

1567. Simplification to elvitegravir/cobicistat/emtricitabine/tenofovir DF from ritonavir-boosted protease inhibitor plus emtricitabine/tenofovir DF maintains HIV suppression and improves fasting triglycerides at week 48
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Background. A higher triglyceride (TG) concentration is marginally independently associated with an increased risk of myocardial infarction in the D:A:D study. Patients switched to elvitegravir/cobicistat/emtricitabine/tenofovir DF (EVG/COBI/FTC/TDF) from ritonavir-boosted protease inhibitor (PI + RTV) plus FTC/TDF maintained high rates of virologic suppression at week 48 (94% vs 87%); and, overall had improvement in fasting triglyceride concentrations.

Methods. In the STRATEGY-PI study, fasting lipid parameters were measured at baseline and subsequent study visits. Subgroup analysis by PI examines the change from baseline (mg/dL) in fasting lipids and shifts in proportions of subjects with target lipid parameter by the National Cholesterol Educational Program (NCEP) category.

Results. 293 subjects switched to EVG/COBI/FTC/TDF; 139 continued PI + RTV (51 atazanavir [ATV], 60 darunavir [DRV], 23 lopinavir [LPV], 5 other PIs). Switching to EVG/COBI/FTC/TDF vs continuation of PI + RTV resulted in statistically significant decrease from baseline in fasting TG concentrations at week 48 (mean: -29 vs 1; p = 0.001), driven primarily by decreases in TGs when switched to EVG/COBI/FTC/TDF from LPV (mean: -59 vs -1; p = 0.003) or ATV (mean: -32 vs 5; p = 0.014). Proportions of subject with target TG by NCEP category at week 48 that were statistically different between groups are shown in the table. Changes in other fasting lipid parameters

were generally small and not statistically different between groups except for a small increase in HDL (mean: 2 vs -1; p = 0.03) and decrease in total cholesterol (TC)/HDL ratio (mean: -0.2 vs 0.0; p = 0.029) for subjects who switched to EVG/COBI/FTC/TDF from DRV, and decreases in TC (mean: -24 vs 2; p = 0.002) and HDL (mean: -2 vs 6; p = 0.016) for subjects who switched to EVG/COBI/FTC/TDF from LPV.

Target Triglyceride (<150 mg/dL) by National Cholesterol Educational Program Category at W48

% (n)	EVG/COBI/FTC/TDF (n=250)	PI+RTV+FTC/TDF (n=112)	P Value
Baseline	63% (172)	64% (86)	0.94
Week 48	77% (206)	68% (80)	0.041
	EVG/COBI/FTC/TDF (n=49)	LPV/RTV+FTC/TDF (n=23)	
Baseline	34% (15)	33% (7)	0.92
Week 48	78% (35)	53% (10)	0.044

Conclusion. Switch to EVG/COBI/FTC/TDF maintained HIV suppression and improved fasting triglyceride concentrations, particularly in those switched from LPV or ATV.

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