



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Integrase Strand Transfer Inhibitors on the Horizon

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Integrase Strand Transfer Inhibitors (ISTIs) on the Horizon

1. Elvitegravir and “Quad Pill”
2. Dolutegravir and “572-Trii”

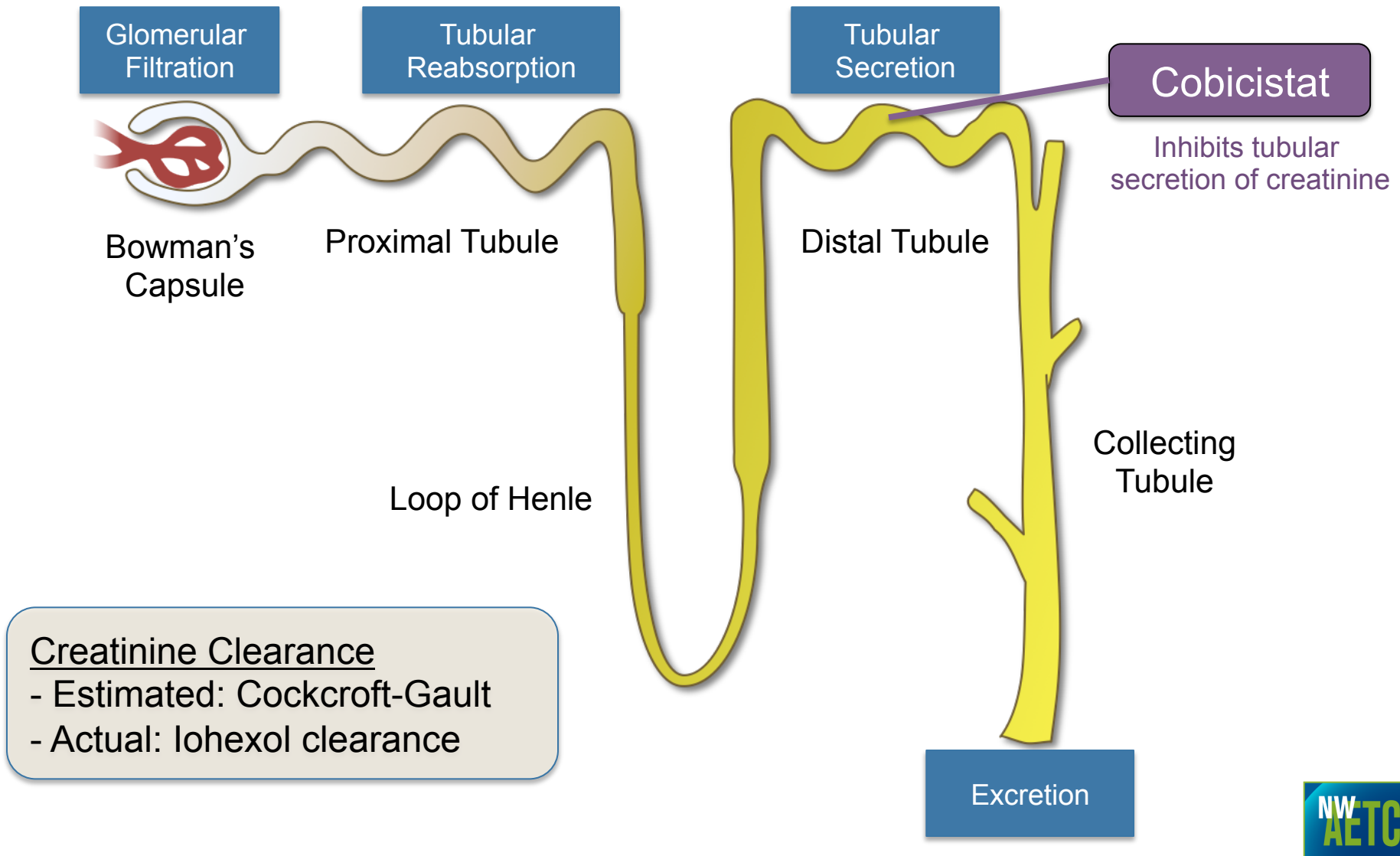
ANTIRETROVIRAL THERAPY: INVESTIGATIONAL

Elvitegravir

Elvitegravir, formerly GS-9137

- **Class:** integrase strand transfer inhibitor
- **Approval Status:** Filed for NDA October 2011
- **Dose (Requires Boosting)**
 - Standard Dosing: 150 mg once daily with food
 - With Atazanavir + Ritonavir or Lopinavir-Ritonavir: 85 mg once daily
- **Fixed Dose “Quad Pill”:** Elvitegravir-Cobicistat-Tenofovir-Emtricitabine
- **Metabolism:** via cytochrome P450 (CYP) 3A4
- **Pregnancy:** category unknown
- **Adverse Events:**
 - Well tolerated
 - Cobicistat decreases estimated Creatinine clearance

Urine Formation



Summary of Key Elvitegravir Studies

- Phase 3 Trials in Treatment Naïve
 - Study 102: “Quad Pill” versus EFV-TDF-FTC (*Atripla*)
- Phase 3 Trial: Treatment Naive
 - Study 103: “Quad Pill” versus RTV + ATZ +TDF-FTC
- Phase 3 Trials in Treatment Experienced
 - Study 145: Elvitegravir versus Raltegravir

Elvitegravir-Cobicistat-TDF-FTC versus Efavirenz-TDF-FTC

Study 102: Design

Study Design

Protocol

- N = 700
- Randomized, Double-blind
- Phase 3 trial at 130 study sites
- Conducted in U.S. and Puerto Rico
- Age ≥ 18
- Antiretroviral naive
- No baseline NRTI, NNRTI mutations
- HIV RNA $\geq 5,000$ copies/ml
- No AIDS condition in previous 30 days

***Elvitegravir-Cobicistat-
Tenofovir-Emtricitabine**

(n = 348)

**^Efavirenz-
Tenofovir-Emtricitabine**

(n = 352)

