



Predictive Factors Associated with Virologic Success in Highly Pre-Treated HIV-Infected Patients Receiving Boosted Amprenavir : A PharmAdapat Substudy

Abstracts

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BACKGROUND : Boosted amprenavir (APV/rtv) has been shown to be safe and efficacious. We assessed the predictive factors associated with virologic success of APV/rtv based regimens.

METHODS : Patients in the PharmAdapt study receiving an APV/rtv containing regimen were included. Predictivity of covariates on virologic response at month 4, was analyzed according to the data analysis plan. We processed logistic regression using bootstrapping to allow several co-variates in the models.

RESULTS : Forty patients received an APV/rtv containing regimen. There were 38 males (95%), risk factors: MSW 4(10%)/MSM 31(78%)/IVDU 4(10%), CDC stages A(27%)/B(38%)/C(35%), baseline CD4 313 [211;414], baseline HIV-RNA 4.4 log₁₀ copies/ml [3.7;4.9]. Patients (pts) were exposed to a median number of 7.5 [6;9] drugs for a median number of 3.8 [3.3;4.3] years. Baseline number of resistance mutations was 4 [3;5] for the NRTIs, 1 [0;2] for the NNRTIs and 6 [5;8] for the PIs. At M4, HIV RNA decreased 1.2 log₁₀ [0.3;1.6] copies/ml; 50% pts had an HIV RNA < 200 copies/ml (ITT,M=F). The number of APV resistance mutations was associated with HIV RNA changes. Median APV concentration was 1750 ng/ml [1130;2520]. At M4, using several cut-offs, nor APV concentration, nor the Genotypic Inhibitory Quotient was predictive of viral load changes. Baseline HIV RNA, the use of new drug and number of RT and PRO mutations were associated with outcome.

CONCLUSIONS : Efficacious APV concentrations need to be determined for ARV experienced patients. Baseline viral load, new drugs and the number of mutations (RT/PRO) were associated with the outcome of APV/rtv based regimen.