

# Atazanavir: A Once-Daily Protease Inhibitor With a Superior Lipid Profile – Results of Clinical Trials at Week 48

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## ABSTRACT

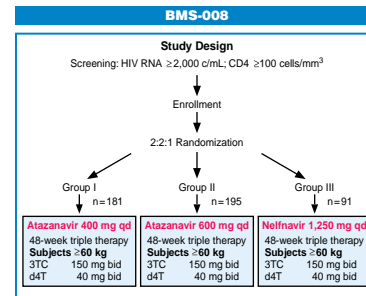
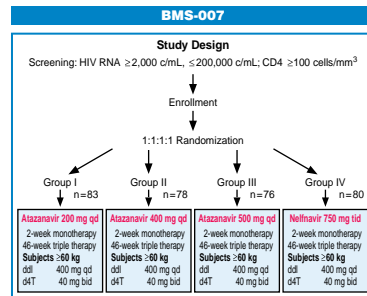
**Background:** Atazanavir is a once daily protease inhibitor (PI) that rapidly and durably suppresses HIV RNA and durably increases CD4 cell count. Current PIs cause prompt, marked and sustained elevations in lipids. No elevations in lipids have been observed with atazanavir treatment through week 48. **Methods:** In addition to evaluating safety and efficacy, clinical trials AI424-007 and AI424-008 carried out in treatment-naïve subjects, have evaluated changes in lipid profiles of atazanavir administered once daily and nelfinavir administered twice or three times daily, both with 2 nucleoside reverse transcriptase inhibitors (NRTIs). **Results:** Changes in lipid profile from baseline at week 48 are shown in the table. The atazanavir dose of 400 mg once daily is the dose currently used in Phase III clinical trials. Available lipid results beyond week 48 will be presented.

	Mean Change, % (n) From Baseline		
	Total Cholesterol	Fasting LDL	Fasting Triglycerides
Trial AI424-007 at week 48 (n)			
Atazanavir 400 mg qd (101)	7* (81)	-7* (35)	2* (44)
Nelfinavir 750 mg bid (100)	28 (82)	31 (39)	42 (46)
Trial AI424-008 at week 48 (n)			
Atazanavir 400 mg qd (178)	5* (153)	5* (87)	7* (85)
Nelfinavir 1,250 mg bid (91)	25 (76)	23 (41)	50 (50)

\*P<0.05, atazanavir vs nelfinavir

**Conclusion:** Results of these 2 studies in treatment-naïve subjects at week 48 confirm that the prompt, marked, and sustained elevations in lipids seen with current PIs are not seen with atazanavir. This suggests that atazanavir may reduce the risk of cardiovascular events in this population.

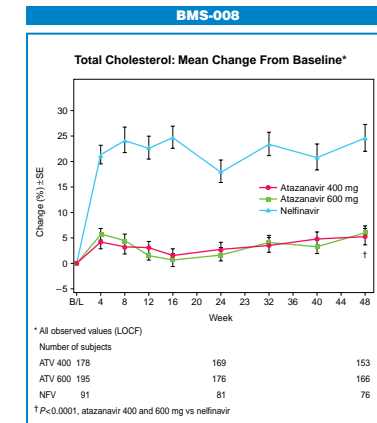
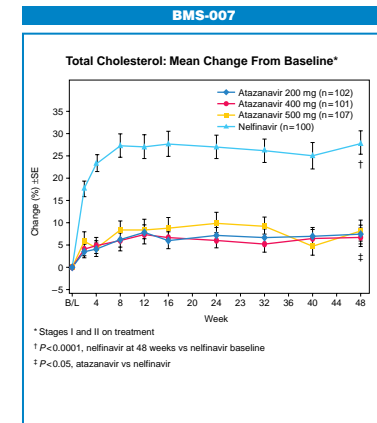
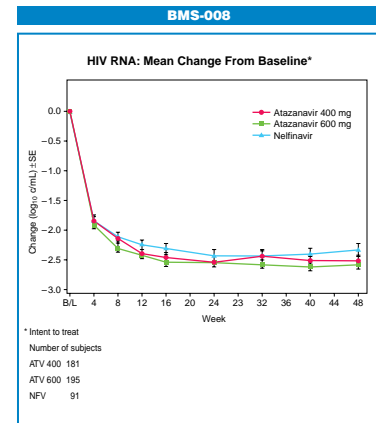
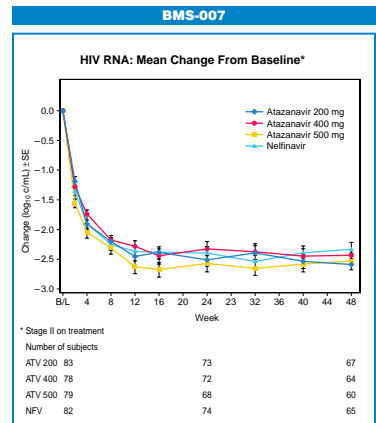
## METHODS



