DOXYPEP

Current Evidence & Remaining Questions

4/18/2023

Some slides courtesy of Beatrice Berçot, Chase Cannon, Stephanie Cohen

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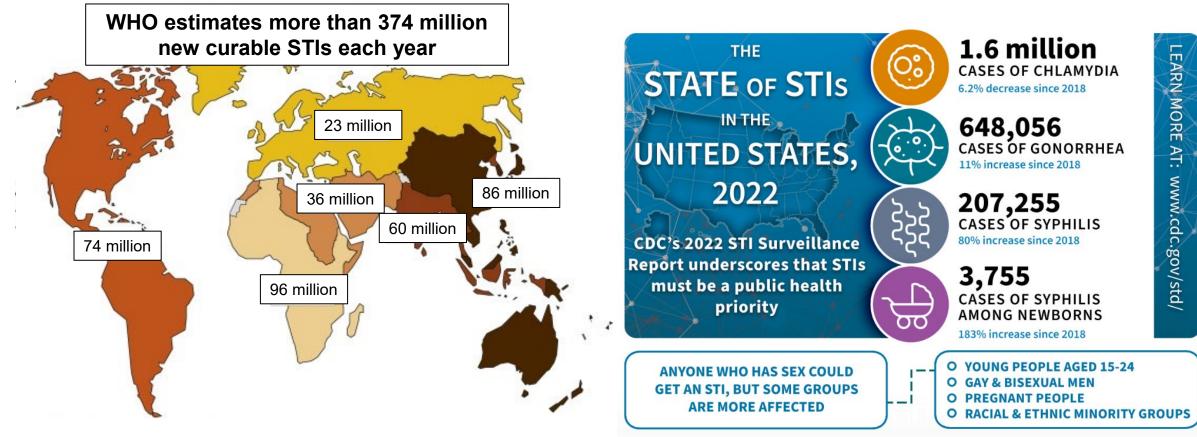




- Doxycycline provided by Mayne Pharmaceuticals
- Laboratory support from Cepheid & Hologic



Sustained Increases in Sexually Transmitted Infections in US and worldwide



- Gonorrhea: threat of increasing incidence of antimicrobial resistance
- Syphilis: increase in heterosexual networks with congenital syphilis

WHO global progress report on HIV, viral hepatitis and sexually transmitted infections 2021; https://www.cdc.gov/std

Doxycycline Post-Exposure Prophylaxis (doxy-PEP)

• Why Doxycycline?

- Safe, well tolerated, and inexpensive
- Active against chlamydia (CT) & syphilis
- Some resistance in gonorrhea (GC)- ≈20% of US isolates, higher in other settings
- However:
 - Not used as 1st line treatment for GC
 - unknown how much activity needed for PEP
- Three recent RCTs:
 - Investigated doxy-PEP efficacy to reduce bacterial STI's
 - Impact of intermittent doxy use on drug resistance, in STIs and other bacteria)

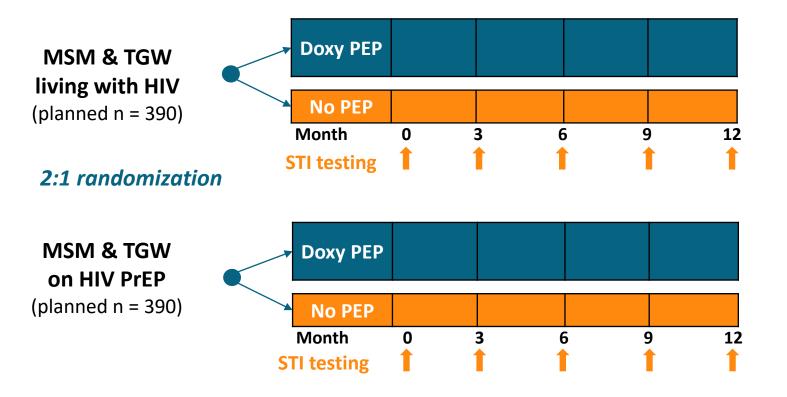
Intervention: <u>Open label</u> doxycycline 200mg taken as PEP within 72 hours after condomless sexual contact *Maximum of 200 mg every 24 hours*

Inclusion criteria:

- Male sex at birth
- Living with HIV or on PrEP
- ≥ 1 STI in past 12 months
- Condomless sex with ≥ 1 male partner in past 12 months

