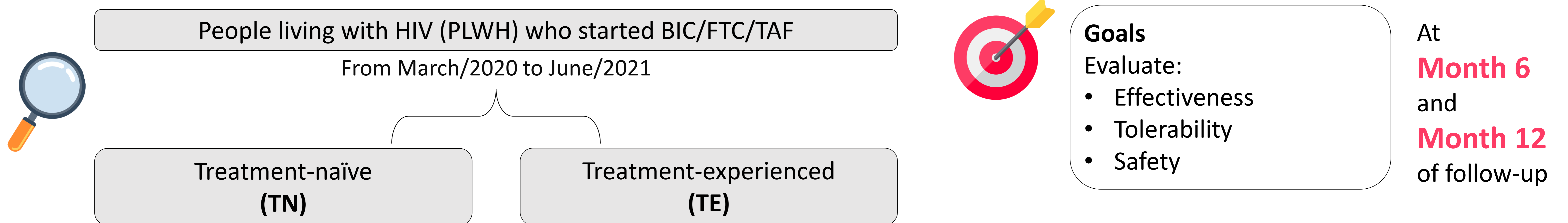


BACKGROUND and METHODS

- ✓ Single tablet regimens that include an integrase strand inhibitor and two NRTIs have become the usual first-line HIV therapy.
- ✓ The use of B/F/TAF is based on robust results from clinical trials. Available data from its use in routine clinical practice is emerging and seems to support these results.
- ✓ We present a retrospective, observational, single-study analysis:



BASELINE CHARACTERISTICS

172 PLWH included

28 TN (16%)

144 TE (84%)

- ✓ 61% were male at birth
- ✓ 80% were caucasian
- ✓ Mean age was 49 (20-83) years

	TN	TE
Median follow-up, in months (IQR)	19 (14-21)	18 (13-21)
Age ≥ 50 years (%)	25	49
Median TCD4+ cells/μL (IQR)	397 (196-561)	583 (418-784)
TCD4+ cells/μL < 200 (%)	25	3.5
Median HIV-1 RNA, copies/mL (IQR)	184.303 (138 - 2.5 million)	<20
HIV-1 RNA >100,000 copies/mL (%)	28.6	NA
HCV co-infection	14.3%	34.3%
At least ≥2 medical comorbidities	46.4%	60.1%

In TE patients, regimens prior to switch were based on:

INSTI

43.9%

PI

31.8%

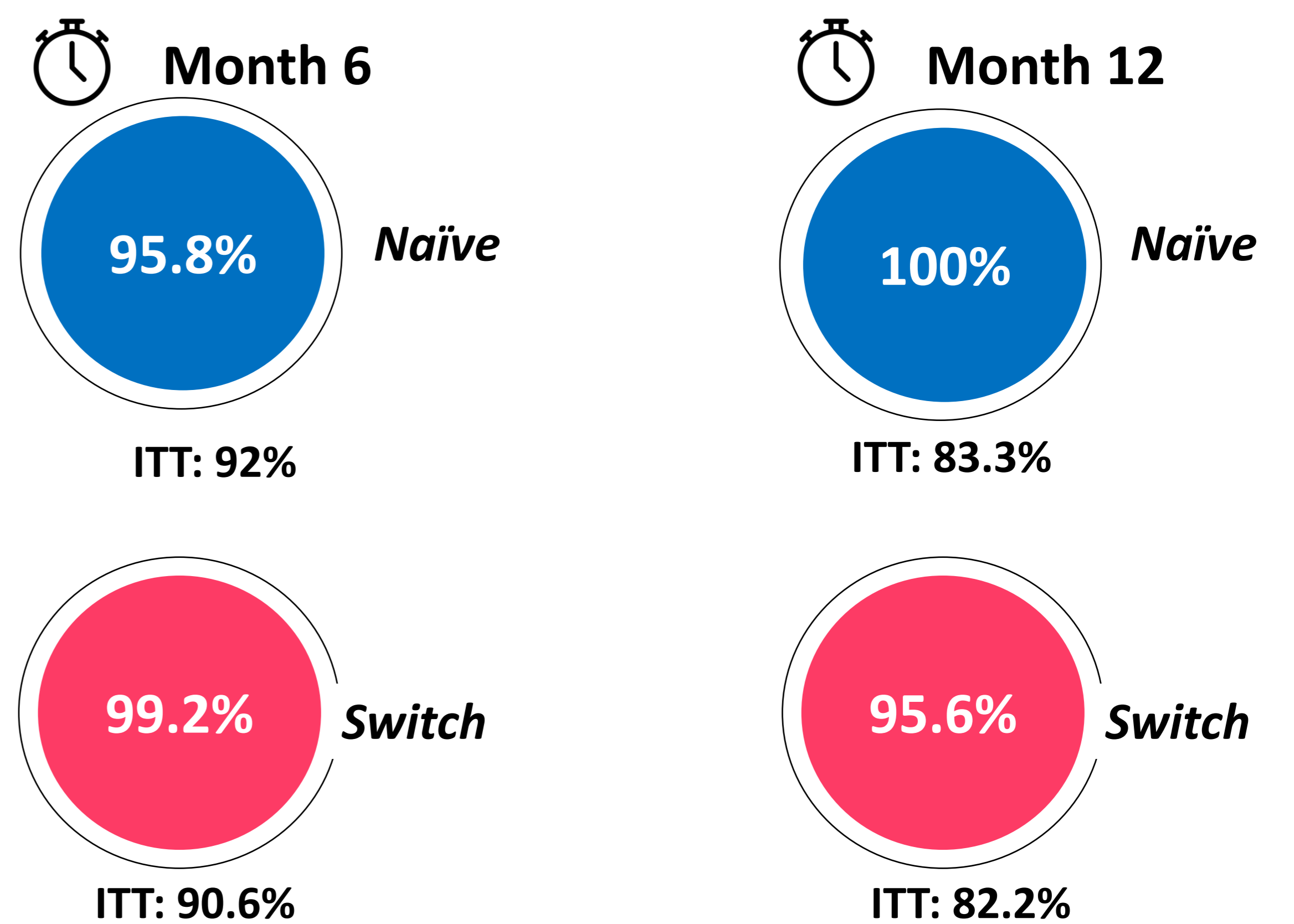
NNRTI

24.3%

Main reason for switch was simplification (65.5%)

