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P1927 A comparative study of the two STR co-formulations with integrase inhibitors for the treatment of HIV patients

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Background: To study the evolution of HIV-patients treated with STR co-formulated integrase inhibitors (Genvoya and Triumeq) in our Hospital

Materials/methods: Retrospective study of HIV-patients treated withTriumeq or Genvoya between July 2015 to April 2017. Epidemiological, clinical and inmunovirological data were recorded . A statistical package SPSS V.18 was used for the analysis of the data .

Results: 211 patients were included, 128 (61%) with Triumeq (group A) and 83 (39%) with Genvoya (group B). Median of follow-up in group A was 311 days and in group B, 211 days. In both groups, HIV viral load has remained undetectable in all patients and the number of CD4 has been maintained.

Treatment discontinuation was 10.1% in group A, and 6%in group B, all of them due to adverse events. In group A, there were more withdrawals in patients without HCV coinfection (p<0.05). There were no significant differences between the two groups in relation to sex or previous ABC treatment. In both groups there was improvement of the glomerular filtration rate (p < 0.05). (Table 1).

TABLE 1

TRIUMEQ	HR IC 95%	P
FEMALE/ MALE	2,17 (0,72- 6,4)	0,152
HCV YES/ HCV NO	0,23 (0,05-1,05)	0,038
ABC YES / ABC NO	2,36 (0,73-3,67)	0,140
IFG BEFORE TREATMENT/ IFG AFTER TREATMENT	80 (70-90)/ 85,50 (77-97)	0,009

GENVOYA	HR IC 95%	P
FEMALE/ MALE	0,77 (0,09-6,88)	0,813
HCV YES/ HCV NO	2,99 (0,50-17,90)	0,208
ABC YES / ABC NO	1,26 (0,13-12,37)	0,846
IFG BEFORE TREATMENT/ IFG AFTER TREATMENT	80 (70 – 93)/ 92 (80- 103)	0,007

Conclusions: Withdrawal by side effects is lightly higher with Triumeq, without reaching statistical significance. In our patients, there were more Triumeq discontinuations in patients without HCV coinfection probably because these patients are mostly non-drug addicts with less tolerability to side effects on NCS. In both groups there was improvement of the glomerular filtration rate.