

Real-world Effectiveness of DTG + 3TC in People Living With HIV With Previous ART Experience but No Genotype Testing: The “AReTi” Study Results

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Background

In Greece from 2015 to 2021, healthcare providers faced challenges with genotype testing for people with HIV due to logistical and financial constraints. This testing is crucial for tailoring antiretroviral therapy (ART) to each individual's specific virus resistance profile. The AReTi study explored the effectiveness of a 2-drug regimen in real-world settings where genotype testing was not feasible, particularly in areas with limited resources.

What treatment was studied here?

This research focused on a combination of 2 drugs: dolutegravir (DTG) and lamivudine (3TC), known as DTG/3TC, which are recommended for people with HIV-1, whether new to ART or with previous ART experience.

What was the purpose of this study?

The study aimed to evaluate how well the DTG/3TC regimen maintains viral suppression for people with previous ART experience but without genotype resistance testing. To do this, the study looked at how many people stayed virally suppressed at 6 and 12 months after switching to DTG/3TC. The study also looked at how many people had viral failure (when the virus starts making copies of itself again), had small amounts of virus in the blood, and had mutations in the virus that makes DTG/3TC less effective. This is crucial for understanding the regimen's effectiveness in environments where genotype testing isn't available, aiding in informed treatment decisions.

Who took part in the study and how was the treatment studied?

The study included 141 adults living with HIV from 3 centers in Greece. These centers represent nearly 40% of the country's HIV population. Most participants were men (88%), with a median age of 51 years. They had been on ART for at least 6 months and already had suppressed virus before switching to the DTG/3TC regimen. The study ran from February to December 2024, with follow-ups at 6 and 12 months to monitor health and treatment effectiveness.

What are the research findings?

Results showed that 97% of participants maintained viral suppression at 6 months and 96% at 12 months after switching to DTG/3TC. This indicates a positive outcome with no cases of the virus becoming detectable again. Immune system health, measured by CD4+ cell counts, remained stable, and there were decreases in cholesterol and triglycerides, suggesting potential heart health benefits. No adverse events were reported, indicating the treatment was well-tolerated.

What does this mean for people with HIV?

For people living with HIV, this study suggests that the DTG/3TC regimen can effectively maintain suppressed HIV levels even without genotype resistance testing. This is vital for health and preventing virus transmission. The regimen offers a reliable treatment option in areas where genotype testing isn't available.

Conclusions

The AReTi study showed that the DTG/3TC regimen effectively maintains viral suppression in people who already have suppressed virus without genotype testing, providing a practical solution in resource-limited settings. With no reported adverse events and stable immune health over 12 months, these findings support using DTG/3TC as a switch option for those who already have suppressed virus, offering a feasible treatment option when genotype testing isn't accessible.

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