

Küresel ve Ulusal Ölçekte HIV Enfeksiyonunun Dünü, Bugünü, Yarını

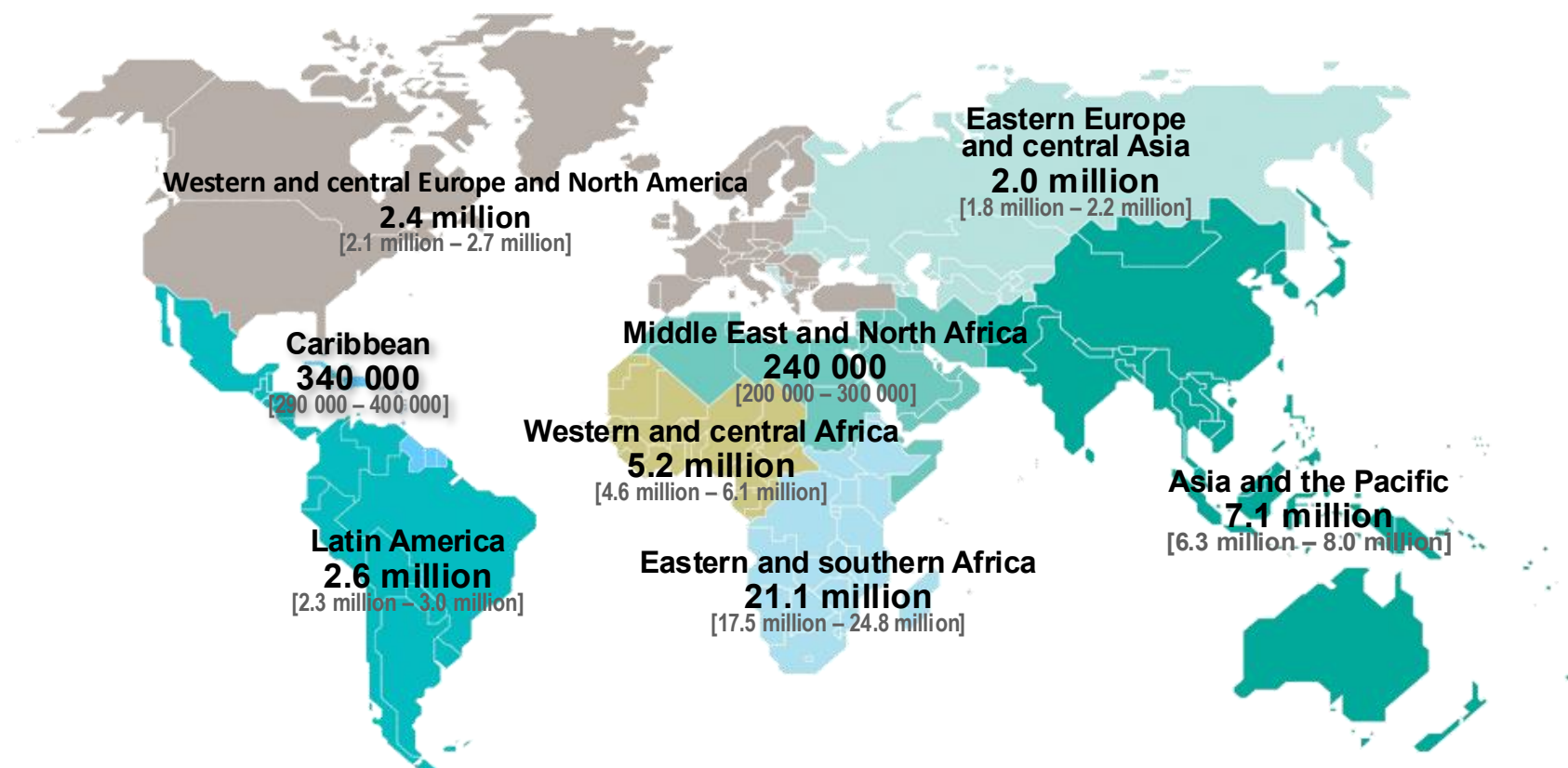
Prof. Dr. Volkan Korten



Küresel HIV epidemiyolojisi

	2025
 HIV ile yaşayan	41,0 milyon
 Yeni HIV enfeksiyonu	1,2 milyon
 AIDS ilişkili ölüm	570.000
 ART alan	32,1 milyon

Adults and children estimated to be living with HIV | 2025



Total: 41.0 million [35.3 million – 47.5 million]

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Pneumocystis Pneumonia — Los Angeles

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed *P. carinii* pneumonia and oral mucosal candidiasis in March 1981 after a 2-month history of fever associated with elevated liver enzymes, leukopenia, and CMV viruria. The serum complement-fixation CMV titer in October 1980 was 256; in May 1981 it was 32.* The patient's condition deteriorated despite courses of treatment with trimethoprim-sulfamethoxazole (TMP/SMX), pentamidine, and acyclovir. He died May 3, and postmortem examination showed residual *P. carinii* and CMV pneumonia, but no evidence of neoplasia.

Patient 2: A previously healthy 30-year-old man developed *P. carinii* pneumonia in April 1981 after a 5-month history of fever each day and of elevated liver-function tests, CMV viruria, and documented seroconversion to CMV, i.e., an acute-phase titer of 16 and a convalescent-phase titer of 28* in anticomplement immunofluorescence tests. Other features of his illness included leukopenia and mucosal candidiasis. His pneumonia responded to a course of intravenous TMP/SMX, but, as of the latest reports, he continues to have a fever each day.

Patient 3: A 30-year-old man was well until January 1981 when he developed esophageal and oral candidiasis that responded to Amphotericin B treatment. He was hospitalized in February 1981 for *P. carinii* pneumonia that responded to oral TMP/SMX. His esophageal candidiasis recurred after the pneumonia was diagnosed, and he was again given Amphotericin B. The CMV complement-fixation titer in March 1981 was 8. Material from an esophageal biopsy was positive for CMV.

- Los Angeles
3 farklı hastaneden
PCP'li 5 hasta
- NY. PCP, KS ve diğer opp.
enf
- 1982 Gay-Related Immune
Deficiency



1982 Eylül'de CDC: AIDS
terimi ve ilk vaka tanımı

1983 - HIV-1'in izole edilmesi

Françoise Barré-Sinoussi Facts



Françoise Barré-Sinoussi
The Nobel Prize in Physiology or Medicine 2008

Born: 30 July 1947, Paris, France

Affiliation at the time of the award: Regulation of Retroviral
Infections Unit, Virology Department, Institut Pasteur,
Paris, France

Prize motivation: "for their discovery of human
immunodeficiency virus"

Luc Montagnier Facts



Luc Montagnier
The Nobel Prize in Physiology or Medicine 2008

Born: 18 August 1932, Clamart, France

Died: 8 February 2022, Paris, France

Affiliation at the time of the award: Centre for
AIDS Research and Prevention, Institut Pasteur,
Paris, France

Prize motivation: "for their discovery of human
immunodeficiency virus"

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1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults

CD4 < 200 = AIDS

CD4
 ≥ 500

 200-499

 < 200

Clinical category

A1	B1	C1
A2	B2	C2
A3	B3	C3

1996

- HAART

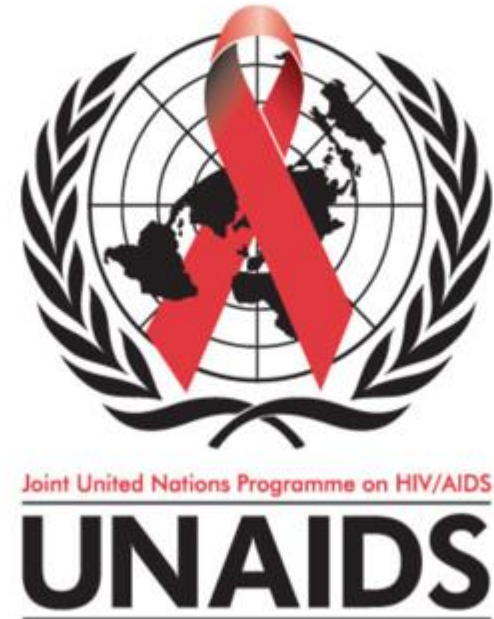
- 2 NRTI +

- PI – SQR, RTV, IND
 - NNRTI - NVP

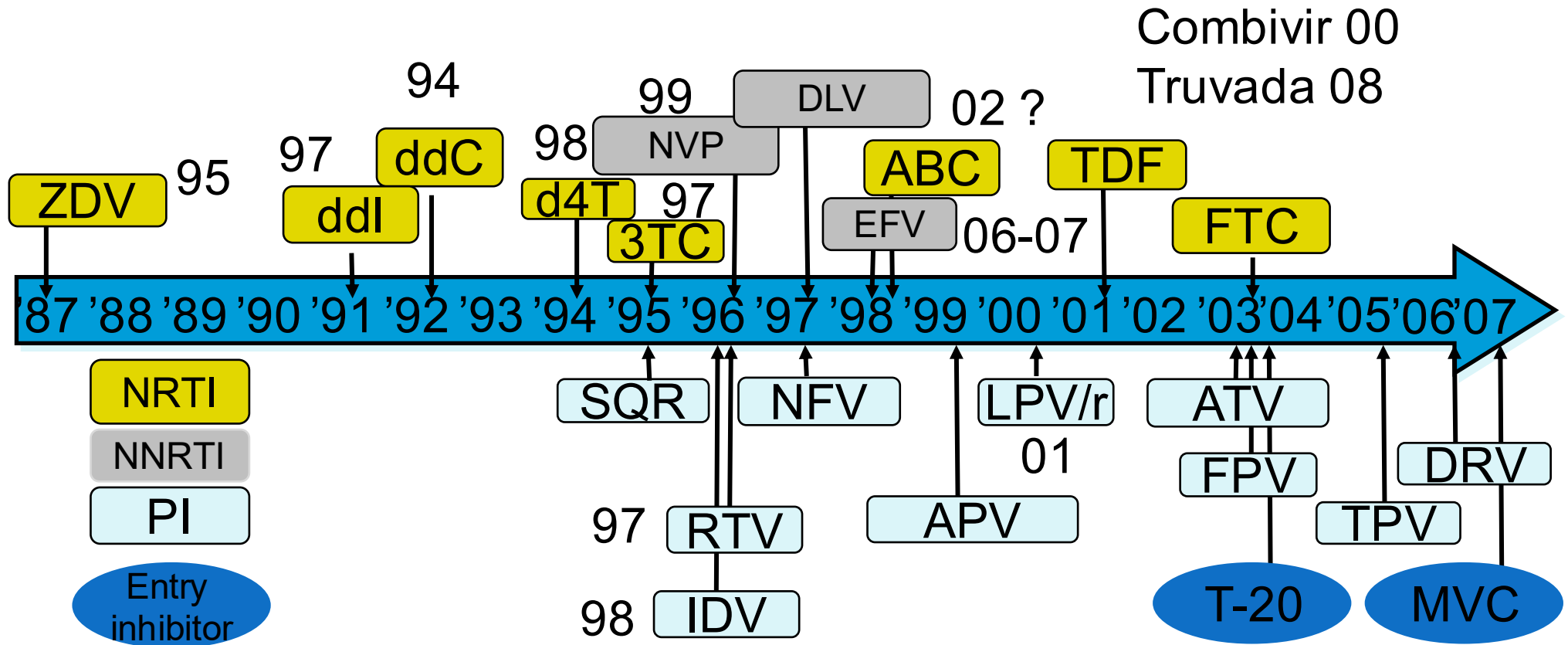
Türkiye’de 1996 yılında ART geri ödemesine geçilmiştir
+ Yeşil kart uygulaması (1992)

