

Dettaglio abstract

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Title: BIC/FTC/TAF in ART-naïve key populations: real-life data from the Icona cohort

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Session/Topic

Treatment of naive PLWH: current strategies and rapid start of ART

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Abstract

Background: Real world data are scarce on several key population starting a first line regimen with bictegravir/emtricitabine/tenofovir alafenamide (BIC/FTC/TAF). The aim of this study is to evaluate the effectiveness of BIC/FTC/TAF in ART-naïve people living with HIV (PLWH), focusing on the subgroups of female, late-presenters, PLWH with advanced HIV disease and PLWH >50 years.

Methods: Observational study on ART-naïve PLWH, enrolled in Icona who started BIC/FTC/TAF (Jun 2016 -Dec 2021). Primary endpoint: treatment failure (TF) i.e. virological failure (2 consecutive HIV-RNA > 200 cps/ml or 1 HIV-RNA>1000 cps/ml >6 months from start) or discontinuation (TD) of BIC/FTC/TAF for any reason. Secondary objectives: i) TD for any reason (TD); ii) TD for toxicity/intolerance (TDT); iii) TD for simplification (TDS).

Standard survival analysis (Kaplan-Meier curves and log-rank test) were used. Unadjusted and adjusted hazard ratios (HR) of TF were estimated by Cox regression according to the different exposures of interest: age (\geq 50 years old); sex; late presenters (<350 cell/mm3 or AIDS); PLWH with advanced HIV disease (CD4<200 cell/mm3 or AIDS).

Results: 416 ART-naïve patients started BIC/FTC/TAF (Table 1): 124 patients >=50 years (29.8%), 73 females (17.5%), 242 late presenters (58.1%) and 169 had advanced HIV disease (40.6%).

Over a median follow-up of 0.9 years (IQR 0.4-1.2), 51/416 PLWH had TF (12.2%), including 7 VF and 44 TD. The 1-year probability of TF was 11.0% (95%CI 7.9-15.1), (details in Table 2A). In the Cox regression models adjusted for confounders, none of the exposure groups analyzed have been found to be associated with a higher risk of TF (Table 3A).

45/416 PLWH had TD (10.8%). 16 PLWH discontinued for toxicity/intolerance (3.8%), 15 for simplification (3.6%), 4 for failure (1.0%), 1 for patient's decision (0.2%) and 9 (2.2%) for other reasons (5 for enrolment in RCT and 4 unknown). The most used ARV regimens after discontinuation were the DTG-based dual regimens (n=23).

The 1-year KM probabilities of discontinuing BIC/FTC/TAF for any reason, toxicity/intolerance or simplification are shown on Table 2B,2C,2D. By multivariate Cox analysis, none of the exposure groups were associated with the risk of the TD endpoints.

Conclusions: First line therapy with BIC/FTC/TAF demonstrated high effectiveness in a real world setting (11.0% TF at 1-year). This was also confirmed, although limited by the number of events, in populations at risk of lower response to therapy, I.e. older individuals, females, and severely immunosupressed individuals.

Table 1. Baseline demographic and clinical characteristics of the ART-Naïve starting BIC/FTC/TAF

	ART- Naive			
Italian, n(%)	(N=416) 239	70.43		
Ethnicity, Caucasian, n(%)	329	70.45		
Sex, Female, n(%)	73	17.5		
Year of BIC/FTC/TAF start, median (IOR)	202.0	2020-2021		
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Year HIV diagnosis, median (IQR)	42	32-52		
Age, years, median (IQR)				
Age, >50 years, n(%)	124	29.81		
Italian Geo Zone, n(%)				
Northern	237	57.25		
Central	123	29.7		
Southern/Islands	54	13		
Mode of HIV Transmission, n(%)				
Heterosexual	172	41.35		
IVDU	19	4.57		
MSM	188	45.19		
Other/Unknown	37	8.89		
HCVAb positive status, n(%)	20	4.81		
HBsAg positive status, n(%)	11	2.64		
Smoker, Yes, n(%)	143	34.38		
CDC C-stage, n(%)	59	14.18		
CD 4, cells/mmc, median (KQR)	280	87-495		
CD 4<200 cells/m m ³ n(%)	165	39.66		
CD4<350 cells/mm³, n(%)	241	57.9		
HIV-RNA, log10 copies/mL, median (IQR)	5.02	4.39-5.60		
HIV-RNA >5 log ₁₀ copies/mL, median (IQR)	211	50.72		
Total Cholesterol, median (IQR)	159	137-187		
LD L cholesterol, median (IQR)	102	80-124		
HDL cholesterol, median (IQR)	40	33-49		
Triglycerides, median (IQR)	94	71-139		
Serum glucose, median (IQR)	87	80-93		
eG FR, CKD-EPI, median (IQR)	105.4	92.2-117.5		
eGFR>90 ml/min/1.73 m ² , n(%)	307	73.8		
BMI, kg/m ² , median (IQR)	23	20 6-24 7		
Diabetes dia mosis. n (%)	14	3.37		
CVD diagnosis, n(%)	3	0.72		
NADM diagnosis, n(%)	11	2.64		
CKD diagnosis, n(%)	12	2.88		
Follow-up on BIC/FTC/TAF, years, median (IQR)	0.59	0.44-1.22		

