Pre-exposure prophylaxis for HIV in women: daily oral tenofovir, oral tenofovir-emtricitabine, or vaginal tenofovir gel in the VOICE Study (MTN 003)

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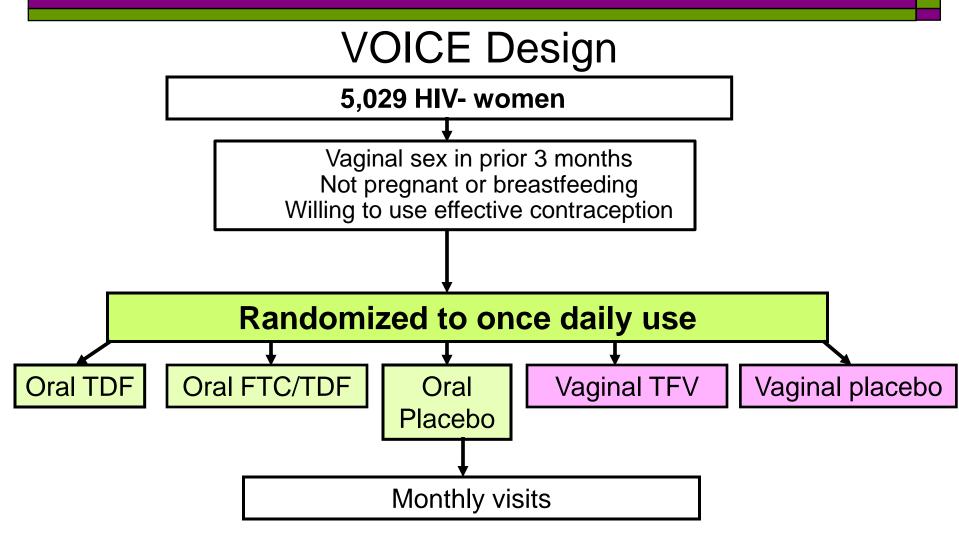
The VOICE Study

- Phase 2B, randomized, double-blind, placebo-controlled, five-arm trial of daily use of the following for prevention of HIV acquisition in women:
 - Vaginal tenofovir (TFV) 1% gel (40 mg)
 - Oral tenofovir (TDF, 300 mg)
 - Oral tenofovir / emtricitabine (TDF / FTC; 300 mg / 200 mg)









Comprehensive HIV prevention counseling, condoms, contraception, pregnancy test, STI evaluation & treatment, provision of study product

1° endpoints: HIV infection, safety

Who were the 5,029 Women in VOICE?



UGANDA: 322 participants

Makerere Univ./JHU, Kampala (1 site)

ZIMBABWE: 630 participants

- UZ-UCSF, Harare (1 site)
- UZ-UCSF, Chitungwiza (2 sites)

SOUTH AFRICA: 4,077 participants

Durban Area

- Medical Research Council (7 sites)
- CAPRISA eThekwini (1 site)

Johannesburg Area

- WRHI (1 site)
- PHRU Soweto (1 site)

Klerksdorp Area

Aurum Institute (1 site)





Variation Across Countries

Women in the VOICE study were between 18-45 years old, but most were in their 20's.

| | South Africa | Uganda | Zim |
|-----------------------------------|-----------------|--------|------|
| Average Age | 24.7 | 28.3 | 28.1 |
| Percentage younger than age 25 | 55% | 25% | 26% |
| Percentage who are married | 8% | 50% | 94% |
| Education (≥ secondary school) | 54% | 3% | 60% |





Key Findings from VOICE

- No product tenofovir gel, oral tenofovir or oral
 Truvada proven effective in preventing HIV
 - Most participants did not use daily as recommended
- Compared to older, married women, young single women less likely to use products and more likely to get HIV
 - New infections in young women more frequent than expected
 - Nearly 10 of every 100 women got HIV in 1 year at some South African sites

Daily Use Not Acceptable

- Results are disappointing but clear
 - Daily use (gel or tablet) is **not** the right approach for women like those in VOICE (mostly young and unmarried)
- We still need safe and effective HIV
 prevention methods that young, unmarried
 women will actually use





Amount of Drug in Blood

- Researchers tested blood samples from 773 participants
 - Some blood samples had drug in them
 - Most blood samples that should have had drug in them did not (less than 1 out of 3 women had drug found in their blood)
 - This was true for oral tenofovir, Truvada, and tenofovir gel groups
- These results indicate that most women did not use them daily as recommended
- Also, those least likely to use their products, single women under age 25, were also most likely to get HIV





Incidence of HIV Acquisition

| | South Africa | Uganda / Zimbabwe |
|-----------|----------------|----------------------|
| Age <25 y | 8.7 (7.6, 10) | 2.6 (1.1, 5.1) |
| ≥ 25 y | 4.7 (3.8, 5.8) | 0.8 (0.4, 1.7) |
| Married | 0.9 (0.2, 2.7) | 0.9 (0.4, 1.7) |
| Unmarried | 7.5 (6.6, 8.4) | 2.8 (1.1, 5.7) |

Incidence per 100-person-years (95% C.I)

Quality of the Study

- Most women came to their study visits and completed study procedures
- Most women stayed in VOICE until they were scheduled to be finished coming to visits (good participant retention)
- Completion of study procedures and good retention are important for the quality of a study





Product Safety

- No safety concerns were identified for any of the study products tested in the VOICE Study
- Based on findings from various types of exams
 - Physical exam
 - Pelvic exam
 - Laboratory test results
 - Other health outcomes





Results of Sub-Studies

- VOICE had three sub-studies:
 - VOICE-B Effects of oral products on bone health
 - VOICE-C Community factors and beliefs that can influence adherence
 - VOICE-D Individual behaviors and attitudes about HIV risk and impact on adherence
- Results being analyzed separately
 - Final results of VOICE-C and -D expected mid-2013
 - Results of VOICE-B will be later in 2013 participants are being followed until August 2013





Conclusions

- Incidence of HIV substantially higher than anticipated
- No study drug significantly reduced risk of HIV acquisition
- Adherence to study products was low, especially among younger, unmarried women
- Results consistent with Fem-PrEP
 - Consider PrEP agents / delivery systems that are long acting and require minimal daily adherence
- Understanding HIV risk perception and biomedical, social and cultural determinants of adherence in this high-risk population urgently needed

VOICE Study Team

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 - Harare, Zimbabwe: Nyaradzo Mgodi, Tsitsi Magure, Margaret Mlingo, Petina Musara
- SCHARP: Barbra Richardson, Cliff Kelly, Benoit Masse, Karen Patterson, Missy Cianciola, Molly Swenson, James Dai, Holly Gundacker, Janne Abullarade, Jennifer Schille, Craig Silva, Della Wilson, Stacie Kentop, Jenny Tseng, Martha Doyle, Hongli Li, Jami Moksness, Joleen Borgerding, Sharavi Gandham, Kate Bader, Lynda McVarish
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- □ Gilead (oral study drug): Jim Rooney, Howard Jaffe, Rebecca Guzman and Farideh Said
- CONRAD (vaginal study drug): Jill Schwartz; Henry Gabelnick, Gustavo Doncel, David Friend

DISCUSSION

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