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Abstract (eposter session)

Virologic response to switch regimen of unboosted atazanavir in combination with tenofovir and lamivudine in HIV-1-infected patients who had achieved virologic suppression: a cohort study

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Background: Whether tenofovir (TDF) can be safely combined with unboosted atazanavir (ATV) in HIV-infected patients who have achieved virologic suppression is rarely investigated. Methods: Between Jan. 2010 to Aug. 2012, HIV-infected adults were prospectively enrolled whose antiretroviral regimens were switched to unboosted ATV plus 2NRTIs for 3 months or more after achieving virologic suppression (HIV RNA load [PVL] <200 copies/mL). Measurements of plasma ATV concentrations, C12 (12 ± 1h after intake) and C24 (24 ± 1h after intake), were performed with the use of high-performance liquid chromatography (analytical range, 0.15-16 mg/L). Two groups of patients were identified according to NRTIs after switch: TDF-based and non-TDF-based. Virologic failure was defined as either regimen change for any reason, or PVL >200 copies/mL (ITT analysis). Time to virologic failure was compared between the two groups after switch to unboosted ATV plus two NRTIs, which was estimated using Kaplan–Meier curves and life tables. Results: 176 patients were included for analysis: 50 were switched to TDF, lamivudine [3TC] plus unboosted ATV; and 126 to abacavir or zidovudine, 3TC plus unboosted ATV. At baseline, there were no statistically significant differences in age, sex, CD4 count, and PVL. 88.6% of the patients had achieved PVL<40 copies/mL before switch. After a median follow-up for 67.0 weeks (IQR, 44.6-79.9), 16 (9.1%) experienced virologic failure: 11 because of regimen change and 5 PVL >200 copies/mL (all in non-TDF group). At week 24, 2.6% of TDF-based group and 3.3% of non-TDF-based group experienced virologic failure; and at week 48, 10.4% of TDF-based group and 6.0% of non-TDF-based group experienced virologic failure (p=0.26). There was no statistically significant difference between the two groups in time to virologic failure (p=0.22). 60 patients had C12 or C24 of ATV. All 19 patients with ATV concentration measured in TDF-based group and 90.2% of 41 patients in non-TDF-based group had C12 and C24 of ATV greater than the recommended therapeutic values (C12 >230 or C24 >150 ng/ml). After switch, both groups showed significant decrease of the total cholesterol levels (TDF-based group, -27.6 mg/dl [95% CI, -15.2- -39.9]; and non-TDF-based group, -37.2 mg/dl [95% CI, -26.7- -37.1], p=0.23). Conclusions: Switch to unboosted ATV plus TDF and 3TC after achieving virologic suppression did not compromise the virologic response compared with unboosted ATV plus other two NRTIs.