IL-2 and Enfuvirtide in Advanced Virologic Failure

ETOILE (ANRS 123) Study
IL-2 and Enfuvirtide in Advanced Virologic Failure
ETOILE (ANRS 123: Study Design)

Study Design: ETOILE (ANRS 123)

- **Background**: Prospective, randomized, open-label trial to evaluate the efficacy of adding subcutaneous interleukin-2 (IL-2) to an optimized antiretroviral regimen in HIV-infected patients with HIV infection who have experienced advanced virologic failure.

- **Inclusion Criteria** (n = 57)
  - Age ≥18 years of age
  - CD4 < 200 cells/mm³ at screening and in prior 6 months
  - HIV RNA > 10,000 copies/mL
  - Genotypic sensitivity score showing ≤2 active agents

- **Treatment Arms**
  - Optimized background therapy (OBT)* + IL-2 (8 cycles of 4.5 MIU BID x 5 days every 6 weeks)
  - OBT alone

Where:
- OBT = use of enfuvirtide for at least 24 weeks from week 0 in enfuvirtide-naive patients, use of at least one active antiretroviral drug according to GSS, or use of tipranavir plus ritonavir.

IL-2 and Enfuvirtide in Advanced Virologic Failure
ETOILE (ANRS 123): Result

Week 52: Immunovirologic Response

IL-2 and Enfuvirtide in Advanced Virologic Failure
ETOILE (ANRS 123): Result

Week 52: Immunovirologic Response

IL-2 and Enfuvirtide in Advanced Virologic Failure
ETOILE (ANRS 123): Result

Week 52: Immunovirologic Response

Conclusions: “IL-2 failed to increase CD4 cell count in immunocompromised patients with multiple therapeutic failures. Enfuvirtide use was highly associated with success.”

The **National HIV Curriculum** is an AIDS Education and Training Center (AETC) Program resource funded by the United States Health Resources and Services Administration. The project is led by the University of Washington and the AETC National Coordinating Resource Center.

The content in this slide set does not represent the official views of the U.S. Department of Health and Human Services, Health Resources & Services Administration.