

The Single-Tablet Regimen Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Disoproxil Fumarate (EVG/COBI/FTC/TDF; "QUAD") Maintains a High Rate of Virologic Suppression, and Cobicistat (COBI) is an Effective Pharmacoenhancer Through 48 Weeks

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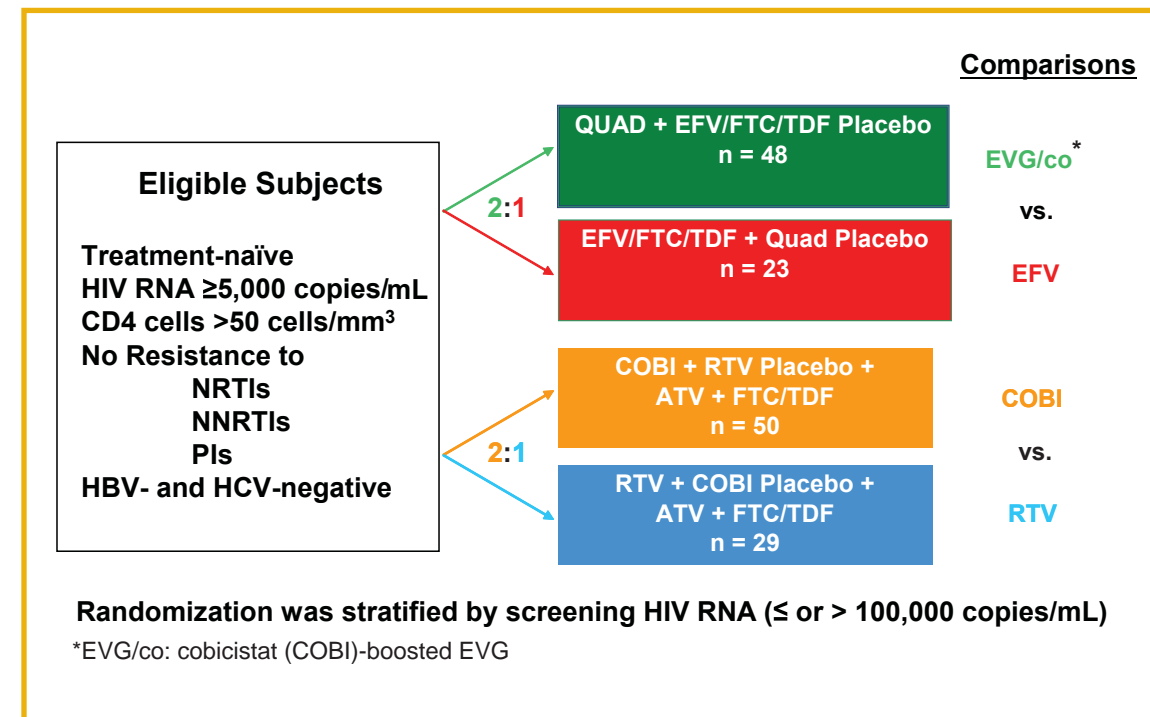
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Background

- COBI boosts the integrase inhibitor EVG and atazanavir (ATV) equivalent to ritonavir (RTV), but is devoid of HIV activity
- Once-daily highly active antiretroviral therapy (HAART), especially a single tablet HAART, encourages adherence which directly affects durable HIV suppression

Methods

Figure 1. Design of the Two Phase 2 Studies



Results

Table 1. Baseline Characteristics

QUAD n=48	EFV/FTC/TDF n=23		COBI n=50	RTV n=29
36	35	Age, mean years	37	34
92%	91%	Male	94%	86%
69%	78%	Race	62%	55%
25%	22%		36%	28%
4.59	4.58	HIV RNA Mean, log ₁₀ copies/mL	4.56	4.69
23%	22%		24%	38%
354	436	CD4 cells/mm ³ , median	341	367
6%	4%	AIDS	16%	10%

