



Wednesday 1 August 2018

Contents

- | [Young people and cancer](#)
- | [Adolescent PrEP users](#)
- | [Digital innovations promote HIV testing and prevention to MSM](#)
- | [STIs and PrEP](#)
- | [New drugs and dosing](#)
- | [Dolutegravir in late pregnancy](#)
- | [Pregnancy and contraception](#)
- | [Mortality in London](#)
- | [Scientific analysis from Clinical Care Options](#)
- | [Support our work](#)



Young people and cancer

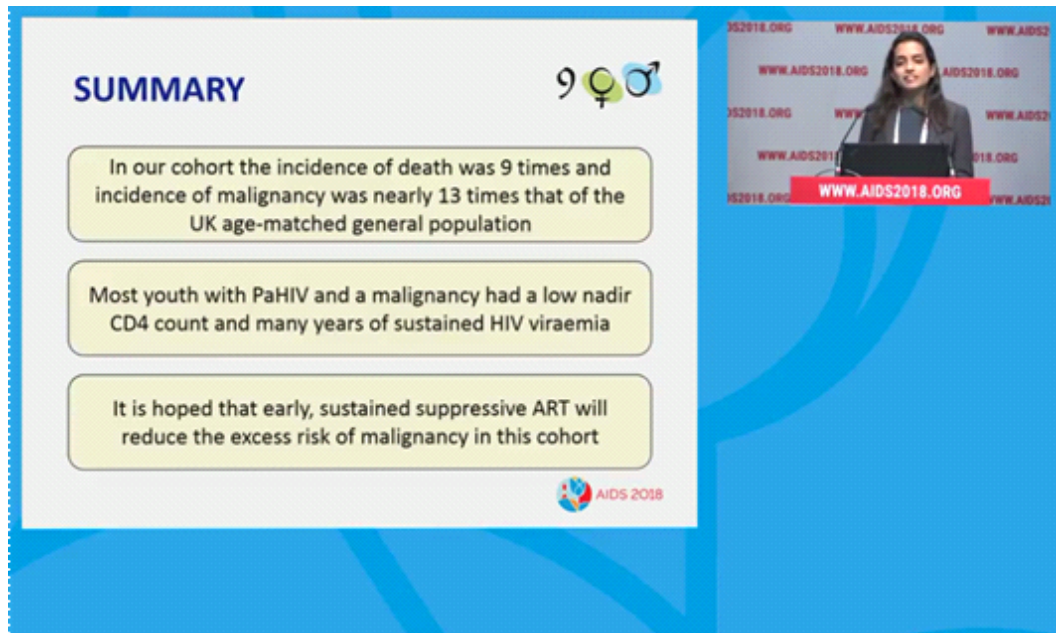


Image from the webcast of Srishti Chhabra presenting at AIDS 2018.

Adolescents and young adults who acquired HIV before or at birth had a 13-fold higher likelihood of developing cancer and a ninefold higher risk of death, according to a UK study presented at the [22nd International AIDS Conference \(AIDS 2018\)](#) last week in Amsterdam.

The researchers looked at the incidence of malignancies and the all-cause mortality rate for 290 adolescents and young adults, aged 10 to 24, with perinatally acquired HIV infection, comparing it with rates for the general UK population of the same age.

Eight young people (2.8%) were diagnosed with cancer during follow-up, at a median age of 19 years. Six of the eight cancers were lymphomas. The incidence rate for all cancers combined was 3.0 per 1000 person-years. Compared with the rate of 0.2 per 1000 person-years for the general population of the same age, this represents a 12.9-fold excess risk.

Although four of the eight had an undetectable viral load at the time of cancer diagnosis, many had struggled with adherence – the group had lived with unsuppressed virus for a median of 15 years. The median nadir (lowest ever) CD4 count was 220 cells/mm³.

Considering the mechanism that might drive increased cancer risk in people with perinatal HIV infection, the researchers suggest that life-long HIV-related inflammation – especially among those who do not maintain viral suppression – might increase risk of developing malignancies. It is hoped that early, sustained suppressive antiretroviral therapy will reduce the excess risk of cancer in young people born with HIV.

