

DTG + 3TC versus DTG + TDF-FTC as Initial ART
GEMINI 1 and GEMINI 2: Week 48 Data

DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and GEMINI 2: Background

- **Background**

- Two double-blind, multinational, noninferiority, randomized, controlled trials that compared initial ART of dolutegravir plus lamivudine (DTG + 3TC) versus dolutegravir plus tenofovir-DF-emtricitabine (DTG + TDF-FTC)

- **Enrollment Criteria**

- Treatment-naïve adults
- HIV RNA 1,000-500,000 copies/mL
- No NRTI, INSTI, or major PI mutations
- No chronic HBV
- Not pregnant or breastfeeding

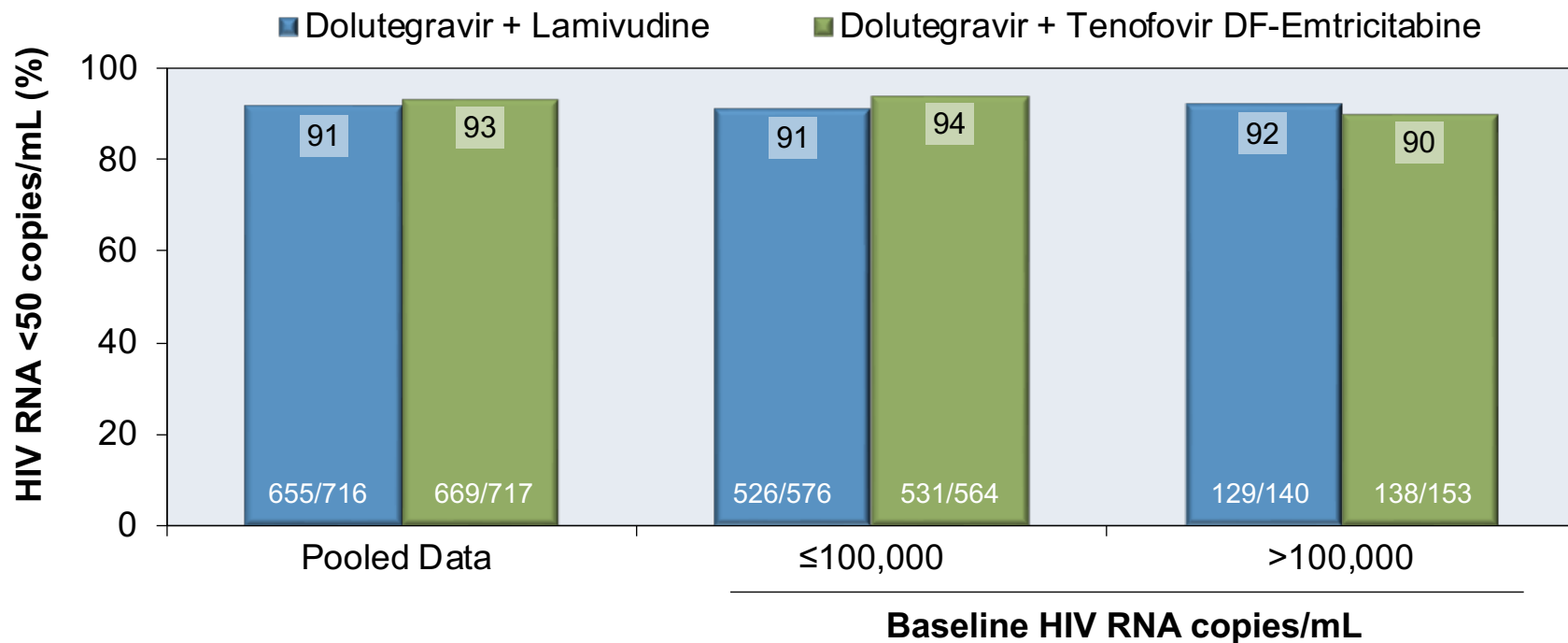
Dual ART
Dolutegravir + Lamivudine
(n = 716)

Triple ART
Dolutegravir + TDF-FTC
(n = 717)

DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and GEMINI 2: Results by Baseline HIV RNA Level

