

Rilpivirine-TDF-FTC versus Efavirenz-TDF-FTC
STaR Trial

Rilpivirine-TDF-FTC versus Efavirenz-TDF-FTC

STaR Study: Design

- **Background:** Randomized, open-label, phase 3b trial comparing safety and efficacy of two single-tablet regimens, RPV-TDF-FTC and EFV-TDF-FTC, in treatment-naïve adults with HIV
- **Inclusion Criteria (n = 786)**
 - Antiretroviral-naïve adults
 - Age ≥ 18 years
 - HIV RNA $\geq 2,500$ copies/mL
 - No resistance to EFV, RPV, TDF, or FTC
- **Treatment Arms**
 - Rilpivirine-tenofovir DF-emtricitabine
 - Efavirenz-tenofovir DF-emtricitabine

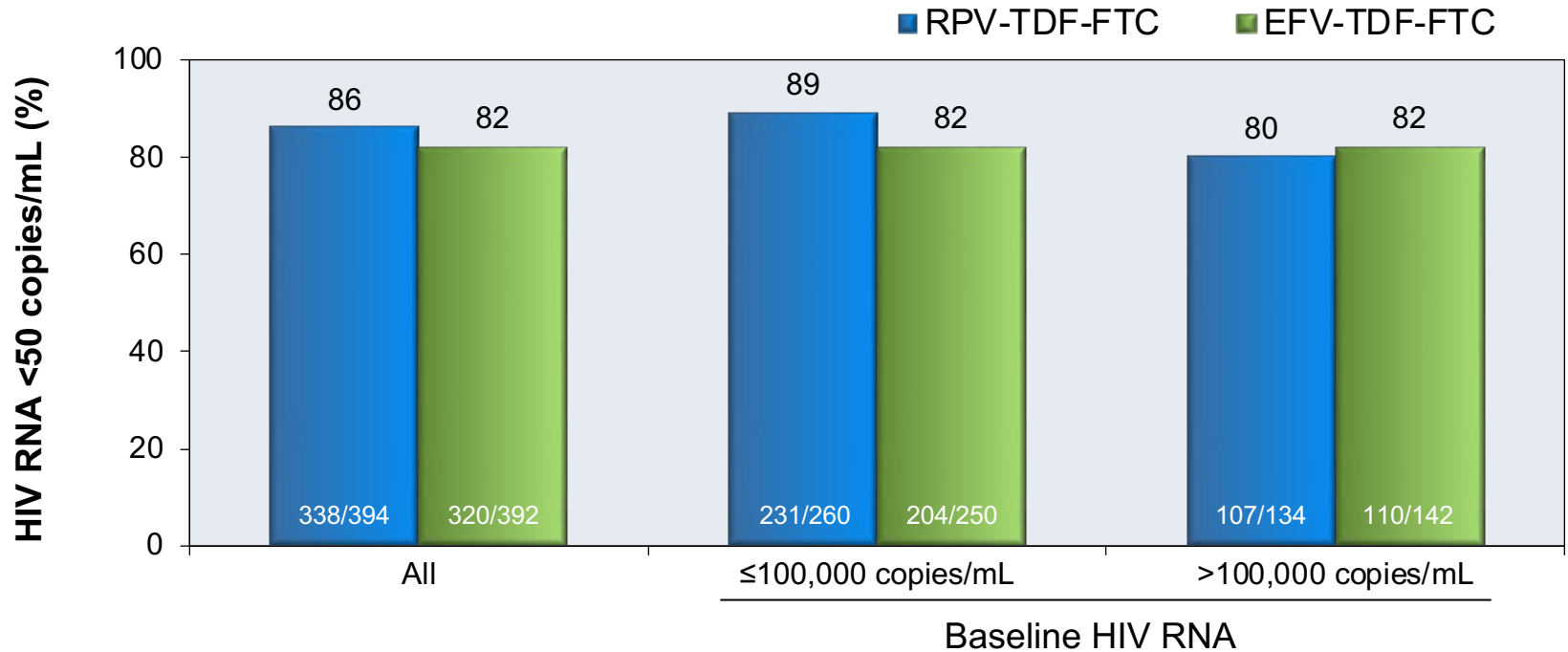
Rilpivirine-TDF-FTC QD
(n = 394)

