

P104 Dolutegravir + lamivudine in patients with suppressed HIV-RNA: long term virologic and immunologic results of a multicenter cohort

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Introduction

cART is generally based on a backbone consisting of two NRTIs and on a third agent of a different class. The availability of new potent drugs raises the opportunity to change the classic NRTI-backbone paradigm.

Methods

- Multicenter, prospective cohort analysis
- Patients on any effective cART regimen
- HIV-RNA < 50 copies/ml for > 6 months
- No documented resistance for studied drugs, HBsAg negative

Results

Baseline characteristics of the 218 patients

Variable		Percent
Gender	Males	75.2
	females	24.8
Origin	Italy	94.0
	South America	1.5
	Asia	0.9
	East Europe	1.4
	Sub-saharan Africa	2.2
Risk factor	Heterosexual contact	45.9
	MSM	28.0
	IVDU	25.7
	Other	0.5
Coinfection	NO	83.5
	HCV	16.5
Primary cause of switch*	Concomitant disease	49.1
	Lab abnormality	20.7
	AES	22.5
	DDI	10.6

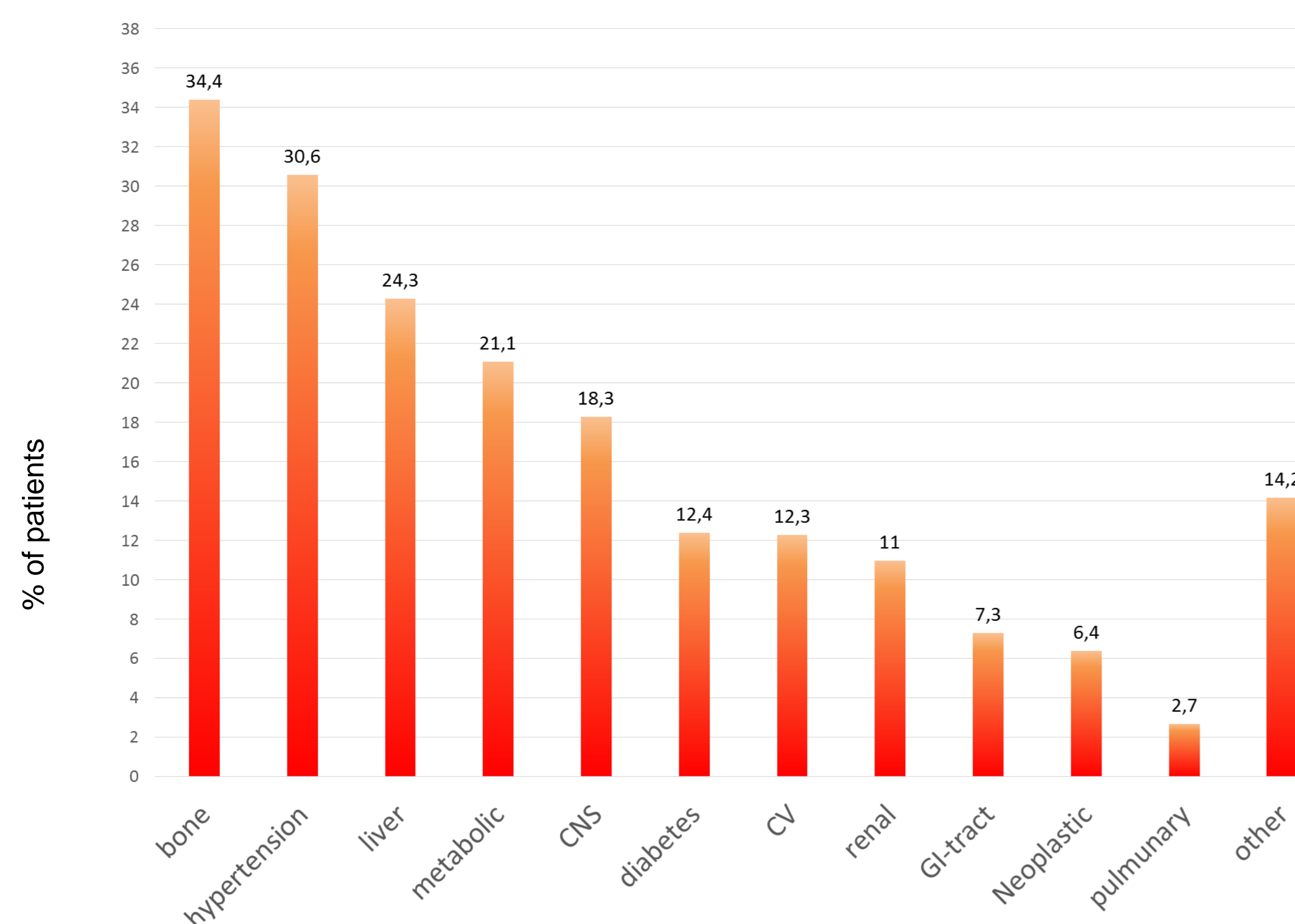
* More than one is possible

Variable	Median	IQR
Age (years)	52	12
Time on cART (years)	10.2	13
Time on current cART (months)	35.4	63
cART line	3	3
Time Below detection limit for HIV-RNA (months)	75	217
CD4 (cells/mcL)	669	446
CD8 (cells/mcL)	767	506
CD4/CD8	0.93	0.70
Creatinine (mg/dl)	0.94	0.33
HIV-RNA pre-cART (copies/ml)	55865	185112
Associated chronic diseases	2	1
Chronic non-antiviral therapies	2	11

Baseline drug use

Drug class	% users	Most commonly used	
NRTI	93.6	TDF 59.2%	ABC 27.5%
NNRTI	49.5	EFV 18.8%	RPV 16.5%
PI	32.6	DRV 14.7%	ATV 14.2%
INI	22.5	RAL 11.0%	DTG 8.3%

