

EFFICACY AND SAFETY OF SWITCHING TO DOLUTEGRAVIR/LAMIVUDINE (DTG/3TC) IN TREATMENT-EXPERIENCED, VIROLOGICALLY SUPPRESSED PLHIV AGED ≥ 50 YEARS: POOLED RESULTS FROM THE TANGO AND SALSA STUDIES

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Background: As older adults living with HIV are a fast-growing population, concerns over managing age-related comorbidities and polypharmacy while maintaining virologic suppression highlight the importance of their inclusion in clinical trials. Dolutegravir/Lamivudine (DTG/3TC) is an international guidelines–recommended 2-drug regimen demonstrating high efficacy and barrier to resistance. We present pooled TANGO and SALSA analyses in participants aged ≥ 50 years.

Methods: Week 48 data from the phase 3 TANGO and SALSA trials evaluating switch to DTG/3TC vs continuing current antiretroviral regimen (CAR) were pooled. Proportions of participants with HIV-1 RNA ≥ 50 and < 50 c/mL (Snapshot, intention-to-treat exposed) and safety were analyzed by age. Adjusted mean change from baseline in CD4+ cell count was assessed using mixed-models repeated-measures analysis.

Results: Of 1234 participants, 29% were aged ≥ 50 years (9% female; 3% aged ≥ 65 years). At baseline, participants aged ≥ 50 vs < 50 years had greater concomitant medication use (median [range]: 2.0 [0-20] vs 1.0 [0-16], respectively) and more comorbidities (86% vs 71%); baseline characteristics were otherwise similar. Among those aged ≥ 50 years, 1 (0.6%) DTG/3TC participant and 3 (1.6%) CAR participants developed HIV-1 RNA ≥ 50 c/mL; proportions with HIV-1 RNA < 50 c/mL were high (92% and 93%, respectively), consistent with overall efficacy. CD4+ cell count increased from baseline in DTG/3TC participants in both age groups (adjusted mean change [SE]: < 50 years, 29.0 [8.5] cells/mm³; ≥ 50 years, 6.3 [13.6] cells/mm³). No DTG/3TC participants had confirmed virologic withdrawal (CVW); 1 CAR participant had CVW (no resistance detected). Proportions of adverse events (AEs), AEs leading to withdrawal, and serious AEs in DTG/3TC participants were similar between age groups.

Conclusion: Although participants aged ≥ 50 years used a higher number of concomitant medications and had a greater prevalence of comorbidities, switching to DTG/3TC maintained virologic suppression, demonstrating robust efficacy, high barrier to resistance, and good safety and tolerability.

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Presenter biography (limit 50 words): Prof Don Smith is a Senior Staff Specialist at the Albion Centre, the largest ambulatory HIV clinic in Australia. He has been clinically managing patients for over 30 years and currently holds a conjoint appointment with the School of Public Health and Community Medicine at the UNSW.

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