Southern African HIV Clinicians Society

3rd Biennial Conference

13 - 16 April 2016
Sandton Convention Centre
Johannesburg

Our Issues, Our Drugs, Our Patients

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ART beyond the second-line regimen: Adult third-line ART

Michelle Moorhouse
14 Apr 2016
Management of treatment failure after second-line

• Standardised first- and second-line regimens
  – Efficacy, safety and tolerability
  – Predictable resistance mutations that develop after first-line failure

• Second-line should achieve viral suppression

• Provision for third-line, controlled by expert panel

• Third-line drugs approved by panel sent to facility on named patient basis
Diagnosis of second-line failure

VL >1000 copies/mL on second-line >1 year

Adherence; compliance; tolerability; drug interactions; psychological

Repeat VL in 6 months

VL ≤1000 copies/mL
- Continue second-line

VL >1000 copies/mL
- GENOTYPE
  - PI resistance
    - Management as per third-line panel
Third line eligibility

- Adults on PI regimen not fully suppressed at 12 months
- Genotype resistance test
- PI resistance: full treatment history to third-line panel
- Documented resistance to PI/r in current regimen
- Access to third-line drugs, including DRV/r, etravirine and raltegravir
Send it to:

Facility completes motivation form and submits to the Secretariat: Third Line ARV Peer Review Committee (PRC)

TLART@health.gov.za

Important to note:
• Facility name and address
• Patient information
COMPILING A THIRD-LINE REGIMEN
### Stanford score

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<tr>
<th></th>
<th>ATV/r</th>
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<th>FPV/r</th>
<th>IDV/r</th>
<th>LPV/r</th>
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Eligible for third line ART?
PI score ≥15

DRV/r
PLUS
3TC/FTC
PLUS
AZT/TDF (lowest score)

TDF/AZT 30-59
OR
DRV ≥15

Add RAL

TDF/AZT >29
AND
DRV ≥15
AND
AND
ETR ≤29

Add ETR
ADULT THIRD-LINE COHORT OVERVIEW
## Applications received to date

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<th>No of applications</th>
<th>Outcome</th>
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<td>Adult</td>
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<td>82 prescribed holding regimens</td>
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Methodology

• Cross sectional analysis and descriptive statistics

• Criteria for third-line eligibility
  – At least one year PI-based ART
  – Virological failure despite adherence optimisation
  – Genotypic ARV resistance
  – Stanford PI score >15 for LPV/ATV

• Data on age, gender, duration prior ART and 3 previous CD4 counts and viral loads collected

• Ethics approval
## Cohort description

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<th>Factor</th>
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N = 152
## Resistance profiles of cohort

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<th>ARV</th>
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<td>etravirine</td>
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<td><strong>NRTI</strong></td>
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</table>
CHOICE OF REGIMENS
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DRV/r
PLUS
3TC/FTC
PLUS
AZT/TDF (lowest score)

TDF/AZT 30-59
OR
DRV ≥15

Add RAL

TDF/AZT >29
AND
DRV ≥15
AND
ETR ≤29

Add ETR
Outcome

152 applications

146 resistance tests

145 received third-line ART

117 with ≥1 VL

102 with VL <400 copies/mL (94%)
Conclusions

• Patients failing second-line with PI resistance have high level of resistance to drugs available in public sector
• NOT surveillance of resistance in community
• Algorithm developed to streamline process
• 102/117 patients with follow up VL are virologically suppressed (<400 copies/mL)
Acknowledgements

- TLART committee
- Francesca Conradie
- Matt Fox
- Natisha Jagaroo
- DOH
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