- Inclusion**
- Males and females ≥18 years of age
  - CD4 >100 cells/mm<sup>3</sup>
- Exclusion**
- Prior antiretroviral therapy except <7days NRTI
  - Prior NRTI therapy within 30 days of enrollment
  - Newly diagnosed opportunistic infection

- Inclusion**
- Males and females ≥18 years of age
  - CD4 >100 cells/mm<sup>3</sup>
  - (or ≥75 cells/mm<sup>3</sup> with no prior AIDS-defining diagnosis)
- Exclusion**
- Prior antiretroviral therapy
  - Amplicor HIV-1 Monitor™ Ultra Sensitive test (PCR, Version 1.5); ambient shipment

## RESULTS



**Summary: Frequency and Severity of Hyperlipidemia Using ATP III Classification at 48 Weeks**

Total cholesterol (mg/dL)	-007		-008	
	Atazanavir 400 mg qd n=101	Nelfinavir 750 mg tid n=100	Atazanavir 400 mg qd n=178	Nelfinavir 1250 mg bid n=91
<200	65 (80)*	33 (40)	115 (75)	37 (49)
200 to <240	12 (15)	33 (40)	30 (20)	19 (25)
240 to <300	4 (5)	15 (18)	7 (5)	15 (20)
≥300	—	—	1 (<1)	5 (7)
<b>Fasting LDL cholesterol (mg/dL)</b>				
<100	18 (51)	5 (13)	42 (48)*	15 (37)
100 to <130	9 (26)	18 (46)	25 (29)	11 (27)
130 to <160	6 (17)	9 (23)	15 (17)	9 (22)
≥160	—	—	—	—
<b>% Meeting ATP III, ACTG criteria for lipid-lowering therapy (LDL ≥160 mg/dL) based upon 0 to 1 cardiovascular risks</b>	6	18	6	15

\*Values are number of subjects (%)  
†Values at 56 weeks

## BACKGROUND

- Atazanavir**
- A once-daily PI with a low pill burden (2 capsules/day)
  - C<sub>min</sub> (trough) exceeds IC<sub>50</sub> (8–12 nM) for >24 hours at 400 mg; provides forgiveness for low dose
  - No clinically relevant lipid elevations
  - In treatment-naïve and treatment-experienced subjects
  - Current PIs are associated with prompt, marked, and sustained elevations in lipids
  - Favorable resistance profile in vitro
  - Safe, well tolerated, effective
    - Rapidly, durably suppresses HIV RNA; durably increases CD4
    - Fewer GI side effects vs nelfinavir

## RESULTS

**BMS-007**

Baseline Characteristics\*

Characteristic	Atazanavir		Nelfinavir	
	200 mg n=104	400 mg n=103	500 mg n=110	n=103
Median age, yr	34	34	34	34
Male/Female, %	70/30	61/39	61/39	65/35
White, n (%)	63 (61)	58 (56)	58 (53)	58 (56)
AIDS diagnosis, n (%)	6 (6)	5 (5)	4 (4)	4 (4)
HIV RNA, median, log <sub>10</sub> c/mL	4.60	4.66	4.76	4.77
CD4, median, cells/mm <sup>3</sup>	305	305	268	343

\*Stage II randomized subjects

**BMS-008**

Baseline Characteristics

Characteristic	Atazanavir		Nelfinavir	
	400 mg n=181	600 mg n=195	n=91	
Median age, yr	33	34	34	
Male/Female, %	61/39	64/36	63/37	
White, %	55	53	57	
AIDS diagnosis, n (%)	18 (10)	24 (12)	9 (10)	
HIV RNA, median, log <sub>10</sub> c/mL	4.77	4.70	4.71	
CD4, median, cells/mm <sup>3</sup>	260	283	273	

