

When and What To Start

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Financial Relationships With Ineligible Companies (Formerly Described as Commercial Interests by the ACCME) Within the Last 2 Years:

Dr Thompson has received research support paid to her institution from Bristol Myers Squibb, Cepheid Inc., CytoDyn Inc., Frontier Biotherapeutics, Gilead Sciences, GlaxoSmithKline, Merck & Co., and ViiV Healthcare.

Dr Thompson chairs the independent data monitoring committee for Excision Biotherapeutics. (Updated 12/6/22)

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Learning Objectives

After attending this presentation, learners will be able to:

- Decide when to start ART in patients with cryptococcal or TB meningitis
- Choose appropriate ART for someone who has acquired HIV after exposure to cabotegravir or TXF/XTC
- Choose appropriate ART for a person who is initiating therapy while pregnant

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About that Headache...

- Eric, a 28 year old African-American man from Atlanta, was diagnosed with HIV when he went to the ER with **cough x 3 weeks, headache x 2 weeks, and fever to 102 degrees F.**
- Exam: no focal findings
- Head CT negative for mass or hydrocephalus
- **Chest X-ray: RUL infiltrate; O² sat = 96%**
- CD4 count = 22 cells/ μ L, HIV RNA = 525,350 copies/mL; serum cryptococcal Ag = negative; **IGRA = positive**
- Lumbar puncture: **AFB +**; opening pressure = 30 cmHg; cultures pending
 - WBC = 75 cells/ μ L, 80% lymphocytes; RBC = 0 cells/ μ L
 - Protein = 380 mg/dL; Glucose = 20 mg/dL (serum glucose 92 mg/dL)
 - CSF VDRL: nonreactive
 - CSF cryptococcal Ag: negative

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ARS 1: When Should You Start ART in TB Meningitis?

- A. Start ART, TB treatment, and high-dose steroids on the day of TB meningitis diagnosis
- B. Start ART within 2 weeks of beginning TB treatment and high-dose steroids
- C. Start ART within 2-4 weeks of beginning TB treatment and high-dose steroids
- D. Start ART at least 4 weeks after beginning TB treatment to avoid TB IRIS

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And What ART to Start?

- He starts high-dose steroids and begins therapy with **INH, rifampin, pyrazinamide and ethambutol** pending confirmation of INH and rifampin sensitivity
- What ART would you start for this patient?

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ARS 2: Which Initial ART Would You Begin For This Patient?

- A. BIC/FTC/TAF
- B. DTG/ABC/3TC
- C. DTG/3TC
- D. DTG 50mg + TFX/XTC
- E. DTG 50mg twice daily + TFX/XTC
- F. RAL 800mg once daily + TFX/XTC
- G. DRV/cobi/FTC/TAF
- H. DOR/TDF/FTC

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What if this had been cryptococcal meningitis?
When to start ART?

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“You don’t need PrEP...”

- Teresa is a 27 year old artist and single Black woman. She presents today with a new HIV diagnosis that was made at a local community-based organization on World AIDS Day.
- She had been on long-acting cabotegravir PrEP for about 6 months, but lost coverage through her parents’ health insurance 4 months ago when she turned 27.
 - She went to a health department clinic but the provider told her that she didn’t need PrEP because she is a woman, so she gave up.
- She comes to your clinic and wants to be treated for HIV as soon as possible. Like today!
- What are her options?

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ARS 3: Initiating ART after CAB-PrEP
What are Teresa's options for starting therapy while lab results are pending?

- A. BIC/FTC/TAF
- B. DTG/ABC/3TC
- C. DTG/3TC
- D. DTG + TFX/XTC
- E. DRV/cobi/TAF/FTC
- F. Start LA cabotegravir + rilpivirine direct-to-inject since she tolerated cabotegravir in the past
- G. She should wait to start ART until her genotype returns because of exposure to LA CAB. Come back in a week.

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What if she had been on TDF/FTC PrEP?
What to start?

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Dual Diagnoses: HIV and Pregnancy

- Jeremy is a 24 year old transman who was diagnosed with HIV by his ob-gyn during his first prenatal care visit at about 12 weeks gestation.
- He wants to begin treatment for HIV in order to protect the baby.
 - CD4 count = 633/ μ L
 - HIV-RNA = 129,000 copies/mL
 - Serology negative for HBV, HCV
- What regimen do you recommend for him?

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ARS 4: What to Start in Pregnancy?

- A. BIC/TAF/FTC
- B. DTG/3TC
- C. DTG + TAF/FTC
- D. DTG + TDF/FTC
- E. RAL 800mg + TDF/FTC
- F. DRV/cobi/TAF/FTC
- G. DOR/TDF/FTC

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Question-and-Answer Session

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