

ALAFENAMIDE/EMTRCITABINE/BICTEGRAVIR (BIC/FTC/TAF) IN PEOPLE LIVING WITH HIV (PLH) STARTING ANTIRETROVIRAL THERAPY WITH <200 CD4 CELL COUNT

Pérez-Valero, Ignacio¹; Corona-Mata, Diana¹; Camacho-Espejo, Ángela¹; Roca-Oporto, Cristina²; Tomas, Cristina³; Cabello, Noemi⁴; Cervero-Jimenez, Miguel⁵; Navarro, Marta⁶; Rivero-Juarez, Antonio⁷; Rivero Roman, Antonio¹

1. Hospital Universitario Reina Sofia - (IMIBIC), Enfermedades Infecciosas - VIH, Córdoba, Spain; 2. Hospital Universitario Virgen del Rocio, Enfermedades Infecciosas, Sevilla, Spain; 3. Hospital Reina Sofia, Enfermedades Infecciosas, Murcia, Spain; 4. Hospital Clínico San Carlos, Enfermedades Infecciosas, Madrid, Spain; 5. Hospital Universitario Severo Ochoa, Servicio de medicina interna, Leganes, Spain; 6. Parc Taulli Hospital Universitari, Enfermedades Infecciosas, Barcelona, Spain; 7. Instituto Maimónides de investigación Biomédica de Córdoba (IMIBIC), Grupo de Virología Clínica y Zoonosis, Cordoba, Spain

BACKGROUND

• Approximately 28% of newly diagnosed people with HIV (PWH) in Spain in 2020 have advanced HIV infection (CD4 < 200 cel/mm³ at diagnosis). There is limited of evidence regarding the

effectiveness of BIC/FTC/TAF in PLH starting ART with a CD4 cell count <200 cells/mm3 (CD4<200) or previous AIDS diagnosis.

• The aim of this study is to evaluate the rate of Viral Supression (HIV-RNA < 50 cop/mL) at week 24 with BIC/FTC/TAF treatment in PLH nalve and advanced HIV infection.

MATERIAL AND METHODS

- Retrospective analysis performed to evaluate the rate of virological suppression (VS) after 24 weeks of BIC/FTC/TAF in PLH with severe immunodepression.
- Study population: All the participants with CD4<200 or a previous diagnosis of AIDS, enrolled in a multicenter, prospective, Spanish HIV Cohort (CORIS), who started therapy with BIC/FTC/TAF (2019-2020) and with at least 24 weeks of follow up, were included and allocated in two groups based on their initial ART regimen: BIC/FTC/TAF vs. other regimens.
- Outcomes (24 Weeks after ART initiation):
- Our primary objective was to evaluate the rate of VS (HIV-RNA <50 cop/mL) at week 24 with BIC/FTC/TAF.
- As secondary objectives we compared the rates of VS in both study groups, using chi-square, and we assessed factors associated with achieving VS at week 24 using logistic regression.

RESULTS

Between 2019-2020, **232** CORIS participants started ART; 95 (41%) with BIC/FTC/TAF and 137 (59%) with other regimens. **Baseline characteristics** (table 1) were similar between groups. After **24 weeks** of therapy, **73.7% of the participants starting BIC/FTC/TAF achieved VS versus 59.9% of the participants starting other regimens** (Primary outcome) (Figure 1). **The probability of achieving VS at week 24 was 1.9 times higher with BIC/FTC/TAF than with other regimens (95% confidence interval [CI](1.1 – 3.3**). (Secondary outcome) (Table 2). **Factors independently associated** with achieving **VS at week 24** were being on **BIC/FTC/TAF** (Odds ratio [OR]: 2.2 [95%CI: 1.1 – 4.2]) and **HIV-RNA >100.000 cop/mL** at baseline (OR: 0.2 [95%CI:

TABLE 1: BASELINE CHARACTERISTICS AT ART INITIATION (N=232)

