

Optimization of Primary HIV Infection Treatment  
**OPTIPRIM-ANRS 147 Trial**

# Optimization of Primary HIV Infection Treatment

## OPTIPRIM-ANRS 147: Study Design

### Study Design: OPTIPRIM-ANRS 147

- **Background:** Open label, randomized, phase 3 trial comparing intensive ART started during primary HIV infection to standard triple-drug ART.
- **Inclusion Criteria (n = 92)**
  - Primary HIV infection\* with either symptoms or CD4 count <500 cells/mm<sup>3</sup>
  - Recruited from 33 French hospitals
  - No post-exposure prophylaxis in prior 6 months
- **Treatment Arms**
  - 1) Raltegravir 400 mg BID + Maraviroc 150 mg BID + Darunavir 800 mg QD + Ritonavir 100 mg QD + Tenofovir DF-Emtricitabine QD
  - 2) Darunavir 800 mg QD + Ritonavir 100 mg QD + Tenofovir DF-Emtricitabine QD

*Intensive ART*  
**RAL + MVC + DRV/r + TDF-FTC**  
(n = 45)

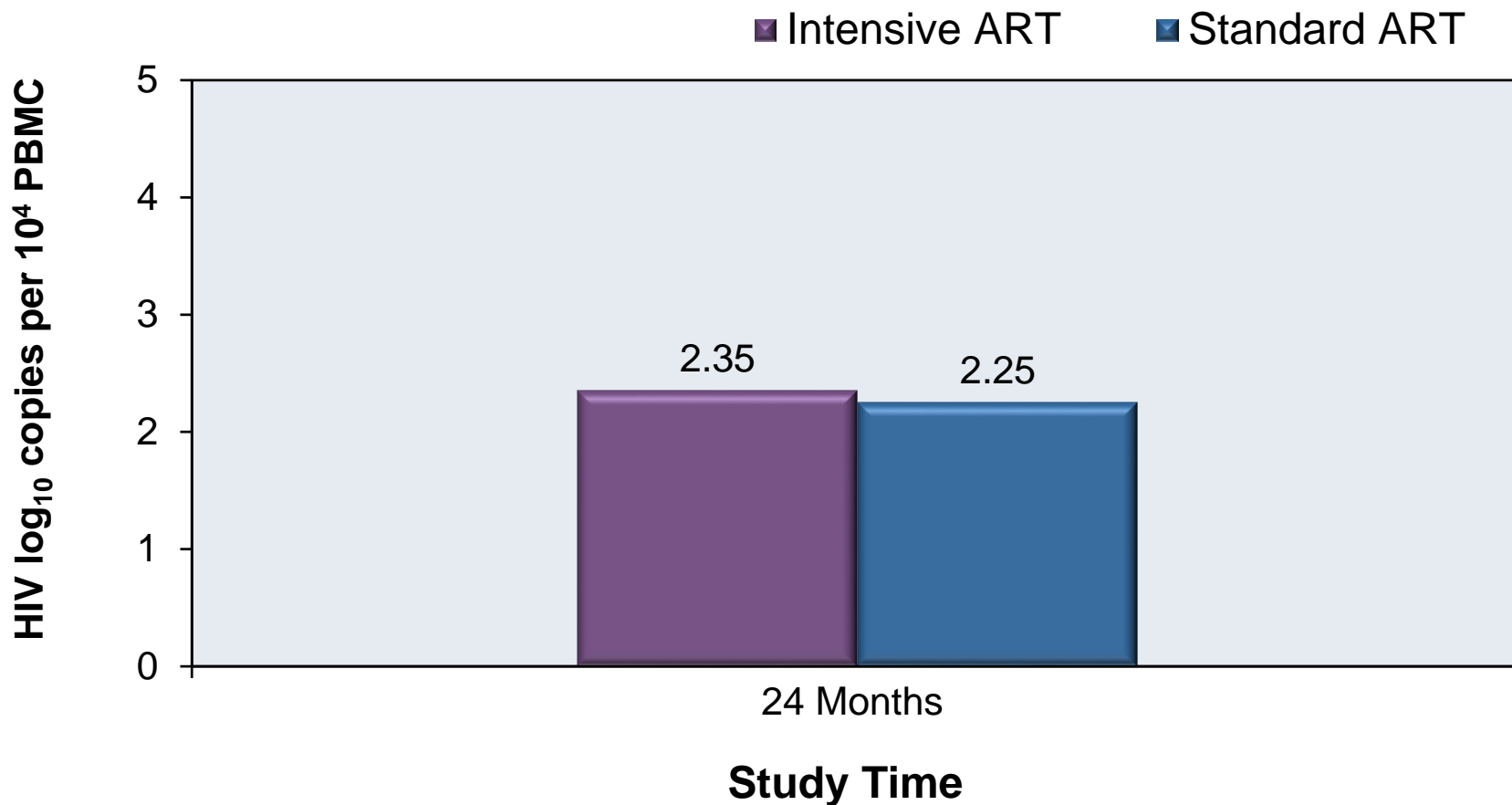
*Standard ART*  
**TDF-FTC + DRV/r**  
(n = 45)

\*Primary HIV defined as detectable plasma HIV RNA with incomplete Western blot ( $\leq 4$  bands), irrespective of ELISA result and p24 antigenemia, documented within 8 days before inclusion.

