Elvitegravir in “Quad Pill” versus Atripla

Study 104
## Study Design: Study 104

**Background:** Double-blind, double-dummy, randomized, phase 2a trial comparing EVG-COBI-TDF-FTC versus EFV-TDF-FTC

### Inclusion Criteria (n = 71)
- Age ≥ 18 years
- Antiretroviral naive
- No baseline NRTI, NNRTI, or PI mutations
- HIV RNA ≥ 5,000 copies/mL
- CD4 > 50 cells/mm³
- No AIDS condition in previous 30 days
- eGFR ≥ 80 mL/min

### Treatment Groups

- **Elvitegravir-Cobicistat-Tenofovir DF-Emtricitabine** (n = 48)
  - *Dosing: Tenofovir (300 mg); Emtricitabine (200 mg); Elvitegravir (150 mg); Cobicistat (150 mg)*

- **Efavirenz-Tenofovir DF-Emtricitabine** (n = 23)
  - ^Dosing: Tenofovir (300 mg); Emtricitabine (200 mg); Efavirenz (600 mg)

**Source:** Cohen C, et al. AIDS. 2011;25:F7-12.
Elvitegravir-Cobicistat versus Efavirenz
Study 104: Results

Week 24 and 48: Virologic Response (ITT-TLOVR*)

*ITT-TLOVR = Intention to Treat-Time to Loss of Virologic Response

“Quad” Pill versus *Atripla*

**Adverse Effects**

**Drug-Related, Treatment-Emergent Adverse Effects**

“Quad” Pill versus *Atripla* Adverse Effects

Change in Estimated Glomerular Filtration Rate (Cockcroft-Gault)

Conclusions: “Once-daily elvitegravir/cobicistat/emtricitabine/tenofovir (EVG/COBI/FTC/TDF) achieved and maintained a high rate of virologic suppression with fewer central nervous system and psychiatric adverse events compared to a current standard-of-care regimen of efavirenz/emtricitabine/tenofovir (EFV/FTC/TDF).”
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