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# DTG + 3TC VS DTG + TDF/FTC (GEMINI-1 & -2): CONFIRMED VIROLOGIC WITHDRAWALS THROUGH WEEK 96

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## Introduction

- In the primary analysis of the GEMINI-1 & -2 studies at Week 48, the 2-drug regimen (2DR) of dolutegravir (DTG) + lamivudine (3TC) was non-inferior to the 3-drug regimen (3DR) of DTG + tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) in HIV-1—infected, ART-naive adults, leading to the approval of the 2DR as a once-daily single-tablet regimen by the US FDA and the EMA<sup>1</sup>
- At the 96-week analysis, non-inferiority was maintained<sup>2</sup>
- Eleven participants on 2DR and seven on 3DR met protocoldefined confirmed virologic withdrawal (CVW) criteria through Week 96
- We present a detailed description of these CVWs

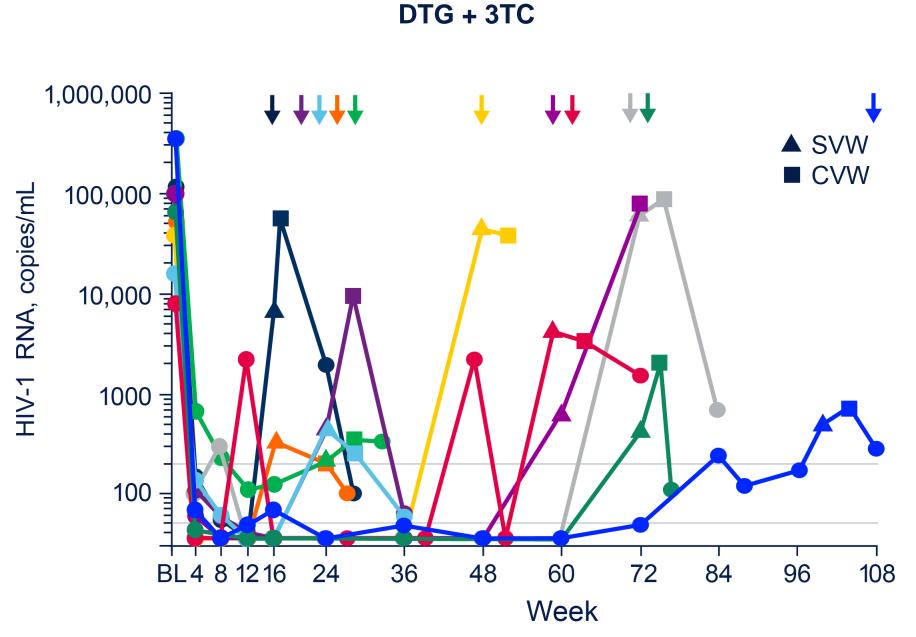
### Methods

- Treatment-naive adults were eligible if screening HIV-1 RNA viral loads (VLs) were between 1000-500,000 c/mL, HIV-1 genotype showed no major RT/PR resistance mutations, and were HBV negative
- CVW was defined as 2 consecutive VLs (suspected virologic withdrawal [SVW] result followed by CVW result) meeting virologic non-response (VL ≥200 c/mL after Week 24 or <1.0 log decline in VL by Week 12 unless HIV-1 RNA is <200 c/mL) or virologic rebound criteria (≥200 c/mL after prior confirmed suppression to <200 c/mL)</li>
- Monogram Biosciences performed integrase and RT/PR genotypic and phenotypic resistance testing on Day 1 and SVW samples
- We evaluated CVW participant baseline (BL) VL and CD4+ cell count characteristics, resistance, VL progression, potential adherence issues, and study drug interruption (based on investigator reporting) through the study course

## Results

- In GEMINI-1 & -2, of 1974 participants screened, 3 (0.15%) failed screening due to transmitted M184V resistance
- Overall, 11 participants on DTG + 3TC and 7 on DTG + TDF/FTC met CVW criteria through Week 96
- All CVWs experienced virologic rebound, 2 CVWs in each arm experienced at least one VL elevation ≥200 c/mL after suppression to <50 c/mL and none of the 18 CVWs had VL blips (defined as a single VL between ≥50 to <200 c/mL with adjacent values <50 c/mL) that preceded CVW
- One DTG + 3TC participant did not achieve suppression prior to withdrawal at Week 24 (Figures 1 and 2)