UNAIDS is established

January 1, 1996



Antiretroviral ilaçların gelişim çizelgesi





THE GLOBAL FUND

2002



50 million lives saved

By the end of 2021, programs supported by the Global Fund partnership



23.3m

People on antiretroviral therapy
for HIV



5.3m

People treated for TB



133.2m

Mosquito nets distributed



The United States President's Emergency Plan for AIDS Relief

Başkan GW Bush, 2003

5 yılda 15 milyar USD

PEPFAR

U.S. President's Emergency Plan for AIDS Relief

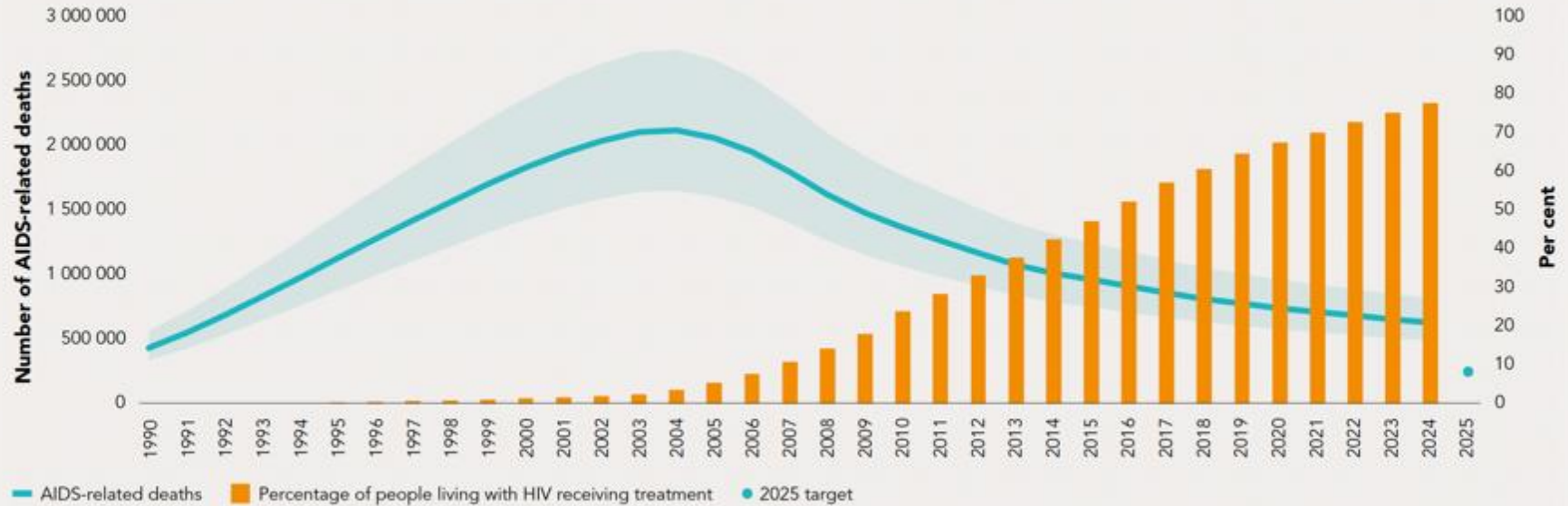
Latest Global Program Results

@PEPFAR   



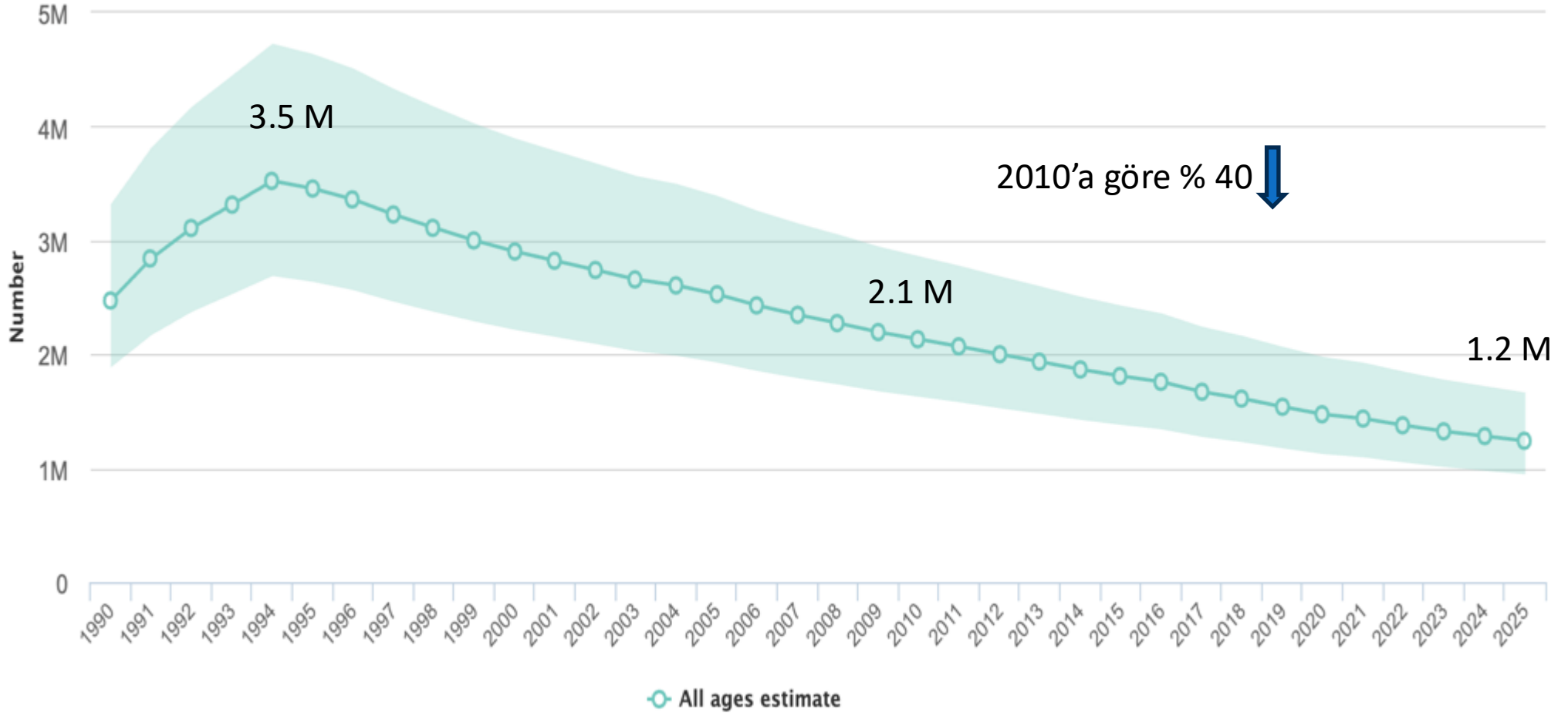
ART kapsamı ve AIDS ile ilişkili ölüm

Figure 2.1. Numbers of people dying from AIDS-related causes and percentages of people living with HIV receiving antiretroviral therapy, global, 1990–2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

Yeni HIV enfeksiyonları 1990–2025



AIDS ilişkili ölümler, 1990–2025

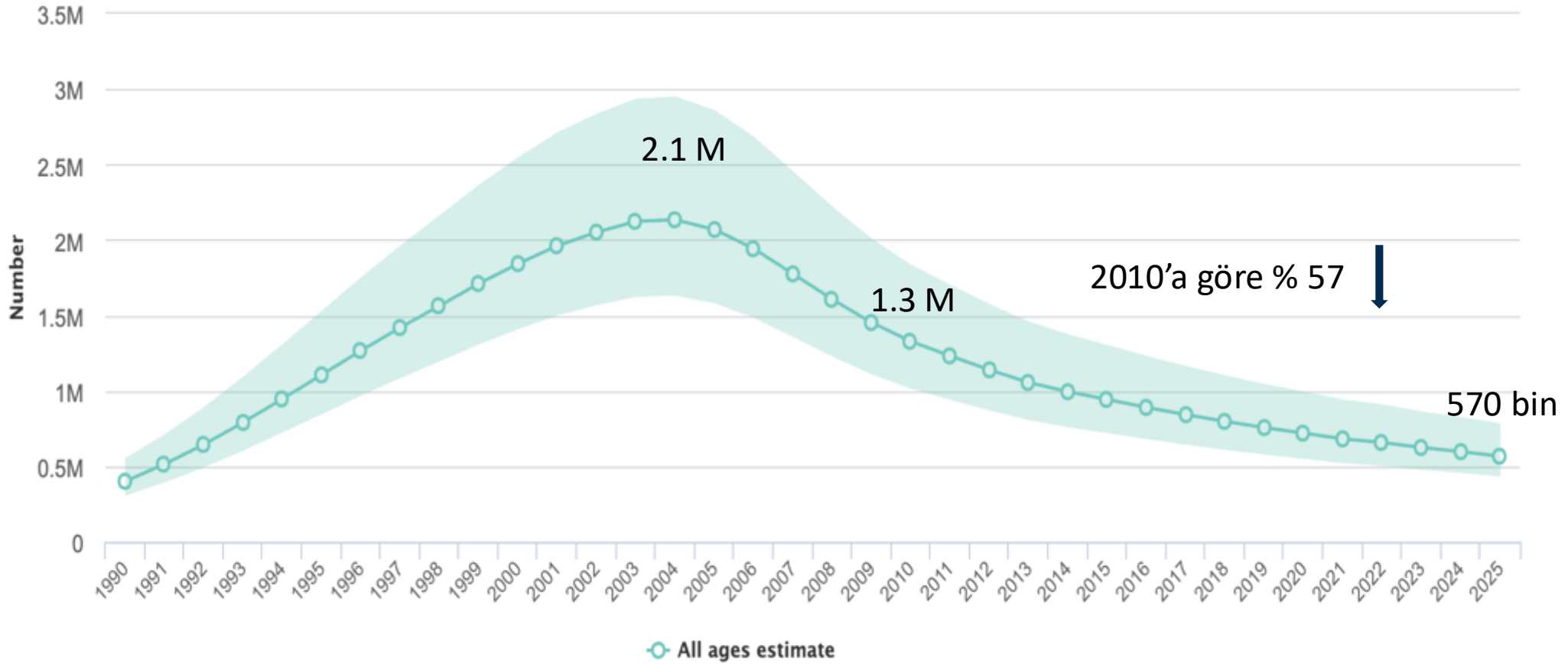


Figure 1.3 Change in new HIV infections between 2010 and 2023, total population, by region



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).



PEPFAR

Küresel HIV ile mücadelede hayat kurtaran yardım

PEPFAR Destegindeki Azalma Küresel HIV Epidemisini Nasıl Etkileyebilir?

Daha az finansman → Daha az hizmet → Daha fazla yeni enfeksiyon ve ölüm



Dış finansman azalıyor

PEPFAR ve diğer uluslararası destekler kesintiye uğruyor.



Tedavi ve korunma hizmetlerinde aksama

Sağlık sistemleri, programlar ve tedarik zincirleri için daha az kaynak.



Test, PrEP ve ART sürekliliğinde bozulma

Erişim azalıyor, tedavi başlama ve sürdürme oranları düşüyor.



HIV bulaşında ve AIDS'e bağlı ölümlerde artış riski

Korunma, tedavi ve erken tanı hizmetlerinin yetersiz kalması yeni enfeksiyonlara ve daha fazla ölüme yol açıyor.

UNAIDS'in modellediği senaryo:

PEPFAR destekli programların kalıcı olarak sonlandırılması durumunda 2025-2029 döneminde



+6,6 milyon

ek HIV enfeksiyonu

≈ günde +2,300 yeni enfeksiyon



+4,2 milyon

ek AIDS ilişkili ölüm

≈ günde +600 ölüm



+660.000

ek çocuk HIV enfeksiyonu



+300.000

ek çocuk AIDS ilişkili ölümü



Bu modelleme senaryosu, PEPFAR destekli ülkeleri ve programları kapsamaktadır. Gerçekleşen sonuçlar olmayıp, finansman ve hizmetlerdeki azalmaya bağlı olarak olası etkileri göstermektedir.

2025 yılı küresel durum



1,2 milyon
yeni HIV enfeksiyonu



570.000
AIDS ilişkili ölüm



41,0 milyon
HIV ile yaşayan kişi



32,1 milyon
ART (antiretroviral tedavi) alan kişi

Modelleme senaryosu, gözlenmiş sonuçlar değildir.

Kaynak: UNAIDS, 2025-2026.

DHHS: CHANGING CRITERIA FOR INITIATING ART

CD4+ Count, cells/mm ³	1998	2001	2006	2008	2009	2012
> 500	Offer if VL > 20,000	Offer if VL > 55,000	Consider if VL ≥ 100,000	Consider in certain groups	Consider	Treat
350-500	Offer if VL > 20,000	Consider if VL > 55,000	Consider if VL ≥ 100,000	Consider in certain groups	Treat	Treat
200-350	Offer if VL > 20,000	Offer, but controversy exists	Offer after discussion with patient	Treat	Treat	Treat
< 200 or symptomatic disease	Treat	Treat	Treat	Treat	Treat	Treat

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NEWS & EVENTS



News & Events

For Immediate Release: Wednesday, May 27, 2015

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Starting antiretroviral treatment early improves outcomes for HIV-infected individuals

NIH-funded trial results likely will impact global treatment guidelines

Institute/Center

National Institute of Allergy and Infectious Diseases (NIAID)

Contact

NIAID Office of Communications
(301) 402-1663

Strategic Timing of AntiRetroviral Treatment (START) study

Ara analizde ciddi hastalık veya ölüm riskinin erken tedavi grubunda (CD4+ > 500 hücre/mm³) bekletilen gruba göre (350 hücre/mm³) % 53 azaldığının tespit edilmesi üzerine çalışma sonlandırıldı.

