

EPZICOM[®] Virologic Response in ART-Naïve Patients with Baseline Viral Loads Above and Below 100,000c/mL Using the A5202 Endpoint

**K. Pappa, J. Hernandez, B. Ha, M. Shaefer, C. Brothers, and Q. Liao
17th IAC 2008;Oral:THAB0304.**

Background

- **Primary endpoints utilized in A5202 are unique**
- **The A5202 interim results:**
 - **are unexpected**
 - **not consistent with prior clinical experience**
 - **raise the question of whether the two nucleoside backbones have comparable efficacy and safety**

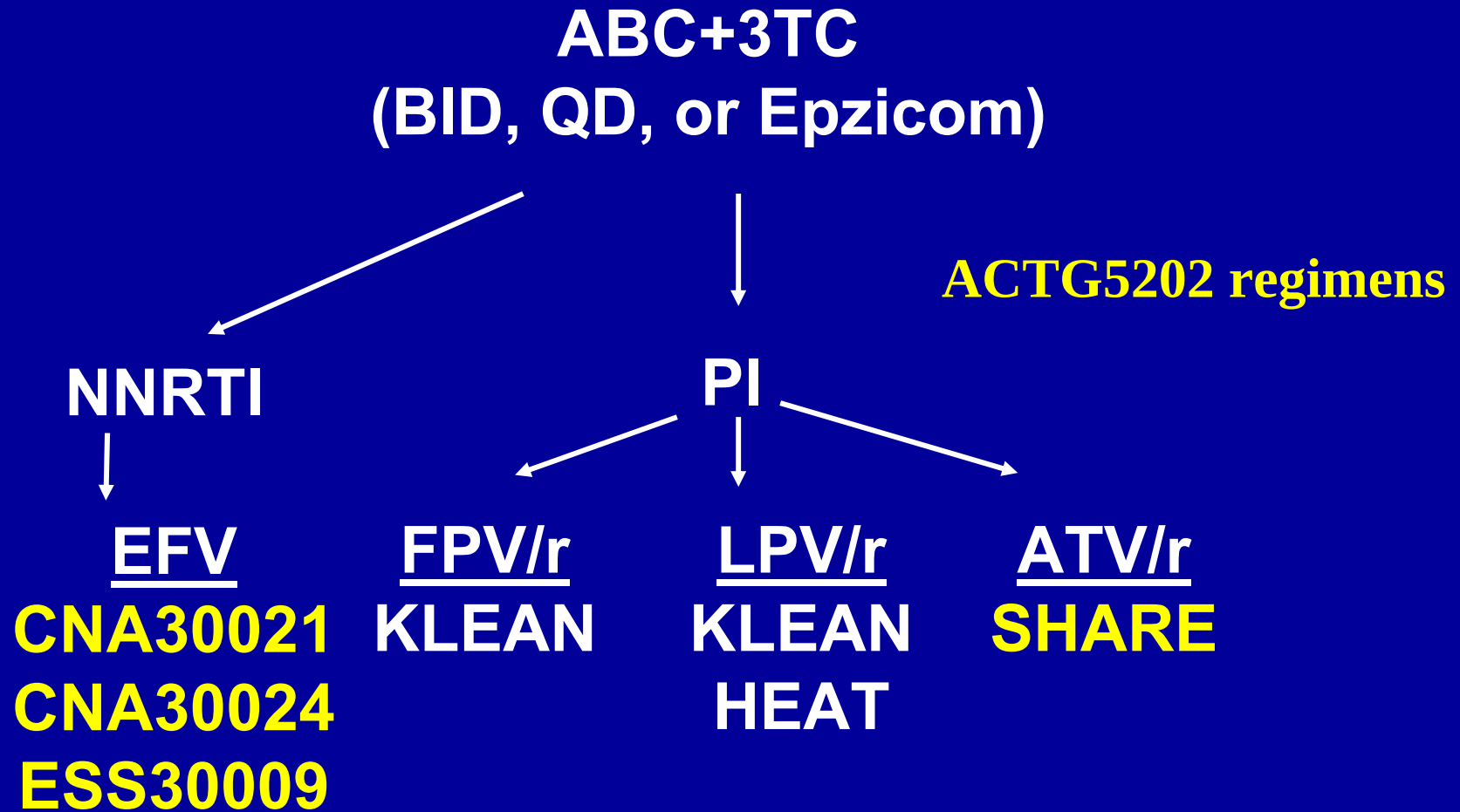
Outline

- **Is ABC/3TC really less effective in $\geq 100,000$ c/mL?**
 - Review of data from six trials using A5202 endpoints
 - Review of 96 week HEAT data
- **Is ABC/3TC really less tolerable than TDF/FTC?**
 - HEAT Data:
 - A5202 safety endpoint
 - Adverse experiences → discontinuation
 - Lipid changes (NCEP guidelines)

