



EDCTP



IAS 2017 Sponsored symposium

# Coinfections associated with high mortality in severely immunocompromised HIV patients

26 July 2017 • 07:00-08:30 • Room 242



This symposium sponsored by EDCTP in partnership with ANRS will highlight recent advances in HIV/tuberculosis and HIV/cryptococcal coinfections and showcase the following EDCTP/ANRS-funded projects:

The **DREAMM project** (funded by EDCTP and ANRS) is a multi-centre study that aims to evaluate a semi-quantitative cryptococcal antigen lateral flow assay (CrAg LFA) developed by the Pasteur Institute, France. This test will identify at diagnosis HIV patients with cryptococcal meningitis with high CrAg titres. These patients may benefit from a more aggressive or prolonged antifungal therapy. CrAg LFA testing is embedded within an algorithm that strengthens health systems for patients with HIV-associated central nervous system (CNS) infections. It aims to reduce time to diagnostic tests such as a lumbar puncture, as well as the time to the patient starting effective treatments.

The **AMBITION project** (funded by EDCTP, MRC, DFID and Wellcome Trust) is a multi-centre phase-III trial to determine whether short-course high-dose liposomal amphotericin (L-AmB, Ambisome) is as effective as 14-day amphotericin B-based therapy in averting all-cause mortality in HIV-associated cryptococcal meningitis. 850 patients will be recruited at six African partner-sites, making this the largest HIV-associated cryptococcal meningitis trial ever conducted. A novel short-course highly effective and safer L-AmB treatment regimen for cryptococcal meningitis would transform the management of late-stage HIV and will markedly improve outcomes in HIV programmes in Africa.

The **STATIS trial** (funded by ANRS) evaluates a strategy of anti-TB treatment in severely immunosuppressed HIV patients. The trial investigates whether a systematic 6-month empirical TB treatment initiated two weeks before the introduction of antiretroviral treatment in HIV-infected adults with severe immunosuppression ( $CD4 < 100/mm^3$ ) and no overt evidence of TB would reduce the risk of death and invasive bacterial infections. This strategy is compared to another strategy which involves extensive TB testing using point-of-care tests (Xpert MTB/RIF® and urine lipoarabinomanan LAM) and chest X-ray to identify and treat only patients with at least one positive test suggestive of TB.

The **TRIP study** (funded by EDCTP), aims to determine the feasibility of scaling up the REMSTART intervention, which was previously reported to have reduced deaths by 28%, in routine health care and to inform and refine guidelines on HIV services for patients with advanced HIV. It will also determine the cost-effectiveness of the TRIP intervention in reducing mortality in patients with advanced HIV in real health care settings when implemented on a large scale.

# Agenda

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## Chairperson:

Andrew Kambugu, Infectious Diseases Institute (IDI), Makerere University, Uganda

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| 07:00 | <b>Brief introduction to EDCTP and ANRS: Description of ongoing projects and funding opportunities</b><br>Christy Comeaux, EDCTP, The Netherlands<br>François Dabis, ANRS, France   |
| 07:10 | <b>Driving REduced AIDS-associated Meningo-encephalitis Mortality in routine care settings in Africa: Update on the DREAMM project</b><br>Angela Loyse, Meningitis Group, St George's University of London, United Kingdom  |
| 07:22 | <b>High-Dose AMBISOME on a Fluconazole Backbone for Cryptococcal Meningitis Induction Therapy in sub-Saharan Africa: A Randomised Controlled Non-inferiority Trial</b><br>Joseph Jarvis, London School of Hygiene & Tropical Medicine, United Kingdom   |
| 07:34 | <b>Decreasing mortality in HIV-infected adults with severe immune suppression: The STATIS (ANRS 12290) randomized trial</b><br>François-Xavier Blanc, Nantes University Hospital, France  |
| 07:46 | <b>Reducing mortality among advanced stage HIV-infected persons and the translation of a life-saving package of care to inform scale-up in real-life settings in sub-Saharan Africa</b><br>Sayoki Mfinanga, Muhimbili Medical Research Centre, National Institute for Medical Research (NIMR), Tanzania |
| 07:58 | Discussion, led by Chairperson  |
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The mission of EDCTP is to reduce the individual, social, and economic burden of poverty-related infectious diseases in sub-Saharan Africa. We aim to do this by supporting collaborative clinical research to develop accessible, suitable and affordable medical interventions. Support for the development of African clinical research capacity is integrated in our funding approach.

The EDCTP Association is a public-public partnership of European and African governments, supported by the European Union. EDCTP member countries contribute directly and indirectly to EDCTP. National research activities within the scope of EDCTP that are independently funded and administered by EDCTP member countries are an integral part of the programme. These so-called Participating States' Initiated Activities contribute to achieving our common objectives.

Access the EDCTP Strategic Business Plan for 2014-2024, the EDCTP Strategic Research Agenda, and the EDCTP annual work plans available at [www.edctp.org](http://www.edctp.org) for information on the clinical research we fund, our investments in the development of African research capacity, and our support for international cooperation and alignment of national research efforts.

Visit the EDCTP exhibition booth (#210) in the Hall Maillot (level 2 of the Palais des Congrès) to talk to the EDCTP staff attending IAS 2017, and for more information about EDCTP.

**European & Developing Countries Clinical Trials Partnership (EDCTP)**



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