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## OPTIPRIM-ANRS 147: Results

Week 24: Primary Virologic Outcome (Modified ITT Analysis)

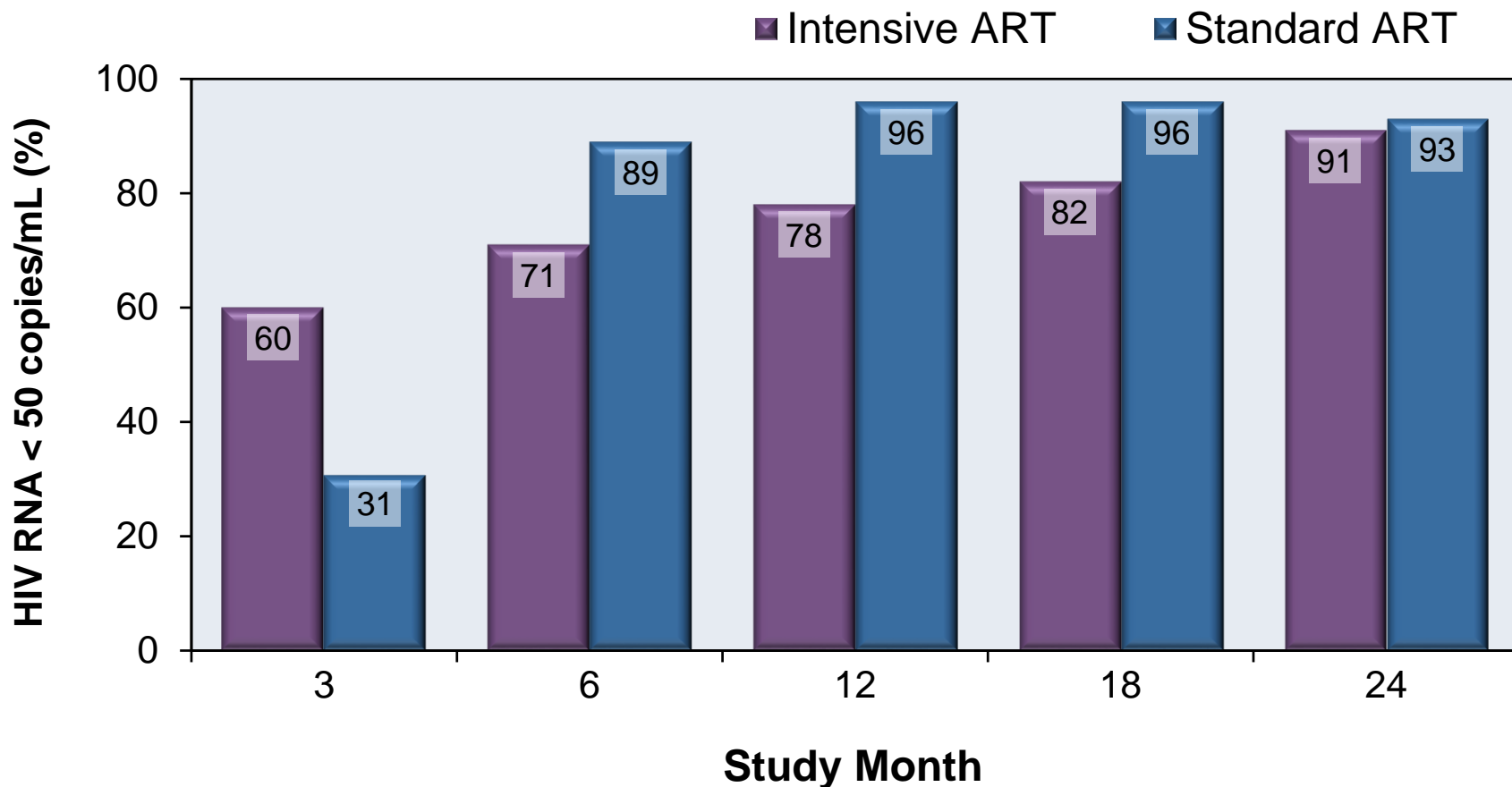


Source: Chéret A, et al. Lancet Infect Dis. 2015;15:387-96.

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## OPTIPRIM-ANRS 147: Results

### Virologic Response by Study Month



# Optimization of Primary HIV Infection Treatment

## OPTIPRIM-ANRS 147: Conclusions

**Interpretation:** “After 24 months, cART intensified with raltegravir and maraviroc did not have a greater effect on HIV blood reservoirs than did standard cART. These results should help to design future trials of treatments aiming to decrease the HIV reservoir in patients with primary HIV-1 infection.”

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