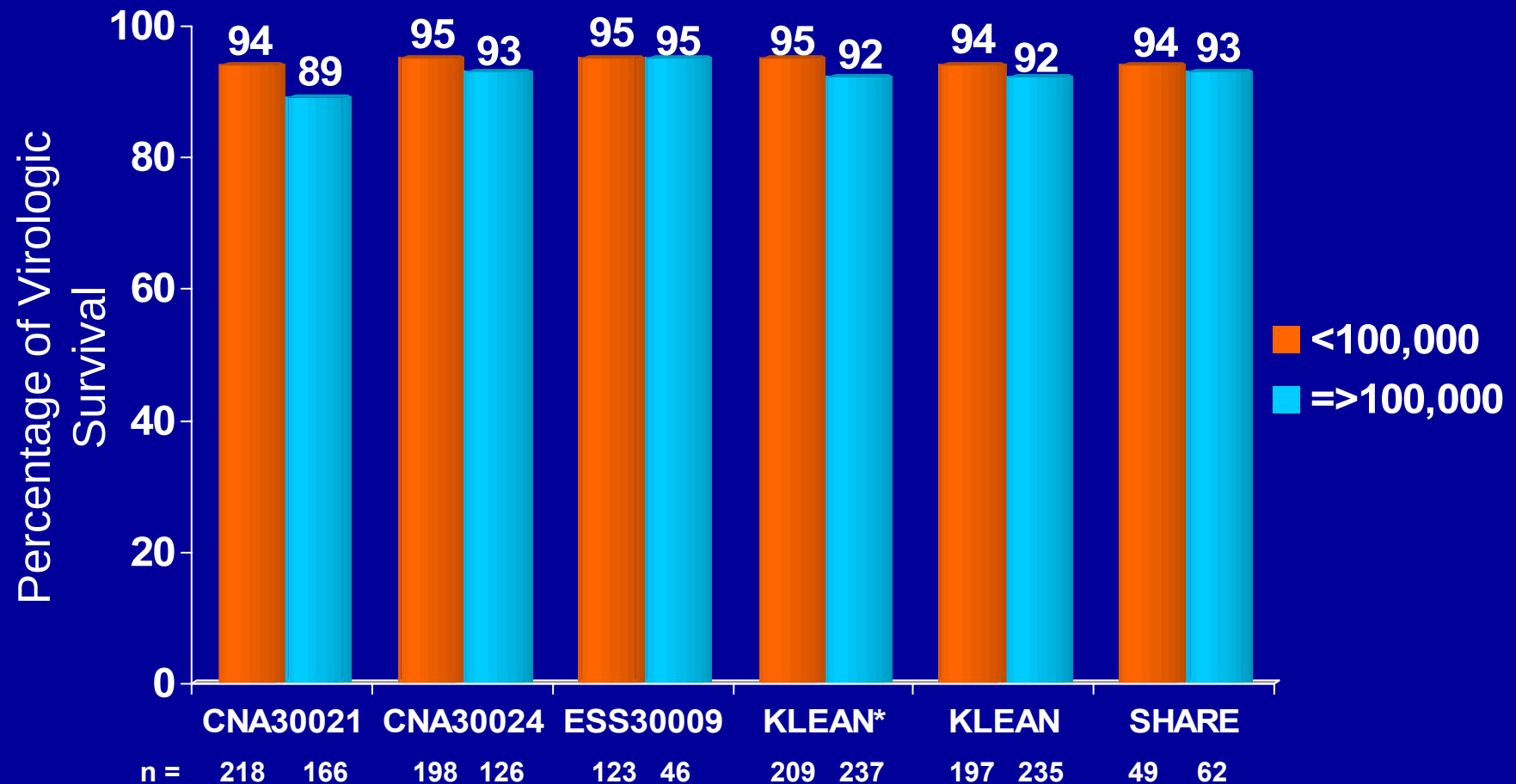
A5202 Primary Efficacy Endpoint

- Time to virologic failure (VF)
- VF: confirmed **VL $\geq$ 1000 c/mL at or after 16 weeks and before 24 weeks** or $\geq$ 200 c/mL at or after 24 weeks

