Treatment Response among HIV Patients Co-enrolled in the Etravirine (ETR) and Raltegravir (RAL) Expanded Access Programs (EAPs) at Kaiser Permanente

Kerrigan H1, Towner W1, Klein D2, Follansbee S3
1Kaiser Permanente, Los Angeles, CA, USA; 2Kaiser Permanente, Hayward, CA, USA; 3Kaiser Permanente, San Francisco, CA, USA

Background

- In HIV treatment-experienced patients, DHHS guidelines recommend the initiation of at least two, and preferably three, fully active antiretroviral agents when constructing drug regimens.1
- Etravirine (ETR) is a next-generation non-nucleoside reverse transcriptase inhibitor (NNRTI) which demonstrates potent antiretroviral activity against NNRTI resistance in vitro as well as a favorable safety profile.2

Methods

- Resistance (RAL) or oral integrase inhibitor with established efficacy and patient tolerability. As a novel or novel class, it is a hypersensitive test for treatment-experienced patients to have significant resistance to RAL.3
- The clinic setting, the concurrent ETR and RAL Expanded Access Programs (EAPs) provided an opportunity to evaluate the efficacy and safety of ETR + RAL + background therapy (BT) in treatment-experienced patients.4

Objectives

- To assess the virologic effect of ETR + RAL + BT in HIV background therapy (BT) in treatment
- To determine the cumulative resistance defined as baseline resistance + all available historic genotypes.
- To determine the safety profile of ETR + RAL + BT.

Study Design

A multicenter, retrospective study evaluating patients concurrently enrolled in ETR and RAL in Kaiser Permanente Northern and Southern California (KPNCC) as part of the DUET-2 trial. Screening, Baseline, Weeks 4, 12, and 24.

Results

- The virologic outcomes were achieved using the baseline genotypes plus all available historic genotypes.
- The 3 patients experiencing Grade 3 treatment failures had drug non-response.
- Virologic failure at Week 24 had drug non-compliance.

Conclusions

- The high rate of virologic success in this study population can be contributed to the use of multiple active agents in the regimen, including ETR, RAL and a boosted PI.

References