml
5	TDF/FTC/ATV/r	68 cells/mm <sup>3</sup>	135 cells/mm <sup>3</sup>	238 copies/ml	1900 copies/ml
6	TDF/3TC/ATV/r	8 cells/mm <sup>3</sup>	521 cells/mm <sup>3</sup>	340 copies/ml	1200 copies/ml
7	TDF/3TC/ATV/r	132 cells/mm <sup>3</sup>	509 cells/mm <sup>3</sup>	890 copies/ml	3320 copies/ml
8	TDF/3TC/ATV/r	65 cells/mm <sup>3</sup>	562 cells/mm <sup>3</sup>	500 copies/ml	4800 copies/ml
9	AZT/3TC/TDF/ATV/r	56 cells/mm <sup>3</sup>	313 cells/mm <sup>3</sup>	110 copies/ml	4400 copies/ml
10	TDF/FTC/ATV/r	28 cells/mm <sup>3</sup>	153 cells/mm <sup>3</sup>	720 copies/ml	2000 copies/ml
11	TDF/FTC/ATV/r	45 cells/mm <sup>3</sup>	367 cells/mm <sup>3</sup>	0 copies/ml	900 copies/ml
12	TDF/3TC/ATV/r	178 cells/mm <sup>3</sup>	419 cells/mm <sup>3</sup>	0 copies/ml	150 copies/ml
13	LPV/r/Raltegravir	189 cells/mm <sup>3</sup>	367 cells/mm <sup>3</sup>	256 copies/ml	2450 copies/ml



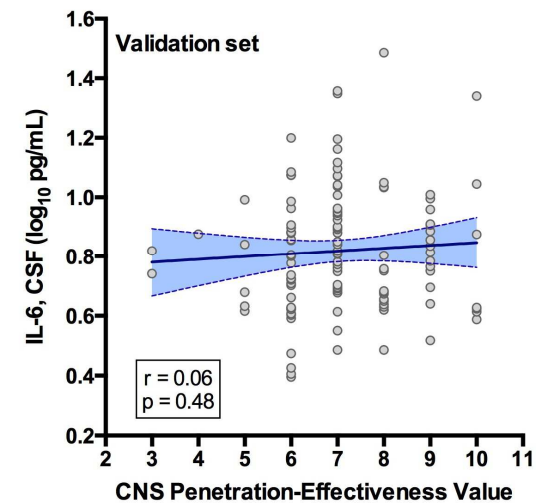
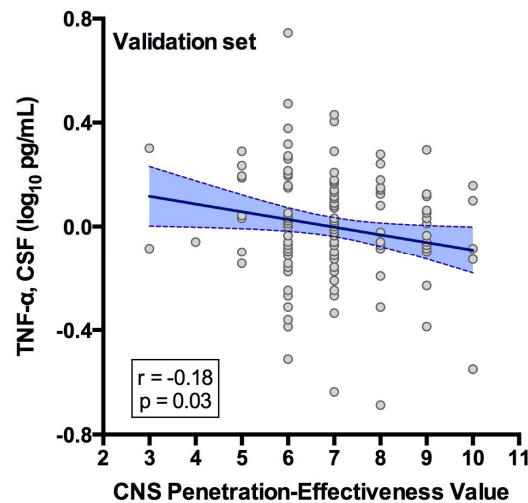
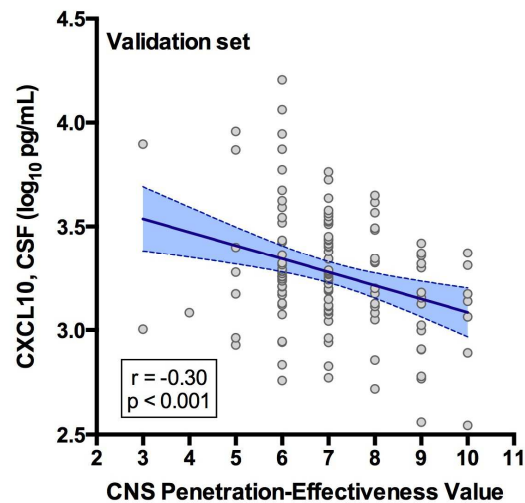
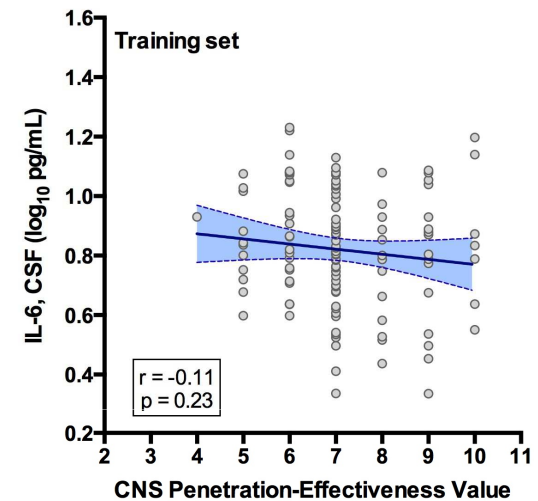
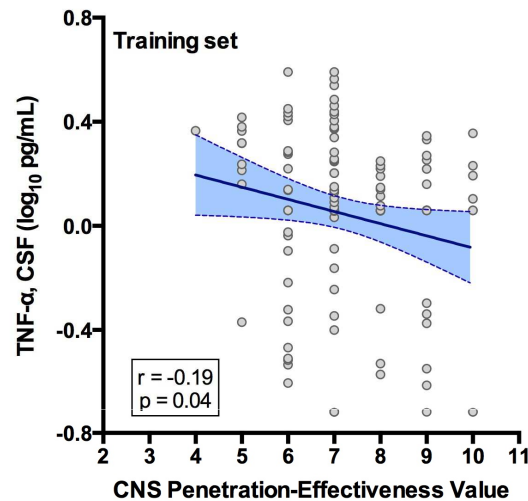
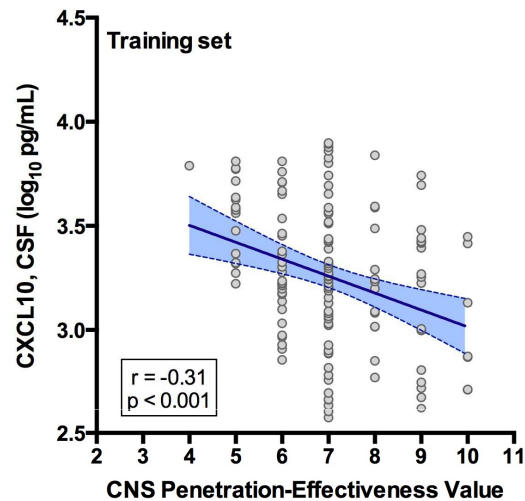
Dravid, et al, EACS Conference 2015

# Low-Level HIV RNA in CSF is Associated with Higher CPE Values

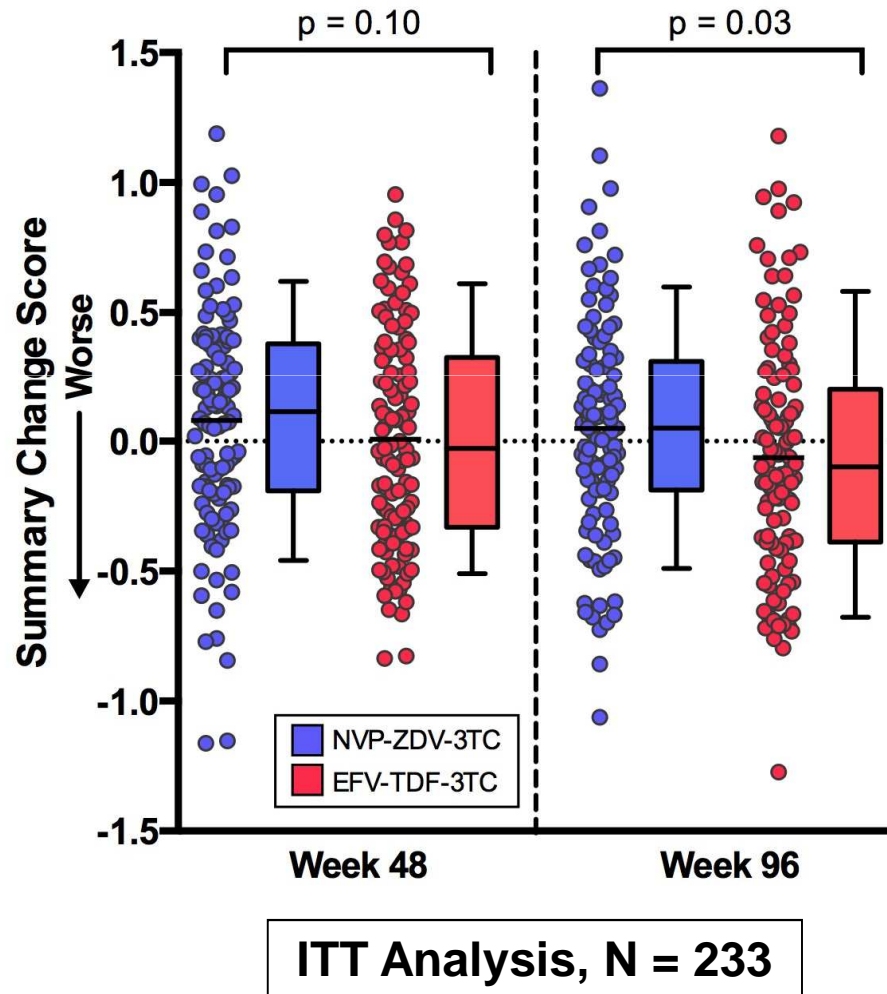


Anderson, et al, In Preparation

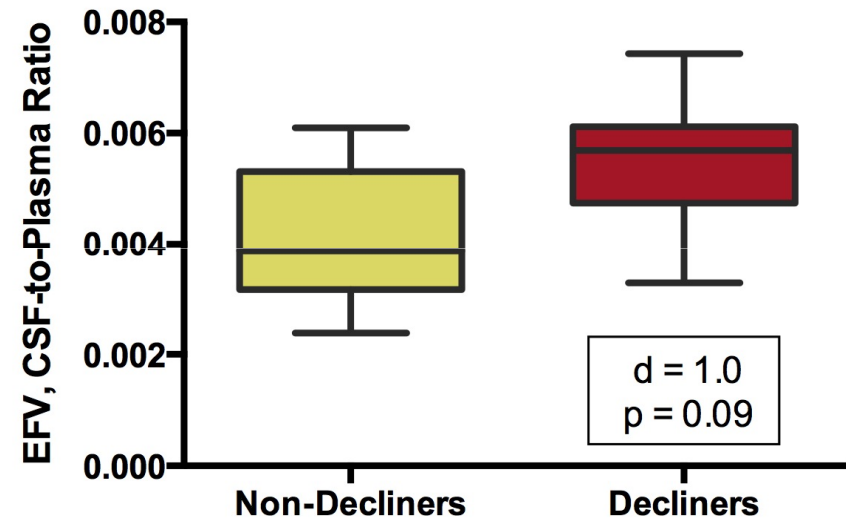
# Higher CPE Values Associated with Lower Levels of Some Biomarkers



