REAL-LIFE EXPERIENCE WITH BICTEGRAVIR/EMTRICITABINE/TENOFOVIR ALAFENAMIDE (B/F/TAF) IN A SINGLE CENTER IN PORTUGAL

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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:

People living with HIV (PLWH) who started BIC/FTC/TAF

From March/2020 to June/2021

- Treatment-naïve **(TN)**
- Treatment-experienced **(TE)**

Goals

Evaluate:

- Effectiveness
- Tolerability
- Safety

At **Month 6** and **Month 12** of follow-up

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	PI	NNRTI
43.9%	31.8%	24.3%

Main reason for switch was simplification (65.5%)

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.

EFFECTIVENESS – on treatment analysis

Viral load < 50 copies/mL

Month 6

95.8% *Naïve*

ITT: 92%

99.2% *Switch*

ITT: 90.6%

Month 12

100% *Naïve*

ITT: 83.3%

95.6% *Switch*

ITT: 82.2%

TOLERABILITY / SAFETY

Persistence in treatment

Month 6

89.3% *Naïve*

95.8% *Switch*

Month 12

85.7% *Naïve*

93.8% *Switch*

Discontinuations

Month 6

9 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)

Month 12

4 discontinuations

- ✓ 3 lost to follow-up
- ✓ 1 due to AE related to B/F/TAF (weight gain)