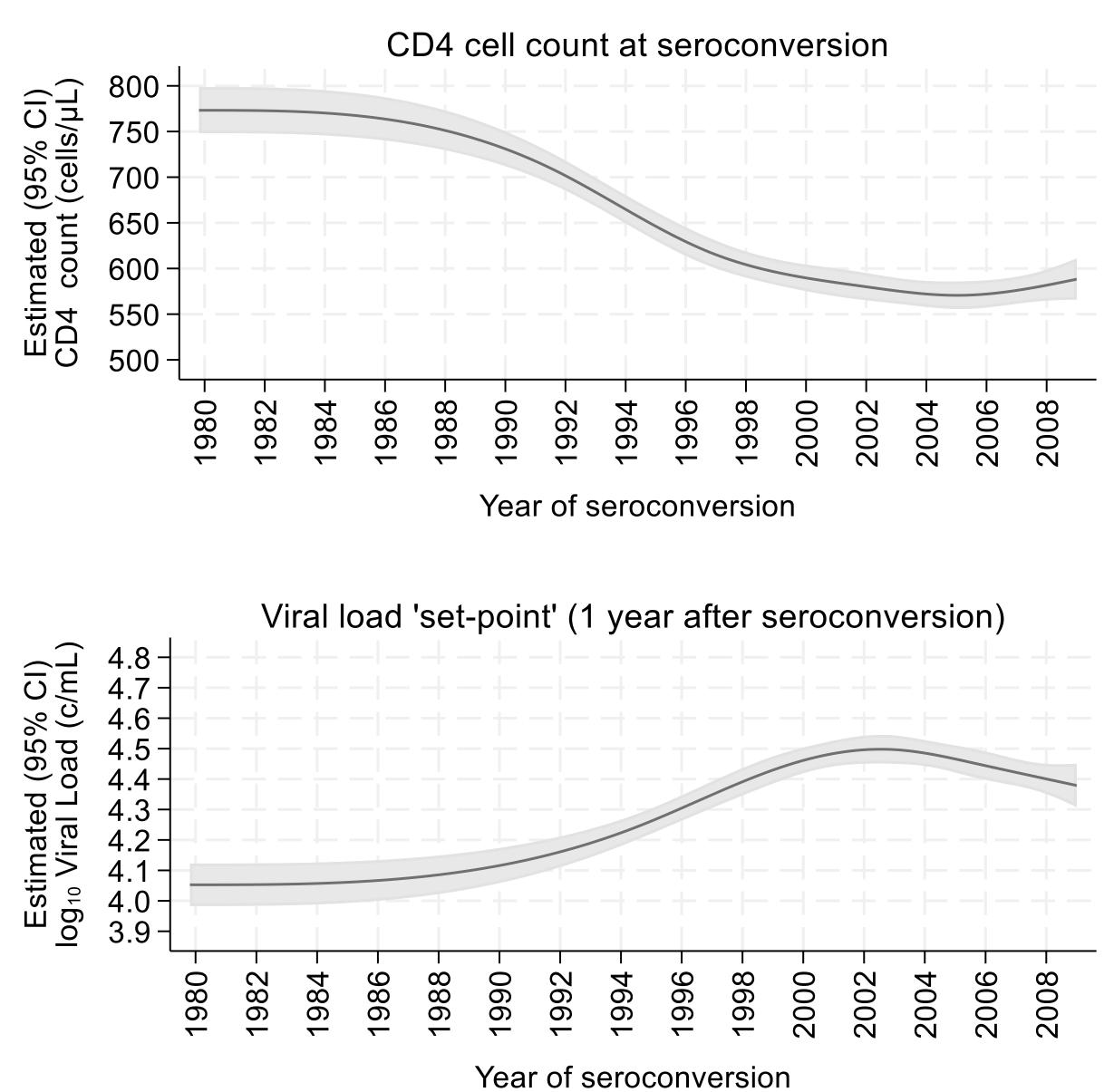
¹Medical School, National and Kapodistrian University of Athens, Ath Madrid, Spain, ⁵INSERM CESP U1018, APHP Hôpital de Bicêtre, Le Kremlin-Bicêtre, Le Kremlin-Bicêtre, Paris-Saclay University, Paris, France, ⁶Institute for Global Health, ¹Institute for Global Heal Calgary, Alberta, Canada, ⁹Inserm, IRD, SESSTIM, ISSPAM, Aix- Marseille Université, Marseille, France

