ABSTRACT

The US DHHS HIV treatment guidelines include within-class switches to simpler and less frequent regimens as valid strategies to consider in patients with virus suppression. To date, limited research has evaluated the impact of within-class switches on virologic failure. We therefore conducted this study to compare patients who switched to DTG compared to patients who remained on RAL, in an effort to improve adherence and durability. Few results have been published using a longitudinal database, no statistically significant difference in the risk of virologic failure was observed in patients who switched to DTG compared to continuing on RAL.

RESULTS

Figure 1. OPERA Patients Eligible for Analysis as of January 28, 2016

Table 1. Characteristics of Patients who Achieved Stable Suppression on RAL: Overall and Stratified by Location

Follow-up time for each "trial" was partitioned by clinic visit rather than 30 day intervals

In an effort to achieve a clinical trial of patients who switched to DTG compared to patients who remained on RAL, we conducted a sequential series of monthly "trials" from the time stable-suppression was first achieved in an individual patient, to include two consecutive viral loads <75 copies/mL, measured at least 90 days apart. The majority of these patients (2,566, 90%) continued on RAL throughout their follow up. The remainder of the patients (533, 18%) switched to DTG at some point during their follow up. Of the 5,398 patients initiating RAL as their first ART regimen, 3,430 (64.1%) continued on RAL, and 1,968 (35.9%) switched to DTG. During the 6 months of analysis, 528 patients included in the RAL arm had their most recent VL >200 copies/mL, and 213 patients had their most recent VL >400 copies/mL.

Table 2. Crude, Adjusted, and Weighted Estimates from Cox Proportional Hazards Models

DISCUSSION

In an effort to achieve a clinical trial of patients who switched to DTG compared to patients who remained on RAL, we conducted a sequential series of monthly "trials" from the time stable-suppression was first achieved in an individual patient, to include two consecutive viral loads <75 copies/mL, measured at least 90 days apart. The majority of these patients (2,566, 90%) continued on RAL throughout their follow up. The remainder of the patients (533, 18%) switched to DTG at some point during their follow up. Of the 5,398 patients initiating RAL as their first ART regimen, 3,430 (64.1%) continued on RAL, and 1,968 (35.9%) switched to DTG. During the 6 months of analysis, 528 patients included in the RAL arm had their most recent VL >200 copies/mL, and 213 patients had their most recent VL >400 copies/mL.

In an observational database of clinical care in the US, within-class switching from RAL to DTG was found to be equally successful at maintaining viral suppression as compared to continuing on RAL.

KEY FINDING:

In an observational database of clinical care in the US, within-class switching from RAL to DTG was found to be equally successful at maintaining viral suppression as compared to continuing on RAL.

REFERENCES


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ARTIFACT

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