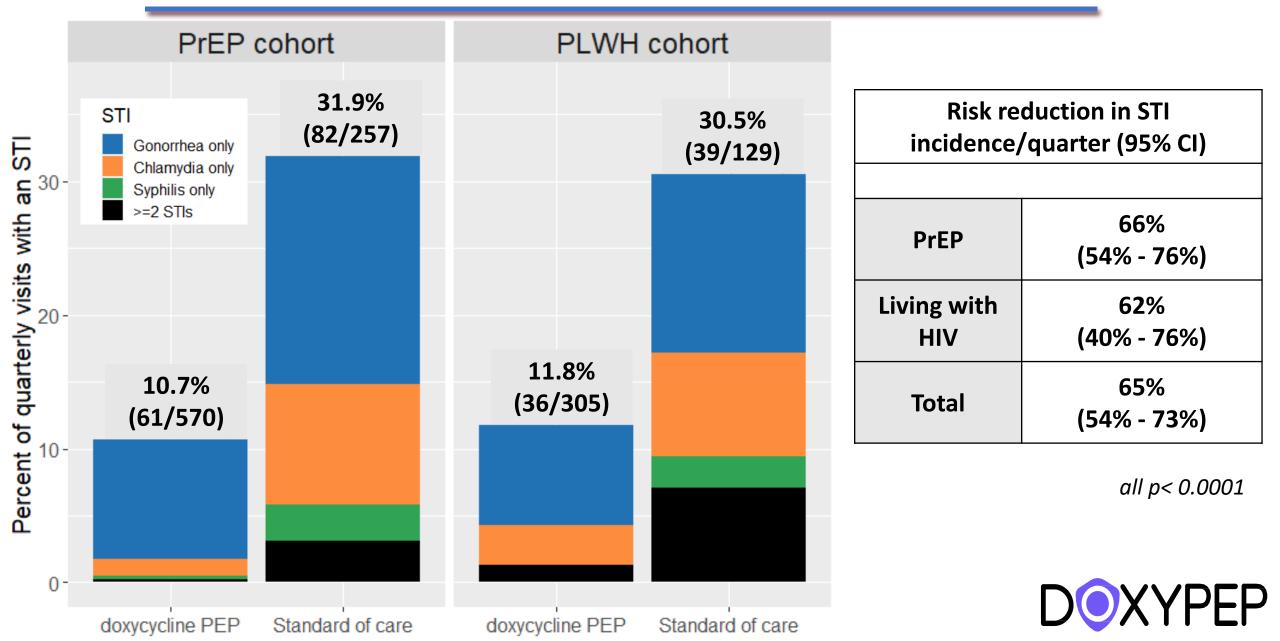
STI Testing: Quarterly 3 site GC/CT testing + RPR, GC culture before treatment

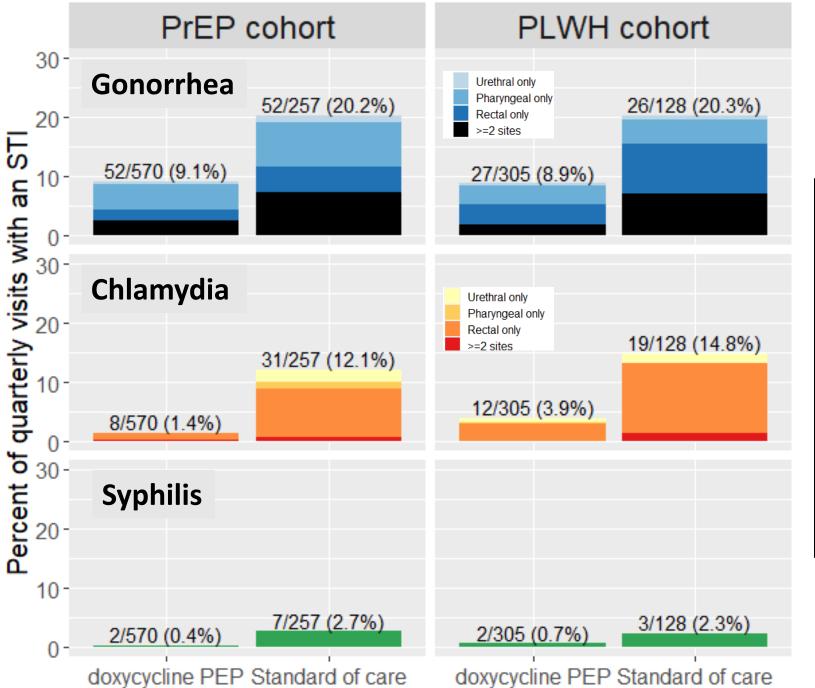
Sites: San Francisco & Seattle HIV & STI clinics



