Durability of virologic response to etravirine is not affected by time to reach virologic response

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Introduction

• ETR is a next-generation NNRTI with patient-in vivo activity against both wild-type and mutant-containing HIV-1.
• Two phase II trials (DUET-1 and DUET-2) demonstrated significant antiretroviral benefit after 48 weeks of treatment with ETR as background regimen (BR) in treatment-experienced patients with NNRTI resistance.1–3 Although from a higher incidence of rash, patients treated with ETR+BR had a safety and tolerability profile similar to placebo.1–3
• This pooled DUET analysis assessed whether time to reach virologic response affected durability of response to ETR

Baseline demographics and background ARVs

Parameter
Baseline characteristics
ETR+ BR 
(n=599) 
Placebo + BR 
(n=604)
Race
Caucasian 70 70
Asian 10 70
Other 22 20
Parameter, %
ETR+ BR 
(n=599) 
Placebo + BR 
(n=604)
Prior ARV use
NNRTI 53 53
NRTI 97 97
PI 65 65
Two NNRTIs 70 70
Three NNRTIs 12 12
Baseline disease characteristics
Hepatitis B/C co-infection 12 13
Parameter, %
ETR+ BR 
(n=599) 
Placebo + BR 
(n=604)
CD4 cell count category (cells/mm3)
<200 10 10
200–499 18 20
500–999 4 4
1000–1999 4 4
≥2000 7 7
Baseline demographics and background ARVs (cont’d)

Parameter
Virologic response (<50 copies/mL) at Week 48 (ITT-LTOVR)
ENF not used 33 (147/445) 33 (149/445)
SE = standard error

Conclusions

• In DUET, durable, high virologic response rates (<50 copies/mL) were observed up to Week 48 in patients receiving ETR+BR.
• Virologic responses obtained at Week 48 were comparable to those observed at Week 24 – patients in the ETR plus BR group reached virologic response significantly earlier than those in the placebo plus BR group (p<0.0001).
• The proportion of ETR patients achieving virologic response was 47%, 61% and 61% at 12, 24 and 48 weeks, respectively.
• Durability of response is not affected by time to reach first virologic response.
• Patients with viral load >400 copies/mL at Week 24 were unlikely to be virologic responders at Week 48.
• Virologic response by Week 24 was highly predictive of durability of response through Week 48, but not fully predictive.
• Full suppression of viral load (<50 copies/mL) by Week 48 can occur in patients who have not yet achieved a virologic response (viral load <50 copies/mL) by Week 12.

References


Acknowledgments

• The authors thank all the clinicians and patients who participated in the DUET studies, as well as the study center staffs of the Data Safety and Monitoring Board, Tibotec personnel and the following principal investigators:

DUET-1
• Argentina: R Haubrich, WJ Fessel, R Elion, A Horban

DUET-2
• Australia: K Gill, K Gough, P Junod, D Kilby, J Montaner, A Rachlis, B Trottier

Supported by Tibotec

This poster is available on-line at www.tibotec.com