BACKGROUND

- We have previously (Lancet HIV, 2014) reported on a temporal decrease in CD4 cell count at seroconversion (SC) and an increase in HIV-RNA viral load (VL) levels at 1 year after SC (set-point) over the period 1980-2008 (**Figure 1**).
- **Objective**: To investigate whether these trends had continued, stabilized or reversed, focusing on changes since the introduction of combination ART in 1996, using newly collected data.

Figure 1. Results from <u>a previous CASCADE analysis</u>: estimated CD4 cell count at seroconversion and viral load set-point by year of SC.



METHODS

- Data are derived from the CASCADE study (<u>https://www.cascadestudy.net</u>); Multinational study of cohorts from France, Netherlands, Spain, Sweden, Greece, Canada, and UK.
- Clinical data and laboratory results were obtained from individuals with well estimated dates of HIV-1 seroconversion (HIV-1 test window ≤ 12 months or laboratory evidence of SC).
- **Inclusion criteria**: Seroconversion year ≥1996, age ≥16 years, CD4 and VL measurements available while ART naïve and AIDS-free.

Statistical analysis:

Exploratory analysis revealed gradient changes at ~4 months (increase then decrease) and ~1 year (decrease then increase) after SC for CD4 and VL evolution during natural history, respectively.

Temporal Trends in CD4 Cell Count Soon After Seroconversion and HIV-RNA Viral Set-Point

Nikos Pantazis¹, Dominique Costagliola², Ard van Sighem³, Inma Jarrin⁴, Laurence Meyer⁵, Caroline Sabin⁶, Christina Carlander⁷, John Gill⁸, Shema Tariq⁶, Bruno Spire⁹, Fiona Burns⁶, Elisa Ruiz-Burga⁶, Kholoud Porter⁶, Giota Touloumi¹, for CASCADE Collaboration

- In a previous analysis of seroconverters data from the CASCADE collaboration, we estimated that during the first 20 years of the HIV-1 epidemic, CD4 cell count close to seroconversion decreased by ~200 cells/ μ I and viral load set-point increased by ~0.45 log₁₀ copies/mI - In the current analysis of more recent data we found minimal changes from 2004 onwards, suggesting that these markers of HIV virulence may have now plateaued

- Analyses based on piecewise linear mixed models (1 knot at 4 months and 12 months after SC for CD4 and VL analyses, respectively).
- Calendar time (i.e. SC year) effects introduced through natural cubic splines. •
- Those seroconverting \geq 2015 and \geq 2014 excluded from CD4 and VL analyses, respectively (reliable estimation not feasible due to ART initiation close to SC).
- infection (HIV test interval <30 days) and type of viral assay (VL analysis only).
- All models adjusted for age, sex, transmission mode, region of origin, acute • Main estimates of interest: CD4 at 4 months after SC, VL set-point.

RESULTS

- Of 28545 individuals in CASCADE, 15066 (52.8%) fulfilled the inclusion criteria.
- Demographic and other characteristics along with numbers of available markers' measurements pre-ART/AIDS are shown in **Table** below.
- Changes in the estimated CD4 cell count soon after SC and VL set-point, during the study period, were statistically significant (p<0.001 for both) but within a limited range: between 558 and 598 CD4 cells/µL and between 4.30 and 4.48 log₁₀ HIV-RNA copies/mL, respectively (**Figure 2**).

