**Methods**

Study design and treatment

Panel ETR was a nonblind, randomized, phase 2/3, 24-week study conducted in 43 study sites across the US, Canada, and Puerto Rico (Figure 1).

**Results**

Patient population and baseline characteristics

- 429 patients were enrolled in the overall GRACE study (152 HIV-1 naïve and 277 treatment-experienced patients).
- 207 patients (70% men) were enrolled in the ETR subgroup.

**Efficacy**

- **Overall virologic response rates:** 56% and 46% in the ITT and non-ITT populations, respectively, at week 48.

**Multivariate analysis (all 423 patients; ITT–TLOVR)**

- A multivariate analysis performed on the overall GRACE population, which accounts for the covariates that are known to influence virologic response, found that the presence of baseline resistance mutations at codons 180 and 215 was associated with improved virologic outcomes in the ETR group compared to the non-ETR group.

**Adverse events**

- The incidence of AEs in the ETR subgroup was similar to the overall GRACE population, with the exception of rash (all grades/types; regardless of causality), which was seen more frequently in women than men in the ETR group (29.5% vs. 20.5%, respectively). The incidence of nausea was also higher in women than men (22.7% vs. 8.0%, respectively).

**Multicenter analysis (all 423 patients; ITT–TLOVR)**

- A multivariate model of patient characteristics (Table 2) in the ETR group showed that patients with higher baseline viral loads and who had previously failed treatment with ritonavir-boosted protease inhibitors were more likely to experience virologic failure.

**Discussion**

- **Primary study conclusion:** ETR (200 mg twice daily) is a well-tolerated and efficacious component of their OBR in GRACE, we assessed efficacy, safety and tolerability in the over 48 weeks

- **Safety**

- The incidence of AEs in the ETR subgroup was similar to the overall GRACE population, with the exception of rash (all grades/types; regardless of causality), which was seen more frequently in women than men in the ETR group (29.5% vs. 20.5%, respectively). The incidence of nausea was also higher in women than men (22.7% vs. 8.0%, respectively).

**Conclusion**

- ETR (200 mg twice daily) is a well-tolerated and efficacious component of their OBR in GRACE, we assessed efficacy, safety and tolerability in the over 48 weeks

- **Adverse events**

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