Dolutegravir vs. Raltegravir

SPRING-2 Study
Dolutegravir versus Raltegravir
SPRING-2: Design

Study Design: SPRING-2

- **Background**: Randomized, double-blind study, phase 3 trial comparing dolutegravir versus raltegravir, both with 2NRTI backbone for persons with HIV.

- **Inclusion Criteria (n = 822)**
  - Antiretroviral-naïve patients
  - Age ≥18 years
  - HIV RNA ≥1,000 copies/mL
  - No active CDC AIDS condition

- **Treatment Arms**
  - Dolutegravir + 2NRTIs
  - Raltegravir + 2NRTIs
  - Fixed dose 2NRTIs* = TDF-FTC or ABC-3TC

Dolutegravir versus Raltegravir
SPRING-2: Results

Week 48: Virologic Response, by Baseline HIV RNA

Dolutegravir versus Raltegravir
SPRING-2: Results

Week 48: Virologic Response, by NRTI Component

HIV RNA <50 copies/mL (%)

<table>
<thead>
<tr>
<th>Regimen</th>
<th>Abacavir-Lamivudine</th>
<th>Tenofovir DF-Emtricitabine</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>86/87</td>
<td>86/87</td>
</tr>
<tr>
<td>Dolutegravir</td>
<td>86/145/169</td>
<td>89/216/242</td>
</tr>
<tr>
<td>Raltegravir</td>
<td>87/142/164</td>
<td>85/209/247</td>
</tr>
</tbody>
</table>

**Interpretation**: “The non-inferior efficacy and similar safety profile of dolutegravir compared with raltegravir means that if approved, combination treatment with once-daily dolutegravir and fixed-dose nucleoside reverse transcriptase inhibitors would be an effective new option for treatment of HIV-1 in treatment-naive patients.”

Dolutegravir vs. Raltegravir

SPRING-2 Study: Week 96 Data
Dolutegravir + 2NRTIs versus Raltegravir + 2NRTIs
SPRING-2 (Week 96): Results

Week 96 Virologic Response: Background Dual NRTI Therapy

Interpretation: “At week 96, once-daily dolutegravir was non-inferior to twice-daily raltegravir in treatment-naive, patients with HIV-1. Once-daily dosing without requirement for a pharmacokinetic booster makes dolutegravir-based therapy an attractive treatment option for HIV-1-infected treatment-naive patients.”
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.