Analysis of HIV Patients Switching to D/C/F/TAF by Prior ARV Treatment Experience

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INTRODUCTION

• One in four people living with HIV are treatment-experienced (TXPE) and have documented prior virologic failure.
• As a result, TXPE patients are at risk for treatment failure, virologic rebound, and drug resistance.
• Nucleos(t)ide reverse transcriptase inhibitors (NRTIs) are used in switch strategies to enable access to next-generation integrase strand transfer inhibitors (INSTIs) and C/D/F/TAF.
• In the EMERALD trial, D/C/F/TAF was associated with high virologic response rates over 48 weeks; results were consistent regardless of prior VF and prior experience with multiple ARVs.
• No resistance to any study drug was observed, consistent with the high barrier to resistance of D/C/F/TAF.

METHODS

Patient Population

• Overall, 2,283 treatment-experienced patients were included in the EMERALD study.
• 1,759 patients were randomized to receive D/C/F/TAF (75%) and 524 received tenofovir DF emtricitabine (control) (25%).
• 1,549 patients were included in the overall analysis (77% of the overall patient population) and 434 patients were included in the intention-to-treat analysis (79% of the intention-to-treat population).

RESULTS

• No DRV, primary PI, FTC, or TFV RAMs were observed in any arm across subgroups.
• Overall, 2,002 patients were included in the EMERALD primary endpoint: proportion of patients with cumulative virologic response through Week 48.
• After 48 weeks, patients randomized to D/C/F/TAF (800 mg QD) were more likely to have cumulative virologic response (92%) than patients randomized to control (87%) (95% CI: 1.0, 1.4).
• Results were evaluated in subgroups by prior VF (0 vs ≥1) and number of prior ARVs.
• Subgroups: exact CIs
• Prior VF: 0 vs ≥1
• Number of prior ARVs: 0, 1–2, 3 or ≥4

REFERENCES