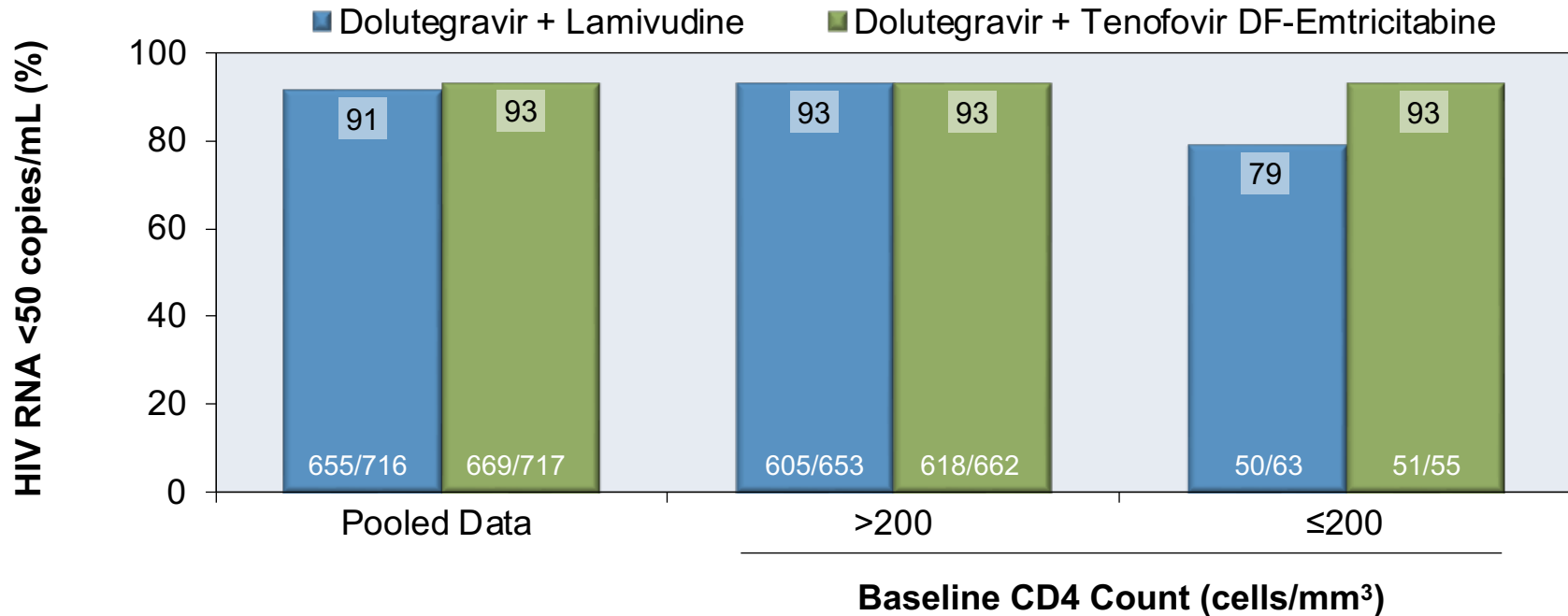
Week 48 Virologic Response (Intention-to-Treat Analysis)



DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and GEMINI 2: Results by Baseline HIV CD4 Cell Count

