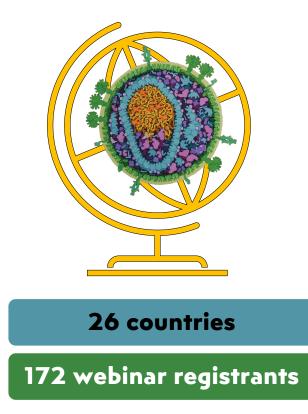
Ready, Set, #CROI2023 Prepare for the 30th Year of CROI





- Argentina
- Belgium
- Botswana
- Brazil
- Burundi
- Canada
- Côte d'Ivoire
- Denmark
- Eswatini
- France
- Gambia
- Italy
- Kenya

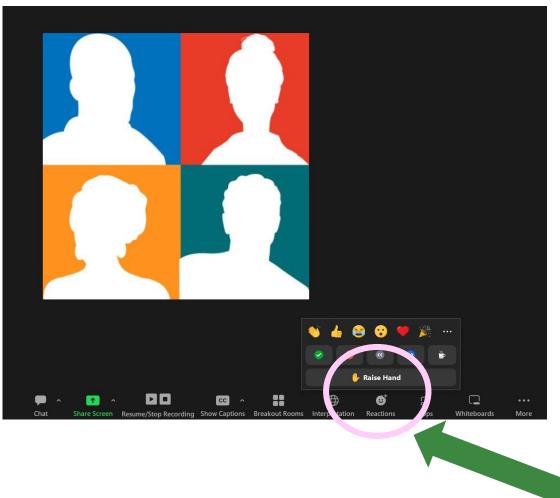


- Latvia
- Malawi
- Nigeria
- Peru
- South Africa
- Switzerland
- Tanzania
- Thailand
- Uganda
- United Kingdom
- United States
- Zambia
- Zimbabwe

Webinar brought to you by the CROI Community Liaisons, The Choice Agenda, and Friends

Thank you for joining us.

Webinar Logistics



- This call will be recorded. Your presence = consent.
- We are providing closed captions.
- Please stay on mute, unless you are speaking.
- Please comment, ask questions, share info/resources in the chat.
- Let's hear your voice and see your face too. Raise hand to speak on camera.
- We will share links to recording and slides in follow-up email.
- Access TCA webinar resources here:
 - www.avac.org/choice-agenda



Decolonizing Global Public Health

What Will it Take to Dismantle Racism and White Supremacy?

February 16, 2023

Register now → tinyurl.com/decolonizepublichealth



Ready, Set, #CROI2023

Don't forget to press record!

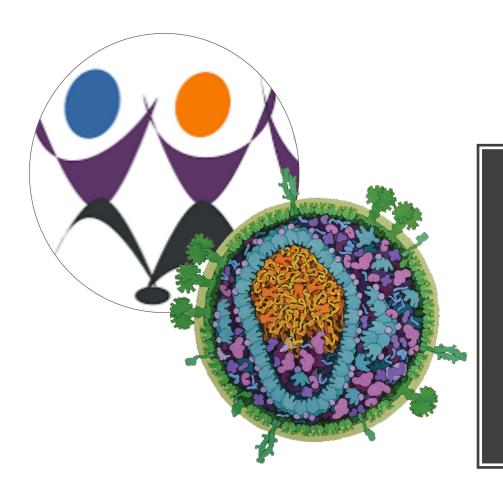
Connect Virtually!



CROI 2023 Community

Join the chat \rightarrow https://tinyurl.com/croi2023communitychat

Connect in Person!





Community Networking Zone

Find our tables in the Poster Hall

During Poster Sessions and otherwise



DAILY COMMUNITY RESEARCH UPDATES FROM CROI2022

MARGARITA BREAKFAST CLUBS

AT #CR012022

FEBRUARY 14-24 2022

7:15 - 8:15 AM MOUNTAIN / DENVER TIME (15:15 - 16:45 CET)

REGISTER AT ZOOM

MONDAY FEBRUARY 14: FROM LONG TO LONGER - HOW NEW ARVS ARE REWRITING THE SCRIPT FOR HIV PREVENTION AND TREATMENT DR. CHLOE ORKIN

WEDNESDAY FEBRUARY 16: RIVER DEEP, MOUNTAIN HIGH: PATHWAYS TOWARDS A CURE FOR HIV DR. Katharine bar and moses supercharger

TUESDAY FEBRUARY 22: AGING WITH HIV - FRAILTY, COMORBIDITIES AND A CALL TO ACTION DR. KRISTINE Erlandson and Jules Levin

WEDNESDAY FEBRUARY 23: RINGS AND INJECTABLE THINGS: MOVING FROM OPTIONS TO CHOICES FOR HIV PREVENTION IN CISCENDER WOMEN DRS. SINEAD DELANY-MORETLWE AND KENNETH NGURE

THURSDAY FEBRUARY 24: LONG COVID - WHAT WE KNOW, WHAT WE NEED TO KNOW, AND WHAT WE NEED TO DO DR. STEVE DEEKS AND JD DAVIDS

Open to everyone! CROI registration is not required

Organised by CROI's Community Liaison Subcommittee in collaboration with AVAC, EATG and a range of global partners. Many thanks to Danielle Campbell, Michael Louella and Jeff Taylor

Virtual RESEARCH UPDATES MARGARITA BREAKFAST CLUBS 2023 Back by popular demand

7:00 am – 8:00 am each morning

Programming on Monday (20th), Tuesday (21st) and Wednesday (22nd) mornings

2023 schedule coming soon – **stay tuned**



Zoom – all are

welcome

regardless of CROI

registration

Organised by CROI's Community Liaison Subcommittee in collaboration with AVAC, EATG and a range of global partners. Many thanks to Danielle Campbell, Michael Louella and Jeff Taylor

Today's Playlist

- Don't You Know [Kungs]
- Mystify [INXS]
- Why? [Bronski Beat]
- Science [Burna Boy]
- Smells Like Teen Spirit [Nirvana]
- Crazy [Seal]
- Rain on Me [Lady Gaga & Ariana Grande]
- Seattle [Perry Como]
- All Cried Out [Alison Moyet]
- Shiny Happy People [REM]

