

Reviewing Anti-HIV Maintenance Treatment 4 Days-a-Week: A Safe Ethical Slash on 156 Days of Yearly Over-Medication

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As of 2003, Dr Jacques Leibowitch (Raymond-Poincaré hospital) initiated the evaluation of weekly discontinuous treatment cycles in volunteers under effective anti-HIV maintenance treatment for at least six months. The idea was to stick closest to the « primum non nocere » medical commandment. This was at risk of breaching through the established conventional wisdom universally ordering anti-HIV treatments to be taken unabatedly seven days a week “for life”.

Two early pilot studies brought 48 and 94 patients -in chronic anti-HIV maintenance treatment phase- down to 4 consecutive days a week on standard triple therapies resulting in 100% success rates (J. Leibowitch et al, FASEB J. 2010, 24(6):1649-55 ; FASEB J. 2015 29(6):2223-34). Furthermore, 6 different HIV couples in whom the HIV positive partner was on discontinuous therapy 4 days a week conceived and gave birth to 10 HIV-free babies, the unprotected HIV-negative parent having remained free of HIV contamination.

The French National Agency for AIDS/HIV Research (ANRS) initiated in 2014 its own prospective clinical trial (ANRS 4 D 162) recruiting for a 4 days a week medicine schedule 100 patients whose plasma HIV ad been below detection levels over the last 12 months. Results were posted in South Africa at the 21st International Durban conference, having recorded at discontinuous treatment week 48, a 100 % success for the 96 patients who had strictly adhered to protocol.

Following on these results (the above three pilot studies combined amounted to some 400 intermittent treatment-years without failure), ANRS will undertake for 2017-2018 a large multicentric, prospective QUATUOR confirmation trial, enrolling 640 patients in their maintenance treatment phase for 4 days a week under standard triple combination therapies. A group of patients will randomly stay on seven days a week treatment for six months.

QUATUOR should provide the mass of data worthy of a regulatory filing of the intermittent treatment modality. Within 2 to 3 years, academic France should then be first of its institutional class to inscribe the 4 days a week maintenance regimens as a regularly registered prescription.

Outside France however, ICCARRE's treatment cycles are yet to be academically considered. Clinical trials should be engaged to confirm the safety/efficacy of reduced weekly posologies, adjusted to their necessary and sufficient optimum. ICCARRE's 4 days a week's annual principal benefit.

ICCARRE- Intermittent, in Calibrated Cycles, Anti Retrovirals may Retain Efficacy.

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