Baseline characteristics	BIC/FTC/TAF (n=95)	Other ART options (n= 137)	P Value	
Gender, n (%)				
Men	83 (87.4)	116 (84.6)	0.563	
Women	12 (12.6)	21 (15.3)	0.505	
Age (yrs.), median	39.9 (31.7-	39.6 (32.8 –	0.532	
(IQR)	48.1)	49.0)		
Way of transmission, n (%)				
Homosexual	52 (54.7)	76 (55.5)	0.088	
Heterosexual	39 (41.1)	43 (31.4)		
Intravenous drug use	1 (1)	2 (1.4)		
Unknown	3 (3.2)	16 (11.7)		
Country of born, n (%)				
Spain	45 (47.4)	67 (48.9)	0.867	
Other	50 (52.6)	70 (51.1)		
AIDS diagnosis, n (%)	35 (36.8)	49 (35.8)	0.867	
CD4 nadir, median (IQR)	103 (53-162)	92 (47-167)	0.566	
CD4 nadir <50 cel/mm ³ , n (%)	22 (23.2)	33 (24.1)	0.142	
HIV RNA >10 ⁵ cop/mL	61 (64.2)	85 (62.0)	0.639	

FIGURE 1: OUTCOME VIRAL SUPRESSION 24W IN BOTH REGIMENS (n=232)

Outcome: Viral Supression 24w (n=232)

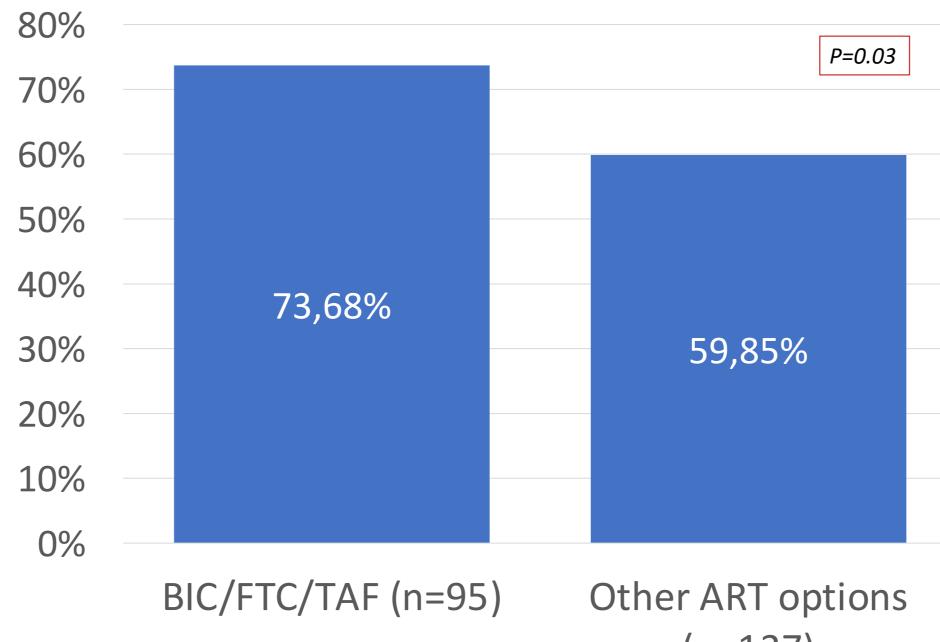


TABLE 2: FACTORS INDEPENDENTLY ASSOCIATED WITHARCHIEVING VS AT 24 W (N=232)

FACTOR	P ajusted	OR ajusted (IC95%)
ART		
Other ART options		1 (ref.)
BIC/FTC/TAF	0.02	2.18 (1.14-4.12)
Gender		
Men		1 (ref.)
Women	0.89	0.94 (0.32-2.68)
Age		
<30		1(ref.)
30-49	0.57	1.28 (0.55-2.97)
>=50	0.24	1.89 (0.65-5.52)
Way of transmission		
Homosexual		1 (ref.)
Heterosexual	0.64	1.22 (0.53-2.78)
Other/unknown	0.09	2.75 (0.85-8.95)
Country of born		
Spain		1(ref.)
Other	0.05	1.91 (1.01-3.67)
Educational level		
Basic		1 (ref.)
Secondary or superior	0.18	1.94 (0.74-5.11)
Unknown	0.75	1.18 (0.42-3.24)
AIDS diagnosis	0.53	1.25 (0.62-2.52)
CD4 nadir >50 cel/mm ³	0.54	1.26 (0.61-2.64)
HIV RNA>100.000 cop/ml	<0.001	0.15 (0.07-0.34)

(n=137)

HIV RNA<50 cop/mL</p>

CONCLUSION In the CORIS cohort, starting ART with BIC/FTC/TAF in PLH with severe immunodepression was associated with high rates of effectiveness at week 24.

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