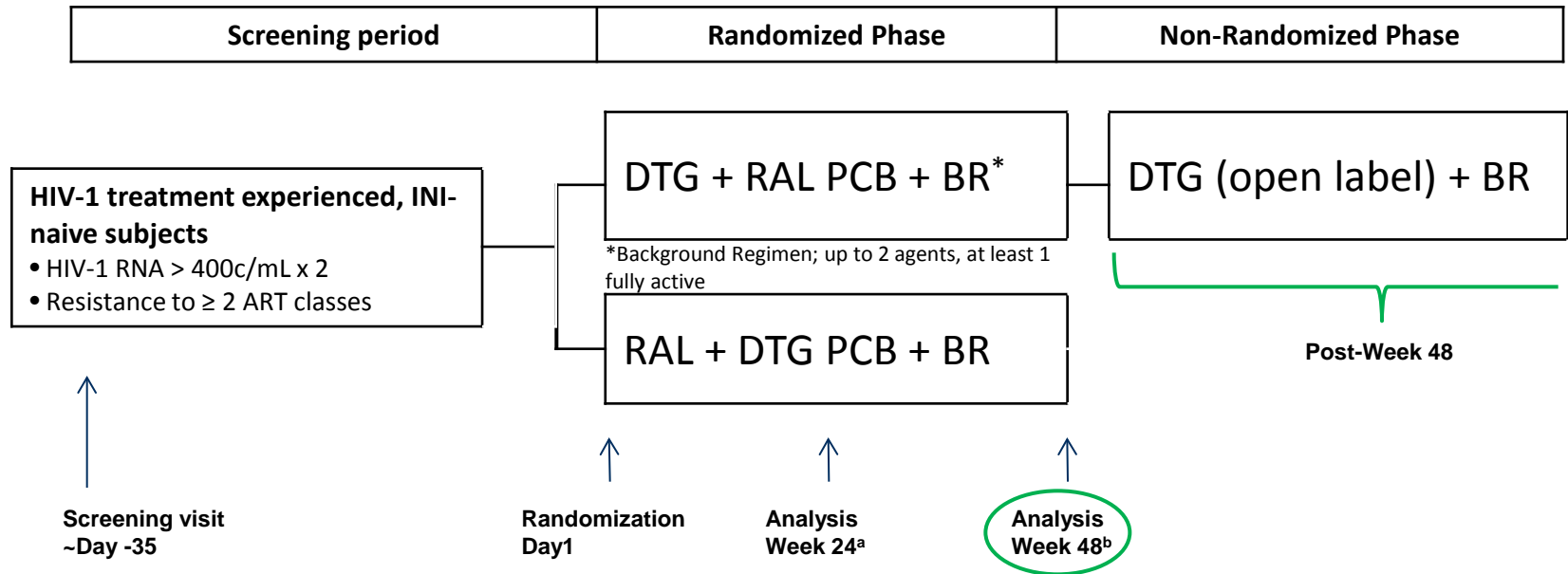


**Resistance Post Week 48 in ART-Experienced,  
Integrase Inhibitor-Naïve Subjects with  
Dolutegravir (DTG) vs. Raltegravir (RAL) in  
SAILING (ING111762)**

MR Underwood<sup>1</sup>, F DeAnda<sup>1</sup>, D Dorey<sup>2</sup>, K Hightower<sup>1</sup>, R  
Wang<sup>1</sup>, S Griffith<sup>1</sup>, J Horton<sup>3</sup>

*<sup>1</sup> GlaxoSmithKline, North Carolina, USA, <sup>2</sup> GlaxoSmithKline, Mississauga, ON, Canada. <sup>3</sup> Currently PAREXEL International  
(previously GlaxoSmithKline, North Carolina, USA.)*

