

How to communicate the interim results from the PARTNER study in a clinical setting – from nurse to sero-different couples

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Disclosure

- Tina Bruun has no financial relationships with commercial entities to disclose



PARTNER Study

The PARTNER study is an observational multi-centre study of HIV serodifferent couples in which the positive partner is on ART, taking place in 75 European sites:

- 1217 partnership are enrolled
 - Heterosexual: 687
 - MSM: 530



Background

- Critical to understand the absolute risk of sexual transmission of HIV through condomless sex for a person on ART with undetectable plasma VL (below 200)
- Considering all studies in serodifferent couples to date, condomless sex is reported for only 330² cumulative couple-years of follow up, including the HPTN052 study.
- There is no direct evidence for anal sex in men who have sex with men



1. Rodger et al. *Antivir Ther*. 2013;18(3):285-7



Interim result

- 767 couples contributed 894 eligible couple years of follow up.
- The number of sex acts with out condom was > 44.000
 - For MSM: 16.400
 - For hetero: 28.000
- 0 HIV infections among negative partners occurring during the study period could be linked to the positive partner.



Community Press

HUFFPOST GAY VOICES

David Duran
 'Undetectable' Is the New 'Negative?'

Posted: 03/10/14 8:53 AM EDT | Updated: 03/10/14 5:58 AM EDT

NEW HIV Study Shows Treatment Delivers 'Zero' Risk of Transmission

HTB • 2014 • March • No HIV transmissions with undetectable viral load

ZERO

HIV TREATMENT BULLETIN

No HIV transmissions with undetectable viral load: interim PARTNER study results show need for longer follow-up

24 March 2014, Related: Conference reports, Transmission and prevention, CROI 21 (Philadelphia, 2014)

STUDY NOT IT

POZ

Since Collins, HIV is Back

The PARTNER study is an international observational study that estimates the risk of HIV transmission within HIV serodifferent couples who do not use condoms, when the HIV positive person is on ART and has an undetectable viral load.

21st Conference on Retroviruses and Opportunistic Infections (CROI), 1-6 March 2014, Boston

detectable viral load, transmits HIV in RTNER study

What load suppression means: risk of HIV transmission is 'at most' 4% during and less, but that needs to be done

CRUI 2014

Statements

- When asked what the study tells us about the chance of someone with an undetectable viral load transmitting HIV, presenter Alison Rodger said: **"Our best estimate is it's zero"**.
- **"Sero-negative men should still consider using condoms with a partner who has an undetectable viral load, especially for the highest risk activity: receptive anal sex with ejaculation,"** Gallant said.
- **"Some doctors have not yet embraced the practice and argue that while the risk of transmission is low, it still exists and they are worried couples might abandon safe sex altogether"**. Michael Weinstein, president of Los Angeles-based AIDS Healthcare Foundation.
- However, the researchers believe the true efficacy of treatment as prevention is likely to be nearer 100%, although, as the study's principal investigator pointed out, **it will probably never be possible to show with mathematical certainty that the risk of transmission from someone on successful HIV therapy is absolutely zero** NAM aidsmap, UK, 5 March 2014



Lessons learned in Denmark 6 month after the release of the results

- Feedback from sero-different couples in Denmark has been that these data have not been discussed with them at the clinics.
- It has been difficult to find layman articles/debates on the topic in Danish.
- Danish MSM volunteer counsellors working with HIV found it very difficult to know how they should counsel other MSM based on these data
- They expressed the need for more debate in the HIV/MSM organisations and more data.



How to communicate the first results from the PARTNER study in a clinical setting – from nurse to sero-different couples

- Whose responsibility is it to inform the HIV positive people and their negative partners about these results?
- Do we (staff working with HIV) need a more uniform approach in our communication about transmission risk? Or is it up to our own interpretation of risk and personal beliefs?
- Is there a difference in how to communicate transmission risk between MSM and heterosexual couples?
 - How do we communicate: 95% confidence interval and estimated risk?
- Do we undermine condom use by increasing the focus on decreased/0 transmission risk?
 - And is this focus the major reason for the increased incidence of HIV among MSM in big European cities (e.g. Berlin, London, Amsterdam) ?



Next steps and recommendations

- These results are important for health care staff, MSM couples and the community and needs to be discussed among these groups.
- In a clinical setting it should not only be the nurse's personal view on transmission risk, but should be a discussion among all staff members that are involved in the treatment and care of HIV positive people.
- If treatment is used as "treatment as prevention" in sero-different couples it could be emphasised in counselling that the PARTNER study is still studying the transmission risk in anal sex where evidence is still not strong.
- The PARTNER study continues to enrol only MSM couples to strengthen data on transmission risk in anal sex.
- These results also need to be communicated to clinics, MSM couples and in the HIV/gay community to strengthen debate about transmission risk.



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