Clinical endpoints reduced through etravirine use in treatment-experienced, HIV-1-infected patients: pooled 96-week results from the Phase III DUET trials

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Abstract

Background
Etravirine (ETR, TMC125) showed durable efficacy/safety in the Phase III DUET trials. Pooled 48-week results from DUET showed a significant reduction in adjudicated AIDS-defining illness and/or death (AD) in patients receiving ETR versus placebo. We present pooled 96-week adjudicated AD/D results.

Methods
Treatment-experienced patients with documented NNRTI- and protease inhibitor (PI) resistance were randomised 1:1 to receive ETR 200mg or placebo, both bid following a meal, plus a background regimen (BR) of darunavir (DRV) with low-dose ritonavir (DRV/r), investigator-selected NRTI(s) = enfuvirtide (ENF). AD/D was adjudicated prior to database lock by an independent five-member panel blinded to study treatment. Analysis outcome ‘per 100 patient years’ was performed to account for the differences in treatment duration.

Results
Five hundred and ninety-nine and 604 patients received ETR + BR or placebo + BR, respectively with median treatment duration of 96.0/69.6 weeks, respectively. Overall, 57% of ETR patients and 36% of placebo patients achieved viral load <50 copies/mL (time-to-loss of virological response (TLOVR)) at Week 96. Adjudicated clinical endpoints are shown.

Conclusions
- ETR + BR reduced the incidence of any confirmed or probable ADI versus placebo in the ENF not de-novo population, with a trend towards reduction in the overall group (p=0.06).
- In both treatment groups, the incidence of new ADIs between Weeks 48 and 96 was low.
- The time to a new ADI or death was significantly prolonged for patients receiving ETR + BR compared with placebo + BR.
- Fewer cumulative days in hospital occurred in patients receiving ETR + BR than in the placebo + BR group.

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*ETR RAMs are defined as those associated with a decreased virological response to ETR at Week 24 in the DUET trials.

Incidence of new onset ADIs over time: pooled 96-week analysis

Proportion of patients with any confirmed or probable ADI: pooled 96-week analysis

New cases of confirmed or probable ADIs reported between 48- and 96-week analysis

Conclusions

- ETR + BR reduced the incidence of any confirmed or probable ADI versus placebo in the ENF not de-novo population, with a trend towards reduction in the overall group (p=0.06).
- In both treatment groups, the incidence of new ADIs between Weeks 48 and 96 was low.
- The time to a new ADI or death was significantly prolonged for patients receiving ETR + BR compared with placebo + BR.
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