Table 2. Disposition of Subjects

QUAD	EFV/FTC/TDF		COBI	RTV
48	23	Randomized	56	29
0	0	Never dosed	6	0
3 (6%)	3 (13%)	Discontinued Study Drugs* Adverse Event Lost to Follow up Investigator's Discretion Withdrawal of Consent Protocol Violation	5 (10%)	3 (10%)
0	1		2	1
2	1		1	1
1	0		1	0
0	1		1	0
0	0		1	1
0	0		0	0
45 (94%)	20 (87%)	Subjects on Study Drugs through Week 48	45 (90%)	26 (90%)

*No subject on any treatment arm developed genotypic or phenotypic resistance

Figure 2. QUAD is Non-inferior to EFV/FTC/TDF Percentage with HIV RNA < 50 copies/mL (ITT M=F)

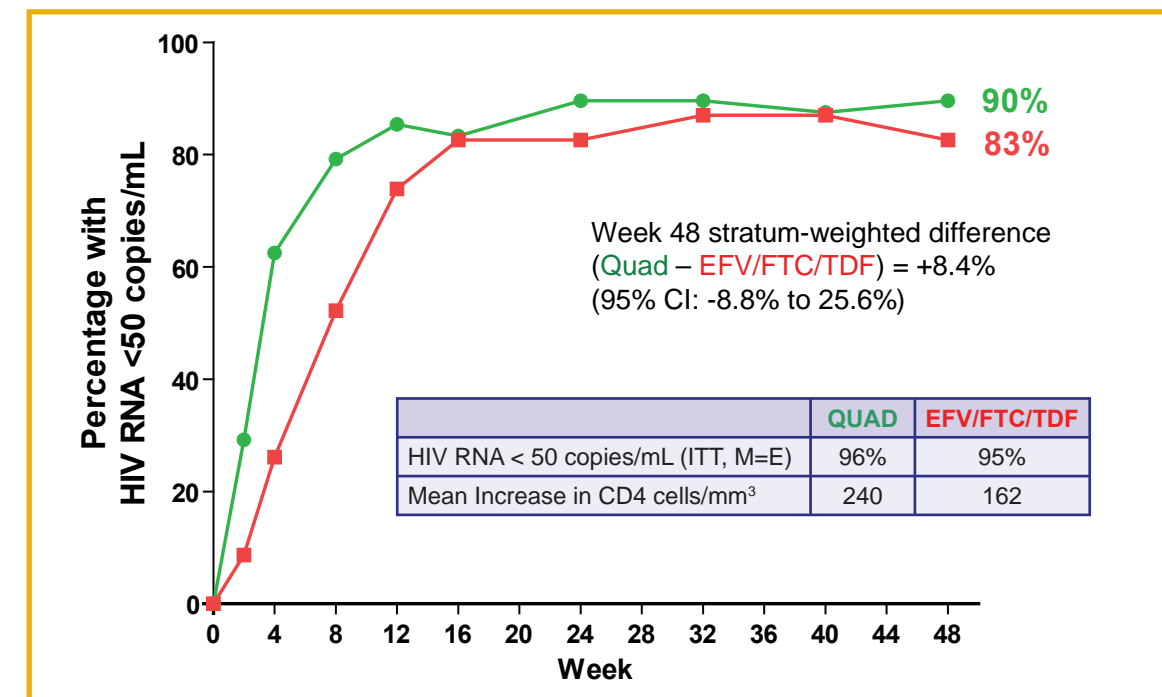
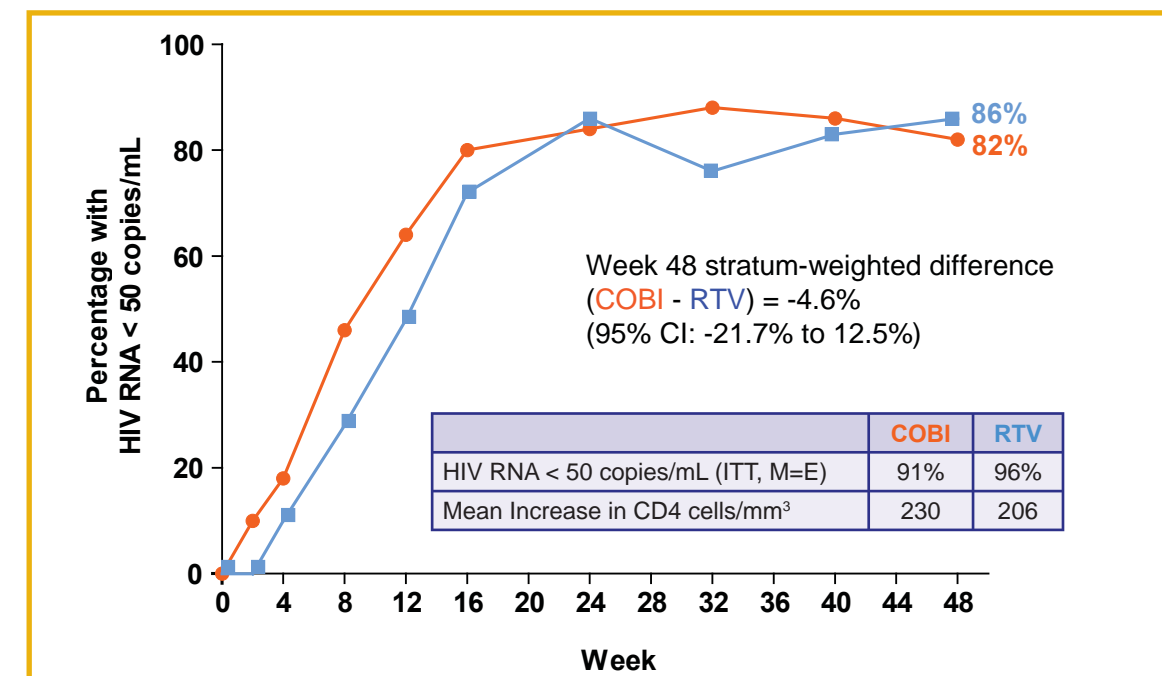


