Switch RPV-TDF-FTC from NVP-Based Regimen

NEAR-Rwanda Trial
**Study Design: NEAR-Rwanda Study**

**Background:** Randomized, open-label, single-center, non-inferiority study conducted in Rwanda to evaluate a switch from a NVP-based regimen to a single tablet regimen of RPV-TDF-FTC

**Inclusion Criteria** (n = 150 enrolled)
- Rwandan adults with HIV-1 infection
- HIV RNA <50 copies/mL within 12 months of screening and at screening visit
- On NVP + lamivudine + 2nd NRTI ≥12 months
- No prior virologic failure
- No prior ART change except NRTI substitution
- eGFR >60 mL/min and Hemoglobin >8 g/dL
- No active TB or pregnancy

**Treatment Arms** (2:1 randomization)
- Continue NVP + 2 NRTI’s
- Switch to RPV-FTC-TDF

**Switch Arm**
- RPV-TDF-FTC (n = 99)

**Continuation Arm**
- NVP + 2 NRTI’s (n = 51)

Switch to RPV-TDF-FTC from NVP-Based Regimen NEAR-Rwanda: Results

24 Week Virologic Response (FDA Snapshot Analysis)

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Week 24: Change in Plasma Lipids from Baseline

[Bar chart showing mean change from baseline (mg/dL) for Total Cholesterol, LDL, Triglycerides, and HDL for Rilpivirine-Tenofovir DF-Emtricitabine and Nevirapine + 2 NRTI's.]

- Total Cholesterol: -16.6 for Rilpivirine-Tenofovir DF-Emtricitabine, -2.8 for Nevirapine + 2 NRTI's
- LDL: 0.0 for Rilpivirine-Tenofovir DF-Emtricitabine, -0.1 for Nevirapine + 2 NRTI's
- Triglycerides: -9.2 for Rilpivirine-Tenofovir DF-Emtricitabine, -12.0 for Nevirapine + 2 NRTI's
- HDL: 2.5 for Nevirapine + 2 NRTI's

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NEAR-Rwanda: Conclusions

**Conclusions:** “A switch from nevirapine-based ART to rilpivirine-emtricitabine-tenofovir disoproxil fumarate had similar virologic efficacy to continued nevirapine-based ART after 24 weeks with few adverse events.”

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