

# **ORAL PRESENTATION**

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# Maraviroc (MVC) increases CD4+ and CD8+ cells: long-term data from the MVC clinical development program

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## **Background**

Across the MVC development program, patients who received MVC-containing regimens experienced greater increases in CD4+ cell counts than those observed in comparator arms in primary analyses. Here we present longer term immunological data from this program.

### Material and methods

Long-term (96 week) data from subjects with CCR5-tropic HIV infection in the following ongoing MVC studies were included in the analysis: (1) MOTIVATE study (MVC QD and BID vs placebo (PBO), each combined with optimized background therapy in treatment-experienced [TE] subjects); and (2) MERIT study (MVC BID vs EFV, each combined with ZDV/3TC in treatment-naïve [TN] subjects). Additionally, interim week 24 data from the ongoing 96-week 1078 study (MVC QD vs TDF/FTC, each combined with ATV/r in TN subjects)

were summarized. Descriptive statistics are presented for data at baseline and at week 96 (MERIT/MOTI-VATE) or week 24 (1078) pertaining to change in CD4+ and CD8+ cells.

### Results

Greater increases in CD4+ cells in MVC-containing groups persisted through 96 weeks in the MOTIVATE and MERIT studies, and through 24 weeks in the 1078 study (Table 1). Similarly, changes in CD8+ cells from baseline to weeks 96 or 24 favored MVC-containing regimens in all three studies. In a combined LOCF analysis of patients from all three studies at week 24, CD4+ counts increased by a median 100.5 cells/ $\mu$ L in 1260 recipients of MVC-containing regimens, compared with 84.5 cells/ $\mu$ L in 631 recipients of comparator regimens; CD8+ counts increased by a median 153 cells/ $\mu$ L in the MVC group, compared with a decrease of 61 cells/ $\mu$ L in

Table 1

| Population                                  | Treatment-experienced  MOTIVATE – 96 Weeks |         |       | Treatment-naive  |       |                 |         |
|---|--|---------|-------|------------------|-------|-----------------|---------|
| Study                                       |  |         |       | MERIT – 96 Weeks |       | 1078 – 24 Weeks |         |
| Arm   | MVC QD                                     | MVC BID | РВО   | MVC BID          | EFV   | MVC QD          | TDF/FTC |
| N   | 414  | 426     | 209   | 360              | 361   | 60              | 61      |
| BL HIV RNA (median log <sub>10</sub> cp/mL) | 4.86                                       | 4.85    | 4.86  | 4.88             | 4.85  | 4.59            | 4.66    |
| Baseline CD4 count (median cells/μL)        | 171  | 167     | 171   | 244.3            | 258.5 | 344.5           | 358.0   |
| Baseline CD8 count (median cells/µL)        | 867.5                                      | 836.5   | 820.8 | 791.5            | 860.0 | 859.8           | 890.0   |
| CD4 change from BL (median cells/µL)        | 89.0                                       | 112.5   | 21.0  | 224.3            | 195.0 | 195.3           | 173.0   |
| CD8 change from BL (medican cells/µL)       | 138.0                                      | 157.0   | 31.5  | -3.00            | -94.5 | 4.5             | -78.5   |

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the comparator group. At week 96, a combined analysis of patients from the MOTIVATE and MERIT studies showed median CD4+ increases from baseline of 129.5 and 100.3 cells/ $\mu$ L in the MVC (N=1177) and comparator (N=554) groups, respectively; CD8+ changes were 96 and -72 cells/ $\mu$ L, respectively. In all studies, differences in CD4+ and CD8+ counts between treatment groups were independent of differences in viral load changes (data not shown).

### **Conclusions**

Greater increases in CD4+ and CD8+ counts were consistently achieved with MVC-containing regimens, compared to regimens without MVC, and persisted through at least 2 years of therapy in both TN and TE patients. These differences were independent of changes in HIV-1 RNA and are evident with multiple different MVC-containing regimens.

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