# Cognitive Decline May Be Linked to Higher Drug Distribution into CSF

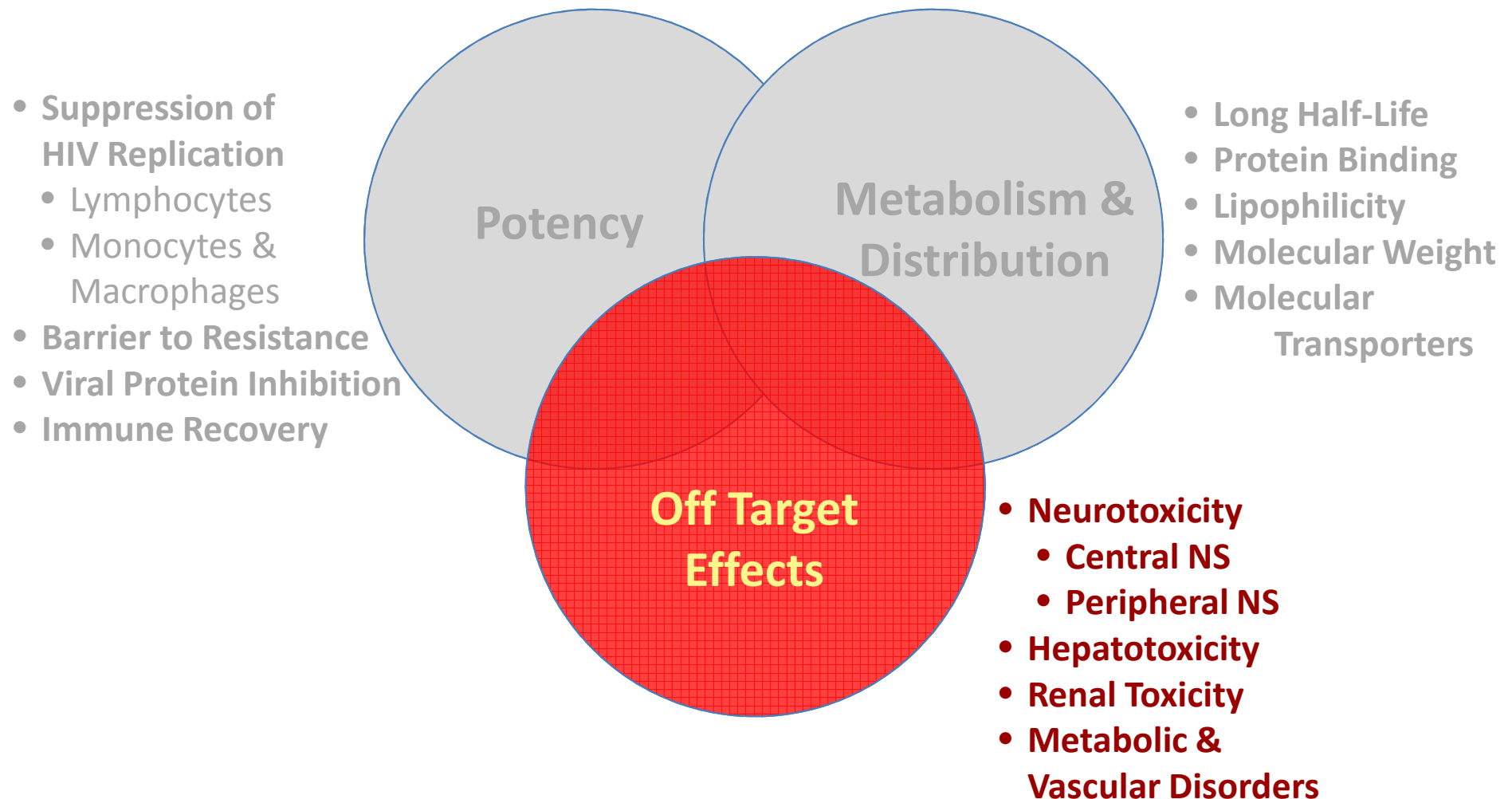


Zhang, et al, CROI 2015, Abstract 56



Ma et al, CROI 2015, Abstract 444

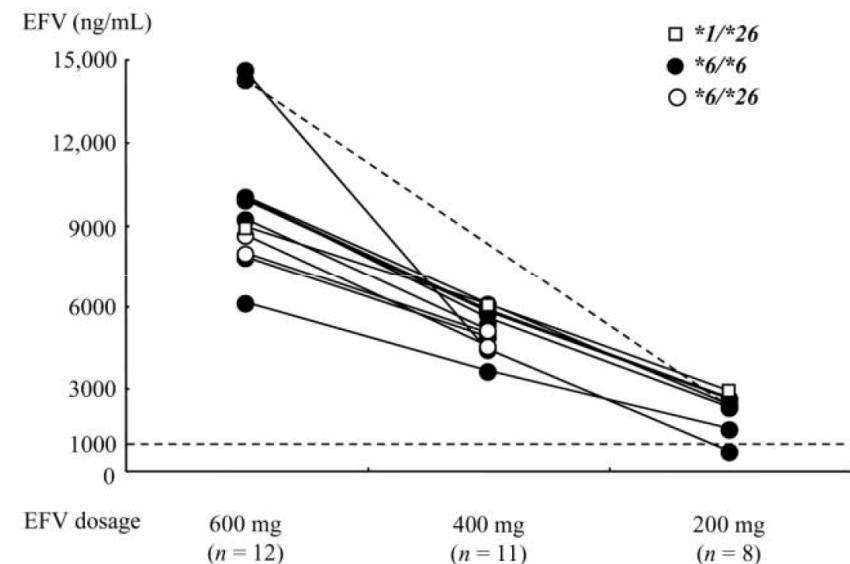
# Several ART Drug Characteristics Can Influence CNS Effectiveness



# Longer Term Efavirenz Use is Associated with Increased Risk of NC Impairment and Reducing Dose May Improve NC Symptoms

Risk Factor	Odds Ratio	P Value
Age (per 10 years)	0.83	0.29
Education (per 1 year)	0.85	0.002
Non-Italian Born	3.5	0.056
<b>Efavirenz use</b>	<b>4.0</b>	<b>0.008</b>

*Ciccarelli et al, Neurology  
2011, 76: 1403*



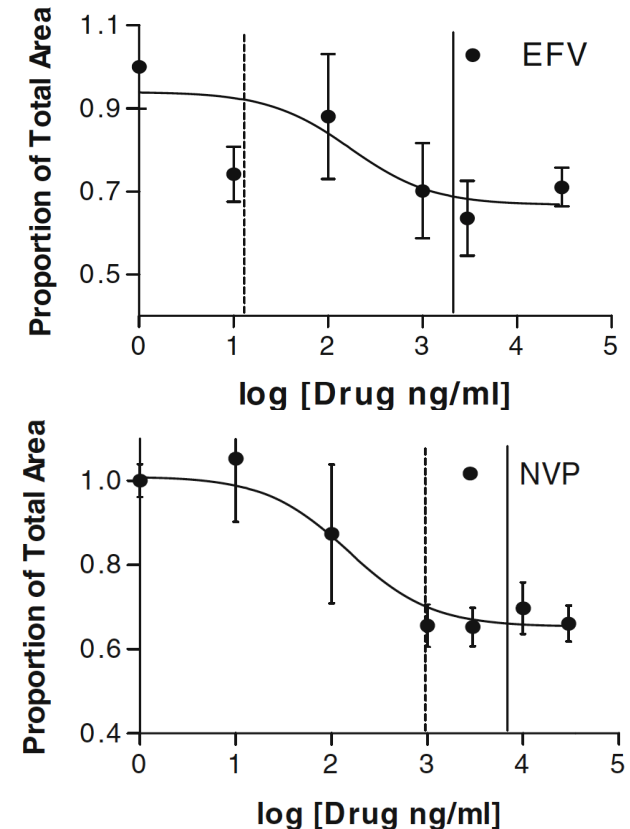
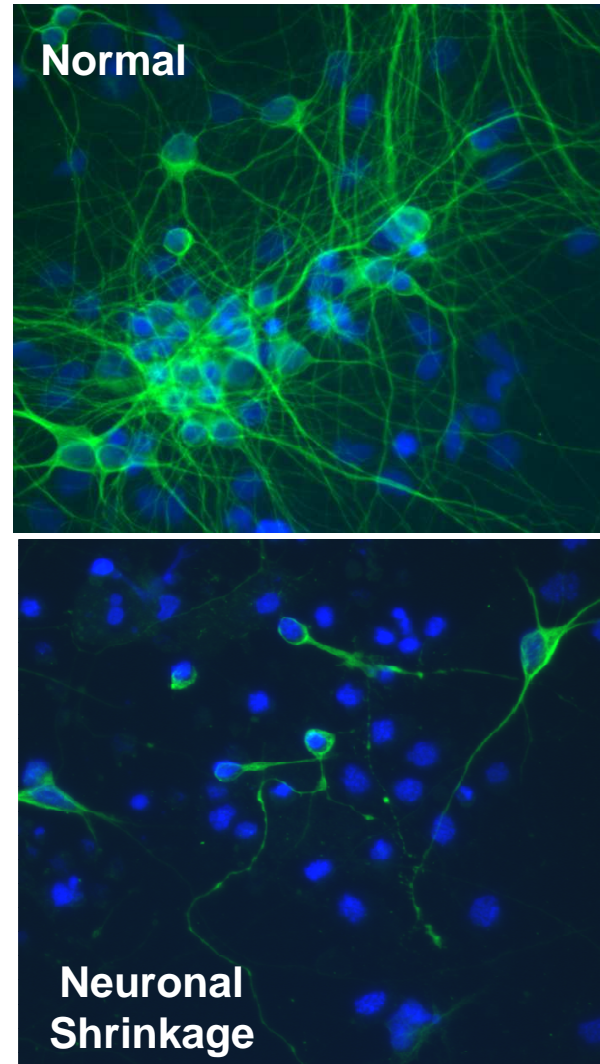
*Gatanaga et al, Clinical Infectious  
Diseases 2007; 45:1230–7*

# **If One Drug Causes Neurotoxicity, Might Others Do So Also?**




# Neurotoxicity in a Cell Culture System

- Fetal rat cortical neuron cultures exposed to increasing ARV concentrations
- At least mild injury was seen with all drugs
- Constructed dose-effect curves and calculated toxicity indices



# Neurotoxicity Screening of ART Drugs With Human iPSC-Derived Neurons

		Mitochondrial Assay			Neurite Outgrowth Assay					
		MMP	ROS	Cytotx	<u>Outgrowth</u>		<u>Retraction</u>		Cytotx	
					length	branch	length	branch		
NRTI	<i>Abacavir</i>	1.6	1.1	-0.2	1.1	1.0	0.1	-0.2	-0.6	
	<i>Tenofovir</i>	1.6	0.0	-0.5	0.5	0.5	-1.6	-1.0	0.4	
NNRTI	<i>Efavirenz</i>	-13.6	0.5	-6.8	2.9	1.1	-3.3	-0.6	-2.6	
	<i>Rilpivirine</i>	-6.2	1.0	-0.7	1.3	1.0	-2.8	-1.9	-2.2	
INSTI	<i>Elvitegravir</i>	-10.4	2.1	-1.5	0.8	0.5	-1.5	-1.2	-1.7	
	<i>Dolutegravir</i>	1.0	0.5	-0.5	3.2	4.0	-0.5	0.3	-0.5	
PI	<i>Atazanavir</i>	-2.4	1.9	-0.5	1.4	1.0	-0.5	-1.3	-0.5	
	<i>Darunavir</i>	2.1	0.4	-0.4	1.2	0.8	0.0	-0.3	-0.8	
PK enhancer	<i>Ritonavir</i>	-5.2	2.8	-0.4	0.2	0.3	-1.7	-0.5	-0.8	
	<i>Cobicistat</i>	-12.0	7.7	1.0	1.1	1.1	-1.6	-2.4	-1.7	
Control	<i>Menadione</i>	-12.0	10.6	-20.9						
	<i>Staurosporine</i>				7.1	9.6	-0.9	0.2	-1.2	
	<i>BIO</i>				-2.2	-0.4	-3.6	-2.2	0.6	

