

Background

- The integrase strand transfer inhibitors (INSTI) have demonstrated safety and efficacy in clinical trials
- This observational study compares adverse drug reaction (ADRs) reported with raltegravir, elvitegravir-cobistat (in a fixed dose combination) and dolutegravir during routine clinical use in British Columbia (BC) Canada

Methods

Inclusion criteria

- HIV-1 infected persons, either antiretroviral treatment naïve or treatment experienced
- Age ≥ 19 years at the time of INSTI initiation
- Raltegravir, elvitegravir-cobicistat or dolutegravir initiated as a component of the antiretroviral regimen between 01-Jan-2012 and 31-Dec-2014
- Patients could contribute data

Data sources

 Clinical, demographic and ADR data: BC Centre for Excellence in HIV/AIDS (BC-CfE) Drug Treatment Program and BC-CfE Pharmacovigilance Initiative

Follow-up

All patients had ≥4 months follow-up opportunity until 20-Apr-2015. Planned ≥12 month follow-up opportunity will continue until 31-Dec-2015

Primary Outcome and data analysis

- Primary outcome was any ADR resulting in INSTI discontinuation, excluding suspected ADRs with causality classification assessed as "unlikely"
- ADR incidence density rates and 95% confidence intervals (Cl₉₅) were estimated by robust Poisson regression (controlled for underdispersion) and adjusted for covariates
- * Raltegravir was the reference category for adjusted relative ADR rates

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Baseline P	atient Characterist	tics at Time of INSTI Initiat	tion
Variable	Raltegravir	Elvitegravir-Cobicistat	Dolutegravir
	N=553	N=395	N=519
Age, median (IQR) years	50 (43, 56)	43 (34, 50)	48 (40, 55)
Sex, n(%) Male Female	450 (81) 103 (19)	293 (74) 102 (26)	419 (81) 100 (19)
Number (%) persons with ADR	26 (4.7)	30 (7.6)	25 (4.8)
CD4, median (IQR) cells/mm3	440 (230, 640)	470 (270, 672)	530 (360,740)
Viral Load <50 copies/mL, n(%)	307 (56)	175 (44)	348 (67)
Hepatitis C co-infection, n(%)	251 (45)	147 (37)	138 (27)
Previous ARV therapy, n(%) Treatment naive Treatment experienced	73 (13) 480 (87)	293 (74) 102 (26)	419 (81) 100 (19)
Co-prescribed ARVs, n(%) Tenofovir+3TC or FTC Abacavir+3TC Other regimen	197 (36) 114 (21) 242 (44)	340 (87) 0 (0) 50 (13)	111 (21) 306 (59) 102 (20)

For each INSTI, treatment duration, ADR rates and proportion of patients experiencing and ADR are summarized on next slide

ADR rates are presented as both unadjusted and adjusted (for sex, antiretroviral treatment experience and hepatitis C co-infection) rates

Abbreviations and definitions: IOR: interquartile range; ARV: antiretroviral; INSTI: integrase strand transfer inhibitor; 3TC: lamivudine; FTC: emtricitabine, Co-prescribed ARVs: ARVs prescribed concurrently with INSTI at time of first prescription; Baseline viral load and CD4: most recent measurement within 6 months before INSTI start date.

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Results Continued...

Incidence of INSTI Adverse Drug Reactions Leading to Therapy Discontinuation					
		Raltegravir	Elvitegravir-Cobicistat	Dolutegravir	
		N=553	N=395	N=519	
INSTI treatment duration Median (IQR) yr Cumulative person-yr		1.2 (0.6, 2.0) 742	0.8 (0.4, 1.3) 341	0.6 (0.4, 0.8) 331	
Number (%) persons with ADR		26 (4.7)	30 (7.6)	25 (4.8)	
Unadjusted ADR rate/100 person-yr (0	CI95)	3.5 (2.3-5.1)	8.8 (6.2-12.6)	7.5 (5.1-11.2)	
Adjusted* ADR rate/100 person-yr (Cl	95)	1.6 (0.6-4.1)	4.5 (1.7-12.1)	2.9 (1.1-8.0)	
Adjusted ADR Relative Rates	s (Cl ₉₅) were:				
Raltegravir (reference category)	1.0				
Elvitegravir-cobicistat	2.9 (2.8-3.0)				
Dolutegravir	1.9 (1.8-2.0)				
*Poisson regression adjusted by sex, ARV treatment experi Abbreviations: ADR: adverse drug reaction; INSTI: integra	ence and hepatitis C co-infec se strand transfer inhibitor; C	tion. 195: 95% confidence interval; yr: yea	rs		



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