Introduction

- The benefits of combination antiretroviral therapy (cART) are compromised by virologic failure and drug resistance. To maintain virologic suppression, treatment experienced patients have traditionally required multi-tablet regimens.

Material and Methods

- Data using EMR was retrospectively analyzed to assess virologic efficacy of a 2-tablet, once daily combination of Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide (E/C/F/TAF) in HIV experienced patients with history of prior resistance and regimen failure.
- Efficacy was defined as HIV RNA <50 copies/mL at 3.5 and 12 months.
- Univariate analysis was used to assess odds of virologic failure after regimen change as a function of factors described in the following table.
- The 2 groups were also compared using Student t-test for normally distributed numerical variables, and Wilcoxon Rank Sum Test for non-normally distributed numerical variables.

Results

- Of the 34 patients, 30 had at least one follow up after starting the G/D regimen and were included in the analysis.
- Most were men (70.6%) of which 58.8% were MSM.
- The mean time from HIV diagnosis to regimen change was 13.8 years +/- 7.3.
- No patient had evidence of integrase resistance.
- There was no difference between the 2 outcome groups (success vs failure) using the Fisher exact test.
- The mean time from HIV diagnosis to regimen change for patients who were virologically suppressed with the regimen of G/D was 10.53 ± 7.68 years. Patients had been diagnosed with HIV for a median of 13.8 ± 7.3 years. More than 50% of patients at time of switch were on 4 pills and 53% were on a BID regimen.

Conclusion

- Variables that predicted virologic success were an undetectable HIV VL at regimen change, older age, and longer length of diagnosis.
- There was no difference between virologic success vs failure group when following variables were compared:
  - CD4 at the time of regimen change
  - Number of drug class resistance
  - Presence of M184V mutation

Bibliography


Evaluation of Clinical Response of A Two Tablet Once Daily Antiretroviral Regimen in Antiretroviral Experienced HIV Infected Patients

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Abstract

Background: The benefits of combination therapy (cART) are undermined by virologic failure and drug resistance. To maintain virologic suppression, these patients have traditionally required multiple ‘‘complex’’ regimens. We assessed virologic efficacy of a 2-tablet, once daily combination of Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide (E/C/F/TAF) in HIV experienced individuals with history of prior resistance and regimen failure.

Methods: Electronic Medical Records of HIV infected adults with history of prior resistance and regimen failure at our clinic were reviewed to evaluate efficacy of a 2-tablet anti-retroviral regimen of E/C/F/TAF. Efficacy was defined as percentage of participants with HIV RNA <50 copies/mL at 3.5 and 12 months. Treatment resistance included patients on regimen simplification, regimen switch due to failure, and patients with multiclass resistance. BID – twice daily; tid – three times a day, tid – three times a day, and qid – four times a day; *P<0.05

Results: Records of HIV infected adults with history of prior resistance and regimen failure. In our clinic were reviewed to evaluate efficacy of a 2-tablet anti-retroviral regimen of E/C/F/TAF. Efficacy was defined as percentage of participants with HIV RNA <50 copies/mL at 3.5 and 12 months. Treatment resistance included patients on regimen simplification, regimen switch due to failure, and patients with multiclass resistance. BID – twice daily; tid – three times a day, tid – three times a day, and qid – four times a day; *P<0.05

Conclusion: Despite the small numbers of patients, our results demonstrate that in a clinical setting a 2-tablet anti-retroviral regimen provides substantial efficacy in HIV experienced patients harboring resistant virus. Although failure varied significantly by age, virologic failure ant-patients were younger. Inclusion criteria

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