

# PAIRED - PAtient Reported Experiences and perceived benefit of treatment with dolutegravir/lamivudine (DTG/3TC): a sub-analysis of people with HIV switching from bictegravir/emtricitabine/tenofovir alafenamide (BIC/FTC/TAF) in the United States (US)

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\*Presenting on behalf of the authors.

## Key Takeaways

- People with HIV who switched from BIC/FTC/TAF to DTG/3TC reported high treatment satisfaction, good adherence, and moderate to high quality of life
- Number of people with HIV rating 6/6 on treatment satisfaction more than doubled when switching from BIC/FTC/TAF to DTG/3TC
- Avoiding side effects, minimizing long-term impact, and controlling weight were key factors influencing the switch to DTG/3TC
- Good adherence was observed, with 88% of people with HIV reporting never or rarely missing a DTG/3TC dose

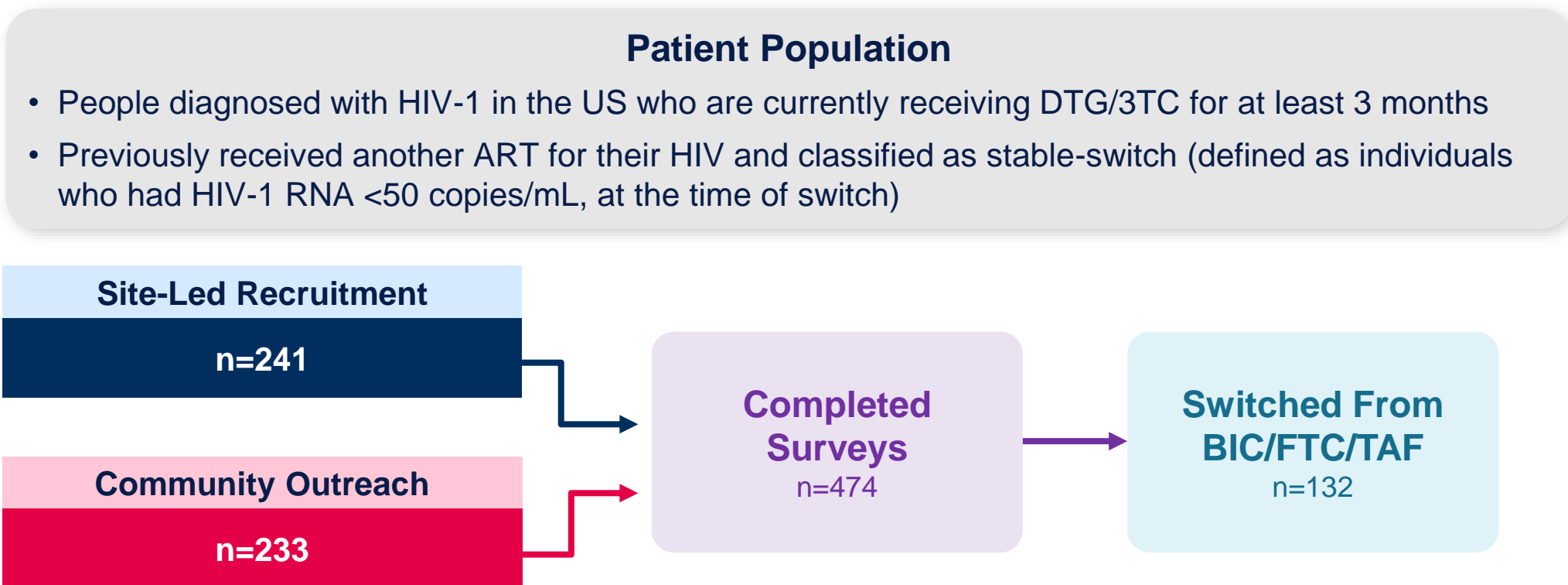
## Introduction

- Despite huge advances in development of highly effective treatment options for people with HIV, as demonstrated through clinical and real-world data, in order to provide a holistic package of care, further understanding of people's real-world experience, drivers for treatment choice, and satisfaction with their ART are required from an individual's perspective
- As part of a patient-centric approach, further insight was needed into people's treatment satisfaction with DTG/3TC to meet the ongoing needs of people with HIV