# Study Design



## Week 48 Results

- Dolutegravir 50 mg once daily was superior to raltegravir 400 mg twice daily: 251 (71%) with HIV-1 RNA < 50 c/mL versus 230 (64%); (adjusted difference 7.4%, 95% CI 0.7 to 14.2; p=0.03).
- Fewer subjects failed with INI-genotypic or -phenotypic resistance on DTG (4/354, 1%) versus RAL (17/361, 5%), p=0.003.

a Underwood, et al. Abs#21. IDRW June 4-8, 2013. Toronto, Canada

b Cahn, et al. Lancet 2013; 382: 700-08

# SAILING Resistance Through Week 48

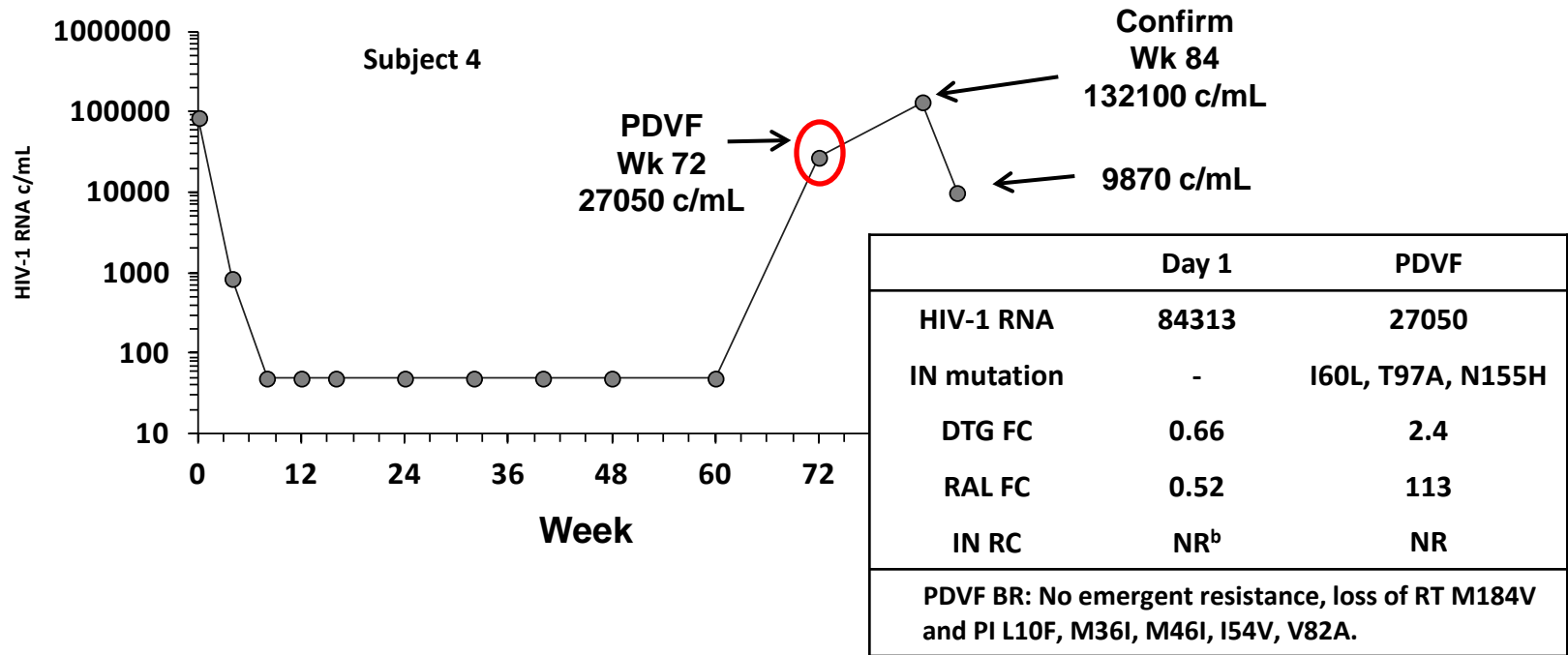
- Emergent IN substitutions for two subjects on DTG at R263K or V260I/R263K conferred <2 fold change (FC) in  $IC_{50}$  for DTG and RAL<sup>a,b</sup>
- Subjects had fluctuating viral load or DTG level measured below the quantitation limit<sup>b</sup>
  - Evidence for non-optimal adherence leading to PDVF and emerging resistance

