
Maintenance Therapy with Dolutegravir/Rilpivirin is efficient and well tolerated in a real-life setting

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Background I

- combination triple therapy is standard of care in HIV therapy
- early mono or dual therapy rapidly induced treatment failure
- paradigm now challenged by
 - newer, more potent drugs
 - toxicity associated with long term (life long) use of antiretrovirals
 - costs

Background II

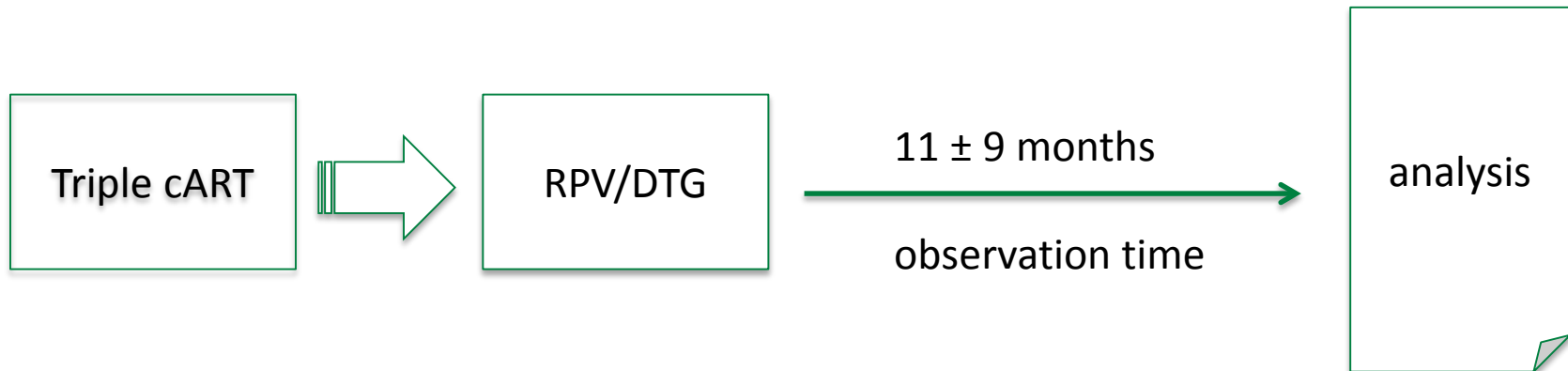
- Several regimens studied in virologically suppressed and naive patients
 - PI mono
 - NUC sparing
 - „3rd“ drug and 3TC only
- mixed results
- issues: resistance development, compartmentalization
- results better in suppressed than in naive patients (Baril J-G et al. 2016, PLoS ONE 11(2): e0148231)



INDUCTION-MAINTENANCE especially interesting

43 chronically HIV-1 infected patients

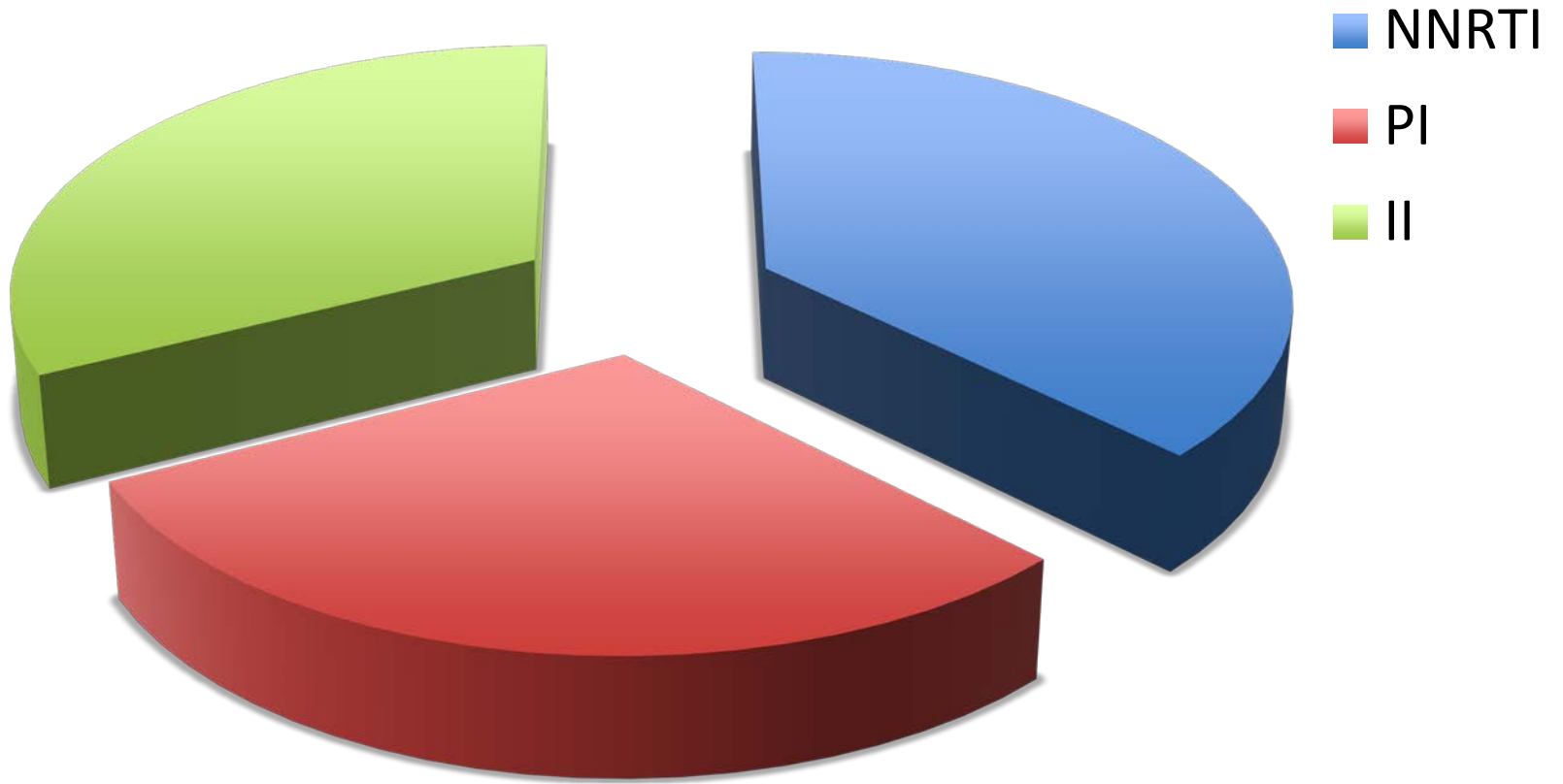
without history of treatment failure (NNRTI or INI based) or proven resistance mutation to DTG or RPV