Efavirenz-TDF-FTC QD
(n = 392)

Rilpivirine-TDF-FTC versus Efavirenz-TDF-FTC

STaR: Result

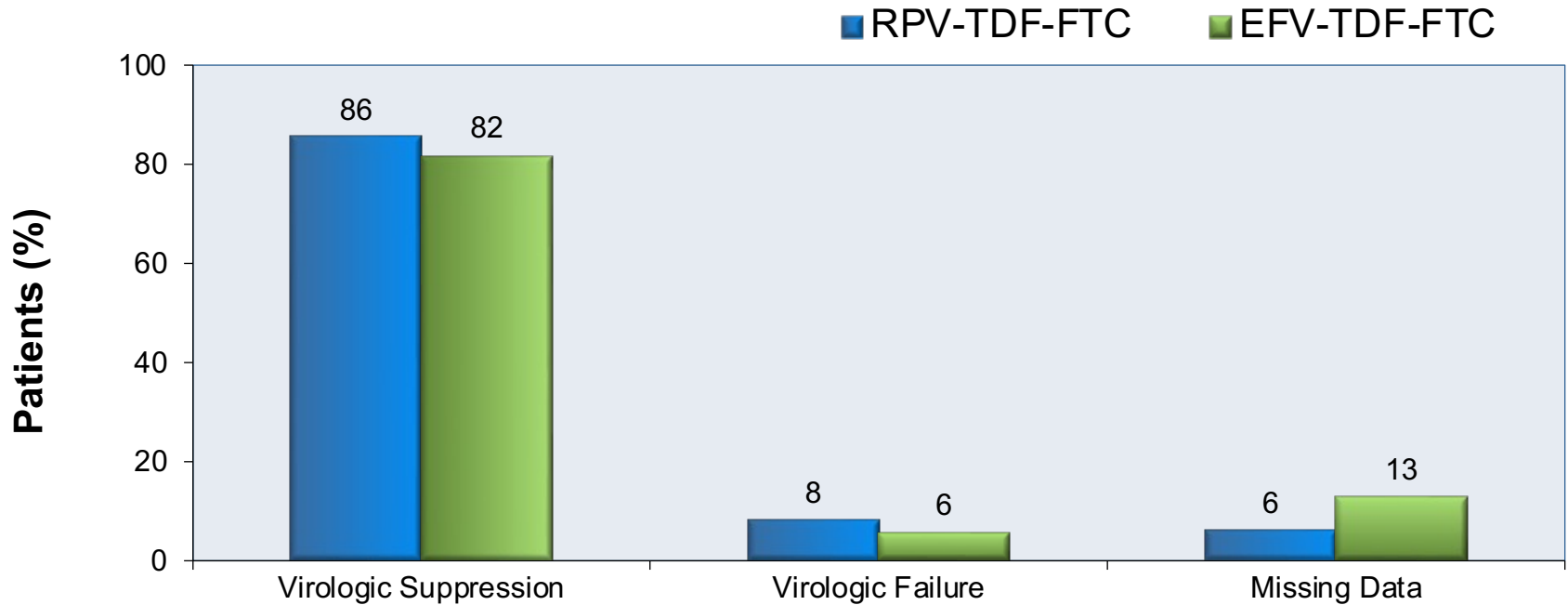
Week 48 Virologic Response (Intent-to-Treat Analysis)



Rilpivirine-TDF-FTC versus Efavirenz-TDF-FTC

STaR: Results

48 Week Virologic Outcomes



Rilpivirine-TDF-FTC versus Efavirenz-TDF-FTC

STaR: Common Adverse Events

Treatment Emergent Adverse Events in > 5% of Subjects in Either Arm		
	RPV-TDF-FTC (n = 392)	EFV-TDF-FTC (n = 394)
Dizziness	6.6%	22.2%
Insomnia	9.6%	14.0%
Somnolence	2.5%	6.9%
Headache	12.4%	13.5%
Abnormal Dreams	5.8%	24.5%
Depression	6.6%	8.9%
Anxiety	5.1%	8.4%
Folliculitis	5.3%	1.0%
Rash	6.1%	12.0%

Source: Cohen CJ, et al. AIDS. 2014;28:989-97.