# SAILING Post Week 48 Endpoint

- Subjects could continue to receive DTG until:
  - locally approved and available
  - clinical benefit is lost
  - protocol-defined reason for discontinuation
  - clinical development of the compound is terminated
- Of subjects remaining on DTG three have met PDVF and harbored emergent INI resistance

# Subject 4: Virologic Characteristics

- Day 1: Clade C; PSS = 2, GSS = 2
- Regimen (PSS<sub>Day 1</sub>): tenofovir (1) and darunavir/r (1)
- DTG C0<sup>a</sup>: Wk 4 = 1.78 µg/mL, Wk 24 = not evaluable, Wk 48 = 1.23 µg/mL

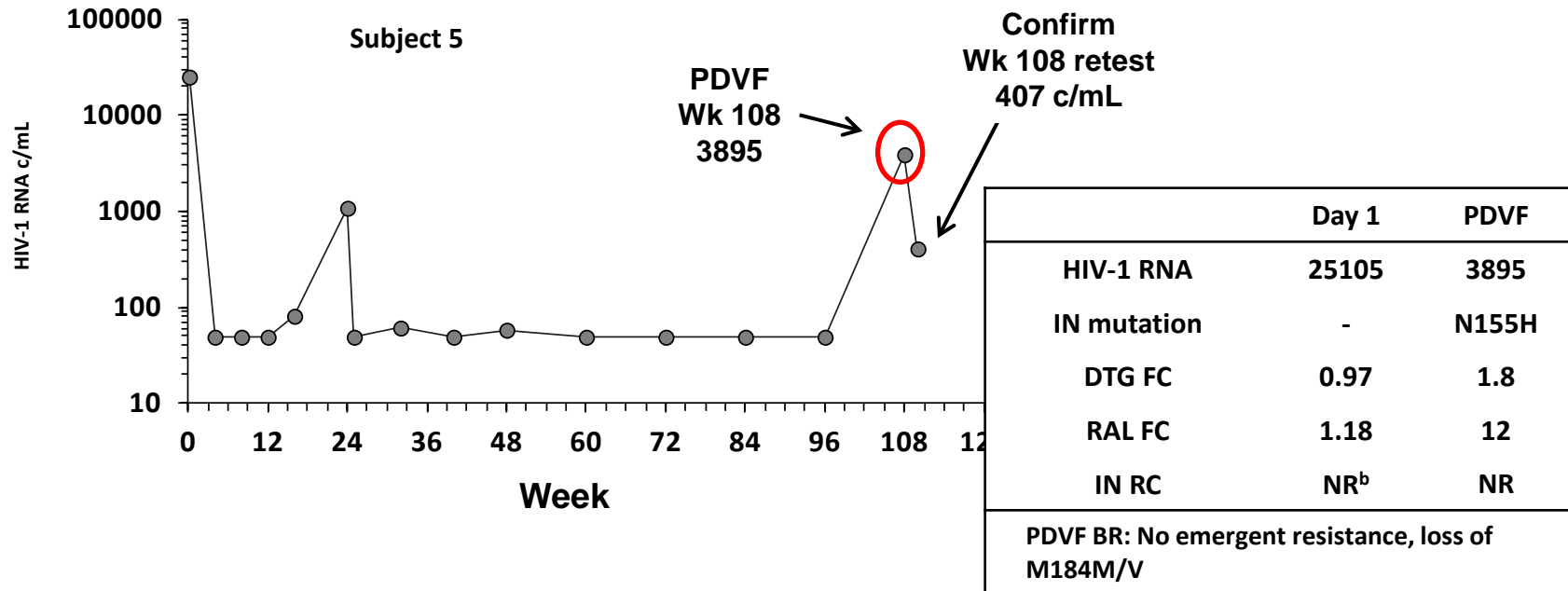


- **Non-adherent with investigational product (IP)(protocol deviation)**
- DTG FC in line with prior RAL selected N155H pathway isolates<sup>c</sup>