HIV Yaşı

1996 öncesi

HAART öncesi, ilaçsız veya
mono/dual tedavi

1996-2005

Erken HAART
ART CD4 < 200
Toksik ilaçlar

2005-2015

ART CD4 < 350
İyi tolere edilen ilaçlar

2015 sonrası

Herkese tedavi

Alıntı: T.Barber IAS 2022

Hap sayısı

- Retrovir (ZDV) + Epivir (3TC) + Norvir (RTV) = 16 tablet
- Retrovir (ZDV) + Epivir (3TC) + Crixivan (IND)= 10 tablet
- Zerit (d4T) + Videx (ddI) + Crixivan (IND)= 12 tablet

- Combivir + Nevirapine = 4 tablet
- Combivir + Efavirenz = 3 tablet
- Truvada + Efavirenz = 2 tablet

Combination Antiretrovirals

Single-Tablet Regimens

Bictegravir/TenofovirAF/
Emtricitabine
(BIC/TAF/FTC)
Biktarvy



Rilpivirine/Tenofovir DF/
Emtricitabine
(RPV/TDF/FTC)
Complera



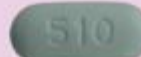
Doravirine/Tenofovir DF/
Lamivudine
(DOR/TDF/3TC)
Delstrigo



Dolutegravir/
Lamivudine
(DTG/3TC)
Dovato



Elvitegravir/Cobicistat/
TenofovirAF/Emtricitabine
(EVG/COBI/TAF/FTC)
Genvoya



Dolutegravir/Rilpivirine
(DTG/RPV)
Juluca



Rilpivirine/Tenofovir AF/
Emtricitabine
(RPV/TAF/FTC)
Odefsey



Darunavir/Cobicistat/
Tenofovir AF/Emtricitabine
(DRV/COBI/TAF/FTC)
Symtuza



Dolutegravir/Abacavir/Lamivudine
(DTG/ABC/3TC)
Triumeq



Long-Acting Injectable Regimens

Cabotegravir/Rilpivirine
(CAB/RPV)
Cabenuva

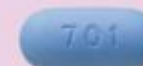


Regimens Used in Combination with Other HIV Medications

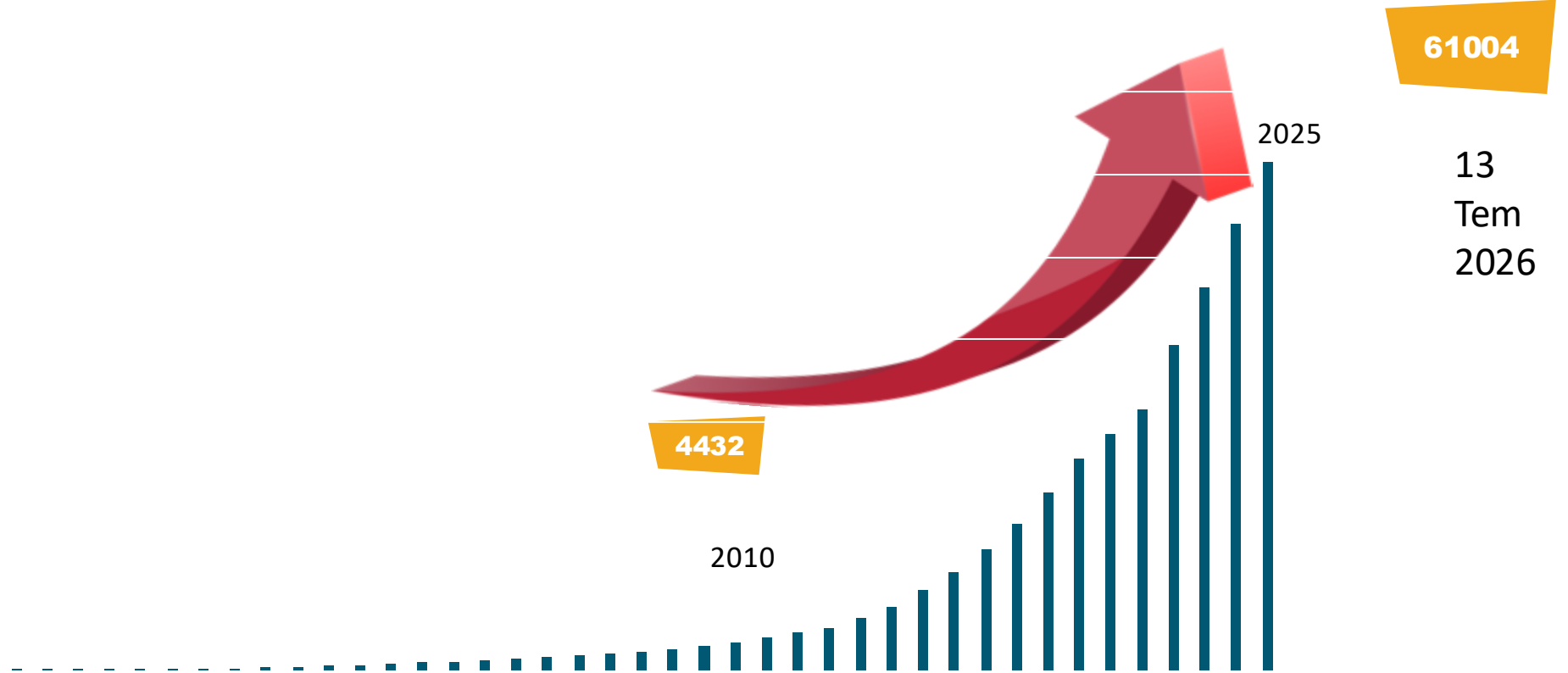
Tenofovir AF/
Emtricitabine
(TAF/FTC)
Descovy



Tenofovir DF/
Emtricitabine
(TDF/FTC)
Truvada†



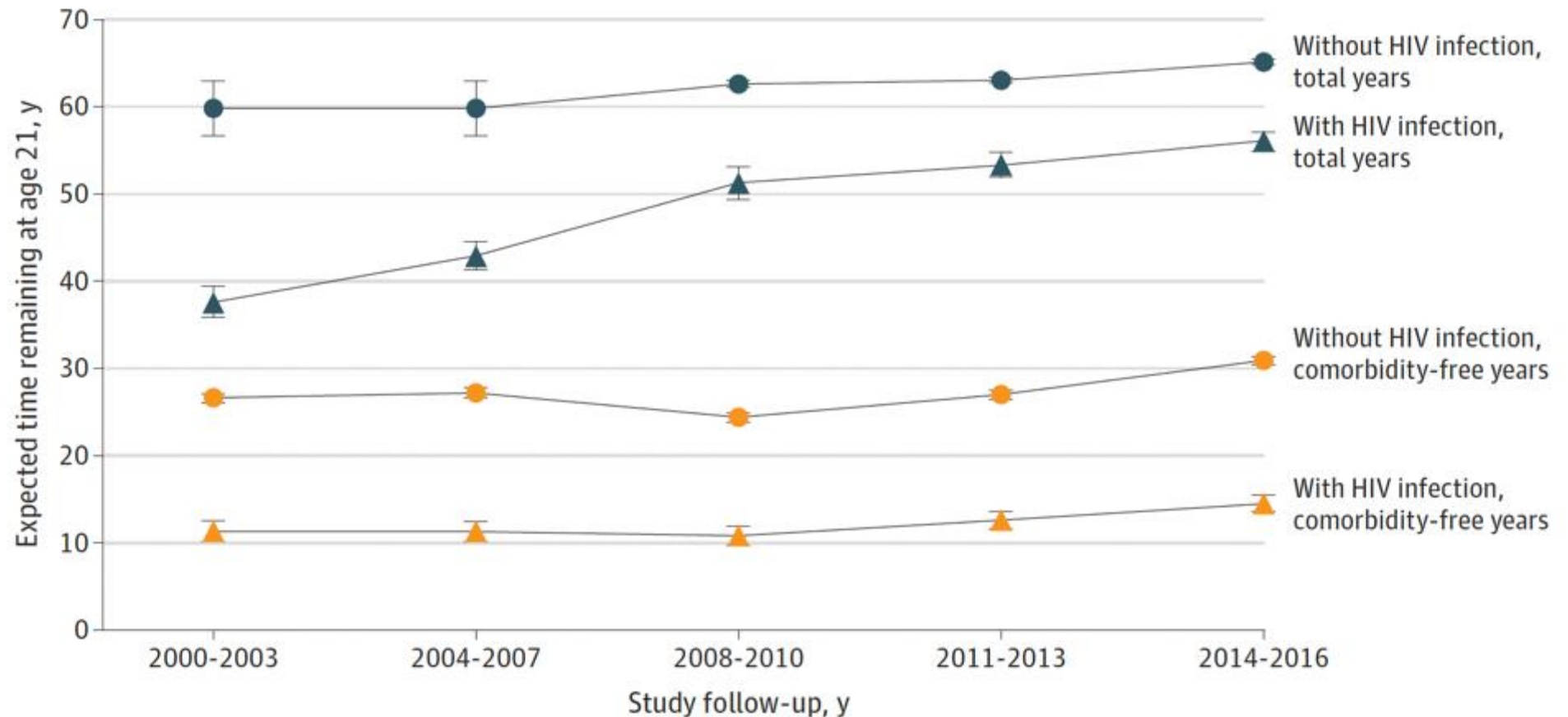
Türkiye’de HIV epidemiolojisi



TC Sağlık Bakanlığı, HIV/AIDS Kontrol Programı Verileri

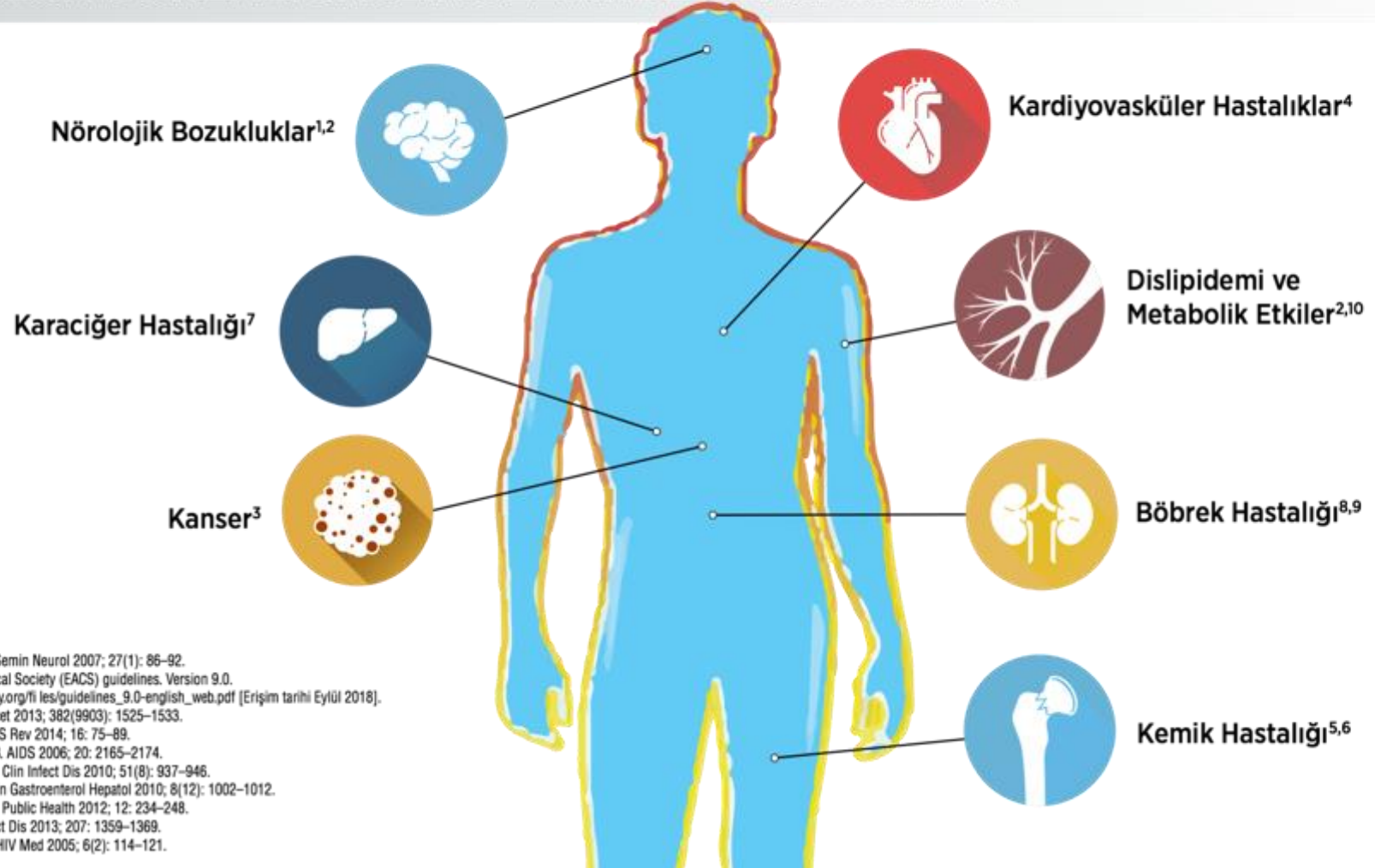
Yaşam beklentisi

Figure 1. Overall and Comorbidity-Free Life Expectancy at Age 21 Years for Individuals With and Without HIV Infection, Kaiser Permanente, 2000-2016





