

Eileen Scully¹, Athe Tsibris², Evgenia Aga³, Qing Ma⁴, Kate Starr⁵, Kathleen Squires⁶, Steve Deeks⁷, Elizabeth Connick⁸, Monica Gandhi¹¹ for the A5366 Study team ¹Johns Hopkins University, Baltimore, MD, ²Brigham and Women's Hospital, Harvard T.H. Chan School of Public Health, Boston MA, ⁴University of Rochester, Buffalo, NY, ⁵Ohio State University, Hilliard, OH, ⁶Merck Research Labs, Upper Gwynned, PA, ⁷University of California, San Francisco, CA, ⁸University, Cleveland, OH, ¹¹Massahusetts General Hospital, Harvard University, Boston, MA

BACKGROUND

HIV reservoirs differ between men and women but few women have been enrolled in HIV cure trials to date^{1,2}. In vitro and ex vivo data have identified a suppressive role for the estrogen receptor in HIV transcriptional control³. ACTG A5366 investigated whether the selective estrogen receptor modulator tamoxifen enhances HIV transcription in vivo after vorinostat exposure.

	Arm A	⁻ Tamoxifen 20 mg/day + Vorinostat
	Arm B	Observation period (No Tamoxifen) + Vorinosta
	Screening	Tamoxifen Or Observation Period
•	Da	

METHODS

Postmenopausal women with HIV suppression for >1 year and continuous ART for \geq 2 years were randomized 2:1 to 5 weeks of tamoxifen (Arm A VOR+TAMOX) vs observation (Arm B VOR); both groups received 2 doses of vorinostat 400 mg separated by 72 hours on trial days 35 and 38. Primary outcomes were (1) safety in all women who received any study drug (N=30) and (2) change in HIV RNA expression from baseline to 5 hours after second vorinostat dose (day 38) in those receiving full study treatment, the efficacy population (N=27).

Total HIV DNA and unspliced cell-associated RNA (CA-RNA) were measured in 5x10⁶ CD4 T cells by qPCR. HIV RNA was also measured in a separate assay, using 10⁶ spliced HIV envelope transcripts measured in 10⁶ resting memory CD4 cells (EDITS assay³). Single copy assay (SCA) of plasma viremia was performed. Histone H4 acetylation used a H4K5, 8, 12, and 16 immunoassay in which thawed peripheral blood mononuclear cellderived cell lysates were added to an ELISA using antiH4 monoclonal antibody^{4,5}. 17beta estradiol levels were measured with LC-MS. Arms were compared by t-tests of log-transformed virology measures, after imputing half an analytic lower limit for results below limit. Sensitivity analyses used longitudinal censored-data methods, applied to result-specific lower limits.

TABLE 1	Overall	Arm A (VOR+TAMOX)	Arm B (VOR)
Sex/gender (Female/Female) (number (%))	31 (100)	21 (100)	10 (100)
Age (median [Q1,Q3])	57 (53-60)	57 (54-61)	55 (51-59)
Race (number (%)) American Indian or Alaskan Native Black or African American White	1 (3) 18 (58) 12 (39)	1 (5) 11 (52) 8 (38)	0 (0) 7 (70) 3 (30)
Ethnicity (number (%)) Hispanic/Latino Not Hispanic/Latino	6 (19) 25 (81)	4 (19) 17 (81)	2 (20) 8 (80)
Years since ART start (median [Q1,Q3])	7.5 (2.9-13.9)	6.1 (2.4-13.9)	9.4 (5.9-12.)
Nadir CD4 (cells/mm ³) (median [Q1,Q3])	232 (46-363)	232 (10-363)	261 (80-402
Screening CD4 (cells/mm ³) (median [Q1,Q3])	688 (536-854)	688 (536-773)	722 (566-110

Effect of Tamoxifen on Vorinostat-induced HIV RNA Expression in Women on ART (ACTG A5366): The MOXIE Trial







FIGURE 1



- 31 women

- were achieved

We thank all of the women who made this research possible with their participation in this trial. We also thank the full A5366 study team for their contributions to the trial.

RESULTS

months; characteristics enrolled 3 are IN summarized in Table 1

• No Grade \geq 3 adverse events related to study drugs were seen • The efficacy population comprised 27 women (19 Arm A VOR+TAMOX, 8 Arm B VOR). There was no difference between the groups in the change in HIV expression by CA-RNA (mean fold change: Arm A VOR+TAMOX 1.2, Arm B VOR 1.5, p=0.6) or in EDITS (mean fold change Arm A VOR+TAMOX 1.5, Arm B VOR 4.3, p=0.12). (Figure 1A, B)

• Following vorinostat, 18 participants had increased histone acetylation; in these women, HIV expression by EDITS also increased (mean fold increase: 2.8). (Figure1C)

There were no changes in HIV DNA or SCA

Targeted plasma concentrations of tamoxifen and vorinostat

Minimal variation in estradiol concentrations were observed among participants (Figure 2)

ACKNOWLEDGEMENTS

In post-menopausal women receiving vorinostat, ESR1 antagonism with tamoxifen was not associated with enhanced change in the magnitude of HIV RNA induction by qPCR or EDITS. Induction of HIV RNA after vorinostat by the EDITS assay was primarily seen in women with increases in histone acetylation. Increase in H4 acetylation was only observed in 67% of trial participants; this may have limited the ability to detect an effect of tamoxifen. This clinical trial, the first to study HIV latency reversal exclusively in women, was rapidly enrolled and completed, supporting the feasibility of future efforts to investigate sex-specific features of the HIV reservoir.

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CONCLUSIONS

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