Combined analysis of RESIST 96 week data: durability and efficacy of tipranavir/r in treatment-experienced patients

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Abstract

Tipranavir/ritonavir (TPV/r) exhibited potent activity and superiority to comparator ritonavir-boosted protease inhibitor (PI) in highly treatment-experienced (HTE) patients at Weeks 24 and 48 of RESIST studies. We present the RESIST Week 96 responses.

Patients were 333 treatment-experienced, PI-naive patients followed for at least 96 weeks. Patients were randomized to receive an optimized background regimen (OBR) plus TPV/r or a standard of care, ritonavir-boosted, comparator PI (CPI/r).

Virological responses at Week 96

- TPV/r group, TR was 23.1% in non-ENF stratum versus 37.6% in ENF stratum at Week 96.
- Time to treatment failure (TTF) was 16.5% (16/97) in the CPI/r arm (p<0.0001) (Figure 3).
- Treatment response (TR) rates, time to treatment failure (TTF), and % patients with responses.

Introduction

Tipranavir/r (Tip/ritonavir) is a new generation protease inhibitor (PI) with potent activity against multiple PI-resistant HIV-1. TPV/r is effective and well tolerated in patients who have taken PI-based regimens and is affected by HIV-1 that exhibits reduced susceptibility to its regulatory approval via a long-term safety study, provided that there was documented durability and by CPl/r and by ENF)

Study design

- TPV/r + ENF: TPV/r (n=124) versus CPI/r (n=103).
- CPI/r: background regimen (by CPl/r and by ENF)

Results

- Patients received 500/300 mg TPV/r or standard doses of the CPI/r plus approved doses of the components of the OBR.
- After Week 8, patients who failed virologically in the CPI/r arm were able to receive TPV/r prior to their regulatory approval via a long-term safety study, provided that there was documented evidence that they had been adherent to their study medication.

Table 1: Baseline characteristics of 1 patients and 2 patients and differences are statistically significant (p<0.05).

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>TPV/r (N=737)</th>
<th>CPI/r (N=746)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>43 (24–70)</td>
<td>43 (24–70)</td>
<td>0.45</td>
</tr>
<tr>
<td>Male</td>
<td>62%</td>
<td>61%</td>
<td>0.61</td>
</tr>
</tbody>
</table>

Table 2: Provisional discontinuation at 96 weeks

- TPV/r: 10.9% (100/737) versus CPI/r: 20.7% (152/746) (p<0.0001).

Table 3: Cox proportional hazard ratios of time to treatment failure through 96 weeks

- Time to treatment failure was significantly longer for those treated with TPV/r compared to CPI/r.
- By Week 96, more than twice as many patients had a VL <400 copies/mL or <50 copies/mL, in the TPV/r arm as compared to the CPI/r arm.
- CD4 cell count increases were more likely to have a TR at Week 96 than those who did not: in the TPV/r group, the TR was 23.1% in non-ENF stratum versus 37.6% in ENF stratum at Week 96.

Figure 8: Week 96 mean CD4 cell increases in TPV/r and CPI/r arms of RESIST studies (LOC)

Figure 4: Proportion of patients in the RESIST studies with VLs <400 and <50 copies/mL at Week 96

Figure 5: Proportion of patients in the RESIST studies who took ENF as a new drug in the OBR and achieved VLs <400 and <50 copies/mL at Week 96

Conclusions

- The Week 96 results of the RESIST studies confirm the durable superiority of TPV/r vs. CPI/r regimens in HTE patients followed for at least 96 weeks. Patients who took ENF for the first time, the TR was 45.2% (56/124) in the TPV/r arm, while it was 16.5% (16/97) in the CPI/r arm (p<0.0001) (Figure 3).
- By Week 96, more than twice as many patients had a VL <400 copies/mL or <50 copies/mL, in the TPV/r arm as compared to the CPI/r arm.

Acknowledgements

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References

4. Genotypic Changes in Human Immunodeficiency Virus-1 Protease Associated with Reduced Susceptibility and Virologic Response to the Protease Inhibitor Tipranavir.
5. Genotypic Changes in Human Immunodeficiency Virus-1 Protease Associated with Reduced Susceptibility and Virologic Response to the Protease Inhibitor Tipranavir.