# Darunavir/r Monotherapy versus Triple Therapy MONET Trial



# Darunavir/r Monotherapy versus Triple Therapy MONET: Study Design

#### Study Design: MONET

- Background: Randomized, controlled, open-label, phase 3b trial evaluate noninferiority of darunavir + ritonavir (monotherapy) versus darunavir + ritonavir + 2NRTIs (triple therapy) in virologically suppressed patients
- Inclusion Criteria (n = 256)
  - HIV RNA <50 copies/mL x 24 weeks on 3-drug Rx
  - CD4 count >200 cells/mm<sup>3</sup>
  - CD4 count nadir >100 cells/mm<sup>3</sup>
  - No PI resistance or history of virologic failure
- Treatment Arms
  - Darunavir 800 mg QD + RTV 100 mg QD
  - Darunavir 800 mg QD + RTV 100 mg QD + 2 NRTIs

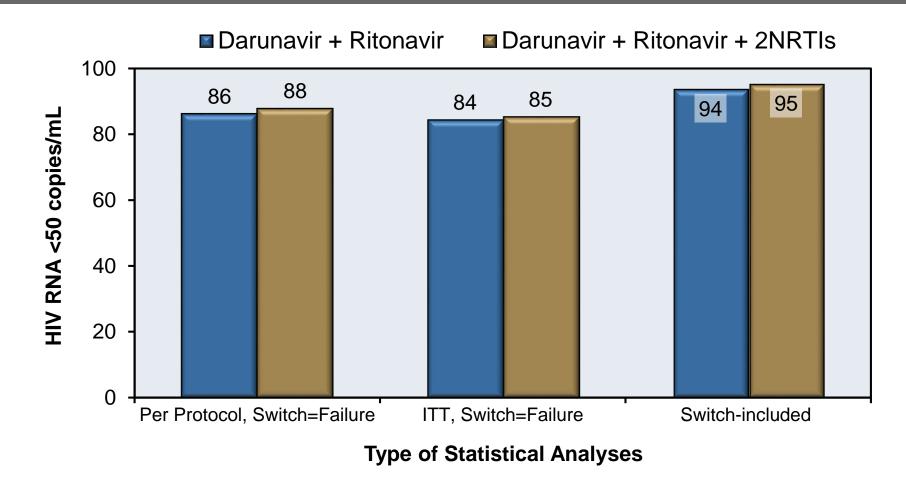
Darunavir 800 mg QD + Ritonavir 100 mg QD (n = 127) Darunavir 800 mg QD + Ritonavir 100 mg QD + 2 NRTIs (n = 129)



#### Source: Arribas JR, et al. AIDS. 2010;24:223-30.

# Darunavir/r Monotherapy versus Triple Therapy MONET: Result

Week 48: Virologic Response, by Statistical Efficacy Analyses





## Darunavir/r Monotherapy versus Triple Therapy MONET: Result

#### Summary of Genotypic Resistance Detected Post-Randomization

	<b>DRV + RTV</b> (n = 127)	<b>DRV + RTV + 2NRTIs</b> (n = 129)
≥1 HIV RNA result ≥50 copies/mL post-baseline, n (%)	39 (30.7%)	31 (24%)
Number of HIV RNA results ≥50 copies/mL, n	89	47
Number of genotypes performed, n	74	42
Successful genotypes, n (%)	40 (54.1%)	19 (45.2%)
≥1 successful genotype, n (%)	24 (18.9%)	14 (10.9%)
No primary PI, DRV, NRTI or M184V mutations, n (%)	23 (95.8%)	13 (92.9%)
≥1 IAS–USA primary PI mutations, n (%)	1 (4.2%)	1(7.1%)
≥1 DRV mutations, n (%)	1 (4.2%)	0
M184V mutation, n (%)	0	1(7.1%)
Other NRTI mutations, n (%)	0	0

#### Source: Pulido F, et al. Antivir Ther. 2011;16:59-65.



## Darunavir/r Monotherapy versus Triple Therapy MONET: Conclusions

**Conclusions**: "In this study for patients with HIV RNA less than 50 copies/ml on other antiretrovirals at baseline, switching to DRV/r monotherapy showed noninferior efficacy versus triple antiretroviral therapy."

Source: Arribas JR, et al. AIDS. 2010;24:223-30.



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