**Subject Disposition at 48 Weeks\***

Characteristic	Atazanavir		Nelfinavir	
	200 mg n=104	400 mg n=103	500 mg n=110	n=103
Treated	102 (98)	101 (98)	107 (97)	100 (97)
Discontinued	17 (16)	15 (15)	16 (15)	16 (16)
Adverse event (AE)	5 (5)	6 (6)	10 (9)	7 (7)
AE, study drug-related	3 (1)†	4 (4)†	7 (6)†	6 (6)†

\*AE=adverse event  
†Stages I and II randomized subjects; Number of subjects (%)  
‡200 mg: Lactic acidosis, lipodystrophy, hyperbilirubinemia  
400 mg: Nausea, hepatitis with jaundice, rash, lipodystrophy  
500 mg: Nausea, rash, hyperbilirubinemia, jaundice, increased amylase, lipase, ALT  
Nelfinavir: Hepatitis, allergy, liver enzyme increase, lipodystrophy, diarrhea, neutropenia

**Subject Disposition at 48 Weeks\***

Characteristic	Atazanavir		Nelfinavir	
	400 mg n=181	600 mg n=195	n=91	
Treated	178 (98)	195 (100)	91 (100)	
Discontinued	29 (16)	32 (16)	17 (19)	
Adverse event (AE)	9 (5)	14 (7)	4 (4)	
AE related to study drug	4 (2)	13 (7)	4 (4)	

\*Number of subjects (%)

**Clinical Adverse Events\* at 48 Weeks\***

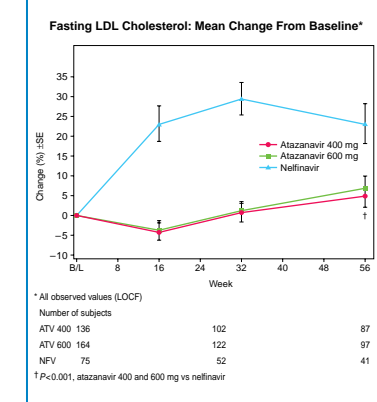
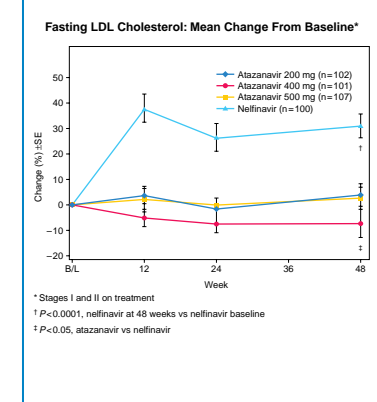
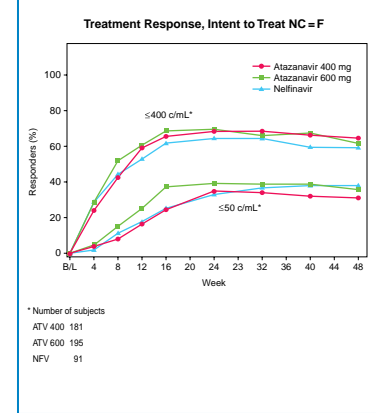
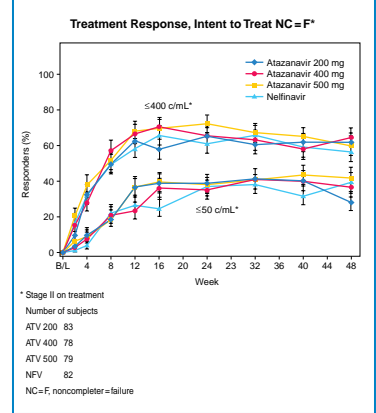
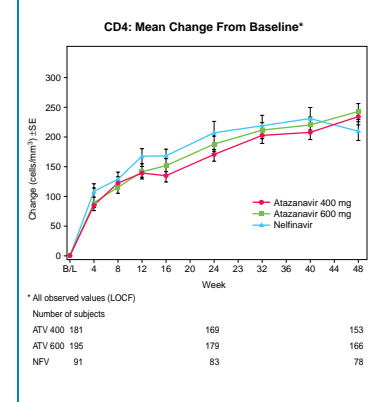
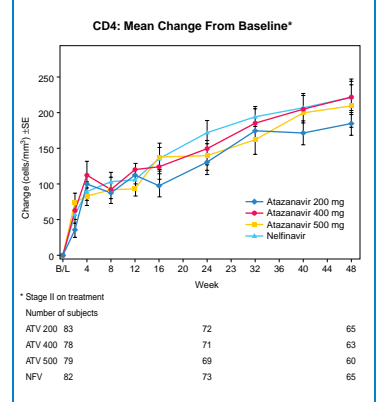
Characteristic	Atazanavir		Nelfinavir	
	200 mg n=102	400 mg n=101	500 mg n=107	n=100
Diarrhea	23 (23)†	25 (25)†	32 (30)†	61 (61)
Nausea	25 (25)	35 (35)	32 (30)	18 (18)
Pain, abdomen	25 (25)	31 (31)	24 (22)	23 (23)
Infection	47 (46)	53 (52)	64 (60)	53 (53)

