

# Clinical Trials: Rapporteur Session

AIDS Vaccine 2008

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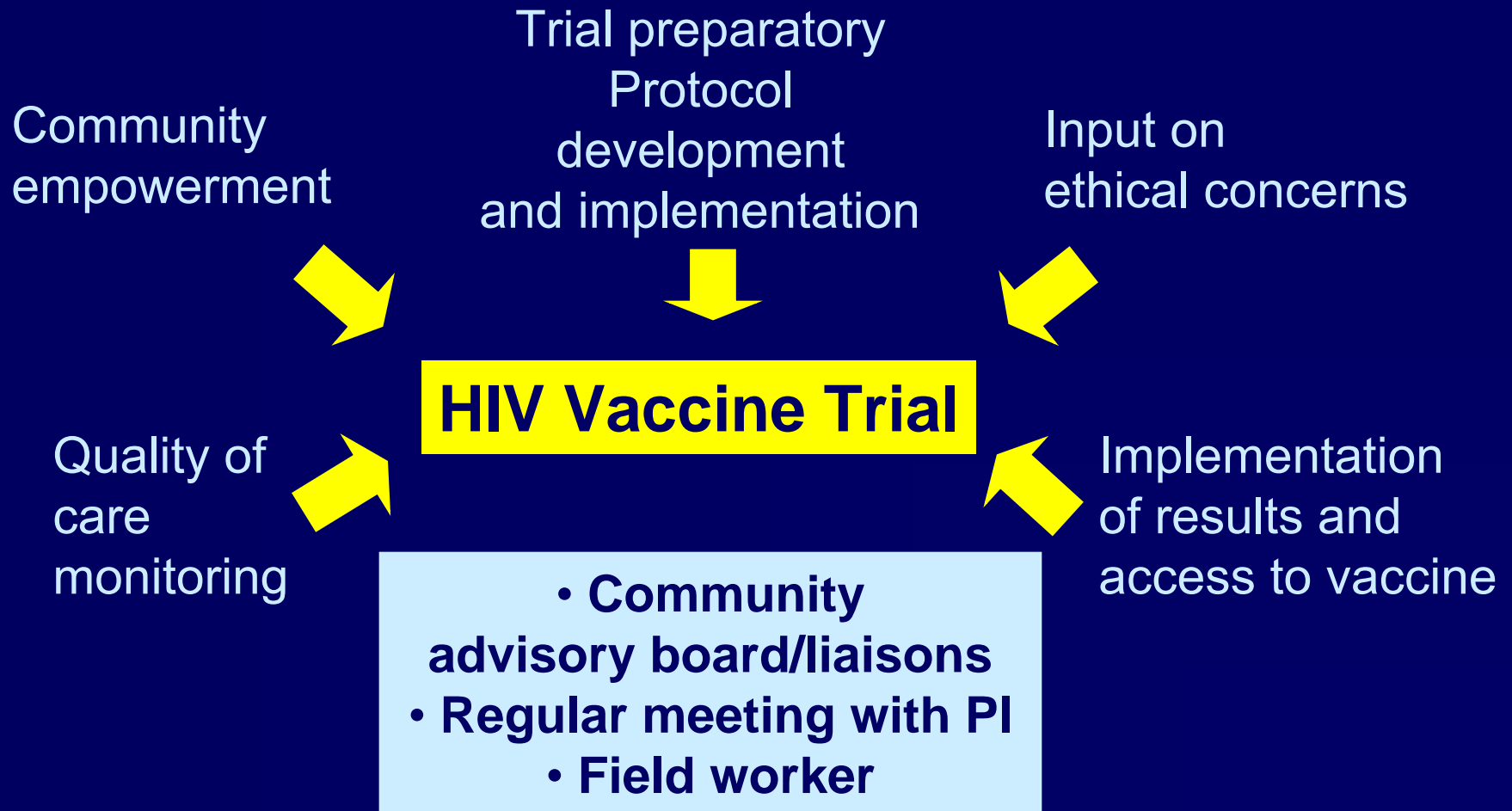
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# Outline

- Community involvement
- Preparing for HIV vaccine trials
- Lessons learned from the STEP trial
- Traditional/proposed trial development pathways
- The way forward

# Community Involvement (Immediate, Larger, National, Global)



# Preparing for HIV Vaccine Trials

- Community participation
- Knowing and identifying ways to improve acceptability to HIV vaccine intervention
  - Increase female participation in Western Kenya<sup>1</sup>, Rwanda<sup>2</sup> and US (minority)<sup>3</sup> by intensified recruiting strategy
- Involve adolescents in HIV vaccine trials<sup>4,5</sup>

<sup>1</sup>A. Adegga (P06-19, P06-18), <sup>2</sup>K. Kayitenkore (OA08-05), <sup>3</sup>P. Frew (OA08-02),  
<sup>4</sup>H. Jansen (OA08-04), <sup>5</sup>L. Bekker (RT01-05)

# Preparing for HIV Vaccine Trials

- Using technology as a tool for enrollment and retention (free mobile phone minutes<sup>1</sup>, radio<sup>2</sup>, email<sup>3</sup>)
- Importance of regional reference ranges<sup>4</sup>

<sup>1</sup>N. Chimbindi (P06-16), <sup>2</sup>A. Sangowawa (P14-15), <sup>3</sup>K. Louis (OA08-08), <sup>4</sup>A. Kamali (P13-13)