<sup>a</sup> Geometric Mean Week 4 + Week 24  
C0 0.86 µg/mL (CVb=140%)  
<sup>b</sup> Could not be determined

# Subject 5: Virologic Characteristics

- Day 1: Clade A; PSS = 2, GSS = 0.5
- Regimen (PSS<sub>Day 1</sub>): abacavir (1) and lamivudine (1)
- DTG C0<sup>a</sup>: Wk 4 = 1.14 µg/mL; **Wk 24 = <0.02 µg/mL (BQL)**; Wk 48 = 1.60 µg/mL

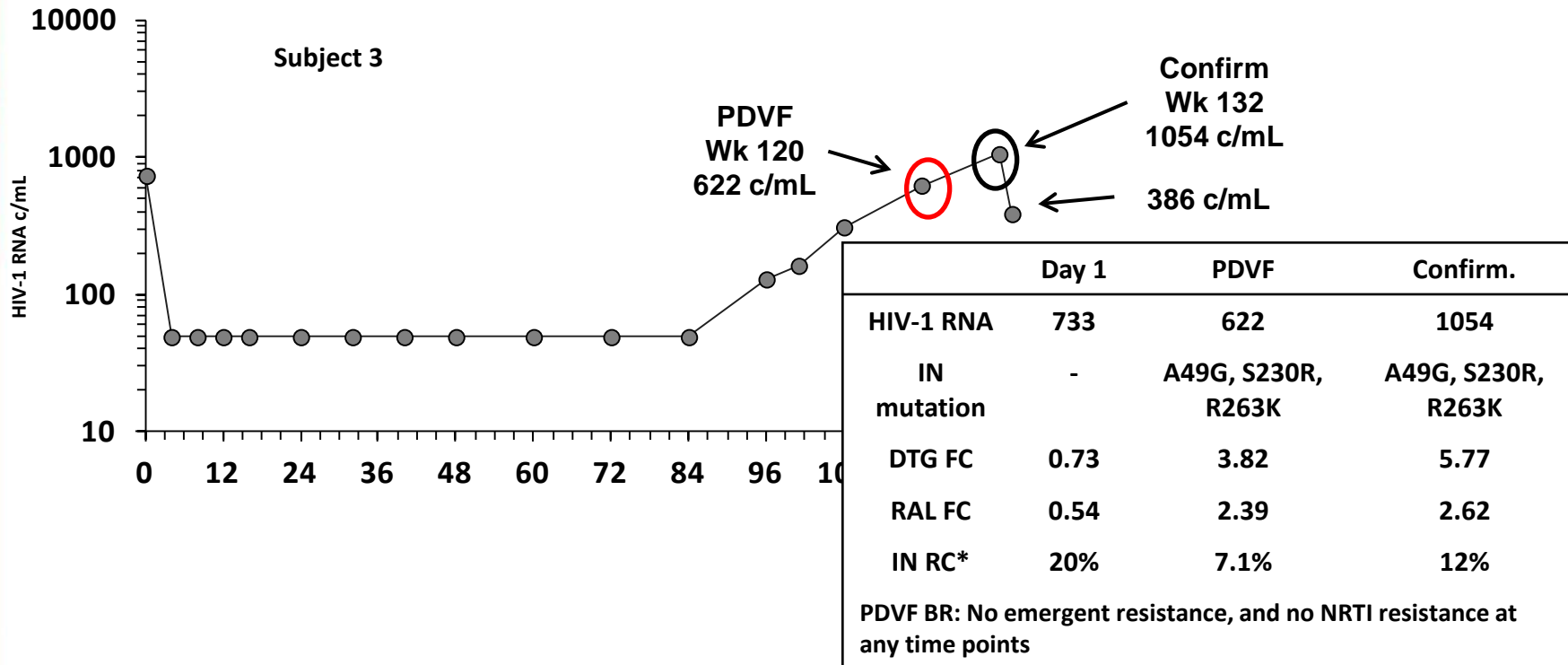


- **DTG trough below limit of detection Week 24**
- DTG FC in line with prior RAL selected N155H pathway isolates<sup>a</sup>