Max. Z-score  
-5  5

*Hinckley et al, CROI 2016, Abstract 395*

# Vascular and Metabolic Disease Increase Risk for Neurocognitive Impairment

- **292 HIV+ adults in the START study**
- **Prior CVD was associated with NCI**

*Wright et al. Neurology 2010; 75: 864*

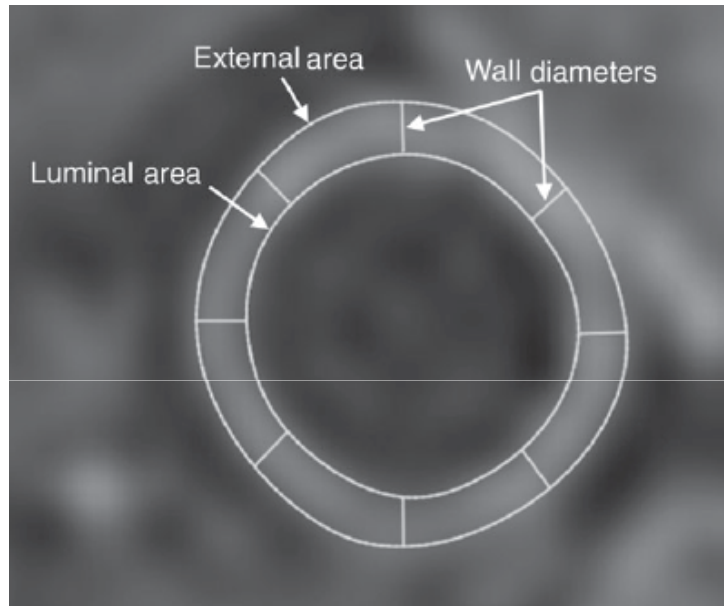
	Risk	OR	p
<b>Prior CVD</b>	Yes	6.2	0.01
<b>Total cholesterol</b>	Higher	1.1	0.06
<b>AIDS</b>	No	0.41	0.08
<b>Race</b>	Black	2.2	0.08

- **130 HIV+ adults in the CHARTER study**
- **Diabetes and waist circumference were associated with NCI**

*McCutchan et al. Neurology 2012. 78: 485*

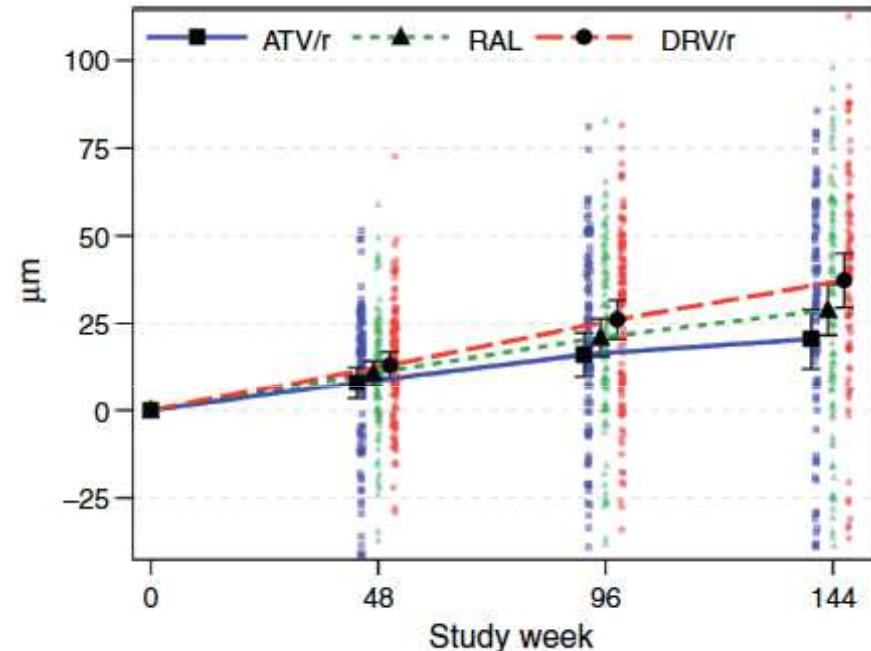
	Risk	OR	p
<b>AIDS</b>	Yes	49.6	0.01
<b>Diabetes</b>	Yes	17.6	0.07
<b>Waist circumference</b>	Larger	1.3	0.001
<b>Triglycerides</b>	Lower	0.32	0.09
<b>BMI</b>	Smaller	0.69	0.04

# Protease Inhibitors are Associated with Vascular Disease



- Carotid artery wall thickness measured by 3.0 Tesla MRI
- **Longer duration of protease inhibitor therapy associated with thicker carotid wall**

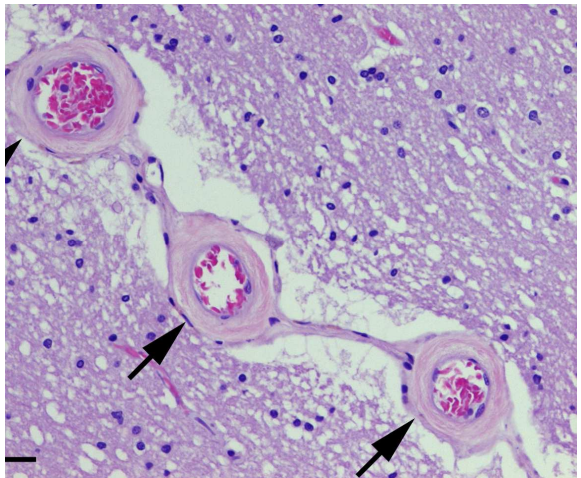
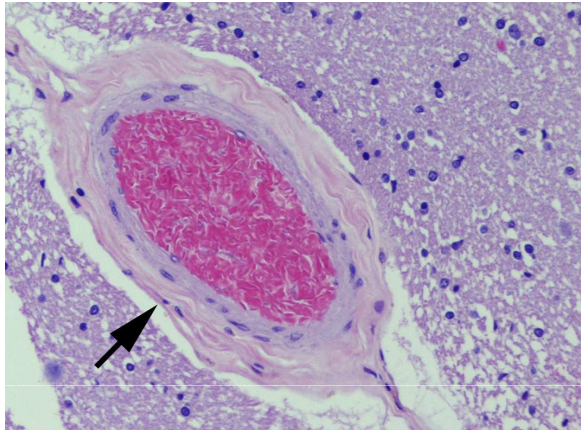
*LaBounty et al, HIV Medicine (2015)*  
DOI: 10.1111/hiv.12351



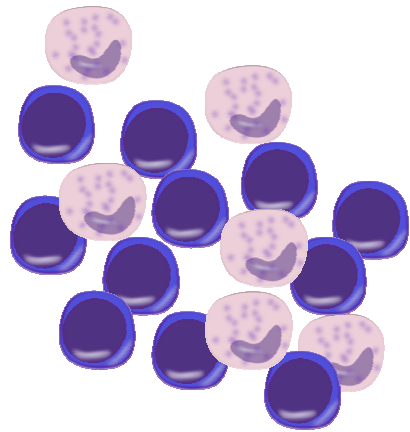
- Carotid intima media thickness measured by ultrasound
- **DRV/r was associated with faster progression than ATV/r**

*Stein et al, AIDS 2015, 29:1775–1783*

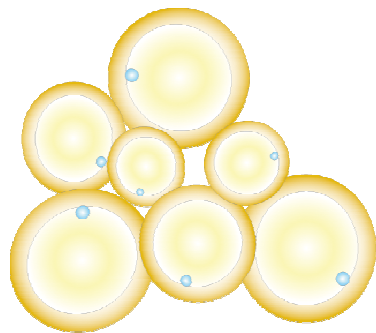
# Protease Inhibitor Use is Associated with Cerebral Small Vessel Disease



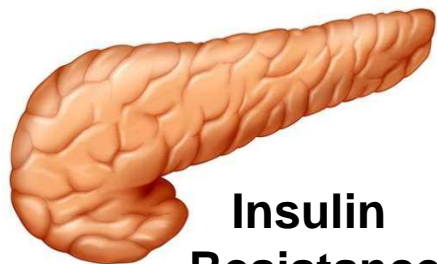
- **Protease inhibitor use was associated with cerebral small vessel disease**
  - Mild: **OR 2.8** (95% CI 1.03–7.9)
  - Moderate-severe: **OR 2.6** (95% CI 1.03–6.7)
- **Mild cerebral small vessel disease was associated with HAND**
  - **OR 4.8** (95% CI 1.1–21.2)