Ready, Set, #CROI2023



Agenda

- Welcome
- Meet CROI Chair, Vice-Chairs
 - Dr. James Hoxie, Dr. Diane Havlir and Dr. Landon Myer
- Meet CROI Community Liaisons
 - Dawn Averitt, Ntando Yola, Jim Pickett
 - Shout out Michael Louella, UW
- Meet IAS-USA's Executive Director
 - Donna Jacobsen
- Meet CROI Scientific Program Committee member
 - Dr. Carlos del Rio
- Strategies for navigating CROI
 - Deirdre Grant, AVAC
- Improving our Research Literacy
 - Jessica Salzwedel, AVAC and Victoria Sperling-Walker, BIDMC



Ready, Set, #CROI2023

<u>30th</u> CR012023

Conference on Retroviruses and Opportunistic Infections



CROI 2023: Newly Constructed Summit Building, Seattle Convention Center





Who will be at CROI 2023

3500 attendees overall

- 3000 in person (well above the 1500 to 2000 we expected)
- 500 attending virtually
- Approximately 60% from the US and 40% outside the US



CROI 2023: Scientific Program

- <u>www.croiconference.org/preliminary-agenda/</u> :REFRESH OFTEN!
- Opening Session: streamed live to the public
- Plenary sessions, symposia, themed discussions, and special sessions
- Original research: 1005 original research abstracts accepted
 - 115 oral abstracts
 - 834 poster abstracts
 - Of these, 228 cutting-edge SARS-CoV-2 and 61 mpox abstracts



COVID-19 Precautions

Please always wear your mask correctly during all conference sessions and in all conference rooms

Vaccination verification is required for all in-person attendees

If you experience COVID symptoms, test. If you test positive, please do not attend.



Conference Platform

The Conference Platform has many features to enhance your conference experience, including to:

- Watch live sessions
- View abstracts
- Create a personal calendar of the sessions you plan to attend
- Receive the latest changes/corrections to the CROI program
- View electronic posters
- Submit questions to live streamed presentations





OL

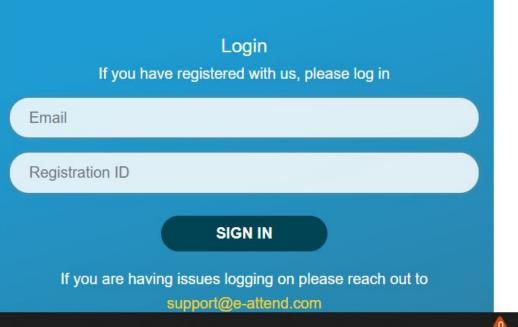
Welcome to CROI 2023

This Conference Platform is for Registered Attendees of CROI.

🚮 H 📾 🖪 📟 🛷 🧖

As a virtual attendee, you will have the ability to create your own digital schedule, watch live streamed sessions, view abstracts and posters, ask the presenter questions and chat with fellow attendees.

On-demand content will be available here. You will be able to take notes and save your place for future viewing



https://docs.google.com/document/d/1_ZN6JR-SG4FJcWdk99FRgHunBhJK5W95CX4KpnUNVoU/edit



COMMUNITY EDUCATOR SCHOLARSHIP AWARDEES ACTIVITIES

Margarita Breakfast Club

The Community Liaison Subcommittee and partners host morning Zoom meetings with community members to review new data and presentations at CROI. These meetings are open to all community attendees, including those attending virtually from various time zones around the world.

Networking Area

Poster Hall area is the designated central meeting point for Community Educator Scholarship Awardees and other HIV community representatives and advocates



CROI is...

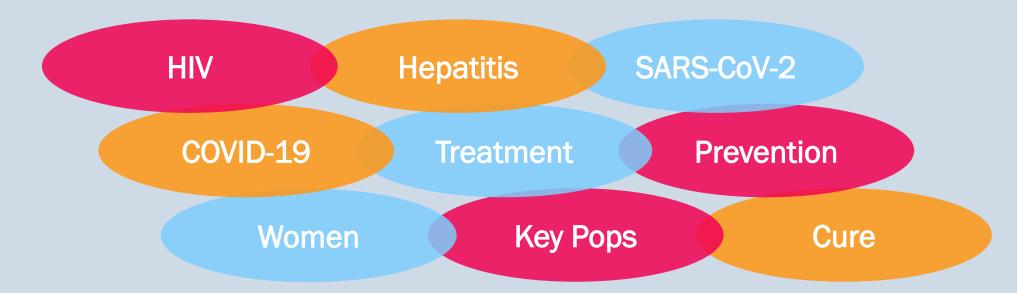
- A great opportunity to learn and connect
- A great source of inspiration and motivation
- Full of cutting-edge science in plenaries, oral abstract sessions, symposia, poster sessions and more
- A rich resource you can tap throughout the year

Getting the most out of CROI

- Have realistic expectations and take care of yourself
- Be prepared
 - Create your own "track"
 - Review the program in advance and make your schedule
 - \circ Plenaries
 - o Symposia
 - Oral abstract sessions
 - \circ Themed discussions
 - \circ Special sessions
 - o **Posters**
- For those participating virtually, log in before the conference and acquaint yourself with the conference platform

Create Your Own "Track"

- What do you want from CROI?
- What interests you most?
- What matters most to the community you serve?
- What is your area of focus?



Review the Program Guide!

www.croiconference.org/croi-2023-resources/

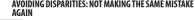




Moderators



Nyaradzo M. Mgodi, University of Zimbabwe, Harare, Harare, **Zimbabwe**





LA PrEP: WHAT WE KNOW AND WHAT WE STILL NEED TO KNOW 25

Sunil S. Solomon, The Johns Hopkins University School of Medicine, Baltimore, MD, USA

SYMPOSIUM-09 SCIENCE COMMUNICATION IN THE AGE OF CME MISINFORMATION Ballroom 2 (Level 5) 4:00 PM - 5:30 PM

Objectives: At the completion of the session, participants will be able to:

- Describe the history and current state of traditional media, social media and internet-based health information, misinformation, and disinformation
- Evaluate approaches to proactively address health literacy, vaccine uptake, . and health communications
- Design effective communications to proactively address vaccine hesitancy

CROI 2023 31

Opening Session, Plenaries, and Symposia by Day

Target Audience: This session is directed to physicians and researchers interested in the communication of information to audiences with and without a training in science.

Level of Knowledge: It is assumed that participants are familiar with the contemporary issues in SARS-CoV-2, mpox, HIV, and related conditions.