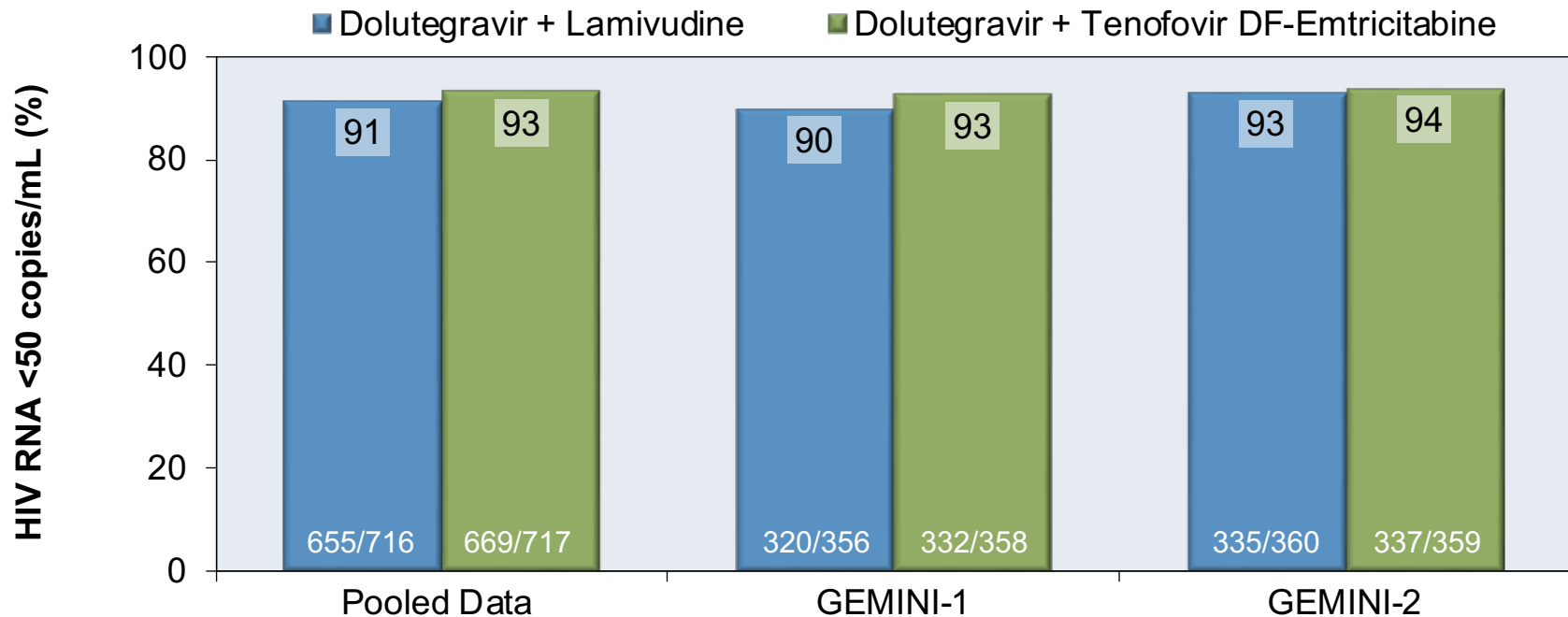
Week 48 Virologic Response (Intention-to-Treat Analysis)



DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and 2: Results

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



DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and 2: Baseline Characteristics

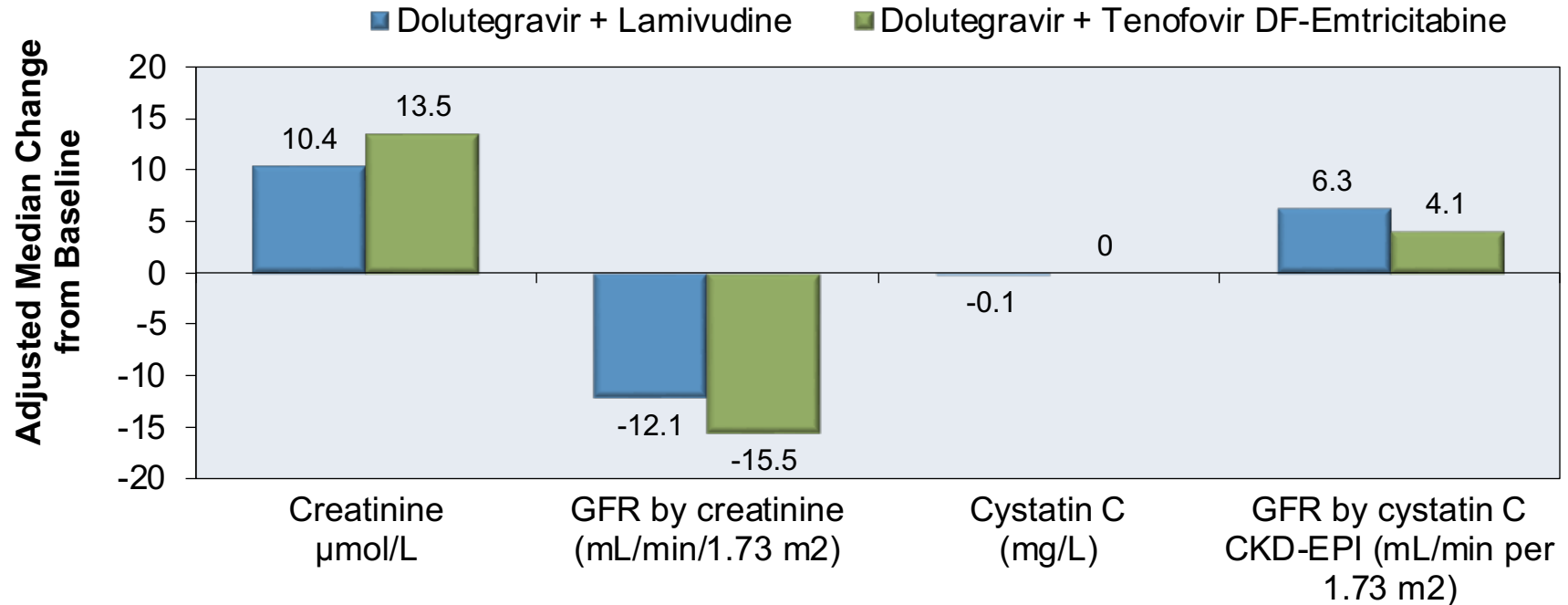
GEMINI 1 and 2 Baseline Characteristics		
Characteristic	DTG + 3TC (n = 716)	DTG + TDF-FTC (n = 717)
Age, years, median (IQR)	32 (26-40)	33 (26-42)
Female, n (%)	113 (16)	98 (14)
White, n (%)	480 (67)	497 (69)
Black or African American, n (%)	99 (14)	76 (11)
CD4 cell count, mean (SD)	462 (219.2)	461.3 (213.1)
CD4 count \leq 200 cells/mm ³ , n (%)	63 (9)	55 (8)
HIV RNA (log ₁₀ copies/mL)	4.42 (0.66)	4.45 (0.65)
\leq 100,000 copies/mL, n (%)	576 (80)	564(79)
$>$ 100,000 copies/mL, n (%)	140 (20)	153 (21)