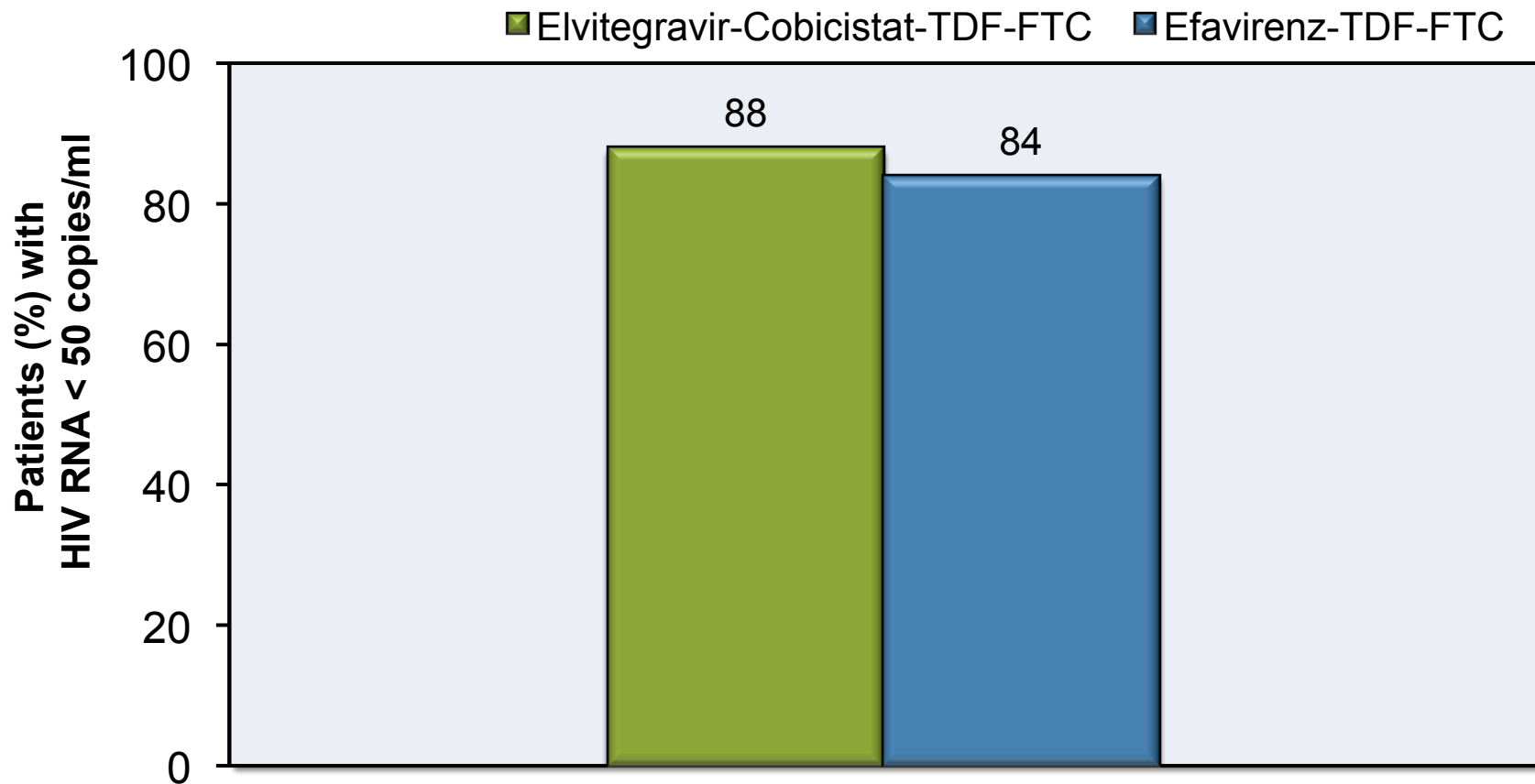
*Dosing: Elvitegravir (150 mg); Cobicistat (150 mg); Tenofovir (300 mg); Emtricitabine (200mg)

^Dosing: Efavirenz (600 mg); Tenofovir (300 mg); Emtricitabine (200mg)

Elvitegravir-Cobicistat-TDF-FTC versus Efavirenz-TDF-FTC

Study 102: Week 48 Results

Week 48: Virologic Response (ITT-TLOVR*)



*ITT-TLOVR = Intention to Treat-Time to Loss of Virologic Response

Source: Gilead Sciences Press Release, August 15, 2011.

Elvitegravir-Cobicistat-TDF-FTC versus + RTV + ATZ + TDF-FTC

Study 103: Design

Study Design

Protocol

- N = 708
- Double-blind, randomized, phase 3 trial
- Age ≥ 18
- Antiretroviral naive
- No baseline NRTI, NNRTI, or PI mutations
- HIV RNA $\geq 5,000$ copies/ml
- CD4 > 50 cells/mm³
- No AIDS condition in previous 30 days

