Elvitegravir versus Raltegravir in Treatment Experienced Study 0145



Study Design: 0145

- Background: Randomized, double-blind phase 3 study comparing the safety and efficacy of elvitegravir versus raltegravir with efavirenz, in combination with background regimen
- Inclusion Criteria (n = 702)
 - Treatment-experienced patients
 - Age \geq 18
 - HIV RNA ≥ 1000 copies/mL
 - Stable regimen for at least 30 days
 - Resistance to at least 2 classes
 - No AIDS condition in prior 30 days
- Treatment Arms
 - Elvitegravir + TDF-FTC
 - Raltegravir + Background (RTV + PI + 3rd Drug)

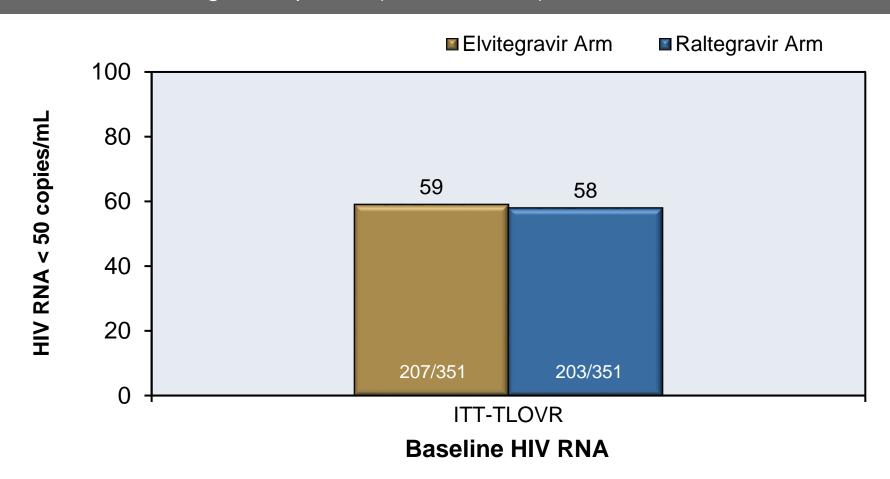
Elvitegravir* (150 mg QD) +
Ritonavir + Protease Inhibitor +
3rd Antiretroviral Agent
(n = 351)

Raltegravir (400 mg BID)
Ritonavir + Protease Inhibitor +
3rd Antiretroviral Agent
(n = 351)

*Elvitegravir dose reduced to 85 mg QD with ritonavir-atazanavir and ritonavir-lopinavir



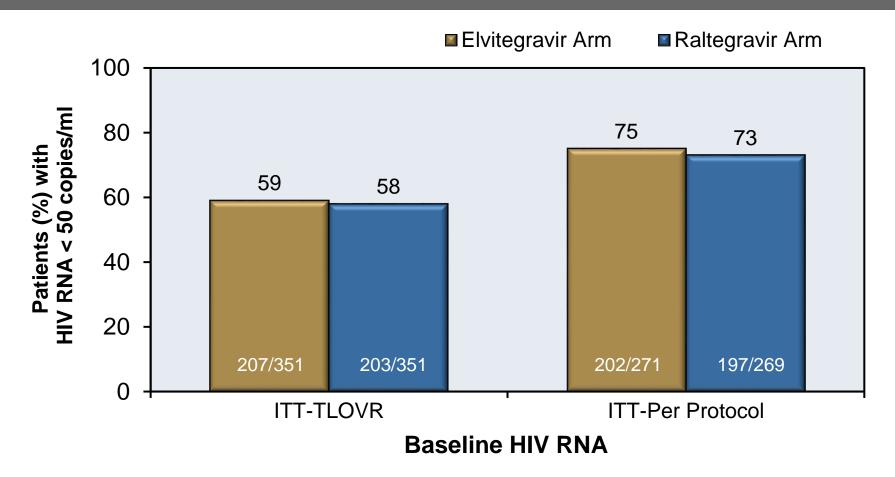
Week 48: Virologic Response (ITT-TLOVR*)



*ITT-TLOVR = Intention to Treat-Time to Loss of Virologic Response



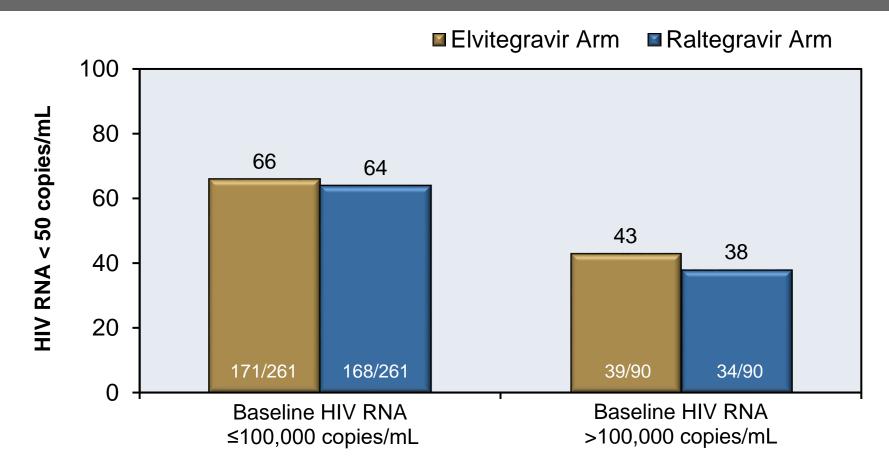
Week 48: Virologic Response (ITT-TLOVR and Per Protocol*)



*ITT-TLOVR = Intention to Treat-Time to Loss of Virologic Response



Week 48: Virologic Response (mITT)



*ITT-TLOVR = Intention to Treat-Time to Loss of Virologic Response



Resistance Development by Week 48		
Subjects with Virologic Failure	Elvitegravir (n = 61)	Raltegravir (n= 75)
Any NRTI-Resistance	7 of 59 (12%)	10 of 75 (13%)
Any PI-Resistance	4 of 59 (7%)	3 of 75 (4%)
Any Integrase-Resistance	16 of 60 (27%)	15 of 72 (21%)
T66I/A	7 (12%)	0%
E92Q	5 (8%)	1 (1)%
T97A	3 (5%)	3 (4)%
Y143R/H/C	0%	1 (1)%
S147G	3 (5%)	0%
Q148R/H	3 (5%)	4 (6)%
N155H	3 (5%)	9 (13)%



Interpretation: "Elvitegravir used in combination with a ritonavir-boosted protease inhibitor in treatment-experienced patients has similar efficacy and safety to raltegravir. Since elvitegravir can be given once a day compared with twice a day for raltegravir, elvitegravir might improve patients' adherence."



Acknowledgment

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The content in this slide set does not represent the official views of the U.S. Department of Health and Human Services, Health Resources & Services Administration.



