

ANTIRETROVIRAL USE FOLLOWING SLEEVE GASTRECTOMY – A CASE SERIES

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Background:

Obesity in HIV-positive people is increasingly prevalent, as are bariatric surgical interventions including sleeve gastrectomy (SG). SG may impact absorption of orally-administered drugs due to reduced gastric surface area by approximately 70% and reduced acid secretion. Case reports describe HIV+ people maintaining viral suppression with various antiretroviral (ART) regimens following SG, however few describe newer agents, such as tenofovir alafenamide (TAF) or elvitegravir. We describe virological outcomes of four patients who underwent SG while receiving more recently available ART drugs.

Methods:

Four HIV+ patients underwent SG and pharmacist medication review as part of usual outpatient clinic care or the PROM-GP study (Pharmacist Review of Medications for HIV+ people seen in General Practice). Patient demographics, ART and virological monitoring were collected.

Results:

At time of surgery, mean age was 45 years (range, 39 to 51 years); BMI 39.7kg/m² (33.3 to 50.8kg/m²) and CD4 count 844cells/μL (663 to 1282cells/μL). Pre-SG ART regimens were: Case 1: atazanavir, ritonavir, tenofovir disoproxil fumarate (TDF), abacavir, lamivudine; Case 2: Atripla[®] (efavirenz, TDF, emtricitabine); Case 3: Genvoya[®] (TAF, emtricitabine, elvitegravir, cobicistat); Case 4: raltegravir, unboosted atazanavir. Twelve months post-SG, Case 1 switched to Stribild[®] (elvitegravir, cobicistat, emtricitabine, TDF) for simplification and interaction avoidance, then Genvoya[®] nine months later. Cases 2 & 3 continued ART unchanged. Case 4 switched to dolutegravir and Descovy[®] (TAF/emtricitabine) three months post-SG to avoid interaction with proton pump inhibitor therapy. Median follow-up after surgery was 12 months, and though all four patients had virologic suppression (<20copies/mL) at last blood test, Case 3 experienced one viral blip of 43copies/mL at five months.

Conclusion: There is limited data regarding ART effectiveness following SG. These cases provide reassurance that patients will remain virologically suppressed with the use of newer ART regimens including TAF, and Genvoya[®] after interventions removing a large portion of the stomach.

Disclosure of Interest Statement:

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