Figure 3. Percentage with HIV RNA < 50 copies/mL (ITT M=F), COBI vs. RTV



Results (cont'd)

Table 3. Summary of Treatment-Emergent Adverse Events

QUAD n=48	EFV/FTC/TDF n=23		COBI n=50	RTV n=29
22 (46%)	13 (57%)	Adverse Events related to Any Study Drug, Grades 1-4	18(36%)	14(48%)
2 ^a (4%)	2 ^b (9%)	Grade 3/4 Adverse Events	2 ⁱ (4%)	0
0	1 ^c (4%)	Grade 3/4 Adverse Events leading to discontinuation of study drug	2 ^a (4%)	1 ^b (3%)
1 ^d (2%)	1 ^e (4%)	Serious Adverse Events (none related to study drugs)	2 (4%) ⁱ	1 ^{e,i} (3%)

a. pneumonia; anogenital warts
b. B-cell lymphoma with lymphadenopathy; neutropenia
c. Suicidal ideation (Wk 9)
d. Cellulitis
e. B-cell lymphoma and injection site reaction
f. Rash; Hyperbilirubinemia
g. Vomiting (Wk 1); rash (Wk 2)
h. Ocular icterus (Wk 3)
i. Pneumonia; cellulitis
j. Pneumonia

Table 4. Adverse Events >5% Related to Randomized Drug

QUAD n=48	EFV/FTC/TDF n=23		COBI n=50	RTV n=29
6 (12%)	8 (35%)	Abnormal Dreams/Nightmares	0	0
4 (8%)	3 (13%)	Fatigue	1 (2%)	3 (10%)
0	3 (13%)	Dizziness	0	0
4 (8%)	2 (9%)	Diarrhea	3 (6%)	3 (10%)
2 (4%)	2 (9%)	Somnolence	0	0
2 (4%)	2 (9%)	Headache	0	0
0	2 (9%)	Anxiety/Anxiety Disorder	0	0
3 (6%)	1 (4%)	Nausea	5 (10%)	1 (3%)
3 (6%)	1 (4%)	Abdominal Distension	0	0
0	0	Flatulence	0	2 (7%)
3 (6%)	0	Rash	0	0