Related links

[Read this news story in full on aidsmap.com](#)

[View the abstract on the AIDS 2018 website](#)

[Visit our conference news pages for all our AIDS 2018 coverage](#)

Adolescent PrEP users

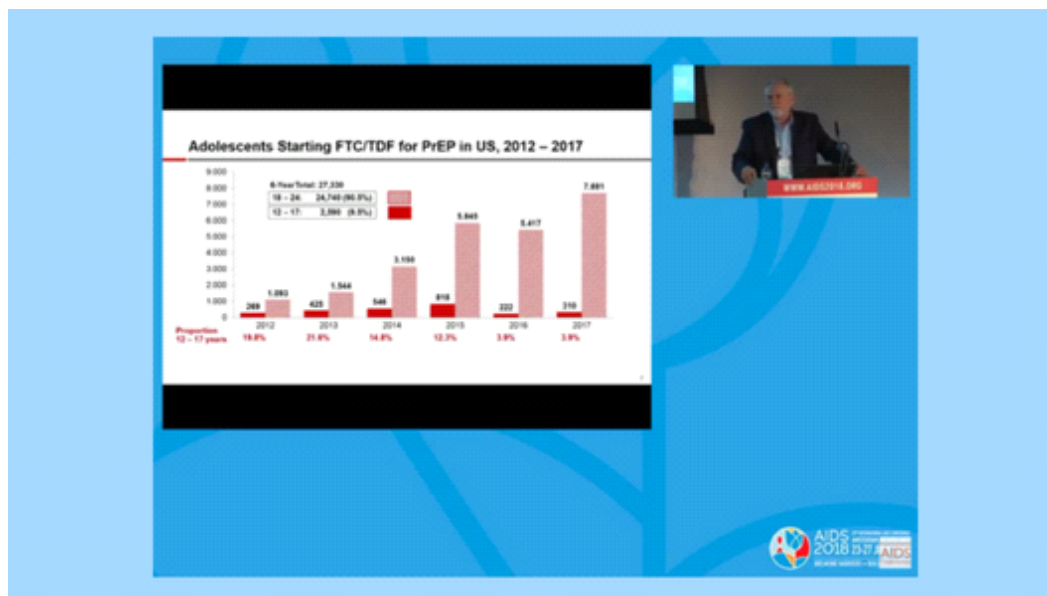


Image from the webcast of David Magnuson presenting at AIDS 2018.

Only 1.5% of people who have used pre-exposure prophylaxis (PrEP) in the United States are age 17 or younger, and more than 80% of them are girls and young women, according to estimates from Gilead Sciences presented last week at the conference.

Given that new HIV infections in the US are largely concentrated among young men who have sex with men – especially young African-American and Latino gay men – these findings highlight the importance of making PrEP more available to those at greatest risk.

The US Food and Drug Administration approved *Truvada* (tenofovir/emtricitabine) for HIV prevention in July 2012; this was [extended to adolescents in May](#). Its use has risen steadily since then, but it has been difficult to determine the total number of people who use PrEP because the data are not centrally collected. Gilead Sciences has collected data from around 80% of retail pharmacies in the United States to track the uptake of PrEP. The survey found that just over 177,000 started PrEP between 2012 and the end of 2017.

Just under 17% of PrEP users were under 25 in 2017, and 3.9% were under 18. Although women account for around 18% of PrEP users overall, more than 80% of the youngest users were girls and young women.

Adolescents received PrEP mostly from paediatricians (38%), followed by emergency medicine providers and family practice providers.

Related links

[Read this news story in full on aidsmap.com](#)

[View the abstract on the AIDS 2018 website](#)

Digital innovations promote HIV testing and prevention to MSM



Lord-Art Lomarda at AIDS 2018. Photo by Roger Pebody.

Innovative health promotion interventions engaging men who have sex with men (MSM) in south-east Asia through social media, apps, online marketing, video tools and phone services were highlighted at AIDS 2018.

