

Expanded analysis of HPTN 052 study results show cost-effectiveness of early treatment of HIV

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When the HIV Prevention Trials Network (HPTN) 052 investigators released their landmark study results last year showing that treatment can reduce HIV transmission by 96% in serodiscordant couples, questions were raised about the cost of early antiretroviral therapy (ART) and if it should be universally implemented. Data presented today at the XIX International AIDS Conference in Washington, D.C. show that treatment as prevention is "very cost-effective". Using an HIV microsimulation model (CEPAC-International) to further expand analysis of HPTN 052 data, study investigators were able to project the clinical impact, costs, and cost-effectiveness of early ART. They found that this strategy increases survival, prevents costly opportunistic infections, averts early transmissions and is very cost-effective.

Commenting on the findings, Rochelle Walensky, MD, MPH, Associate Director of the Program in Epidemiology and Outcomes Research at the Harvard Center for AIDS Research said, "Early ART is a triple winner: HIV-infected patients do better, their partners are protected and it is very cost-effective. Regardless of the country setting, over the long term [treatment](#) as prevention offers excellent return on investment across a wide range of assumptions about transmission and treatment effects."

The cost-effectiveness analysis was modeled in South Africa and India using trial-derived data. These two geographic locations were selected to illustrate how regional economic distinctions may, or may not, change

the conclusions. Early ART was designated as very cost-effective or cost-effective if its cost-effectiveness ratio is

"This expanded analysis of the HPTN 052 study results provides more evidence that treatment as prevention is a strategy we can't afford to ignore," said Myron Cohen, MD, Co-Principal Investigator of HPTN, and the HPTN 052 Protocol Chair. "Clearly the results of the model indicate there is a great return on this important health investment."

HPTN 052 is an ongoing randomized clinical trial. A total of 1763 HIV serodiscordant couples were enrolled in HPTN 052 between April 2005 and May 2010. The study is being conducted at 13 sites in Africa, Asia, and North and South America. The majority of couples (97%) are heterosexual. All participants receive couples risk-reduction counseling, free condoms and testing and treatment for sexually transmitted infections. Primary HIV care is also provided to the HIV-infected partner. Following the public announcement of results in May 2011, all HIV infected participants in the study were offered ART. All participants will continue to be followed until the planned study end in April 2015, to assess the durability of the prevention and clinical benefits.

Provided by HIV Prevention Trials Network (HPTN)

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