Etravirine 200 mg twice daily combined with atazanavir/ritonavir 300/400 mg or 400/1000 mg once daily in treatment-experienced patients: primary 48-week efficacy and safety analysis of the TEACH trial

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Patient baseline characteristics and disposition

The study was open-label and included patients who had failed prior treatment with ETR (200 mg bid) + ATV/r (300/100 mg or 400/100 mg qd) + one NRTI (25 patients; N=21 for ATV/r 400/100 mg qd + one NRTI). Five patients were excluded from the study: three patients (not included in the analysis) due to discontinuation or non-compliance, one patient due to clinical safety reasons (virologic failures), and one patient due to administrative reasons.

- No relevant development of resistance to ATV occurred.
- The most frequently emerging NNRTI RAMs in this study, K101P and Y181C, are previously described in the prior trials.
- Overall, K101P was more prevalent in both groups (17% and 16% in the ATV/r 400/100 mg qd and 300/100 mg qd groups, respectively), but K101N was found to be only related to ATV/r (18% and 0% in the ATV/r 400/100 mg qd and 300/100 mg qd groups, respectively).
- Only patients who are opioid dependent, HIV-infected, and at a risk for HIV infection are eligible for this study.

Efficacy

- The effectiveness of the ATV/r regimen was similar across all treatment groups.
- No relevant development of resistance to ATV occurred.
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