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A Randomized, Double-Blind Study of the Efficacy and Safety of Oral Ganciclovir for the Prevention of Cytomegalovirus Disease in HIV-Infected Persons. J. P. Lalezari for the SYNTEX GANCICLOVIR STUDY GROUP, Mount Zion Medical Center, UCSF, S.F., CA and Syntex Research, Palo Alto, CA.

This randomized, double-blind, placebo-controlled study was designed to evaluate the efficacy and safety of oral ganciclovir (GCV) for the prevention of CMV disease in CMV seropositive, HIV-infected persons with $CD4^+$ counts $\geq 50/\mu l$ or with a previous AIDS-defining opportunistic infection and $CD4^+$ cells $\leq 100/\mu l$. Subjects were randomized 2:1 to receive GCV 1000 mg q8h (N=485) or placebo (N=289). Subjects were 99% male with a median age of 39 years and 94% had previously received antiretroviral therapy; 62% vs 68% had an AIDS diagnosis and the median $CD4^+$ count /μl was 21 vs 23 for the GCV and placebo groups, respectively. A planned intent-to-treat interim analysis of all 725 subjects met a pre-defined early stopping criterion. CMV disease occurred in 30% (N=72) of placebo vs 16% (N=76) of GCV subjects (rel. risk 2.2, p=.0001). Death occurred in 29% (N=66) of placebo recipients vs 22% (N=109) of GCV-treated subjects (p=.08) with a trend toward longer survival in the GCV group (rel. risk 1.4, logrank p=.052). Oral GCV was generally well tolerated with no differences in GI adverse events. Absolute neutrophil count $<500/mm^3$ occurred in 6% vs 11% for placebo vs GCV, respectively (p=.0001). This study demonstrates that oral ganciclovir can significantly reduce the incidence of, and time to, CMV disease and may improve survival.

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Sorivudine (BV-ara-U) for the treatment of complicated refractory varicella zoster virus infection in HIV-infected patients. DR Burdge[1], R Voigt[2], L Gage[1], JI Lindley[3], S Sacks[1]. Department of Medicine, University of British Columbia, Vancouver BC Canada[1], Department of Ophthalmology, University of British Columbia, Vancouver BC Canada[3], St. Paul's Hospital, Vancouver BC Canada[2].

Objective: To determine whether sorivudine (BV-ara-U) ha potential in the treatment of complicated refractory varicella zoster virus (VZV) infection in HIV-infected patients.

Design: Open-label study

Setting: University Medical Centre

Patients: Two HIV-infected patients with cutaneously disseminated VZV and VZV-related progressive outer retinal necrosis (PORN), who continued to develop new disseminated cutaneous vesicles and had progression of retinal disease despite acyclovir and foscarnet therapy.

Intervention: Sorivudine was given as a single 40 mg dose orally daily for 14 days.

Results: New vesicle formation ceased, and existing disseminated cutaneous lesions crusted and completely healed on sorivudine therapy. One patient was completely blind at onset of therapy, and had no return of vision. The retinal disease and visual acuity improved in the second patient. No hematologic, hepatic, renal or other toxicity was associated with the sorivudine therapy.

Conclusion: Sorivudine is a potentially effective antiviral for the treatment of complicated VZV infection in HIV-infected patients. Further controlled clinical studies, including in VZV associated necrotizing retinopathies are warranted. The drug may be beneficial even in patients failing acyclovir and foscarnet therapy.