Extended Survival and Prognostic Criteria for Acemannan (ACE-M) Treated HIV-1 Patients(pts)

McDaniel, HR*; Carpenter, RH**; Kemp, M***; Kahlon, J****; McAnalley, B. ***Dallas-Ft. Worth Medical Center, Grand Prairie, Texas, USA, **Carrington Labs, Inc., Irving, Texas, USA, ***Texas A&M University, College Station, Texas, USA, ****Southern Research Institute, Birmingham, Alabama, USA.

Objective: Determine the long-term response of symptomatic LIV-1 pts to the immune modulator ACE-M and to test clinical response prognostic criteria. Background: A variable-dose, open-label pilot study using oral ACE-M in 1985-86 indicated an 800mg/day dose improved the Modified Walter Reed Clinical scoring (MWR) of 8 HIV-1 pt by 71% at 90 days (p=0.005). The last three pts treated had diminished virus culturability, increased AD T-4 lymphocyte counts and decreased p24 core antigen. Further study was deemed warranted. Methods: In 1986 15 ARC and AIDS pts were started on oral ACE-M 800mg/day. Pre-treatment MWR scores ave. 6.5, Ab T-4 lymphs ave. 322/mm3, Ab T-8 ave. 469/mm3 and 5/15 had detectable p24. At approx. one year: MWR ave. 1.8; Ab T-4 478; Ab T-8 441 and p24 was detected in 3/13. Two died of AIDS-related infections and 1 committed suicide. These pts extended to >700 and <900 days had: MWR 2.0; Ab T-4 324; Ab T-8 660 and p24 detected in 4/12 pts. Prognostic criteria from the two pilots suggested that the most responsive pts had a pre-therapy Ab T-4 of >150 and p24 <300. Predictive criteria were applied to 26 new pts in a 90 day pilot study. An ability to project pt response to ACE-M was 85% accurate based on changes in MWR, Ab T-4 and p24.

148

AIDS statistics in Spectral Maps

Lewi P.J., Van Hoof J., Andries K. and Pauwels R.* Janssen Research Foundation, Beerse, Belgium and *Rega Institute, Leuven, Belgium

The world-wide evolution and transmission of AIDS is documented by means of statistical tables which are regularly updated by CDC and WHO. We present a method for the visualization of trends and patterns in these tables which is called Spectral Map Analysis (SMA). Spectral Maps produced by SMA can be likened to 'fingerprints'. They visualize the unique and recognizable features of the data. SMA is a method of multivariate analysis. It relates all the variables in a table to one another in the form of a plane diagram. (Univariate analysis only captures one variable at a time, in the form of a histogram or pie chart.). The method of SMA forms part of a software product called SPECTRAMAP which has been designed for IBM PC. Remarkable trends and patterns of registered AIDS cases have been found in the following tables:

- world-wide evolution, showing highest rate of increase in Africa,
- evolution in Europe, showing highest rates of increase in Spain and Italy,
- evolution by transmission categories, showing comparable patterns in Europe and in the US with progressive shift from homosexual to heterosexual and IV drug cases.

Spectral Maps of the AIDS pandemic are useful complements to the statistical tables. Their highly visual form is easily remembered and reproduced, much more effectively than tabulated numbers.