***Elvitegravir-Cobicistat-
Tenofovir-Emtricitabine**
(n = 353)

**^Ritonavir + Atazanavir
Tenofovir-Emtricitabine**
(n = 355)

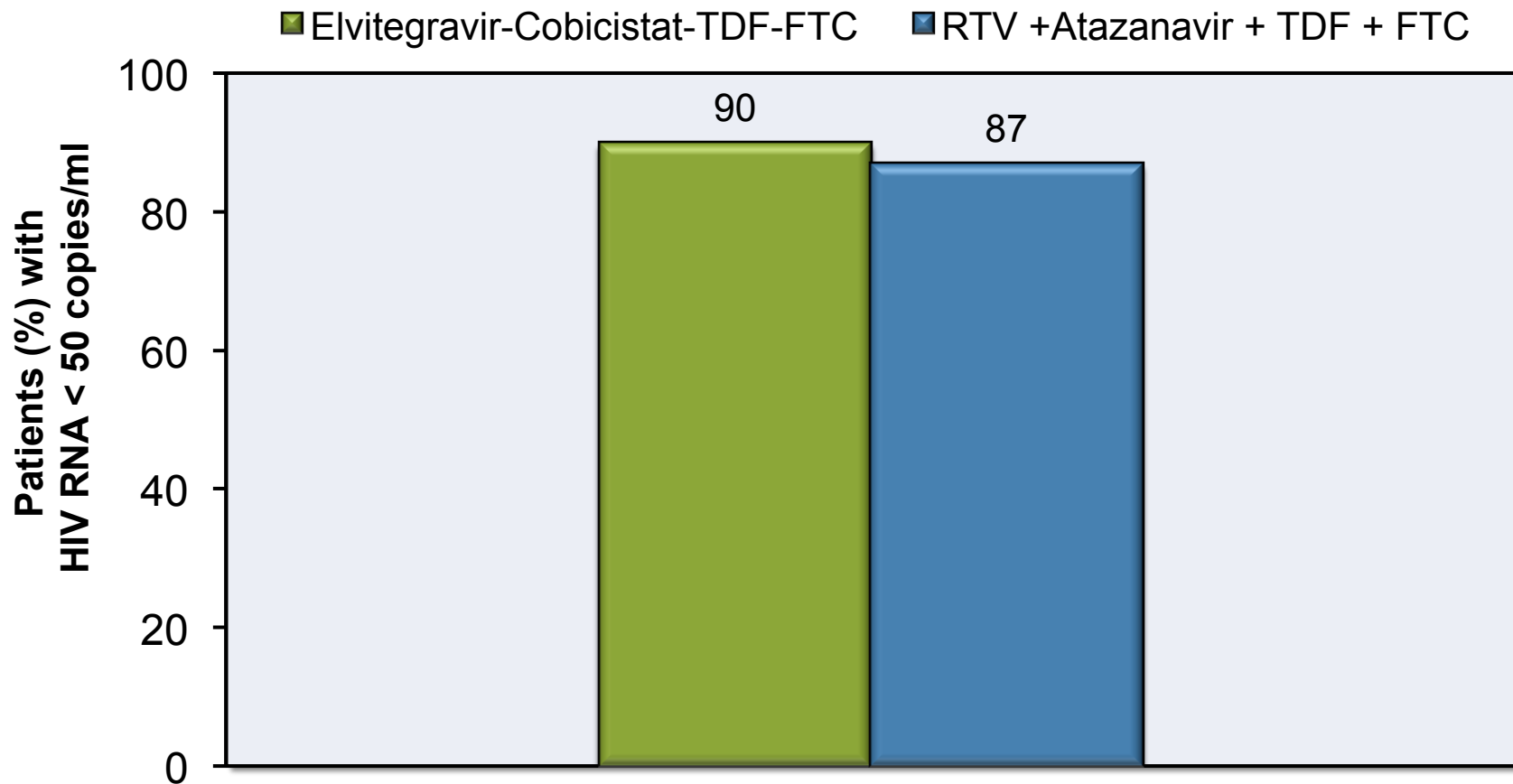
*Dosing (QD): Elvitegravir (150 mg); Cobicistat (150 mg); Tenofovir (300 mg); Emtricitabine (200mg)

^Dosing (QD): Ritonavir (100 mg); Atazanavir (300 mg); Tenofovir (300 mg); Emtricitabine (200mg)

Elvitegravir-Cobicistat-TDF-FTC versus + RTV + ATZ + TDF-FTC

Study 103: Week 48 Results

Week 48: Virologic Response (ITT-TLOVR*)



*ITT-TLOVR = Intention to Treat-Time to Loss of Virologic Response

Source: Gilead Sciences Press Release, September 19, 2011.

Elvitegravir versus Raltegravir in Treatment Experienced Study 145: Design

Study Design

Protocol

- N = 702
- Double-blind, double-dummy, randomized
- Phase 3 trial, 96 weeks
- Treatment-experienced patients
- Age ≥ 18
- Resistance to at least 2 classes
- Stable regimen for at least 30 days
- HIV RNA $\geq 1,000$ copies/ml
- No AIDS condition in previous 30 days

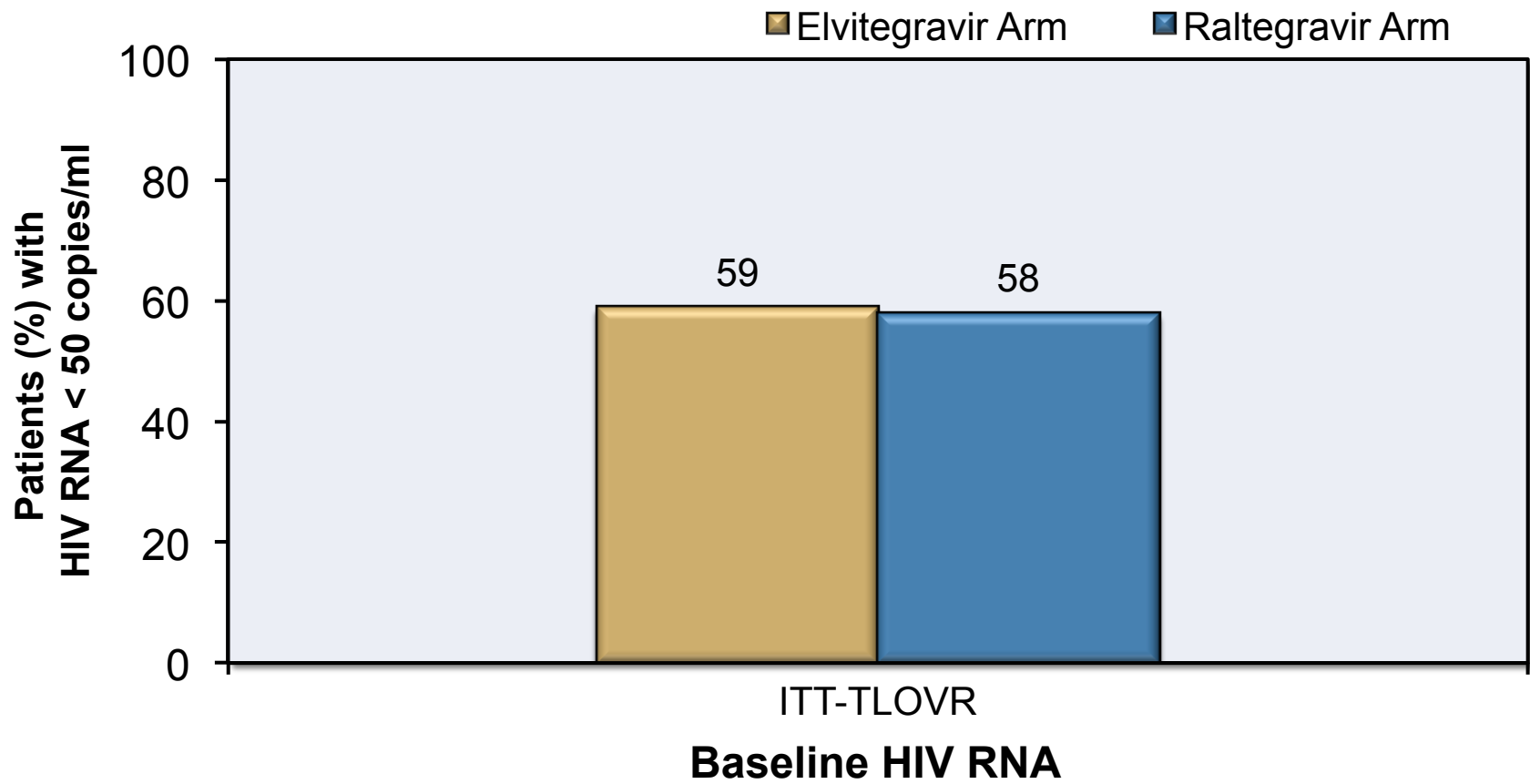
Elvitegravir* (150 mg QD) +
Ritonavir + Protease Inhibitor +
3rd Antiretroviral Agent
(n = 351)

