

ARV Therapies and Therapeutic Strategies
INDEPENDENT REPORTING ON IAS 2017
**COMPREHENSIVE EXPERT REVIEW
AND DISCUSSION OF KEY PRESENTATIONS**

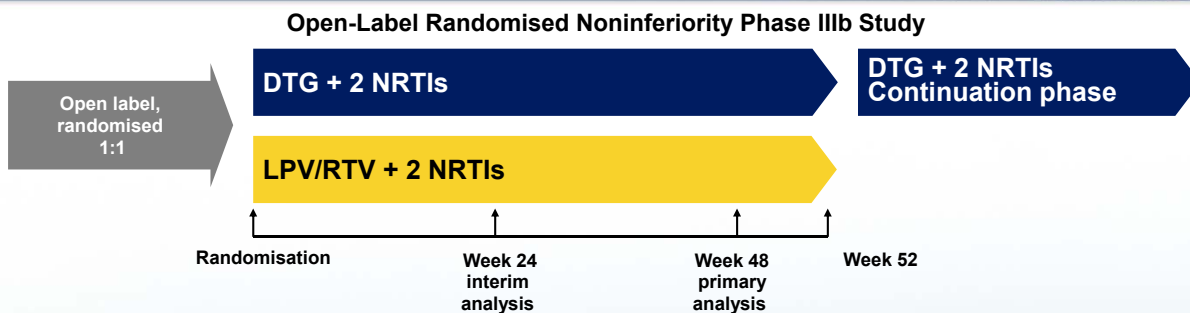
An Independent CME Activity Jointly Provided by Postgraduate Institute for Medicine and ViralEd, Inc.
This coverage is not sanctioned by the conference organizers and is not an official part of the conference proceedings.

**SUPERIOR EFFICACY OF DOLUTEGRAVIR (DTG)
PLUS 2 NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
(NRTIS) COMPARED WITH LOPINAVIR/RITONAVIR (LPV/RTV)
PLUS 2 NRTIS IN SECOND-LINE TREATMENT:
INTERIM DATA FROM THE DAWNING STUDY**

M. Aboud, R. Kaplan, J. Lombaard, F. Zhang, J. Hidalgo, E. Mamedova,
M. Losso, P. Chetchotisakd, J. Sievers, D. Brown, J. Hopking, M. Underwood,
M.C. Nascimento, M. Gartland, K. Smith

Abstract TUAB0105LB

DAWNING: STUDY DESIGN



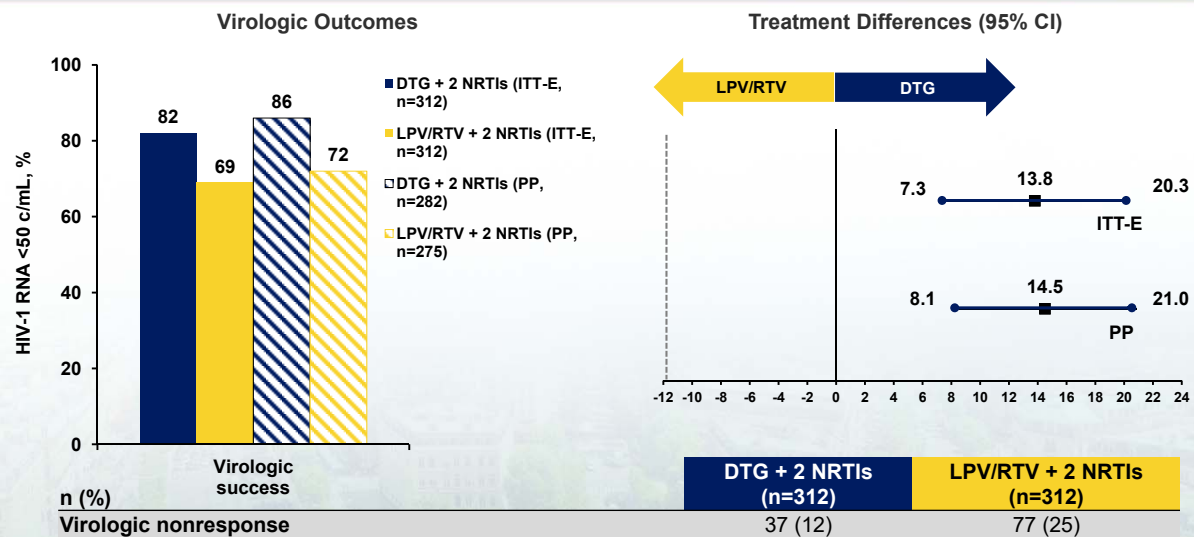
- Key eligibility criteria: on first-line 2 NRTIs + NNRTI regimen for ≥ 6 months, failing virologically (HIV-1 RNA ≥ 400 c/mL on 2 occasions); no primary viral resistance to PIs or INSTIs
- Stratification: by HIV-1 RNA (\leq or $> 100,000$ copies/mL), number of fully active NRTIs in the investigator-selected study background regimen (2 or < 2)
- Primary endpoint: proportion with HIV-1 RNA < 50 c/mL at Week 48 using the FDA snapshot algorithm (12% noninferiority margin)