## Methods

- PAIRED was a cross-sectional survey and qualitative study of stable-switch people with HIV receiving DTG/3TC\* in the US<sup>1,2</sup>
- This sub-analysis focused on people who switched from BIC/FTC/TAF to DTG/3TC to explore their treatment experiences and outcomes
- People aged ≥18 years, receiving DTG/3TC for ≥3 months, were recruited through site-led and community outreach methods
- The survey included validated instruments (HIV-Treatment Satisfaction Questionnaire [HIVTSQs],<sup>3</sup> PozQoL,<sup>4</sup> Adelphi Adherence Questionnaire™ [ADAQ]<sup>5</sup>)

Figure 1. PAIRED US Study Design



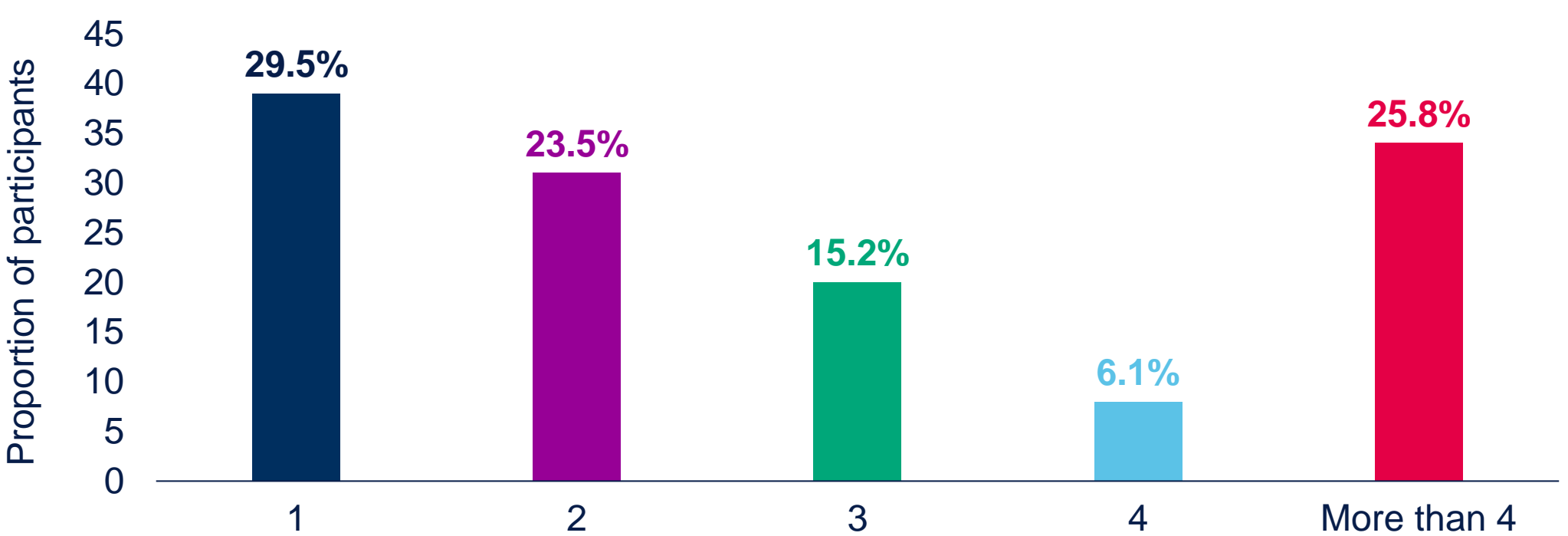
\*The commercial name DOVATO was used instead of DTG/3TC in surveys with people with HIV to aid recall with their treatment.

## Results

- Of the 474 people included in PAIRED, 132 (28%) switched from BIC/FTC/TAF to DTG/3TC
- Median age of this subgroup was 49 years; 33% were assigned female sex at birth; 52% identified as non-White; and 33% were of Hispanic, Latinx, or Spanish origin (Table 1)
- Majority of participants (60%) had been taking BIC/FTC/TAF for >12 months before switching to DTG/3TC, and for 70% of them, BIC/FTC/TAF was not their first regimen (Figure 2)

