

Bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF) for the treatment of people living with HIV: 12-month effectiveness, persistence, and safety in a multi-country cohort study



Gilead Sciences, Inc.
333 Lakeside Drive
Foster City, CA 94404
Tel: (650) 522-6009
Fax: (650) 522-5260

J Mallolas,¹ V Esposito,² L Hocqueloux,³ JS Lambert,^{4,5} I Levy,^{6,7} C Wyen,⁸ B van Welzen,⁹ A Ustianowski,¹⁰ S Schreiber,¹¹ D Thorpe,¹² M Heinzkill,¹¹ A Marongiu,¹² R Haubrich,¹³ H Loemba¹⁴

¹HIV Unit, Hospital Clinic of Barcelona, Barcelona, Spain; ²Immunodeficiencies and Gender Related Infectious Diseases Unit D, Cotugno Hospital, Naples, Italy; ³Orléans Regional Hospital, Orléans, France; ⁴Mater Misericordiae University Hospital, Dublin, Ireland; ⁵UCD, Dublin, Ireland; ⁶Sheba Medical Center, Tel Hashomer Hospital, Ramat Gan, Israel; ⁷Sackler Medical School, Tel Aviv University, Tel Aviv, Israel; ⁸Praxis am Erbertplatz, Cologne, Germany; ⁹University Medical Centre Utrecht, Utrecht, Netherlands; ¹⁰North Manchester General Hospital, Manchester, UK; ¹¹Gilead Sciences GmbH, Munich, Germany; ¹²Gilead Sciences Europe Ltd, Stockley Park, UK; ¹³Gilead Sciences, Foster City, USA; ¹⁴Montfort Hospital, Ottawa, Canada.



Introduction

- B/F/TAF is a guidelines-recommended single-tablet regimen for the treatment of HIV-1 infection and is widely used in clinical practice
- BICSTaR is a large, ongoing, multi-country, prospective, observational study that plans to enroll over 2,000 ARV treatment-naïve (TN) and treatment-experienced (TE) people living with HIV across Europe, Canada, Israel, Japan, Taiwan, South Korea, and Singapore
- Here we report pooled 12-month effectiveness and safety data for 1,135 people living with HIV receiving B/F/TAF in routine clinical care across Europe (France, Germany, Ireland, Italy, Netherlands, Spain, UK), Canada, and Israel

Persistence

Participants still on B/F/TAF at 12 months

- 95% of all TN participants
- 90% of all TE participants

103 (9%) participants discontinued B/F/TAF (9 TN/94 TE) (including 66* due to AEs, 5 due to lack of efficacy, and 6 deaths)

*In nine participants, the AE leading to B/F/TAF discontinuation was not considered drug-related

Study design

BICSTaR

N=1,135

Baseline | 12 months: primary endpoint | 24 months

Analysis of people living with HIV starting B/F/TAF between Jun 2018 and Sep 2020

12-month study outcomes included:

- HIV-1 RNA <50 cp/mL (M=E analysis)
- Treatment persistence (% of participants still on B/F/TAF)
- Resistance status
- DRAEs, renal function, lipid levels, weight, and BMI changes

Safety

Most common DRAEs (in ≥1% overall)

- 13%* with DRAEs
- 2[†] serious DRAEs
- 6%* discontinued B/F/TAF due to DRAEs
- No discontinuations due to renal, hepatic, or bone AEs
- 6[§] deaths (unrelated to B/F/TAF)

Most common DRAEs (in ≥1% overall): Weight increase (3%), Nausea (1%), Depression (1%), Headache (1%), Fatigue (1%), Diarrhoea (1%), Sleep disorder (1%)

*TN: 12% (21/180), TE: 13% (127/955); [†]Both in the TE group (depression); [‡]TN: 4% (7/180), TE: 6% (55/955); [§]All in the TE group; causes: sudden death, sepsis, brain metastasis, lung cancer, heart failure, and unknown

Participants: baseline characteristics

Overall: 78% White; 84% male

TN (N=180)	Overall	TE (N=955)
38 (30, 48)	*Age, years	49 (39, 56)
70 (63, 81)	*Weight, kg	76 (67, 87)
23 (21, 26)	*BMI, kg/m ²	25 (22, 28)
47%	Any comorbidity	72%
16%	Neuropsychiatric	26%
6%	Hyperlipidaemia	22%
7%	Hypertension	19%
2%	Osteopathic	13%
1%	HIV-1 RNA <50 cp/mL	92%
400 (184, 553)	*CD4 count, cells/μL	652 (424, 850)
0.36 (0.19, 0.60)	*CD4/CD8 ratio	0.85 (0.58, 1.20)
7%	≥1 primary resistance mutation	13%