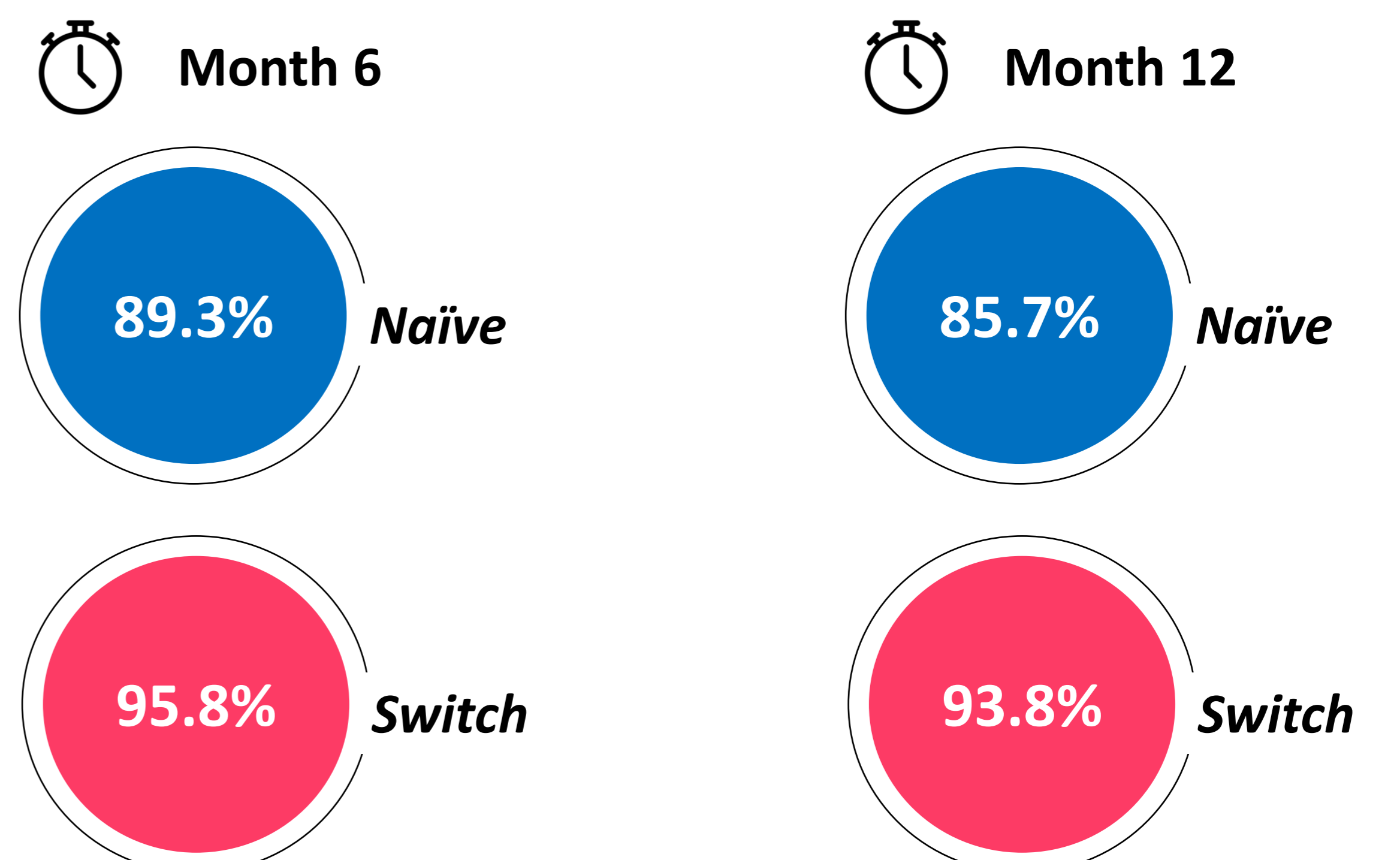
EFFECTIVENESS – on treatment analysis

Viral load < 50 copies/mL



TOLERABILITY / SAFETY

Persistence in treatment



Discontinuations

- | Time Point | Discontinuations |
|------------|--------------------|
| Month 6 | 9 discontinuations |
| Month 12 | 4 discontinuations |
- ✓ 3 due to adverse effects (AE) not related to B/F/TAF
 - ✓ 2 lost to follow-up
 - ✓ 2 deaths not related to B/F/TAF
 - ✓ 1 due to AE related to B/F/TAF (decreased libido)
 - ✓ 1 due to pre-existing resistance (rapid initiation)
 - ✓ 3 lost to follow-up
 - ✓ 1 due to AE related to B/F/TAF (weight gain)

CONCLUSIONS

The use of B/F/TAF in this real-world cohort supports the results from clinical trials, showing **high rates of virological suppression and persistence** at 6 and 12 months of follow-up, with **no cases** of treatment-emergent resistance.