Table. Characteristics of study population by year of HIV-1 seroconversion

	1996-03		2009-14
Characteristic	n=4027 (26.7%)	n=4534 (30.1%)	n=6505 (43.2%)
Age at SC (years; median/IQR)	32.4 (26.9, 39.5)	33.9 (27.8, 41.4)	33.2 (26.8, 42.0)
Sex and transmission mode			
 Sex between men (MSM) 	2224 (55.2%)	3220 (71.0%)	5099 (78.4%)
 Men - heterosexual contact 	166 (4.1%)	70 (1.5%)	70 (1.1%)
– Women - heterosexual contact	591 (14.7%)	461 (10.2%)	496 (7.6%)
 Injecting drug use 	881 (21.9%)	646 (14.2%)	631 (9.7%)
– Unknown/Other	165 (4.1%)	137 (3.0%)	209 (3.2%)
Acute infection	2207 (54.8%)	2105 (46.4%)	2663 (40.9%)
HIV subtype			
– B	235 (5.8%)	648 (14.3%)	850 (13.1%)
– Non-B	31 (0.8%)	83 (1.8%)	208 (3.2%)
– Unknown	3761 (93.4%)	3803 (83.9%)	5447 (83.7%)
CD4 measurements (#; median/IQR)	4 (2, 9)	6 (3, 11)	2 (1, 5)
VL measurements (#; median/IQR)	3 (1, 9)	5 (2, 9)	2 (1, 4)

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Figure 2. Estimated CD4 cell count 4 months after seroconversion and viral load set-point by year of seroconverion (estimates for MSM, aged 30-40, with European or N. American origin, without acute infection)

	800 -
CI s/hl	750 -
5% ells	700 -
(9) t (c	
ted	650 -
mat	600 -
Esti D4	550 -
шO	500 -

Estimated (95% CI) log ₁₀ Viral Load (c/mL)	4.8 - 4.7 - 4.6 - 4.5 - 4.4 - 4.2 - 4.2 - 4.1 - 4.0 - 3.9 -

CONCLUSIONS

- viral load set-point.
- have now plateaued.

Author Contact Information: *npantaz@med.uoa.gr* Acknowledgements

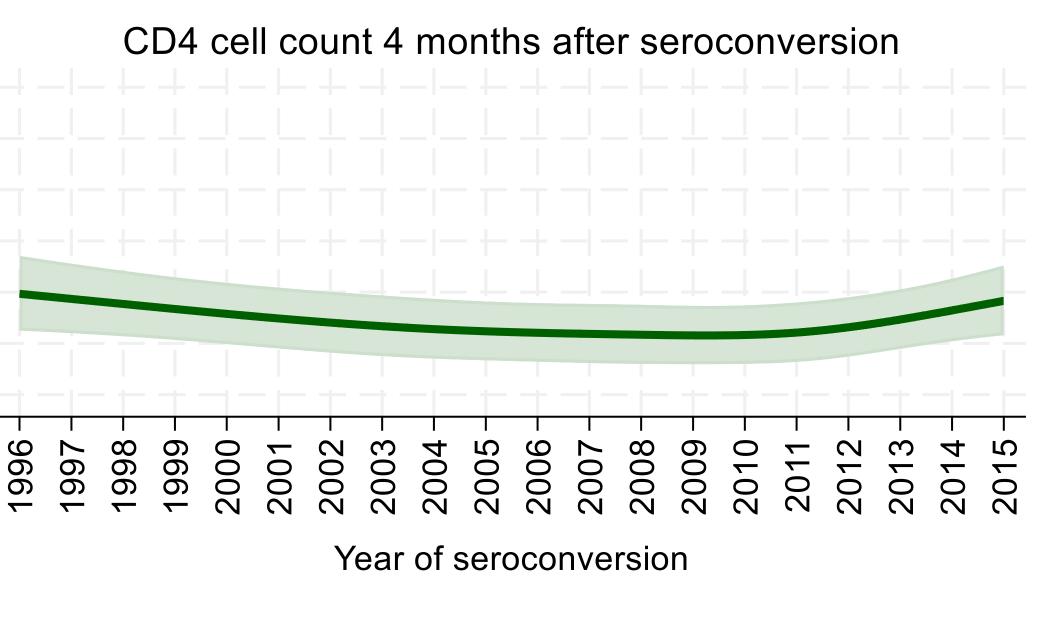
We would like to thank all people living with HIV-1 who agreed to participate in the CASCADE cohorts and on whose altruism we depend for our research. Our gratitude also goes out to colleagues at the following clinical : PRIMO cohort, FHDH, Aquitaine, CoRIS, AMACS, ATHENA, InfCare, Southern Alberta, UK CASCADE. CASCADE Executive Committee: Santiago Moreno (Chair), Fiona Burns, Rafael Eduardo Campo, Harmony Garges, Cristina Mussini, Nikos Pantazis, Barbara Pinto, Kholoud Porter, Caroline Sabin, Shema Tariq, Giota Touloumi, Vani Vannappagari, Alain Volny Anne, Lital Young. CASCADE Scientific Steering Committee: John Gill (co-chair), Kholoud Porter (co-chair), Christina Carlander, Rafael Eduardo Campo, Harmony Garges, Sophie Grabar, Inma Jarrín, Laurence Meyer, Barbara Pinto, Giota Touloumi, Marc van der Valk, Vani Vannappagari, Alain Volny Anne, Linda Wittkop, Lital Young. CASCADE Social Science Sub-Committee: Shema Tariq (Chair), Agnes Aisam, Diana Barger, Udi Davidovich, Marie Dos Santos, Lars Eriksson, El Fitzgerald, John Gill, Sophie Grabar, Inma Jarrín, Argyro Karakosta, Hartmut Krentz, Cristina Mussini, Emily Jay Nicholls, Nicoletta Policek, Elisa Ruiz-Burga, Chris Sandford, Bruno Spire, Inés Suárez-García, Giota Touloumi, Alain Volny Anne