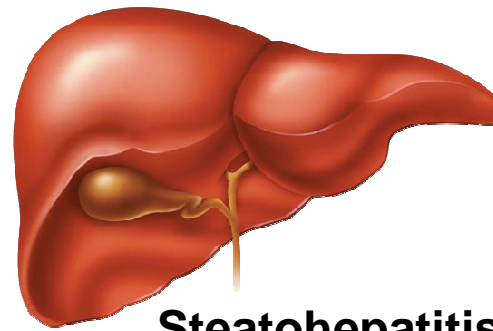
**Persistent  
Inflammation**



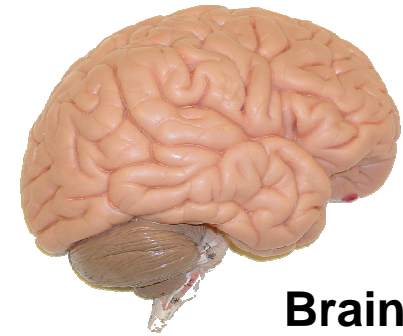
**Dyslipidemia  
Visceral Fat**



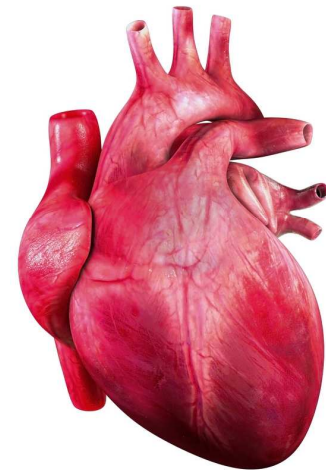
**Insulin  
Resistance**



**Steatohepatitis  
Liver Fibrosis**

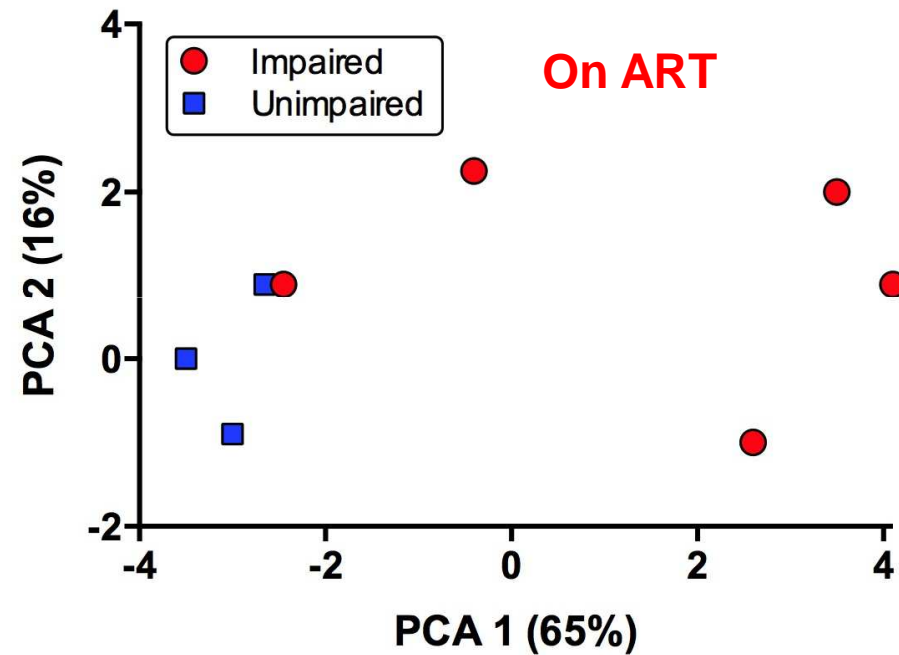
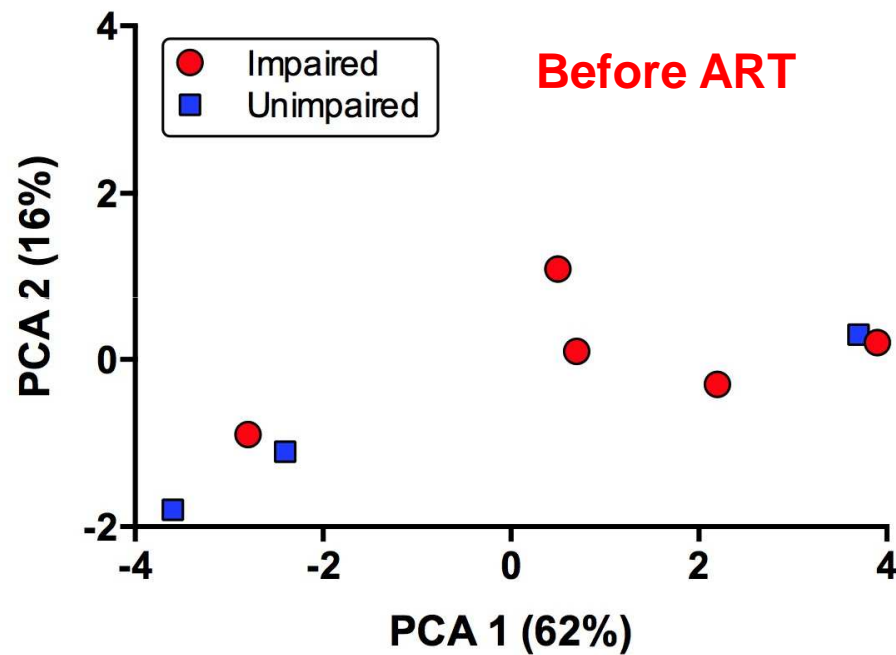


**Brain  
Disease**



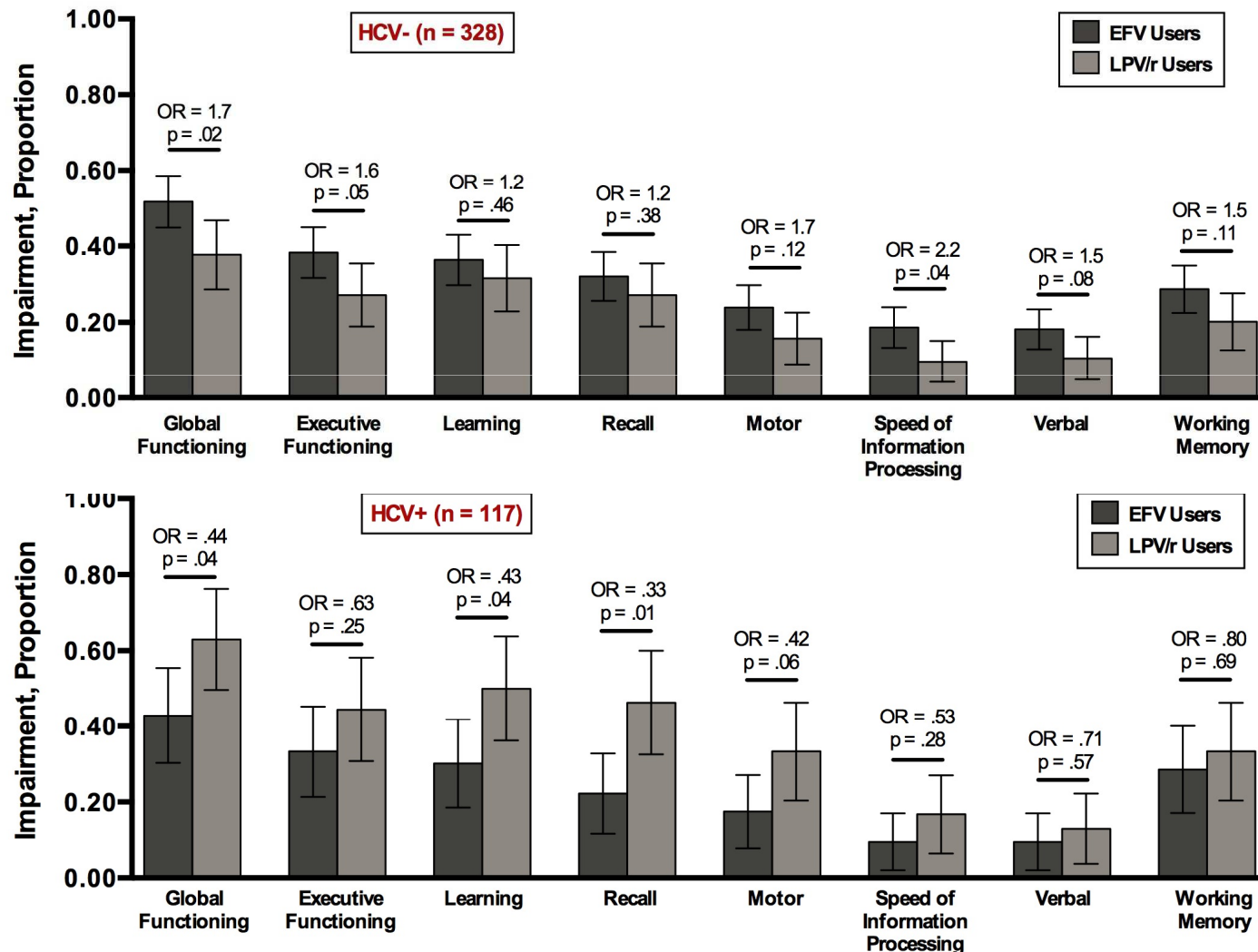
**Vascular  
Disease**

# Gut Microbiome Appears to Differ between Impaired and Unimpaired

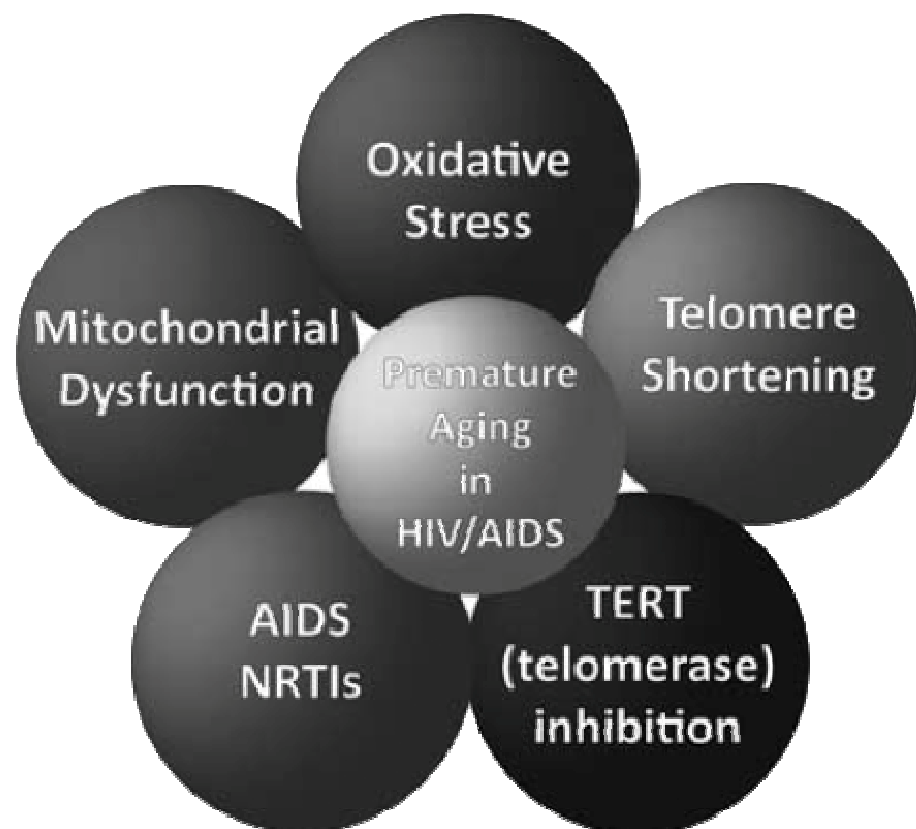


*Pérez Santiago et al, International Symposium  
on Neurovirology 2015*

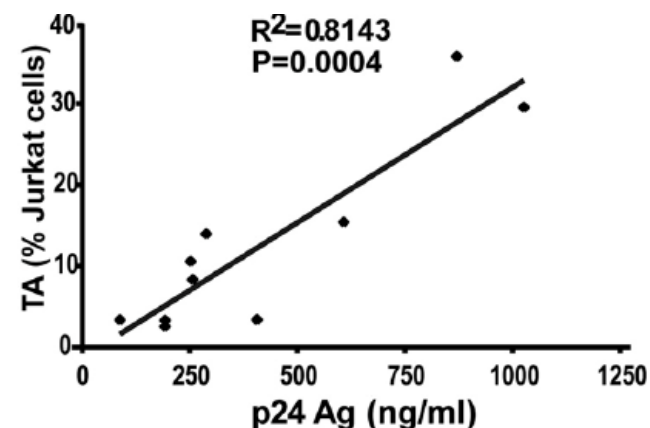
# Protease Inhibitors May be More Neurotoxic with HCV Co-infection



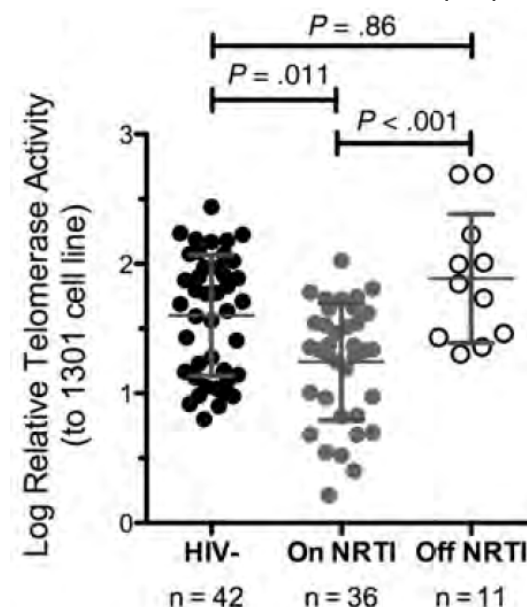
# Higher NRTI Levels in CNS May Increase Mitochondrial and Telomere Toxicity