Table 2. Number of the events and Kaplan-Meier estimated 1-yr probability of (A) TF, (B) TD for any reason (C) TD toxicity/intolerance (D) TD simplification, overall and in the 4 different groups

	Treatment Failure						
(A)	events	1-yr cum. probability (95%CI)	log-rank p				
Overall	51/416 (12.2%)	11% (7.9-15.1)					
Age<50 years	23/292 (7.9%)	9.2% (6.1-13.8)	0.397				
Age>=50 years	19/124 (15.3%)	14.9% (8.9-24.3)					
Female	7/73 (9.6%)	9.4% (4.3-19.9)					
Male	44/343 (12.8%) 11.3% (7.9-16.0)		0.536				
Non late presenters	21/174 (12.1%) 9.4% (5.6-15.5)						
Late presenters	30/242 (12.4%)	12.1% (8.0-18.2)	0.514				
Non advanced HIV disease	28/247 (11.3%)	8.7% (5.4-13.8)					
Advanced HIV disease	23/169 (13.6%)	14.3% (9.2-21.8)	0.263				
	Treatment Discontinuation for any reason						
(B)	events	1-yr cum. probability (95%CI)	log-rank p				
Overall	45/416 (10.8%)	9.9% (7.0-13.8)					
Age<50 years	29/292 (9.9%)	8.8% (5.7-13.4)					
Age>=50 years	16/124 (12.9%)	12.3% (7.0-21.1)	0.545				
Female	7/73 (9.6%)	9,5% (4,4-20,0)					
Male	38/343 (11.1%)	9.9% (6.8-14.4)	0.832				
Non late presenters	20/174 (11.5%)	8.3% (4.9-13.9)					
Late presenters	25/242 (10.3%)	1196 (7.0-16.9)	0.860				
Non advanced HIV disease	25/247 (10.1%)	7.9% (4.8-12.8)					
Advanced HIV disease	20/169 (11.8%)	12.7% (7.9-20.2)	0.310				
		ntinuation for toxicity/into	lerance				
	1 ur cum probability						
(C)	events	(95%CI)	log-rank p				
Overall	16/416 (3.8%)	3.9% (2.3-6.7)					
Age<50 years	12/292 (4.1%)	4.5% (2.4-8.2)	0.640				
Age>=50 years	4/124 (3.2%)	2,7% (0.9-8.2)					
Female	3/73 (3.8%)	4.6% (1.5-13.6)	0.883				
Male	13/343 (3.8%)	3.8% (2.0-6.9)					
Non late presenters	7/174 (4.0%)	3.0% (1.0-7.0)	0.883				
Late presenters	9/242 (3.7%)	4.6% (2.3-9.1)					
Non advanced HIV disease Advanced HIV disease	8/247 (3.2%)	3.1% (1.3-7.2)	0.352				
	Treatment Discontinuation for simplification						
(D)	events	1-yr cum. probability (95%CI)	log-rank p				
Overall		3.9% (2.3-6.7)					
	15/416 (3.6%)						
Age<50 years	15/416 (3.6%) 10/292 (3.4%)	4.5% (2.4-8.2)	0.641				
			0.641				
Age>=50 years	10/292 (3.4%)	4.5% (2.4-8.2)	0.641				
Age>=50 years Female	10/292 (3.4%) 5/124 (4.0%)	4.5% (2.4-8.2) 2.7% (0.9-8.2)					
Age>=50 years Female Male	10/292 (3.4%) 5/124 (4.0%) 2/73 (2.7%)	4.5% (2.4-8.2) 2.7% (0.9-8.2) 4.6% (1.5-13.6)					
Age>=50 years Female Male Non late presenters	10/292 (3.4%) 5/124 (4.0%) 2/73 (2.7%) 13/343 (3.8%)	4.5% (2.4-8.2) 2.7% (0.9-8.2) 4.6% (1.5-13.6) 3.8% (2.0-7.0)	0.883				
Age<50 years Age>50 years Female Male Non late presenters Late presenters Non advanced HIV disease	10/292 (3.4%) 5/124 (4.0%) 2/73 (2.7%) 13/343 (3.8%) 7/174 (4.0%)	4.5% (2.4-8.2) 2.7% (0.9-8.2) 4.6% (1.5-13.6) 3.8% (2.0-7.0) 2.9% (1.2-7.0)	0.883				