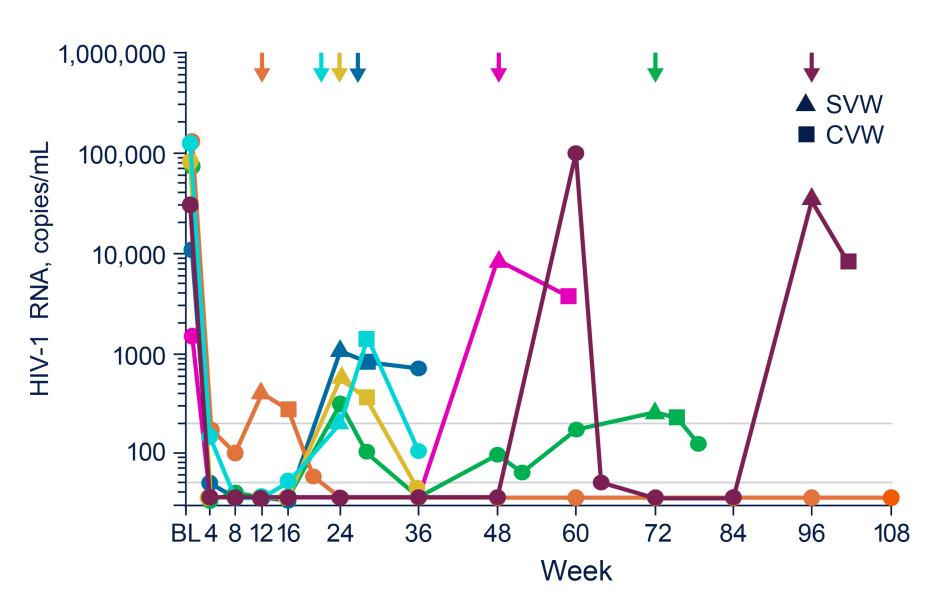
Figure 1. Individual HIV-1 RNA Viral Load Progression by Visit for Participants Meeting CVW Criteria in the DTG + 3TC Arm



Arrows represent the week in which CVW occurred. The color of the arrow corresponds to the color assigned to each participant.

Figure 2. Individual HIV-1 RNA Viral Load Progression by Visit for Participants Meeting CVW Criteria in the DTG + TDF/FTC Arm

DTG + TDF/FTC



Arrows represent the week in which CVW occurred. The color of the arrow corresponds to the color assigned to each participant.

Table 1. CVWs by Baseline CD4+ Cell Count and Baseline HIV-1 RNA

Baseline subgroups		DTG + 3TC	DTG + TDF/FTC
DL CD4+ coll count 0/ (n/N)	≤200 cells/mm <sup>3</sup>	4.8 (3/63)	3.6 (2/55)
BL CD4+ cell count, % (n/N)	>200 cells/mm <sup>3</sup>	1.2 (8/653)	0.8 (5/662)
	≤100,000 c/mL	1.0 (6/576)	0.7 (4/564)
BL HIV-1 RNA, % (n/N)	>100,000 c/mL	3.6 (5/140)	2.0 (3/153)

 There were low and comparable CVWs across treatment arms by baseline VL or CD4+ cell count (Table 1)