Table 1. People Switching From BIC/FTC/TAF Demographics (n=132)	
Age, median years (IQR)	49.0 (37.0-58.8)
<50 years	68 (51.5%)
Sex assigned at birth	
Female	43 (32.6%)
Male	89 (67.4%)
Gender identity	
Cisgender woman	41 (31.1%)
Cisgender man	87 (65.9%)
Transgender woman	1 (0.8%)
Transgender man	1 (0.8%)
Non-binary/Gender queer	0 (0%)
A gender identity not listed here	2 (1.5%)
Race	
Black or African American	45 (34.1%)
White/Caucasian	63 (47.7%)
Asian	3 (2.3%)
Multiracial	7 (5.3%)
Another race not mentioned	14 (10.6%)
Hispanic, Latinx, and/or Spanish origin	
Yes	44 (33.3%)
Sexual orientation	
Homosexual (gay/lesbian)	58 (43.9%)
Heterosexual (straight)	56 (42.4%)
Bisexual/Pansexual	12 (9.1%)
Prefer not to say	6 (4.5%)
Insurance coverage (n=124)	
Medicare	27 (21.8%)
Medicaid (or equivalent in your state)	42 (33.9%)
AIDS Drug Assistance Program (ADAP)	35 (28.2%)
Employer provided/sponsored insurance	50 (40.3%)
Privately arranged insurance	9 (7.3%)
Health insurance exchange plan	3 (2.4%)
Tricare/Veterans health care	0 (0%)
Other	6 (4.8%)
Don't know	3 (2.4%)
Length of time person has been diagnosed with HIV-1, median years (IQR)	11.5 (4.2-22.0)

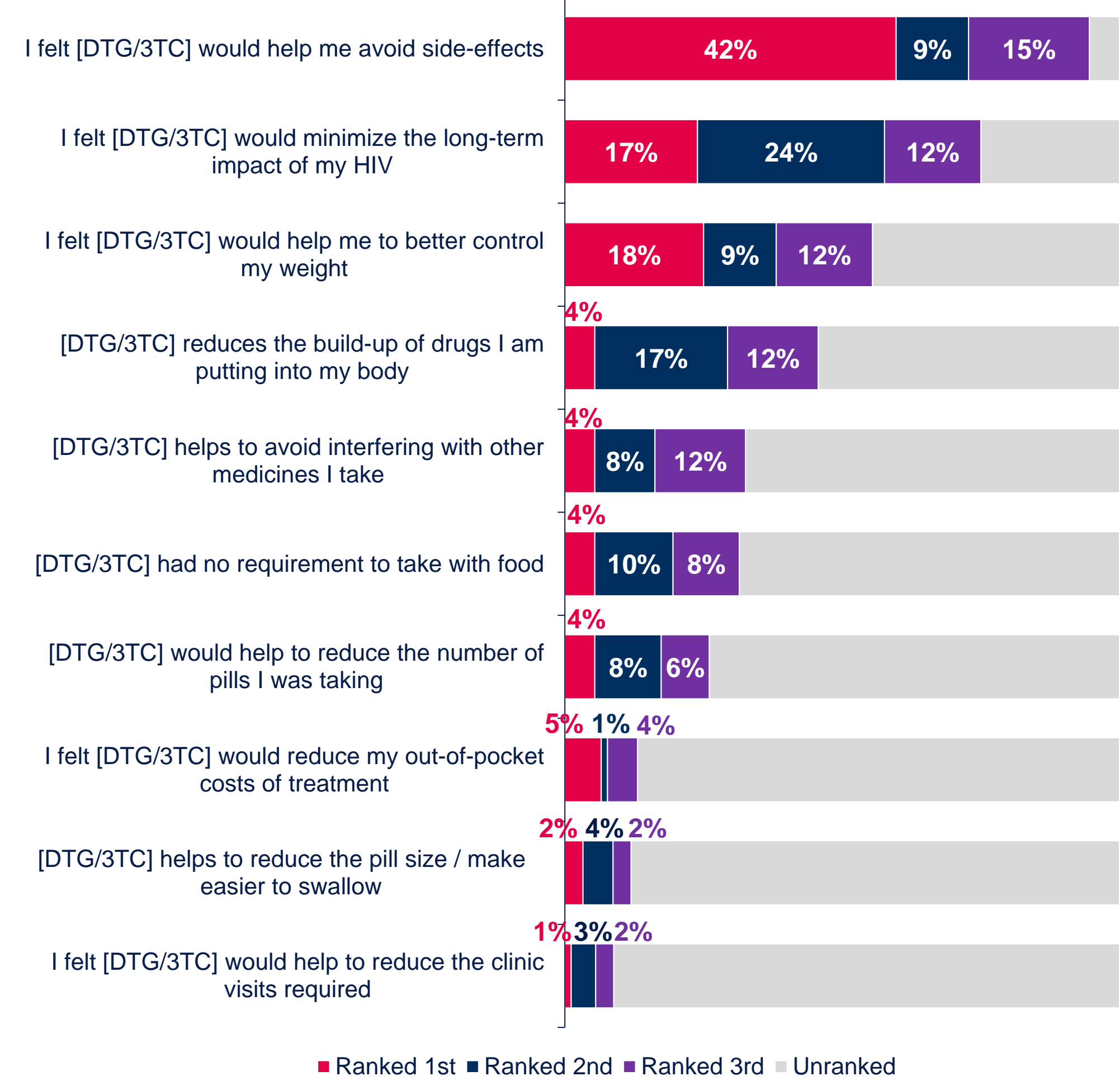
Figure 2. Total Number of Prior ART Regimens (n=132)



