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BACKGROUND

- For second-line treatment, WHO recommends either dolutegravir (DTG) or boosted protease inhibitors (PI/r) with optimised nucleoside reverse transcriptase inhibitors (NRTIs)
- Disadvantages of PIs include drug interactions, multi-pill dosing, adverse events and higher costs
- However, the genetic barrier to resistance is high for PIs
- This analysis compares the efficacy of DTG and PI/r as second line regimens for HIV

METHODS

- Data on HIV RNA was included from 4 randomised trials: VISEND (n=783), DAWNING (n=624), NADIA (n=464) and 2SD (n=791)
- They recruited NNRTI experienced patients given second line treatment with either DTG or a PI/r.
- Data on HIV RNA suppression <50 and <1000 copies/mL from each study was extracted
- The meta-analysis was conducted using RevMan Software
- The risk differences (RD) for HIV RNA suppression were calculated using the Cochrane Mantel-Haenszel test (Random-effects model)
- The sensitivity analyses included only 2 of the 4 studies
- The non-inferiority margin was -10%

RESULTS

- The VISEND trial (Zambia), DAWNING (International) and NADIA (sub-Saharan Africa) recruited patients with HIV RNA >1000 copies/mL at baseline
- 2SD (Kenya) recruited patients stable on Pls with undetectable HIV RNA.
- At week 48, for patients viraemic at baseline, there was a significant difference between the DTG and PI/r arms in the number of patients with RNA <50 (RD = +10%, 95% CI. +2%,+17%, p=0.01) (Fig. 1)
- However, for patients already suppressed by PI/r at baseline, there was no significant difference between the DTG and PI/r arms (RD 1%, 95% CI. -5%,+3%, p=0.47) (Fig. 1)
- DTG was non-inferior to PI/r between the arms in the number of patients with RNA <1000 at week 48 (RD = +5%, 95% CI. -7%,+16%, p=0.43) (Fig. 2)
- At week 96, DTG was non-inferior to PI/r in the number of patients with RNA <50 (RD +11%, 95% CI. +1%,+21%, p=0.04) and RNA <1000 (RD = +10%, 95% CI. -6%,+26%, p=0.22) (Fig. 3 & Fig. 4)

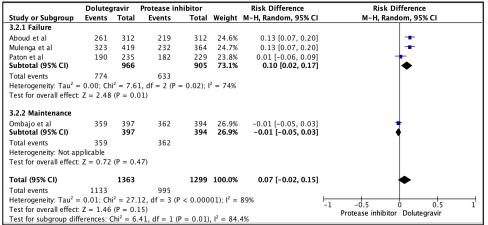


Figure 1: Forest plot for primary analysis of HIV RNA <50 at week 48

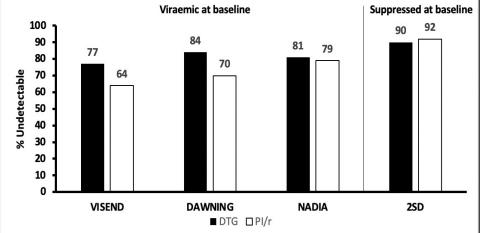


Figure 5: Results from the primary analysis based on each study

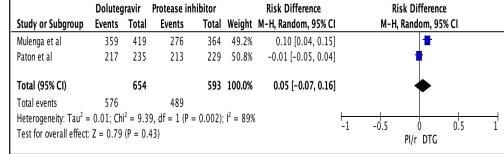


Figure 2: Forest plot for sensitivity analysis of HIV RNA <1000 at week 48

	DTG		PI/r			Risk Difference	Risk Difference			9	
Study or Subgroup	Events Total		Events	Total	Weight	M-H, Random, 95% CI		M-H	, Random, 959	% CI	
Mulenga et al	110	419	38	364	53.4%	0.16 [0.11, 0.21]			-		
Paton et al	189	235	172	229	46.6%	0.05 [-0.02, 0.13]			+		
Total (95% CI)		654		593	100.0%	0.11 [0.01, 0.21]			•		
Total events	299		210								
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 5.05$, $df = 1$ (P = 0.02); $I^2 = 80\%$								0.5		0.5	
Test for overall effect: Z = 2.08 (P = 0.04)							-1	-0.3	PI/r DTG	0.3	1

Figure 3: Forest plot for sensitivity analysis of HIV RNA <50 at week 96

	DTG		PI/r		Risk Difference			Risk Difference			
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI		M-H, Random, 95% CI			
Mulenga et al	120	419	39	364	50.1%	0.18 [0.13, 0.23]			-		
Paton et al	213	235	203	229	49.9%	0.02 [-0.04, 0.08]		+			
Total (95% CI)		654		593	100.0%	0.10 [-0.06, 0.26]		-	•		
Total events	333		242								
Heterogeneity: Tau ² =	1	0.5		0.5							
Test for overall effect:	-1 -		DTG	0.3	1						

Figure 4: Forest plot for sensitivity analysis of HIV RNA <1000 at week 96

DISCUSSION AND CONCLUSION

- In this meta-analysis of HIV RNA suppression <50 copies/mL at week 48, there were 2662 participants evaluated in 4 randomised trials of second-line treatment. These trials enrolled patients taking NNRTI based treatment
- DTG showed a superior rate of HIV RNA suppression compared to PI/r based treatment in the primary analysis at week 48.
- In the sensitivity analyses, DTG was non-inferior to PI/r