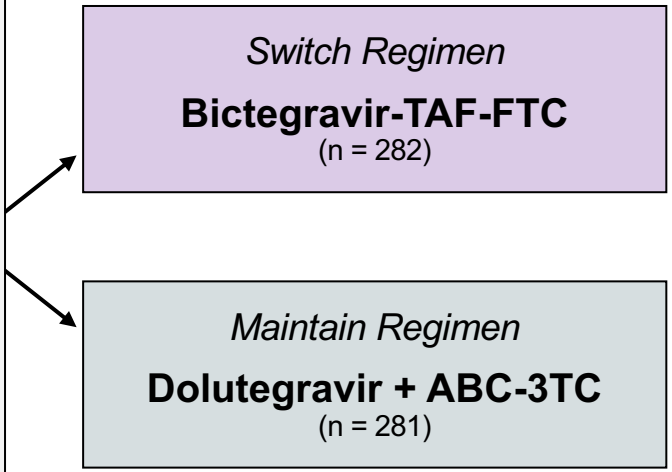
Switch from DTG-ABC-3TC to BIC-TAF-FTC in Adults with Virologic Suppression

GS-380-1844

National HIV Curriculum

Switch from DTG-ABC-3TC to BIC-TAF-FTC
GS-380-1844: Design

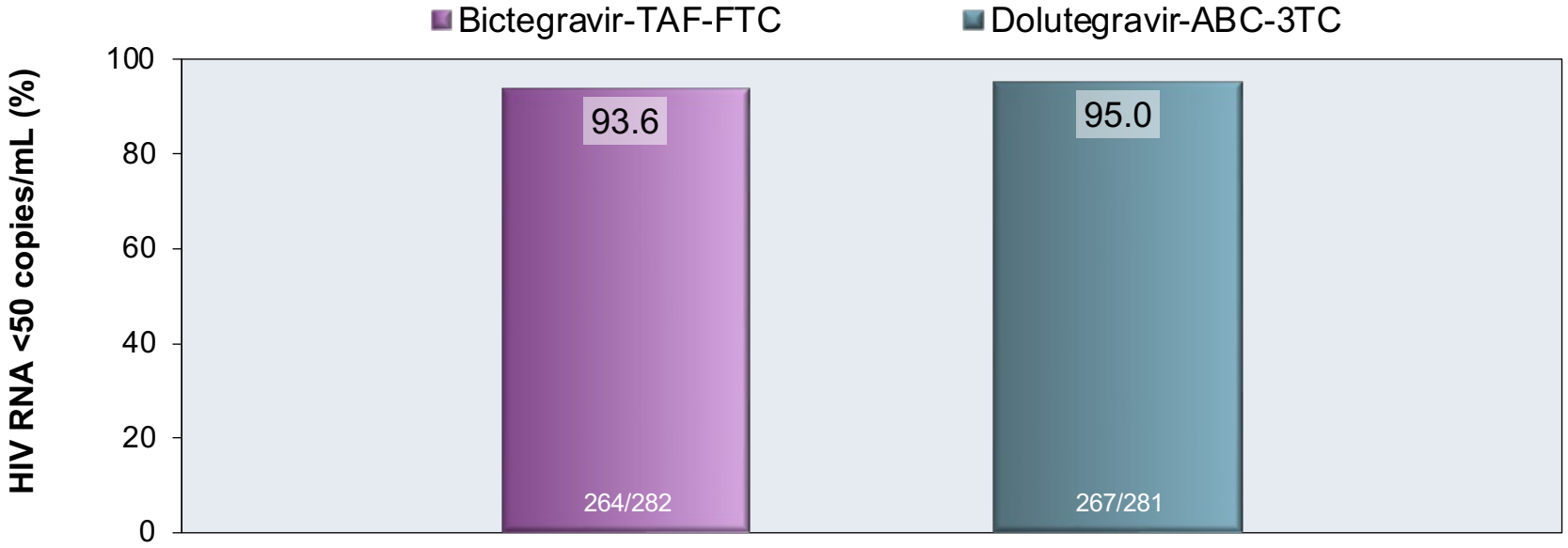
- **Background**: Randomized, phase 3, multicenter, double-blind, active-controlled study evaluating the efficacy and safety of switching adults with HIV and viral suppression to BIC-TAF-FTC versus continuing DTG-ABC-3TC
- **Inclusion Criteria**
  - Age ≥18 years
  - HIV RNA <50 copies/mL for at least 3 months
  - eGFR ≥50 mL/min for at least 3 months
  - No history of treatment failure
  - Taking DTG-ABC-3TC or DTG + ABC-3TC
  - No documented or suspected resistance to DTG, ABC, 3TC, FTC, or TAF
  - HCV infection allowed
  - HBV infection not allowed



Source: Molina JM, et al. Lancet HIV. 2018;5:e357-e365.

Switch from DTG-ABC-3TC to BIC-TAF-FTC
GS-380-1844: Results

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



At 48 weeks, proportion with HIV RNA ≥50 copies/mL not statistically different: 1% BIC vs <1% DTG
5 participants met criteria for virologic failure and resistance testing (3 BIC, 2 DTG); no resistance found

Source: Molina JM, et al. Lancet HIV. 2018;5:e357-e365.

Switch from DTG-ABC-3TC to BIC-TAF-FTC
GS-380-1844: Results

Most Common Treatment-Related Adverse Events (AE's) by 48 Weeks		
Baseline Antiretroviral Medications	**BIC-TAF-FTC** (n = 282)	**DTG-ABC-3TC** (n = 281)
AE's leading to study drug discontinuation	2	1
Headache, %	2	3
Diarrhea, %	1	1
Abnormal dreams, %	<1	2
Fatigue, %	<1	1
Nausea, %	0	2
Insomnia, %	0	3

Source: Molina JM, et al. Lancet HIV. 2018;5:e357-e365.

Switch from DTG-ABC-3TC to BIC-TAF-FTC GS-380-1844: Conclusions

Interpretation: “The fixed-dose combination of bictegravir, emtricitabine, and tenofovir alafenamide might provide a safe and efficacious option for ongoing treatment of HIV-1 infection.”

Source: Molina JM, et al. Lancet HIV. 2018;5:e357-e365.

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.

AETC AIDS Education & Training Center Program

National HIV Curriculum

IDEA INFECTIOUS DISEASES EDUCATION & ASSESSMENT