## LPV-RTV versus LPV-RTV + ZDV-3TC in Treatment-Naïve **MONARK Trial**



## LPV-RTV versus LPV-RTV + ZDV-3TC in Treatment-Naïve MONARK: Study Design

#### Study Design: MONARK

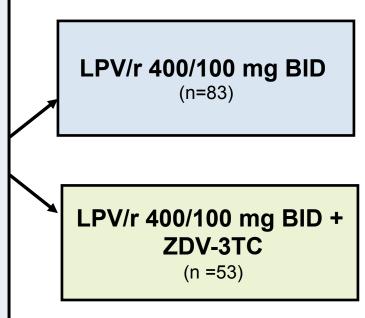
• **Background**: Randomized, pilot, open-label, phase 3 trial comparing the efficacy and safety of lopinavirritonavir monotherapy with lopinavir-ritonavir in combination with zidovudine-lamivudine in treatmentnaïve patients with HIV infection

#### Inclusion Criteria (n = 136)

- Age <u>></u>18
- Antiretroviral-naïve
- HIV RNA <100,000 copies/mL
- CD4 count>100 cells/mm<sup>3</sup>
- Exclusions for certain protease or NRTI mutations
- Treatment Arms
  - Lopinavir-ritonavir 400-100 mg BID
  - Lopinavir-ritonavir 400-100 mg BID + ZDV-3TC 150-300mg BID

#### MONARK = MONotherapy AntiRetroviral Kaletra

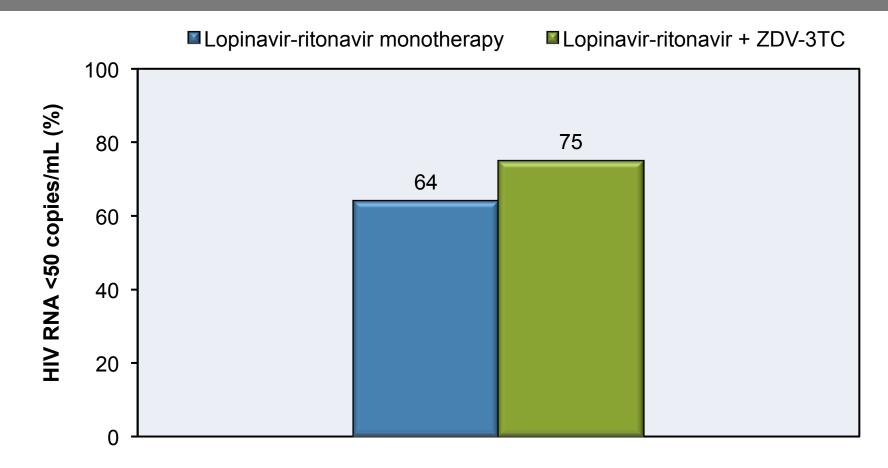
Source: Delfraissy JF, et al. AIDS. 2008;22:385-93.



Curriculum

## LPV-RTV versus LPV-RTV + ZDV-3TC in Treatment-Naïve MONARK: Results

Week 48: Virologic Response (ITT, Missing=Failure)



Source: Delfraissy JF, et al. AIDS. 2008;22:385-93.



### LPV-RTV versus LPV-RTV + ZDV-3TC in Treatment-Naïve MONARK: Results

#### **Tolerance of study medications**

Adverse event or Laboratory Abnormality	LPV-RTV Monotherapy (n = 83)	<b>LPV-RTV + ZDV-3TC</b> (n = 53)
Diarrhea	6%	8%
AST and/or ALT elevation	12%	8%
Serious adverse event	12%	8%
Discontinuations	16%	23%

Source: Delfraissy JF, et al. AIDS. 2008;22:385-93.



## LPV-RTV versus LPV-RTV + ZDV-3TC in Treatment-Naïve MONARK: Conclusion

**Conclusion**: "Our results suggest that lopinavir/ritonavir monotherapy demonstrates lower rates of virological suppression when compared with lopinavir/ritonavir triple therapy and therefore should not be considered as a preferred treatment option for widespread use in antiretroviral-naive patients."

Source: Delfraissy JF, et al. AIDS. 2008;22:385-93.



# Acknowledgment

The National HIV Curriculum is an AIDS Education and Training Center (AETC) Program resource funded by the United States Health Resources and Services Administration. The project is led by the University of Washington and the AETC National Coordinating Resource Center.

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.



