**BACKGROUND**

- Randomised studies have shown that switching to a TAF-based regimen is generally safer than continuing to take TDF-containing regimens, particularly for bone/kidney health [1,2].
- How these trial results might have impacted on daily prescriptions and the determinants of switching to TAF-based regimens have not been thoroughly investigated.

**AIMS**

- To estimate the incidence to TAF-based regimens in HIV-positive individuals with a VL≤50 copies/ml.
- To identify predictors of switching to TAF-based cART (including ≥ 3 drugs) vs. switching to a dual regimen.

**STUDY DESIGN AND METHODS**

- The analysis includes data of HIV-positive patients in the Icona Foundation Study cohort who showed a stable viral load (VL)≤50 copies/ml while on triple cART after January 1, 2016 (baseline).
- Standard survival analysis of time to switch by means of Kaplan-Meier (KM) curves were used. Separate models were used for the endpoints of switching to DC or TAF-based cART. Cox regression models were used to identify independent predictors of time to switch. Multivariable models were constructed by including factors that showed a significant association in the univariable analysis.
- A competing risk model analysis was conducted to jointly modell the two type of switches.

**RESULTS**

- A total of 1,471 participants were included, 1,320 (90%) currently on TDF-based cART and 151 (10%) on TDF-switching cART, all with a HIV-RNA ≤50 copies/mL. Median (IQR) age was 36 (29-43) years, CD4 count 530 (322-752) cells/mm³ (14% with <200 cells/mm³), CKD-Epi eGFR 99 (85-111) ml/min/1.73m², total cholesterol 168 (143-193) mg/dL, 21% female, 49% acquired HIV through MSM, 30% of foreign origin, 6% were co-infected with HCV, 12% had been diagnosed with AIDS before baseline.

**CONCLUSIONS**

- The major switches to TAF or to DC regimens were from TDF-based regimens.
- A lower eGFR led to a greater probability of switching to 2DC but not to TAF-based regimens. Patients appear to adjust their subsequent regimens more frequently in recent periods.

**Selection of TDF regimens is also based on whether a person was already on regimens not containing INSTI or PIs/r as the anchor drug.**

**References**


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