DAWNING STUDY: BASELINE CHARACTERISTICS

	DTG + 2 NRTIs (n=312)	LPV/RTV + 2 NRTIs (n=312)
Age, median (range), years	37.0 (19-64)	37.0 (18-72)
Female, n (%)	116 (37)	103 (33)
CDC category, n (%)		
C: AIDS	106 (34)	95 (30)
HIV-1 RNA, mean, log c/mL	4.21	4.22
>100,000 c/mL, n (%)	70 (22)	63 (20)
CD4+ cell count, cells/mm ³		
<200, n (%)	166 (53)	151 (48)
Duration of first antiretroviral regimen, mean, months	37	35
Prior therapy agent, n (%)		
EFV	242 (78)	242 (78)
TDF	181 (58)	186 (60)
AZT	89 (29)	89 (29)
NRTI background regimen, n (%)		
AZT + 3TC	131 (42)	121 (39)
TDF + 3TC or FTC	128 (41)	134 (43)
TDF + AZT	36 (12)	40 (13)
ABC + 3TC	7 (2)	7 (2)
Other	10 (3)	10 (3)

Aboud M. et al; 9th IAS, Paris, France, July 23-26, 2017; Abst. TUAB0105LB.

DAWNING STUDY: EFFICACY AT WEEK 24



CI, confidence interval; ITT-E, intent-to-treat exposed; PP, per protocol.

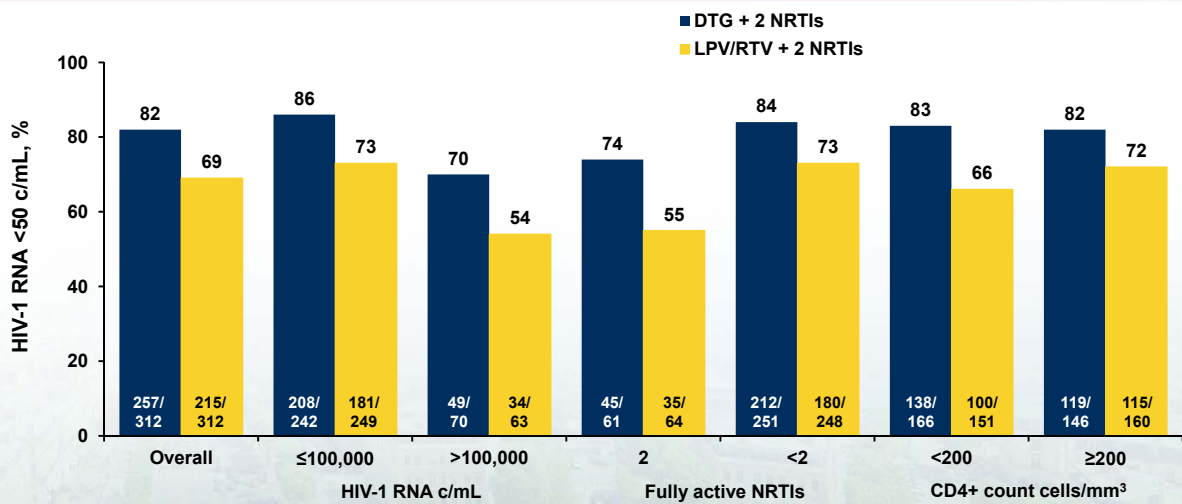
Aboud M. et al; 9th IAS, Paris, France, July 23-26, 2017; Abst. TUAB0105LB.

DAWNING STUDY: EFFICACY AT WEEK 24

n (%)	DTG + 2 NRTIs (n=312)	LPV/RTV + 2 NRTIs (n=312)
Virologic response	257 (82)	215 (69)
Virologic nonresponse	37 (12)	77 (25)
Data in window not below <50 c/mL	32 (10)	67 (21)
Discontinued for other reason while not <50 c/mL	1 (<1)	4 (1)
Change in ART	4 (1)	6 (2)
No virologic data	18 (6)	20 (6)
Discontinued study due to AE or death	4 (1)	12 (4)
Discontinued study for other reasons	12 (4)	4 (1)
Missing data during window but on study	2 (<1)	4 (1)

Aboud M. et al; 9th IAS, Paris, France, July 23-26, 2017; Abst. TUAB0105LB.

DAWNING STUDY: OUTCOMES - SUBGROUPS AT WEEK 24



Aboud M. et al; 9th IAS, Paris, France, July 23-26, 2017; Abst. TUAB0105LB.

DAWNING STUDY: RESISTANCE

Confirmed Virologic Withdrawal Criteria Any Time DTG 10 (3%), LPV/r 28 (9%)

Resistance Analysis	DTG + 2 NRTIs (n=8)	LPV/RTV + 2 NRTIs (n=24)
INSTI	0	0
NRTI	0	3
K70R	0	2
M184V	0	1
K219Q	0	1
K219E	0	1
PI	0	0

Aboud M., et al; 9th IAS, Paris, France, July 23-26, 2017; Abst. TUAB0105LB.

DAWNING STUDY: SAFETY

	DTG + 2 NRTIs (n=314)	LPV/RTV + 2 NRTIs (n=310)
Any adverse event, n (%)	204 (65)	231 (75)
Most common AEs (≥5% in either arm)		
Diarrhoea	28 (9)	98 (32)
Nausea	11 (4)	28 (9)
Vomiting	5 (2)	17 (5)
AEs leading to withdrawal	7 (2)	17 (5)

Aboud M., et al; 9th IAS, Paris, France, July 23-26, 2017; Abst. TUAB0105LB.