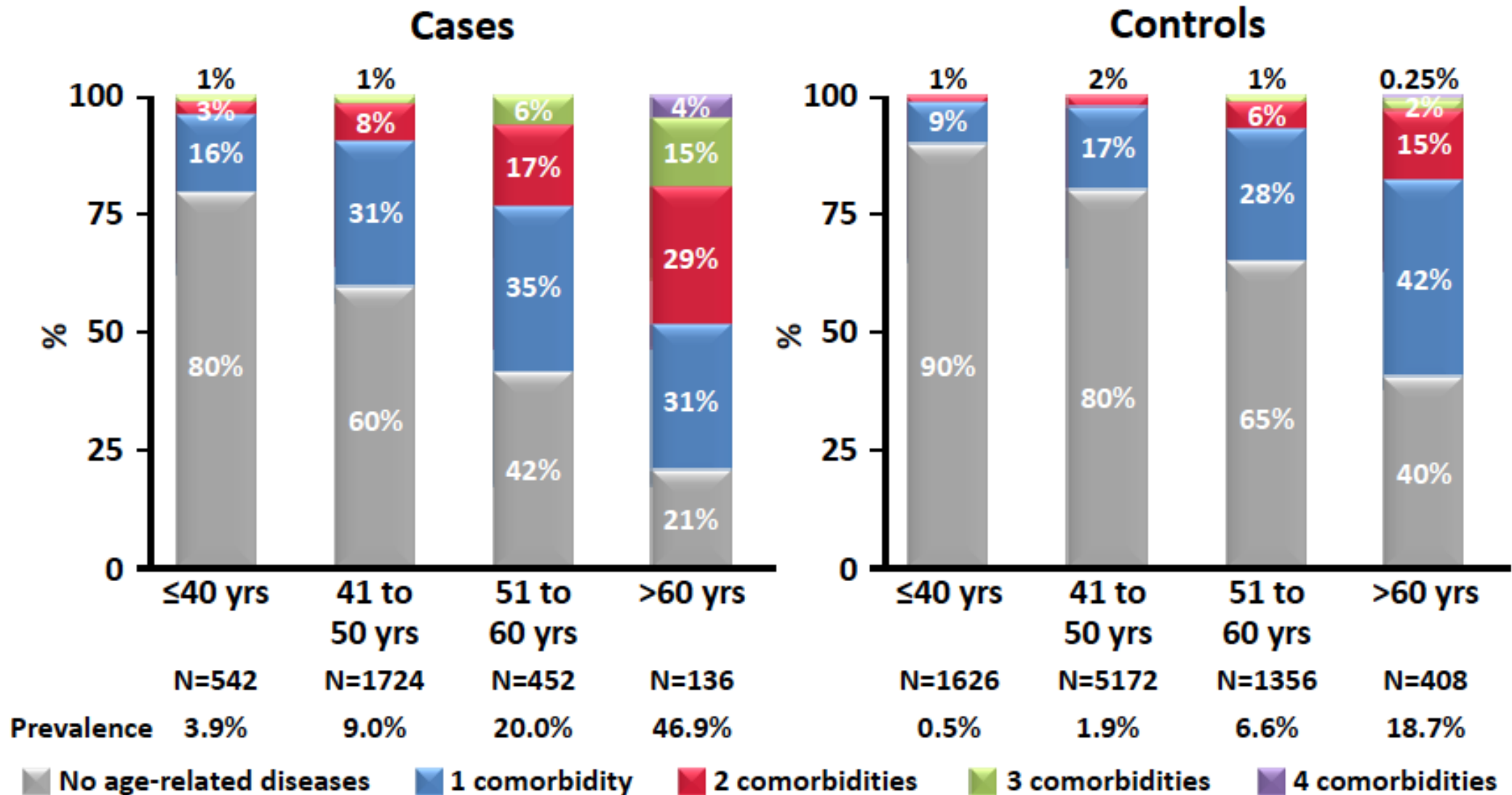
HIV EFEKSİYONU VE ART: UZUN DÖNEMLİ SAĞLIK ÜZERİNDE OLASI ETKİLER



REFERANSLAR:

1. Ances BM, Ellis RJ. Semin Neurol 2007; 27(1): 86-92.
2. European AIDS Clinical Society (EACS) guidelines. Version 9.0. http://www.eacsociety.org/files/guidelines_9.0-english_web.pdf [Erişim tarihi Eylül 2018].
3. Deeks SG, et al. Lancet 2013; 382(9903): 1525-1533.
4. Guaraldi G, et al. AIDS Rev 2014; 16: 75-89.
5. Brown TT, Qaqish RB. AIDS 2006; 20: 2165-2174.
6. McComsey GA, et al. Clin Infect Dis 2010; 51(8): 937-946.
7. Price JC, Thio CL. Clin Gastroenterol Hepatol 2010; 8(12): 1002-1012.
8. Islam FM, et al. BMC Public Health 2012; 12: 234-248.
9. Ryom L, et al. J Infect Dis 2013; 207: 1359-1369.
10. El-Sadr WM, et al. HIV Med 2005; 6(2): 114-121.

HIV ve Polipatoloji



HIV ile yaşayan bireyler genel popülasyondan daha fazla mental sağlık sorunlarından etkilenmektedir

Depression

20-40% in PLWH versus 7% in general population¹

Anxiety

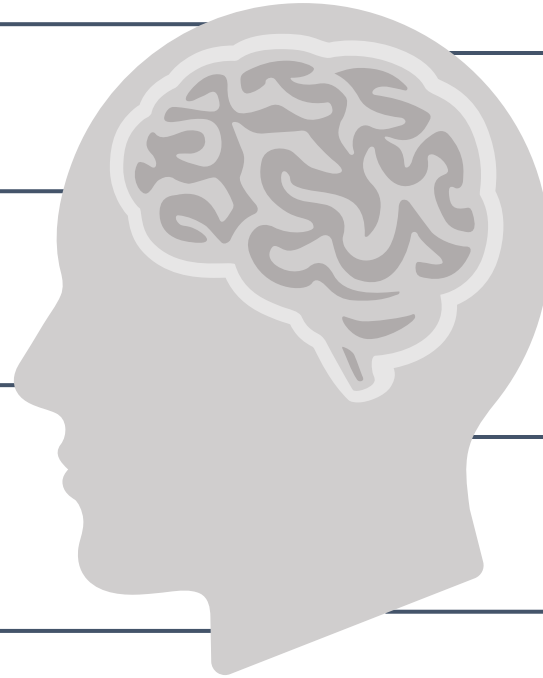
19-37% in PLWH² versus 5-11% in general population^{3a}

Post-traumatic stress disorder

15-26% in PLWH² versus ~4% in general population^{4b}

Substance abuse/dependence

7-16% in PLWH² versus 2% in general population⁵



Cognitive disorders

25-50% in PLWH versus 5-7% in general population^{6c}

Sleep disorders

11% in PLWH versus 9% in general population^{7d}

Bipolar disorders

2% in PLWH versus <1% in general population^{7d}

Mood affective disorders

1% in PLWH versus <1% in general population^{7d}

^a General population prevalence based on global systematic review (1980–2009; 87 studies; 44 countries); ^b General population prevalence based on World Health Organization World Mental Health Surveys (2001–2012; N=71,083);

^c PLWH prevalence based on Multicenter AIDS Cohort Study (2007–2012; N=364) and CHARTER study (N=1,555); ^d General population and PLHIV prevalence based on US retrospective cohort study (2013–2017; N=116,156)

PLWH: people living with HIV

1. European AIDS Clinical Society Guidelines. Version 10.0 November 2019 (Apr 2021; available at https://www.eacsociety.org/files/2019_guidelines-10.0_final.pdf). 2. Nel A, et al. *AIDS Care* 2011; 23:1360–5.

3. Baxter AJ, et al. *Psychol Med* 2013; 43:897–910. 4. Koenen KC, et al. *Psychol Med* 2017; 47:2260–74. 5. Our World in Data 2019 – Drug Use (Apr 2021; available at <https://ourworldindata.org/drug-use>.

6. National HIV Curriculum. Screening for Mental Disorders (Apr 2021; available at <https://www.hiv.uw.edu/go/basic-primary-care/screening-mental-disorders/core-concept/all>).

7. Cohen J, et al. HIV DART and Emerging Viruses 2018 (Apr 2021; available at http://regist2.virology-education.com/presentations/2018/HIVDART2018/28_Cohen.pdf)

HIV ve akut MI riski

	AMI events per 1000 person years		
Age	40-49 y	50-59 y	60-69
HIV (+)	2.0	3.9	5.0
Uninfected	1.5	2.2	3.3

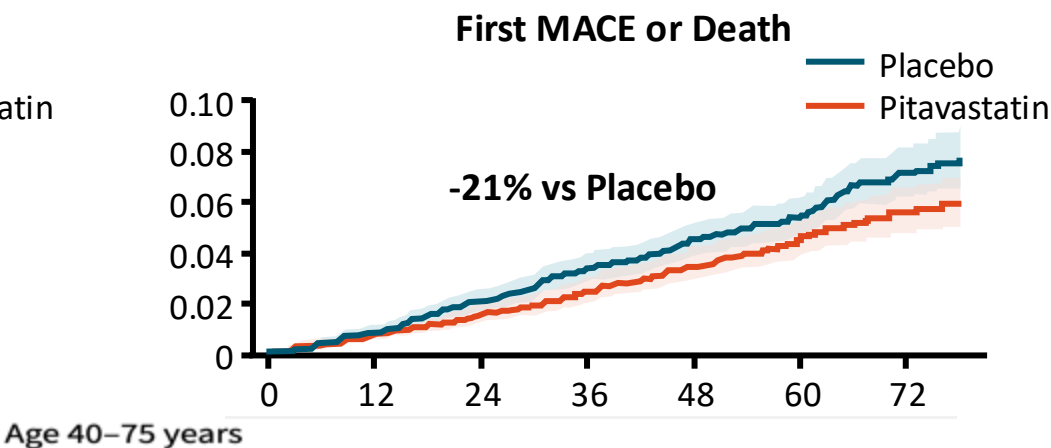
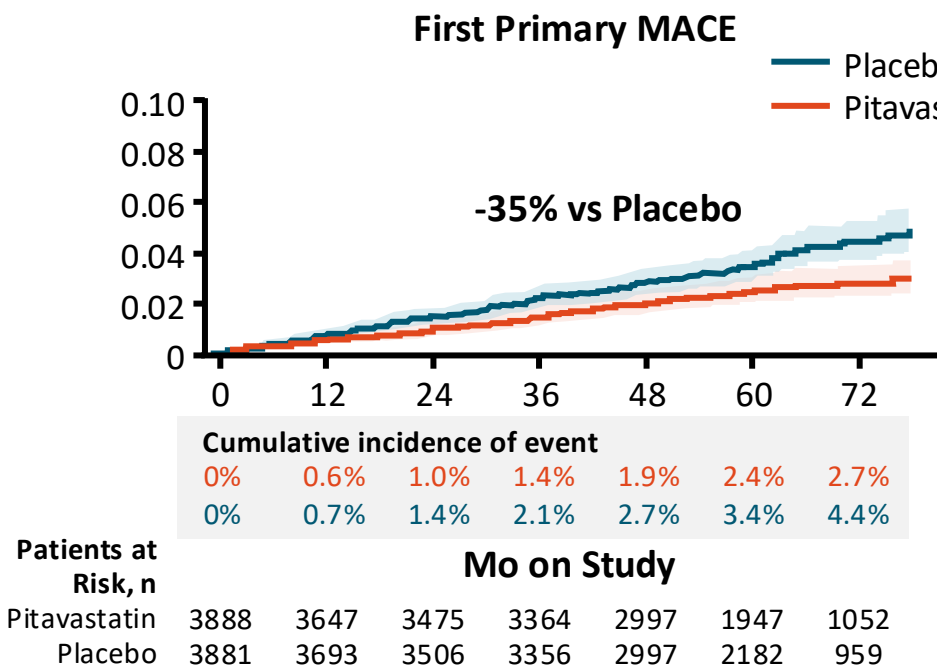
After adjusting for Framingham risk factors,
comorbidities and substance use

HIV (+) patients had an increased risk of MI
(HR 1.48, 95%CI 1.27-1.72)

An excess risk remained among pts achieving HIV-RNA < 500 copies/ml (HR 1.39; 95%CI 1.17-1.66)

REPRIEVE: İlk major Major Kardiyovasküler olaya dek geçen süre

- Baseline characteristics well balanced between treatment arms; median ASCVD risk score 4.5% (IQR: 2.1 to 7.0) and median LDL cholesterol 108 mg/dL (IQR 87 to 128)
- Pitavastatin prolonged time to first MACE vs placebo



- When 10-year ASCVD risk estimates are 5 to <20%, the Panel recommends moderate intensity statin therapy (AI).
- Recommended options for moderate intensity statin therapy¹
 - Pitavastatin 4mg once daily (AI)
 - Atorvastatin 20mg once daily (AII)
 - Rosuvastatin 10mg once daily (AII)

Grinspoon. IAS 2023. Abstr SY06. Grinspoon SK. NEJM. 2023;[Epub].

