Treatment-Experienced Patients: Physician and Patient Perspectives on Choosing Antiretroviral Regimens

Sponsored by the American Foundation for AIDS Research and supported by Roche and Trimeris
Survey Introduction

Jeffery Smith
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• Multiple drug resistant virus remains a critical issue in HIV treatment

• Treatment goals and expectations are well-characterized for patients first initiating HIV treatment, however more information is needed for treatment-experienced patients

• Physicians and treatment-experienced patients are not fully discussing their priorities for managing the disease
Survey Objectives

• Define treatment priorities among physicians and treatment-experienced patients

• Determine where perceptions of physicians and treatment-experienced patients converge and diverge

• Understand physicians and patients’ perceptions of current HIV treatment options, including injectable drugs
Physician Sample and Methodology

• Physicians from the following groups were sampled by Harris Interactive:
  – Family Practitioner
  – General Practitioner
  – Infectious Disease Specialist
  – Internist

• To qualify for the survey physicians must:
  – Have been in practice 3-30 years
  – Treat at least 5 HIV/AIDS patients per month (average number of patients per month is 68)
  –Prescribe protease inhibitors
Patient Sample and Methodology

• Patients were recruited from the following sources:
  – Via referrals through their physicians who had participated in the complementary telephone survey*
  – Harris Interactive online panel members with HIV/AIDS

• To qualify for the survey, patients must:
  – Be 18 or older
  – Be diagnosed with HIV/AIDS
  – Have taken 2 or more antiretroviral regimens

*To obtain a representation of minority patients, a portion of the physician sample was targeted among physicians practicing in areas with large minority resident populations.
Treating HIV Patients in 2005
Treating HIV Patients

- Currently 21 antiretroviral drugs are available
  - Four classes of drugs available for combination therapy

- Multiple drug resistant virus remains a critical issue and a hurdle in HIV treatment
Treating the HIV Patient

• A large cohort of HIV-infected individuals prescribed antiretroviral therapy from 2001-2003 showed that four out of five of those tested had resistance to at least one anti-HIV drug

• Thirty-nine percent were found to have resistance to a drug in two classes, and 18 percent had resistance to a drug in three classes

Three Classes of Approved ARVs

- Indinavir
- Saquinavir mesylate
- Ritonavir
- Nevirapine
- Lamivudine (3TC)
- Zalcitabine (ddC)
- Zidovudine (AZT)
- Didanosine (ddI)
- Tenofovir disoproxil fumarate
- Stavudine (d4T)
## 2005 - Four Classes of Approved ARVs

<table>
<thead>
<tr>
<th>FI</th>
<th>NRTI</th>
<th>NNRTI</th>
<th>PI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enfuvirtide</td>
<td>Lamivudine (3TC)</td>
<td>Delavirdine, DLV</td>
<td>Amprenavir</td>
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<tr>
<td></td>
<td>Emtricitabine (FTC)</td>
<td>Efavirenz</td>
<td>Indinavir</td>
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<td></td>
<td>Abacavir/lamivudine</td>
<td>Nevirapine</td>
<td>Saquinavir mesylate</td>
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<td></td>
<td>Zalcitabine (ddC)</td>
<td></td>
<td>Lopinavir/ritonavir</td>
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<td></td>
<td>Zidovudine (AZT)</td>
<td></td>
<td>Fosamprenavir calcium</td>
</tr>
<tr>
<td></td>
<td>Abacavir/zidovudine/lamivudine</td>
<td></td>
<td>Ritonavir</td>
</tr>
<tr>
<td></td>
<td>Tenofovir/</td>
<td></td>
<td>Atazanavir sulfate</td>
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<tr>
<td></td>
<td>Emtricitabine</td>
<td></td>
<td>Nelfinavir mesylate</td>
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<td></td>
<td>Enteric coated didanosine</td>
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<td>Didanosine (ddl)</td>
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<td>Stavudine (d4T)</td>
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<td></td>
<td>Abacavir</td>
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Patient Perspectives on Choosing Antiretroviral Regimens

Fred Schaich
President and Founder
International Foundation for Alternative Research on AIDS
Portland, OR
About Me

• Diagnosed with HIV in 1986

• Founder and President of the International Foundation for Alternative Research in AIDS (IFARA)

• Currently serves in leadership positions of other advocacy organizations
  – AIDS Action Project Northwest (AAPNW)
  – World AIDS Day Northwest (WADNW)
  – AIDS Treatment Activists Coalition (ATAC)
Side Effects Are Most Frequently Experienced

- Stomach problems: 85%
- Fatigue: 73%
- Changes in body composition: 61%
- Increase in cholesterol or triglycerides: 47%
- Weight loss: 45%
- Weight gain: 43%
- Liver damage: 16%
- Injection site reactions: 12%

% Responding “Yes”
Reasons Patients Switch Therapy

- Doctor decided to discontinue that therapy: 77%
- Experienced severe side effects: 57%
- Wanted to reduce the number of pills taken: 45%
- Therapy did not keep or improve condition to satisfactory level: 42%
- Developed viral resistance: 40%
- Had difficulty complying with treatment: 36%
- Therapy involved injections which did not want to have: 5%
- Other: 9%
- None of these: 3%
Treatment-Experienced Patients Goals for Antiretroviral Therapy

- Prevention of opportunistic infections: 91%
- Significant increase in CD4 count: 88%
- Low likelihood of viral resistance: 83%
- Undetectable viral load: 81%
- Few side effects: 70%
- Good GI side effects profile: 70%
- Reduced viral load but not undetectable: 69%
- Low likelihood of changes in body composition: 57%
- Good lipid profile: NA