DOXYPEP

Primary Endpoint: STI incidence per quarter

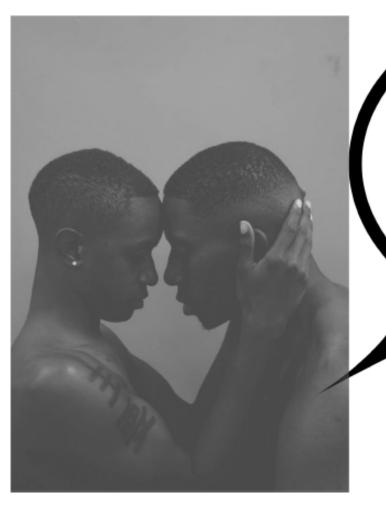




Individual quarterly STI incidence by study arm & cohort

Risk reduction in each STI per quarter (95% CI)			
	PrEP	PLWH	
	55%	57%	
GC	(35%-68%)	(29%-74%)	
	p<0.0001	p=0.001	
	88%	74%	
СТ	(75%-95%)	(43%-88%)	
	p<0.0001	p=0.0007	
	87%	77%	
Syphilis	(41%-97%)	(-71%, 96%)	
	<i>p=0.0084</i>	p=0.095	

Qualitative benefits of doxy-PEP



Emotionally...that confidence [due to doxy-PEP] counts for a lot in terms of my mood, and my positivity, and my... sex positivity...before, there would be this kind of cloud of shame come over [a sex act]. (Age 44, HIV-, Seattle)

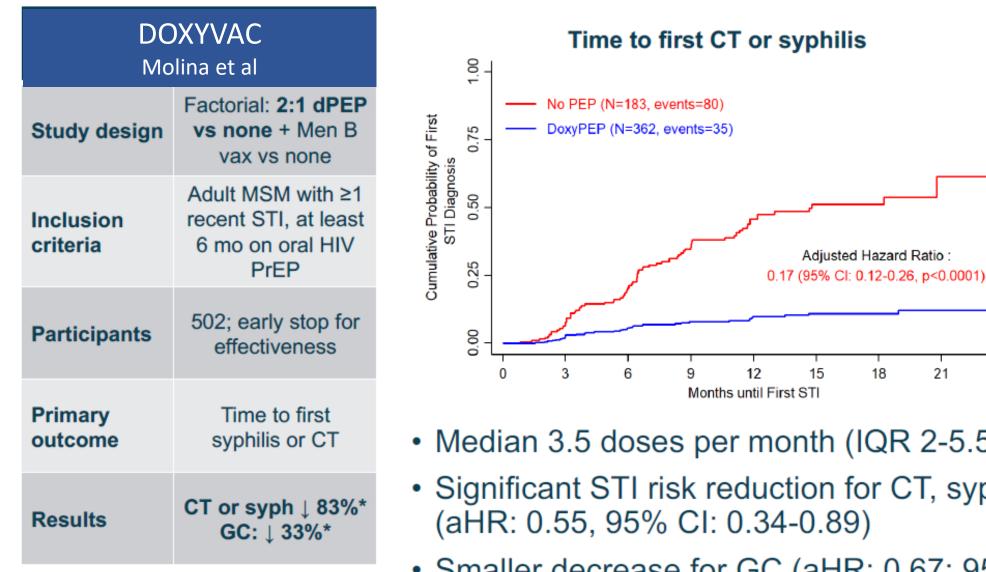
Sex-positive and person-first intervention

- Improved peace of mind & sexual pleasure
- Decreased stigma around STI diagnosis and disclosure
- Increased selfawareness about sexual behavior
- Facilitates communication with partners

Image: Pexels

CROI

Fredericksen, et al. AIDS Patient Care STDs 2024 (forthcoming)



Median follow-up: 14 months (IQR: 9-18)

115 subjects infected 80 in No PEP arm (incidence: 53.2/100 PY), 35 in Doxy PEP arm (incidence: 8.8/100 PY)

