Discontinuation of tenofovir alafenamide (TAF) containing antiretroviral therapy (ART) due to adverse drug reactions (ADRs): experience of four London HIV units

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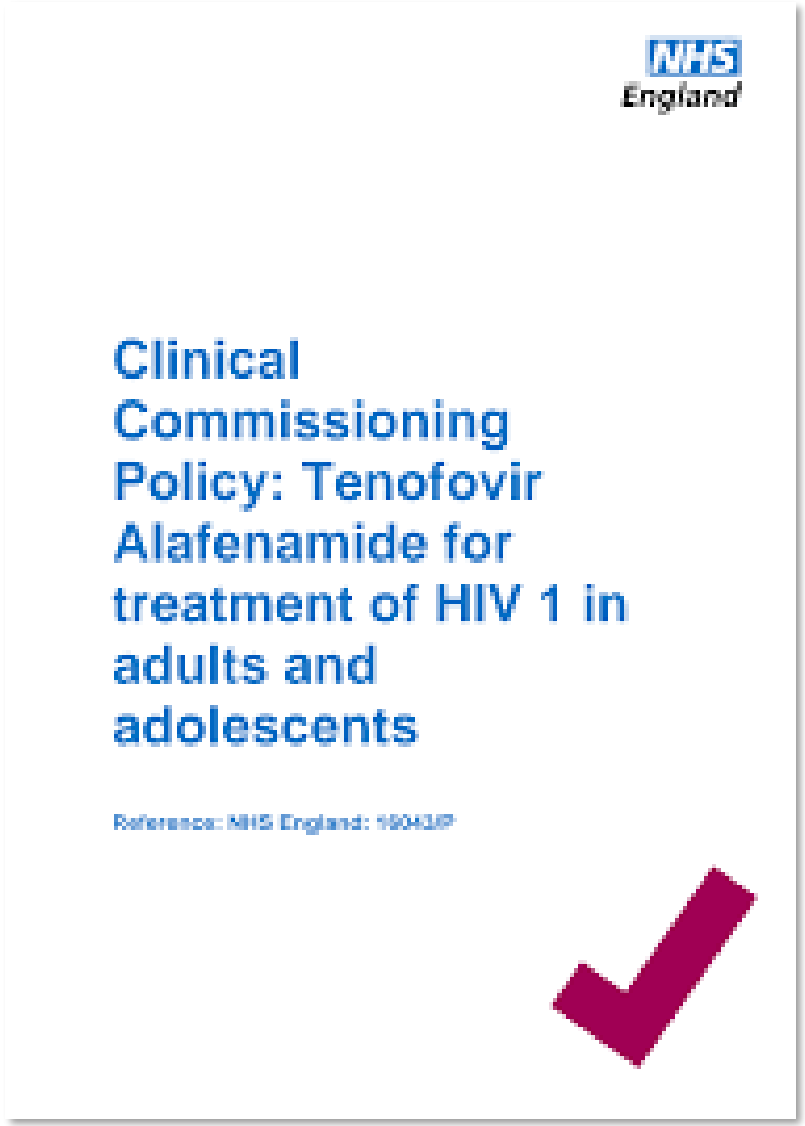
Disclosures

Currently employed by MSD UK limited

Analysis carried out while employed by NHS (Chelsea and Westminster NHS Foundation Trust and University College London Hospitals)



Background

TAF first licensed in UK in November 2015

NHSE released strict commissioning policy for use of TAF-containing combinations in July 2016

Background

TAF containing ART use has increased since its introduction in 2015

Following observations of people living with HIV (PLWH) discontinuing TAF containing ART due to ADRs, we present real world data on TAF use in four central London HIV units.

Objectives

- Describing ADR-related discontinuation rates
- Influence of third agent
- Impact of TAF cessation on symptoms

Method

- Retrospective analysis of PLWH who switched from any non-TAF ART to TAF-based ART and subsequently discontinued TAF from 04/2016 to 08/2019 were included.
- Data collection included:
  - ART history
  - patient demographics
  - switch indication
  - short-term outcomes
  - reason for TAF discontinuation

Results

3,960	• Prescribed a TAF based regimen between April 2016- August 2019
211	• Switched off TAF based regimen (5.4%) • 120 (3%) switched off TAF due to reasons other than ADRs
91	• Discontinued TAF due to an ADR (2.3%)

Results

Demographics	N=91
Gender	62 (69%) cis male 29 (31%) cis female
Ethnicity	62 (68%) white
Age (mean)	54 years
At time of switch off TAF	
CD4 > 350 cells/mm^3	86 (94%)
VL <50 copies/ml	80 (87%)