<sup>a</sup> Geometric Mean Week 4 + Week 24  
C0 0.86 µg/mL (CVb=140%)  
<sup>b</sup> Could not be determined

# Subject 3: Virologic Characteristics

- Day 1: Clade B; PSS = 2, GSS = 2
- Regimen (PSS<sub>Day 1</sub>): tenofovir (1) and emtricitabine (1)
- DTG C0<sup>a</sup>: Wk 4 = 0.36 µg/mL, Wk 24 = 0.22 ug/mL, **Wk 48 = 0.03 ug/mL**



- In addition to R263K both A49G and S230R were observed at Week 120 and Week 132
- Decreased replication capacity with A49G,S230R,R263K substitutions

<sup>a</sup> Geometric Mean Week 4 + Week 24  
C0 0.86 µg/mL (CVb=140%)

<sup>b</sup> Could not be determined

## Subject 3: Clonal analysis

| Time   | Source | IN Genotype    |  | FC IC50 vs WT  |      |                  |      |
|--------|--------|----------------|--|----------------|------|------------------|------|
|        |        | n <sup>a</sup> | Sequence                                     | n <sup>a</sup> | DTG  | EVG <sup>b</sup> | RAL  |
| Day 1  | Pop    | -              | wt   | -              | 0.73 | -                | 0.54 |
|        | Clone  | 8              | wt   | 4              | 0.87 | 1.10             | 0.75 |
| Wk 120 | Pop    | -              | A49G, S230R, R263K                           | -              | 3.82 | -                | 2.39 |
|        | Clone  | 8              | A49G, S230R, R263K                           | 4              | 5.80 | 7.65             | 2.67 |
| Wk 132 | Pop    | -              | A49G, S230R, R263K                           | -              | 5.77 | -                | 2.62 |
|        | Clone  | 4              | A49G, S230 <sup>G</sup> <sup>c</sup> , R263K | 2              | 4.07 | 3.77             | 1.71 |
|        | Clone  | 4              | A49G, S230 <sup>R</sup> , R263K              | 2              | 5.66 | 8.13             | 2.80 |

a. Clone data available, median is calculated if n>1; b. EVG data not available for population testing; c. S230 to S230R and S230R to S230G substitutions required two independent single nucleotide changes.

- DTG FC data for Week 120 clones was slightly higher than the population data (potential mixture effect?); EVG least susceptible.
- Week 132 clones showed S230<sup>G</sup> present with A49G and R263K, though it was not present by population sequence.
- The S230<sup>G</sup> substitution showed less effect on FCs than S230<sup>R</sup>.



# Summary

- Low or BQL DTG levels at some timepoints, or stated non-compliance with IP, suggests that non-adherence likely contributed to PDVF and emergent INI resistance for the subjects described.
- N155H pathway isolates on DTG were similar to N155H pathway virus observed during RAL therapy.
- R263K IN pathway virus FCs at Week 120 and at Week 132 for DTG were slightly higher than prior analyses from two PDVF subjects with R263K (with DTG FCs < 2) through Week 48<sup>a,b</sup>.
- DTG FC and minority species codon changes for Subject 3 were consistent with evolving resistance in the context of R263K during continued DTG therapy.
- Additional clinical data is needed to better assess DTG resistance.

a Cahn, et al. Lancet 2013; 382: 700–08

b Underwood, et al. Abs#21. IDRW June 4-8, 2013. Toronto, Canada

## Acknowledgements

We would like to thank subjects and their supporters, study investigators and site staff, and contributors from GSK and ViiV Healthcare.