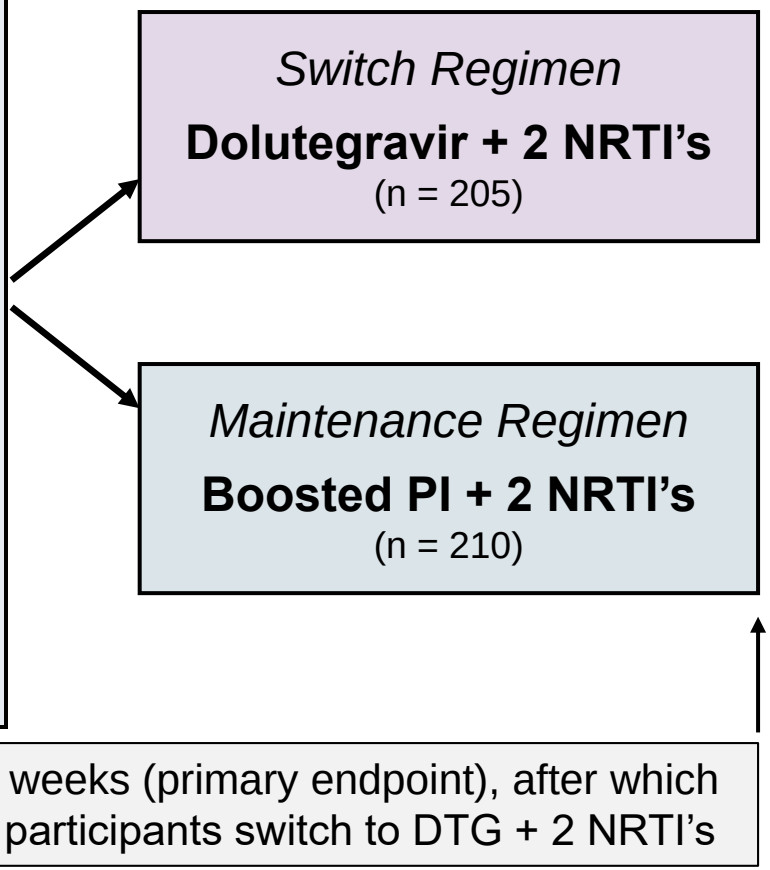
Switch from Boosted PI to Dolutegravir

NEAT 022

Switching from a Boosted PI to Dolutegravir
NEAT 022: Design

Study Design

- **Background**: Randomized, open-label, multicenter trial in Europe evaluating the impact of switching from a boosted PI to dolutegravir in virologically suppressed persons with older age or elevated cardiovascular risk.
- **Inclusion Criteria**
  - Age ≥50 years or Framingham 10-year estimated cardiovascular event risk >10%
  - HIV RNA <50 copies/mL
  - On 2 NRTI's + boosted PI
  - No prior virologic failure and no genotypic resistance mutations



Source: Gatell JM, et al. AIDS. 2017;31:2503-14.