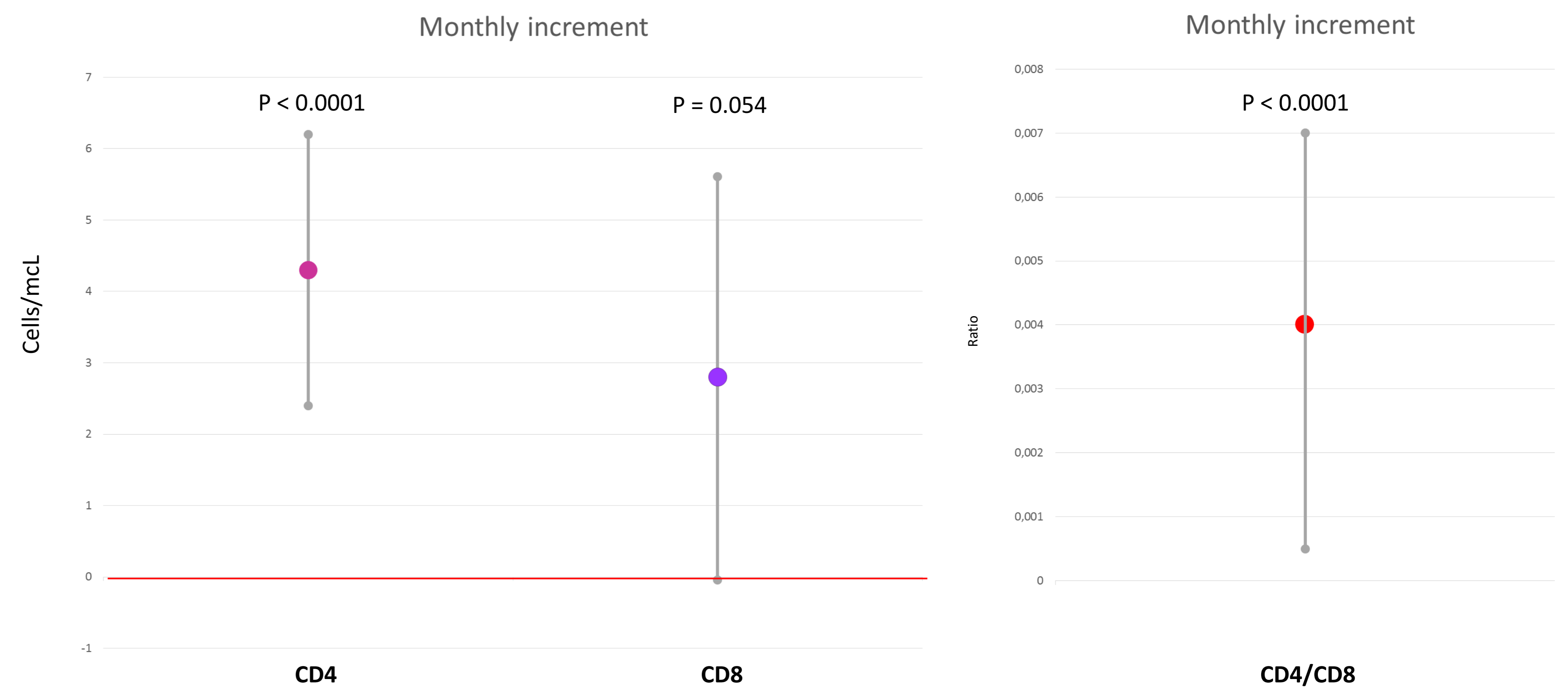
Baseline co-morbidities



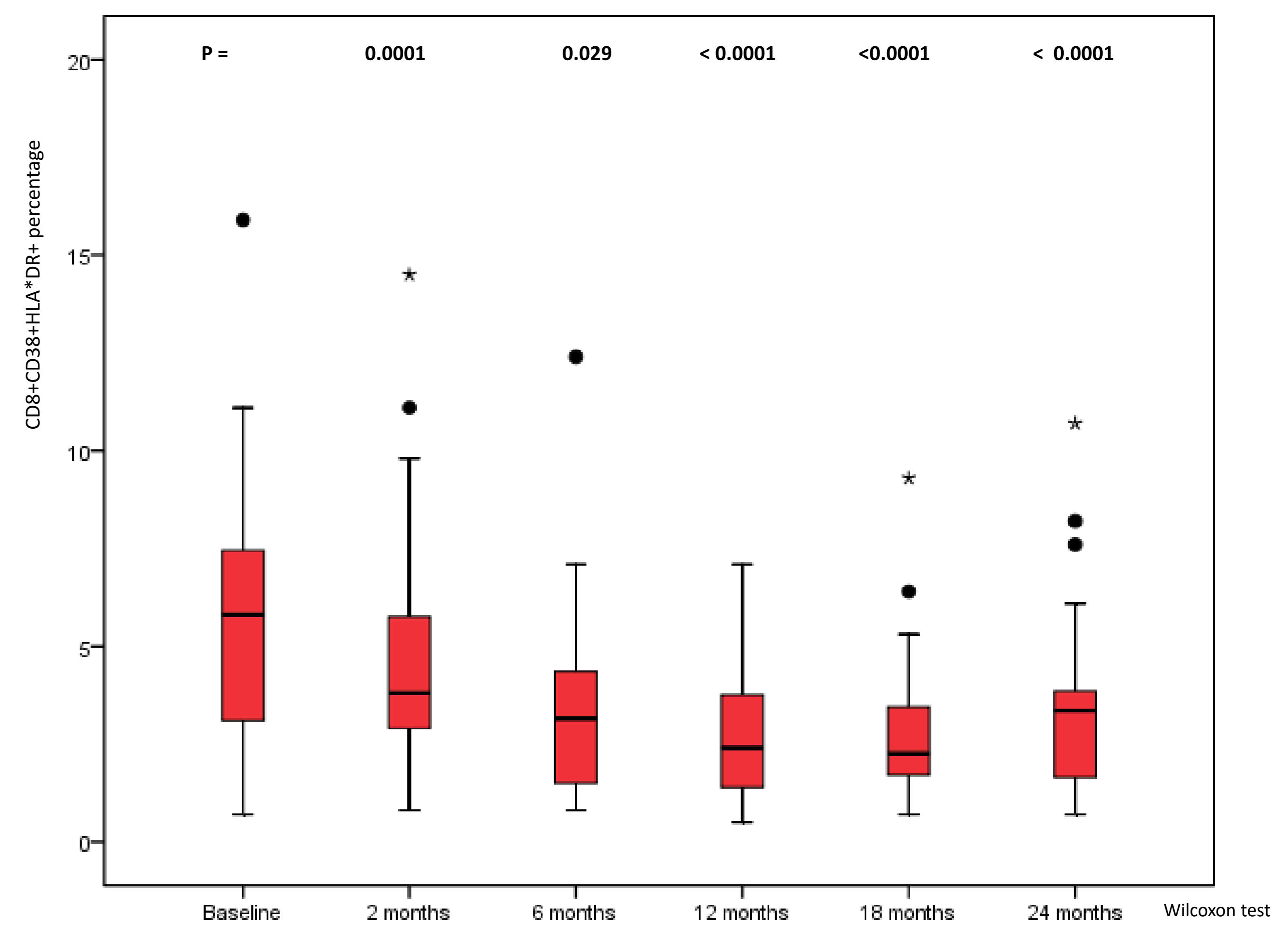
Conclusions

Dual 3TC+DTG is a safe, effective and durable alternative cART in virologically controlled patients. In a relevant sub-group of patients, the regimen is not associated with an increased risk of immune-activation.

CD4; CD8 and CD4/CD8 variation mixed model (mean & 95%CI)



CD8+CD38+HLA*DR+ variation in 85 subjects



Virologic response and total outcome of cART