Pre-switch backbone

- 47% TDF/FTC
- 23% ABC/3TC
- 22% PI dual or mono therapy

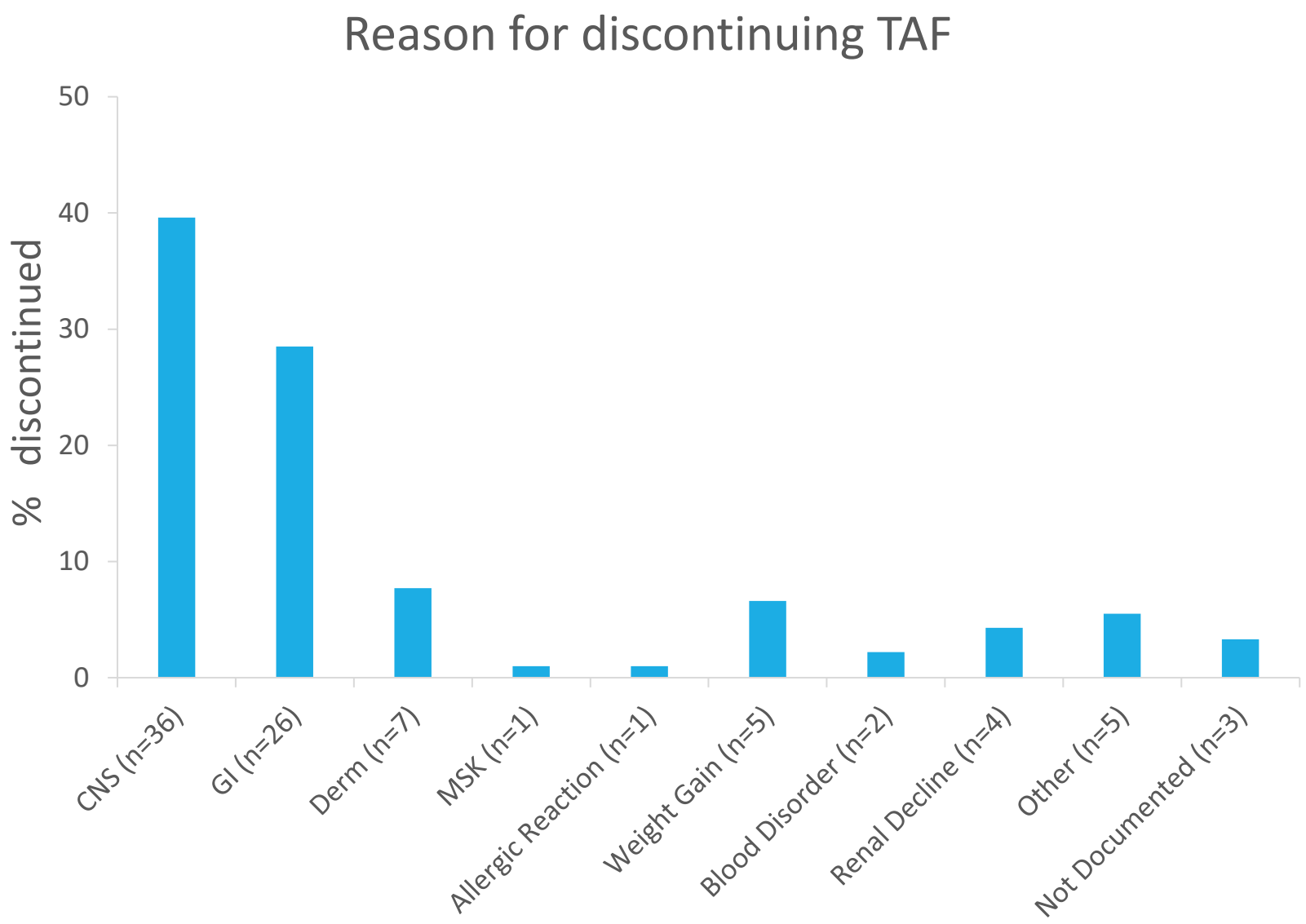
Pre-switch 3rd agent

- 45% PI
- 25% NNRTI
- 23% INSTI
- 5.5% other

Reason for switch

- 42% CKD
- 23% osteoporosis/osteopenia
- 24% other
- 9% not documented

- Median time to TAF discontinuation was 12 weeks
- 43% - only change in ART was replacing TDF with TAF
- 75% - no change to 3rd agent.
- Symptoms either fully or partially resolved post switching off TAF for 55%, of whom 60% switched back to their pre-TAF ART



	CNS n = 36	GI n = 26	Weight gain n = 6
			
<u>Switch to TAF</u>			
TAF replace TDF only	12	13	3
No change to third agent	24	18	6
TAF + Change of third agent	11	3	0
<u>Post switch off TAF</u>			
Symptoms resolved			
Fully/Partially	21	17	4
Not resolved	5	2	1
Not documented	10	7	1

Conclusions

Rate of discontinuation of TAF-containing ART due to ADR was relatively low at 2.3%.

Despite the limitations of a retrospective analysis, TAF side effects are becoming clearer from real world experience and should be taken into consideration in clinical practice.

This limited data set only captures those who switched due to ADR, it does not capture those that experienced an ADR but remained on therapy.

Thank you

Any questions?

Special thanks to all who contributed

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- Mortimer Market HIV and Sexual Health Clinic (CNWL NHS Foundation Trust)
- Guys and St Thomas's NHS Foundation Trust
- Imperial College NHS Foundation Trust