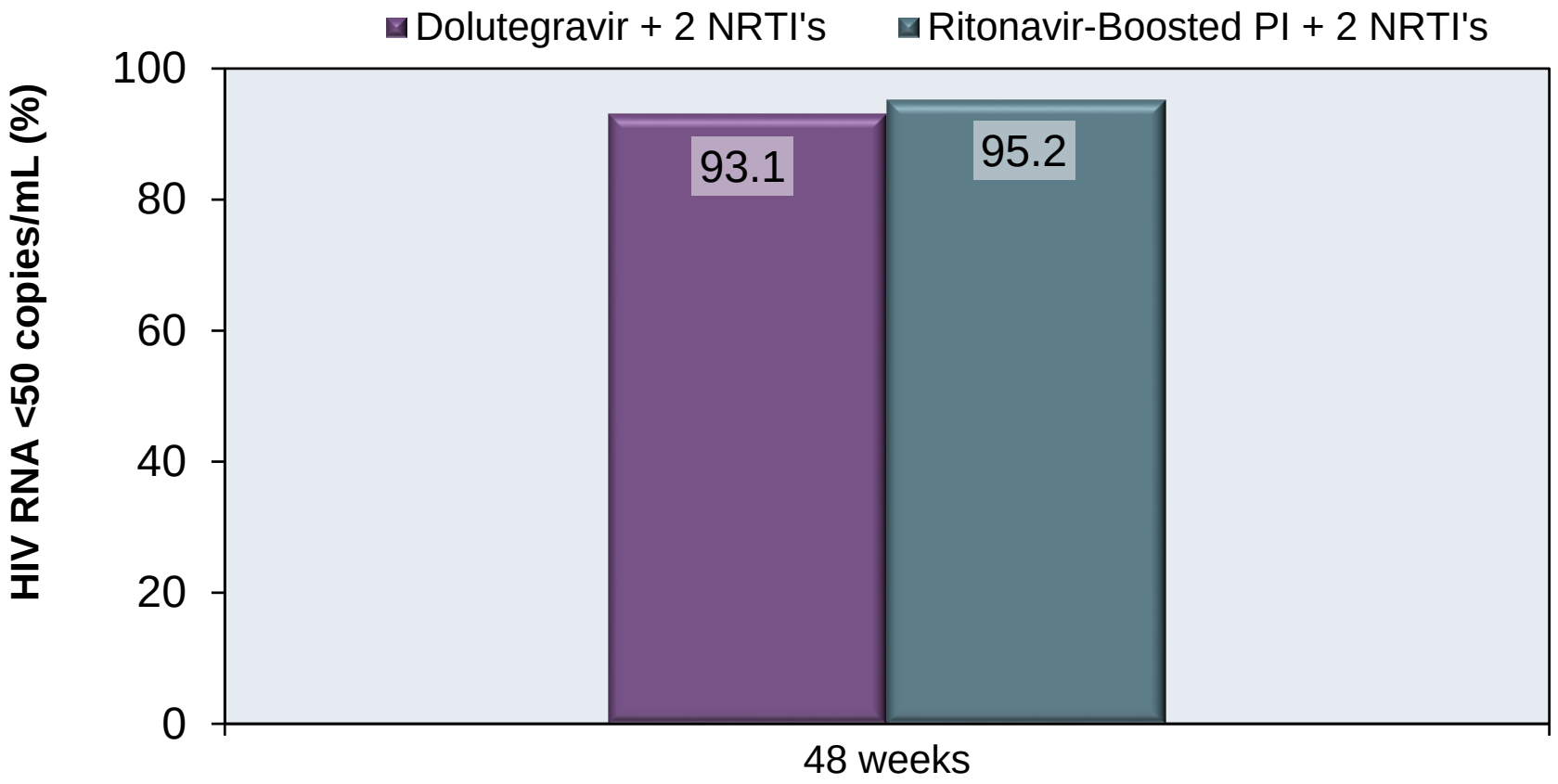
Switching from a Boosted PI to Dolutegravir
NEAT 022: Baseline Regimens

Baseline Regimens in NEAT 022 Study		
	DTG + 2 NRTI's (n = 205)	**PI/r + 2 NRTI's** (n = 210)
NRTI Backbone		
Tenofovir DF-Lamivudine	134 (65.4%)	135 (64.3%)
Abacavir-Lamivudine	63 (30.7%)	67 (31.9%)
Other	8 (3.9%)	8 (3.8%)
Boosted PI		
Darunavir + ritonavir	105 (51.5%)	107 (51.0%)
Atazanavir + ritonavir	77 (37.7%)	74 (35.2%)
Other	22 (10.7%	29 (13.8%)

Source: Gatell JM, et al. AIDS. 2017;31:2503-14.