Moderators

Jonathan Mermin, Centers for Disease Control and Prevention, Atlanta, GA, USA Jon Cohen, Science, Cardiff By The Sea, CA, USA

SPECIAL SESSION-1 RESULTS FROM THE MOSAICO HIV VACCINE TRIAL AND FUTURE DIRECTIONS FOR HIV VACCINES Flex A (Level 2) 5:40 PM - 6:00 PM

Moderators

Susan P. Buchbinder, San Francisco Department of Public Health, San Francisco, CA, USA

OVERVIEW OF THE MOSAICO HIV VACCINE TRIAL

Susan P. Buchbinder, San Francisco Department of Public Health, San Francisco, CA, USA

HIV VACCINE DEVELOPMENT POST-MOSAICO

Lawrence Corey, Fred Hutchinson Cancer Research Center, Seattle, Washington, USA

Oral Abstract Session-08 ALL MODES LEAD TO PrEP Ballroom 3 (Level 5) 10:00 AM - 12:00 PM

Moderators

Jean-Michel Molina, University of Paris Cité, Hospital Saint Louis/Lariboisière, Paris, Ile-de-France, France Valdilea Veloso, Instituto Nacional de Infectologia

Evandro Chagas, Rio de Janeiro, Brazil



159 CABOTEGRAVIR PHARMACOLOGY IN THE BACKGROUND OF 10:05 DELAYED INJECTIONS IN HPTN 084

Mark A. Marzinke, Xu Guo, James Hughes, Brett Hanscom, Estelle Piwowar-Manning, Craig Hendrix, Scott Rose, Jim Rooney, Alex R. Rinehart, Susan Ford, Adeola Adeyeye, Myron S. Cohen, Mina Hosseinipour, Sinead Delany-Moretlwe Research Group: HPTN 084 Study Team

- THE LEVI SYNDROME: CHARACTERISTICS OF EARLY HIV 160
- INFECTION WITH CABOTEGRAVIR FOR PrEP 10:13 Susan H. Eshleman, Jessica M. Fogel, Estelle Piwowar-Manning, Brett Hanscom, Alex R. Rinehart, Myron S. Cohen, Marybeth McCauley, Jennifer Farrior, Adeola Adeyeye, Mina Hosseinipour, Beatriz Grinsztein, Mark A. Marzinke, Sinead Delany-Moretlwe, Raphael J. Landovitz, Research Group: for the HPTN 083 and 084 Study Teams
- CABOTEGRAVIR FOR HIV PrEP IN US BLACK MEN AND 161
- 10.21 TRANSGENDER WOMEN WHO HAVE SEX WITH MEN Hyman Scott, Brett Hanscom, Craig Hutchinson, Jonathan Lucas, Aditya Gaur, Colleen Kelley, Debora Dubar, Paul Richardson, Jim Rooney, Alex R. Rinehart, Adeola Adeveve, Beatriz Grinsztein, Raphael J. Landovitz, Sheldon Fields Research Group: HPTN 083 Study Team
- 162 CAB LA FOR HIV PREVENTION IN AFRICAN CISGENDER FEMALE
- ADOLESCENTS (HPTN 084-01) 10:29

Sybil Hosek, Erica L. Hamilton, Julie Ngo, Yuqing Jiao, Brett Hanscom, Sinead Delany-Moretlwe, Nyaradzo M. Mgodi, Bekezela Siziba, Ishana Naidoo, BRENDA G. MIREMBE, Betty Kamira, Mark A. Marzinke, Cynthia McCoig, Hans Spiegel, Lynda Stranix-Chibanda Research Group: HPTN 08-01 Study Team

8+ YEARS POOLED ANALYSIS: ADHERENCE AND HIV INCIDENCE 163 IN 6000 WOMEN ON F/TDF FOR PrEP 11:00

Jeanne Marrazzo, Marissa Becker, Linda-Gail Bekker, Connie Celum, Michael Kiragu, Ashley Leech, Allan Taylor, Faith Ussery, Juan Yang, Melanie de Boer, Christoph Carter, Moupali Das, Jared M. Baeten, Li Tao

- 164 SAFETY AND PK/PD OF A TENOFOVIR ALAFENAMIDE/
- ELVITEGRAVIR INSERT ADMINISTERED RECTALLY 11:08 Sharon A. Riddler, Clifton Kelly, Craig Hoesley, Ken Ho, Jeanna Piper,

Stacey Edick, Faye Heard, Yuging Jiao, Gustavo F. Doncel, Sherri Johnson, Ratiya Pamela Kunjara Na Ayudhya, José Bauermeister, Craig Hendrix Research Group: MTN-039 Protocol Team

ULTRA-LONG-ACTING REFILLABLE ISLATRAVIR IMPLANT FULLY 165 PROTECTS NHP AGAINST SHIV 11:16

Fernanda Pons-Faudoa, Nicola Di Trani, Corrine Ying Xuan Chua, Lane Bushman, Simone Capuani, Jocelyn Nikita Campa Carranza, Kathryn Shelton, Pramod Nehete, Joan Nichols, Jason Kimata, Peter L. Anderson, Roberto C. Arduino, Alessandro Grattoni, Charles Dobard, Gerardo Garcia-Lerma





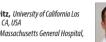
FROM EFFICACY TO EFFECTIVENESS: CATALYZING ROLLOUT OF

AVOIDING DISPARITIES: NOT MAKING THE SAME MISTAKE



24









CME



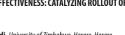


23



Angeles, Los Angeles, CA, USA









Getting the most out of CROI

- Be ready and willing to ask questions: in-person, on the WhatsApp at the MBC webinars
- Attend the MBC webinars each day
- Join the CROI Community 2023 WhatsApp group: <u>https://chat.whatsapp.com/Lakn5f9R2a9HhQvL7wgN6x</u>
- Consult each other, either on the WhatsApp, on the MBC webinars or in-person at the Advocates' Corner in the poster hall

