# Lopinavir-ritonavir versus Nelfinavir in Treatment-Naïve M98-863 Trial



# Lopinavir-ritonavir versus Nelfinavir in Treatment-Naïve M98-863: Study Design

#### Study Design: M98-863

- Background: Randomized, double-blind, phase 3 study comparing the efficacy and safety of lopinavirritonavir plus stavudine and lamivudine versus nelfinavir plus stavudine and lamivudine in treatmentnaïve patients with HIV infection
- Inclusion Criteria (n = 653)
  - Age ≥12
  - Antiretroviral-naïve
  - HIV RNA >400 copies/mL
  - No CD4 criteria
- Treatment Arms
  - Lopinavir-ritonavir 400-100 mg BID + stavudine + lamivudine
  - Nelfinavir 750 mg TID + stavudine + lamivudine

LPV-RTV (400/100 mg BID) + d4T + 3TC (n = 326)

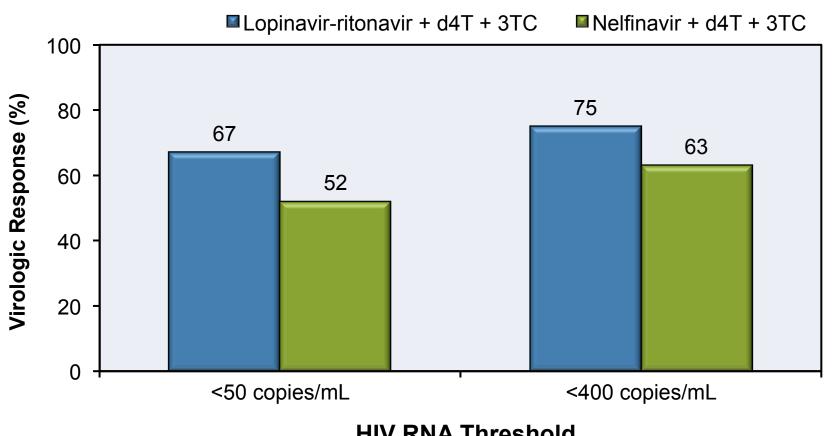
> NFV 750 mg TID + d4T + 3TC (n = 327)

Stavudine = d4T; Lamivudine = 3TC



#### Lopinavir-ritonavir versus Nelfinavir in Treatment-Naïve M98-863: Results

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







## Lopinavir-ritonavir versus Nelfinavir in Treatment-Naïve M98-863: Results

Most Common Adverse Events and Grade 3 or 4 Laboratory Abnormalities		
Event or Abnormality	<b>LPV-RTV + d4T + 3TC</b> (n = 326)	<b>NFV + d4T + 3TC</b> (n = 327)
Abdominal pain	4.0%	3.1%
Asthenia	4.0%	3.4%
Headache	2.5%	1.8%
Diarrhea	15.6%	17.1%
Dyspepsia	2.1%	0.3%

 Nausea
 6.7%
 4.6%

 Vomiting
 2.5%
 2.4%

 AST or ALT >5x ULN
 4.5%
 5.2%

 Total cholesterol >300 mg/dL
 9.0%
 4.9%

 Triglycerides >750 mg/dL
 9.3%
 1.3%



Source: Walmsley S, et al. N Engl J Med. 2002;346:2039-46.

### Lopinavir-ritonavir versus Nelfinavir in Treatment-Naïve M98-863: Conclusions

**Conclusions**: "For the initial treatment of HIV-infected adults, a combination regimen that includes lopinavir-ritonavir is well tolerated and has antiviral activity superior to that of a nelfinavir-containing regimen."



### 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.