Prevalence of Cardiovascular Disease and Comparison of Risk Category Predictions of Systemic Coronary Risk Evaluation Score-2 and 4 Other Cardiovascular Disease Risk Assessment Tools Among People Living with Human Immunodeficiency Virus in Türkiye

Elif Tükenmez Tigen ¹, Deniz Gökengin ², Hülya Özkan Özdemir ³, Halis Akalın ⁴, Bülent Kaya ⁵, Aydın Deveci ⁶, Asuman İnan ⁷, Dilara İnan ⁸, Adalet Altunsoy ⁹, Ayşe Serra Özel ¹⁰, İlkay Karaoğlu ¹¹, Haluk Eraksoy ¹², Tuna Demirdal ¹³, Taner Yıldırım ¹⁴, Serhat Birengel ¹⁵, Ayşe İnci ¹⁶, Arzu Nazlı ¹⁷, Bircan Kayaaslan ⁹, Sevgi Özkan Köse ¹⁸, Çiğdem Ataman Hatipoğlu ¹⁹, Yasemin Esen ²⁰, Tuba Koç ²⁰, Petek Gilik ²⁰, Volkan Korten ¹; HIV-TR Study Group

- ESC--> %75.3

- AHA--> %47.1

lipid düşürücü ajan için uygun

KVH risk faktörleri prevalansı

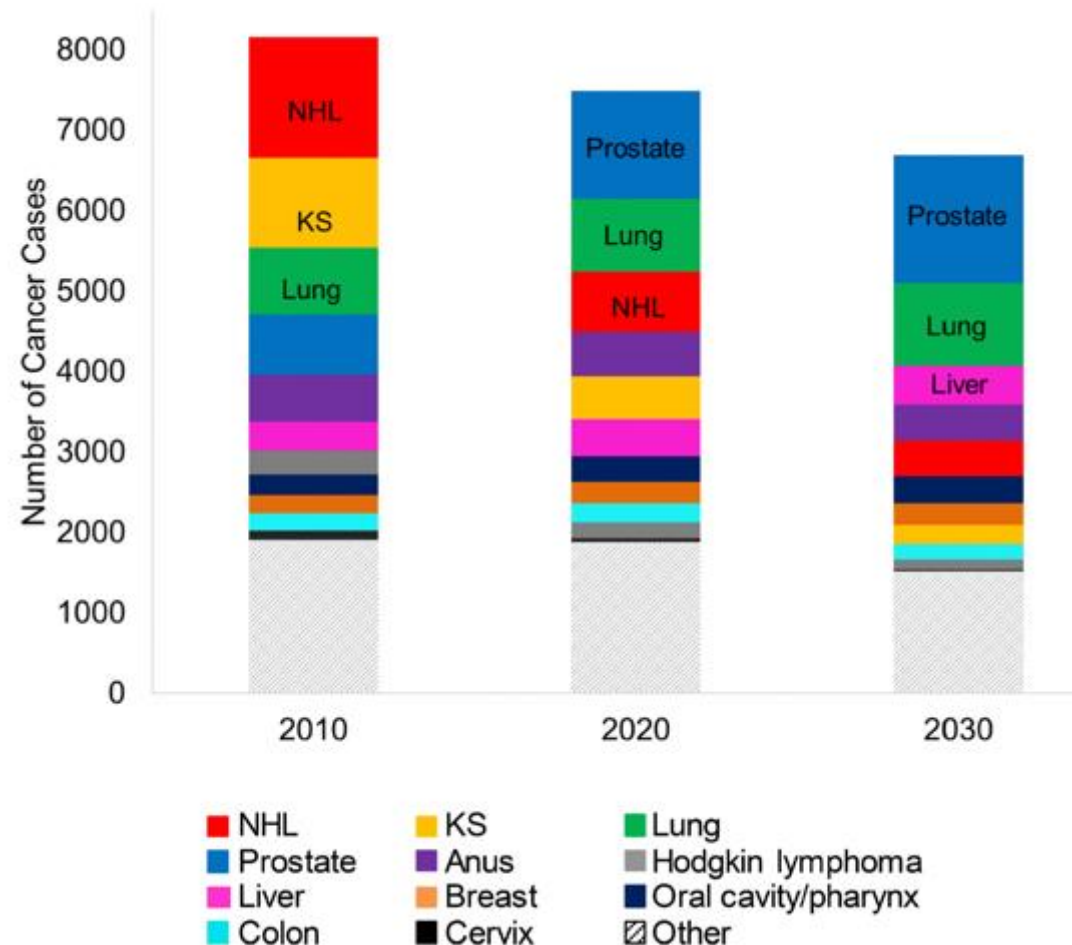
- %45.7 sigara
- %34.9 HL
- %29.5 HT
- %18.3 obezite
- %17 DM
- %7.2 erken başlangıçlı KVH aile öyküsü

Projected Cancer Burden in PLWH (USA)

2030 vs 2010

Largest decreases: NHL and KS

Largest increases: prostate cancer and lung cancer are projected to be the most common cancer types.



Modern ART ile Hastalık yükü

- Fırsatçı enfeksiyonlar
- Tükenme sendromu
- Vücut kompozisyonu



Kronik non-AIDS
komorbiditeler
(T2DM, HL, KVH)

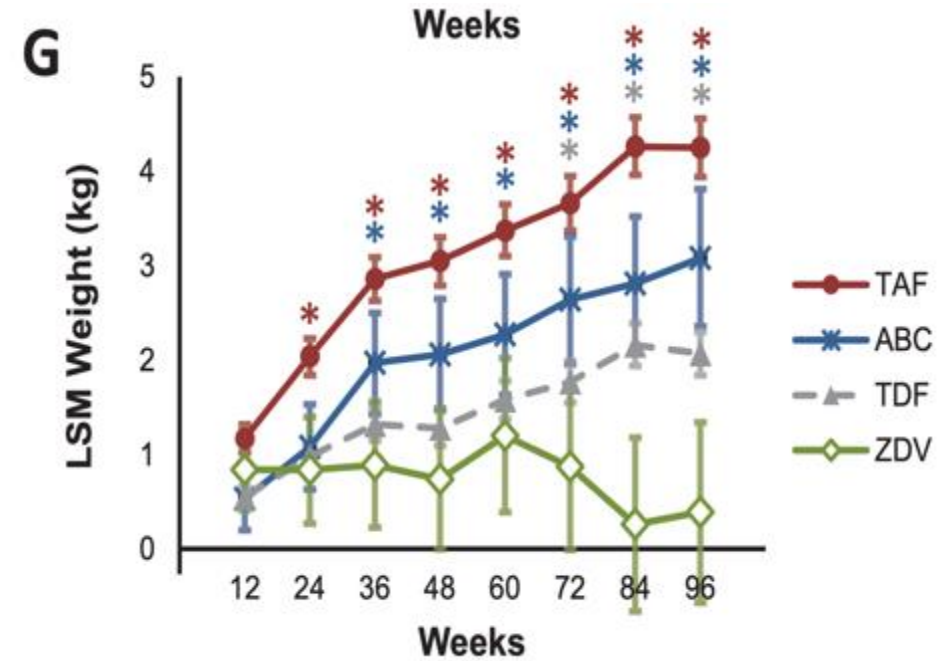
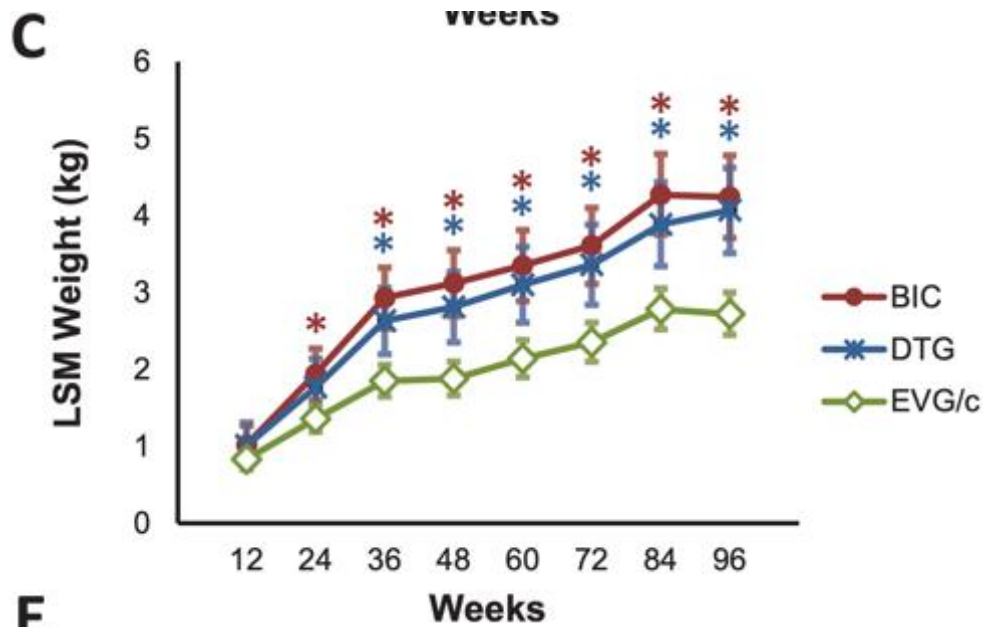
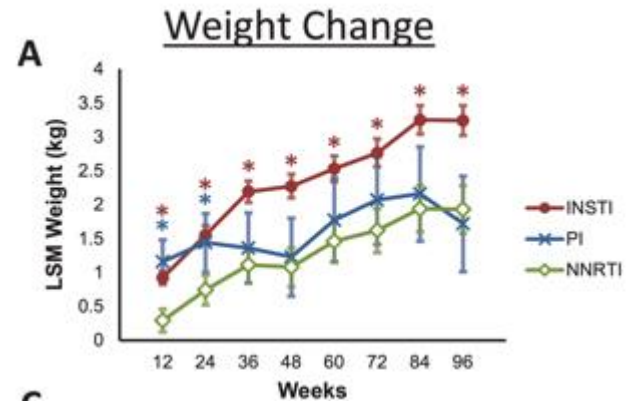
Lipodistrofi



