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GLASGOW

ANTIRETROVIRAL TREATMENT WITH BIC/FTC/TAF: WHERE WE COME FROM AND WHERE WE ARE GOING

P106

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INTRODUCTION:
Since its commercialization in Spain in 2019, bictegravir/emtricitabine/tenofovir alafenamide (BIC/FTC/TAF) has been one of the preferred antiretroviral treatments (ART) in people living with HIV (PLWH), both naïve and switch patients. Its advantages include being a single tablet regimen, having a high genetic barrier, and being active against hepatitis B virus (HBV). The objective of this study is to analyse the changes in treatment from or to BIC/FTC/TAF, as well as the reasons for these changes.

MATERIALS AND METHODS:
Data were analysed from all PLWH in University Hospital Son Llàtzer, in Mallorca, Spain, who at some point had been treated with BIC/FTC/TAF. We studied the previous ART as well as the subsequent treatment (if any), and the reasons for these changes.

RESULTS:
Since 2019, 641 PLWH have been treated with BIC/FTC/TAF (55% of all PLWH). There were 21.5% women, and 40% of patients with positive total core antibody for HBV (table 1).
The majority of patients who started BIC/FTC/TAF were naive patients or transferred from other countries without previous treatment in our hospital (248; 38.7%). There were 181 (28.2%) patients who came from regimens with another integrase inhibitor with cobicistat (EVGc/TAF/FTC) and 98 (15.3%) patients who did not have INSTI in their ART (RPV/TAF/FTC, DRVc/TAF/FTC or EFV/TAF/FTC). There were also changes from two-pill regimens (77, 12%), and some changes from dual therapies with DTG/3TC or DTG/RPV (18, 2.8%).
Of the 641 PLWH treated with BIC/FTC/TAF, 575 (89.7%) maintain this treatment until now. Of the remaining 66 PLWH who switched to other treatments, most of them switched to intramuscular CAB/RPV (24; 36.4%), followed by oral dual therapies such as DTG/3TC (17; 25.8%) or DTG/RPV (4; 6%) (figure 1).
The reasons for all changes are summarized in Table 2, with the discontinuation of a booster or the introduction of an integrase inhibitor being the main reasons for initiating BIC/FTC/TAF, and the change in route of administration or simplification being the main reasons for discontinuing BIC/FTC/TAF.

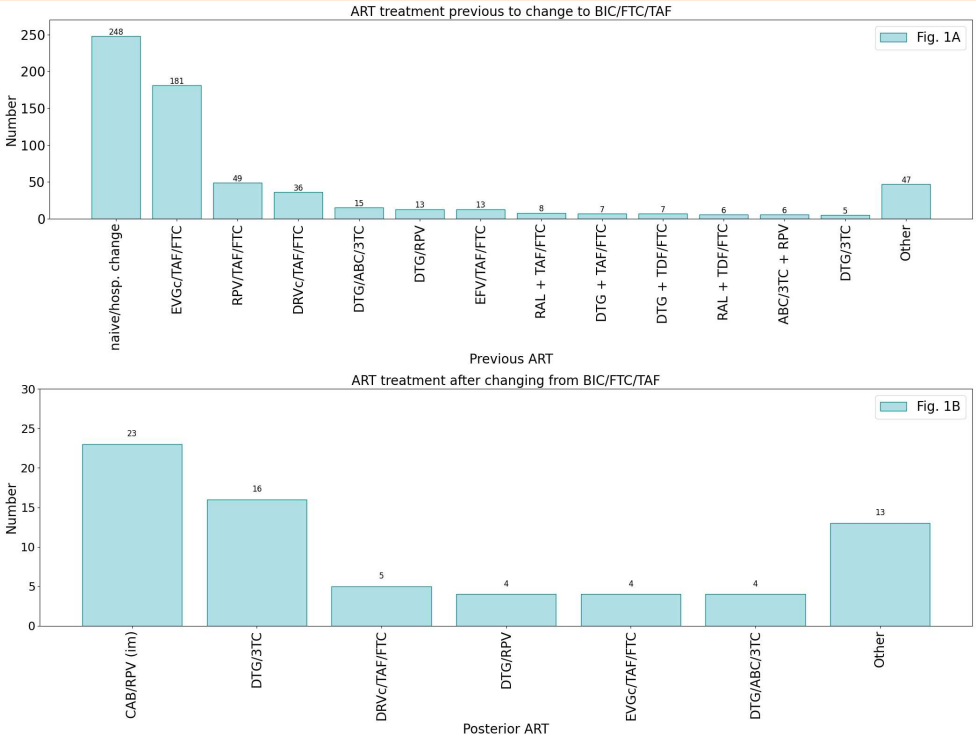

Figure 1. ART treatment before initiating BIC/FTC/TAF (Fig. 1A) and ART treatment after discontinuation of BIC/FTC/TAF (Fig. 1B)

CONCLUSION:
Antiretroviral therapy with BIC/FTC/TAF is the most commonly use ART in our hospital, being a safe therapy that is generally maintained over time and suitable for PLWH co-infected with HBV. The main reason for discontinuation is the participant's desire to switch to intramuscular therapies.

Table 1. Characteristics of the people included in the study. Results are expressed as mean (SD) or N (%)

Characteristic	Mean (SD) or N (%)
Age, years	47 (SD: 12)
Last CD4 count, cel/uL	713 (SD: 395)
Gender, women	138 (21.5%)
Nationality	
West Europe	452 (70.5%)
Central/South America	127 (19.8%)
Africa	44 (6.9%)
Eastern Europe	12 (1.9%)
Asia	5 (0.8%)
North America	1 (0.1%)
Transmission route	
Sexual intercourse-MSM	270 (42.1%)
Sexual intercourse-MSW	221 (34.5%)
Sharing injection material	112 (17.5%)
Other/Unknown	38 (5.9%)
Last HBcAb positive	249 (40.6%)
Last HBsAg positive	23 (3.7%)

Table 2. Reasons of initiation or discontinuation of BIC/FTC/TAF. Results are expressed as N (%)

Reason of administration/change	Changes to BIC/FTC/TAF N = 641	Changes from BIC/FTC/TAF N = 66
Naive/change of hospital	248 (38.7)	-
Eliminate cobicistat	182 (28.4)	-
Initiate INSTI	100 (15.6)	-
Simplification	77 (12)	15 (22.7)
Secondary effects	14 (2.2)	12 (18.2)
Prevent interaction	8 (1.2)	2 (3)
Virological failure/blips	5 (0.8)	2 (3)
Adherence /loss to follow up	4 (0.6)	7 (10.6)
Change administration route	-	24 (36.4)
Other	3 (0.5)	4 (6.1)

References
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