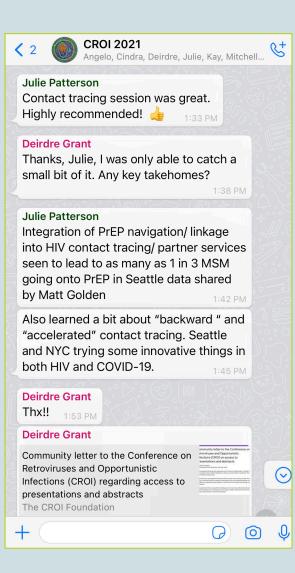
Take Care of Yourself

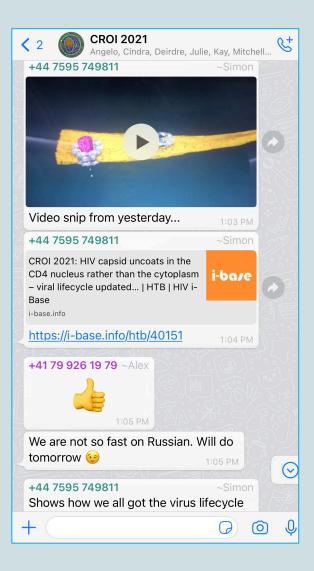
- You are not expected to know, understand, or learn it all
- Pace yourself and take breaks as needed:
 - Step away from your screen!
 - Get some fresh air outside the conference center!
- Have realistic expectations, be kind to yourself
- Remember everything is recorded, so you can revisit sessions or watch sessions you missed the first time
 - Plenary lectures, symposia, oral abstract sessions, and themed discussions will be available as webcasts within 24hrs

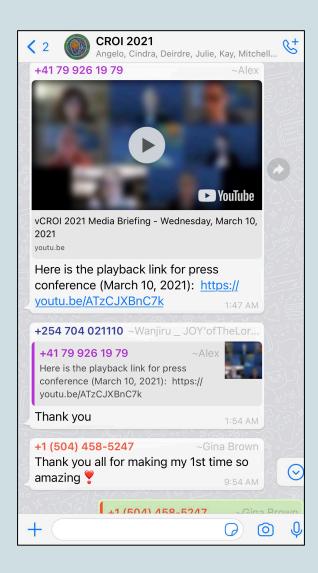
Stay Connected!

- Margarita Breakfast Club Daily virtual sessions that provide an intimate setting for dialogue between researchers and advocates on the hottest CROI science
- Join the Community WhatsApp Group and participate early and often <u>https://chat.whatsapp.com/Lakn5f9R2a9HhQvL7wgN6x</u>
- Share what you're hearing on social media using the official hashtag #CROI2023 (respect embargo – no tweets from abstracts until end of session)
- Follow conference coverage via aidsmap and AVAC on Twitter (@hivpxresearch)

WhatsApp group







Therapeutic efficacy of combined active and passive immunization in ART-suppressed, SHIV-infected rhesus macaques

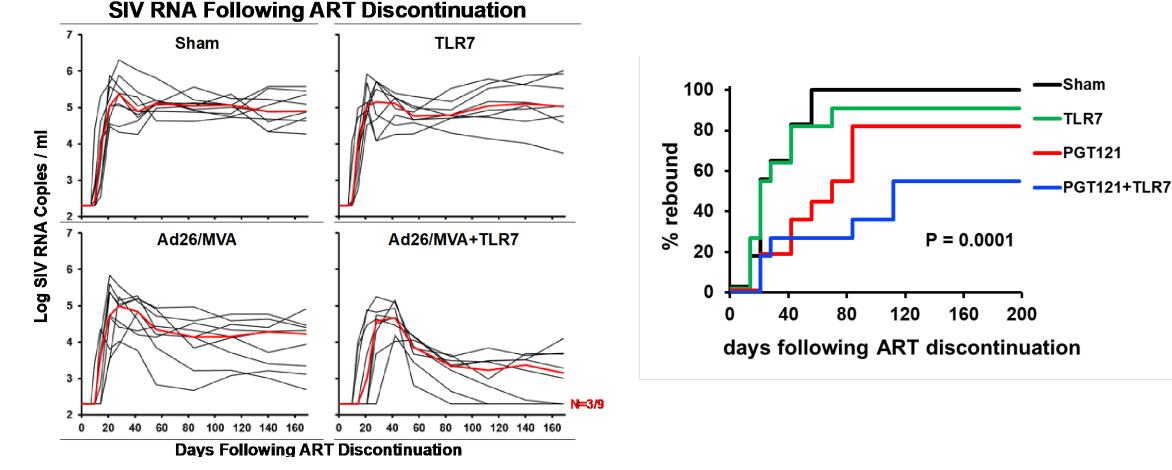
Victoria Walker-Sperling

Laboratory of Dan Barouch, Beth Israel Deaconess Medical Center, Harvard Medical School Boston, Massachusetts

Disclosure: I have no financial relationships with any ineligible companies.

SIV+ Rhesus macaques have lower set point viral loads post-treatment interruption when treated with Ad26/MVA and a TLR7 agonist

Delay of viral rebound in SHIV+ Rhesus macaques treated with a TLR7 agonist and antibody PGT121

