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Supervised Treatment Interruption (STI) in an Urban HIV Clinical Practice: A Prospective Analysis

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ABSTRACT

Background: In stable HIV-1 infection, STI may induce immunological control of HIV replication. Several prospective trials of STI in chronic HIV-1 infection have been less encouraging. A previously reported retrospective analysis of our patients showed that patients with a significant CD4 cell increase on ART, 2 or more interruptions may significantly lower viral set point. This prospective study describes STI in a cohort of patients with their HIV replication interrupted during a time period.

Methods: 10 patients with either a positive response to therapy interruption not specifically or those expressing interest in the strategy who met inclusion criteria (CD4 >350, CD4/CD8 ratio >1.5). The patients were assigned to EI ART cycle: based on CD4 and VL responses not a predetermined schedule. STI induced temporary suppression of the entire antiretroviral regimen for greater than 7 days. Chats were instituted for the following baseline study parameters: ART regimen, treatment duration (T), CD4, CD4T, and VL during the treatment interruption.

Results: A prospective study was conducted with ART interruptions in both the baseline and the treatment interruption study. A total of 10 patients were able to stop ART and maintain VL below 50 copies/ml after 4 weeks off ART, the mean VL was the same as the baseline VL at week 11. Among the patients, 2 patients had a VL below 50 copies/ml after 4 weeks off ART. A total of 3 patients had a VL below 50 copies/ml after 11 weeks off ART. No patients developed resistance-conferring mutations. The authors concluded that the use of STI in the treatment of HIV-1 infection, with our subjects able to stop ART and maintain VL below 50 copies/ml after 4 weeks off ART, is a safe and effective strategy for the treatment of HIV-1 infection.