

Dolutegravir versus Lopinavir-Ritonavir in Second-Line Treatment

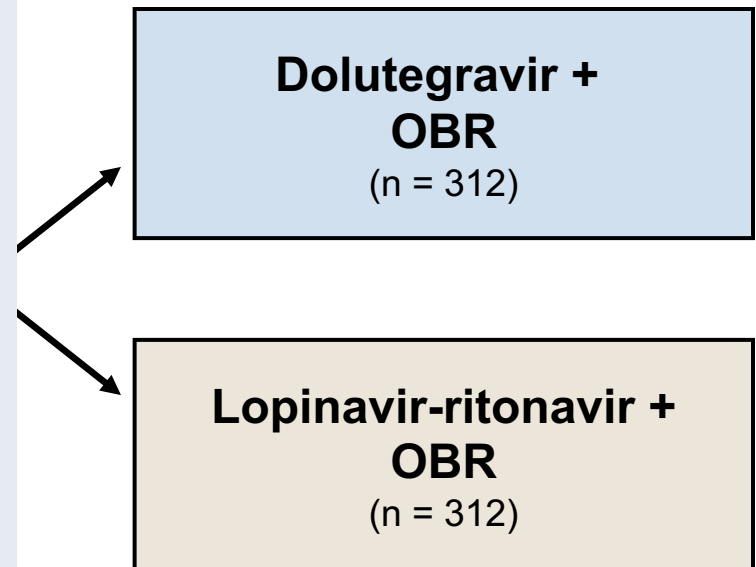
DAWNING

Dolutegravir vs Lopinavir-Ritonavir in Second-Line Treatment

DAWNING: Study Design

Study Design: DAWNING

- **Background:** Randomized, open-label, multinational, non-inferiority phase 3b trial comparing dolutegravir to boosted lopinavir, each with optimized background regimen (OBR) after failure of NNRTI-based first-line ART
- **Inclusion Criteria**
 - Antiretroviral-experienced adults
 - Virologic failure on NNRTI plus 2 NRTI's
 - HIV RNA ≥ 400 copies/mL at 2 consecutive visits
 - INSTI and PI-naïve
 - ≥ 1 active NRTI available based on genotype
 - HBV and HCV allowed
- **Treatment Arms**
 - Dolutegravir 50 mg daily + investigator-selected OBR (including at least 1 active NRTI)
 - Lopinavir + ritonavir* + investigator-selected OBR (including at least 1 active NRTI)



*Once-daily lopinavir 800 mg + ritonavir 200 mg or twice daily lopinavir 400 mg + 100 mg, based on investigator discretion

Dolutegravir vs Lopinavir-Ritonavir in Second-Line Treatment

DAWNING: Baseline Characteristics

Baseline Characteristics in DAWNING Study		
	DTG + OBR (n = 312)	LPV-RTV + OBR (n = 312)
Age, mean	37.5	38.7
Women, n, %	116 (37%)	103 (33%)
Hispanic or Latino	105 (34%)	109 (35%)
African American or African	130 (42%)	112 (36%)
Viral hepatitis (HBV, HCV, or both)	35 (11%)	38 (12%)
WHO category C (AIDS)	107 (34%)	95 (30%)
Mean HIV RNA, log ₁₀ copies/mL	4.2	4.2
HIV RNA >100,000 copies/mL	70 (22%)	63 (20%)
CD4 count <200 cells/mm ³	166 (53%)	151 (48%)

Source: Aboud M, et al. *Lancet Infect Dis.* 2019;19:253-64.

Dolutegravir vs Lopinavir-Ritonavir in Second-Line Treatment

DAWNING: Previous ART History

Previous Antiretroviral History in DAWNING Study		
	DTG + OBR (n = 312)	LPV-RTV + OBR (n = 312)
Duration prior ART, median, weeks	86.4	90.9
Previous NNRTI therapy		
Efavirenz	242 (78%)	242 (78%)
Nevirapine	70 (22%)	69 (22%)
Previous NRTI therapy		
Tenofovir DF	181 (58%)	186 (60%)
Zidovudine	89 (29%)	89 (29%)
Stavudine	15 (5%)	9 (3%)
Lamivudine or emtricitabine	311 (99%)	310 (99%)

Source: Aboud M, et al. *Lancet Infect Dis.* 2019;19:253-64.

Dolutegravir vs Lopinavir-Ritonavir in Second-Line Treatment

DAWNING: Optimized Background Regimens

Optimized background regimens (OBRs) in DAWNING Study Second-Line ART		
	DTG + OBR (n = 312)	LPV-RTV + OBR (n = 312)
NRTIs in second-line regimen		
Zidovudine plus lamivudine	132 (42%)	121 (39%)
Tenofovir DF plus lamivudine or emtricitabine	128 (41%)	134 (43%)
Tenofovir DF plus zidovudine	36 (12%)	41 (13%)
Abacavir plus lamivudine	7 (2%)	7 (2%)
Stanford genotype susceptibility score in background ART		
0 to <1	30 (10%)	36 (12%)
1 to <2	223 (71%)	212 (68%)
2	61 (20%)	64 (21%)
>2	0	0

Source: Aboud M, et al. Lancet Infect Dis. 2019;19:253-64.

Dolutegravir vs Lopinavir-Ritonavir in Second-Line Treatment

DAWNING: Baseline NRTI Resistance

Baseline NRTI Resistance-Associated Mutations in DAWNING Study		
	DTG + OBR (n = 312)	LPV-RTV + OBR (n = 312)
K65R	95 (30%)	92 (29%)
K70E	33 (11%)	37 (12%)
M184I/V only	77 (25%)	85 (27%)
M184I/V plus any other NRTI mutation	184 (59%)	167 (54%)
TAM's	71 (23%)	81 (26%)
Other major NRTI mutation	90 (29%)	88 (28%)

Source: Aboud M, et al. Lancet Infect Dis. 2019;19:253-64.

Acknowledgment

The **National HIV Curriculum** is an AIDS Education and Training Center (AETC) Program supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$800,000 with 0% financed with non-governmental sources. This project is led by the University of Washington's Infectious Diseases Education and Assessment (IDEA) Program.

The content in this presentation 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.

