BIC-TAF-FTC versus DTG + TAF-FTC as Initial Therapy GS-380-1490: Week 48 Results



# Bictegravir-TAF-FTC versus Dolutegravir + TAF-FTC as Initial Therapy GS-380-1490: Design

#### Design

 Randomized, double-blind, active-controlled, phase 3 study comparing bictegravir-tenofovir alafenamide-emtricitabine versus dolutegravir plus tenofovir alafenamide-emtricitabine as initial therapy

#### Inclusion Criteria

- Age ≥18 years
- Antiretroviral-naïve (or ≤10 days of treatment)
- HIV RNA ≥500 copies/mL
- eGFR ≥30 mL/min

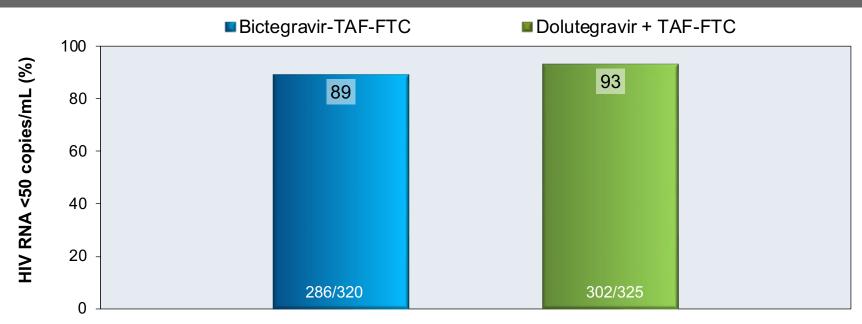
Bictegravir-TAF-FTC (n = 320)

**Dolutegravir + TAF-FTC** (n = 325)



### Bictegravir-TAF-FTC versus Dolutegravir + TAF-FTC as Initial Therapy GS-380-1490: Week 48 Results

Week 48 Virologic Response (Intention-to-Treat Analysis)



No participant discontinued due to lack of efficacy in either arm No treatment-emergent resistance to any study drug occurred



## Bictegravir-TAF-FTC versus Dolutegravir + TAF-FTC as Initial Therapy GS-380-1490: Adverse Events

| Treatment Emergent Adverse Events (AE's >5%) Through Week 48 |                              |                                |
|--|------------------------------|--------------------------------|
|  | <b>BIC-TAF-FTC</b> (n = 320) | <b>DTG + TAF-FTC</b> (n = 325) |
| Headache, %  | 13                           | 12                             |
| Diarrhea, %  | 12                           | 12                             |
| Nausea, %  | 8                            | 9                              |
| Fatigue, %   | 6                            | 8                              |
| Arthralgia, %  | 5                            | 3                              |
| Insomnia, %  | 5                            | 4                              |
| Change in eGFR   | -7.3 mL/min                  | -10.8 mL/min                   |

Abbreviations: eGFR = estimated glomerular filtration



### Bictegravir-TAF-FTC versus Dolutegravir + TAF-FTC as Initial Therapy GS-380-1490: Conclusion

Interpretation: "These week 96 data support bictegravir, emtricitabine, and tenofovir alafenamide as a safe, well tolerated, and durable treatment for people living with chronic HIV."



#### Acknowledgments

The **National HIV Curriculum** is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,021,448 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov. This project is led by the University of Washington's Infectious Diseases Education and Assessment (IDEA) Program.