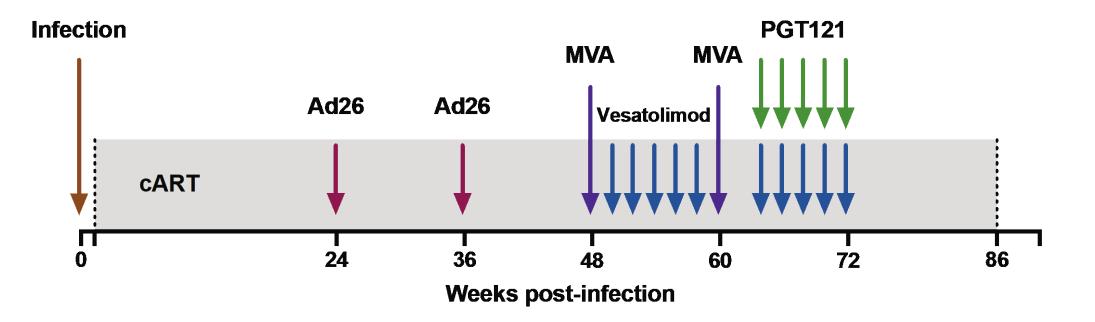


Borducchi et al. Nature 2016; 540:284-287

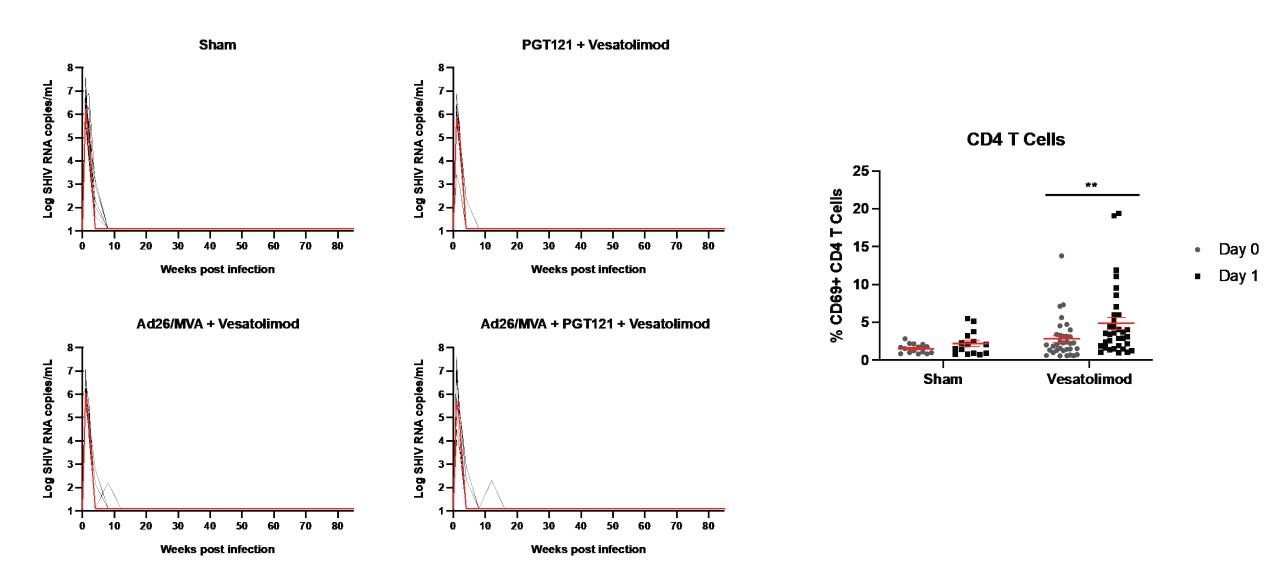
Project Objective:

 To determine if giving ART-suppressed SHIV-infected macaques with a TLR7 agonist (vesatolimod) with **both** Ad26/MVA vaccination **and** PGT121 treatment will result in more frequent positive outcomes than either alone.

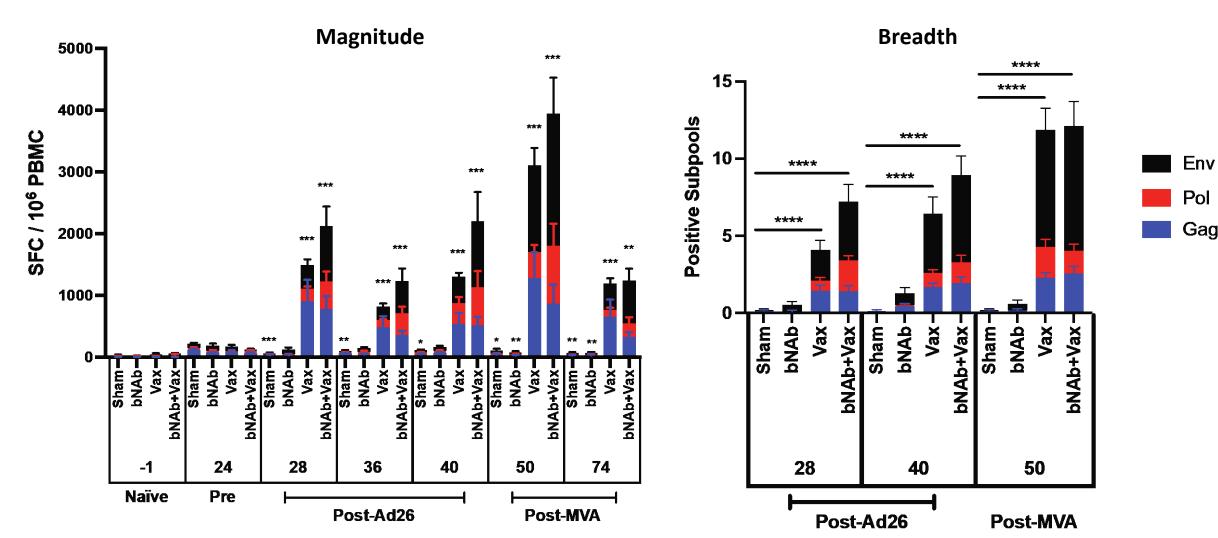
- 51 Rhesus macaques were infected intrarectally with SHIV-SF162P3 and treated from D9 onward with preformulated, daily ART (TDF, FTC, DTG).
 - Group 1: Ad26/MVA + PGT121 + Vesatolimod (N=12)
 - Group 2: Ad26/MVA + Vesatolimod (N=12)
 - Group 3: PGT121 + Vesatolimod (N=12)
 - Group 4: Sham (N=15)



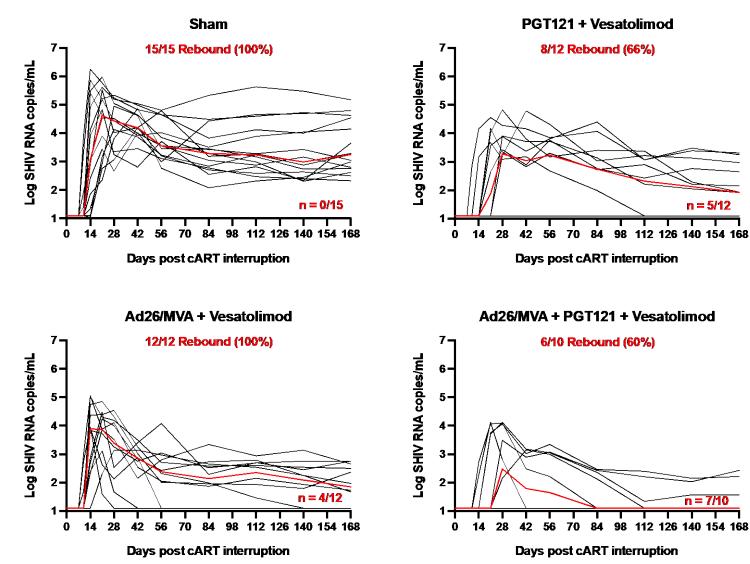
All animals were fully suppressed during treatments and prior to ART discontinuation despite significant vesatolimod-induced activation of CD4 T cells



