

Simplification to Atazanavir + Ritonavir + Lamivudine
SALT Trial

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SALT: Study Design

Study Design: SALT Study

- **Background:** Randomized, open label noninferiority trial to evaluate once-daily ritonavir-boosted atazanavir plus lamivudine as maintenance therapy in virologically suppressed adults with HIV infection
- **Inclusion Criteria (n = 286)**
 - Age ≥ 18
 - HIV RNA < 50 copies/ml for ≥ 6 months
 - No switch in ART in previous 4 months
 - No previous virologic failure
 - No resistance to study drugs
- **Treatment Arms** (all medications once daily)
 - Dual Therapy: Atazanavir 300 mg + Ritonavir 100 mg + Lamivudine 300 mg
 - Triple Therapy: Atazanavir 300 mg + Ritonavir 100 mg + 2NRTIs

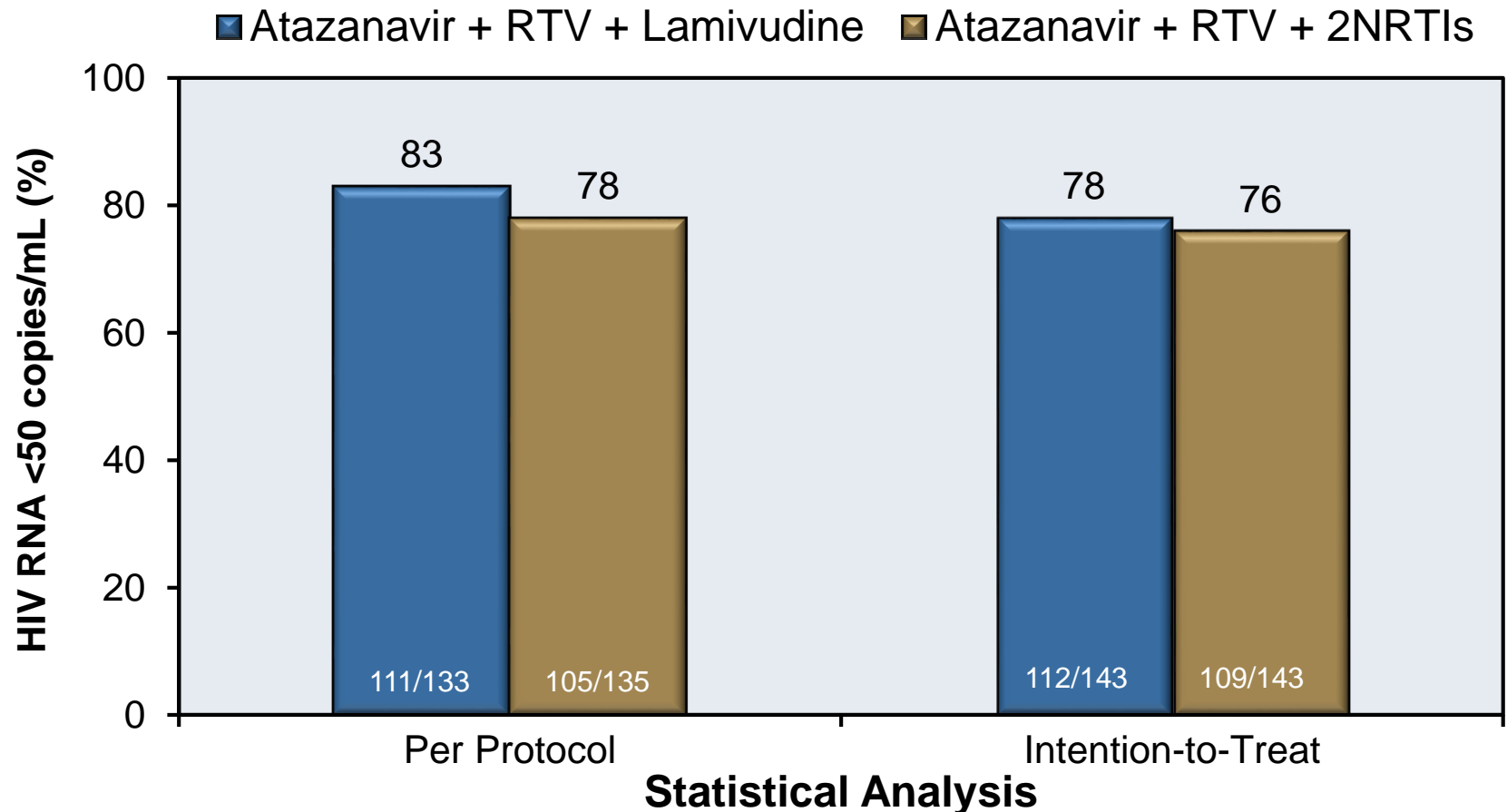
Dual Therapy
**Atazanavir + ritonavir +
Lamivudine**
(n = 143)

Triple Therapy
**Atazanavir + ritonavir +
2 NRTIs**
(n = 143)

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SALT: Results

Week 48: Virologic Response (TLOVR)



Source: Perez-Molina JA, et al. Lancet Infect Dis. 2015;15:775-84.

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SALT: Results

Toxic Effect-Related Discontinuations		
	Dual Therapy (n = 140)	Triple Therapy (n = 141)
Discontinuations due to any event	3 (2%)	10 (7%)
Hyperbilirubinemia or ocular icterus	2 (1%)	3 (2%)
Renal toxic effects	0	2 (1%)
Increased liver function tests	1 (1%)	1 (1%)
Nephrolithiasis	0	1 (1%)
Osteoporosis	0	1 (1%)
Hypersensitivity reaction to abacavir	0	1 (1%)
Hypophosphatemia	0	1 (1%)

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SALT: Conclusions

Interpretation: “In our trial, dual treatment was effective, safe, and non-inferior to triple treatment in patients with an HIV-1 infection who are virologically suppressed who switch antiretroviral therapy because of toxic effects, intolerance, or simplification. This combination has the potential to suppress some of the long-term toxic effects associated with nucleos(t)ide reverse transcriptase inhibitors, preserve future treatment options, and reduce the cost of antiretroviral therapy.”

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