Obesite

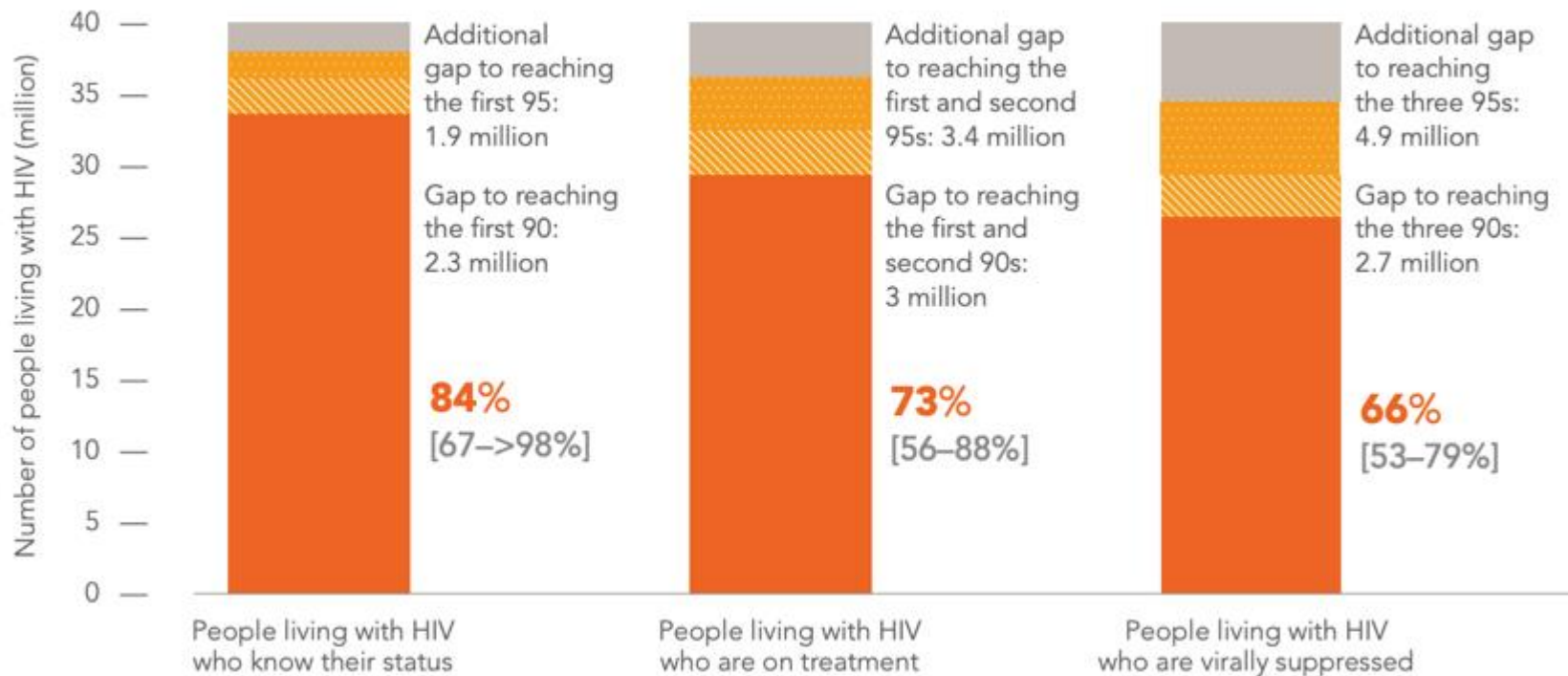


Kilo değişimi



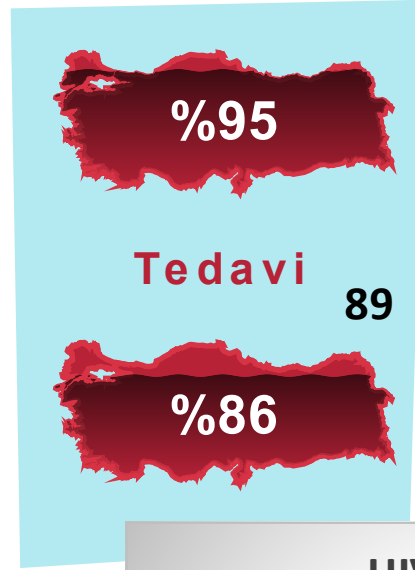
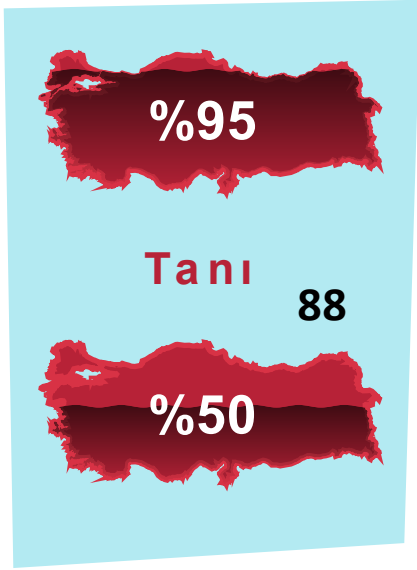
HIV tedavi kaskadı

HIV TESTING AND TREATMENT CASCADE, GLOBAL, 2020

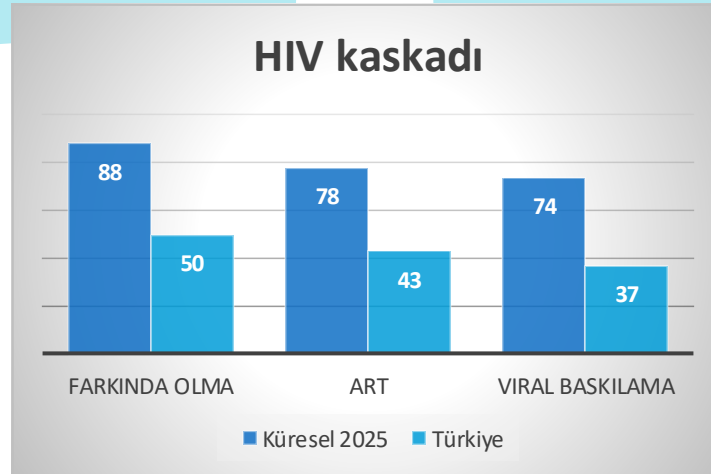


Source: UNAIDS special analysis, 2021.

UNAIDS Hedeflerinde Türkiye'nin Durumu*



* Uzman Görüşü



PrEP

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Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

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Morbidity and Mortality Weekly Report (MMWR)

[MMWR](#) 2011

[f](#) [t](#) [+](#)

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Interim Guidance: Preexposure Prophylaxis for the Prevention of HIV Infection in Men Who Have Sex with Men

Please note: An update has been published for this report. To view the update, please click [here](#).

Weekly
January 28, 2011 / 60(03);65-68

FDA approves Truvada® for PrEP

July 16, 2012

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

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HIV PrEP Guidelines

[Print](#)
Press Release

The content included below is available for historical purposes. CDC is no longer updating this content. Please refer to the most updated [CDC PrEP guidance](#).

For immediate release: Wednesday, May 14, 2014
Contact: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
(404) 639-8895 | NCHHSTPMediaTeam@cdc.gov

New guidelines recommend daily HIV prevention pill for those at substantial risk

Resources

- [Video & Audio](#)
- [Guidelines \(The 2014 PrEP guidelines are no longer\)](#)

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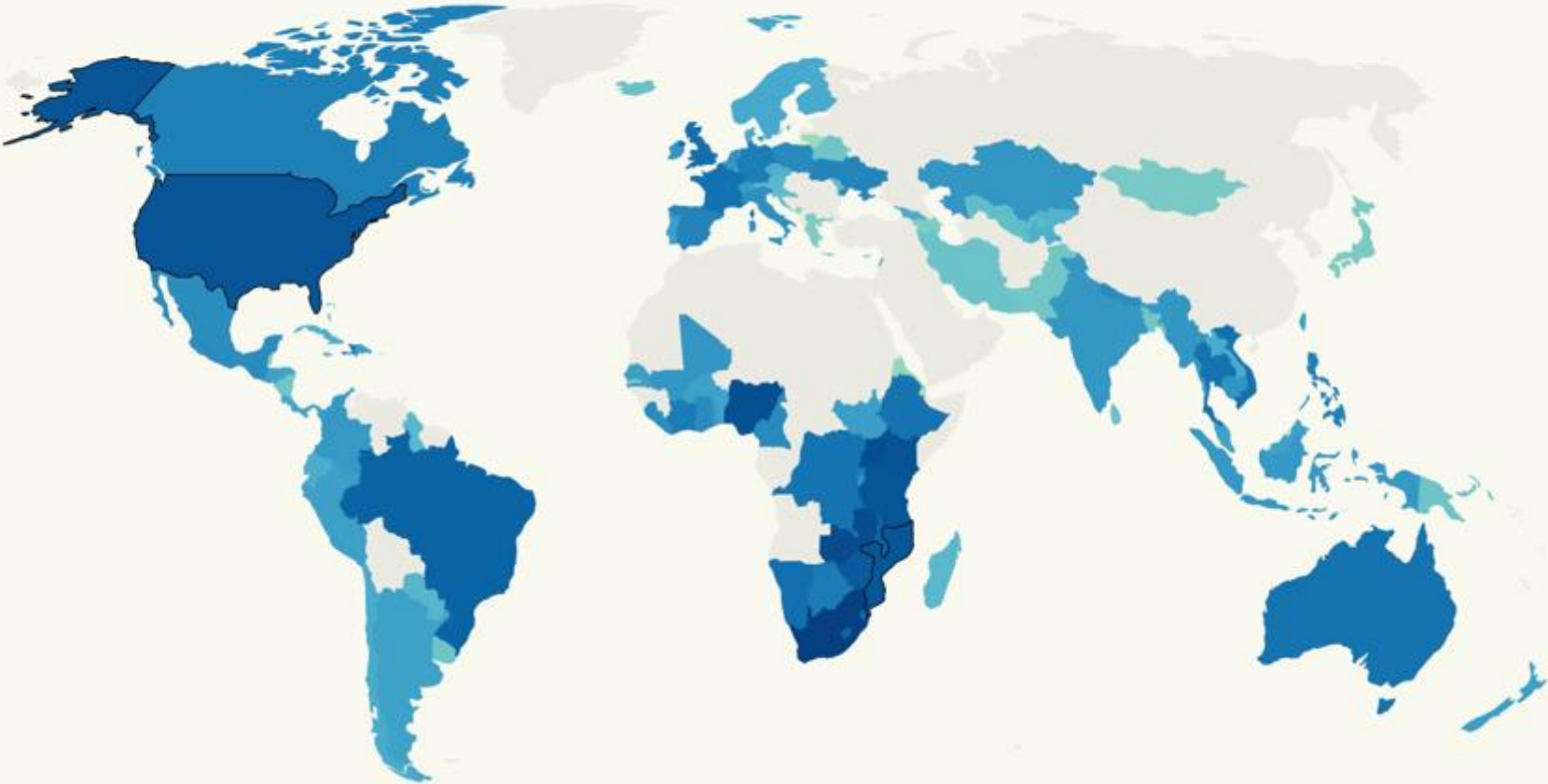
Email Address

[What's this?](#)

Cumulative Number of PrEP Initiations

METHODS AND SOURCES

Cumulative through 2025
8,872,207 initiations globally



Treatment as Prevention (TasP)

2011 HPTN 052

Tedavi bulaşı % 96 azaltıyor
(ara analiz)

The NEW ENGLAND JOURNAL of MEDICINE

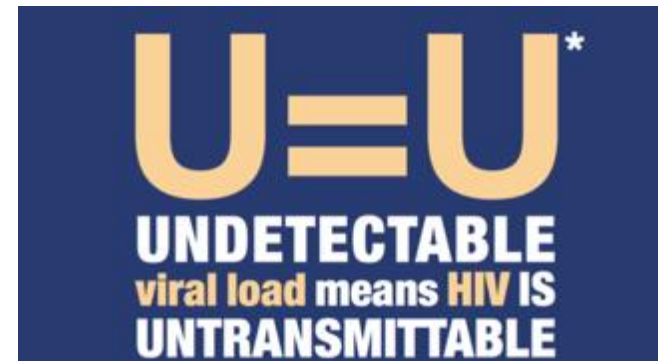
ORIGINAL ARTICLE

Antiretroviral Therapy for the Prevention of HIV-1 Transmission

M.S. Cohen, Y.Q. Chen, M. McCauley, T. Gamble, M.C. Hosseinipour, N. Kumarasamy, J.G. Hakim, J. Kumwenda, B. Grinsztejn, J.H.S. Pilotto, S.V. Godbole, S. Chariyalertsak, B.R. Santos, K.H. Mayer, I.F. Hoffman, S.H. Eshleman, E. Piwowar-Manning, L. Cottle, X.C. Zhang, J. Makhema, L.A. Mills, R. Panchia, S. Faesen, J. Eron, J. Gallant, D. Havlir, S. Swindells, V. Elharrar, D. Burns, T.E. Taha, K. Nielsen-Saines, D.D. Celentano, M. Essex, S.E. Hudelson, A.D. Redd, and T.R. Fleming, for the HPTN 052 Study Team*

2017 CDC duyurusu

Belirlenemeyen viral yükü
olan kişiler, cinsel
partnerlerine virusu
bulaştırmaz



Kür'e doğru - 2009



- Timothy Ray Brown – Berlin hastası
- CCR5 - (delta32/delta32) delesyonlu
- Allo HSCT
- 2026'a dek toplam 14 başarılı SCT

