20th EUROPEAN AIDS CONFERENCE

15-18 October 2025 | Paris, France



Subgroup Analysis of Dolutegravir/Lamivudine-in ART-Naïve Adults Living with HIV with CD4 counts below 200 cells/mL: Results from the DOLCE Study.

C. Brites, M. Figueroa, D. Cecchini, A. Ramalho, J.L Francos, M. Lacerda, M.J Rolon, J. Valdez Madruga, E. Sprintz, T. Newman Lobato Souza, P. Parenti, D. Converso, G. Miernes, O. Sued, P. Cahn

Fundação Bahiana de Infectologia, Salvador ,Bahia, Brazil, Universidade Federal da Bahia/EBSERH, Salvadorb Bahia, Brazil, Fundacion Huesped, Ciudad de Buenos Aires, Argentina, Hospital General de Agudos Dr. Cosme Argerich, Ciudad de Buenos Aires, Argentina, Fundação de Buenos Aires, Argentina, Fundação de Buenos Aires, Argentina, Fundação de Referência e Treinamento DSTAIDS, Sao Paulo, Brazil, Hospital de Clínicas de Porto Alegre, Porto Alegre, Brazil, Instituto de Infectologia Emílio Ribas, San Pablo, Brazil, Instituo CAICI, Rosario, Santa Fe, Argentina



PURPOSE

To assess the efficacy of DT (DTG/3TC) in antiretroviral therapy (ART)-naïve adults living with HIV with low CD4 counts, considering key baseline characteristics.

METHODS

- ➤ In the DOLCE open-label trial, ART-naïve adults were randomly allocated to Dual therapy (DT) or Triple therapy (TT). The intent-to-treat exposed (ITT-E) population included participants who received ≥1 dose of study medication (n=229).
- ➤ Efficacy was defined as the proportion of participants with plasma HIV-1 RNA <50 copies/mL at week 48 (FDA Snapshot algorithm).
- ➤ Subgroup analyses were conducted by sex, age, race, country, HIV-1 subtype, baseline viral load (VL), and CD4 count. Risk differences and 95% confidence intervals (CI) were calculated.

CONCLUSIONS

The dual regimen DTG/3TC showed efficacy comparable to DTG+TDF/XTC across subgroups in the ITT-E population. These findings support its use as initial therapy for naïve adults with HIV and advanced disease across key baseline characteristics.

RESULTS

- ➤ Randomization resulted in 152 participants in the DT group and 77 in the TT group. The overall sample was composed of 75.5% males and 24.5% females. The majority of participants (80.3%) were under the age of 50. In terms of ethnicity, 46.3% identified as Hispanic-Latino, Mixed, or Native, while 38.9% identified as White
- At baseline, 23.1% had VL≥500,000 c/mL, 10.0%≥1,000,000 c/mL; and 43.6% ≤100 CD4/mL; 62.0% had HIV-1 subtype B, and 25.8% subtype BF.
- ➤ Overall efficacy was similar in both arms: 82.2% (DT); 80.5% (TT); difference: 1.7% (95%CI: 9.0%;12.4%). Efficacy was consistent across subgroups. Participants with baseline VL ≥ 500,000 c/mL, 74.3% in DT and 66.7% in TT achieved HIV-1 RNA <50 c/mL (difference:7.6%; 95% CI: -18.5 %;33.8%).
- In those with CD4 ≤100 cells/mL, efficacy was 85.5% (DT) vs. 75.9% (TT) (difference: 9.6%; 95% CI: -8.0%-27.3 %). Among women, 82.9% (DT) vs. 85.7% (TT) (difference: -2.8%; 95% CI: -22.3%-16.6%); among men, 82.1% (DT) vs. 78.6% (TT) (difference: 3.5%; 95% CI: 9.3%-16.3 %).
- Response rates were also similar across age groups, race, country, and HIV-1 subtypes, with no statistically significant differences (table 1)

Proportion of participants with Plasma HIV-1 RNA < 50 copies/mL at week 48. Snapshot outcomes by subgroups ITT-E Population efficacy.

Subgroup		TT Arm	DT Arm	Treatment Difference (95% CI)
Overall		62/77 (80.5%)	125/152 (82.2%)	1.7% (-9.0% ; 12.4%)
		18/21	29/35	-2.8%
Sex	Female	(85.7%)	(82.9%)	(-22.3%; 16.6%)
	Male	44/56 (78.6%)	96/117 (82.1%)	3.5% (-9.3% ; 16.3%)
Age	< 50	48/61 (78.7%)	100/123 (81.3%)	2.6% (-9.8% ; 15.0%)
	=>50	14/16 (87.5%)	25/29 (86.2%)	-1.3% (-21.8% ; 19.2%)
Race	White	32/37 (86.5%)	46/52 (88.5%)	2.0% (-12.0% ; 16.0%)
	Black	7/9 (77.8%)	23/25 (92.0%)	14.2% (-14.9% ; 43.4%)
	Other (Native, Hispanic- Latino/Mixed)	23/31 (74.2%)	56/75 (74.7%)	0.5% (-17.8% ; 18.7%)
Country	Argentina	34/38 (89.5%)	64/77 (83.1%)	-6.3% (-19.2% ; 6.5%)
	Brazil	28/39 (71.8%)	61/75 (81.3%)	9.5% (-7.1% ; 26.2%)
Genotype sub- type	В	40/51 (78.4%)	75/91 (82.4%)	4.0% (-9.7% ; 17.7%)
	BF	15/17 (88.2%)	33/42 (78.6%)	-9.7% (-29.4% ; 10.0%)
	Other	7/9 (77.8%)	17/19 (89.5%)	11.7% (-18.8% ; 42.2%)
VL at baseline	< 500000 c/mL	50/59 (84.7%)	99/117 (84.6%)	-0.1% (-11.4% ; 11.1%)
	=>500000 c/mL	12/18 (66.7%)	26/35 (74.3%)	7.6% (-18.5% ; 33.8%)
	< 1000000 c/mL	58/70 (82.8%)	115/136 (84.6%)	1.7% (-9.0% ; 12.4%)
	=>1000000 c/mL	4/7 (57.1%)	10/16 (62.5%)	5.4% (-38.3% ; 49.0%)
CD4 count at baseline	<= 100	22/29 (75.9%)	59/69 (85.5%)	9.6% (-8.0% ; 27.3%)
	>100	38/45 (84.4%)	66/82 (80.5%)	-3.9% (-17.6% ; 9.7%)

ACKNOWLEDGEMENTS

We gratefully acknowledge the contributions of the study teams in Brazil and Argentina, and all participants, whose involvement made this research possible.

This investigator-initiated study was supported by ViiV Healthcare.

REFERENCES

1-Figueroa MI, Brites C, Cecchini D, Ramalho A, Francos JL, Lacerda M, Rolon MJ, Valdez Madruga J, Sprinz E, Lobato Souza TN, Parenti P, Converso D, Mernies G, Sued O, Cahn P; DOLCE study group. Efficacy and safety of dual therapy with dolutegravir/lamivudine in treatment-naive persons with CD4 counts <200/mm³: 48-week results of the DOLCE study. Clin Infect Dis. 2025; ciaf415. doi:10.1093/cid/ciaf415.

CONTACT INFORMATION

cbrites@gmail.com



Disclaimer

This content was acquired following an unsolicited medical information enquiry by a healthcare professional. Always consult the product information for your country, before prescribing a ViiV medicine. ViiV does not recommend the use of our medicines outside the terms of their license. In some cases, the scientific Information requested and downloaded may relate to the use of our medicine(s) outside of their license.