Integrase strand transfer inhibitors (INSTIs) are recommended for 1st-line antiretroviral therapy (ART) in combination with 2

Of note, suppressed participants in Study 1844 had been taking DTG with ABC and 3TC for a median of 90 (29)

Longitudinal Model

B/F/TAF demonstrated high efficacy and was well tolerated through Week 48, with no treatment-emergent resistance in 90 (29)

No HIV-SI or PSQI symptom favoured DTG/ABC/3TC

Baseline (BL) HIV-SI count, age, sex, BL Veterans Aging Cohort Study (VACS) Index,

Treatment differences assessed using 2–sided Wilcoxon rank sum test

P<0.001

Statistical Analyses

HIV-V

– Consistently favourable PRs for initiating or switching to B/F/TAF vs initiating or continuing DTG/ABC/3TC were demonstrated in these 2 large, double-blind studies

– Of note, suppressed participants in Study 1844 had been taking DTG with ABC and 3TC for a median of 14.4 months prior to study entry

– Differences in PRs between B/F/TAF and DTG/ABC/3TC appeared as early as Week 4 and generally continued through 48 weeks for those symptoms found to be significantly different between groups in the longitudinal analysis

– Compared with those starting B/F/TAF, treatment-naïve participants initiating DTG/ABC/3TC reported more of the following symptoms: fatigue/loss of energy, dizziness/light-headedness, nausea/vomiting, loss of appetite, and difficulty sleeping

– Compared with those who switched to B/F/TAF, virologically suppressed participants continuing DTG/ABC/3TC reported more of the following symptoms: dizziness/light-headedness, nausea/vomiting, loss of appetite, sad/downtrodden, nervous/anxious, difficulty sleeping, and poor sleep quality

– Patient satisfaction and tolerability may improve adherence to ARVs, become important differentiators among treatment regimens

– Instruments assessing patient-reported outcomes add to spontaneous adverse event reporting in clinical trials and may further differentiate the safety and tolerability of regimens compared in clinical studies

References


5. Franco Maggiolo,³ Will Garner,⁴ Hal Martin⁴


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Disclosures

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Acronyms: ABC, abacavir; B/F/TAF, dolutegravir/emtricitabine/tenofovir alafenamide; DTG, dolutegravir; ETR, etravirine; INSTIs, integrase strand transfer inhibitors; ITT, intention-to-treat; MRC, Medical Research Council; NRTIs, nucleoside reverse transcriptase inhibitors; PRs, preferred treatment regimens; VACS, Veterans Aging Cohort Study; VCTC, Virologically Contained Treatment Center; VTC, Virologically Treated Cohort.

Patient-Reported Outcomes

Both double blinded, active-controlled, international

Study Design

Both double blinded, active-controlled, international

Patient-Reported Outcome Tools

Both double blinded, active-controlled, international

Virologically Suppressed Adults

Virologically Suppressed Adults

Results (cont’d)

Significant Differences in Bothersome Symptoms and PSQI

Significant Differences in Bothersome Symptoms and PSQI

Treatment Naïve: Study 1489

Results

Virologically Suppressed Study: 1844

Results (cont’d)

Statistical Analyses

HIV-V

Treatment differences were assessed using logistic regression models adjusted for:

Treatment differences were assessed using logistic regression models adjusted for:

Longitudinal modeling (ie, the prevalence of HIV-VI bothersome symptoms over time) conducted using generalised, mixed-model including treatment, time, time-by-treatment interaction, and additional covariates as above

Longitudinal modeling (ie, the prevalence of poor sleep quality over time) included treatment, time, time-by-treatment interaction, and BL PSQI poor sleep quality and BL SF-36 MCS as covariates

Logistic regression models adjusted for BL PSQI poor sleep quality and BL SF-36 MCS

Logistic regression models adjusted for BL PSQI poor sleep quality and BL SF-36 MCS

Treatment differences noted if prevalence was statistically significantly different at ≥2 timepoints in adjusted logistic regression model or ≥1 timepoints in longitudinal regression model and in longitudinal model

PSQI

Treatment differences assessed using 2-sided Wilcoxon rank sum test

Treatment differences assessed using 2-sided Wilcoxon rank sum test

Mean of 50 and standard deviation (SD) of 10 using the QualityMetric Health Outcomes™ Scoring Software 4.5

Mean of 50 and standard deviation (SD) of 10 using the QualityMetric Health Outcomes™ Scoring Software 4.5

Syncytium formation

CD8 T cell

Surface expression (APC)

HIV-SI

SF-36 PCS Scores

SF-36 MCS Scores

Results

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001

P<0.001