Torres & Lewis, Laboratory Investigation (2014) 94, 120–128



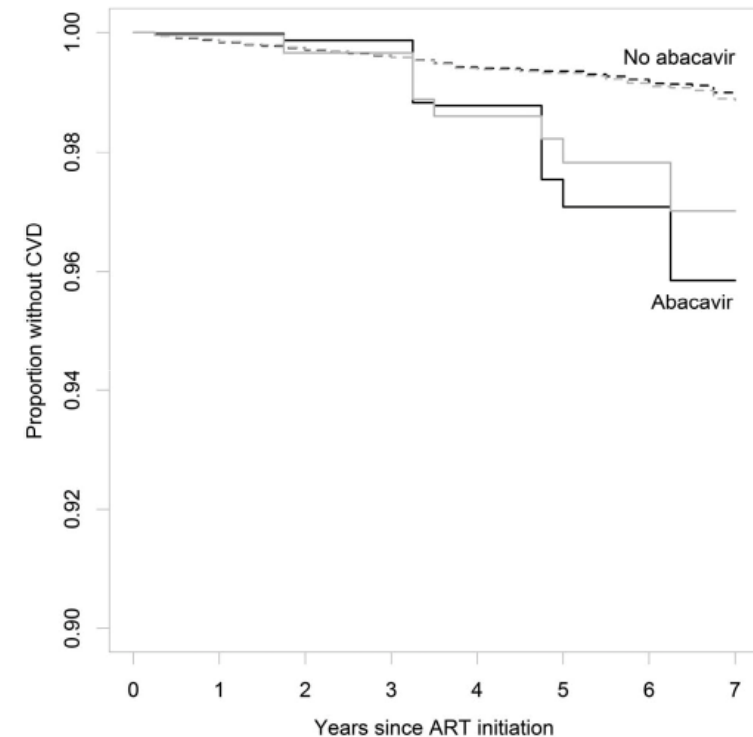
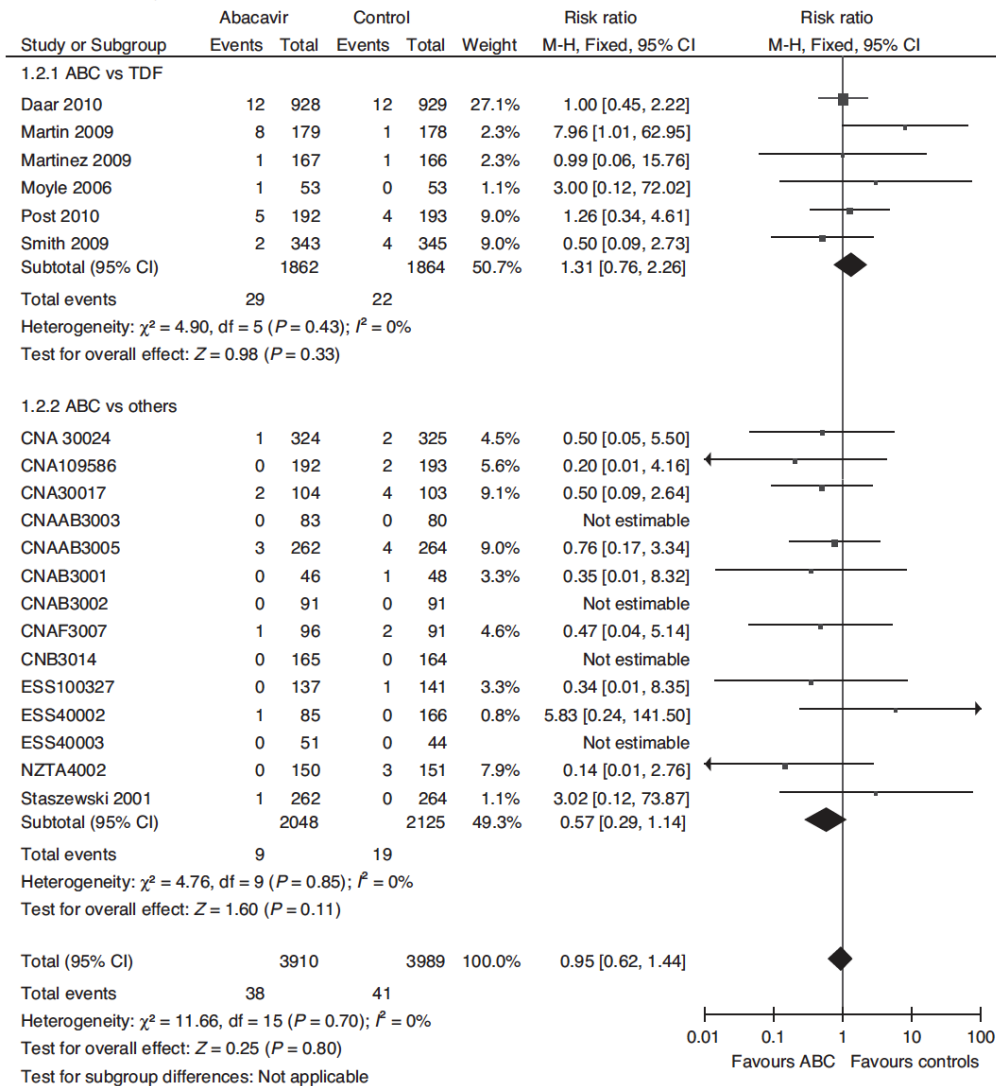
Reynoso et al, J Virol 2012; 86(19):10327