The interventions included:

- ▮ An internet and social media campaign in the Philippines to encourage HIV testing among MSM. Testing rose by 62% compared to the previous year.
- ▮ Outreach to Vietnam's largest Facebook group for MSM, designed to encourage uptake of testing services, treatment for sexually transmitted infections and pre-exposure prophylaxis (PrEP).
- ▮ A private PrEP clinic in Bangkok, providing services to men from across south-east Asia, providing information, support and appointment-booking through Facebook and other social media.
- ▮ A video link provided by the Thai Red Cross to enable project workers to offer step-by-step support and advice as MSM and transgender women carry out HIV self-tests.

Related links

[Read this news story in full on aidsmap.com](#)

[View details of this session on the AIDS 2018 website](#)

STIs and PrEP



Michael Traeger at AIDS 2018. Image credit: @Liam_Beattie

There were significant increases in bacterial sexually transmitted infections (STIs) in gay and bisexual men taking part in the PrEPX demonstration study of pre-exposure prophylaxis (PrEP) in Victoria, Australia, but infections were concentrated in a subset of PrEP users – 25% of participants had two or more infections, accounting for 76% of infections. Thirteen per cent of participants had three or more infections, accounting for 53% of infections.

Moreover, there was a 48% increase in STI testing which attenuated the overall increase in STI incidence. Once it had been taken into account by the study's statisticians, the incidence of STIs increased by 21% in men taking PrEP for the first time.

The main behavioural factors which were associated with STIs were having more sexual partners and having group sex more frequently. Using condoms more or less often did not make any difference to STI rates. This suggests that interventions to reduce repeat STIs in PrEP users should focus more on partner numbers and on group sex than on condom use.

Related links

[Read this news story in full on aidsmap.com](#)

[View the abstract on the AIDS 2018 website](#)

New drugs and dosing



Francois Venter at AIDS 2018. Image credit: @USAIDGH

A reduced daily dose of the boosted protease inhibitor darunavir/ritonavir (400/100mg) is at least as effective as therapy with lopinavir/ritonavir for people switching treatment while virally suppressed, according to South African research presented at the conference.

The darunavir dose was cut by half without any reduction in virological efficacy. The investigators suggest the benefits of this reduced dose could include fewer side-effects and lower cost. This is particularly relevant in sub-Saharan Africa, where darunavir/ritonavir is rarely used partly because of its cost.

Participants in this switch study were already taking lopinavir/ritonavir and had a viral load below 50 copies/ml. After 48 weeks, 95% of people taking darunavir/ritonavir and 93% of those taking lopinavir/ritonavir had an undetectable viral load.

Doravirine is an experimental non-nucleoside reverse transcriptase inhibitor (NNRTI) being developed by Merck. The drug is active against the most commonly transmitted NNRTI-resistant viruses. The phase 3 DRIVE-FORWARD study presented at AIDS 2018 showed that doravirine was more effective than darunavir/ritonavir for people taking treatment for the first time.

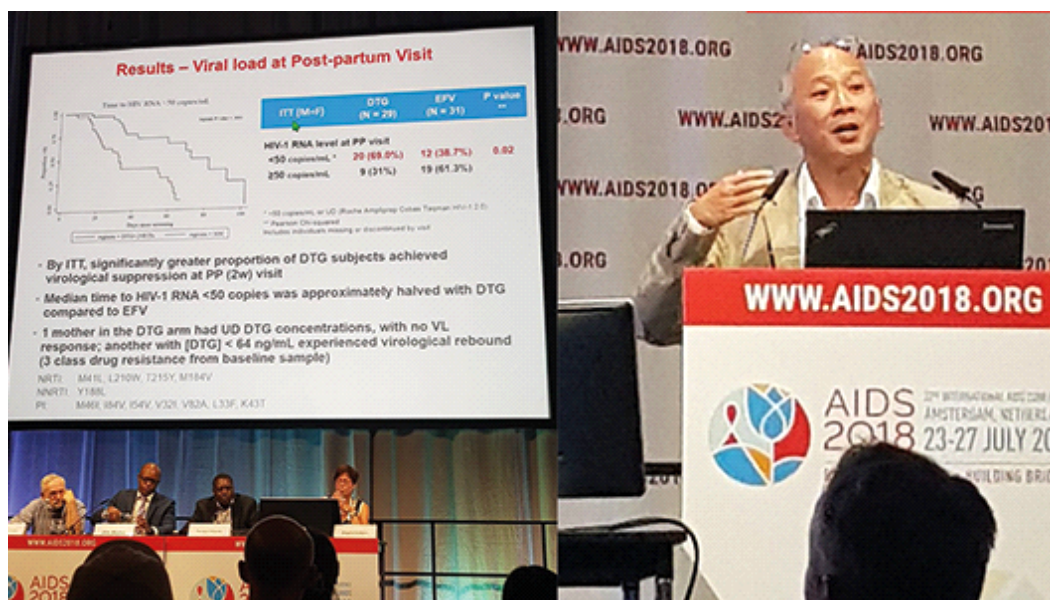
After 96 weeks, 73% of people treated with doravirine had a viral load suppressed below 50 copies/ml compared to 66% of people treated with darunavir/ritonavir. Other features of the experimental NNRTI included a very low rate of resistance and good safety and lipid profiles.