Source: Cahn P, et al. Lancet. 2019;393:143-55.

DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and 2: Results

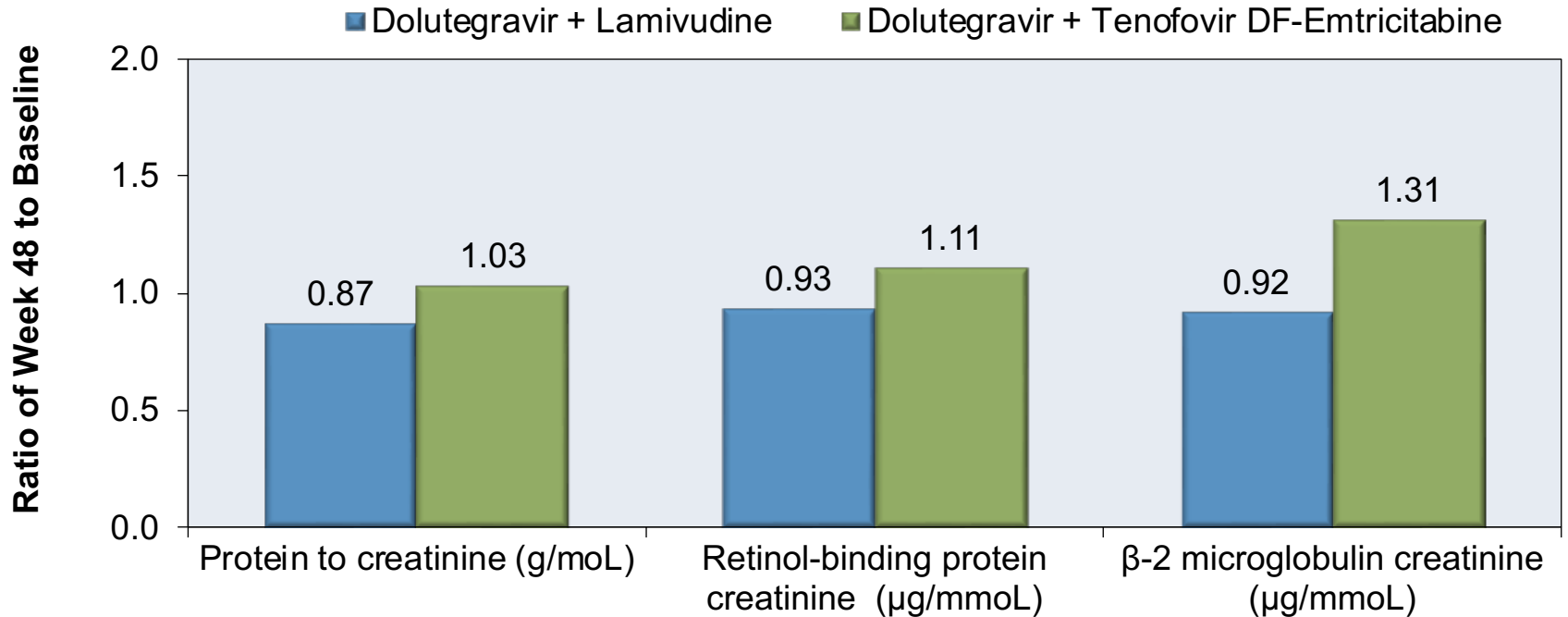
Week 48 Changes in Renal Function



DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and 2: Results

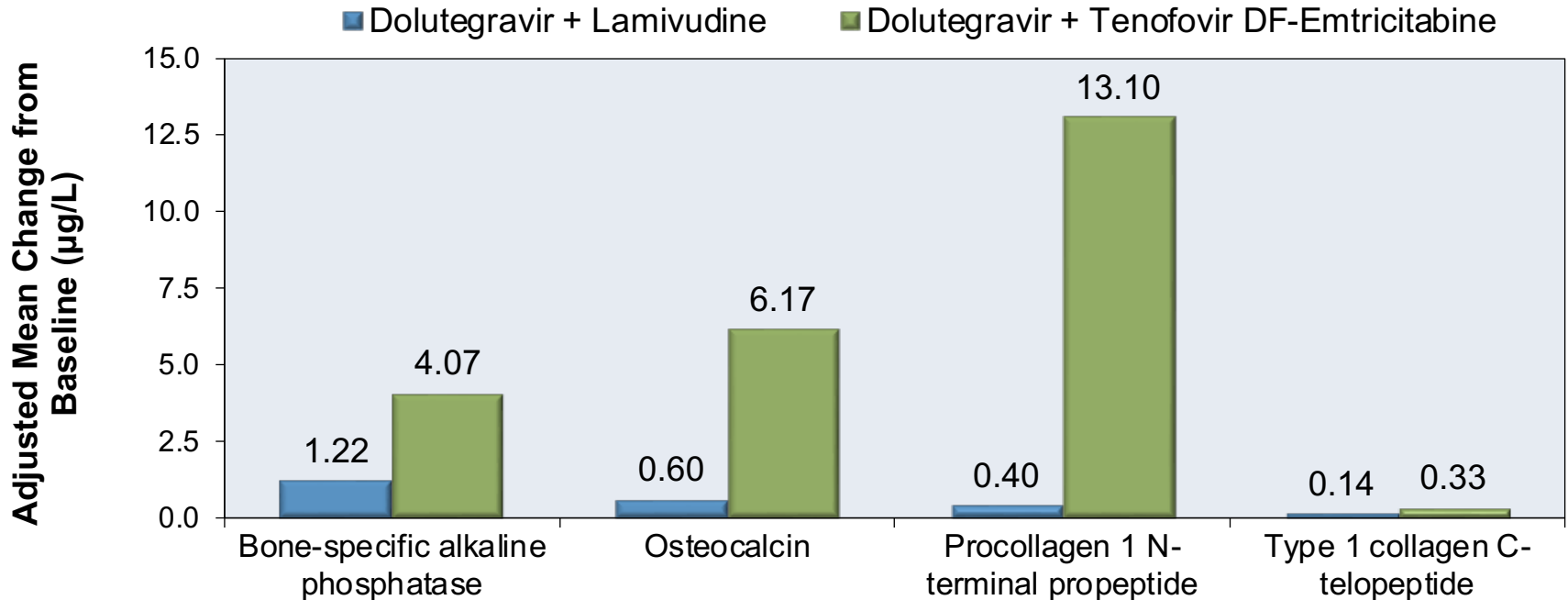
Week 48 Changes in Markers of Renal Proximal Tubulopathy



DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and 2: Results

Week 48 Changes in Serum Bone Biomarkers



DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and 2: Conclusions

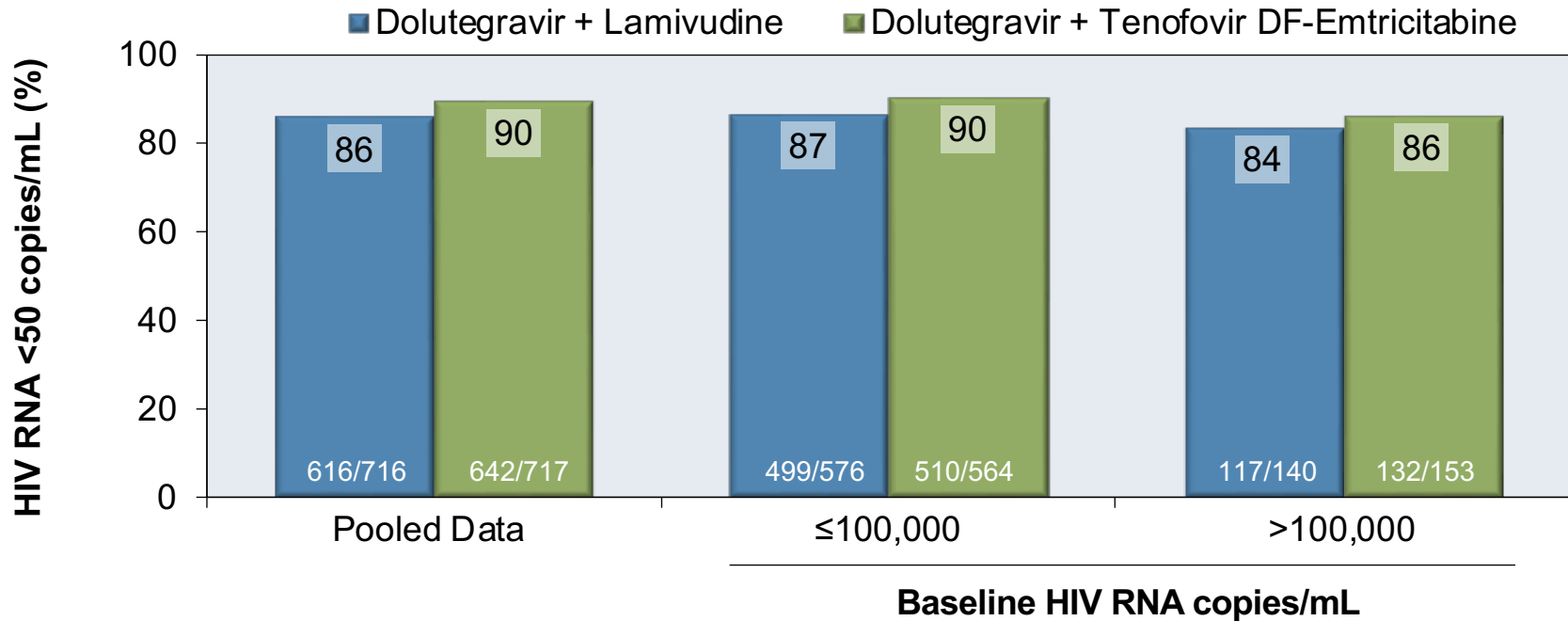
Interpretation: “The non-inferior efficacy and similar tolerability profile of dolutegravir plus lamivudine to a guideline-recommended three-drug regimen at 48 weeks in ART-naive adults supports its use as initial therapy for patients with HIV-1 infection.”

DTG + 3TC versus DTG + TDF-FTC as Initial ART
GEMINI 1 and GEMINI 2: Week 96 Data