Raltegravir (400 mg BID)
Ritonavir + Protease Inhibitor +
3rd Antiretroviral Agent
(n = 351)

*Elvitegravir dose reduced to 85 mg QD with ritonavir-atazanavir and ritonavir-lopinavir

Elvitegravir versus Raltegravir in Treatment Experienced Study 145: Week 48 Results

Week 48: Virologic Response (ITT-TLOVR*)

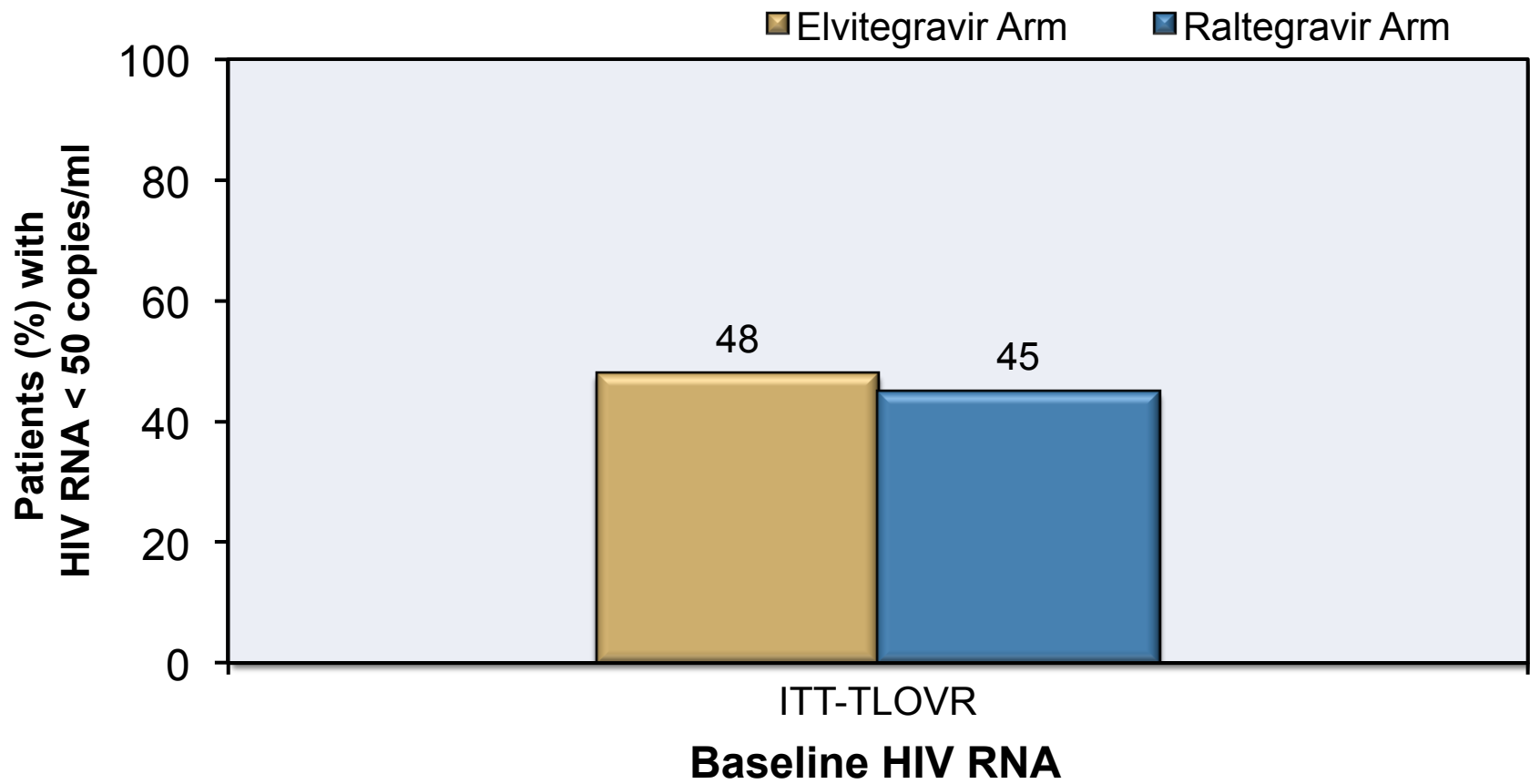


*ITT-TLOVR = Intention to Treat-Time to Loss of Virologic Response

Source: Molina JM, et al. Lancet. 2012;12:27-35.