- Median 3.5 doses per month (IQR 2-5.5)
- Significant STI risk reduction for CT, syphilis & Mgen (aHR: 0.55, 95% CI: 0.34-0.89)
- Smaller decrease for GC (aHR: 0.67; 95% CI: 0.52-0.87)

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Adjusted Hazard Ratio :

18

21

24

No significant change in sexual behavior during follow-up

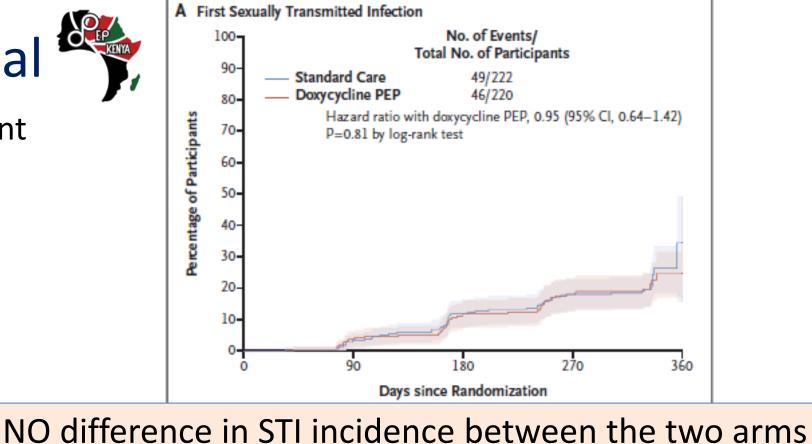
Molina, et al. CROI 2023 & Molina, et al. CROI 2024

dPEP = doxycycline post-exposure prophylaxis MSM = men who have sex with men PrEP = pre-exposure prophylaxis *Statistically significant result

DPEP Kenya Trial



- 18% had an STI at enrollment
- 27% annual STI incidence
- 109 new STIs
 - 50 doxy-PEP
 - 59 standard of care
- 78% were C trachomatis
 - 35 doxy-PEP
 - 50 standard of care



Bottom line:

- Adherence likely an issue; high self-reported adherence but in a random sample of 50 • participants assigned to doxy-PEP, only 29% had doxycycline detected in hair samples.
- Need more data to understand effectiveness and role of doxy-PEP in cis-gender women ullet

What we know

DoxyPEP works very well to prevent STI's in MSM with consistent results in two RCTs

 \downarrow *Each* bacterial STI – less effective against gonorrhea

DoxyPEP : Need to treat about **5 people** to prevent a quarter with an STI, in a population with a high STI incidence (30% per quarter)

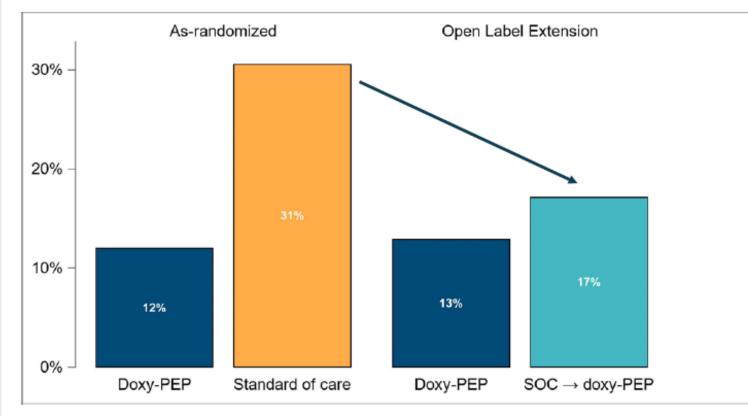
Safe & well tolerated

Low adherence in cis-gender women may explain lack of efficacy- need more data in this population

Who Should be Offered doxy-PEP? Current guidelines do not agree

More restrictive use	Study eligibility	Broader use
Public Health England/BASHH (2017): Not endorsed; re-evaluating	ASHM (Sept 2023): Use doxy-PEP <i>primarily</i> for prevention of syphilis in GBMSM; Use for defined period of time	San Francisco DPH (Oct 2022): Tiered: <i>Recommend</i> to study population; <i>Offer</i> to broader group (Trans women, trans men and MSM with multiple cis male
Seattle King County (June 2023): Inform; prioritize hx of syphilis or multiple STIs	US CDC Draft (Oct 2023): A1 recommendation to consider for MSM and transwomen with at least 1	partners but without STI diagnosis in prior 12 months) California DPH (April 2023): Tiered: Offer to all non
German STI Society (Aug 2023): Case-by-case; Reserved for selected individuals	STI in past year; Insufficient evidence for other groups	pregnant individuals at increased risk for bacterial STIs and those requesting doxy-PEP