Related links

[Read the darunavir/ritonavir story in full on aidsmap.com](#)

[Read the doravirine story in full on aidsmap.com](#)

Dolutegravir in late pregnancy



Saye Khoo at AIDS 2018. Image credit: @UoLDolphin2

A pilot study of dolutegravir use in late pregnancy conducted in Uganda and South Africa found that women who started antiretroviral therapy (ART) with dolutegravir during the third trimester achieved an undetectable viral load faster than women who took efavirenz.

In South Africa around one in five pregnant women living with HIV start ART late. Starting ART in the third trimester is associated with failure to achieve viral suppression by delivery, which is critical for prevention of mother-to-child transmission.

In this pilot randomised study with 60 women who began HIV treatment in the third trimester, postpartum viral suppression (< 50 copies/ml) with dolutegravir was significantly higher (69%) than with efavirenz (39%). The median time to viral suppression was approximately halved in women who took dolutegravir.

A larger study is recruiting women in late pregnancy to further evaluate these findings.

Related links

[Read this news story in full on aidsmap.com](#)

[View the abstract on the AIDS 2018 website](#)

Pregnancy and contraception



The need for safe conception services and a wider choice of contraception for women living with HIV in sub-Saharan Africa were highlighted last week at AIDS 2018.

Recent [international and country-level guidance on the use of dolutegravir with effective contraception](#) – due to the risk of neural tube defects in infants exposed to the drug during the early weeks of pregnancy – has drawn attention to gaps in contraceptive availability. The conference heard findings from a review of 1985 women living with HIV on lifelong antiretroviral therapy (ART) from eight sites in Uganda, Zimbabwe, Malawi and South Africa. It found that half of women said their last pregnancy was unintended, and half did not want to have more children.

Just under 80% of sexually active, non-pregnant women reported using effective contraceptive methods (injectable, oral, intra-uterine device (IUD), implant or tubal ligation). Among women without permanent contraception, 18.8% reported using long-acting reversible contraceptives (LARC) including implants or IUDs.

Long-acting injectable contraception is the most effective reversible contraceptive for extended periods of time and may represent an attractive option or delivery through services that are also providing antiretroviral treatment at three- or six-month intervals. However, the study found that unemployed women, those on ART, and those with a viral load above 1000 copies/ml were significantly less likely to be users of long-acting injectable contraception.