Table 5. Treatment-Emergent Laboratory Abnormalities Grades 2-4 Occurring > 5% of Any Treatment Arm

QUAD n=46	EFV/FTC/TDF n=21		COBI n=49	RTV n=29
0	0	Hyperbilirubinemia	43 (87.8%)	25 (86.2%)
4 (8.7%)	2 (9.5%)	Hyperamylasemia	6 (12.2%)	3 (10.3%)
4 (8.9%)	5 (25.0%)	Hypercholesterolemia	3 (6.5%)	1 (3.8%)
5 (10.9%)	3 (14.3%)	Creatine Kinase	4 (8.1%)	2 (6.8%)
3 (6.5%)	4 (19.0%)	Neutropenia	0	0
1 (2.2%)	3 (14.3%)	Proteinuria	0	0
0	0	Hypophosphatemia	1 (2.0%)	2 (6.9%)
0	0	Hematuria	3 (6.1%)	2 (6.8%)

n= subjects with at least one postbaseline data

Table 6. Mean Change from Baseline to Week 48 in Fasting Lipids (mg/dL)

QUAD n=41	EFV/FTC/TDF n=18		COBI n=41	RTV n=24
20	30	Total Cholesterol	4	4
12	22	LDL Cholesterol	7	1
3	8	HDL Cholesterol	1	5
31	20	Triglycerides	-1	7

n= subjects with both baseline and Week 48 measurements

Table 7. Rates of Total Bilirubin Elevation, Jaundice, and Ocular Icterus over 48 Weeks

Toxicity Grade	ATV + COBI n=49	ATV + RTV n=29
1	4 (8%)	4 (14%)
2	12 (25%)	12 (41%)
3	22 (45%)	8 (28%)
4	9 (18%)	5 (17%)

n= subjects with at least one postbaseline data

	ATV + COBI n=49	ATV + RTV n=29
Jaundice ^a	2 (4%)	1 (3%)
Ocular icterus ^a	6 (12%)	4 (14%)

a. Atazanavir-related

Table 8. Mean Change in Serum Creatinine (mg/dL) and e-GFR* (Cockcroft-Gault, mL/min)

QUAD n=48	EFV/FTC/TDF n=23		COBI n=50	RTV n=29
+0.10	+0.01	SCr Mean Δ from Baseline	+0.11	+0.04
+0.14	+0.04		+0.18	+0.14
+0.17	+0.06		+0.15	+0.13
-13.1 (-9%)	-1.1 (-1%)	e-GFR Mean Δ (Mean % Δ)	-9.3 (-8%)	-4.3 (-3%)
-18.0 (-13%)	-6.6 (-5%)		-15.2 (-13%)	-14.1 (-11%)
-19.7 (-14%)	-5.5 (-4%)		-13.3 (-12%)	-13.8 (-11%)
131	131	Mean e-GFR	117	122
116	128		108	117
111	126		102	111
109	127		104	111

*estimated glomerular filtration rate

Conclusions

- QUAD efficacy was non-inferior to EFV/FTC/TDF
 - Safety and tolerability were similar, although QUAD had fewer NSS-related AEs compared to EFV/FTC/TDF
 - QUAD may be an alternative once-daily fixed-dose regimen tablet
- COBI-boosted ATV (ATV/co) + FTC/TDF had similar efficacy, safety, and tolerability vs. RTV-boosted ATV (ATV/r) + FTC/TDF
- In treatment arms receiving COBI, changes in e-GFR occurred early, remained stable through Week 48, and were similar to that seen in the arm receiving RTV
- Three Multi-center International Phase 3 Studies are in progress:
 - QUAD vs EFV/FTC/TDF (n=700)
 - QUAD vs ATV/r + FTC/TDF (n=700)
 - (ATV/co vs. ATV/r) + FTC/TDF (n=700)

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