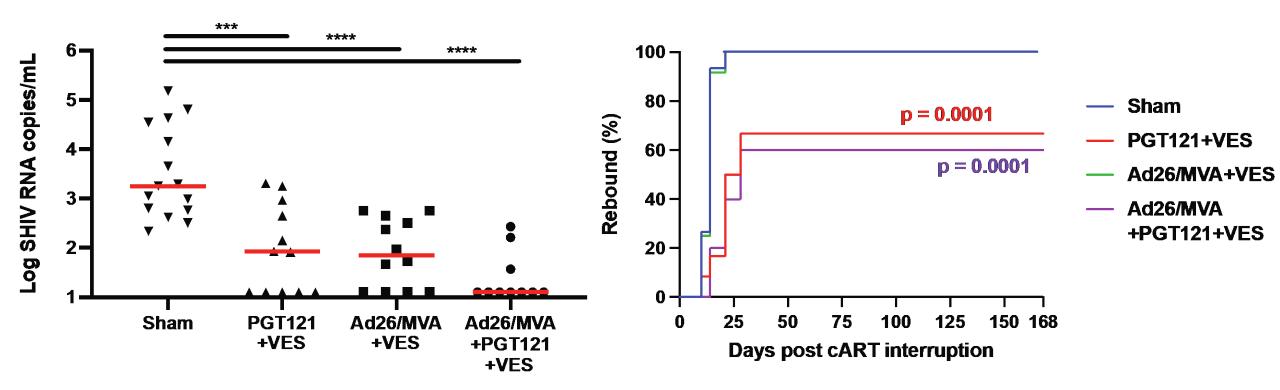
Ad26/MVA vaccination significantly increases the magnitude and breadth of cell-associated IFNg responses



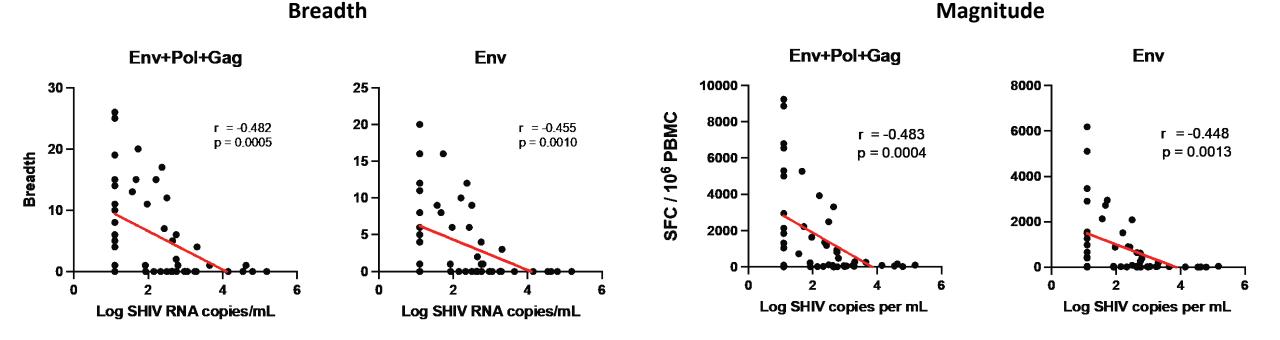
Treatment with the triple combination resulted in the least amount of rebound and highest frequency of virologic control of the three groups



All interventions significantly reduced the set-point viral load compared sham treatment and PGT121 treatment significantly lowered the likelihood and time to viral rebound



Larger breath and greater magnitude of cellular IFNg responses correlate with set-point viral load



Conclusions

- The combination of vesatolimod, Ad26/MVA vaccination, and PGT121 administration resulted in 70% of animals exhibiting virologic control.
 - Four animals did not rebound & three controlled post-rebound.
- Combining passive and active immunization with vesatolimod resulted in more improved outcomes than either alone.

Acknowledgements

Dan Barouch, Beth Israel Deaconess

Medical Center

Abi Chandrashekar

Joseph Nkolola

Erica Borducchi

Jinyan Liu

Noe Mercado

Virology, Protein, and Immunology Groups

Mark Lewis, Bioqual

Bob & Janet Siliciano, Johns Hopkins University Medical School Emily Fray Mithra Kumar **Romas Geleziunas, Gilead Sciences** Jeffrey Murry Yunling Yang

Nelson Michael & Merlin Robb, Walter Reed Army Institute of Research

Hanneke Schuitemaker, Janssen Vaccines and Prevention

Maria Pau

Frank Wegmann

Key Questions for Lay Audiences When Reviewing Research Looking to Boost Immune Function

- What are the products under investigation?
- What are the tests used to evaluate the effectiveness of the product?
- If it is an NHP study
 - What virus is being used and when did the animal start treatment (early vs. chronic infection)?
 - How many animals are included in the study?

Therapeutic efficacy of combined active and passive immunization in ART-suppressed, SHIV-infected rhesus macaques