Table 3. Hazard ratios (HR) and Adjusted hazard ratios (AHR) of (A) TF, (B) TD for any reason, (C) TD toxicity/intolerance, (D) TD simplification of BIC/FTC/TAF from fitting different Cox regression models in the 4 different groups

	Treatment Failure						
(A)	HR	95%Cl	p	AHR	95%CI	p	
Age, >=50 years (vs <50years) ¹	1.28	0.72-2.26	0.398	1.36	0.74-2.48	0.323	
Gender, Male (vs. female) ²	1.28	0.58-2.85	0.537	1.37	0.61-3.05	0.443	
Late presenters (vs. non late-presenters) ³	1.21	0.68-2.12	0.514	1.23	0.68-2.21	0.496	
Advance HIV disease (vs. non advance) ⁴	1.37	0.78-2.39	0.265	1.46	0.81-2.63	0.208	
	Treatment Discontinuation for any reason						
(B)	HR	95%CI	р	AHR	95%CI	р	
Age, ≻=50 years (vs <50years) ¹	1.21	0.65-2.23	0.546	1.14	0.51-2.57	0.748	
Gender, Male (vs. female) ²	1.09	0.49-2.45	0.832	1.30	0.68-2.47	0.431	
Late presenters (vs. non late-presenters) ³	1.05	0.58-1.92	0.861	1.02	0.54-1.90	0.961	
Advanced HIV disease (vs. non advanced) ⁴	1.36	0.75-2.46	0.312	1.37	0.73-2.55	0.327	
	Treatment Discontinuation for toxicity/intolerance						
(C)	HR	95%Cl	p	AHR	95%CI	p	
Age, >=50 years (vs <50years) ¹	0.76	0.25-2.37	0.642	0.93	0.28-3.03	0.903	
Gender, Male (vs. female) ²	0.91	0.26-3.20	0.883	1.01	0.29-3.55	0.990	
Late presenters (vs. non late-presenters) ³	1.00	0.37-2.69	0.998	1.04	0.37-2.92	0.938	
Advanced HIV disease (vs. non advanced) ⁴	1.59	0.59-4.23	0.357	1.72	0.62-4.78	0.300	
	Treatment Discontinuation for simplification						
(D)	HR	95%Cl	р	AHR	95%CI	р	
Age, ≫50 years (vs <50years) ¹	1.07	0.37-3.14	0.896	0.97	0.31-3.0	0.954	
Gender, Male (vs. female) ²	1.28	0.29-5.8	0.745	1.27	0.28-5.68	0.756	
Late presenters (vs. non late-presenters) ³	0.94	0.34-2.58	0.898	0.9	0.30-2.64	0.846	
Advanced HIV disease (vs. non advanced) ⁴	0.61	0.19-1.91	0.393	0.56	0.17-1.90	0.343	

[Vs. non advance)⁻ ¹ AHR adjusted for nationality and mode of HIV transmission;² AHR adjusted for nationality;¹ adjusted for gender, mode of HIV transmission, HIV-RNA and nationality;⁴ AHR adjusted for gender, mode of HIV transmission, HIV-RNA and nationality