Leeansyah et al, JID 2013; 207:1157

# Abacavir and Cardiovascular Risk

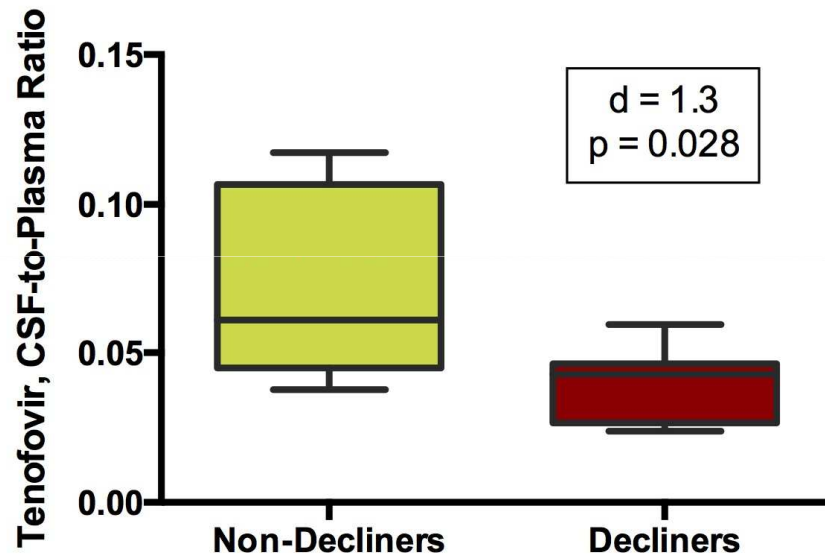
## Overall major cardiovascular events



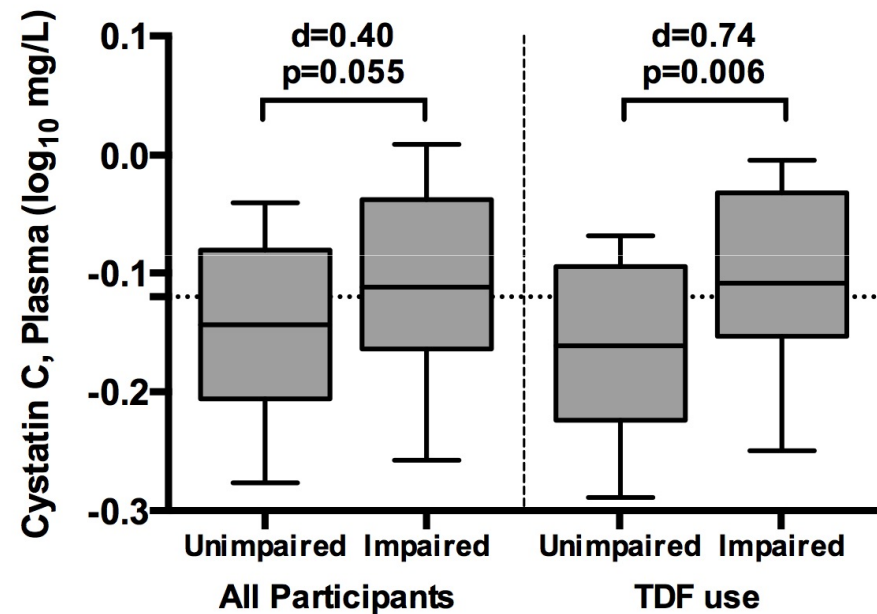
Cruciani et al, AIDS 2011, 25:1993–2004

Marcus et al, JAIDS 2016; 71:413–419

# Tenofovir May Also Influence Neurocognition

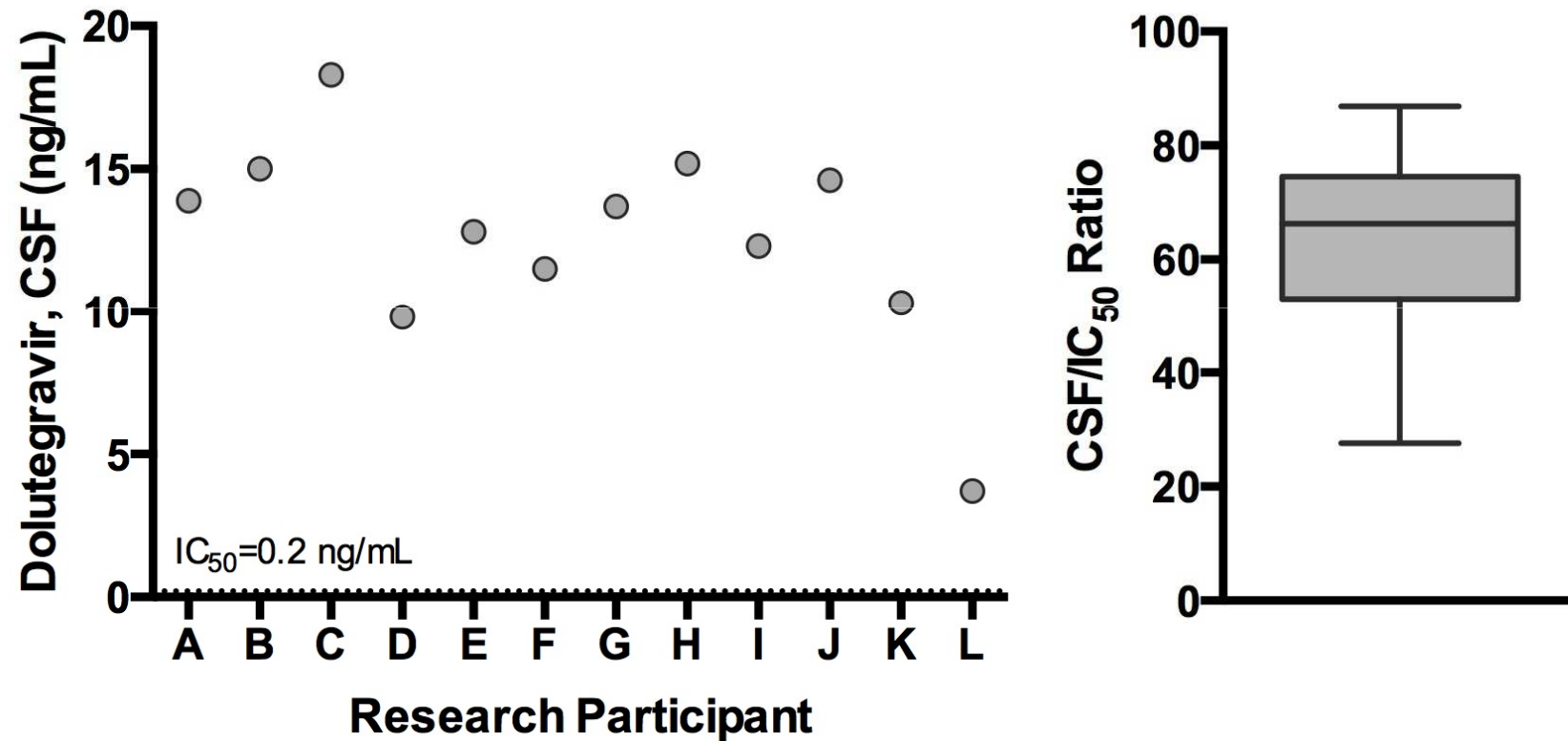


*Ma et al, CROI 2015, Abstract 444*



*Sakoda et al, CROI 2015, Abstract 484*

# Dolutegravir Reaches Therapeutic Concentrations in CSF



# Dolutegravir May be Associated with CNS Adverse Events

	DTG (n=242)		DRV/r (n=242)		RR	p value
Headache	40	16.5%	26	10.7%	1.54	0.06*
Depression	15	6.2%	9	3.7%	1.67	0.21*
Anxiety	13	5.4%	9	3.7%	1.44	0.38*
Insomnia	19	7.9%	16	6.6%	1.19	0.60*
Dizziness	14	5.8%	13	5.4%	1.08	0.84*
Suicide Attempt	3	1.2%	0	0%	-	0.25**

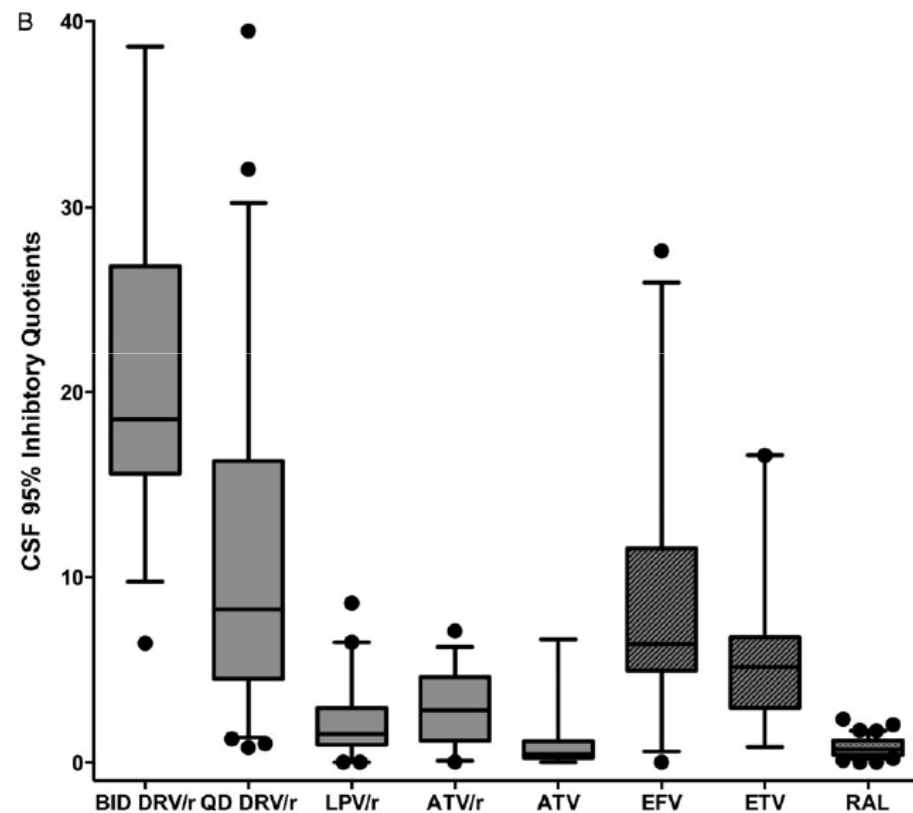
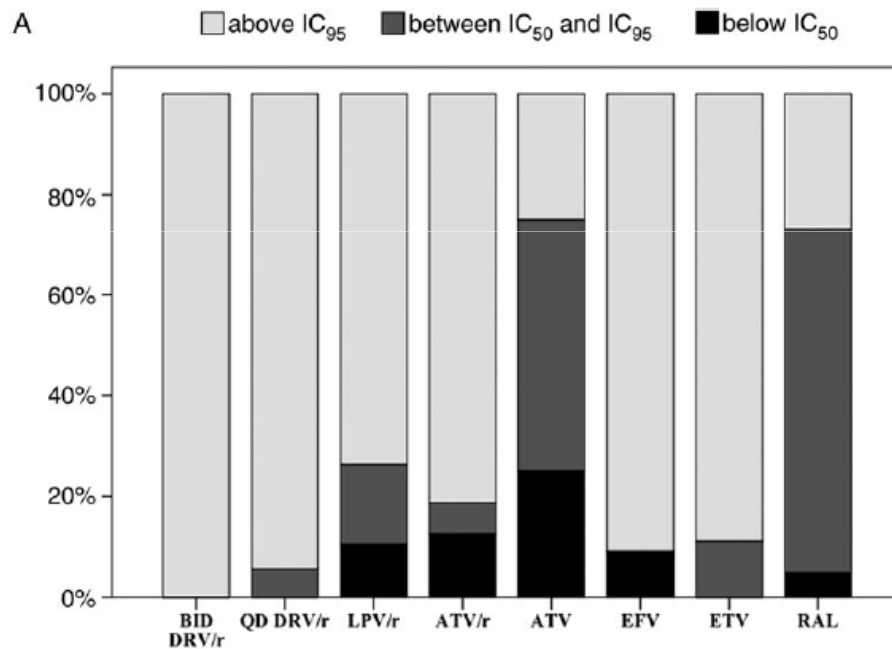
\*2-sided t-test, \*\*2-sided Fisher's Exact Test  
p values calculated by me

# Dolutegravir Intolerance in Holland

	Total (N=387)	ART Naive (n=65)	ART Experienced (n=322)
<b>Sleep Disturbance</b>	19 (4.9%)	5 (7.7%)	14 (4.3%)
<b>Gastrointestinal</b>	18 (4.6%)	4 (6.2%)	19 (5.9%)
<b>Neuropsychiatric</b>	12 (3.1%)	3 (4.6%)	9 (2.8%)
<b>Fatigue</b>	9 (2.3%)	1 (1.5%)	8 (2.5%)
<b>Headache</b>	8 (2.1%)	0 (0%)	8 (2.5%)
<b>Paresthesias</b>	6 (1.6%)	0 (0%)	6 (1.9%)
<b>Other</b>	6 (%)	2 (%)	4 (%)

- Overall 62 of 387 (16%) cohort participants discontinued dolutegravir
- 56 of 62 (90.3%) discontinued due to adverse events

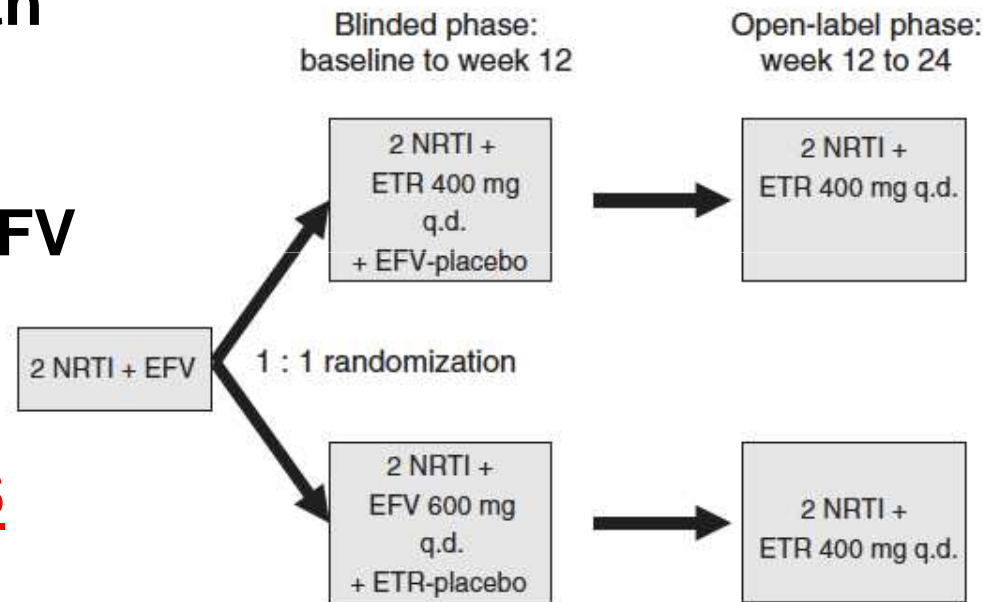
# IC<sub>95</sub> May Be a Better Comparator than IC<sub>50</sub>



**Switch,  
Simplify, or  
Intensify?**

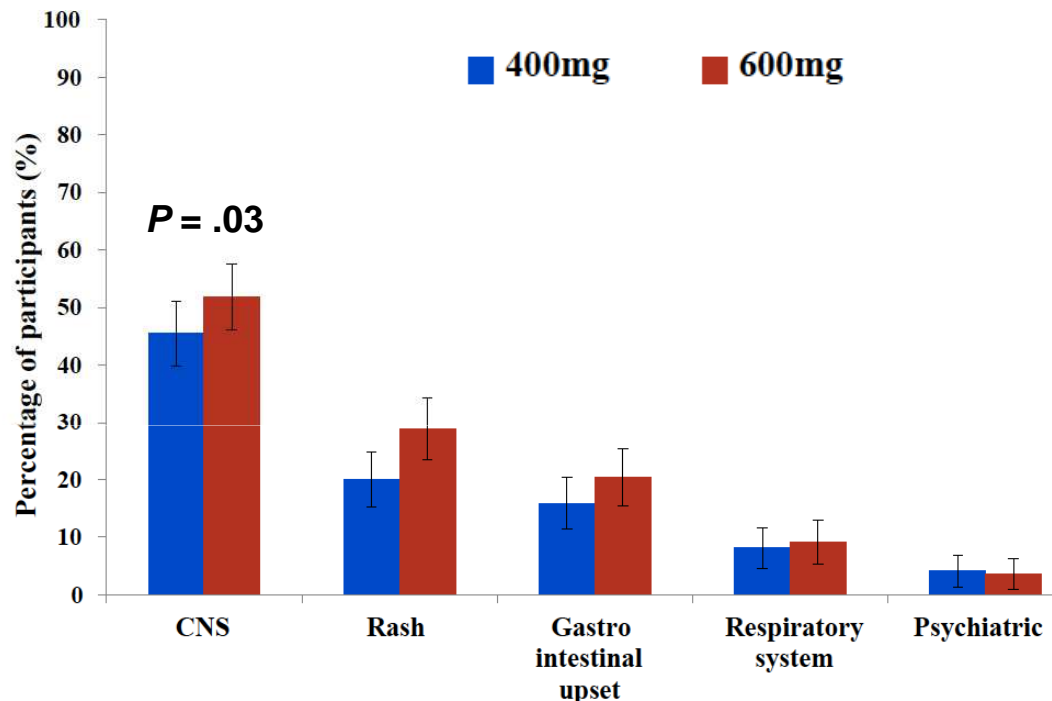
# Switching Efavirenz to Etravirine Reduces CNS Adverse Events