Önümüzdeki yıllarda korunma ve tedavinin yönlendiği yer

- Uzun etkili antiretroviraller
- Geniş nötralizan antikorlar

Uzun Etkili ART

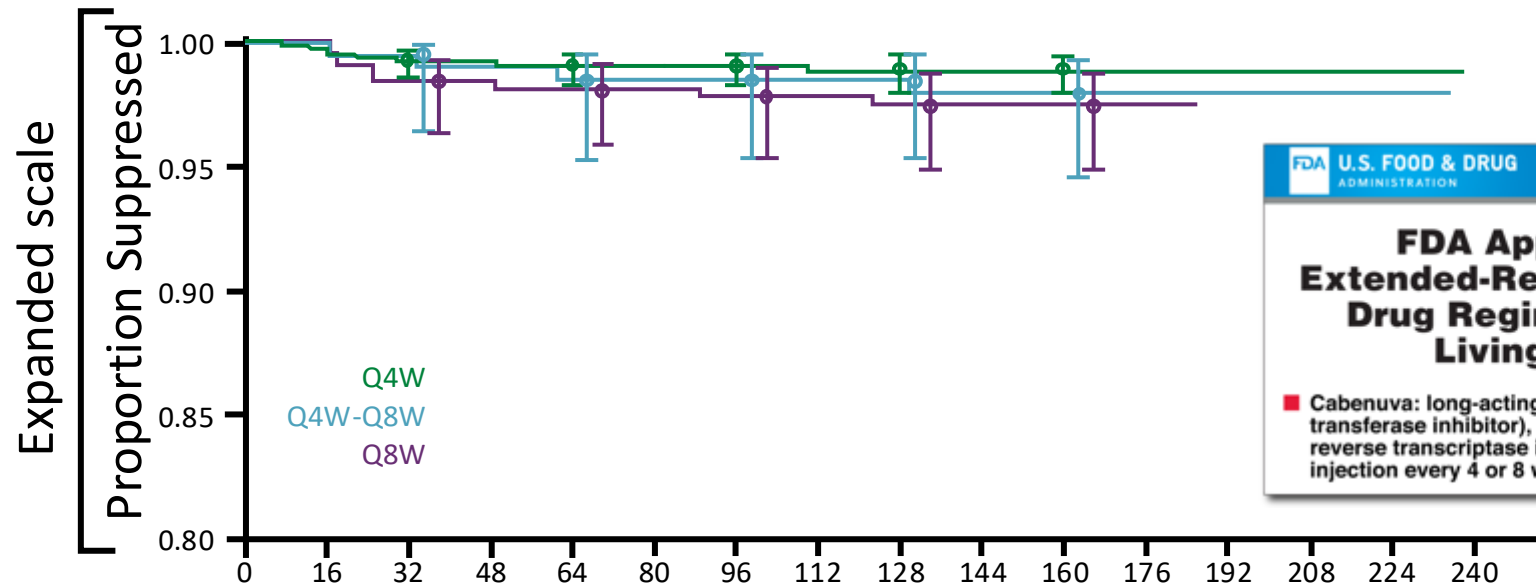
- **Kabotegravir + rilpivirine (CAB/RPV)**



- Lenacapavir (LEN)



ATLAS, ATLAS-2M + FLAIR Pooled Analysis: Virologic Suppression by Regimen



Participants at each week	Q4W	1128	1077	1029	849	781	759	745	717	694	523	408	166	115	113	62	0
	Q4W-Q8W	195	195	194	193	190	189	188	183	182	181	180	146	116	112	53	0
	Q8W	327	318	307	306	301	299	295	287	285	282	226	16	0	0	0	0

iki klinik kohortun değerlendirilmesi - TRIO (1198 CAB/RPV) & Opera(2858 CAB/RPV)

Figure 2: Maintenance of Viral Suppression During Follow-up on CAB + RPV

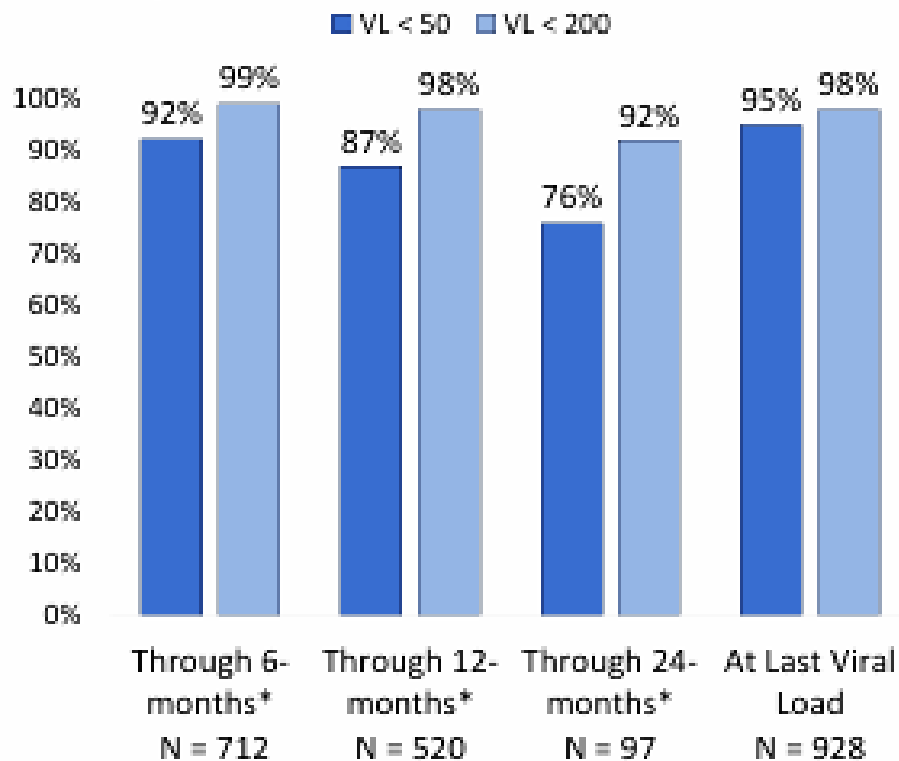
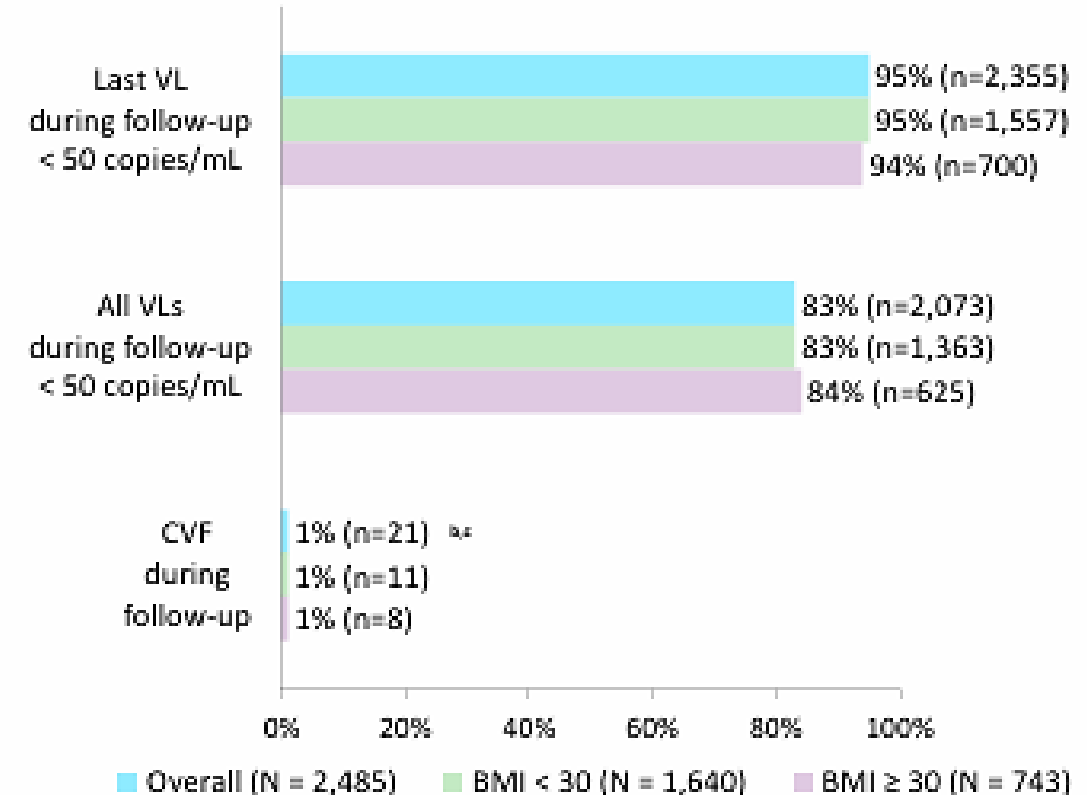


Figure 1. Virologic outcomes among complete initiators with ≥ 1 VL during follow-up; overall and stratified by BMI at initiation (N = 2,485)^a





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THE LANCET

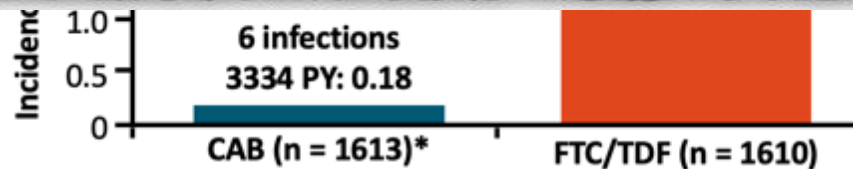
Founded 1823 • Published weekly

Volume 399, Issue 10337

May 7, 2022

Cabotegravir for HIV Prevention in Cisgender Men and Transgender Women (HPTN 083)

R Landovitz, B Grinsztejn, et al.



*Excludes 1 baseline infection from blinded period.

Cabotegravir for the Prevention of HIV-1 in Women: Results from HPTN 084

S Delany-Moretlwe,
MC Hosseinipour, et al.

Uzun etkili cabotegravir enjeksiyonları HIV enfeksiyonunu önlemede günlük oral TDF/FTC'den daha etkili

PURPOSE 1 + PURPOSE 2: Yılda iki kez lenacapavir ile HIV'den korunma

İki Faz 3 çalışmanın ortak sonuçları, lenacapavir'in yüksek etkinliğini ve uzun dönem takipte de korumanın sürdüğünü göstermektedir.

PURPOSE 1

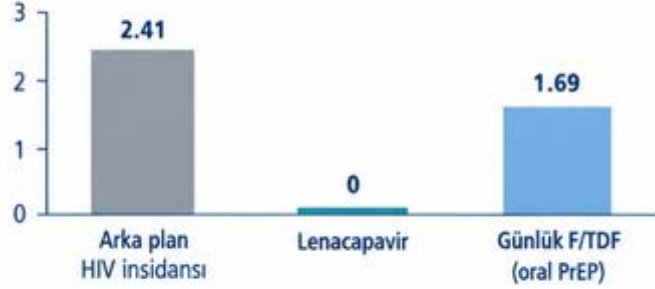
Cisgender kadınlar | Güney Afrika ve Uganda



Randomize faz
2.134 katılımcı

Lenacapavir
Yılda iki kez subkutan enjeksiyon

HIV insidansı (100 kişi-yılı başına)



Randomize fazda lenacapavir grubunda

0 HIV enfeksiyonu

(2.134 katılımcı, 0/100 kişi-yılı)

PURPOSE 2

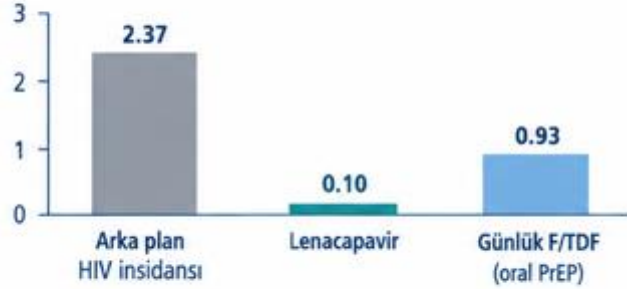
Cisgender erkekler ve cinsiyet çeşitliliği olan bireyler
Arjantin, Brezilya, Meksika, Peru, Güney Afrika, Tayland ve ABD



Randomize faz
2.123 katılımcı

Lenacapavir
Yılda iki kez subkutan enjeksiyon

HIV insidansı (100 kişi-yılı başına)



Randomize fazda lenacapavir grubunda

2 HIV enfeksiyonu

(2.123 katılımcı, 0.10/100 kişi-yılı)

2026 Uzun Dönem Takip Açık etiket uzatma (OLE) – İlk 52 hafta

PURPOSE 1

- Lenacapavir alanlarla yeni HIV enfeksiyonu: **0**
- Kümülatif lenacapavir takibi: **>7.178** kişi-yılı (1 enfeksiyon, körlenmiş lenacapavir döneminde)

PURPOSE 2

- Açık etiket lenacapavir döneminde **1** HIV enfeksiyonu
- Kümülatif lenacapavir takibi: **>5.295** kişi-yılı



Enjeksiyonlara uyum
(52. hafta)

