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Efficacy and safety of switching to dolutegravir/lamivudine dual therapy from bictegravir/emtricitabine/tenofovir alafenamide among virally suppressed older adults ≥60 years: week 24 results from the Sungura study

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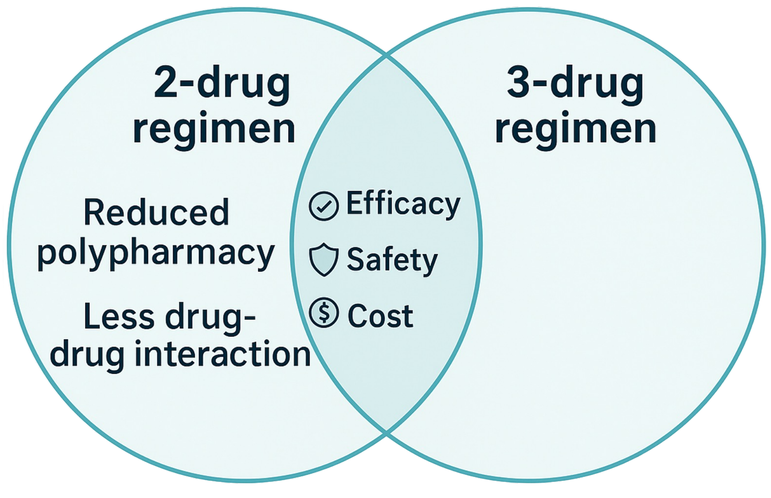
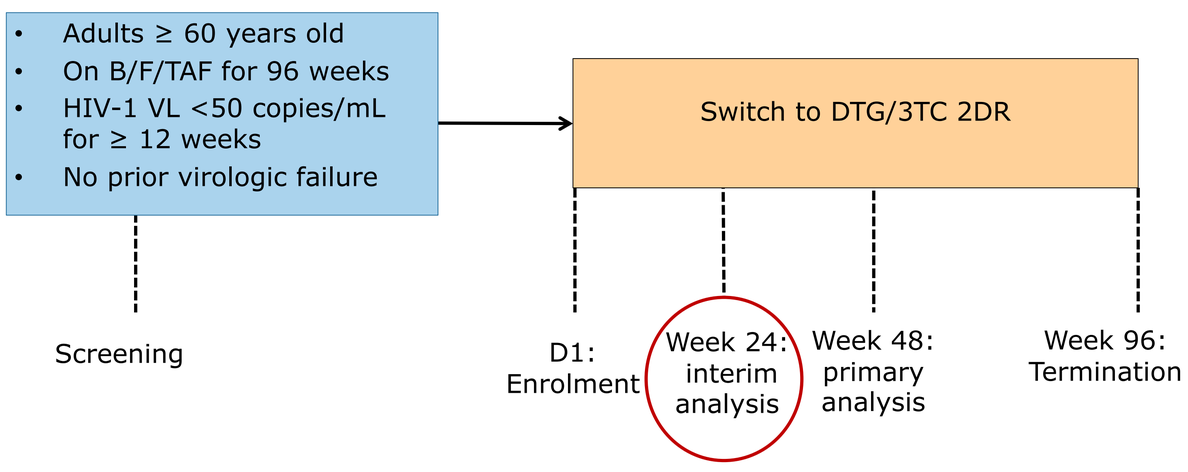
BACKGROUND

- Dolutegravir/lamivudine (DTG/3TC) has demonstrated similar efficacy to three-drug regimens among people without prior virological failure.
- DTG/3TC minimizes exposure to NRTIs which is particularly relevant for older adults, due to age-related comorbidities and increased likelihood of polypharmacy and drug-drug interactions
- DTG/3TC may also potentially cost less than three drug regimens.
- We evaluated the efficacy and safety of switching older adults from bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF) to DTG/3TC



