Reduction in AIDS-defining events/death with etravirine compared to placebo: pooled DUET 48-week results

Richard Haubrich, 1 Joseph Eron, 1 Melanie Thompson, 1 Peter Reiss, 1 Rainer Weber, 1 Monika Peeters, 1 Rodica Van Solingen-Ristea, 1 Greet Beets, 1 Ellen Voorspoels, 1 Goedele De Smedt, 1 Brian Woodfall 2

1University of California San Diego, San Diego, USA; 2University of North Carolina, North Carolina, USA; 3AIDS Research Consortium of Atlanta, Atlanta, USA; 4Academic Medical Center, Universiteit van Amsterdam, Amsterdam, The Netherlands; 5University Hospital, Zurich, Switzerland; 6Tibotec BVBA, Meerchen, Belgium

Abstract

Background
The clinical benefit of newer regimens for treatment-experienced patients is unknown.

Methods
ADEs defining events (ADEs) were adjudicated by an independent panel (confirmed or probable) from two placebo-controlled studies of etravirine (TMC125) administered with a background regimen (BR) of darunavir (DRV) + NRTIs and optional enfuvirtide (ENF). Prespecified analyses were done using all patients and stratified by de-novo or not de-novo (including recycled ENF or not) use of ENF.

Results

One thousand, two hundred and three patients had a baseline median CD4 cell count of 109, log10 HIV RNA of 4.8 and 59% had a Centers for Disease Control and Prevention (CDC) C classification. Overall, 59 (8.8%) of placebo and 35 (5.8%) of ET r patients had an ADE (ADEs) (p=0.0486). Twenty-two ADEs occurred in the first 30 days (16 in the placebo group). Time to ADE was significantly shorter for placebo than ETR (see figure). The most common ADEs were candida esophagitis (10), pneumocystis (invasive) pneumonia (9), herpes simplex virus (HSV) (8), mycobacterium avium complex (MAC) (7), cytomegalovirus (CMV) retinitis (6) and kaposis's sarcoma (KS) (6). During the treatment period, death was the first event in seven of 21 placebo and eight of 12 ETR patients. In the sub-group on de-novo ENF (p=0.31), events were similar. However, in those not on de-novo ENF (p=0.89), placebo had more events than ETR (10.1% vs 5.4%; p=0.0086).

Conclusions
In addition to virologic and immunologic benefits, use of ETR was associated with a significant longer time to ADEs compared to placebo in treatment experienced patients.

Conclusions

• There was a significant reduction in clinical endpoints (ADE or death) in ETR + BR treated patients compared with placebo + BR in the pooled DUET trials – significant benefit also observed in the sub-group who did not use ENF de-novo
• The time to a new ADE or death was significantly prolonged for ETR + BR treated patients compared with placebo + BR in the pooled DUET analyses
• There was a significant reduction in clinical endpoints (ADE or death) in ETR + BR treated patients compared with placebo + BR in the pooled 48-week DUET analyses
• Proportion of patients with new ADEs or deaths in ETR + BR was significantly less than placebo + BR

Supported by Tibotec
Presented at the joint meeting of the 46th Interscience Conference on Antimicrobial Agents and Chemotherapy, and the 46th meeting of the Infectious Diseases Society of America, Washington, DC, USA, October 25–28 2008. This poster is available on-line at www.tibotec.com

Acknowledgments