Clinical Trials with Third Drugs ($N \geq 100$)



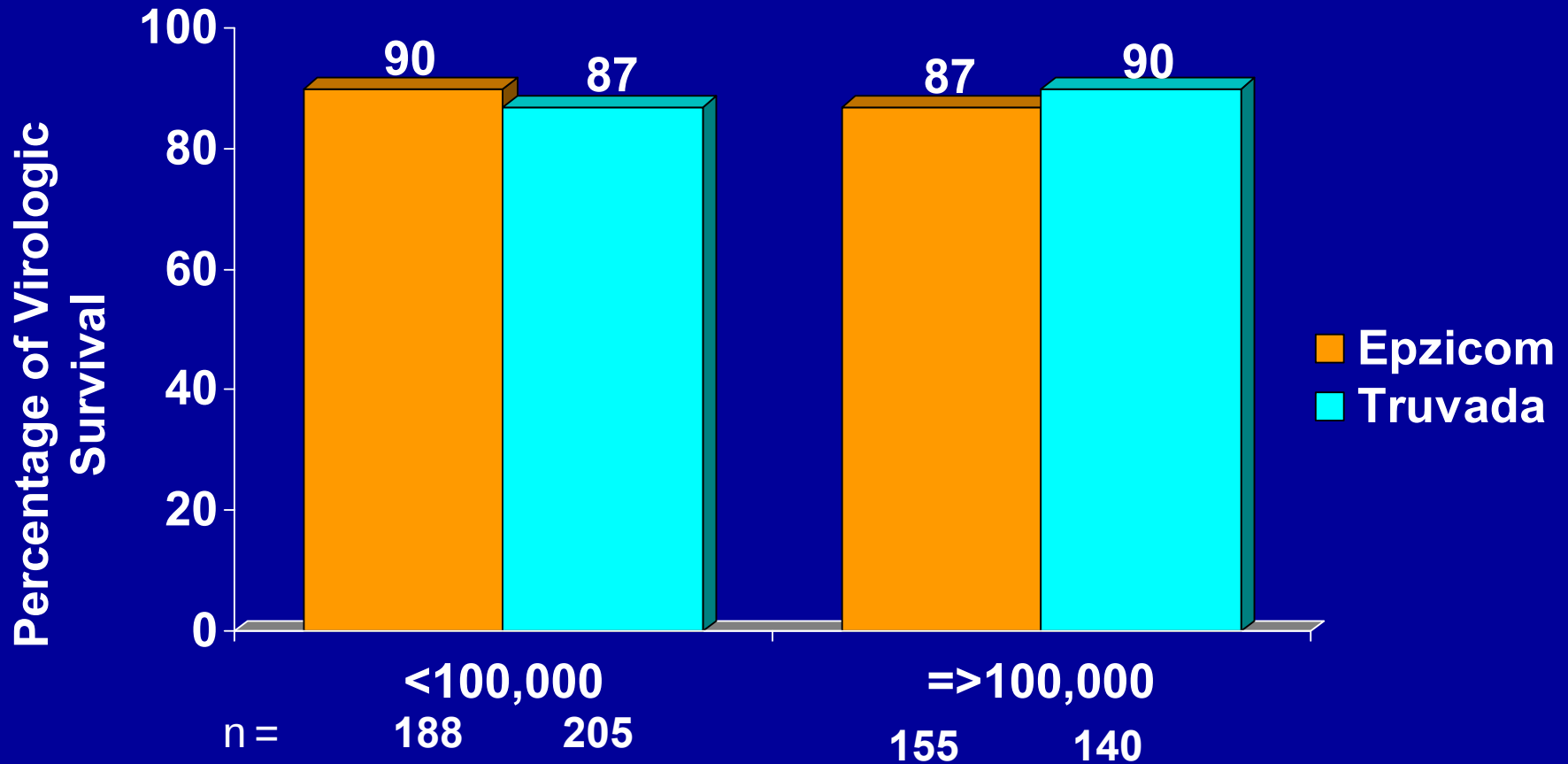
Probability of Protocol-Defined Virologic Survival by Week 48 by BL Viral Load Using the A5202 Efficacy Endpoint¹



