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Etravirine use in clinical practice: 48-week data from a single centre cohort

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Background

Etravirine (ETV) is a next generation non-nucleoside reverse transcriptase inhibitor (NNRTI) with activity against wild-type and NNRTI-resistant HIV-1. We present our experience with ETV from the Chelsea & Westminster cohort

Methods

Data were retrospectively collected from patients eligible for the ETV expanded access program. Individuals received ETV 200 mg BID plus an optimised background regimen (OBR). OBR consisted of reverse transcriptase inhibitors +/- protease inhibitors +/- entry/fusion inhibitors +/- integrase inhibitors. Baseline patient characteristics were analysed. CD4 cell count and viral load (VL) were measured at baseline, 12, 24, 36 and 48 weeks.

Summary of results

98 patients were enrolled into the EAP. Median (range) baseline characteristics included CD4: 268 cells/mm3 (8–943), viral load: 10,283 copies/ml (<50–500,000), drugs in OBR: 2 (1–5). 46/98 patients used daruvanir, 41/98 used raltegravir, 5/98 used enfuvirtide and 4/98 used maraviroc in OBR. 31/98 patients used ETV with two nucleoside analogues. 48% of patients had one or more NNRTI resistance associated mutations (RAMs).

44 patients switched with an undetectable VL. 37% patients had ≥1 NNRTI RAMs. One discontinuation seen due to CNS toxicity.

54 patients switched with a detectable viral load. 57% patients had ≥1 NNRTI RAMs. Eight discontinuations seen in this group. Reasons for discontinuation: lost to follow-up (three), rash (one), diarrhoea (one), CNS toxicity (one), no virological response to ETV (one), and death due to pre-existing lymphoma (one).

Patients switched to ETV with ≥ 1 NNRTI RAM

Data were available for 29 patients at week 48 who switched to ETV with known NNRTI resistance. At week 48, 94% patients on treatment had an undetectable VL.

Conclusion

ETV in combination with OBR is successful in achieving virological suppression in treatment-experienced patients. ETV is also an effective alternative in patients who need to switch due to drug toxicity. ETV is a well tolerated agent.

Table 1: Patients switched to ETV with an undetectable viral load

VL< 50 copies/ml	12 weeks (n = 36)	24 weeks (n = 24)	36 weeks (n = 17)	48 weeks (n = 8)
Intention to treat	100%	88%	94%	88%
On treatment	100%	91%	100%	100%

Table 2: Patients switched to ETV with a detectable viral load

VL< 50 copies/ml	12 weeks (n = 52)	24 weeks (n = 44)	36 weeks (n = 33)	48 weeks (n = 25)
Intention to treat	65%	73%	70%	76%
On treatment	71%	84%	79%	90%