Elvitegravir versus Raltegravir in Treatment Experienced Study 145: Week 96 Results

Week 96: Virologic Response (ITT-TLOVR*)



*ITT-TLOVR = Intention to Treat-Time to Loss of Virologic Response

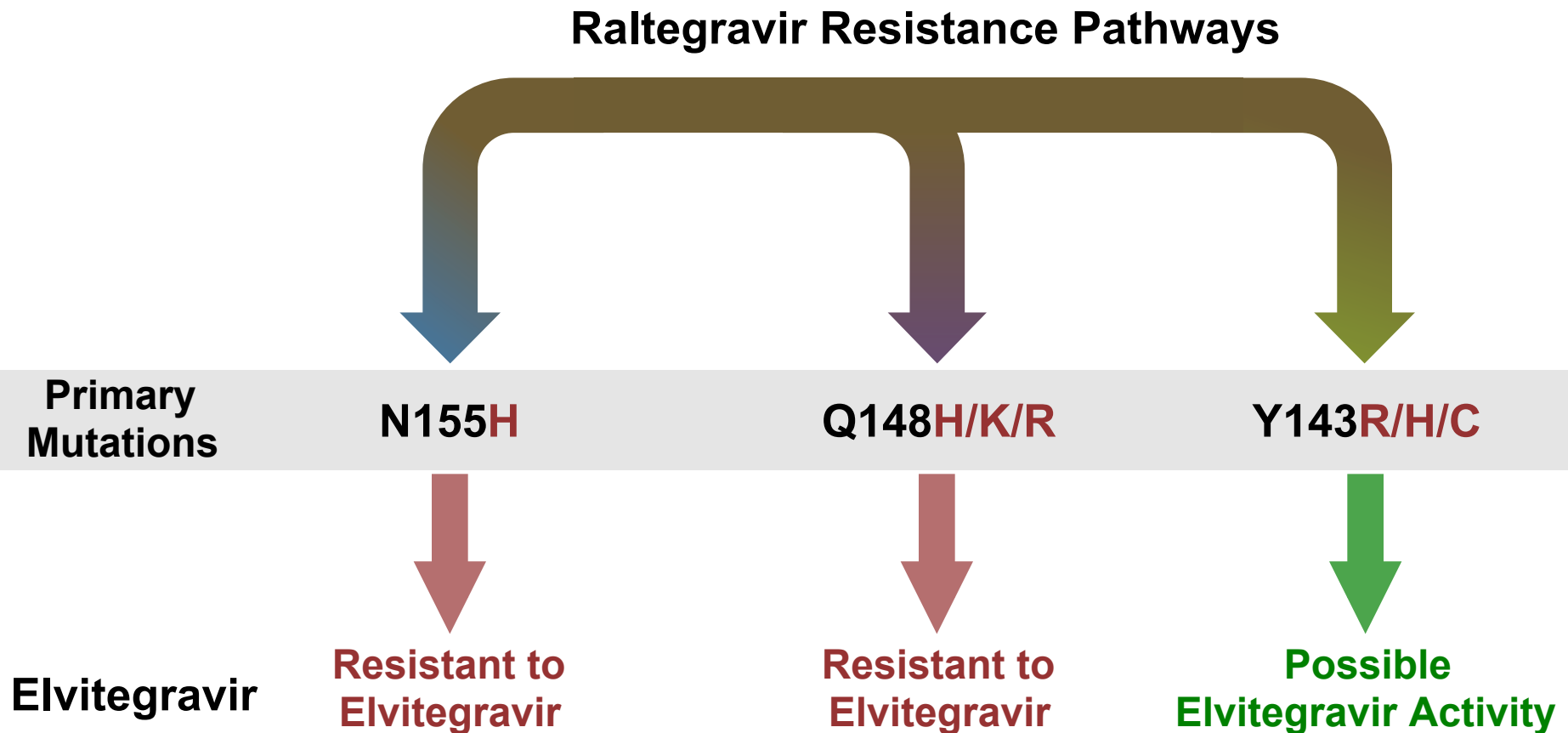
Source: Gilead Sciences Press Release, December 9, 2011.