Switching from a Boosted PI to Dolutegravir
NEAT 022: Results

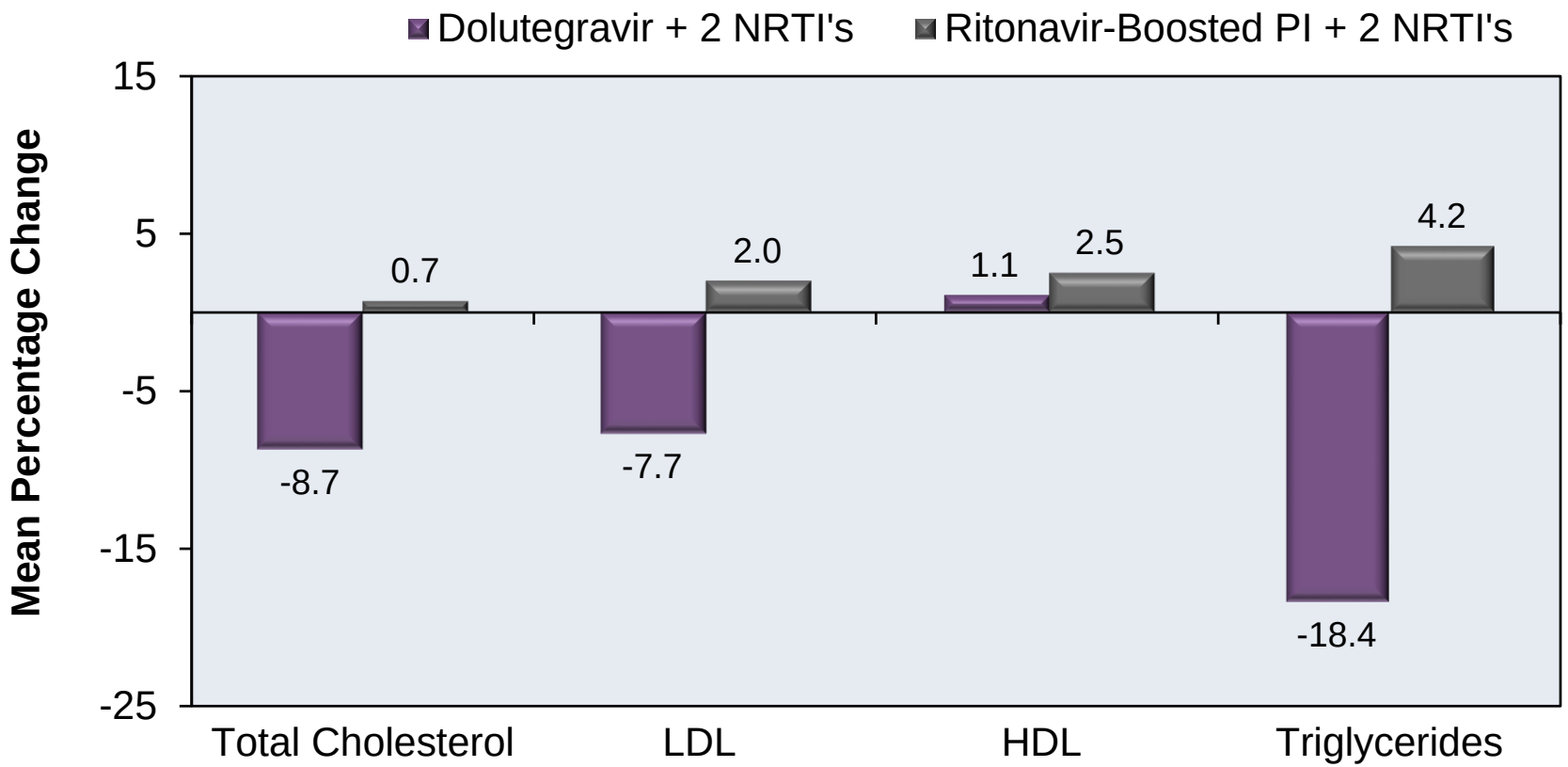
Week 48: Virologic Response by FDA Snapshot Analysis (ITT)



Source: Gatell JM, et al. AIDS. 2017;31:2503-14.

Switching from a Boosted PI to Dolutegravir
NEAT 022: Results

Mean Percentage Change in Lipids at 48 Weeks



Source: Gatell JM, et al. AIDS. 2017;31:2503-14.

Switching from a Boosted PI to Dolutegravir
NEAT 022: Conclusion

Interpretation: “Switching to a dolutegravir regimen in virologically suppressed HIV type 1 patients with high cardiovascular disease risk was noninferior, and significantly improved lipid profiles.”

Source: Gatell JM, et al. AIDS. 2017;31:2503-14.

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