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Structured Therapy (Treatment) Interruption (STI): Current Consensus and Perspectives

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Structured therapy interruption (STI) is a newer strategy to attempt to preserve or boost HIV-1 specific T-cell immunity and induce long-term control of HIV. By defined cycles of being on/off HAART to allow complete viral suppression followed by viral escape, the theory proposes an "auto-vaccination" approach to enhance immune control. Additional goals include a decrease in drug exposure over time, with the potential for decrease in long-term side effects related to HAART. This needs to be accomplished without jeopardizing treatment efficacy and patients' overall health.

Results of therapy interruption trials will be presented for both acute and chronic HIV infection. Different strategies for therapy interruption in those chronically infected will be presented, including structured treatment interruptions, structured intermittent therapy, treatment discontinuation after immune reconstitution, and therapy discontinuation in antiretroviral failure.

Trials of therapy interruption during acute HIV infection show promise, yet identifying these patients on a large scale poses an enormous clinical challenge. For chronic HIV infection, therapy interruption trials have yielded mixed results, with much research still needing to be done to identify those most likely to benefit. Large-scale, prospective trials will be needed to address these issues, and these approaches currently remain a research strategy. These strategies continue to be investigated, while research into therapeutic vaccination to stimulate T-cell-mediated immune responses continues.