As the HIV population ages, analyzing safety and efficacy data for antiretroviral (ARV) agents in older adults living with HIV is increasingly important.

The population of people living with HIV infection continues to age (median age approaches 50 years in many locations).

Older individuals may be on more concomitant medications and have more comorbidities.

TAF is a tenofovir prodrug offering a 30% lower tenofovir plasma levels resulting in greater renal and bone safety than tenofovir disoproxil fumarate (TDF).

We evaluated the efficacy and safety of E/C/F/TAF in individuals less than and greater than or equal to 65 years of age.

Methods

In two international, multicenter, Phase 3 trials, ARV-experienced participants with HIV RNA < 50 copies/mL were randomized 2:1 to receive:

1) E/C/F/TAF for 48 weeks or continued current abacavir lamivudine (ABC/3TC)-based regimen for 24 weeks followed by a delayed switch to E/C/F/TAF for another 24 weeks (292-1823) or

2) E/C/F/TAF or continued TDF-based regimen for 48 weeks (292-1826), all subjects ≥65 years.

This pooled analysis of the E/C/F/TAF arms evaluated efficacy (HIV RNA < 50 copies/mL, FDA snapshot analysis) and safety through Week 48 for participants categorized by age (<65 and ≥65 years).

Randomization was stratified by age in study 1826.

Estimated Glomerular Filtration Rate: Median Changes from Baseline by Age at Week 48

Renal Biomarker Changes (%) at Week 48 By Age

Changes in Fasting Lipids at Week 48

There were no clinically significant changes in fasting lipids 48 weeks after switching to E/C/F/TAF.

Similar proportions of participants were on lipid-modifying medication — at baseline: <65 year old 26%; ≥65 year old 34% — Initiated during study: <65 year old 32.4%; ≥65 year old 0%.

Conclusions

Through W48, rates of virologic suppression were high and similar between participants <65 and ≥65 years.

Adverse events, adverse events leading to discontinuation, and tolerability were comparable between groups.

Concentrations of renal biomarkers decreased more in those ≥65 years than in younger participants.

The W48 efficacy and safety data support the switch to E/C/F/TAF in HIV-infected, treatment experienced, HIV-1 RNA suppressed people ≥65 years old.

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