Patient-Reported Outcomes After Switching to a 2-Drug Regimen of Dolutegravir + Rilpivirine: Week 100 Results From the SWORD-1 and SWORD-2 Studies

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Introduction

Most current regimens consist of 3-2 drugs from 2 distinct classes to achieve and maintain durable virologic suppression.

Two-drug regimens have better treatment options for patients with virologic suppression who want to simplify their therapy or reduce the risk of long-term toxicities associated with using ≥3 antiretroviral (ARV) agents, such as dolutegravir/rilpivirine (DTG + RPV, as single entities).

In the identically designed phase III studies, SWORD-1 and SWORD-2, the 2-drug regimen of dolutegravir + rilpivirine (DTG + RPV, as single agents) demonstrated high efficacy and was superior to the combination of a 4-drug antiretroviral regimen in virologically suppressing HIV-infected individuals.

The pooled patient-reported outcome measures at Week 48 in the SWORD-1 and SWORD-2 studies demonstrated maintenance of high levels of treatment satisfaction and health status and low levels of symptom burden in patients who switched to DTG + RPV.

This analysis describes the pooled patient-reported outcome measures at Week 100 from the SWORD Studies.

Methods

SWORD-1 (NCT02423971) and SWORD-2 (NCT02424279) are phase III, randomized (1:1), multicenter, open-label, parallel-group, noninferiority studies.

A full description of the study design, including eligibility criteria and endpoints, has been previously reported.

Figure 1. Study Design of the Identical SWORD-1 and SWORD-2 Studies

Study Populations

- The early-switch group was randomized to DTG + RPV on Day 1 and received at least 1 dose of DTG + RPV.
- The late-switch group was randomized to continue their current antiretroviral regimen (CAR) and switched to DTG + RPV at Week 52 and received at least 1 dose upon switching.
- Baseline for the late-switch group for all measures is the last data point before the switch from CAR to DTG + RPV at Week 52 (late-switch baseline).

Health Outcomes Assessments

- The Symptom Distress Module is a 20-item, self-reported instrument that measures the presence of and perceived distress linked to symptoms associated with HIV infection or its treatment.
- The Symptom Distress Module Full Score is a sum of all 20 symptoms ranging from 0 (no symptom present) to 80 (all symptoms present at worst level), with higher scores indicating increased symptom distress.
- The Symptom Distress Module Level instrument is a standardized global health state questionnaire assessing mobility, self-care, usual activities, pain/discomfort, and anxiety/depression; responses are translated to a utility score range from 0 (worst health state) to 1 (best health state).

The European Quality of Life-5 Dimension-5 Level instrument is a standardized global health state questionnaire assessing mobility, self-care, usual activities, pain/discomfort, and anxiety/depression; responses are translated to a utility score range from -0.594 to 1.0.

Results

Study Disposition, Virologic Efficacy, and Safety and Tolerability

- Demographics and baseline characteristics have been previously published.
- Among 10,000 weeks of treatment, DTG + RPV demonstrated continued efficacy in the early-switch group.
- Virologic efficacy (93%) in the late-switch DTG + RPV group at Week 52 was similar to that of the early-switch group at Week 48 (95%).
- The safety profile of the late-switch DTG + RPV group was similar to that of the early-switch DTG + RPV group 48 weeks after switching, and AEs were consistent with those of DTG and RPV individually.

HIV Treatment Satisfaction Questionnaire, status version

- Mean treatment satisfaction score was high for both baseline groups (early-switch group, 54.4; CAR group, 53.5).
- Participants in the early-switch DTG + RPV group reported significant improvement from baseline in overall treatment satisfaction, which was maintained at each time point over 100 weeks (Figure 2). There was notable change from baseline in patient-reported treatment satisfaction among subjects who continued on CAR during the switch phase.

- After switching from CAR to DTG + RPV at Week 52, participants in the late-switch group showed an initial improvement in overall treatment satisfaction, similar to that of the early-switch DTG + RPV group after 48 weeks (Figure 2).

Figure 2. Mean (95% CI) Change From Baseline/Late-Switch Baseline of Treatment Satisfaction Total Score Assessed by HIVTSQs-LOCF Dataset

Symptom Distress Module

- Low levels of symptom burden were reported at baseline: mean (SD) symptom bother scores were 9.8 (10.5) in the early-switch DTG + RPV group, 11.0 (11.2) in the CAR treatment arm; late-switch baseline mean (SD) symptom bother score was 11.8 (11.3).
- Participants in the early-switch DTG + RPV group reported initial improvement from baseline in symptom burden, which was reduced to a mild improvement from Weeks 48 to Week 100 (Figure 3).
- After switching from CAR to DTG + RPV at Week 52, participants in the late-switch group showed a similar pattern of change compared with the early-switch DTG + RPV group, with initial improvement in symptom burden following switch and then attenuated improvement from Week 76 to Week 100 (Figure 3).

Figure 3. Mean (95% CI) Change in Treatment Symptoms Assessed by Symptom Bother Score

Conclusions

- High levels of treatment satisfaction and health status and a low level of symptom burden were reported by participants entering the study and were slightly improved and maintained 100 weeks after switching to DTG + RPV.
- These results are consistent with previously reported tolerability and toxicity data.
- These results provide long-term evidence that the 2-drug regimen of DTG + RPV is a well-tolerated, alternative treatment option for virologically suppressed patients who are on a 3- or 4-drug regimen and have not experienced previous virologic failure.

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