Sustained reduction of STIs during Open Label Extension of DoxyPEP study

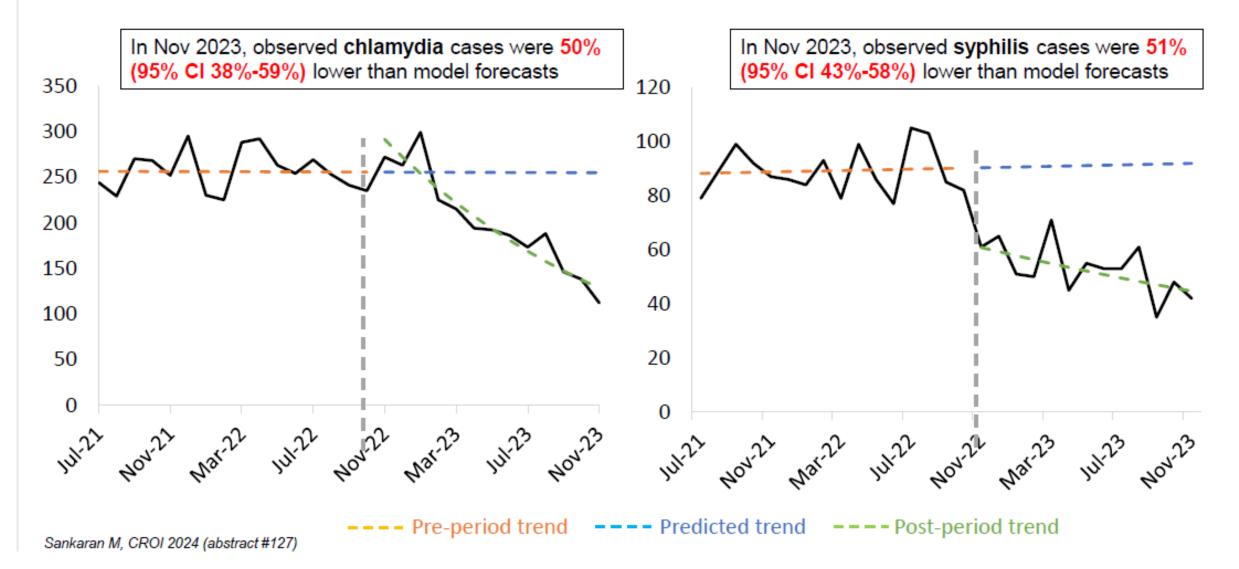


Incidence of >1 STI per quarter

- Doxy-PEP offered to SOC ppts after early stop due to efficacy; all but 1 SOC ppt accepted doxy-PEP
- Sustained decreased incidence in STI, comparable to during RCT despite modest increases in # of partners & condomless sex acts

(CR())

Decline in **citywide** chlamydia and early syphilis cases in MSM in SF after release of doxy-PEP guidelines



What we are still learning

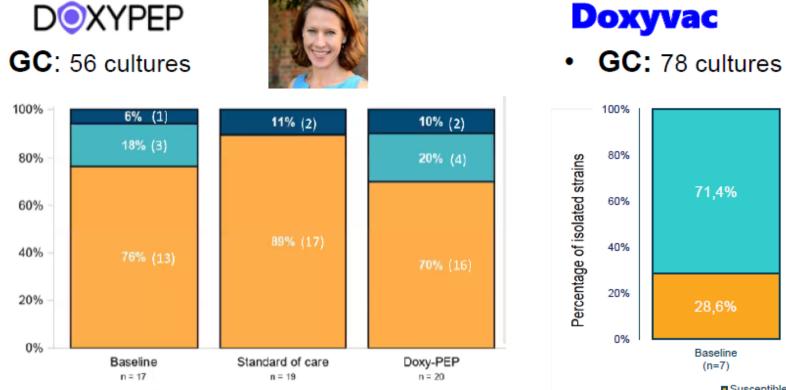
Antimicrobial resistance impact:

-> Will existing TCN-resistance affect doxy-PEP efficacy against GC?

