Hans-Jürgen Stellbrink - MD, PhD
Infectious Disease Medical Center Hamburg (ICH)
An internal medicine specialist, Prof. Hans J. Stellbrink has been engaged in HIV research and treatment since 1987. From 1987 to 2005 he worked at the Infectious Diseases Center of the Hamburg-Eppendorf teaching hospital, becoming the Center's director.
In 1998 he received the AIDS Research Award from the German Society for Infectious Diseases for his research and clinical work in the field of HIV and lymphatic tissue.
Prof. Stellbrink was a key organizer and chairman of the 9th to 14th editions of the Austrian HIV Conference.
Since 2005 he has lent his support to the Hamburg ICH where everyday large numbers of seropositive patients receive treatment.
As scientific director of the IPM Study Center, Prof. Stellbrink has coordinated numerous drug trials and directed many research projects.

Interview by
Stefano Rusconi
Ospedale Luigi Sacco– Milano

Prof. Hans-Jürgen Stellbrink ICAR: Italian Conference on Aids and Retrovirus- TORINO May 12-14, 2013

Stefano Rusconi:
Professor Stellbrink from Hamburg, we have three questions for you. The first one:
QD therapy versus simplification, this is the question?

Prof. Stellbrink:
Well, I think that with the new drugs coming like Dolutegravir and the Quad we will have more opportunities to simplify to QD. And my opinion is that, let's say, that in one to 2 years from now, we'll have a lot of opportunities even in pre-treated people to simplify to QD. At present, it's still quite limited.

Stefano Rusconi:
Thank you. The second one is about drug interactions within STR and outside STR.

Prof. Stellbrink:
I think we have the whole issue of interactions with NNRTIs within single–tablet regimens, but their interactions are relatively benign, in the sense that they rather weaken the effect of concomitant drugs. Maybe with the exception of Rilpivirine, which has some issues with pH-dependent absorption and PPIs. But with respect to the novel Quad, I think we're going to open up a whole new arena of pharmacokinetic interactions. We can't simply assume that it will behave precisely like Ritonovir. We'll have to have data on the most prevalent concomitant drugs to see if we can take Ritonovir as the example for KPC (?) interactions. So that's going to be more complicated I think with the Quad.

Stefano Rusconi:
And the last one: do we have a therapeutic strategy after STR

failure, which can potentially take into consideration patient needs?

Prof. Stellbrink:
Yes, I think the problem is that some people fail without resistance. When looking at trials, you see that actually the majority fails without resistance according to the trial definition. If you look at pure virological failure, probably the majority on STIs fails with resistance; have real virological failure. But there is a proportion of people who don't have resistance. And for them, I think, actually I think any other option would be possible. For the others, I think we'll see more about PI-based combinations, be it PI monotherapy, be it PI plus an intergrase inhibitor, or plus a CCR5 inhibitor - or even plus both.

Stefano Rusconi:
Okay. Thank you very much.