



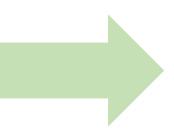


## REAL-WORLD PERSISTENCE WITH DOLUTEGRAVIR/LAMIVUDINE VERSUS BICTEGRAVIR/EMTRICITABINA/TENOFOVIR ALAFENAMIDE AMONG HUMAN IMMUNODEFICIENCY VIRUS PATIENTS.

L. Martín Zaragoza<sup>1</sup>, J. Sánchez-Rubio Ferrández<sup>1</sup>, A. Onteniente González<sup>1</sup>, M. Gómez Bermejo<sup>1</sup>, A. Alcántara Prado<sup>1</sup>, L. Carmona Juárez<sup>1</sup>, S.J. Rodríguez Álvarez<sup>2</sup> A. Monereo Alonso<sup>2</sup>, T. Molina García<sup>1</sup>. Pharmacy Service<sup>1</sup>. Internal Service H.U de Getafe, Madrid (Spain)<sup>2</sup>

### Background and Importance

Persistency can provide information on the comparative effectiveness, durability and tolerability in real-world patient populations.



Little is known about comparative persistence of dolutegravir/lamivudine (DTG/3TC) and bictegravir/emtricitabine/tenofovir-alafenamide (BIC/FTC/TAF).

# Aim and Objectives



To compare persistence between two preferred antiretroviral therapies and analyze reasons for discontinuation.

#### Materials and Methods



Retrospective Non-interventional Longitudinal



All HIV patients over 18 years treated with DTG/3TC or BIC/FTC/TAF



Start of treatment – end observation period (March 2022)

Persistence was also calculated as a dichotomous variable at the conclusion of the first year of therapy. Permissible gap was 90 days.



Covariates collected from medical record were:

- Age, gender
- Viral load (VL), CD4 count
- Number of previous antiretroviral medications
- Charlson comorbidity index
- Medication Possession Ratio (MPR)
- ✓ Persistence after first year was compared using the **x² test**.
- ✓ Kaplan-Meier survival analysis was performed and differences were evaluated using the log-rank test.
- ✓ Adjusted risk of discontinuation was assessed with Cox Proportional Hazard models.
- ✓ Significance level was 0.05.

### Results



- 79.2% were male
- 5.2% were naive
- Age (mean±SD) was 47±12 years
- 91.2% had VL<200 copies</li>
- 10.1% CD4<200/ml
- Number of previous treatments was 3.5±2.6.
- MPR was 95.4±11.1.
- Charlson comorbidity index was  $1\pm1.66$ .
- 49.2% were treated with BIC/FTC/TAF

Persistent after the first year DTG/3TC → 97.8% BIC/FTC/TAF → 89.7%

[OR = 5.1](CI95% 1.7-15.6) p=0.002

Persistence with **DGT/3TC** was **1.231 days** Persistence with BIC/FTC/TAF was 980 days p=0.001

Cox-model adjusted HR was 2.5 (IC95% 0,5-12;p=0.26).

The main reasons for discontinuation			
BIC/FTC/TAF		DTG/3TC	
n = 9	tolerability/toxicity	n = 1	toxicity
n = 3	death	n = 1	death

#### Conclusion and Relevance

- ✓ More patients on DTG/3TC were persistent after the first year compared to BIC/FTC/TAF (however, there were no differences in overall persistence in covariate-adjusted analysis)
- Main reason for BIC/FTC/TAF discontinuation was tolerability/toxicity