-> Impact on off-target bacteria like Staph aureus, commensal Neisseria, and the gut microbiome

-> Impact on other STIs: CT, Syphilis, M. gen

GC: Impact in Doxyvac/DoxyPEP trials (2020-22)



■ MIC < 2 (not resistant) ■ MIC ≥ 2 (resistant) ■ MIC ≥ 16 (high-level resistance)</p>





Resistance defined by MIC ≥ 2 mg/L

Increased TCN-R in doxy-PEP vs. standard of care suggests doxy-PEP may be less protective against GC strains with existing TCN-R.

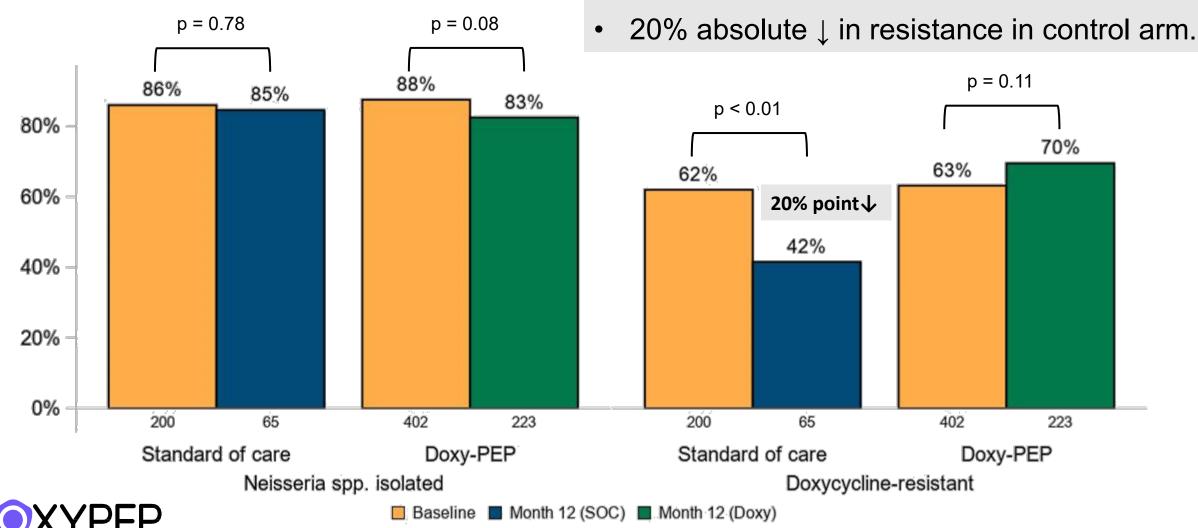
More high-level tetracycline-resistant isolates in the PEP group (p=0.04)

Does **NOT** address the potential impact of doxy-PEP use driving GC resistance; requires population based surveillance and longer follow-up

Slide adapted from Beatrice Berçot

Commensal *Neisseria*: >60% with baseline doxycycline resistance

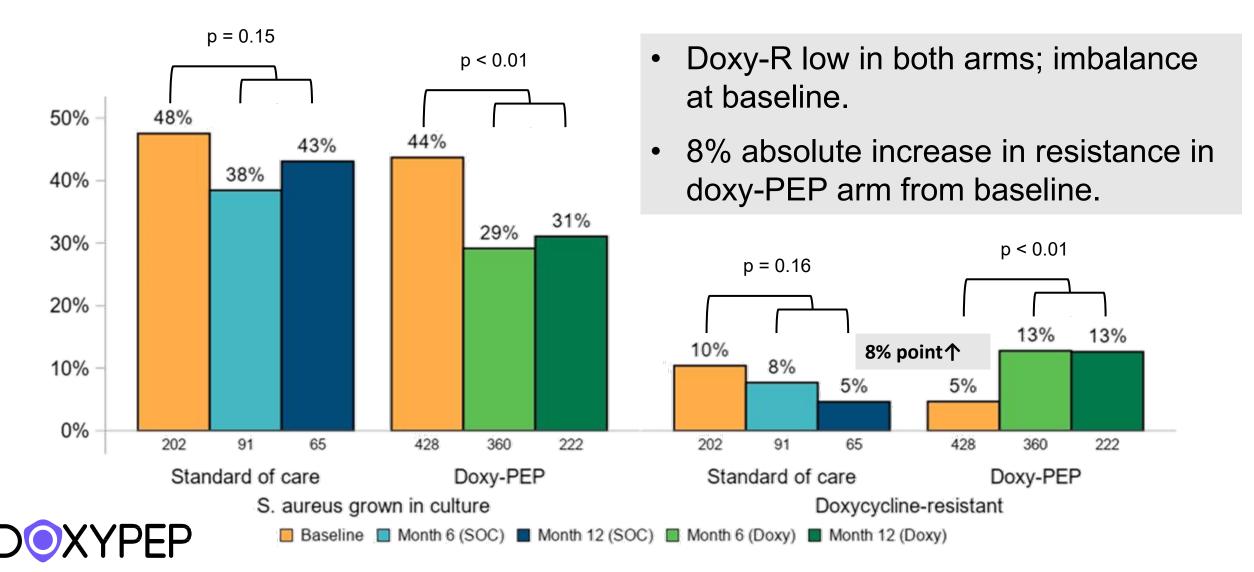
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Luetkemeyer et al, CROI 2023