### Factors Influencing the Switch From BIC/FTC/TAF to DTG/3TC

- Most common factors influencing the switch from BIC/FTC/TAF to DTG/3TC were to avoid side effects (66%), to minimize long-term impact (53%), and to help better control weight (39%) (Figure 3)

Figure 3. People With HIV Ranking Factors Influencing Switch to DTG/3TC\* (n=131)



\*Missing (n=1).

### Participant-Reported Satisfaction

- People switching from BIC/FTC/TAF reported high satisfaction with DTG/3TC using the HIVTSQs (median total score 57.0 [IQR: 52.2-60.0] out of 60) (Figure 4)
- People also reported improved treatment satisfaction with DTG/3TC compared with BIC/FTC/TAF (Figure 5)
  - 30% reported being very satisfied (6/6) before switching to DTG/3TC
  - 70% reported being very satisfied (6/6) after switching to DTG/3TC

Figure 4. Participant Satisfaction With DTG/3TC When Switching From BIC/FTC/TAF (HIVTSQs)

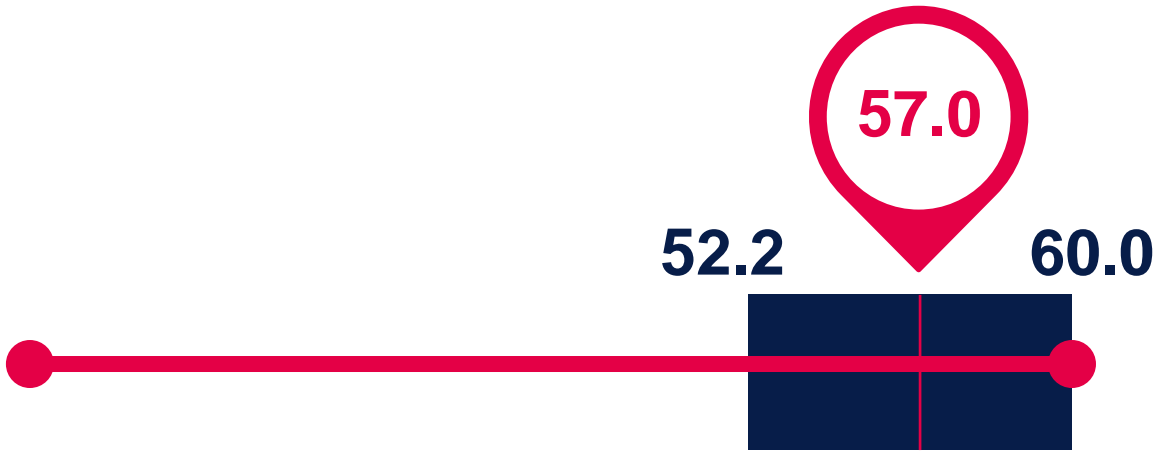
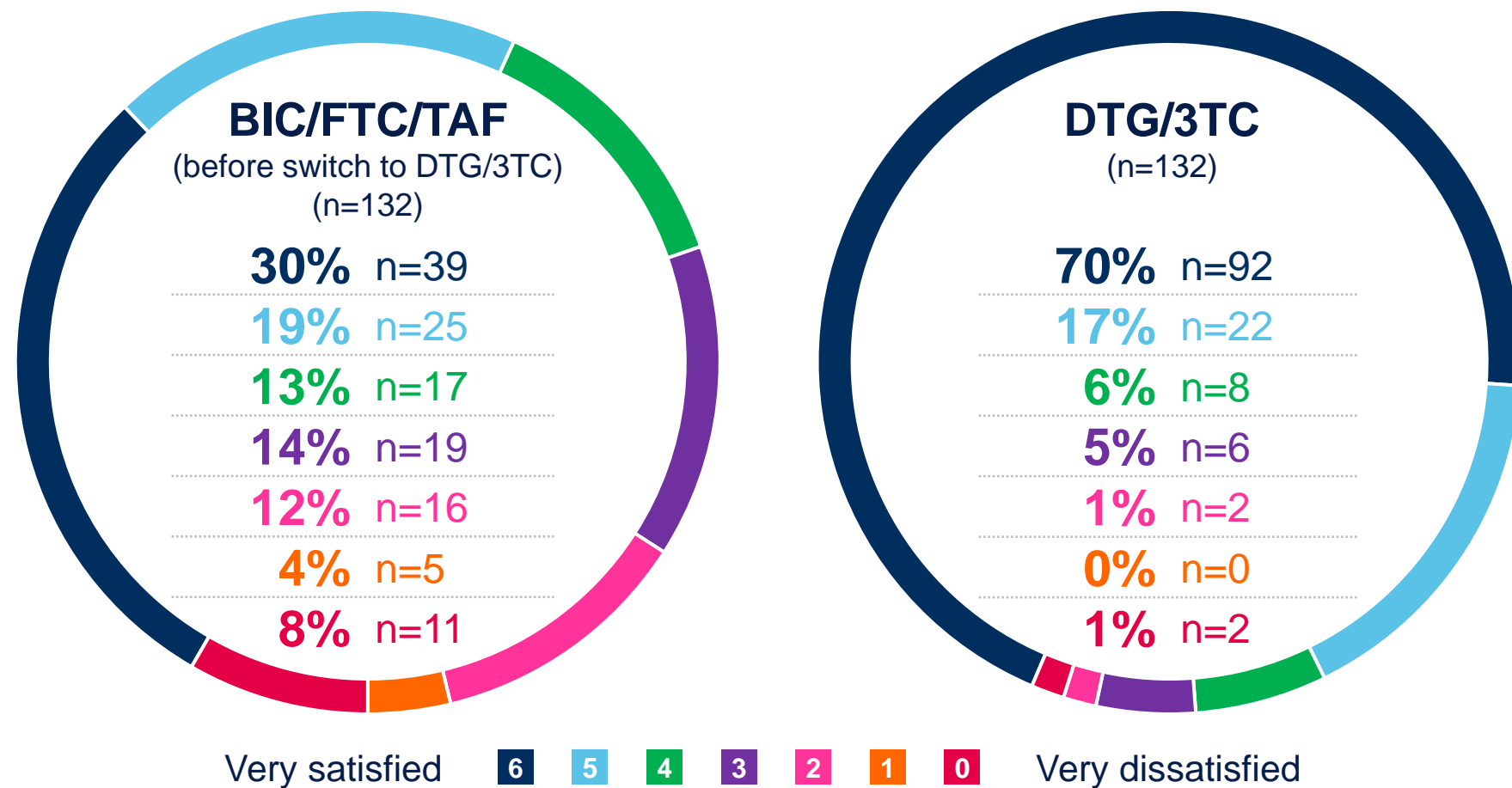


Figure 5. Overall Satisfaction With BIC/FTC/TAF Before Switch to DTG/3TC and Satisfaction With DTG/3TC After Switch



