

## Efficacy and safety of dolutegravir (DTG)-based antiretroviral treatment (ART) in people with HIV and solid organ transplantation (SOT): A single-arm clinical trial (DTG-SOT)

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### Introduction

We demonstrated that DTG-based ART did not change tacrolimus and mycophenolic acid pharmacokinetic profiles in patients with HIV (PWH) and SOT<sup>1</sup>. However, there is limited clinical information on DTG use in the transplantation setting since raltegravir (RAL)-based ART is commonly used. The hypothesis for switching from RAL to DTG was to move to a more convenient ART-regimen while maintaining/improving efficacy and tolerance. However, in the only published study, five (50%) of the 10 PWH liver transplant (LT) recipients in whom ART was switched to DTG for simplification returned one year later to the previous ART regimens due to adverse events (AEs)<sup>2</sup>.

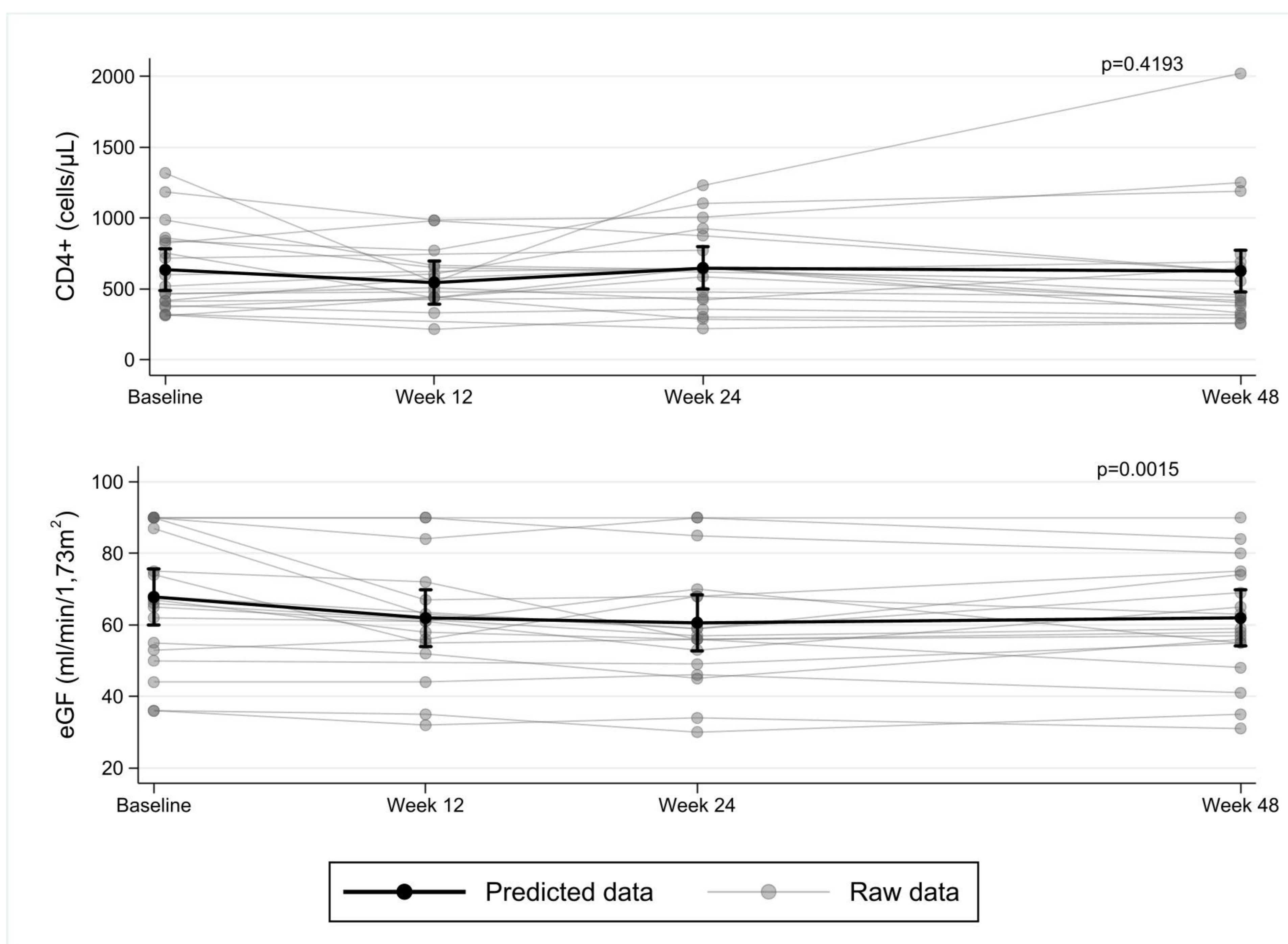
### Objective

The aim of this trial was to know the efficacy and safety of DTG (plus two NRTIs) in PWH and SOT.

### Material

Single-arm trial including consecutive PWH SOT adult recipients on stable and effective RAL-based ART who were switched to DTG-based ART and were followed-up for 48 weeks. Participants had plasma HIV viral load (VL) <50 copies/mL during ≥12 months. DTG was combined with tenofovir disoproxil fumarate (TDF)/Emtricitabine (FTC) or Lamivudine (3TC)/Abacavir (ABC). Primary endpoint: plasma HIV VL <50 copies/mL at 48 weeks. Secondary endpoints: CD4 counts evolution and treatment discontinuation rates. ClinicalTrials.gov Identifier: NCT03360682.

**Results** 19 PWH were included (median [IQR] 57 years [51;60]), 58% were males, SOT type: liver (n=12); kidney (n=6); heart (n=1). ART was 3TC/ABC/DTG in 63% and FTC/TDF+DTG in 37%. All patients (100%) remained suppressed (VL <50 copies/mL) at 48 weeks. There were no changes in CD4 counts (p=0.4193)(**Figure-top**) or percentages (p=0.5155), total cholesterol (p=0.0686), LDL-cholesterol (p=0.7384), HDL-cholesterol (p=0.1373), or triglycerides (p=0.7476) during follow-up. Although the estimated glomerular filtration (eGF) rate slightly decreased (p=0.0015)(**Figure-bottom**) and creatinine slightly increased (p=0.0001), these changes were not clinically relevant. Protein/creatinine ratios remained unchanged (p=0.6379), with no significant changes in liver enzymes or glucose. Three (16%) participants discontinued DTG-treatment due to AEs (neuropsychological alterations (n=2), worsening diabetes (n=1)). No patients experienced organ rejection during the study.



**Figure legend:** Evolution of CD4+ cell counts (**top**) and the estimated glomerular filtration (eGF) rate (**bottom**) in PWH and SOT receiving DTG-based ART throughout the study. The **grey lines** represent individual values and the black lines the predicted values with the corresponding 95% confidence intervals (CI).

### Conclusions

Switching to DTG-based ART was effective in PWH and SOT. More studies are needed to evaluate DTG safety in this setting.

### References

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