- Randomized, double-blind trial in 38 HIV+ adults with viral suppression but ongoing CNS AEs after more than 12 weeks of EFV
- Immediate vs. delayed switch to ETR
- Decline in grade 2-4 CNS adverse events
  - Overall: **89% to 60%** (p=0.009)
  - Insomnia, abnormal dreams and nervousness



# **ENCORE1: Lower Efavirenz Dose Results in Fewer CNS Adverse Events**

- 630 HIV+ adults
- Double-blind, placebo-controlled, non-inferiority, 96-week trial
- 400 mg EFV was non-inferior to 600 mg in efficacy
- 400 mg arm had fewer AEs and fewer discontinuations due to EFV



- **AEs due to EFV:**  
**39% vs. 48%, RR 0.86**
- **Discontinuations due to EFV:**  
**13% vs. 23%, RR 0.45**

## Diapositiva 29

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**BB1**

la dosis de EFV de 400 no esta en FT

Belen Box; 25/05/2016

# Fewer CNS Adverse Events with Doravirine or Rilpivirine

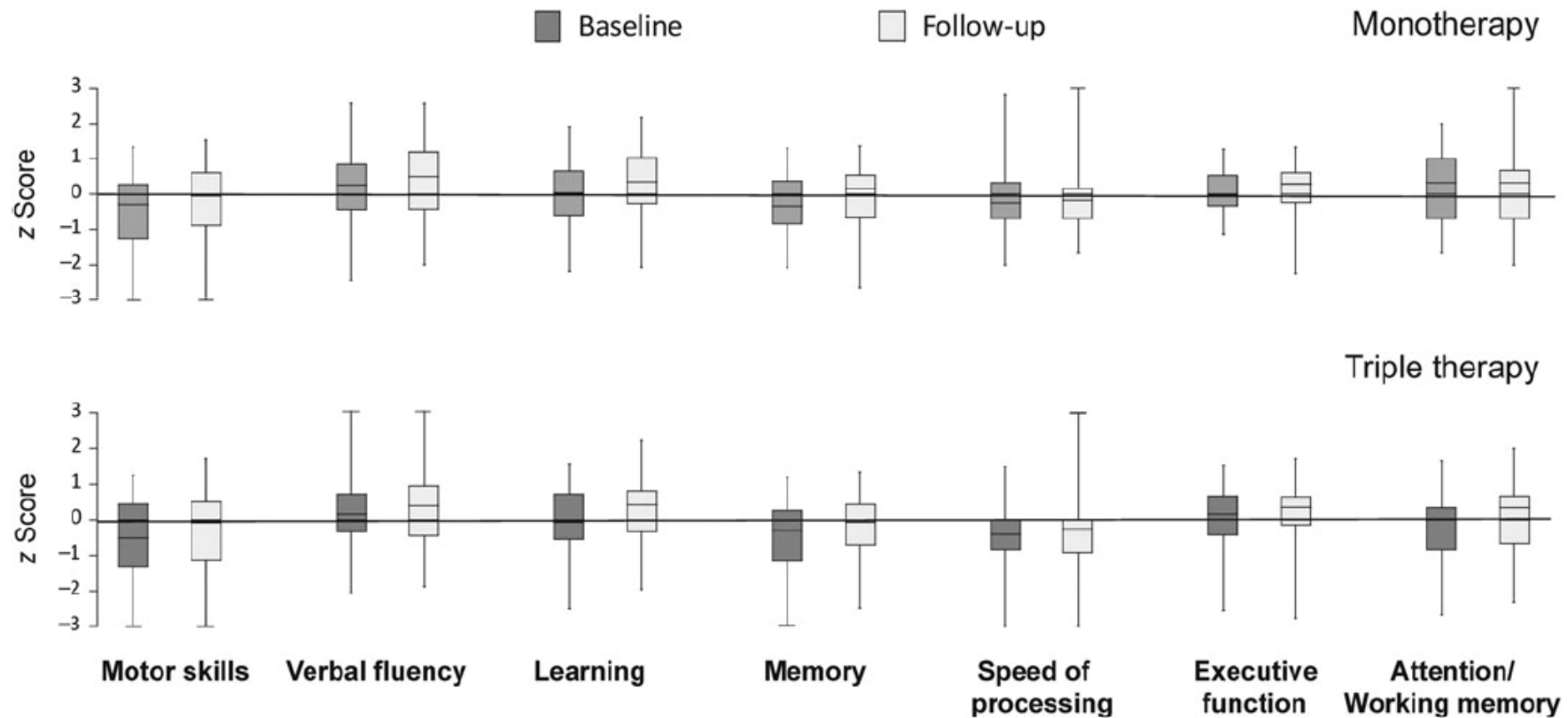
	DOR n=108	EFV n=108	p value
<b>Dizziness</b>	6.5%	25.9%	< 0.001
<b>Abnormal dreams</b>	5.6%	14.8%	0.04
<b>Headache</b>	2.8%	5.6%	0.50
<b>Nightmares</b>	5.6%	8.3%	0.59
<b>Sleep disorder</b>	4.6%	6.5%	0.77
<b>Insomnia</b>	6.5%	2.8%	0.33

*Gatell et al, CROI 2016,  
Abstract 470*

	RPV n=288	EFV n=255	p value
<b>Dizziness</b>	10.4%	27.8%	<0.001
<b>Abnormal dreams</b>	7.6%	13.7%	0.02
<b>Somnolence</b>	2.8%	6.3%	0.06
<b>Sleep disorder</b>	1.4%	3.9%	0.10
<b>Anxiety</b>	1.0%	3.1%	0.13
<b>Attention Disturbance</b>	0.7%	2.4%	0.16
<b>Depressive Disorder</b>	4.5%	2.7%	0.36

*Behrens et al, AIDS Pat Care & STDs  
2014, 28(4): 168*

# Regimen Simplification May be Safe for the CNS in Certain Patients



# Safe is Not the Same as Therapeutic (for HAND)

**Week 48 efficacy and central nervous system analysis of darunavir/ritonavir monotherapy versus darunavir/ritonavir with two nucleoside analogues**

Andrea Antinori<sup>a</sup>, Amanda Clarke<sup>b</sup>, Veronika Svedhem-Johansson<sup>c</sup>, José R. Arribas<sup>d</sup>, Alejandro Arenas-Pinto<sup>e</sup>, Jan Fehr<sup>f</sup>, Jan Gerstoft<sup>g</sup>, Andrzej Horban<sup>h</sup>, Bonaventura Clotet<sup>i</sup>, Diego Ripamonti<sup>j</sup>, Pierre-Marie Girard<sup>k</sup>, Andrew M. Hill<sup>l</sup> and Christiane Moecklinghoff<sup>m</sup>

**Central Nervous System HIV Infection in “Less-Drug Regimen” Antiretroviral Therapy Simplification Strategies**

Francesca Ferretti, MD<sup>1</sup> Nicola Gianotti, MD<sup>1</sup> Adriano Lazzarin, MD<sup>1</sup> Paola Cinque, MD, PhD<sup>1</sup>

**Protease inhibitor monotherapy and the CNS: peace of mind?**

Ignacio Perez-Valero<sup>1</sup>, Carmen Bayon<sup>2</sup>, Irene Cambron<sup>2</sup>, Alicia Gonzalez<sup>1</sup> and Jose R. Arribas<sup>1\*</sup>

**Is There a Higher Risk of CNS Adverse Events for PI Monotherapy Versus Triple Therapy? A Review of Results From Randomized Clinical Trials**

William Powderly,<sup>1</sup> Andrew Hill,<sup>2</sup> and Christiane Moecklinghoff<sup>3</sup>



# Maraviroc Intensification May Improve N-Acetyl Aspartate on MRS

- 12 HIV+ NA adults on suppressive ART
- Intensified with MVC
- 14 days later, NAA/Cr in right basal ganglia improved and correlated with:
  - Higher plasma MVC concentrations
  - Lower IP-10 in CSF

Chemokines	Right basal ganglia		PK parameters	
	NAA/Cr	ml/Cr	Maraviroc plasma (ng/mL)	Maraviroc CSF (ng/mL)
IP-10 correlation*	−0.618 (.028)	0.100 (NS)	−0.629 (.028)	−0.308 (NS)
MCP-4 correlation**	−0.253 (NS)	0.604 (.049)	−0.264 (NS)	−0.333 (NS)
MIP-1 $\beta$ correlation**	−0.206 (NS)	0.645 (.032)	−0.300 (NS)	0.164 (NS)
MCP-1 correlation**	0.101 (NS)	0.121 (NS)	−0.173 (NS)	−0.109 (NS)

Garvey et al, *J Antimicrob Chemother* 2012; 67: 206–212  
 Vera, et al. *HIV Clin Trials* 2012;13(4):222–227

## Diapositiva 33

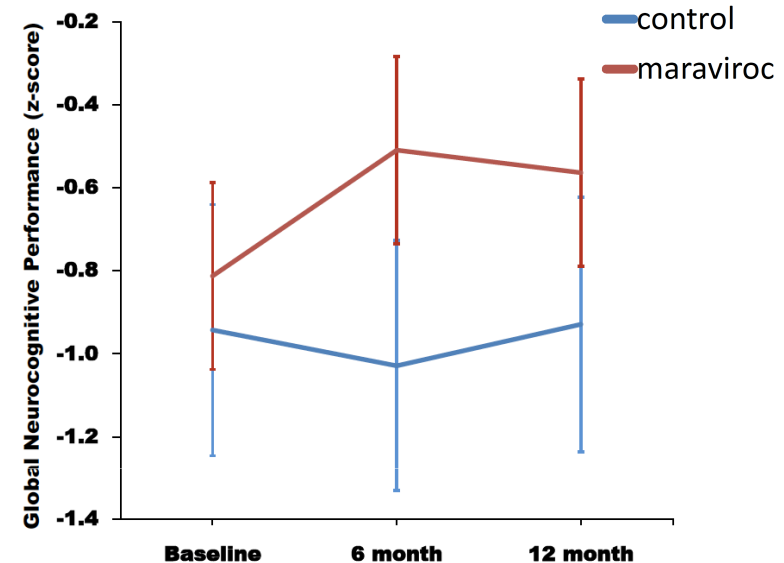
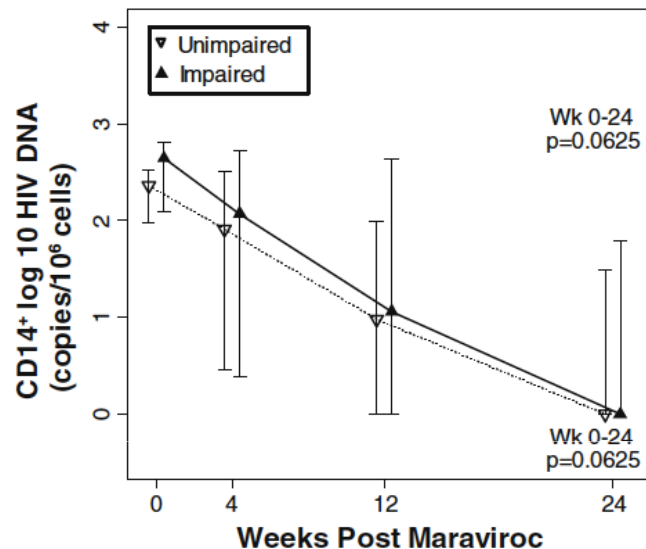
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**BB3**

la intesnsificacion no esta en FT

Belen Box; 25/05/2016

# Maraviroc Intensification May Improve HAND



- Open-label, single-arm intensification trial with MVC In 12 adults on suppressive ART
- MVC reduced circulating CD14+CD16+ monocytes and monocyte HIV DNA content
- **Neurocognitive improvement in the 6 subjects who were impaired at entry**
- 12-month prospective open-label, randomized, placebo-controlled trial
- 14 adults on suppressive ART with recent progression to HAND
- **Large difference at 6-months and medium difference at 12-months**
  - Arm x Time interaction:  $p < 0.05$