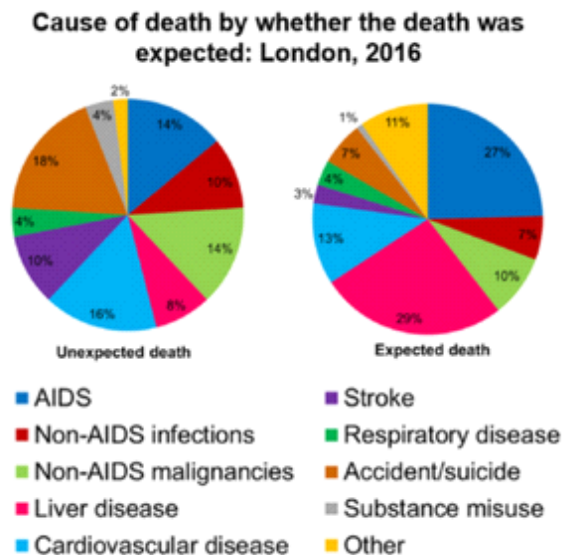
For women with HIV or women whose partner has HIV, access to advice and support about how to conceive safely is a growing demand. A second study looked at the outcomes of a demonstration project in South Africa designed to help couples with this. The service offers ART for HIV-positive partners, pre-exposure prophylaxis (PrEP) for HIV-negative partners, advice on the timing of unprotected sex to most fertile days (1-2 days each month), self-insemination, assisted reproductive technologies, sexually transmitted infection treatment and male medical circumcision (if the man is uninfected).

The study investigators said that achieving safer conception requires keeping patients engaged in care for prolonged periods. Women had an average of 7.5 visits to the service and male partners 3.8 visits.

Related links

[Read this news story in full on aidsmap.com](#)

Mortality in London



Graphs from Valerie Delpech's slides at AIDS 2018.

A review of deaths of people with HIV in London found that over three-quarters are due to non-AIDS conditions, with most occurring in people who were taking HIV treatment and had an undetectable viral load at the time of death. Almost half (44%) of deaths were considered to be sudden and 36% to be unexpected.

Among those with unexpected deaths, the leading causes were accidents and suicide (18%), cardiovascular disease (16%), AIDS-defining illnesses (14%), non-AIDS cancers (14%), stroke (10%) and non-AIDS infections (10%).

Among the larger group of deaths that had been to some degree expected, the causes of death were liver disease (29%), AIDS-defining illnesses (27%), cardiovascular disease (13%) and non-AIDS cancers (10%). In many cases, there was no evidence of planning end-of-life care, with the majority of deaths occurring in hospital rather than at home or in a hospice.

Related links

[Read this news story in full on aidsmap.com](#)

[View the abstract on the AIDS 2018 website](#)

Scientific analysis from Clinical Care Options



[Clinical Care Options \(CCO\)](#) is an official online provider of scientific analysis for the conference.

Their coverage will include capsule summaries of important clinical data, downloadable slides and expert faculty commentary on key HIV prevention and treatment studies.

Related links

[Visit the Clinical Care Options AIDS 2018 pages](#)

Support our work

NAM continues to
be a great source of
scientifically accurate
yet readable information.
This is a rare thing.
Support it.



This message from one of our supporters made us smile! As a charity we rely on donations to continue our work and are so grateful for every gift we receive, no matter how big or small.

We believe passionately that independent, clear and evidence-based information lies at the heart




of empowering people to make decisions about their health and live longer, healthier, happier lives.

If you can feel you can support our work with a donation, you can do so online at www.aidsmap.com/donate.

Thank you.

Related links

www.aidsmap.com/donate

-  [Connect with NAM on Facebook](#): Keep up to date with all the exciting projects, latest achievements and new developments that are going on in the world of NAM.
-  [Follow NAM on twitter](#) for links to hot off the press news stories from our editors covering key developments and conferences as they happen.
-  Follow all the conference news by [subscribing to our RSS feeds](#).

Official conference partners



NAM is an award-winning, community-based organisation, which works from the UK. We deliver reliable and accurate HIV information across the world to HIV-positive people and to the professionals who treat, support and care for them.

Make a donation, make a difference at www.aidsmap.com/donate

For more details, please contact NAM:

tel: +44 (0)20 7837 6988

fax: +44 (0)20 7923 5949

email: info@nam.org.uk

web: www.aidsmap.com

NAM Publications

Registered office: Acorn House, 314-320 Gray's Inn Road, London, WC1X 8DP

Company limited by guarantee. Registered in England & Wales, number: 2707596

Registered charity, number: 1011220

To unsubscribe please visit: <http://www.aidsmap.com/page/1492854/>

Privacy Policy

Read it here: <http://www.aidsmap.com/page/1439297/>