\*Grades 1–4; Reported with a frequency of ≥30% in any treatment group; Stages I and II  
†P<0.05, atazanavir vs nelfinavir

**Clinical Adverse Events\* at 48 Weeks\***

Characteristic	Atazanavir		Nelfinavir	
	400 mg n=178	600 mg n=195	n=91	
Diarrhea	36 (20)†	29 (15)†	51 (56)	
Infection	75 (42)	107 (55)	44 (48)	
Headache	45 (25)	52 (27)	24 (26)	
Rash	39 (22)	34 (17)	17 (19)	
Nausea	38 (21)	35 (18)	16 (18)	
Pain (abdomen)	33 (19)	43 (22)	12 (13)	
Peripheral neurological symptoms	32 (18)	42 (22)	19 (21)	
Jaundice	20 (11)	39 (20)	—	

\*Grade 1–4; reported with frequency of >20% in any treatment group; number of subjects (%)  
†P<0.0001, atazanavir 400 mg and 600 mg vs nelfinavir



## OBJECTIVES

- BMS-007**
- Safety
  - Tolerability
  - Efficacy
    - Primary objectives
      - Magnitude, durability of change in HIV RNA
    - Secondary objectives
      - Proportions of subjects with HIV RNA ≤400 c/mL
      - Magnitude, durability of changes in CD4 cell count
      - Optimal dosage of atazanavir for Phase III
- BMS-008**
- Safety
  - Tolerability
  - Efficacy
    - Primary objectives
      - Magnitude, durability of change in HIV RNA
    - Secondary objectives
      - Proportions of subjects with HIV RNA ≤400 c/mL
      - ≤50 c/mL
      - Magnitude, durability of changes in CD4 cell count

## CONCLUSIONS

- BMS-007**
- Atazanavir once daily is safe, well tolerated, and effective. Dose for Phase III=400 mg qd
  - Atazanavir once daily rapidly and durably suppresses HIV RNA and durably increases CD4 in treatment-naïve subjects
  - Atazanavir +ddI+d4T=potential qd regimen
  - Substantial proportions of subjects achieve HIV RNA responses at ≤400 and ≤50 c/mL
  - Atazanavir has a superior lipid profile
    - To date, no significant elevations in blood lipids, compared with prompt, marked, and sustained elevations with nelfinavir
  - Rate of diarrhea significantly lower vs nelfinavir
  - Fewer subjects met ATP-III ACTG criteria for lipid-lowering therapy with atazanavir vs nelfinavir
- BMS-008**
- Atazanavir is safe, well tolerated, and effective
  - Atazanavir once daily has efficacy comparable or superior to nelfinavir twice daily
    - Rapidly and durably suppresses HIV RNA (~2.5 log<sub>10</sub> c/mL)
    - Analyses at all time points after week 8 (for HIV RNA ≤400 c/mL) favor atazanavir. At 48 weeks, atazanavir is statistically superior to nelfinavir in on-treatment analysis for both 400 and 600 mg (P<0.05, on-treatment completers analysis, data not shown)
    - Durably increases CD4 (~240 cells/mm<sup>3</sup>)
  - Atazanavir does not elevate lipids as assessed by percent change from baseline in total cholesterol and fasting LDL cholesterol and fasting triglycerides
  - With nelfinavir, increases in lipids were prompt, marked, and sustained
    - Fasting LDL cholesterol increased 23% from baseline for nelfinavir vs 5% for atazanavir 400 mg once daily (P<0.001)
  - Lipid benefits of this magnitude may be associated with a reduction in the risk of cardiovascular events
  - Fewer subjects met ATP-III ACTG criteria for lipid-lowering therapy with atazanavir vs nelfinavir