Efficacy and Safety of Tenofovir Alafenamide vs Tenofovir Disoproxil Fumarate in HIV-Infected, Virologically Suppressed, Black and Nonblack Adults Through Week 96: Subgroup Analysis of a Randomized Switch Study

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Introduction

- Black adults are disproportionately affected by HIV and kidney disease1-3
- Tenofovir alafenamide (TAF): Nucleos(t)ide reverse transcriptase inhibitor agent in most
  - Included in addition to TDF
- Etravirine (FTC)/TDF vs FTC/TDF: Similar efficacy (94% vs 93%) at Week 48, with less renal
  - FTC/TAF-containing single-tablet regimens:
  - Can be used in patients with estimated glomerular filtration rate (eGFR) ≥30 mL/min

Objectives

- To assess the efficacy and safety of TAF vs TDF in HIV-infected, virologically suppressed, black and nonblack adults through 96 wk of treatment

Methods

Study Design

- FTC/TAF was noninferior to FTC/TDF at Weeks 48 and 96

Efficacy at Weeks 48 and 96

Baseline Characteristics

Adverse Events

Adverse Events Leading to Study Drug Discontinuation

Grade 3–4 Lab Abnormalities

Changes in Renal Biomarkers at Week 96

Lipids

BMD Changes From Baseline to Week 96

Conclusions

- At Week 96 in HIV-infected black adults, FTC/TAF vs FTC/TDF demonstrated:
  - Higher rates of virologic suppression
  - Improved bone and renal safety
  - Small increases in lipids, with no treatment differences in total cholesterol:HDLC ratio
- Efficacy and safety of FTC/TAF in black patients were similar to those in nonblack patients
- Given the safety advantages of TAF vs TDF from a renal standpoint, FTC/TAF is an important backbone for black patients living with HIV

References

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