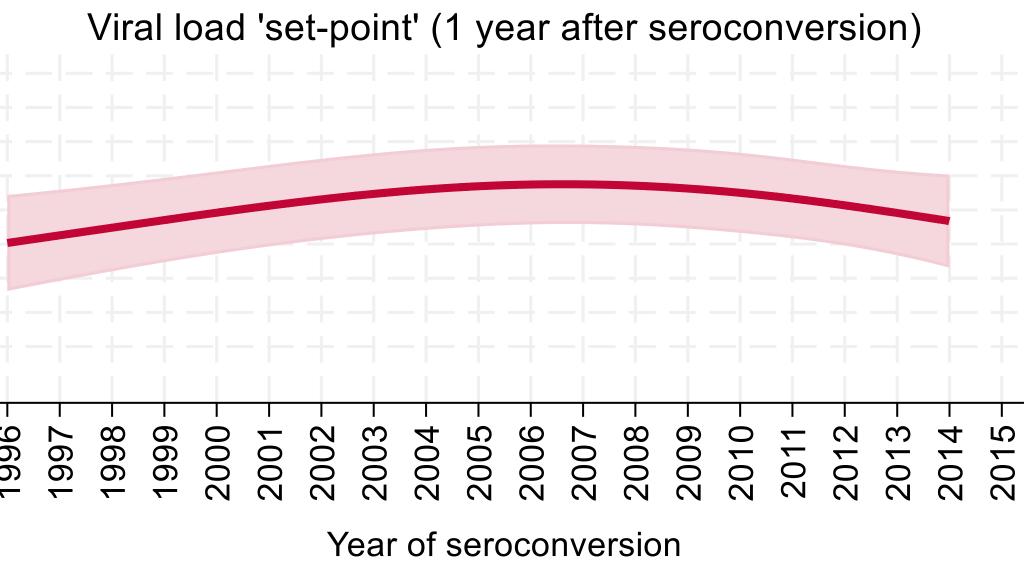
HIV-1 subtype was known for 2055/15066 (13.6%) study participants. 84.3% of them had a B subtype.

• Individuals with CRF02_AG subtype had a CD4 cell count at 4

months after SC that was approximately 58 cells/ μ L lower (p=0.035) compared to those with B subtype.

All non-B subtypes were associated with non-significantly lower viral set-points compared to the B subtype.





• Our results showed that since 2004 there have been minimal changes in levels of both the CD4 cell count soon after SC and the

• These results suggest that, after the changes observed during the first 2 decades of the epidemic, these markers of HIV virulence may