%96 PURPOSE 1

%92 PURPOSE 2

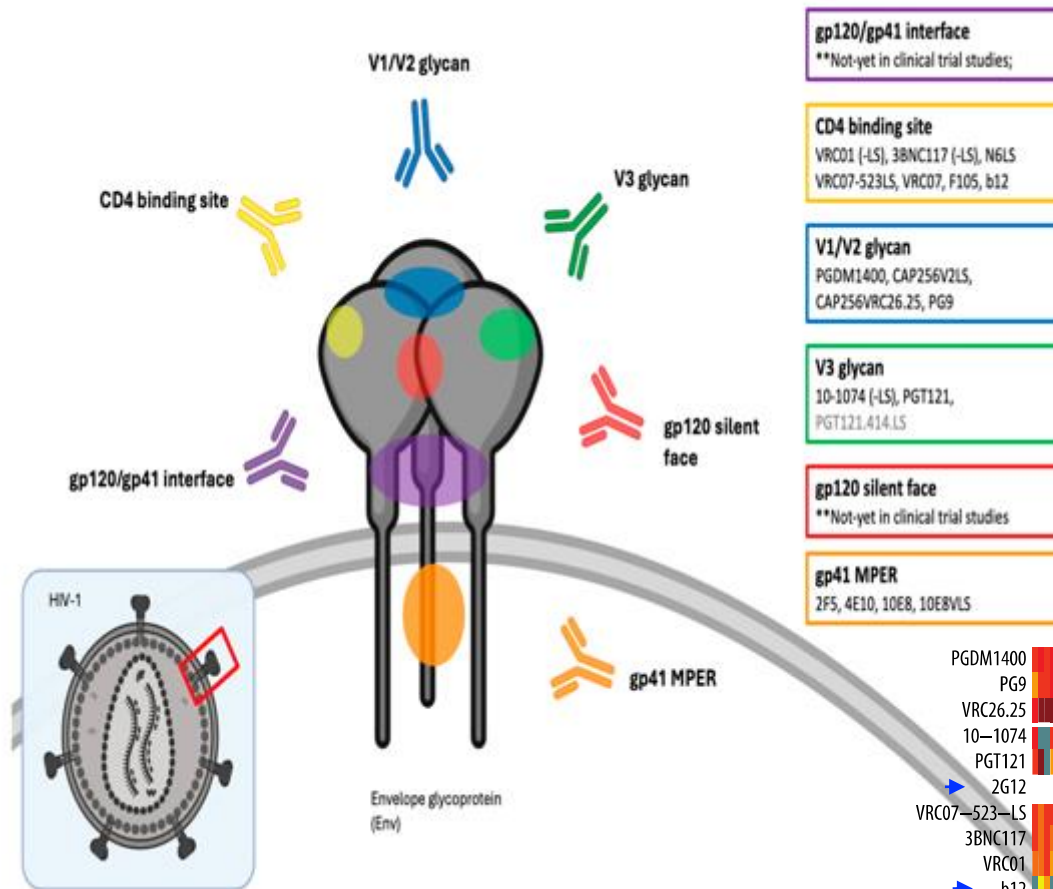


Yılda iki kez enjeksiyon

Lenacapavir, 6 ayda bir subkutan enjeksiyon olarak uygulanır.



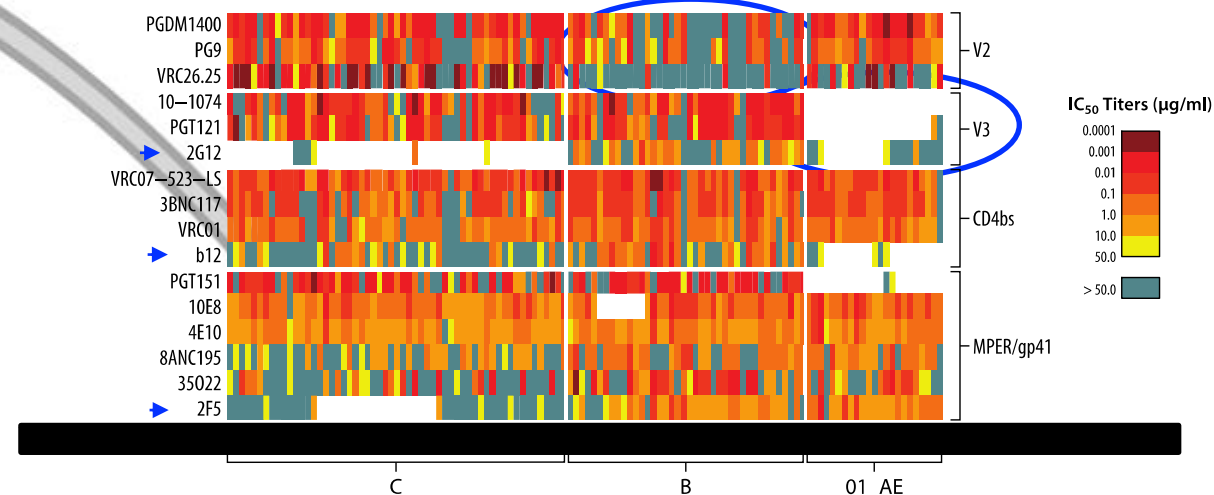
Geniş nötralizan antikörler (bNAbs)



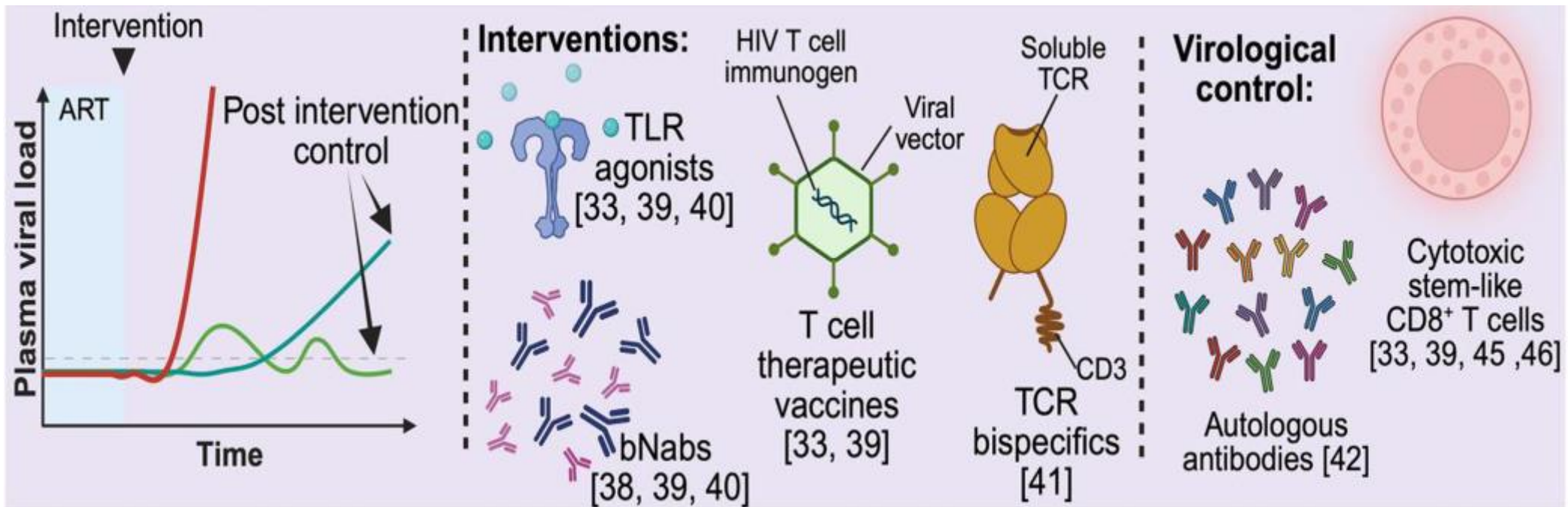
Thavarajah JJ et al,
Viruses 2024, 16, 911

LS mutasyonları - Met428Leu
(M428L) and Asn434Ser (N434S):
yarı ömürleri belirgin uzuyor
VRC01 17 g → VRC01-LS 71 g

Breadth and Potency



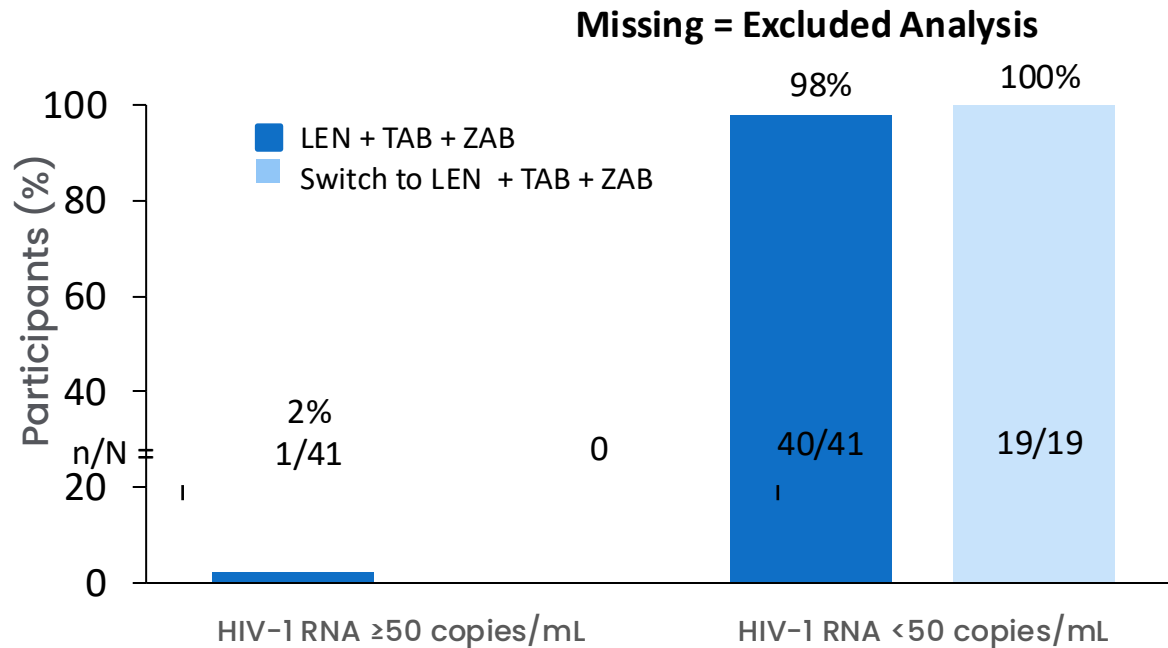
İmmün aracılı virolojik kontrol



Geniş nötralizan antikorlar (bNAbs)

- Tek bir bNAb HIV-1 viremisinde geçici —kısa süreli ancak anlamlı— bir azalma sağlar.
- Antikora duyarlı suşlara sahip bireylerde, ≥ 2 bNAb içeren kombinasyon tedavisi, viral baskılanmayı daha uzun süre korur ve analitik tedavi kesintisi (ATI) sonrasında viral yükün yeniden yükselmesine (rebound) kadar geçen süreyi uzatır.
- Kombinasyon tedavisi, HIV-1'e özgü T-hücresi yanıtını güçlendirir ve sağlam proviral rezervuarın hem boyutunu hem de bileşimini değiştirir.
- Tedavi müdahalesi olmaksızın uzun süreli viral baskılanma sağlamak; rezervuar çeşitliliği ve mevcut olan veya sonradan gelişen (de novo) kaçış mutasyonları nedeniyle zordur. Sadece çok küçük bir birey grubu, tedavi sonrasında viremi kontrolü sağlayabilmiştir.
- ART'ye alternatif olma yönünde temel engeller; latent rezervuar, viral direnç (mevcut ve de novo mutasyonlar) ve bNAb'ların eliminasyon yarı ömrüdür.

Twice-Yearly LEN (*lenacapavir*) + TAB (*teropavimab* - 3BNC117-LS $CD4_{bs}$) + ZAB (*zinlirvimab* - 10-1074-LS V3) : Wk 104 Results



- n = 1 participant in LEN + TAB + ZAB arm met criteria for confirmed virologic rebound at Wk 104 and discontinued
- n = 1 participant in the switch to LEN + TAB + ZAB arm met criteria for confirmed virologic rebound at Wk 90
- Discontinued study treatment before Wk 104 (investigator's discretion):
Wk 104 data are "missing" and therefore excluded from missing = excluded analysis

Outcome at Wk 104	LEN + TAB + ZAB (n = 41)	Switch to LEN + TAB + ZAB (n = 19)
Median change in CD4+ cell count from baseline, cells/mm ³ (IQR)	+34 (-71 to +111)	-38 (-159 to +40)

HIV ve yaşlanma

- 2025: 11.5 M PLHIV > 50 y (%29)
2040: 20.2 M (%51)
- 50 yaş üstü yeni tanılar artıyor ve genellikle geç tanı
- Multimorbidite
- Polifarmasi
- Damgalanma ve tanı, test ve bakım engelleri
- Geriatrik send. (kırılganlık, düşme, bilişsel bozukluk)
- Kişiselleştirilmiş bakım
- Sistem değişikliği – hastalığa yönelik değil, bütüncül yaklaşım
- Toplumsal önlemler
- Sağlık bakımı verenlerin eğitimi