

Elvitegravir-Cobicistat-TAF-FTC in Renal Impairment Study 112



- **Background**: Open-label, single-arm, phase 3 trial evaluating switching to once-daily elvitegravircobicistat-tenofovir alafenamide-emtricitabine from baseline ART*
- Inclusion Criteria (n = 242)
 - HIV RNA < 50 copies/mL for ≥6 months
 - eGFR stable at 30-69 mL/min ≥3 months
 - CD4 ≥50 cells/mm3
 - No new AIDS conditions in past 30 days
 - No resistance to EVG, FTC, or TDF
- Treatment Arms
 - Switch to EVG-COBI-TAF-FTC

*Baseline ART

NRTIS: Tenofovir DF 65%, Abacavir 22%, Other NRTI 7%, No NRTI 5% Third Agent: PI 44%, NNRTI 42%, INSTI 24%, CCR5 Antagonist 3%





Week 48 Virologic Response





Elvitegravir-Cobicistat-TAF-FTC in Renal Impairment Study 112: Subgroup Analysis Result

Change in Estimated GFR* from Baseline to Weeks 24 and 48





Week 48: Changes in General Proteinuria





Week 48: Changes in Tubular Proteinuria





Week 48: Changes in Bone Mineral Density (BMD)





Week 48: Changes in Spine and Hip Bone Mineral Density (BMD)





Elvitegravir-Cobicistat-TAF-FTC in Renal Impairment Study 112: Conclusions

Interpretation: "Switch to E/C/F/TAF was associated with minimal change in GFR. Proteinuria, albuminuria and bone mineral density significantly improved. These data support the efficacy and safety of once daily E/C/F/TAF in HIV+ patients with mild or moderate renal impairment without dose adjustment."



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