## Diapositiva 34


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**BB4**

mismo comentario

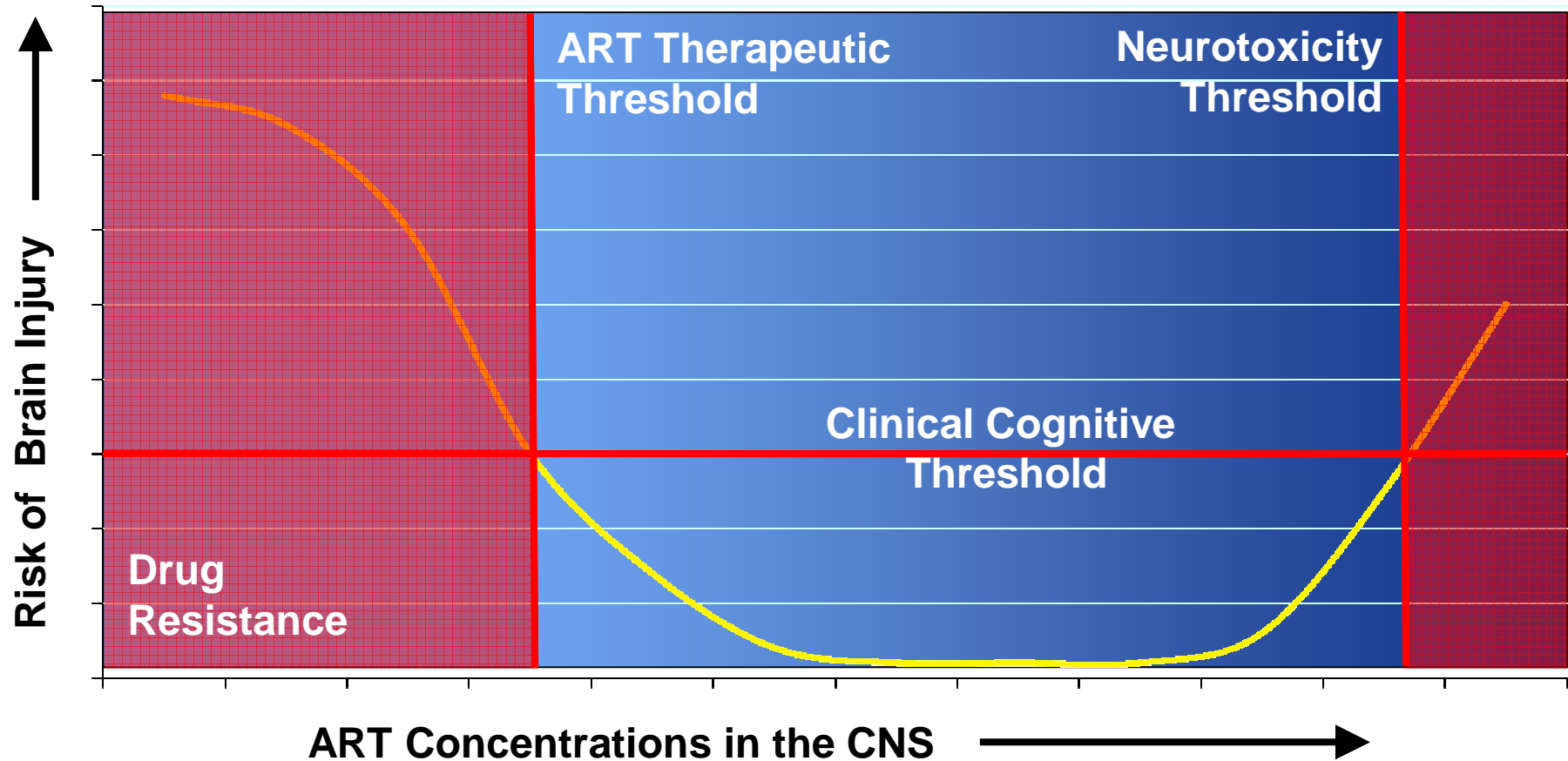
Belen Box; 25/05/2016

# WHO Updated Treatment Guidelines Include Dolutegravir, Reduced Dose Efavirenz, and NRTI-Sparing Regimen

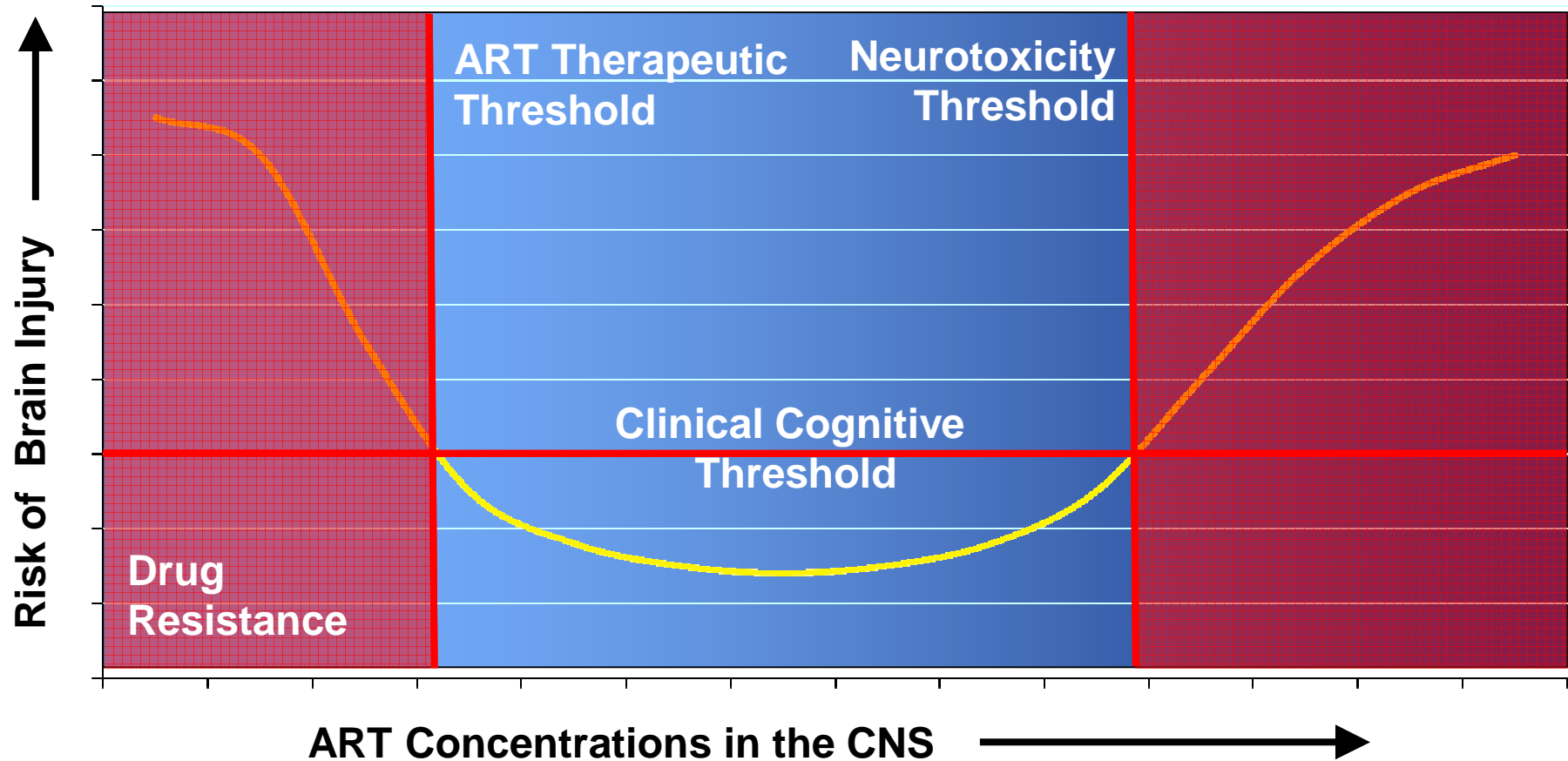
WHAT TO USE IN FIRST-LINE THERAPY IN ADULTS	ARV REGIMEN <sup>1,2</sup>
Preferred Option	TDF+XTC <sup>3</sup> +EFV <sub>600</sub>
Alternative Options	AZT+3TC+EFV <sub>600</sub>
	AZT+3TC+NVP
	TDF+XTC <sup>3</sup> +NVP
	TDF+XTC <sup>3</sup> +DTG <sup>4</sup> <b>NEW</b> 
	TDF+XTC <sup>3</sup> +EFV <sub>400</sub> <sup>4</sup> <b>NEW</b>

WHAT TO USE IN SECOND-LINE THERAPY IN ADULTS	ARV REGIMEN
Preferred Option	2 NRTI <sup>1</sup> +ATV/r or LPV/r <sup>2</sup>
Alternative Options	2 NRTI <sup>1</sup> +DRV/r <sup>2,3</sup> <b>NEW</b> 
	LPV/r <sup>2</sup> +RAL <b>NEW</b>

# CNS Therapeutic Window



# CNS Therapeutic Window



# Acknowledgements & Conflicts

## Study Volunteers



Barcelona



Esteban  
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Jordi  
Blanch



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Ana Curiel



Ruth Boza

### UC San Diego

- Ronald J. Ellis
- David Moore
- Tom Marcotte
- Cris Achim
- Eliezer Masliah
- J. Allen McCutchan
- Bob Heaton
- Igor Grant
- Brookie Best
- Edmund Capparelli
- Davey Smith
- Mariana Cherner
- Debra Rosario
- Ben Gouaux
- Jennifer Marquie
- Donald Franklin

### U.S. National Institutes of Health

#### Industry

- Abbvie
- Cipla
- Gilead Sciences
- Janssen
- Merck, Inc.
- ViiV Healthcare