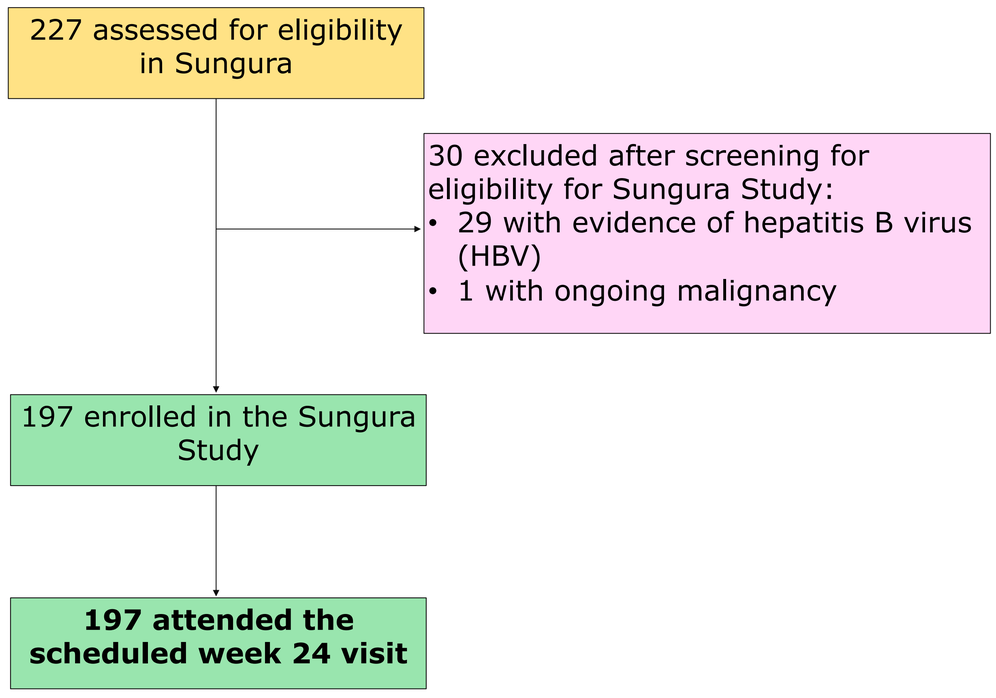
METHODS

- The Sungura Study (NCT06444620) is an open-label, single arm, 96-week study conducted at two sites in Kenya
- Eligible participants were adults ≥60 years with HIV-1 viral load <50 copies/mL on B/F/TAF with no prior virological failure and hepatitis B negative
- All were switched to DTG/3TC at enrollment
- The primary endpoint is the proportion of participants with viral load ≥50 copies/mL at 48 weeks using the FDA snapshot algorithm
- We present the study's week 24 results



RESULTS

- Between Jul and Sep 2024, 197 participants enrolled in the Sungura Study

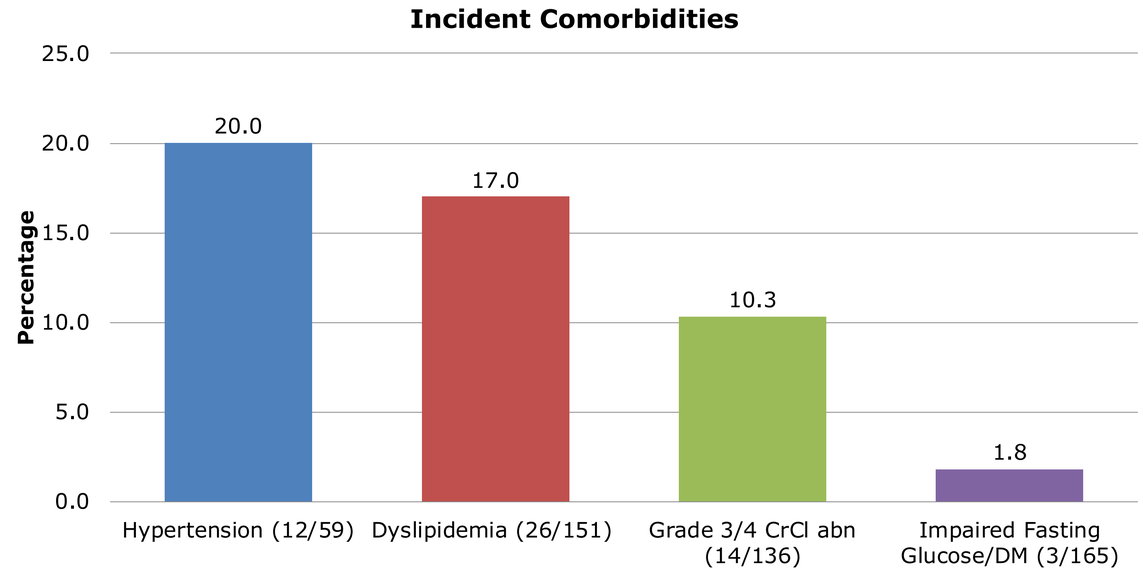


RESULTS contd…

- All participants were black African, 49% female and median age 66 years (range 62 to 81)
- Baseline prevalence of comorbidities was high

Characteristic	Total (n=197)
Age (years); median (min, max)	66 (62, 81)
Female Sex	97 (49%)
Time on ART (years)	12.0 (9.5,12.5)
Hypertension	138 (70%)
Impaired fasting glucose or diabetes mellitus	32 (16%)
Dyslipidemia	46 (23%)
Grade 3 creatinine clearance abnormality	61 (31%)
Body-mass index category (kg/m^2)	
Underweight (< 18.5)	5 (2%)
Normal (18.5-24.9)	79 (40%)
Overweight (25.0-29.9)	67 (34%)
Obese (≥ 30)	46 (23%)
ASCVD 10-year predicted risk score category	
Low risk (< 5.0%)	1 (0.5%)
Borderline risk (5.0-7.4%)	20 (11%)
Intermediate risk (7.5-19.9%)	127 (65%)
High risk (≥20%)	45 (24%)

- At week 24, all participants remained on DTG/3TC and none (0/197) had HIV viral load ≥50 copies/mL



- The median change in weight was +0.5kg (IQR -0.2 to 0.5) with 31 (15.8%) participants having ≥5% weight gain
- The median change in 10-year ASCVD risk score was +0.6% (IQR -1.9 to 4.1)

CONCLUSION

- At week 24, there were no incidences of virological failure and no withdrawals from the Sungura study
- Comorbidities were common, highlighting additional considerations for selecting antiretroviral agents for older populations

ACKNOWLEDGEMENT

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