**Abstract**

The benefit of newer antiretrovirals (ARV) improves on clinical outcomes for treatment-experienced, HIV-1 infected patients remains to be determined. During DUET-1 and DUET-2 post hoc analysis demonstrated de novo efficacy and safety in de novo, treatment-experienced patients. In the Phase III DEET trials, we report adjudicated clinical events from a pooled post hoc analysis of DUET-1 and DUET-2 after 48 weeks of treatment.

Patients were randomized 1:1 to receive either DRV/r or placebo, with median treatment duration of 52 weeks. In total, 1,200 patients were included in the analysis. A total of 2,654 events were adjudicated in the treatment-experienced, HIV-1 infected patients. In total, 322 (10.7%) patients had an AIDS-defining event (ADE) or death. In total, 1,045 (39.9%) patients in the DRV/r group, compared with 1,619 (58.6%) in the placebo group, had an ADE or death. The benefit was significant for patients in the DRV/r group compared with placebo.

**Conclusions**

In conclusion, DRV/r improved virological and immunological benefit, use of DRV/r was associated with a reduction in AIDS-defining events/deaths and a significantly longer time to AIDS-defining events/deaths in treatment-experienced, HIV-1 infected patients.

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