



NORTHWEST AIDS EDUCATION AND TRAINING CENTER

Integrase Inhibitors on the Horizon

David Spach, MD

Clinical Director, Northwest AETC

Professor of Medicine, University of Washington

Presentation Prepared by:

David Spach, MD

Last Updated: January 25, 2012

Integrase Strand Transfer Inhibitors on the Horizon

1. Elvitegravir
2. Dolutegravir

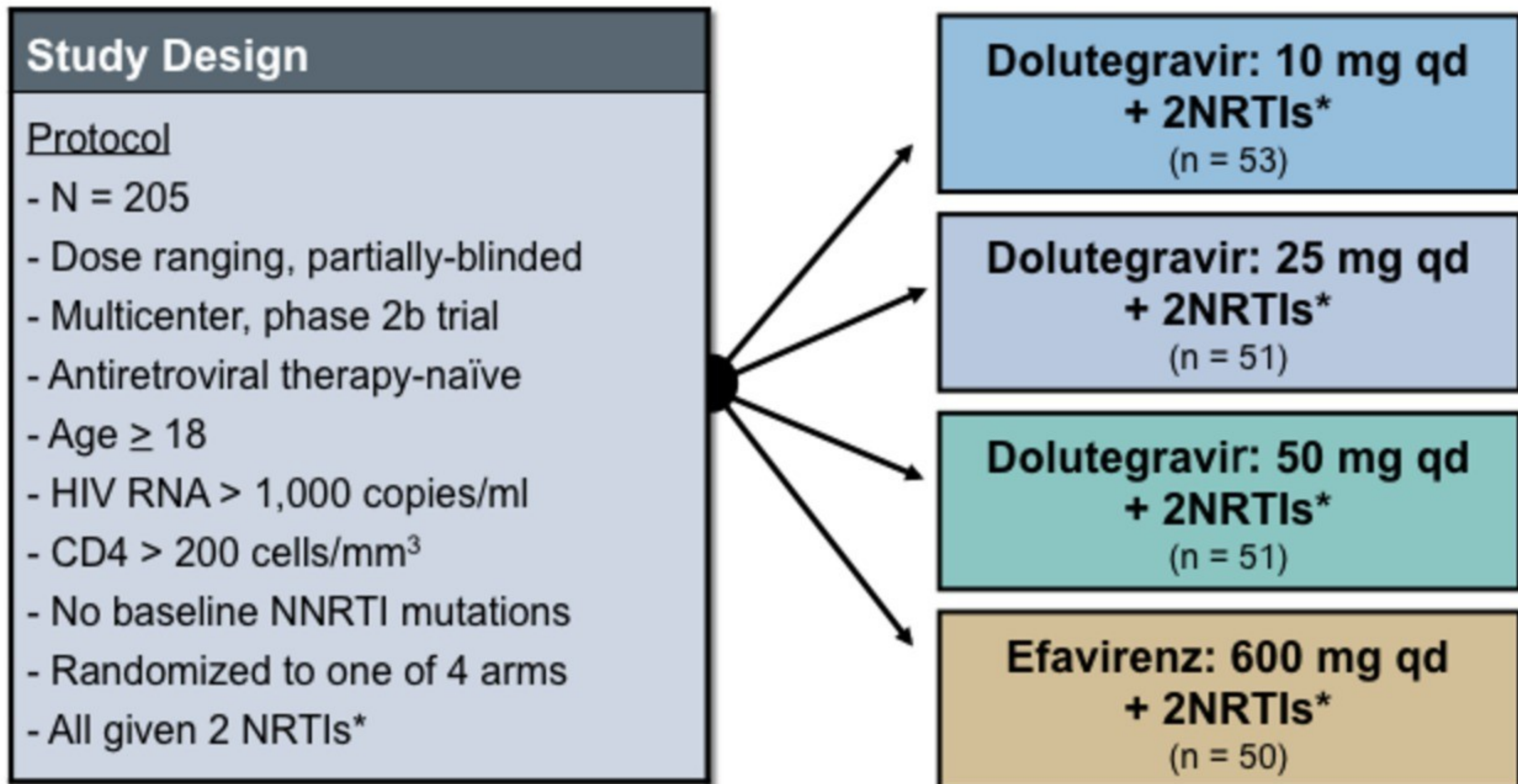
ANTIRETROVIRAL THERAPY: INVESTIGATIONAL
Dolutegravir

