ARV Therapies and Therapeutic Strategies

INDEPENDENT REPORTING ON EACS 2017

COMPREHENSIVE EXPERT REVIEW AND DISCUSSION OF KEY PRESENTATIONS

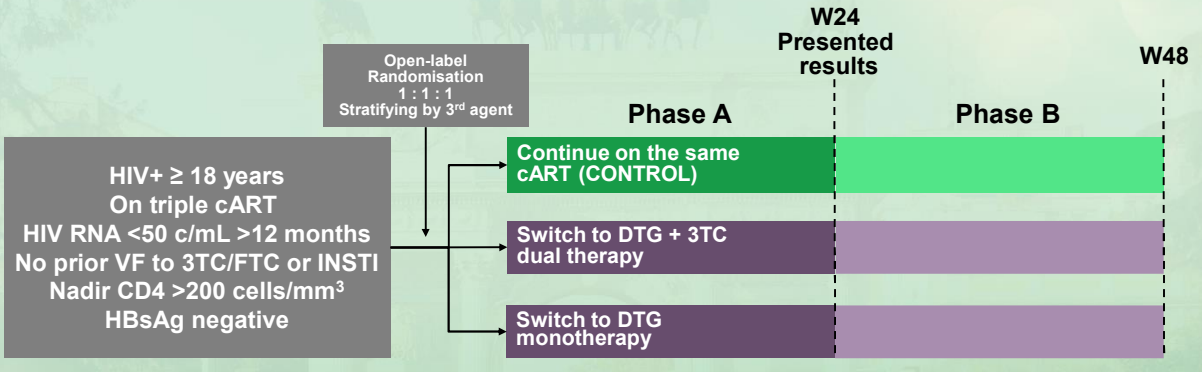
An Independent CME Activity Jointly Provided by Postgraduate Institute for Medicine and ViralEd, Inc.
This coverage is not sanctioned by the conference organizers and is not an official part of the conference proceedings.

PLANNED 24-WEEK ANALYSIS OF TWO DOLUTEGRAVIR (DTG)-BASED SIMPLIFICATION STRATEGIES

José L Blanco, John F. Rojas, Eugenia Negredo, Roger Paredes, Elisa De Lazzari, Bonaventura Clotet, Jose M Gatell, Esteban Martinez

Abstract PS1/3

STUDY DESIGN



- Open-label non-inferiority randomized controlled trial designed in two phases, A and B:
  - Phase A (90 patients, 24-week follow-up) to test that experimental arms did not have an unacceptable failure rate (≥5%)
  - Phase B would include the full number of patients (150 per arm) followed for 48 weeks

BASELINE CHARACTERISTICS

	CONTROL (n=31)	DTG+3TC (n=29)	DTG (n=31)	TOTAL
Age, years	46 (12)	44 (9)	47 (13)	46 (12)
Men	27 (87%)	23 (79%)	28 (90)	78 (86)
MSM	22 (76%)	21 (75%)	24 (77%)	67 (76%)
CD4/mm^3	675 (265)	753 (214)	791 (393)	739 (303)
CD4 cells (%)	33 (6)	33 (7)	33 (7)	33 (7)
CD8/mm^3	711 (269)	861 (269)	902 (416)	824 (334)
CD8 cells (%)	35 (7)	37 (7)	38 (9)	37 (8)
CD4/CD8 ratio	1.01 (0.36)	0.95 (0.36)	0.95 (0.35)	0.97 (0.35)
Prior ART				
NNRTI	22 (71%)	21 (72%)	21 (68%)	64 (70)
PI	3 (10%)	4 (14%)	5 (16%)	12 (13%)
INSTI	6 (19%)	4 (14%)	5 (16%)	15 (17%)

Data are mean (SD) unless otherwise stated

Blanco J, et al; 16th EACS, Milan, Italy, October 25-27, 2017; Abst. PS1/3

PATIENTS' DISPOSITION AT 24 WEEKS

- No discontinuations due to patients' withdrawal, adverse events or toxicity
- A single blip at week 4 in the 3TC+DTG group
- Three patients (none previously exposed to INSTI) prematurely discontinued due to viral failure:

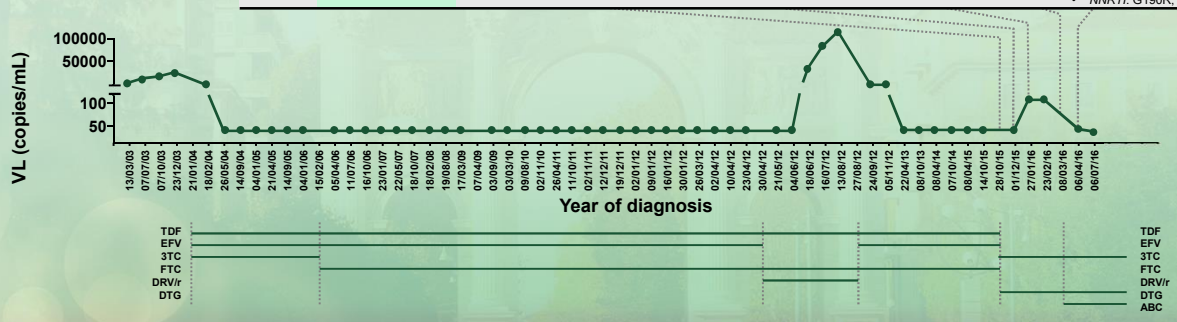
Patient	Group	Week	Mutations
HUGTip2	DTG	24	RT: 138A IN: 147G; 155H
HCB	DTG	24	IN: 138K; 155H
HUGTip1	3TC+DTG	12	NONE

- Data Safety Monitoring Board recommended stopping DTG monotherapy arm
- Continuing the study with CONTROL and DTG+3TC arms