Prior ART regimens, %:

- INSTI: 65%
- NNRTI: 20%
- PI: 16%
- TDF: 36%
- TAF: 46%
- ABC: 13%

*Median (Q1, Q3)

Weight, lipid levels, and eGFR

	Median (Q1, Q3)	Baseline	TN (N=90)*	12 months	Median change ^{†,‡}	Baseline	TE (N=532)*	12 months	Median change ^{†,‡}
Weight, kg		70.0 (62.5, 80.4)	→	75.9 (68.0, 84.0)	+3.4 (p<0.001)	75.9 (67.0, 87.0)	→	77.0 (68.0, 87.8)	+1.0 (p<0.001)
BMI, kg/m ²		22.4 (20.4, 25.7)	→	24.5 (21.9, 28.0)	+1.1 (p<0.001)	25.1 (22.5, 28.1)	→	25.5 (22.9, 28.5)	+0.3 (p<0.001)
TC, mmol/L		4.30 (3.50, 5.02)	→	4.74 (4.10, 5.39)	+0.24 (p=0.009)	4.73 (4.08, 5.48)	→	4.82 (4.09, 5.41)	-0.08 (p<0.019)
LDL, mmol/L		2.70 (2.04, 3.20)	→	2.94 (2.30, 3.59)	+0.15 (NS)	2.92 (2.28, 3.52)	→	2.95 (2.37, 3.57)	-0.05 (NS)
HDL, mmol/L		1.02 (0.88, 1.30)	→	1.24 (1.02, 1.42)	+0.09 (p=0.010)	1.19 (0.99, 1.46)	→	1.19 (1.01, 1.43)	0.00 (NS)
Triglycerides, mmol/L		1.22 (0.84, 1.70)	→	1.38 (0.89, 2.31)	+0.08 (NS)	1.40 (0.98, 2.10)	→	1.36 (0.96, 2.08)	-0.05 (NS)
TC/HDL ratio		4.11 (3.26, 5.0)	→	3.87 (3.20, 4.71)	-0.12 (NS)	3.93 (3.14, 4.71)	→	3.92 (3.19, 4.73)	-0.02 (NS)
eGFR [§] , mL/min		114.22 (90.51, 133.08)	→	100.66 (86.08, 119.43)	-10.36 (p<0.001)	98.07 (80.53, 116.85)	→	97.33 (80.62, 117.66)	-3.10 (p<0.001)

*Population with weight and BMI data available at both baseline and 12 months; [†]Calculated as changes from baseline to 12 months for each individual participant; [‡]p-values calculated using the Sign test for the absolute change from baseline within TN or TE groups; [§]eGFR was calculated using the Cockcroft-Gault formula.

Results

Effectiveness

HIV-1 RNA <50 cp/mL at 12 months (M=E analysis)

- 97% of all TN participants (95% CI: 93, 99)
- 96% of all TE participants (95% CI: 95, 98)

Subgroups: HIV-1 RNA <50 cp/mL at 12 months

- Female: TN 100% (18/18), TE 97% (125/129)
- ≥50 years: TN 94% (32/34), TE 96% (370/387)
- ≥65 years: TN 100% (6/6), TE 93% (63/68)
- LP-AD: TN 93% (39/42), TE 96% (370/387)

Late presenters with advanced disease (CD4 count <200 cells/μL and/or ≥1 AIDS-defining event)

Conclusions

- B/F/TAF demonstrated effectiveness and persistence at 12 months in a large, real-world cohort of people living with HIV
 - Results were consistent across key populations (females, older individuals, and individuals presenting late for HIV care)
 - No emergence of resistance to the components of B/F/TAF
 - No new or unexpected safety findings
- These real-world data continue to support the use of B/F/TAF in clinical practice

Abbreviations
ABC, abacavir; AE, adverse event; ARV, antiretroviral; ART, antiretroviral treatment; B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; BMI, body mass index; CD, cluster of differentiation; CI, confidence interval; cp, copies; DRAE, drug-related adverse event; eGFR, estimated glomerular filtration rate; HDL, high-density lipoprotein; INSTI, integrase strand transfer inhibitor; LDL, low-density lipoprotein; LP-AD, late presenters with advanced disease; M=E, missing-excluded; NNRTI, non-nucleoside reverse transcriptase inhibitor; NS, not significant; PI, protease inhibitor; Q, quartile; TC, total cholesterol; TDF, tenofovir disoproxil fumarate; TE, treatment-experienced; TN, treatment-naïve

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