Dolutegravir, formerly S/GSK-572

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

- Phase 2a Trial in Treatment Naïve & Experienced
 - 10-Day dose-ranging, monotherapy trial
- Phase 2b Trials 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

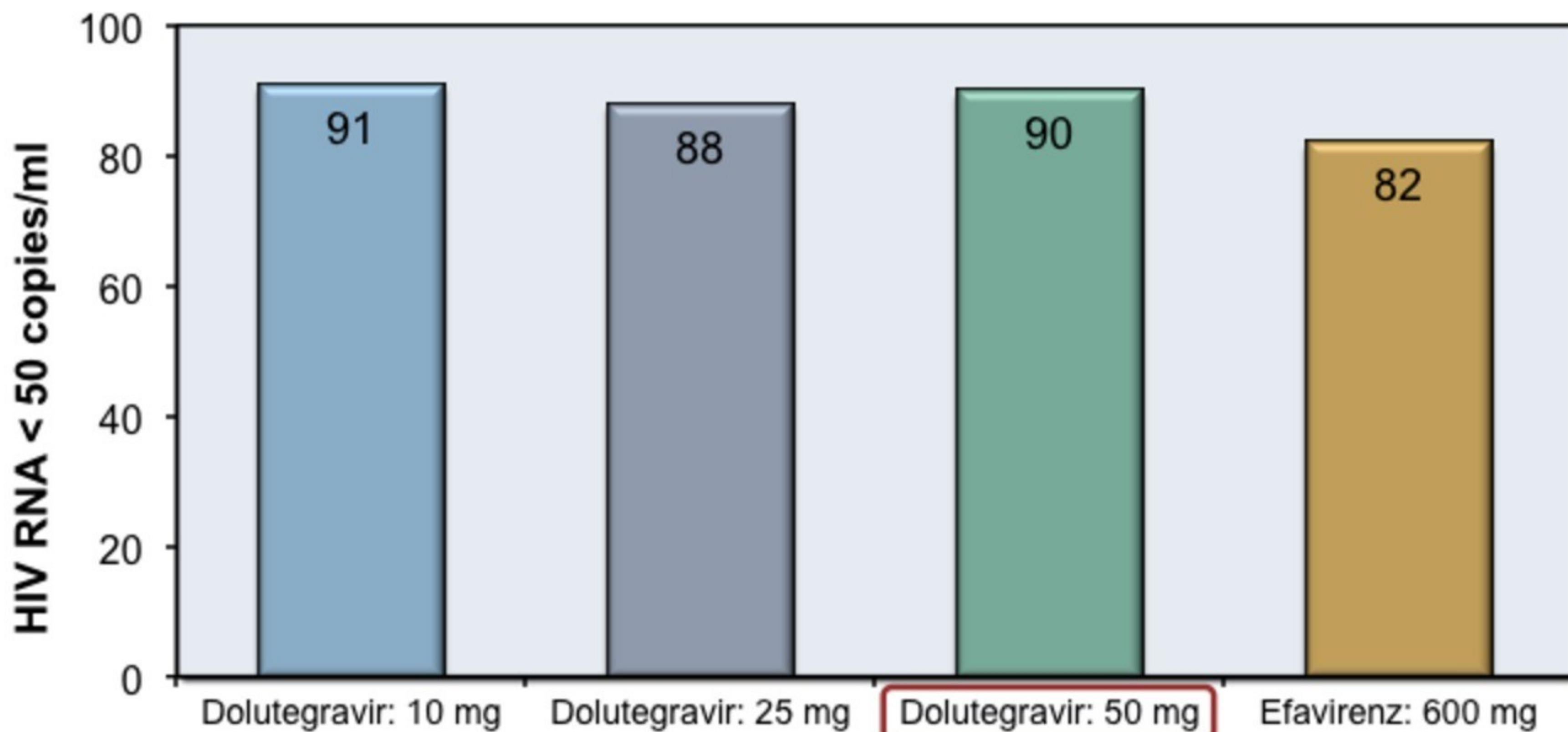
Dolutegravir (“572”) vs. Efavirenz in ARV-Naive SPRING-1: Study Design



*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: Zidovudine + Lamivudine (75%); Tenofovir + Emtricitabine (25%)

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

Interpretation: “Dolutegravir was effective when given once daily without a pharmacokinetic booster and was well tolerated at all assessed doses. Our findings support the assessment of once daily 50 mg dolutegravir in phase 3 trials.”