Raltegravir and Elvitegravir Cross Resistance

Raltegravir Resistance Pathways

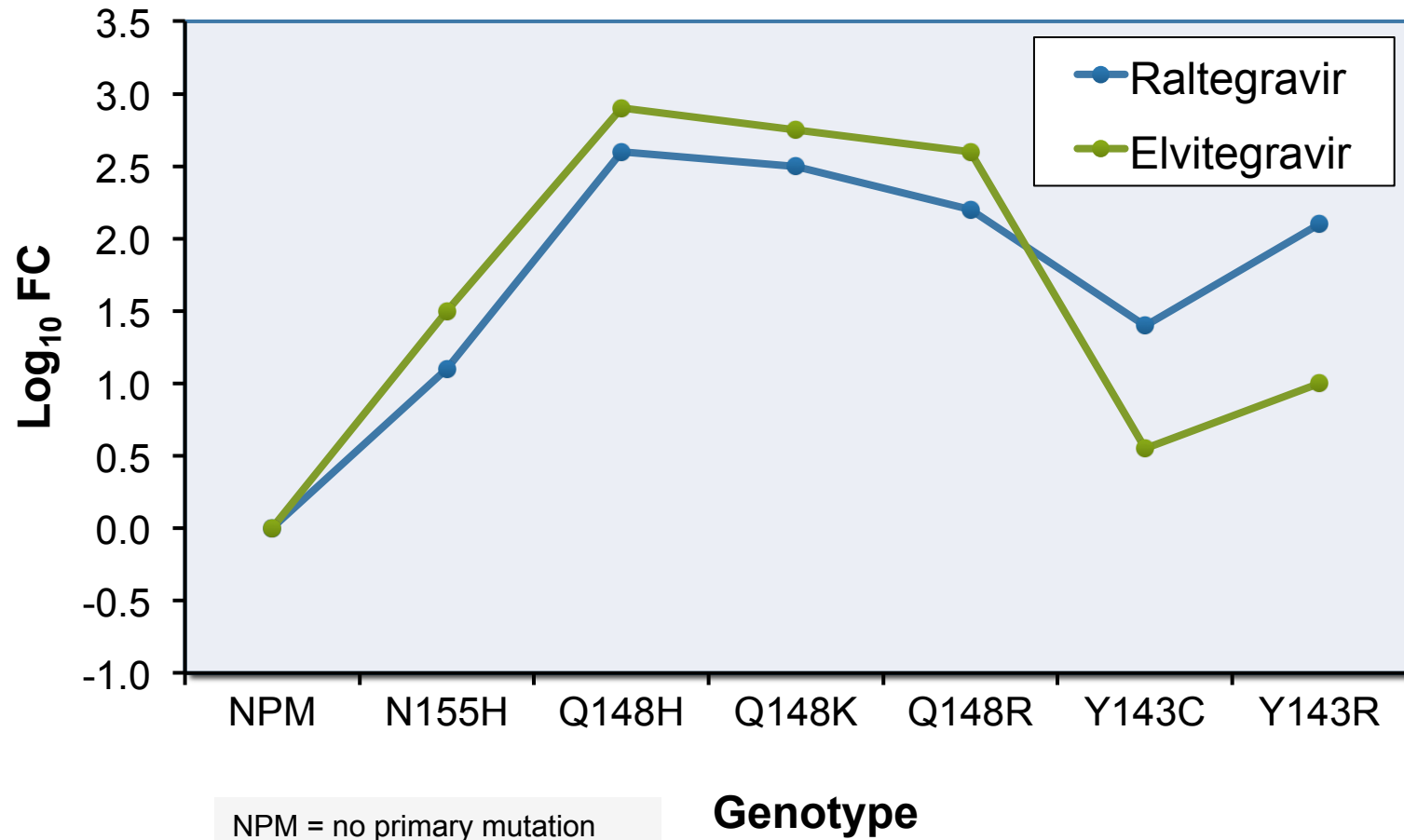


Raltegravir and Elvitegravir Cross Resistance



Raltegravir and Elvitegravir: Cross Resistance

Graphical Representation of Mean log₁₀ Fold Change Values for Different Genotype



Source: Van Wesenbeeck L, et al. Antimicrob Agents Chemother. 2011;55:321-5.

Elvitegravir

Summary Points

- **Pros**
 - Efficacy similar to efavirenz and raltegravir
 - Attractive once daily dosing
 - Fixed-dosed “Quad Pill” regimen: one pill once a day
 - Well tolerated
- **Cons**
 - Requires boosting (with cobicistat or ritonavir)
 - High cross-resistance with raltegravir
 - Requires taking with food
- **Clinical Use**
 - Attractive first line agent as fixed drug combination pill
 - Not likely used in patients with raltegravir resistance