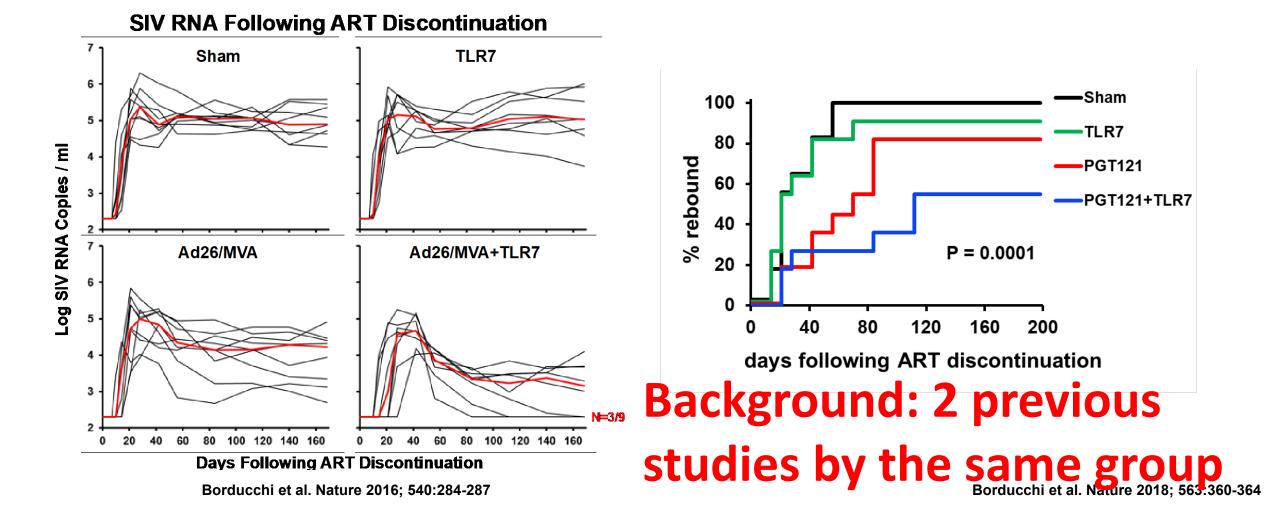
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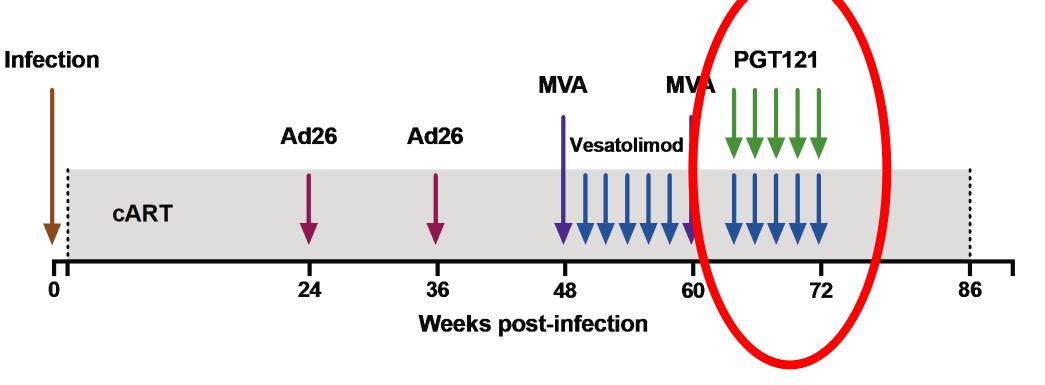


Project Objective:

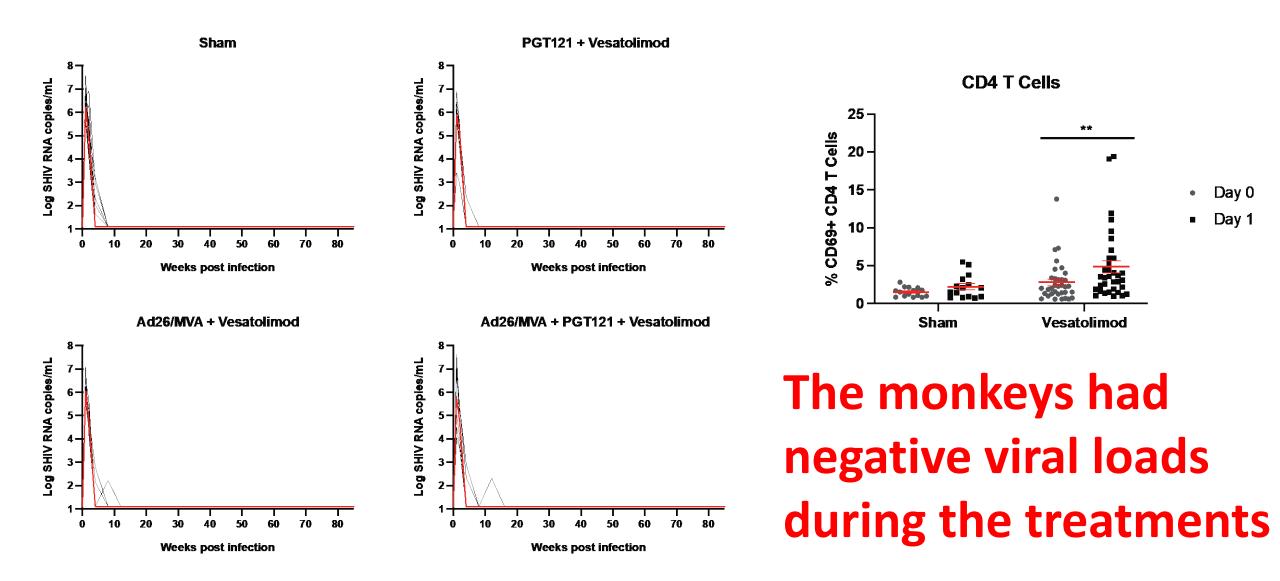
 To determine if giving ART-suppressed SHIV-infected macaques with a TLR7 agonist (vesatolimod) with **both** Ad26/MVA vaccination **and** PGT121 treatment will result in more frequent positive outcomes than either alone.

Hypothesis statement: giving the monkeys 3 treatments that worked in the past will work better than only 2 together.

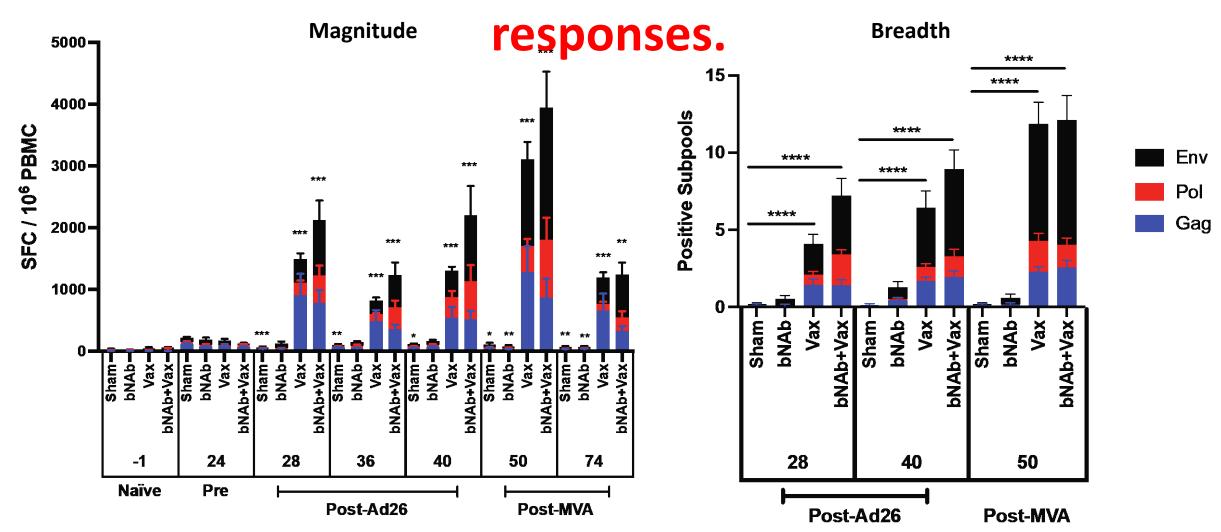
- 51 Rhesus macaques were infected intrarectally with SHIV-SF162P3 and treated from D9 onward with preformulated, daily ART (TDF, FTC, DTG). **Study Design**
 - Group 1: Ad26/MVA + PGT121 + Vesatolimod (N=12)
 - Group 2: Ad26/MVA + Vesatolimod (N=12)
 - Group 3: PGT121 + Vesatolimod (N=12)
 - Group 4: Sham (N=15)