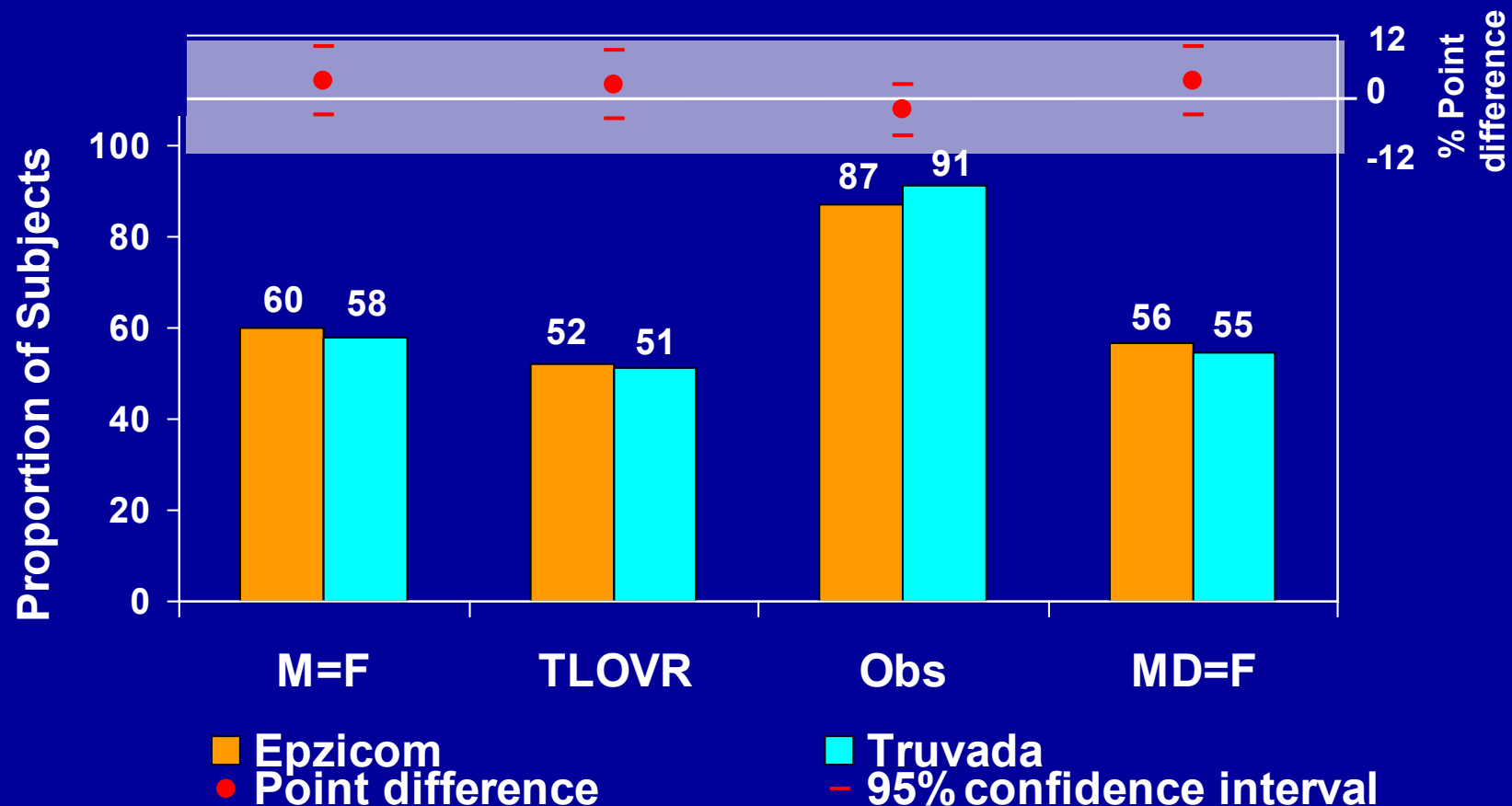
ABC/3TC + ATV/r (SHARE) ABC/3TC + EFV (CNA30024) *ABC/3TC + LPV/r (KLEAN)

