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Triumeq® *vs* Genvoya®, real life experience in pretreated patients.

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BACKGROUND:
Switching strategies are justified for several reasons, including toxicity or simplification. STR scheme used in naïve patients like DTG/ABC/3TC (Triumeq®) and EVG/c+FTC/TAF (Genvoya®) may be an option.
We aimed to compare our real life use experience of both combinations Triumeq® and Genvoya® and assess safety and security in pretreated patients.

MATERIALS AND METHODS:
This retrospective, descriptive study from our cohort (eVIHA), wich includes 3.500 patients from 2 centers in Palma (Illes Balears, Spain): Hospital Universitari Son Espases and Hospital Universitari Son Llàtzer, analyze all switches from any previous treatment to DTG/ABC/3TC or EVG/c+FTC/TAF carried out from June 2016 to June 2017. We selected only those patients who had registered at least 3 visits: basal (previously to the switch), 24th and 48th week and we gather clinical and epidemiological data.

RESULTS:

We selected 199 patients who met these criteria. Baseline characteristics by treatment are shown in **table 1**

table 1

	Switched to Triumeq® (n=61)	Switched to Genvoya® (n=138)	p value
Age	52 (SD12)	48 (SD 10)	ns
Sex male	50 (82%)	108 (78%)	ns
Method of infection:			
- Heterosexual	27 (44.3%)	57 (41.3%)	ns
- MSM	16 (26.2%)	48 (34.8%)	ns
- IDU	15 (24.6%)	20 (14.5%)	ns
- Other	3 (4.9%)	13 (9.4%)	ns
CD4 cell count (cells/µL)	662 (SD 293)	681 (SD 299)	ns
HIV-1 RNA <50copies/mL	56 (91.8%)	130 (94.2%)	ns
CDC Stage A	33 (54.1%)	93 (67.4%)	ns
Mean time of HIV-infection (years)	8 (1-26)	8 (0-27)	ns
Estimated glomerular filtration rate (CKD-EPI)	90.3 (SD 19)	93.7 (DS 17)	ns
Total cholesterol (mg/dL)	189.4 (SD 42.5)	186.8 (SD 39.3)	ns
HDL cholesterol (mg/dL)	47.7 (SD 23)	45.7 (19.2)	ns
Triglycerides (mg/dL)	145.5 (DS 72.8)	132.7 (DS 75)	ns
Framingham score(%)	11.8 (SD 11.2)	9.7 (SD 8.1)	ns

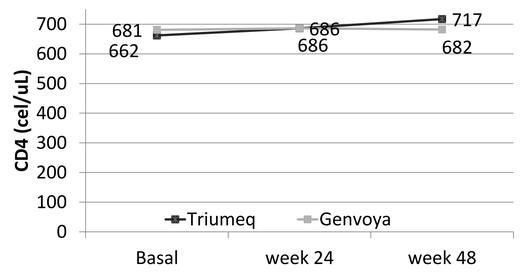
Previous treatments and cause of discontinuation are shown in **table 2 .** Comparison between number of previous treatments and treatment switched to were statistically nonsignificant.