Rilpivirine-TDF-FTC versus Efavirenz-TDF-FTC

STaR: Conclusions from Primary Analysis

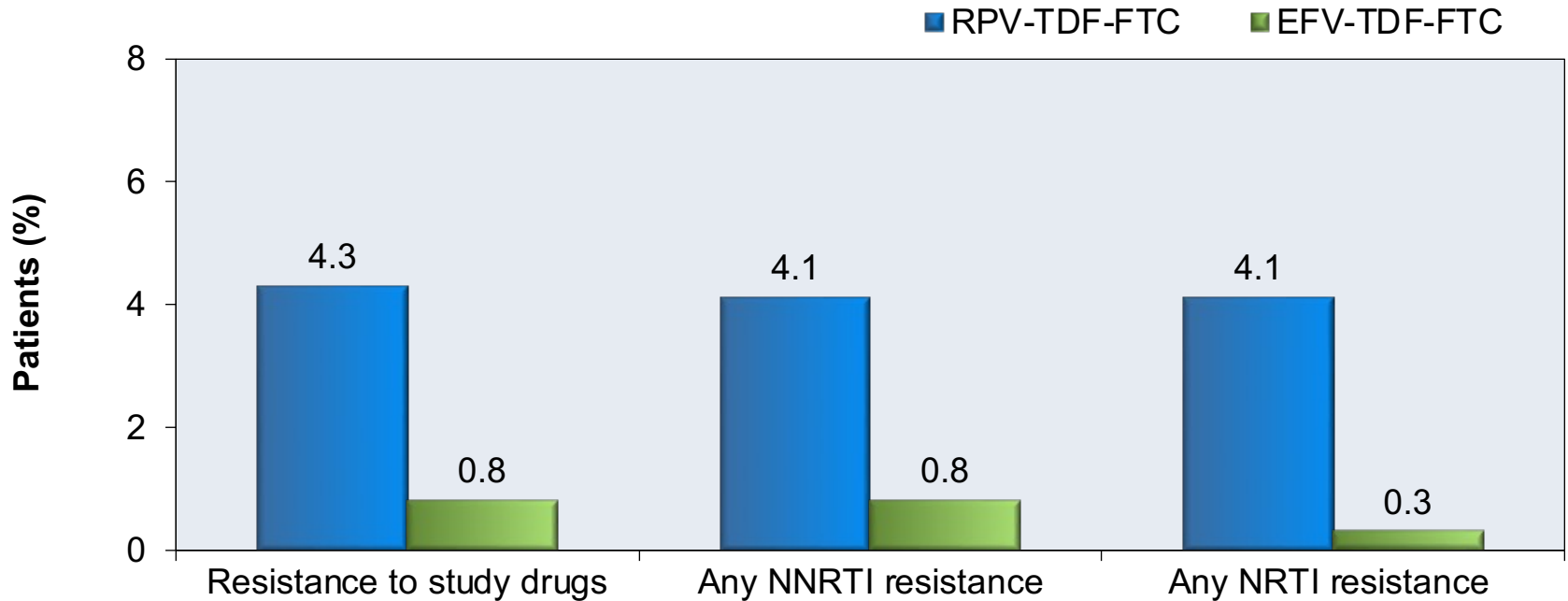
Conclusion: “In treatment-naïve participants, RPV/FTC/TDF demonstrated noninferior efficacy and improved tolerability compared with EFV/FTC/TDF, as well as a statistically significant difference in efficacy for participants with baseline HIV-1 RNA 100,000 copies/mL or less at week 48.”