No change in resistance in doxy-PEP arm.

S. aureus: 8% absolute increase in doxycycline resistance (doxy-R) in doxy-PEP arm



GUT RESISTOME

Standard of care Standard of care

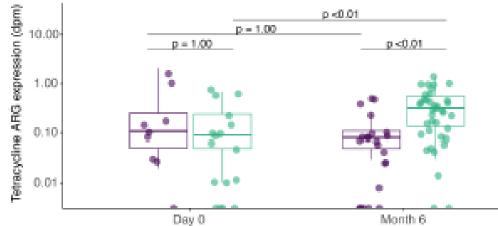


Figure 3. Tetracycline ARG expression by study arm and visit in the RNA-seq samples (n=86). Tetracycline ARG expression increased in the doxy-PEP Month 6 group compared

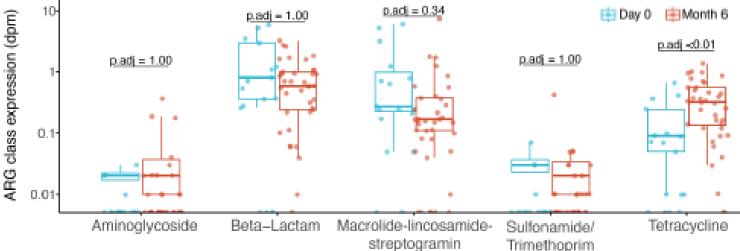


Figure 2. Impact of doxy-PEP use on ARG class expression, normalized by reads per million

sequenced and gene length (depth per million, dpm) in the doxy-PEP RNA-seq samples (n=55). Tetracycline ARG expression significantly increased between Day 0 and Month 6, while no difference was observed among non-tetracycline ARG classes.

Doxy-PEP Impact on Gut Microbiome

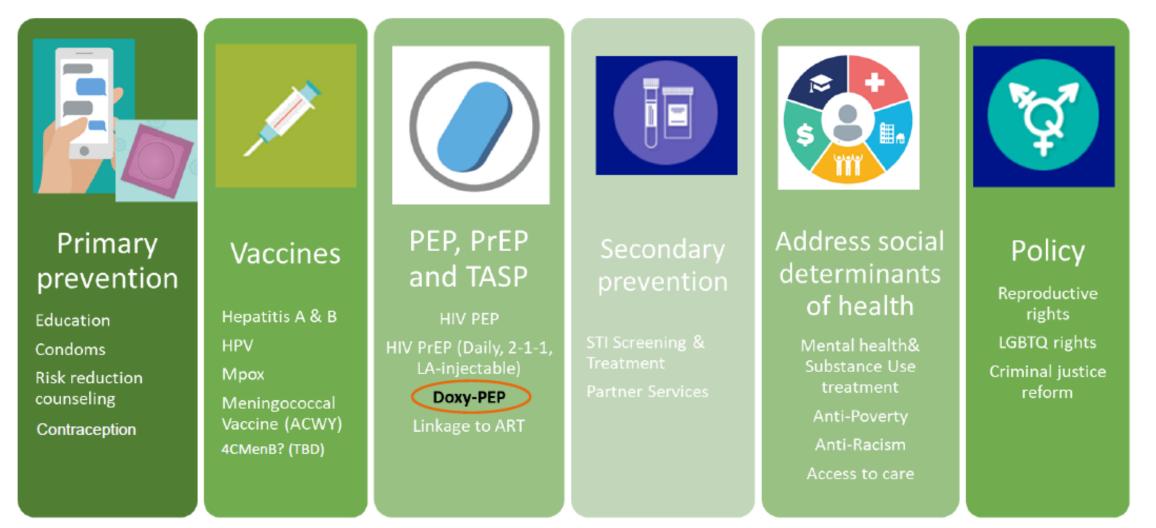
- 45% of the antibiotic resistance • genes by mass were already TCNresistant genes at study entry
- Active TCN-resistant gene expression • increased with doxy-PEP use
- No other antimicrobial class resistance genes increased
- Clinically significance of increased gene expression not clear