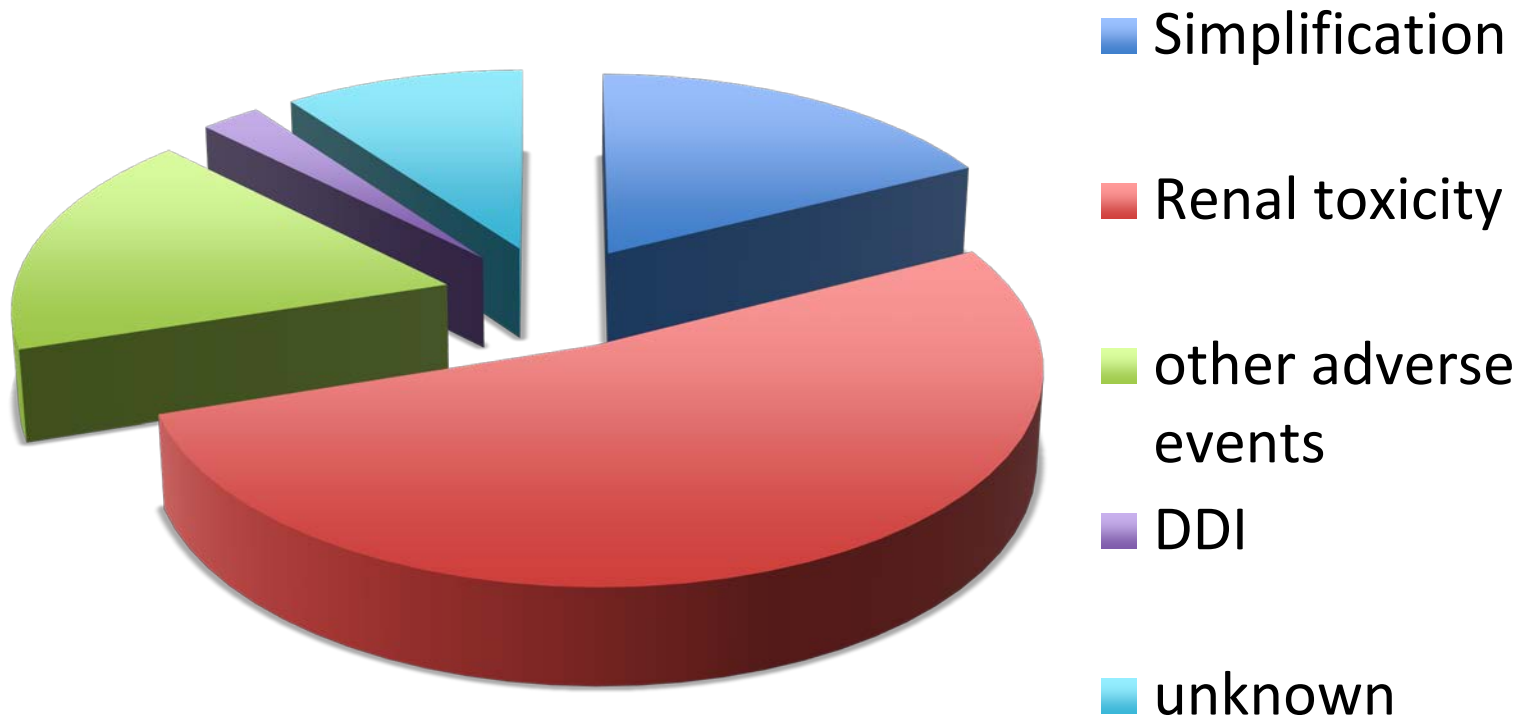
Basal Characteristics

Age (years)	54±13
male	81%
BLQ	88%
blip/LLV (<200c/ml)	12%
current CD4 count (c/μl)	576±312
CD4 nadir (c/μl)	138±130
CDC stage A/B/C	38%/18%/44%

Switched away from cART based on



Reasons to switch



Outcome

- Efficacy
 - no virological failure
 - all patients BLQ at end of observation time
 - median CD4 cell change 0 (range -233 to + 245) c/ μ l
- Tolerability
 - no grade 3/4 lab abnormalities
 - 3 premature termination due to patient-reported AE

Limitations

- Retrospective analysis in a single center
 - never designed as a proper study
 - no randomization or comparator arm
 - heterogeneous patients
 - heterogeneous, limited data set

Conclusion

- DTG/RPV seems safe, effective and well tolerated
- Similar results in other studies and cohorts reported
- Randomized clinical trials warranted to prove this concept

Thank you!

Armin Rieger, Veronique Touzeau-Römer, Gerold
Lang, Gina Aichwalder, Renate Eder, Silvia
Reichholf, Helmut Stranzl and all the patients

and

FOR YOUR ATTENTION