# Maintaining Vaccine Research Agenda in the Absence of Vaccine candidates

- 20 years of cohort and vaccine preparedness in Uganda but no vaccine is ready for efficacy trials
- Maintain existing cohorts, community interest and well-trained staff by
  - Long term research investment
  - Multidisciplinary approach to research and prevention
  - Integration of prevention and care
  - Human capacity and infrastructure development
- Diversification of research portfolio to non-HIV

# Lessons Learned from the STEP Trial

## ■ Scientific issues<sup>1</sup>

- Lower HIV viral load in Ad5 naive vaccinees with more IFN- $\gamma$ -secreting T cells and those with more Gag CD8+ T cells
- Beneficial effect of protective HLA alleles observed in HIV+ cohorts particularly in vaccine recipients
- Further investigations
  - Role of Ad5 immunity in HIV acquisition
  - Potential confounders

## ■ Regulatory issues<sup>2</sup>

- Issues with use of live viral vectors
- Little guidance from FDA, EMEA, WHO and national regulatory authorities
- Clear stopping rules
- FDA advisory consultation

<sup>1</sup>J McElrath (PL01-01), S Buchbinder (PL 02-03), <sup>2</sup>H. Rees (SP01-05)

# Lessons Learned from the STEP Trial

- Ethical issues
  - Trial-related harm
    - Obligation to provide monitoring and ARV without time limit
    - No obligation to provide monetary compensation unless stipulated in advance
  
  - Impact on future HIV vaccine trials
    - Inform volunteers on STEP trials
      - Factors that enhance HIV susceptibility
      - Similarities/differences of vaccine products/risk factors compared to STEP
    - Circumcision as required vs. encouraged



Phase III Antibody-based trials  
Recombinant gp120 in US MSM  
and in Thai IDUs



Phase III Antibody-  
and T-cell based trials (TOC)  
RV144 in Thailand  
ALVAC/gp120 prime boost



Phase IIB T cell-based trials  
(TOC)  
Merck gag/pol/nef, Ad5  
STEP and Phambili



**Screening-Test-of-Concept Trial (STOC)**

Number of volunteers  
Large

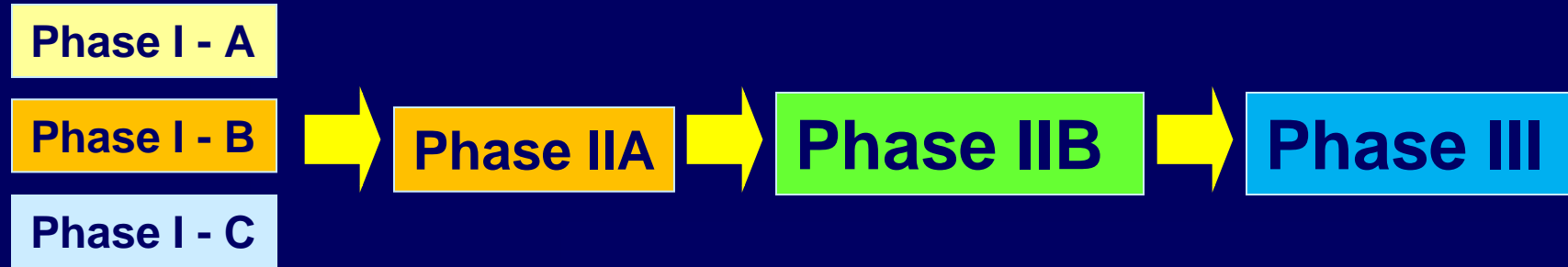
Population  
Relatively heterogenous

Primary endpoints  
Prevent HIV acquisition  
Reduce HIV viral load

# Screening-Test-of-Concept Trial (STOC)

- Screen vaccine candidates for evidence of impact on HIV viral load set point
  - Consider advancing candidate if  $\geq 1.0 \log_{10}$  viral load reduction observed
  - Averaging at least 2 viral load measurements from a set window period (pre-ARV)
- Randomized 1:1 vaccine vs. placebo trial
  - 34 evaluable viral load endpoints required for 80% power against  $1.0 \log_{10}$  viral load change
  - Total sample size of around 1000
  - Around 3 years in duration
  - Relatively homogenous population
- Not designed to directly assess HIV acquisition/enhancement and immune correlates

## Traditional Trial Development Pathway



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## Proposed Trial Development Pathway



**Discovery**

**Development**

## Phase I and/or II preventive clinical vaccine trials

- MVA - CRF01\_AE<sup>1</sup>
- DNA/MVA Multiclade<sup>2</sup>
- F4co/AS01- HIV subtype B p17/p24 gag, RT and Nef<sup>3</sup>
- ADVAX – Clade C/B<sup>4</sup>
- Tiantan Vaccinia – CRF07 B'/C<sup>5</sup>
- CD4 Multiepitope polypeptide (EP1043) alone or in combination with CTL multiepitope DNA<sup>6</sup>

# HIV Vaccine as Part of Combination HIV Preventive Approach



Harm reduction

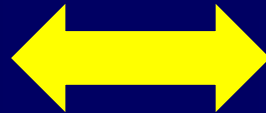
Circumcision

Condoms

STI treatment

ARV

Microbicides



UNAIDS/WHO  
Ethical Guidance  
2007

HIV prevention  
trial participants  
have access to  
all state of the art  
HIV risk  
reduction  
methods