table 2

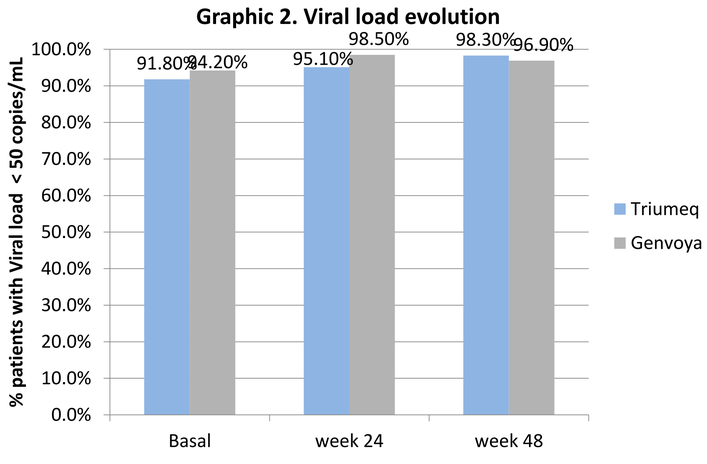
	Triumeq® switch (n=61)	Genvoya® switch (n=138)
Number of previous ART:		
- 1 treatment	27 (44.3%)	110 (79.7%)
- 2 treatments	26 (42.6%)	21(15.2%)
- 3 or more treatments	2 (3.3%)	7 (5%)
Previous ART families:		
- NRTIs	61 (100%)	138 (100%)
- NNRTs	44 (72%)	99 (71%)
- PIs	19 (31%)	66 (48%)
- INIs	58 (95%)	53 (38%)
Previous more frequent treatment	TDF/FTC/EFV (11 patients-18.1%)	TDF/FTC/EVG/c (63 patients-45.6%)
	TDF/FTC/RPV (7 patients-11.5%)	TDF/FTC/EFV (33 patients-23.9%)
	TDF/FTC+DRV/c (4 patients-6.5%)	TDF/FTC/RPV (10 patients-7.2%)
	TDF/FTC+DTG (4 patients-6.5%)	
	ABC/3TC+RAL (2 patients-3.3%)	
Causes of switch (times)		
- Simplification	46	49
- Adverse Event	20	18
- Self discontinuation	1	9
- Failure	3	2
- Others*	15	86
Discontinue causes after switching:		
- Total patients	9 (14.7%)	14 (10.1%)
- Adverse event	7 (11.5%)	4 (2.9%)
- Missing	1 (1.6%)	6 (4.3%)
- Non related dead	0	1 (0.7%)
- Others*	2 (3.3%)	3 (2.2%)
		* Criteria of the responsible physician

Number of CD4 (cels/µL) was higher at 48th week than in the begining, in both groups. Evolution is shown in **Graphic 1**. Viral load (% patients with Viral load < 50 copies/mL) evolution in each period and in each group is shown in **Graphic 2**:

Graphic1. CD4 evolution

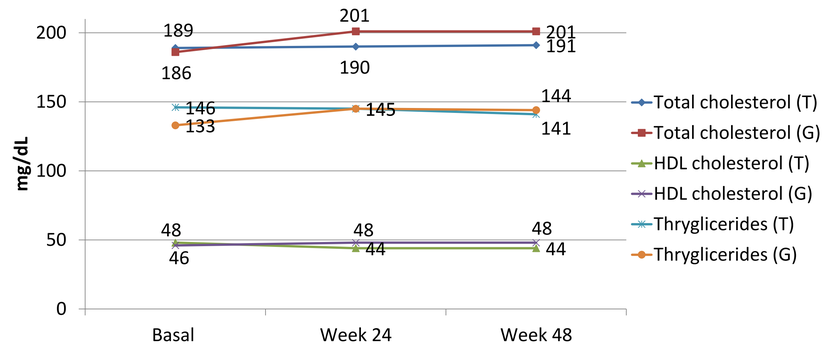


Graphic 2. Viral load evolution

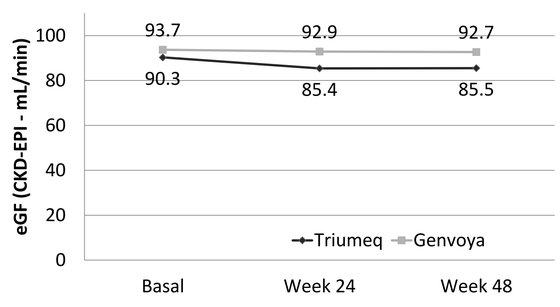


Total cholesterol, HDL cholesterol and tryglicerides level evolution , for each group and in each period, are shown in **Graphic 3**. Glomerular filtrate rate evolution is shown in **Graphic 4**

Graphic 3. Lipid profile evolution



Graphic 4. Filtrate evolution



CONCLUSIONS:
Baseline clinical and epidemiological characteristics in patients who switched to Triumeq® or Genvoya® were similar in both goups of treatment. There were more patients who switched to Genvoya® who had recived only one treatment previously; however, the diferences were statistically nonsignificant.
Most of patients who switched to Genvoya® had TDF/FTC/EVG/c as previous treatment, that means an expected change; conversely we didn't see any switch from ABC/3TC +DTG to Triumeq®.
After switching there's an increase in suppression rate and better CD4 levels in both groups.
The lipid profile tendency to get worse in Genvoya® group may be due to TAF; however filtrate decreases more in Triumeq® group, perhaps due to the use of a formule (CKD-EPI) that includes creatinine levels, who may be increased in this group because of Dolutegravir.