

POSTER PRESENTATION

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Long-term efficacy and safety of atazanavir/ ritonavir treatment in a real-life cohort of treatment-experienced HIV patients

K Jansen^{1*}, A Sönnnerborg², P Pugliese³, S Biguenet⁴, JL Eychenne⁵, NH Brockmeyer⁶, C Michalik⁷, S Dupke⁸,
H Jaeger⁹, A Plettenberg¹⁰, D Butcher¹¹, MJ Jiménez-Expósito¹¹, HIV KompNet¹

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Purpose of the study

Atazanavir (ATV)-based regimens have demonstrated efficacy and safety in both ARV-naïve and -experienced patients. However, few reports have assessed effectiveness beyond 2 years. The aim of this study was to describe the long-term outcomes of ATV/r containing regimens in ARV-experienced patients in a clinical setting.

Methods

Non-comparative, retrospective, observational study which collected data from 3 European databases (France-DatAids, Germany-KompNet, Sweden-InfCare). Clinical data for ARV-experienced adult patients who started an ATV/r-based regimen between October, 2004 and March, 2007 were extracted every 6-months (maximum follow-up

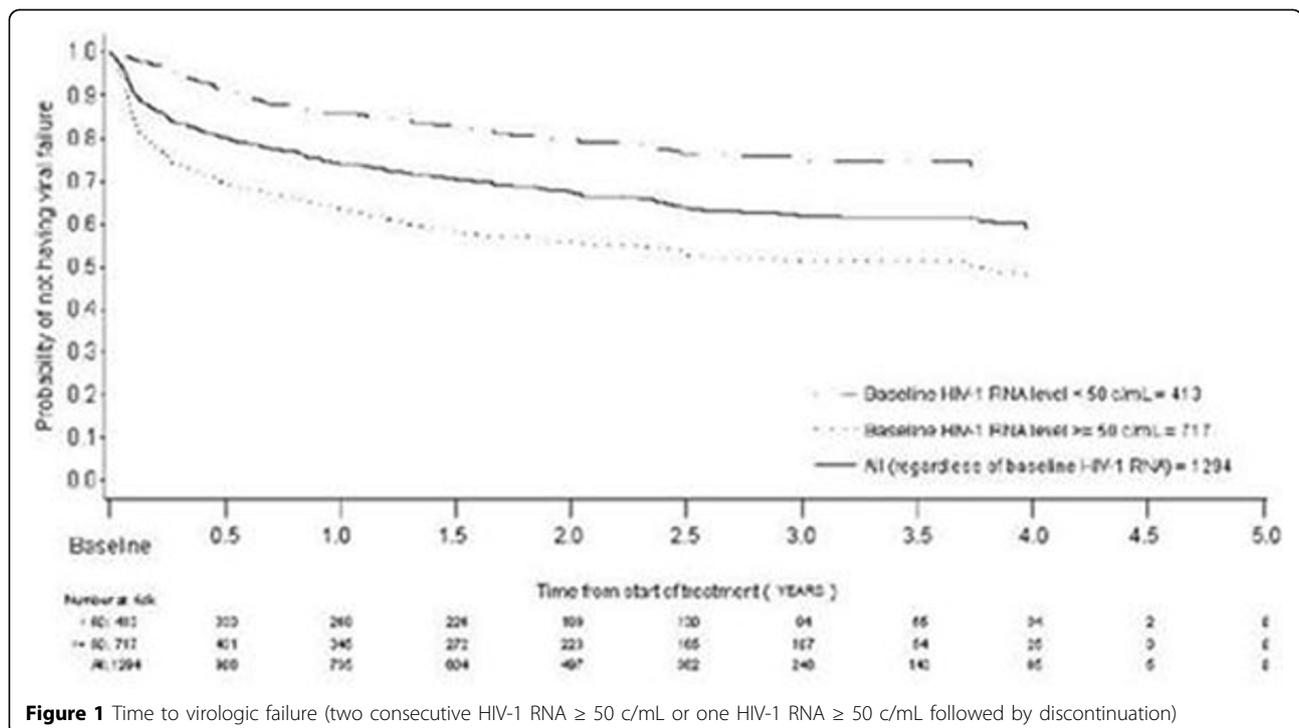


Figure 1 Time to virologic failure (two consecutive HIV-1 RNA \geq 50 c/mL or one HIV-1 RNA \geq 50 c/mL followed by discontinuation)

¹Competence Network for HIV/AIDS, Bochum, Germany
Full list of author information is available at the end of the article

5 years). Primary endpoint was the proportion of patients remaining on ATV treatment by baseline HIV-1 RNA (< 500 or \geq 500 c/mL). Secondary endpoints included virologic response and reason for discontinuation. The duration of treatment and time to virologic failure were analyzed using the Kaplan-Meier method.

Summary of results

Data for 1294 ARV-experienced patients (prior ARV exposure: mean, 5.70 years) were analyzed. Patients were predominantly male (74%); median age 43 years (min, max: 18, 85); 75% had prior exposure to PIs (mean: 3.5 years). At baseline (BL), 56% of patients had HIV-1 RNA < 500 c/mL and 37% had < 50 c/mL. The estimated proportion of patients remaining on ATV during the follow-up period was 52% (median duration of treatment: 3.7 years); 54% for patients with BL HIV-1 RNA < 500 c/mL and 50% for those with BL HIV-1 RNA > 500 c/mL. The estimated probability of discontinuation was 21% during the first year and decreased at each subsequent 1-year treatment interval. Time to virologic failure is presented in Figure 1.

The most frequent reasons for discontinuation were “unknown” (32%), adverse events (25%), patient withdrew consent (13%) and lack of efficacy (11%). Hyperbilirubinemia was reported as reason for discontinuation in 12 patients. No unexpected changes in metabolic parameters were observed and renal AEs were reported rarely (1.9/100 patient-years).

Conclusions

In real life setting, ATV/r-based regimen demonstrated sustained virological efficacy in an ARV-experienced population including patients with previous virological failure. After long-term treatment a high proportion of patients remained on an ATV regimen and no unexpected AEs were observed.

Author details

¹Competence Network for HIV/AIDS, Bochum, Germany. ²Karolinska Institutet, Karolinska University Hospital, Department of Infectious Diseases, Stockholm, Sweden. ³Nice University Hospital, Infectious Diseases Department, Nice, France. ⁴Bristol-Myers Squibb Company, Wallingford, CT, USA. ⁵Hays Pharma, Paris, France. ⁶Clinic for Dermatology, Venerology, and Allergology, Competence Network for HIV/AIDS, Bochum, Germany. ⁷Clinical Trial Centre, Cologne, Germany. ⁸Clinical Centre Driesener Straße, Berlin, Germany. ⁹MVZ Karlsplatz, Munich, Germany. ¹⁰Ifi-Institut, Hamburg, Germany. ¹¹Bristol-Myers Squibb Company, Paris, France.

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