Table 2. Summary of CVWs in DTG + 3TC Arm

Participant	Sub- type	BL CD4+ (cells/ mm³)	CVW visit (week)	BL VL (c/mL)	SVW VL (c/mL)	CVW VL (c/mL)	WD VL (c/mL)	Adherence/ treatment interruption
Α	BF	212	W16	124,492	6648	56,435	95	Unknown
В	В	284	W24	50,263	348	206	96	Adherent
С	В	529	W24	17,232	461	251	59	Unknown
D	В	213	W24	96,277	451	9602	67	Treatment interruption
Е	F	19	W24	368,439	212	376	362	Adherent
F	В	414	W48	37,701	43,908	38,457	ND	Unknown; concurrent SAE (psychosis)
G	В	567	W60	7654	3972	3131	1513	Non-adherent
Н	В	347	W60	101,671	703	85,556	ND	Treatment interruption
1	В	50	W72	63,817	422	2154	115	Non-adherent
J	В	74	W72	112,812	61,076	87,794	671	Non-adherent
K*	В	317	W96	341,818	396	726	280	Non-adherent

\*Participant K SVW visit occurred within the Week 96 window for the Snapshot analysis. WD, withdrawal.

#### **Resistance Analysis**

- Resistance data to determine treatment emergence were available for all samples except 2 cases on DTG + TDF/FTC where testing failed with HIV-1 VL below the assay cut-off. No treatment-emergent genotypic or phenotypic resistance in IN or RT was observed in any CVWs on either treatment arm
- All fold change (FC) at withdrawal visit were below the Monogram phenotypic clinical or biological cut-offs. Maximum FC at withdrawal was 1.13 and 1.74 for DTG and 3TC, respectively, for CVWs in the DTG + 3TC arm, and 1.38, 1.07, and 1.28 for DTG, TDF, and FTC for CVWs, respectively, in the DTG + TDF/FTC arm

Table 3. Summary of CVWs in DTG + TDF/FTC Arm

Participant	Sub-	BL CD4+ (cells/ mm³)	visit	BL VL (c/mL)	SVW VL (c/mL)	CVW VL (c/mL)	WD VL (c/mL)	Adherence/ treatment interruption
L*	В	22	W12	136,753	393	276	NA	Unknown
M	В	226	W24	10,930	1136	809	647	Unknown
N	В	251	W24	76,325	569	362	46	Unknown
0	В	201	W24	156,701	213	1559	97	Unknown
Р	В	602	W48	1568	8384	3653	3011	Unknown
Q	В	253	W72	66,881	254	232	121	Unknown
R	В	144	W96	28,905	30,316	7793	ND	Non-adherent

\*Participant L met CVW criteria at Week 12; not withdrawn from study due to central laboratory data reporting error and continued to remain suppressed to Week 108. WD, withdrawal.

- For participants with VLs at withdrawal, VL decreased ≥2 fold for 8 of 9 participants in the DTG + 3TC arm and 3 of 5 in the DTG + TDF/FTC arm between the CVW and withdrawal time points (Tables 2 and 3)
- 6/11 CVWs in the DTG + 3TC arm and 1/7 in the DTG + TDF/FTC arm appeared to be associated with adherence or treatment interruption issues

#### Conclusions

- In GEMINI-1 & -2, there were low and comparable numbers of participants meeting CVW criteria through 96 weeks in the DTG + 3TC and DTG + TDF/FTC arms with low and comparable CVWs across treatment arms by baseline VL or CD4+ cell count
- There were no emergent genotypic or phenotypic resistance to INI or NRTIs observed through 96 weeks among CVWs
- VL progressions for CVWs generally show a steep increase in viral load followed by a decrease at withdrawal visit, consistent with nonadherence/treatment interruption and subsequent re-adherence
- These data further support the durability and high barrier to resistance of the 2DR DTG + 3TC

**Acknowledgments:** This study was funded by ViiV Healthcare. We thank everyone who has contributed to the success of these studies, including all study participants and their families; the GEMINI-1 and GEMINI-2 clinical investigators and their staff; and the ViiV Healthcare, GSK, PPD, and Parexel study teams. Editorial assistance and graphic design support for this poster were provided under the direction of the authors by MedThink SciCom and funded by ViiV Healthcare.

**References: 1.** Cahn P, Madero JS, Arribas JR, et al. *Lancet.* 2019;393:143-155. **2.** Cahn P, Madero JS, Arribas JR, et al. *J Acquir Immune Defic Syndr.* 2020;83:310-318.