Efficacy and Safety of Tenofovir Alafenamide in HIV-Infected Black Adults: Subgroup Analysis of a Randomized, Double-blind Switch Study

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Introduction

- Tenofovir alafenamide (TAF): Novel/novel reverse transcriptase inhibitor in most guideline-recommended regimens
- Replaced tenofovir disoproxil fumarate (TDF) (US–USA)
- Included in addition to TDF (BHIVA, US DHHS)

- Emtricitabine (FTC)/TAF vs FTC/TDF
- Similar efficacy (94% vs 93%) with less renal and bone toxicities
- FTC/TAF containing single-tablet regimens
- Elvitegravir/cobicistat/FTC/TDF and rilpivirine/FTC/TAF
- Can be used in patients with estimated glomerular filtration rate (eGFR) as low as 30 mL/min

- Blacks: self-identified as black or of African descent.

Results

Methods

- Switch From FTC/TDF to FTC/TAF
  - Randomized, double-blind, double-dummy, active-controlled study (NCT02121795)

  - Virologically Suppressed (VLS) (FTC/TAF vs FTC/TDF
  - Control 3rd Agent
  - FTCTDF Placebo qd

- FTC/TAF Dose:
  - 200/10 mg with boosted PIs
  - 200/25 mg with unboosted 3rd agents (ie, non-PIs)

- Endpoint

Adverse Events

- Adverse Events Leading to Study Drug Discontinuation

Adverse Events

Baseline Demographics and Disease Characteristics

Change in Renal Biomarkers

Change in Bone Mineral Density

Lipids

Conclusions

- In HIV-infected black patients, FTC/TAF (vs FTC/TDF) demonstrated:
  - High rates of virologic suppression
  - Improved bone and renal safety
  - Small increases in lipids with no differences in total cholesterol/HDL ratio

- Efficacy and safety of FTC/TAF in black patients were similar to those in nonblack patients

- FTC/TAF is an important backbone for black patients living with HIV

References

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