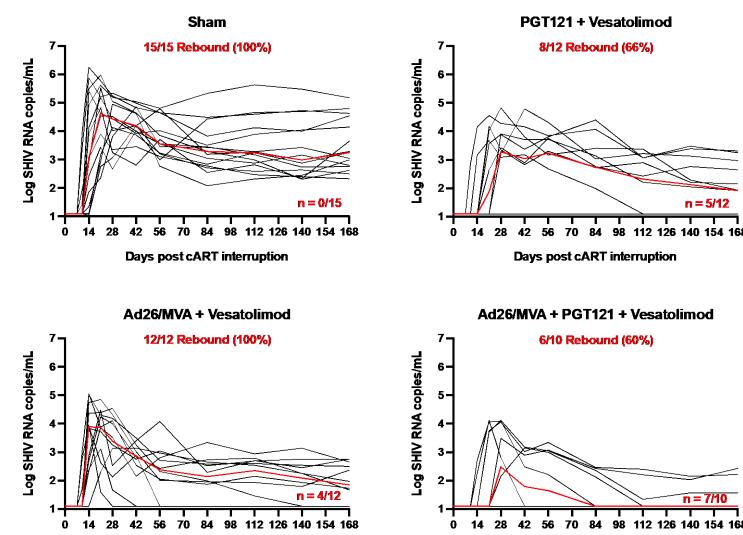
All animals were fully suppressed during treatments and prior to ART discontinuation despite significant vesatolimod-induced activation of CD4 T cells



Ad26/MVA vaccination significantly increases the magnitude and breadth of cell-associated IFNg responses The vaccine caused good immune



Treatment with the triple combination resulted in the least amount of rebound and highest frequency of virologic control of the three groups



The triple treatment caused the most monkeys to have negative viral loads without **ART.**

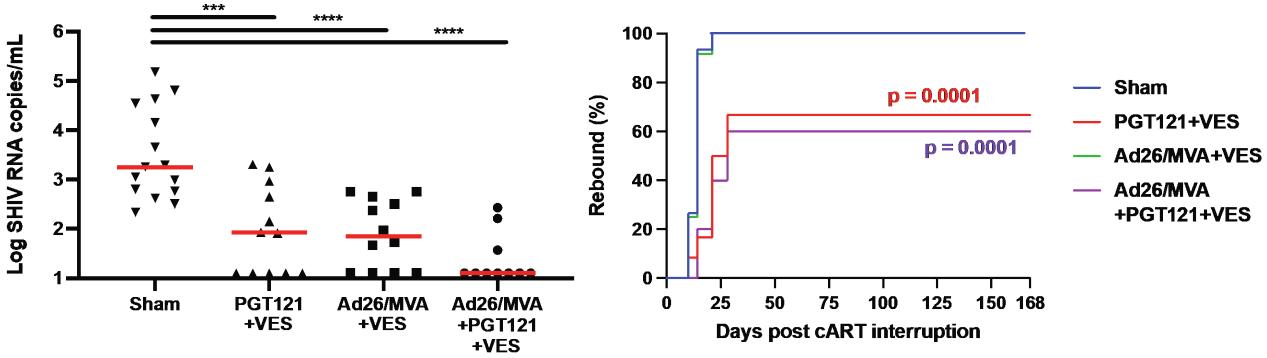
Days post cART interruption

Days post cART interruption

98 112 126 140 154 168

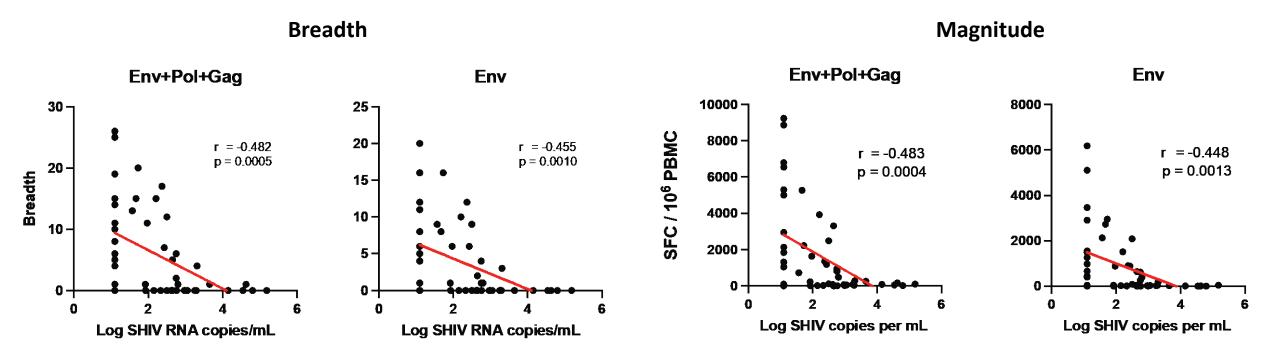
n = 5/12

All interventions significantly reduced the set-point viral load compared sham treatment and PGT121 treatment significantly lowered the likelihood and time to viral rebound



The triple treatment caused the lowest viral loads post-ART interruption and resulted in the fewest monkeys having the virus come back at all.

Larger breath and greater magnitude of cellular IFNg responses correlate with set-point viral load



The better the immune responses, the more likely for the post-ART viral loads to be lower.

Conclusions

- The combination of vesatolimod, Ad26/MVA vaccination, and PGT121 administration resulted in 70% of animals exhibiting virologic control.
 - Four animals did not rebound & three controlled post-rebound.

 Combining passive and active immunization with vesatolimod resulted in more improved outcomes than either alone. Using a vaccine, broadly neutralizing antibody, and an immune activator together prevented the virus from coming back in 70% of the monkeys after they were taken off ART, which was roughly better than just a combination of two.

Acknowledgements

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