

Reproductive Feto-toxicity Studies to Evaluate Dolutegravir in Combination with Emtricitabine and Tenofovir in Pregnant Mice on a Folate Deficient Diet

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# Introduction

- In 2016, Dolutegravir (DTG), a highly efficacious, well-tolerated drug, became the World Health Organization preferred first-line regimen for all people living with HIV
- In 2018 and later in 2019, the Tsepamo study conducted in Botswana reported a higher than expected number of neuraltube defects (NTD) among infants born to women who started treatment with DTG.
- Surveillance is on-going but many published studies have limitations
- Studies have implicated that folate's biological role and its metabolism could be in part altered by dolutegravir use in pregnancy and therefore we performed DTG fetotoxicity assessment on C57BL/6 mice fed a folic acid deficient diet (FAD)

We *hypothesize* that in the context of maternal folate deficiency, DTG+E/T exposure at a clinically relevant dose from conception may alter fetal development, increasing the incidence rate of NTD and other congenital abnormalities.





#### **Treatment Schematic Methodology**

### **Maternal and Fetal Outcome**





## **Congenital Anomalies**

	Control	Exencenhaly	Evencenhalocoel	Severe Turning	Cranial/Spinal	Severe Edema				
lane				Defects	Bleeds	<u> </u>		Control N (Litter) = 103 N (Fetuses) = 756	1xDTG+E/T N (Litter) = 106 N (Fetuses) = 777	p value
Right PI	· ·		Star)		3	(and		Fetuses Affected n (%)	Fetuses Affected n (%)	_
Left Plane		C					<b>Neural Tubes Defects</b> Exencephaly, Encephalocele, Spinal bifida	0 (0%)	7 (0.90%)	
G							Severe Turning Defects	3 (0.40%)	17 (2.19%)	0.04
terior Plan						1 State	Abdominal Wall Defect	s 3 (0.40%)	27 (3.47%)	0.04
Ant						MP	Limb Defects	4 (0.53%)	30 (3.86%)	0.001
erior Plane					18		Cranial/Spinal Bleeds	41 (5.42%)	122 (15.70%)	<0.001
Poste							Severe Edema	10 (1.32%)	54 (6.95%)	<0.001
	Water DTG+E/T Treatment, Fed on Folic acid Deficient Diet									

# Conclusion

Exposure to therapeutic levels of DTG+E/T from conception in the context of maternal folate deficiency is associated with higher rates of NTD and other congenital abnormalities compared to folate-deficient controls



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