Chu et al CROI 2024

DoxyPEP Conclusions

- Doxy-PEP could be impactful in reducing STI rates while developing STI vaccines
- Not an intervention intended for all MSM & TW, rather a focused intervention for those at highest risk of STIs
 - Consistent, strong evidence that doxy-PEP is highly effective for MSM/TW for chlamydia and syphilis
 - Shared decision-making with MSM & TW about their need/risk, evidence about efficacy, what is known about AMR
 - Use over time may change as STI risk changes
 - Part of comprehensive STI/HIV prevention that is under the user's control

Doxy-PEP as part of a comprehensive package of sexual health services

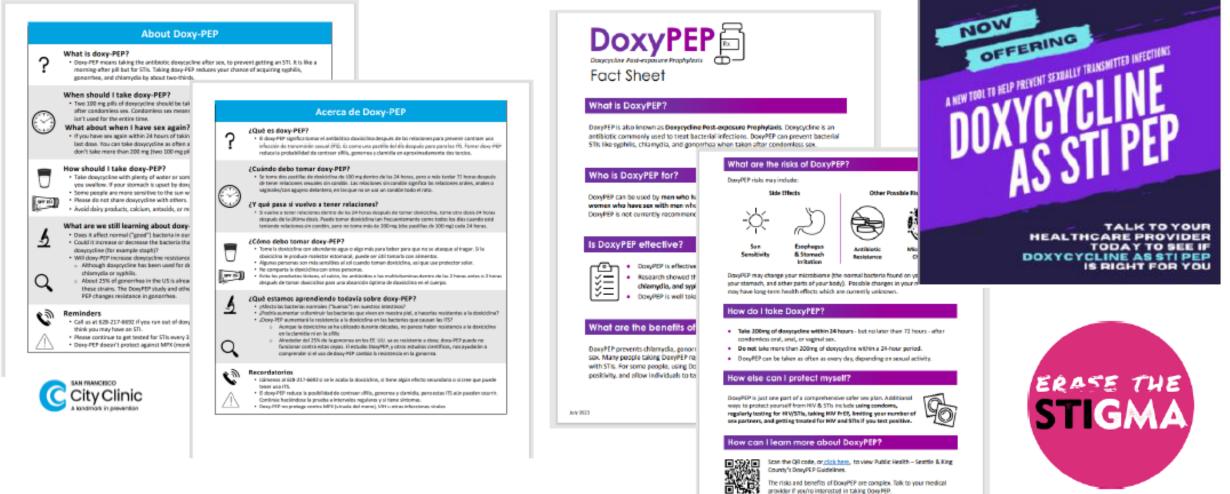


Slide courtesy Stephanie Cohen

Next steps

- Need better tools for GC reduction
- Need data to inform use in cis-gender women & men who have sex with women
- Important to balance the known efficacy of doxy-PEP for MSM & TW with unknowns about AMR
- Guidelines for use are important to avoid use of ineffective antibiotics, provide guidance on populations that will benefit most, and to provide a summary of the evidence.
- Critical to get additional data on AMR during doxy-PEP implementation
 - Monitor impact on AMR in STIs, bystander bacteria and microbiome
- Monitor access to doxy-PEP, uptake and persistence in sentinel cities and address equitable utilization during roll-out
 - Consider "doxy-PEP to need ratio" similar to PrEP to need ratio to ensure reaching those with highest need
 - Evaluate impact on population STI rates

Readable, concise, non-stigmatizing patient and provider facing education and social marketing tools, in multiple languages



https://www.sfcityclinic.org/sites/default/files/2023-01/Doxy-PEP%20info%20sheet%2012.9.22.1.pdf https://www.ncsddc.org/wp-content/uploads/2023/09/Marketing-Toolkit-Doxy-as-STI-PEP-5.pdf

JAY 2013

PROFILE of 2



Acknowledgments

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