

2016 HPTN Annual Meeting Highlights

The 2016 HPTN Annual Meeting was held from June 10-15, 2016 at the Crystal Gateway Marriott in Arlington, Virginia. Combined with the IMPAACT Network Annual Meeting, the week-long event had a record number of over 1,000 registered participants. The conference included scientific, community, laboratory, statistical, modelling, and scholar plenaries complemented by protocol, leadership, community, and fiscal meetings, capacity building sessions, orientations, demo rooms, and a poster session.

Plenary presentations can be found [here](#).

Mark your calendars now for our meeting next year scheduled from April 7-14, 2017 in Washington D.C.



Kenneth Mayer receiving the Ward Cates Spirit Award from Dr. Anthony Fauci

Kenneth Mayer Wins Inaugural Ward Cates Spirit Award

Congratulations to Kenneth Mayer for winning the inaugural Ward Cates Spirit Award. Ken was awarded this honor based on his outstanding commitment and leadership to “health as a right”, scientific excellence, magnanimity in mentorship and support, compassion, personal values of integrity, honesty, loyalty, and unwavering courage to ensure the dignity and rights of people.

HPTN Clinical Research Sites Shine at Awards Ceremony

Thank you to our sites for all of their hard work to make HPTN studies possible. Special recognition was given to sites for best accrual rates, best cumulative retention rates, best quality of Data Faxing of CRFs, QC rates and QC resolution, best laboratory performance, and best innovation in community engagement.

- Best Accrual – Soweto HPTN CRS (Johannesburg, South Africa)
- Best Cumulative Retention Rates – Chapel Hill CRS (Chapel Hill, N.C.)
- Best Quality of Data Faxing of CRFs, QC Rates, QC Resolution – Health Center of Pho Yen, Thai Nguyen Province CRS (Hanoi, Vietnam)
- Best Laboratory Performance – Health Center of Pho Yen, Thai Nguyen Province CRS (Hanoi, Vietnam)
- Best Innovation in Community Engagement – Kisumu CRS (Kisumu, Kenya)



Health Center of Pho Yen, Thai Nguyen Province CRS receiving the Best Laboratory Performance Award

STUDY SPOTLIGHT

HPTN Looking at Long-acting Agents for Prevention

What is HPTN 083?

HPTN 083 is a study being done to evaluate the efficacy of the long-acting injectable agent, cabotegravir (CAB LA), for pre-exposure prophylaxis (PrEP) in HIV-uninfected men and transgender women who have sex with men (MSM and TGW).

Who is participating in the study?

HPTN 083 will enroll approximately 4,500 HIV-uninfected MSM and TGW at risk for acquiring HIV infection, ages 18

or older at sites in the Americas, Asia and South Africa.

Why is HPTN 083 important?

PrEP agents are needed that do not depend on daily or near-daily pill-taking. The development of alternative agents for PrEP, and/or more adherence-friendly schedules for currently available agents, could increase prevention choices and increase acceptability. Long-acting injectable agents have the potential to prevent HIV acquisition without relying on adherence to a daily oral regimen.

What will happen during the study?

Once randomized to one of two arms, participants will move through the steps below and followed for up to 4 and a half years (**active drugs are shown in bold text**):

Step 1:

Arm A – **Daily oral CAB** (30 mg tablets) and oral TDF/FTC placebo for five weeks

Arm B – **Daily oral TDF/FTC** (300 mg/200 mg fixed-dose combination tablets) and oral CAB placebo for five weeks

A participant that becomes HIV-infected during Step 1 of the study will permanently discontinue study product and will be terminated from the study, and referred for HIV-related care.

Step 2:

Arm A – **CAB LA** (600 mg as a single intramuscular [IM] injection at two time points four weeks apart and every eight weeks thereafter) and daily oral TDF/FTC placebo.

Arm B – **Daily oral TDF/FTC** (300/200 mg fixed-dose combination tablets) and IM placebo at two time points four weeks apart and every eight weeks thereafter (matching vehicle, identical volume as active injectable product in Arm A).

This step will continue until the required number of endpoints is reached.

A participant that becomes HIV-infected during Step 2 of the study will permanently discontinue study product, be placed on immediate suppressive antiretroviral therapy (ART), and be followed for 52 weeks after their last injection, after which their participation in the study will end and they will be transitioned to continued HIV-related care.

Step 3:

Both arms: **Open-label daily oral TDF/FTC** no later than eight weeks after the last injection (in order to cover the pharmacokinetic (PK) tail for Arm A participants), for up to 48 weeks. Participants will then transition to locally-available HIV prevention services, including services for PrEP, if available.

A participant with confirmed HIV infection during Step 3 will be followed at least for the duration of Step 3.

[Learn more](#)

SHOUTOUTS

Congratulations to the [HPTN 074](#) team for completing enrollment on June 10th! HPTN 074 aims to determine the feasibility of a future trial that will assess whether an integrated intervention combining psychosocial counseling and supporter referrals for ART at any CD4 cell count and substance use treatment for HIV-infected people who inject drugs (PWID) will reduce HIV transmission to HIV-uninfected injection partners, as compared to routine care dictated by national guidelines for HIV-infected PWID. [Learn more](#)

NETWORK MEMBER SPOTLIGHT

Louis Shackelford

Louis Shackelford is a community education coordinator at the Harlem Prevention Center CRS in Harlem, New York. He is responsible for fostering partnerships with community-based organizations, serving as a liaison and conducting educational activities for the community around research and sexual health.

How did you first become involved with the HPTN?

I started my career in the HPTN as a member of the HPTN 061 (BROTHERS) Study. This was my first experience doing HIV prevention work. At the time, I had little more than a passion for helping people in my community, so I was brought in as a Peer Community Navigator. As a Peer, my role was to support participants enrolled in the study with referrals to services as needed, advocacy when necessary, or just a listening ear. As a lifelong Harlem resident, it was (and remains) a pleasure to serve the community which birthed me by helping men and women like myself. [Learn more](#)



HOT OFF THE PRESS

Amico KR, Wallace M, Bekker LG, Roux S, Atujuna M, Sebastian E, Dye BJ, Elharrar V, Grant RM. 2016. [Experiences with HPTN 067/ADAPT Study-Provided Open-Label PrEP Among Women in Cape Town: Facilitators and Barriers Within a Mutuality Framework](#). AIDS and Behavior.

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