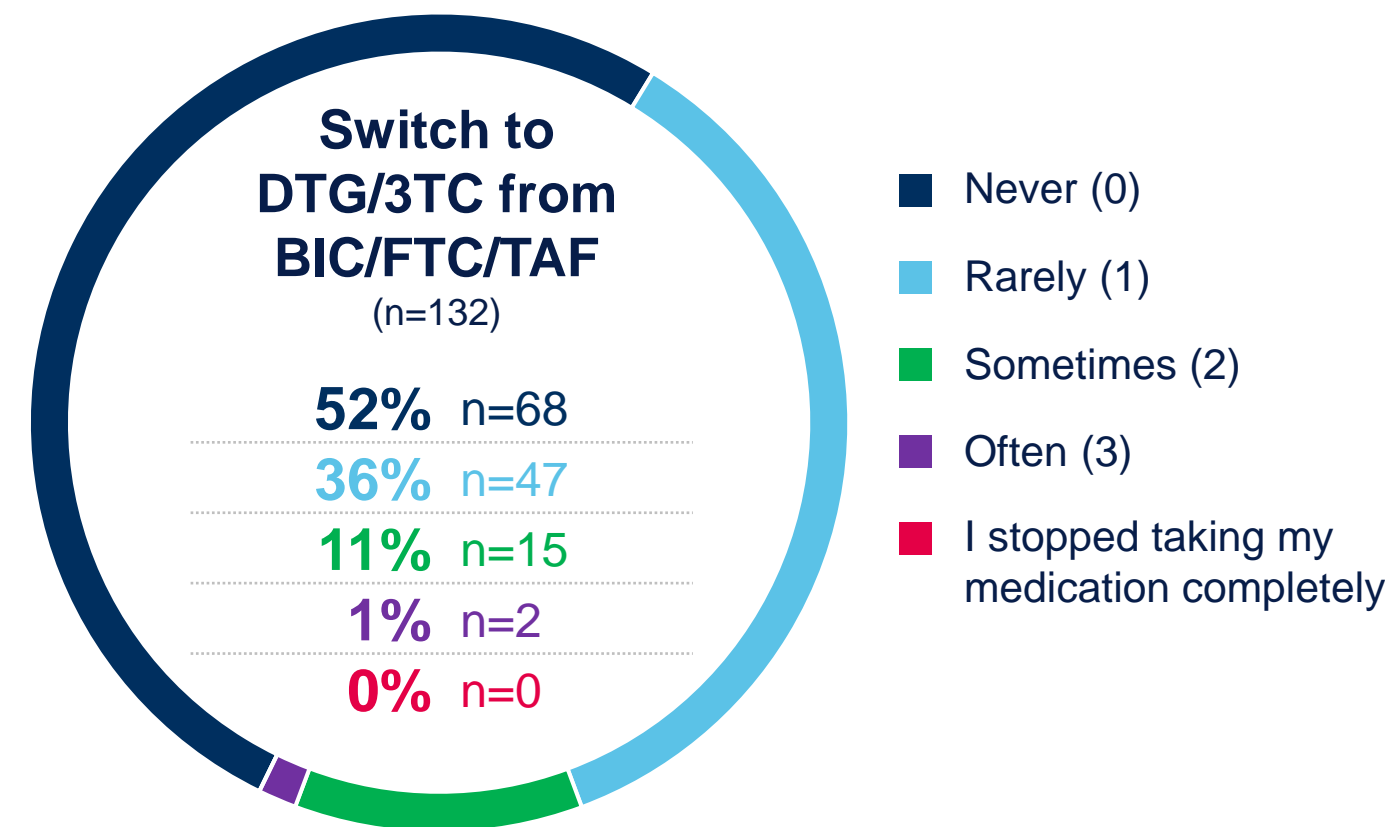
### Participant-Reported Adherence

- Good adherence with DTG/3TC was observed using the ADAQ (median score 0.3 [IQR: 0.1-0.5]; possible scores 0-4 with lower scores indicating greater adherence) (Figure 6)
- 88% of people reported never or rarely missing a DTG/3TC dose (Figure 7)

Figure 6. Participant Adherence With DTG/3TC (ADAQ)



Figure 7. Participant-Reported Frequency of Missing DTG/3TC Dose



### Participant Quality of Life

- People reported moderate to high quality of life using the PozQoL (median score 46.0 [IQR: 37.0-55.0] out of 65)

## Conclusions

- This sub-study from PAIRED represented a diverse real-world sample of people with HIV switching from BIC/FTC/TAF to DTG/3TC
- The number of people with HIV rating 6/6 on treatment satisfaction more than doubled when switching from BIC/FTC/TAF to DTG/3TC

**Acknowledgments:** This study was funded by ViiV Healthcare. Data included in this poster have previously been presented in full at HIV Drug Therapy Glasgow; November 10-13, 2024; Glasgow, Scotland; Poster P101.

**References:** 1. Slim et al. AIDS 2024; Munich, Germany. Poster THPEB094. 2. Slim et al. IDWeek 2024; Los Angeles, CA. Poster P-537. 3. Woodcock and Bradley. *Value Health*. 2006;9:320-333. 4. Brown et al. *BMC Public Health*. 2018;18:527. 5. Bentley et al. *Patient Prefer Adherence*. 2022;16:2579-2592.