Rilpivirine-TDF-FTC versus Efavirenz-TDF-FTC
STaR Trial: Week 96 Resistance Data

Rilpivirine-TDF-FTC versus Efavirenz-TDF-FTC

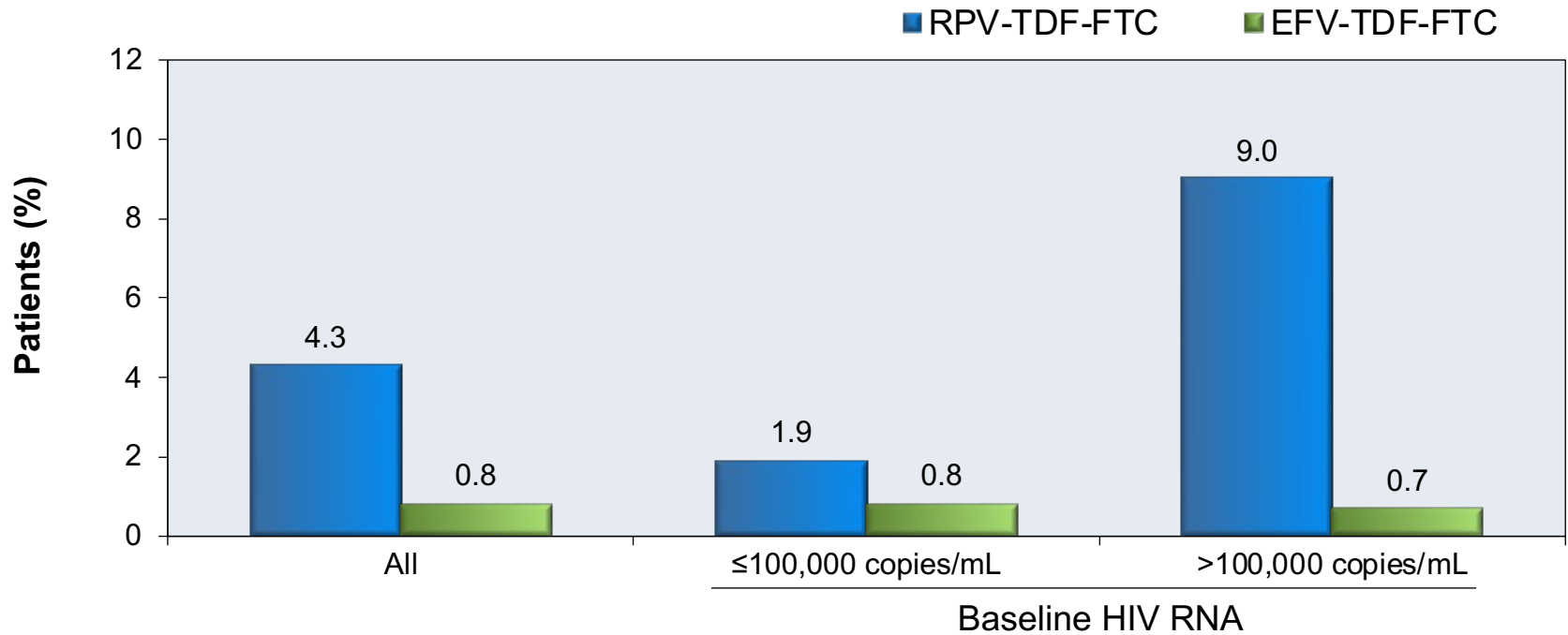
STaR Resistance Analysis: Result

Development of Genotypic Resistance at Week 48



Rilpivirine-TDF-FTC versus Efavirenz-TDF-FTC STaR Resistance Analysis: Result

Development of Resistance to Study Drugs at 48 weeks, by Viral Load



RPV-FTC-TDF versus EFV-FTC-TDF STaR Resistance Analysis: Conclusions

Conclusions: “Among subjects in the primary resistance associated populations (RAP), resistance development to RPV/FTC/TDF consisted of NNRTI and NRTI mutations and was more frequent than resistance development to EFV/FTC/TDF. In subjects with baseline viral load $\leq 100,000$ copies/mL, resistance development was low ($<2\%$) for both RPV/FTC/TDF and EFV/FTC/TDF arms and less frequent compared with subjects with baseline viral load $>100,000$ copies/mL, for RPV/FTC/TDF.”

Acknowledgments

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