A B A C K G R O U N D

The mean LPV C trough /EC 50 ratio (inhibitory quotient or IQ) for wild-type virus is >75 when LPV/r is dosed at 400/100 mg BID, contributing to the durability of virologic response.

The co-formulation of LPV with a low dose of ritonavir, acting solely as a pharmacokinetic enhancer, results in substantially increased LPV drug exposure, minimizing the risk of resistance emergence as compared to LPV/r alone. Resistance testing of LPV may be compromised by the increased drug exposure associated with ritonavir co-administration.

Efficacy of Lopinavir/ritonavir in Multiple PI-Experienced Patients According to Mutational Patterns: Data from the French ATU Program

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M E T H O D S

From March 2000 to April 17, 2001, patients with the other licensed option available were treated with (LPV/r) through an ATU (Authorisation Temporaire d’Utilisation) granted by the French Health Ministry. To date, the ATU remains in place. Prior to the ATU, some patients had received at least 5 PI-containing ARV regimens, including investigational therapy. The study population included 179 patients who had been treated with LPV/r, with a mean age of 42 years (range 26 – 71) and a median CD4 count of 102 cells/mm³ (range 0 – 995)

RESULTS

Baseline Characteristics

- Mean age: 42 years (range 26 – 71)
- Median CD4 count: 102 cells/mm³ (range 0 – 995)

Baseline LPV Mutations

- The most common PI mutations occurred at positions 63, 10, 71 and 90.
- Mean age: 42 years (range 26 – 71)
- Median CD4 count: 102 cells/mm³ (range 0 – 995)

Analysis of Resistance to LPV using the U.S. Department of Health and Human Services Panel

• Median CD4 count: 102 cells/mm³ (range 0 – 995)
• Use of another PI with LPV/r was less frequent.

Figure 1. Description of LPV/r-Containing Regimens

Figure 2. Concomitant Antiretroviral Drugs (AC11)

Figure 3. Baseline Prevalence of PI, NRTI and NNRTI Mutations

Figure 4. Baseline Prevalence of PI, NRTI and NNRTI Mutations

Figure 5. Baseline LPV Mutation Score

Figure 6. Description of LPV/r-Containing Regimens

Table 1. AC11 Interpretation of Genotype (cont.)

Table 2. Stepwise Logistic Regression Analysis

Table 3. Stepwise Logistic Regression Analysis

Table 4. Number of Susceptible ARVs Used in Combination with LPV

Table 5. Susceptible Drug in Regimen

CONCLUSIONS

Antiviral efficacy has been observed in this cohort of 179 LPV/r treated patients, in spite of extensive prior ARV-experience and a significant level of baseline genotypic resistance, as evaluated by a median of 3 mutations. The high level of resistance to co-formulated LPV may be a significant contributory factor to the observed virologic response.

The success was only achieved with LPV/r therapy, with less virologic control for LPV alone, with higher CD4 gain and survival (9.6 vs 7.3 years) and lower progression rate to AIDS/TB (3.1 vs 4.2 years).

LPV mutations score (log10 copies/mL) was the only significant variable associated with virologic response (p<0.011). The odds ratio for the baseline mutation score was 1.007 (95% CI [1.001 - 1.013]).

REFERENCES

A C K N O W L E D G M E N T S