HIGH HBV AND HIV SUPPRESSION WITH TREATMENT OF HIV/HBV COINFECTION IN B/F/TAF STUDIES

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Background:
We report HBV and HIV outcomes in HIV/HBV-coinfected subjects in 4 studies of bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF).

Methods:
HBV serologies were collected at baseline (BL) and week (W) 48 in 4 B/F/TAF studies: 1489, 1490, 1878 and 1844. HBV seropositive patients had HBV DNA at baseline and W48. Proportion with W48 HBV DNA <29 IU/mL using missing=excluded data imputation was pre-specified for studies 1490 and 1878. HBV serology and DNA were analysed to identify incident HBV infections in all 4 studies through W48.

Results:
In Study 1490, 14 naïve coinfected subjects (n=12 HBV surface antigen [HBsAg] positive and n=2 HBsAg-/core antibody+ and HBV DNA detectable) were randomised to B/F/TAF (n=8) or dolutegravir (DTG)+F/TAF (n=6). 1 HBsAg positive subject (DTG+F/TAF group) discontinued study at Day 68. At W48, 11/13 (85%) had HBV DNA <29 IU/mL. 2/11 had HBsAg loss. In Study 1878, 14 treatment-experienced coinfected subjects were randomised to stay on BL regimen (SBR, n=6) or switch to B/F/TAF (n=8). 2/14 had HBV DNA >29 IU/mL at BL: 1 (SBR) discontinued at Day 1 and had no post BL HBV DNA, and 1 (B/F/TAF) had HBV DNA ≥29 IU/mL at W48. 12/12 with suppressed HBV DNA at BL maintained HBV DNA <29 IU/mL at W48; none had HBsAg conversion. W48 HIV-1 RNA was <50 copies/mL in 25/28 of those with HIV/HBV coinfection at BL in these two studies (89%). No subjects receiving B/F/TAF, F/TAF or F/TDF acquired HBV across the 4 studies. One naïve subject randomised to DTG/abacavir (ABC)/lamivudine (3TC) acquired HBV infection by W48.

Conclusion:
High rates of HBV suppression were achieved at W48 in naïve HIV/HBV coinfected patients treated with F/TAF regimens. HBV suppression was maintained in experienced patients switching to B/F/TAF. At W48, HIV suppression among HBV coinfected patients was high and comparable to those with HIV mono-infection.

Disclosure of Interest Statement:
This study was sponsored by Gilead Sciences.