842- EFFECTIVENESS AND SAFETY OF LPV/R PELLETS-BASED ART IN CHILDREN: 48-WEEK ANALYSIS

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Background
- Despite the WHO recommendation to use LPV/r-based treatment for all children <3 years, current formulations do not meet the needs of children and caregivers.
- A palatable, heat-stable, easy-to-administer pellet formulation of LPV/r has received tentative USFDA approval for use in infants and young children. However, there is a lack of clinical data on its effectiveness and safety in routine care.

Study Objective
The LIVING study aimed to test the effectiveness, safety, pharmacokinetics, and acceptability of LPV/r pellets with ABC/3TC (or AZT/3TC) dispersible tablets under field conditions in HIV infected infants and young children who cannot swallow tablets.

Methods
- **Inclusion criteria**
  - HIV infected children
  - ARV naive, or already on first line liquid lopinavir based treatment, or failing first line, weight ≥25 kg at the time of enrolment (age is not an inclusion criterion)
  - Non-NRTI based therapy
  - Unable to swallow tablets

  - Dosing of LPV/r pellets followed WHO weight bands
  - Observation of pellets administration performed at clinic

Results
- **HIV RNA VL**
  - **Log10 copies/ml**
  - **<1.7 (<50cp/ml)**
  - **>1.7 and ≤2.6 (<400 cp/ml)**
  - **>2.6 (>400 cp/ml)**
  - **<3 (<1000 cp/ml)**
  - **>3 (>1000 cp/ml)**
  - **Data available**

- **Enrollment**
  - Naive
  - NNRTI+LPV/r
  - NNRTI

- **Overall**
  - Naive
  - NNRTI+LPV/r
  - NNRTI

- **WEEK 24**
  - Naive
  - NNRTI+LPV/r
  - NNRTI

- **WEEK 48**
  - Naive
  - NNRTI+LPV/r
  - NNRTI

- **Conclusions**
LPV/r pellets were well accepted with minimal safety concerns. Naive patients, those failing NVP, as well as those switching from LPV/r liquid were well suppressed at week 48 and had recuperated immunologically and clinically.

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