Blanco J, et al; 16th EACS, Milan, Italy, October 25-27, 2017; Abst. PS1/3

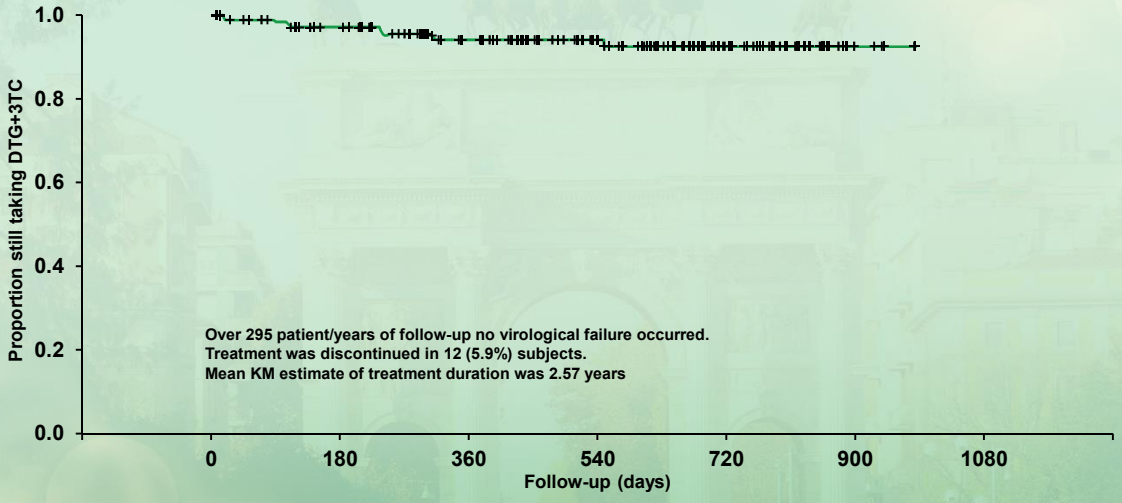
PATIENT HUGTiP 1 (DTG + 3TC)

		28/10/2015	1/12/2015	27/01/2016	02/03/2016	06/04/2016
Sample Information	**Study Week**	0	4	12	17 (VF confirmation)	24
	ART	EFV/FTC/TDF → DTG+3TC	DTG+3TC	DTG+3TC	DTG+3TC	ABC/3TC/DTG
	HIV-RNA	40	40	110	110	48
	Drug Levels (ng/mL)					
	DTG	<LLQ	1776.000	-	-	-
	RAL	<LLQ	<LLQ	-	-	-
	ELV	<LLQ	<LLQ	-	-	-
	DRM by Sanger	-	**Plasma** • RT: No Mutations • Integrase: No mutations	**Plasma** • RT: No Mutations • Integrase: No mutations	-	-
	DRM by MiSeq	-	-	-	**Plasma** • RT: No Mutations • Integrase: No mutations	**PBMC** • *NRTI*: K70E (1.5%), K219E (1.2%) • *NNRTI*: G190R, M230I



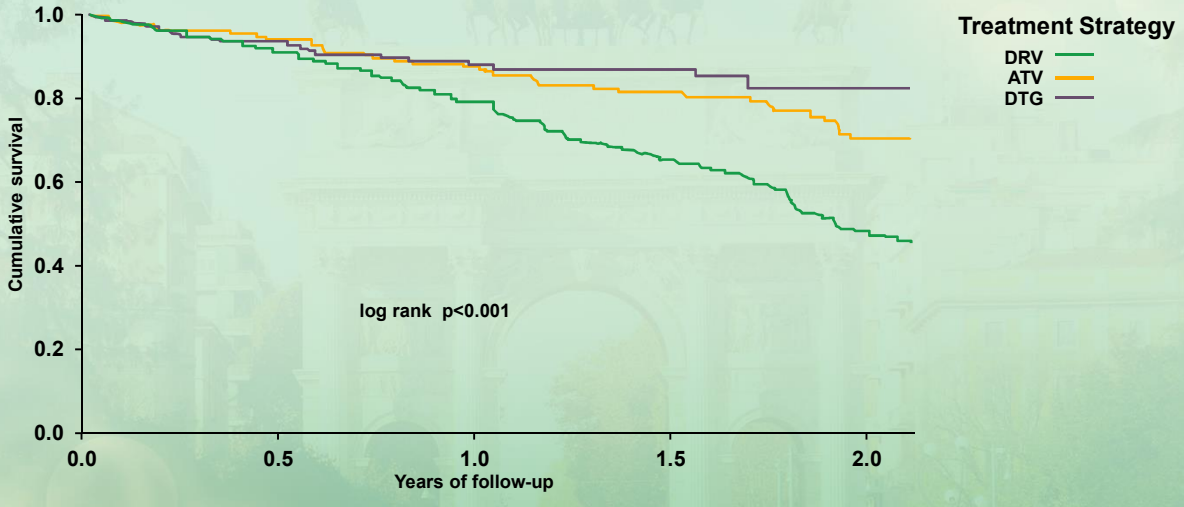
Blanco J, et al; 16th EACS, Milan, Italy, October 25-27, 2017; Abst. PS1/3

ALL-CAUSES cART INTERRUPTION IN 203 CONTROLLED PATIENTS SWITCHED TO 3TC+DTG



Maggiolo F, et al; 16th EACS, Milan, Italy, October 25-27, 2017; Abst. PE9/49.

ALL-CAUSES cART FAILURE IN CONTROLLED PATIENTS SWITCHED TO 3TC+DRV/R (170) 3TC+ATV/R (141) OR 3TC+DTG (183)



Borghetti A, et al; 16th EACS, Milan, Italy, October 25-27, 2017; Abst. PE9/76.