ANTIRETROVIRAL THERAPY: INVESTIGATIONAL

Dolutegravir

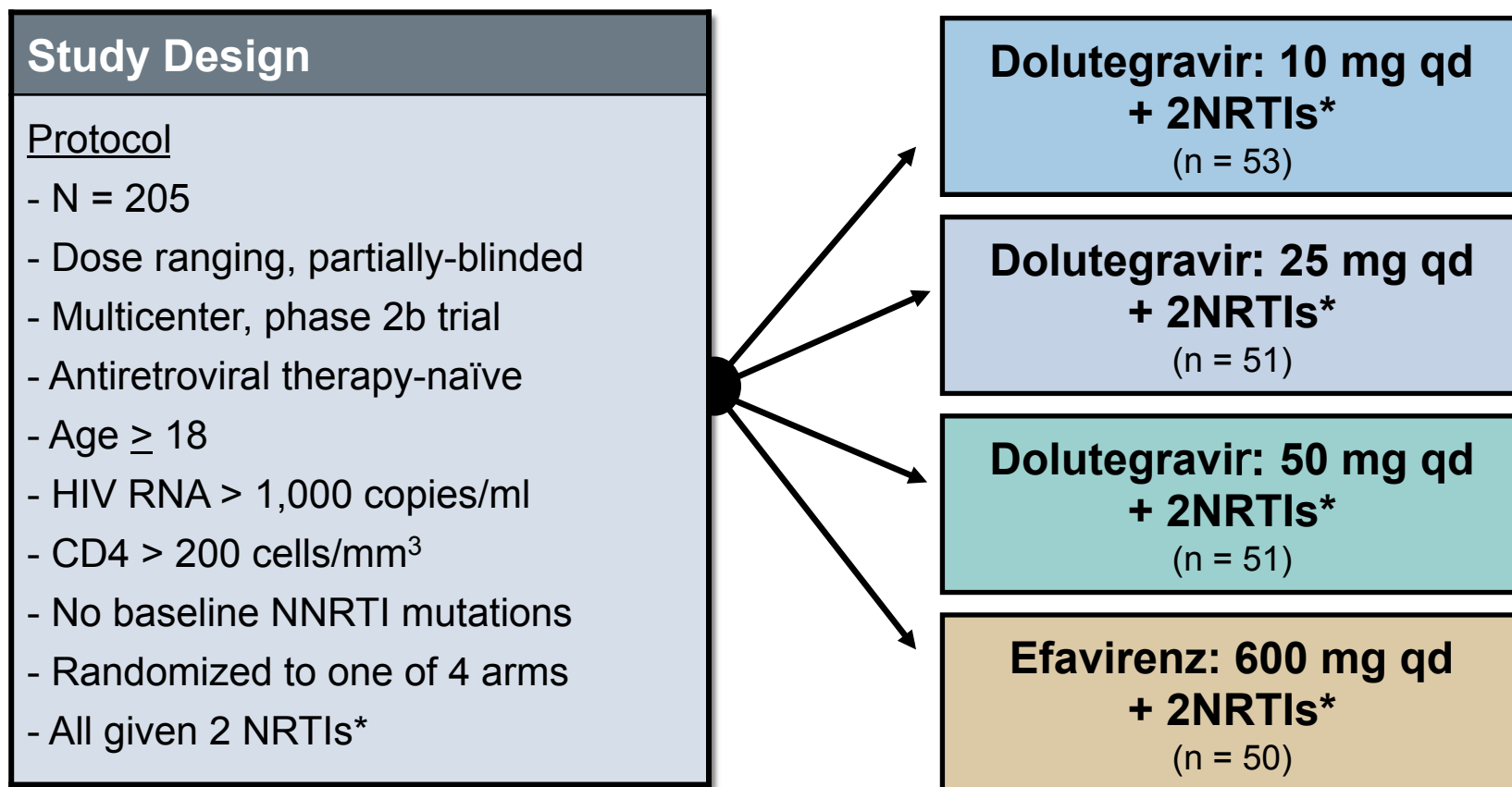
Dolutegravir, formerly S/GSK-572

- **Class:** integrase strand transfer inhibitor
- **Approval Status:** Not FDA Approved; in Phase 3 Trials
- **Dose (with or without food):**
 - Treatment Naive: 50 mg once daily
 - Treatment Experienced, ISTI-Naive: 50 mg once daily
 - ISTI Resistant: 50 mg twice daily
- **Fixed Dose Combination:** Abacavir-Lamivudine-Dolutegravir (*572-Trii*)
- **Pregnancy:** category unknown
- **Adverse Events:**
 - Small increases in serum creatinine (inhibition of creatinine secretion)

Dolutegravir: Summary of Key Studies

- Phase 2b Trial in Treatment Naïve
 - SPRING-1: Dose-ranging Dolutegravir versus Efavirenz
- Phase 2b Trials in Treatment Experienced
 - VIKING I: Dolutegravir 50 mg QD added to failing regimen
 - VIKING II: Dolutegravir 50 mg BID added to failing regimen

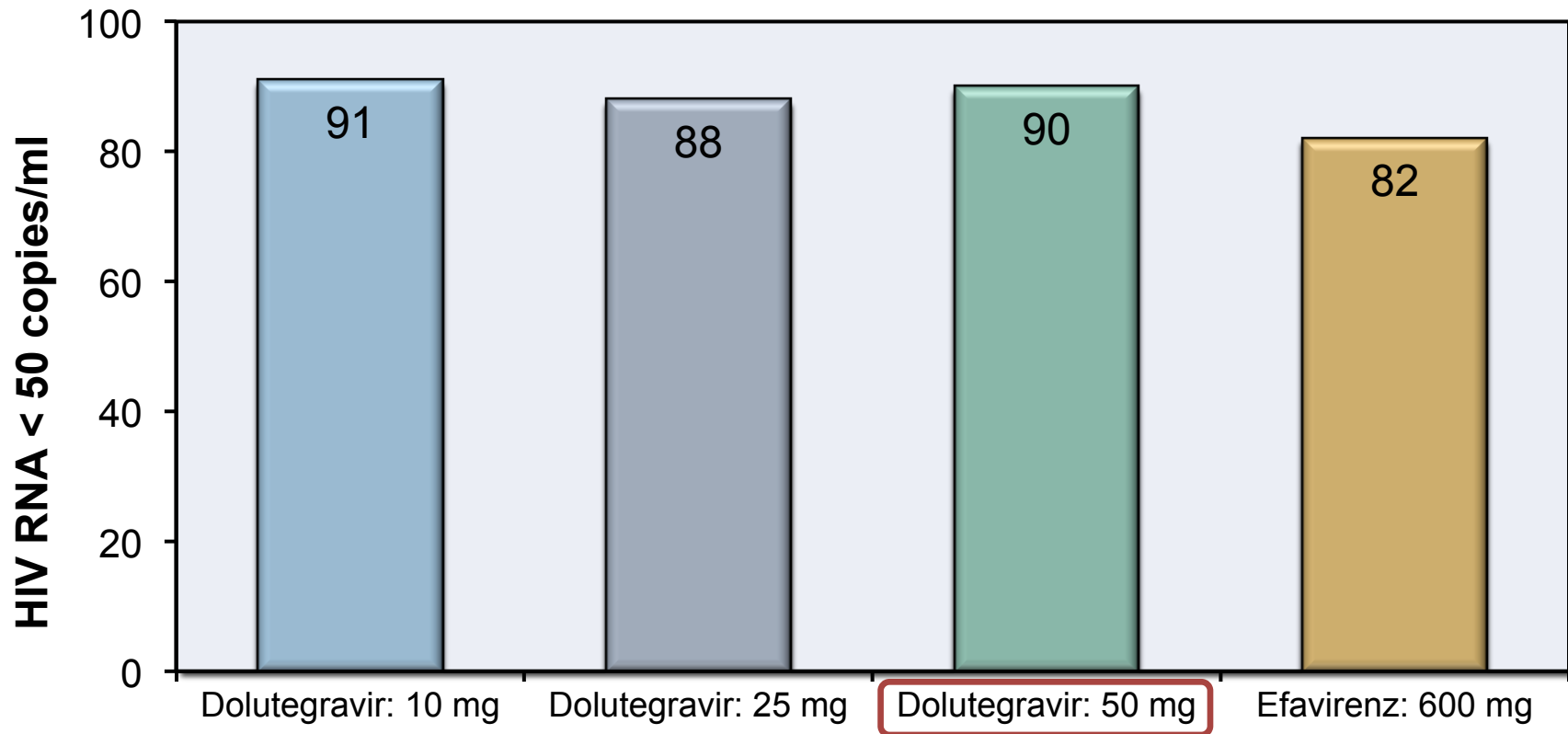
Dolutegravir (“572”) vs. Efavirenz in ARV-Naive SPRING-1: Study Design



*2 NRTIs: Tenofovir-Emtricitabine + (67%); Abacavir-Lamivudine (33%)