ABC/3TC + FPV/r (KLEAN) ABC/3TC + EFV (ESS30009) ABC+3TC (QD) + EFV (CNA30021)

HEAT: Probability of Protocol-Defined Virologic Survival by Week 48 by BL Viral Load Using the A5202 Efficacy Endpoint¹



HEAT: HIV-1 RNA <50 c/mL at Week 96



Efficacy Summary

- Data from six clinical trials using A5202 endpoints indicates consistency in efficacy between low and high VL strata
- HEAT 96 week data confirm non-inferiority of ABC/3TC with TDF/FTC

A5202 Primary Safety Endpoint Component

- Time from treatment dispensation to the first development of Grade 3 or 4 sign, symptom or laboratory abnormality that is at least one grade higher than at baseline*
- CK and bilirubin laboratory values were **excluded**

*HLA-B*5701 screening was not standard of care at time of study initiation

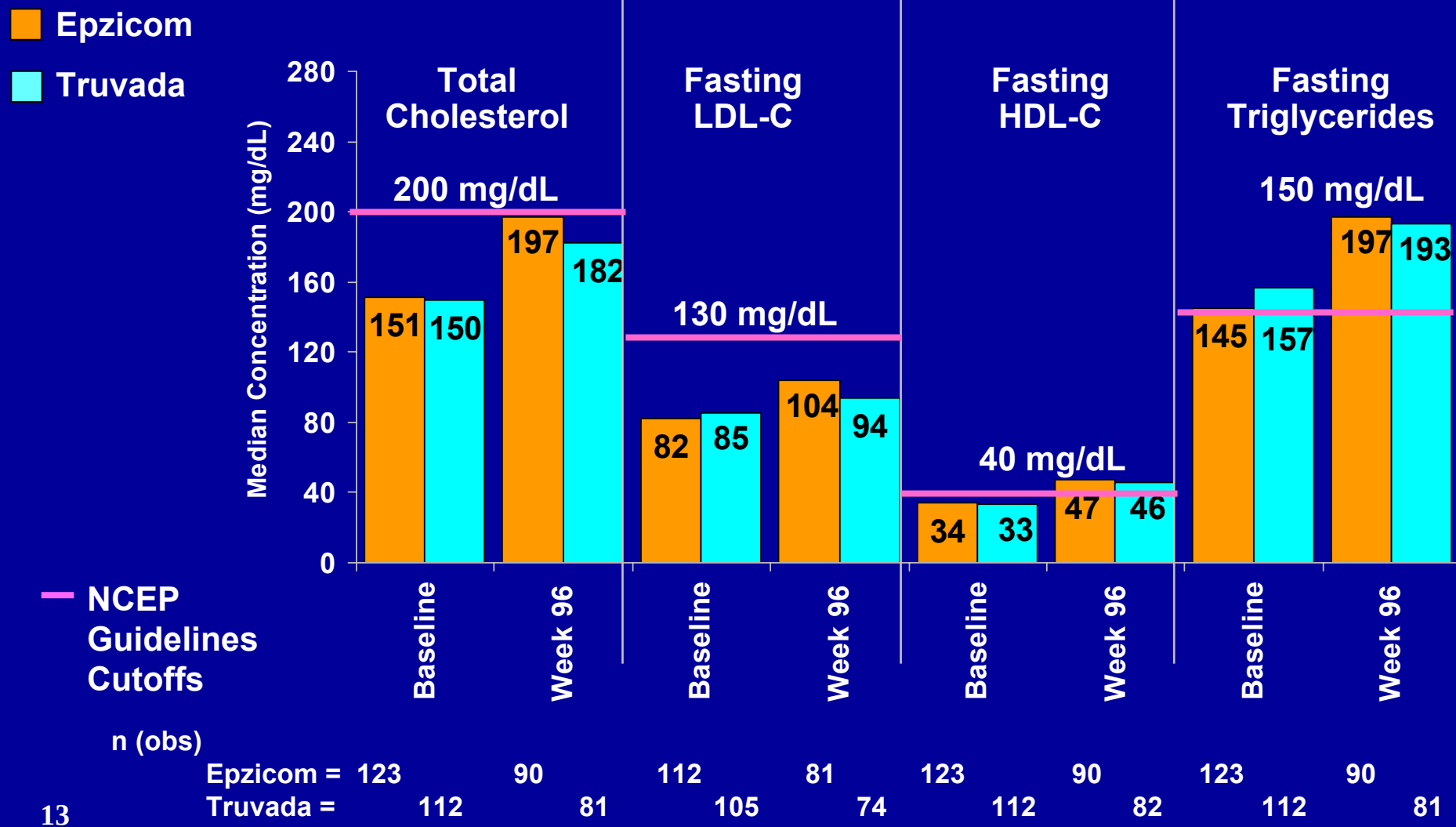
HEAT 48 Week: Grade 3-4 Sign, Symptom, or Lab Toxicity ≥ 1 Grade Higher than BL for Patients with BL VL $\geq 100,000$ c/mL¹