% Responding “Very Important”
Equal Efficacy but Different Side Effects: Which Would You Choose? Injectable (Injection Site Reactions) vs. Oral (GI Side Effects)

Very likely 30%
Somewhat likely 20%
Somewhat unlikely 27%
Very unlikely 1%
Doesn’t matter 21%
Not sure 1%

Doesn’t matter
Willingness to Try Injectable HIV/AIDS Medication

- Very willing: 45%
- Somewhat willing: 34%
- Not very willing: 13%
- Not willing at all: 7%
- Not sure: 1%
## Perceptions About Injectable Medications

<table>
<thead>
<tr>
<th>I think I would be able to comply with an injectable medication regimen</th>
<th>Strongly Agree (%)</th>
<th>Somewhat Agree (%)</th>
<th>Somewhat Disagree (%)</th>
<th>Strongly Disagree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>56</td>
<td>29</td>
<td>9</td>
<td>6</td>
</tr>
</tbody>
</table>
Conclusion

• Treatment-experienced patients remain ambitious about treatment goals

• Willingness to try therapy from a new class of drugs to achieve goals

...What do doctors have to say?
Physician Perspectives on Choosing Antiretroviral Regimens

Calvin Cohen, M.D., M.S.
Director of Research
Community Research Initiative of New England
Harvard Vanguard Medical Associates
Boston, MA
DHHS Guidelines For Treatment-Experienced Patients

- **Objective of therapy as achieving “...full viral suppression to prevent the development of further viral resistance.”**

- Recommends the addition of a new class of ARV to existing classes used

- Strongly recommends avoiding the addition of only one new drug to a failing regimen due to the likely development of further resistance
Physicians’ Definition of Successful Treatment:
All Patients vs. Treatment-Experienced Patients

- Low viral load: 85% vs. 63%
- Undetectable viral load: 84% vs. 57%
- Low likelihood of viral resistance: 80% vs. 59%
- Prevention of opportunistic infections: 75% vs. 69%
- Significant increase in CD4 count: 69% vs. 55%
- Low side effects: 66% vs. 38%
- Good GI side effects profile: 41% vs. 22%
- Low incidence of metabolic side effects: 35% vs. 10%
- Good lipid profile: 22% vs. 22%

HIV Patients Overall
- Patients That Have Had At Least Two Regimens Fail

% Responding “Very Important”
Physicians and Patients: Definitions of Successful Treatment

- **Low viral load**: 69% of Physicians, 81% of Patients
- **Undetectable viral load**: 83% of Physicians, 91% of Patients
- **Low likelihood of viral resistance**: 83% of Physicians, 91% of Patients
- **Prevention of opportunistic infections**: 69% of Physicians, 88% of Patients
- **Significant increase in CD4 count**: 59% of Physicians, 70% of Patients
- **Low side effects**: 55% of Physicians, 70% of Patients
- **Good GI side effects profile**: 38% of Physicians, 70% of Patients
- **Good lipid profile**: 10% of Physicians, 22% of Patients

"Very Important"
## Likelihood of Prescribing Injectable Anti-HIV Therapy

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Very Likely (%)</th>
<th>Somewhat Likely (%)</th>
<th>Not Very Likely (%)</th>
<th>Not at All Likely (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If it increases the likelihood of achieving an undetectable viral load</td>
<td>48</td>
<td>41</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>For treatment-experienced patients</td>
<td>32</td>
<td>58</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>If the patient asks for it</td>
<td>31</td>
<td>49</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>For patients who are current or former abusers of illegal intravenous drugs</td>
<td>9</td>
<td>48</td>
<td>33</td>
<td>9</td>
</tr>
</tbody>
</table>
DHHS Guidelines For Treatment-Experienced Patients

- Objective of therapy as achieving “…full viral suppression to prevent the development of further viral resistance.”

- **Recommends the addition of a new class of ARV to existing classes used**

- **Strongly recommends avoiding the addition of only one new drug to a failing regimen due to the likely development of further resistance**
Reservations About Prescribing Injectable Anti-HIV Therapy

- Major reservations: 19%
- Minor reservations: 49%
- No reservations: 33%
Concerns About Prescribing Injectable Anti-HIV Medications

- About compliance: 90%
- Patients' reaction to taking injectable treatment: 61%
- Patients may develop injection site reaction: 51%

% Responding “Yes”
Physicians concerned about compliance with prescribing an injectable drug

Yes 90%
No 10%

Patients saying they could comply with an injectable drug

Agree 85%
Disagree 15%
How often do physicians prescribe injectable drugs

- Never: 15%
- Rarely: 59%
- Sometimes: 25%
- Often: 2%

Patients would consider injectable drugs if physician recommended

- Strongly agree: 52%
- Somewhat agree: 33%
- Sometimes disagree: 8%
- Somewhat disagree: 7%
- Strongly disagree: 2%
- Rarely: 59%
- Never: 15%
- Sometimes: 25%
- Often: 2%
Summary of Survey Findings

• **Treatment-experienced patients set high standards for treatment success**
  – Patients and physicians have similar definition of treatment success
  – Treatment experienced patients more optimistic about attaining these goals than their physicians

• **Physicians tend to underestimate their patients’ willingness to use an injectable antiretroviral medication**
  – Physicians strongly agree that a majority of their patients would prefer other delivery methods to injection
  – Most patients would consider using an injectable if their doctor recommended it
Conclusions

- Survey results underscore importance of patient-doctor discussions on treatment goals and available options

- Patients should share treatment goals with their HIV-treating physicians to determine the best possible treatment options

- Physicians should also ensure they have a clear understanding of their patients’ needs and desires