Dolutegravir (“572”) vs. Efavirenz in ARV-Naive SPRING-1: Study Results

48 Week Data: Virologic Response (TLOVR)



All regimens included 2 NRTIs: Tenofovir-Emtricitabine or Abacavir-Lamivudine

Dolutegravir in Patients with Raltegravir Resistance

VIKING Study (Cohorts I & II): Design

Day 1

Day 11

Week 24

Functional Monotherapy Phase**Cohort I:** Dolutegravir: 50 mg QD**Cohort II:** Dolutegravir: 50 mg BID**Continuation Phase****Cohort I:** Dolutegravir: 50 mg QD + OBR**Cohort II:** Dolutegravir: 50 mg BID + OBR**Study Design**

Cohort I (N = 27); Cohort II (N = 24)

Single arm, Phase II Trial

Documented raltegravir resistance

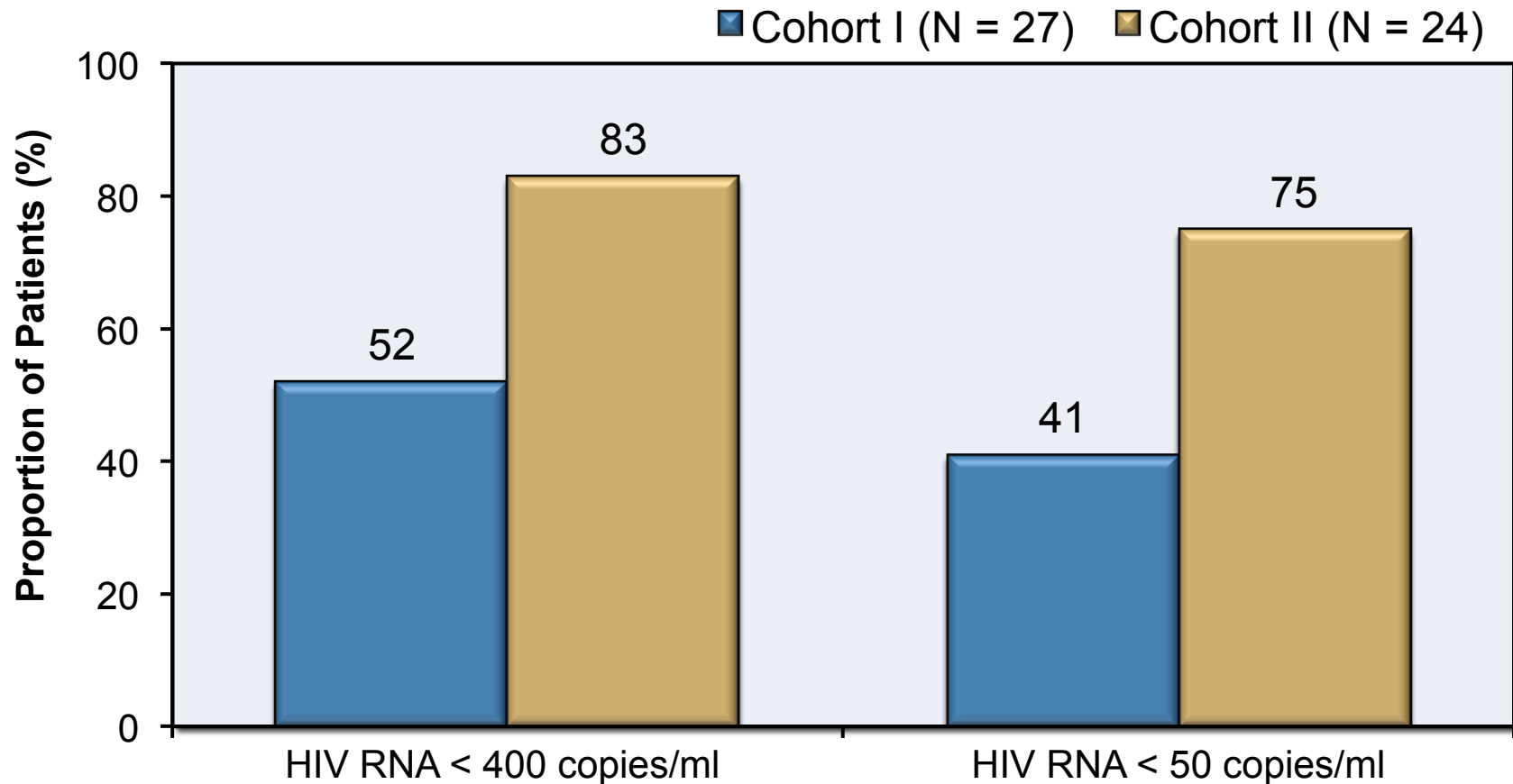
Documented resistance to ≥ 3 ARV classesHIV RNA > 1,000 copies/ml (Median HIV RNA= 4.3 log₁₀ copies/ml)

Day 0 to 10: Raltegravir replaced with Dolutegravir

Day 11 to Week 24: Dolutegravir + OBR

Dolutegravir in Patients with Raltegravir Resistance

VIKING Study (Cohorts I & II): Week 24 Results



Dolutegravir Activity Against Raltegravir-Resistant HIV

- **Minimal or no Impact on Dolutegravir Activity**
 - N155H +/- secondary mutations
 - Y143R/H/C +/- secondary mutations
 - Q148H/K/R single mutations
- **Significant Decrease in Dolutegravir Activity**
 - Q148H/K/R + secondary mutations (G140S/A; E138K/A)
 - G118R (not reported in vivo)
 - Dolutegravir 50 mg BID appears active

Dolutegravir: Program in Development

- Phase 3 Program In Development: Treatment Naive
 - SPRING 2: Dolutegravir versus Raltegravir
 - SINGLE: Dolutegravir-ABC-3TC versus Efavirenz-TDF-FTC
- Phase 3 Program In Development: Treatment Experienced
 - SAILING: Dolutegravir versus Raltegravir (integrase naïve)

Dolutegravir

Summary Points

- **Pros**

- Efficacy similar to efavirenz
- Convenient (one pill per day without meal restrictions)
- Plans for fixed drug Tri-572
- Effective in patients with raltegravir failure

- **Cons**

- Lacking phase 3 data
- Tri-572 with HIV RNA > 100,000 copies/ml due to abacavir

- **Clinical Use**

- Very attractive as 2nd line regimen and salvage
- Possible first line agent with fixed-drug preparation

End