DTG + 3TC versus DTG + TDF-FTC as Initial ART

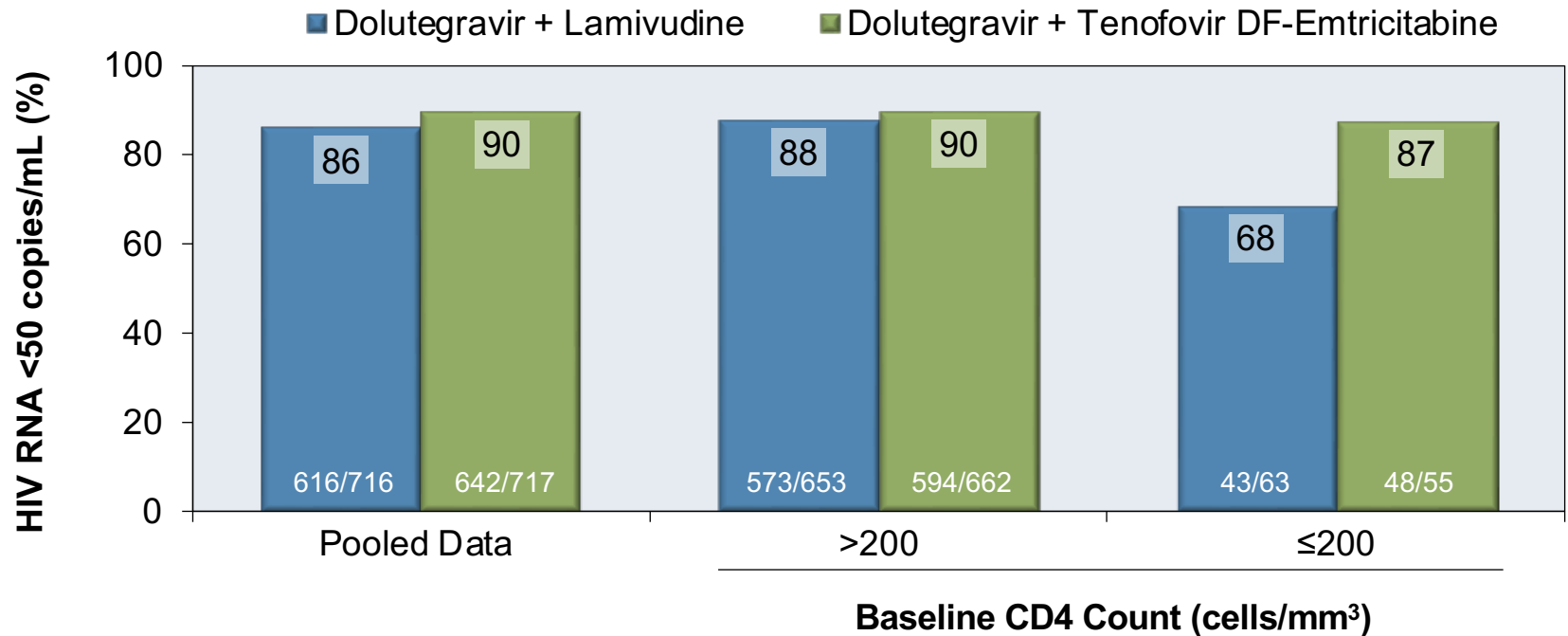
GEMINI 1 and 2: Results by Baseline HIV RNA Level

Week 96 Virologic Response (Intention-to-Treat Analysis)



DTG + 3TC versus DTG + TDF-FTC as Initial ART GEMINI 1 and 2: Results by Baseline CD4 Cell Count

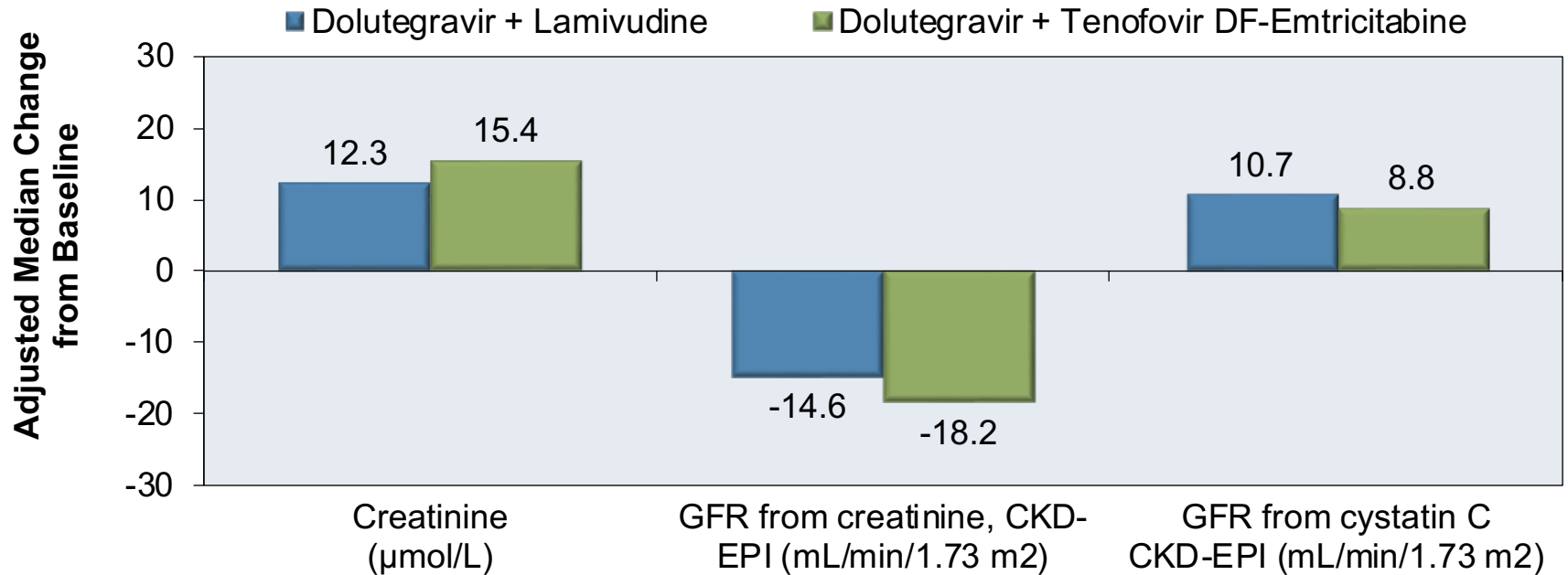
Week 96 Virologic Response (Intention-to-Treat Analysis)



DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and 2: Results

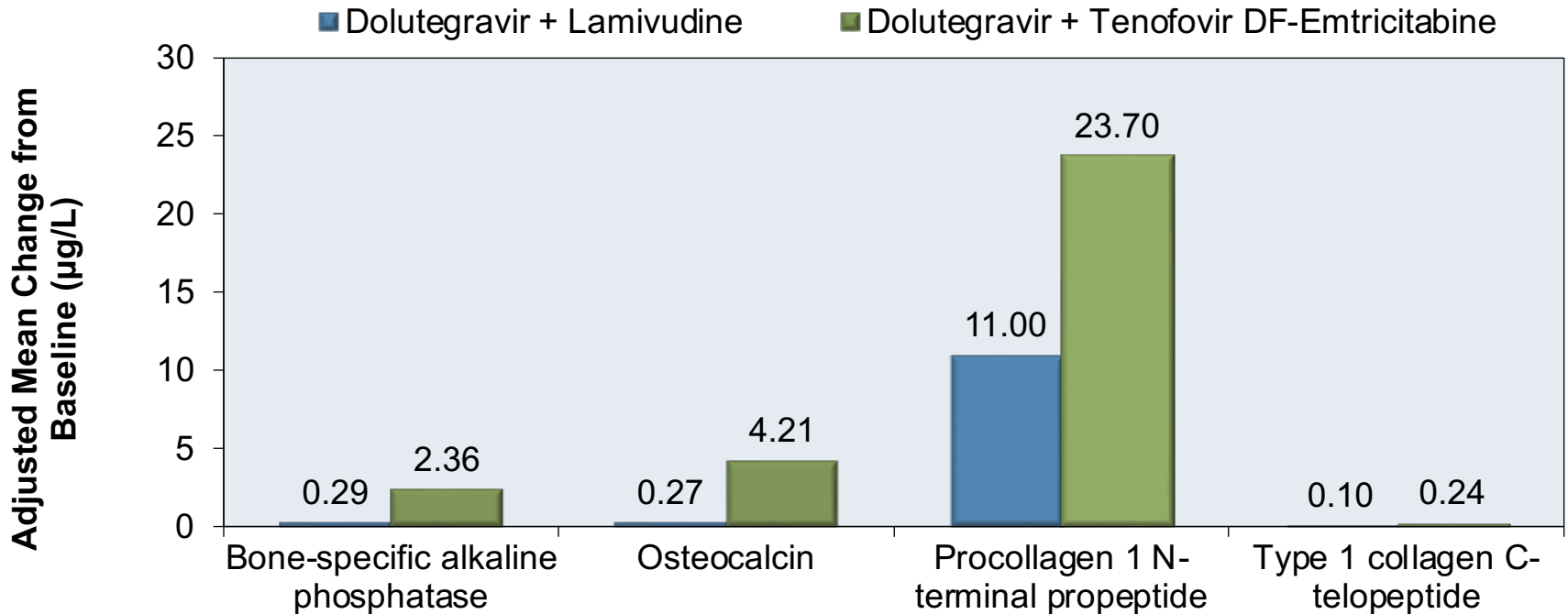
Week 96 Changes in Renal Function



DTG + 3TC versus DTG + TDF-FTC as Initial ART

GEMINI 1 and 2: Results

Week 96 Changes in Serum Bone Biomarkers



DTG + 3TC versus DTG + TDF-FTC as Initial ART GEMINI 1 and 2: Week 96 Conclusion

Conclusion: “Consistent with 48-week data, dolutegravir + lamivudine demonstrated long-term, non-inferior efficacy vs dolutegravir + tenofovir disoproxil fumarate/emtricitabine without increased risk of treatment emergent resistance, supporting its use in treatment-naive HIV-1–infected individuals.”

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.