	Epzicom (N=155)	Truvada (N=140)
GFR decreased	3(2%)	3(2%)
Diarrhea	2(1%)	3(2%)
Drug hypersensitivity	3(2%)	1(<1%)
Pneumonia	3(2%)	1(<1%)
Phosphorus	5(3%)	3(2%)
Neutrophils	3(2%)	4(3%)
Triglycerides	5 (3%)	1(<1%)
Cholesterol	5(3%)	0 / 0
Glucose	1(1%)	3(2%)
ALT	4(3%)	1(<1%)
AST	1(<1%)	3(2%)

HEAT Trial - 96 Week: AEs in ≥ 2 Subjects Leading to Study Discontinuation for Subjects with BL HIV-1 RNA $\geq 100,000$ c/mL

	Epzicom (N=155)	Truvada (N=140)
Subjects with any event	8 (5%)	11 (8%)
Blood triglycerides increased	2 (1%)	1 (<1%)
Mycobacterium avium complex infection	0	2 (1%)

HEAT data: Fasting Lipid Changes to Week 96 for Subjects with Baseline HIV-1 RNA $\geq 100,000$ c/mL



Safety Summary

- **HEAT data utilizing the A5202 endpoint and typical safety endpoints indicate both ABC/3TC & TDF/FTC regimens are:**
 - **well-tolerated**
 - **have comparable safety**
 - **few study discontinuations due to AEs**

Conclusions

- **Recent A5202 findings:**
 - are unexpected
 - different from clinical experience
- **A5202 primary efficacy & safety endpoints are unique**
- **Using A5202 endpoints, analysis of 6 other clinical studies utilizing an ABC/3TC regimen demonstrates robust results irrespective of baseline viral loads**

Conclusions (cont.)

- **96 week HEAT data:**
 - **confirms non-inferiority of ABC/3TC & TDF/FTC**
 - **both regimens are:**
 - **well-tolerated**
 - **comparable safety**
 - **few study discontinuations due to AEs**
 - **no increase in hs-CRP and IL-6 from baseline to weeks 48/96 with ABC/3TC or TDF/FTC. No significant differences between the treatment groups¹**

A5202 Questions Still to be Addressed

- Study is still ongoing
- What is the impact of:
 - Baseline resistance
 - Treatment interruptions
 - Adherence data
 - Lipid changes using NCEP guidelines
 - Stratifying by screening VL using local labs
 - Differences in endpoints

Acknowledgements

The authors would especially like to thank:

- all participating study subjects**
- site personnel**
- GSK study teams**