It’s OK for HIV Salvage Regimens to Nix Nukes

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Individuals taking salvage antiretroviral (ARV) regimens to treat HIV can safely leave out nucleoside reverse transcriptase inhibitors (NRTIs, or nukes), aidsmap reports. Publishing their findings in the Annals of Internal Medicine, researchers conducted an open-label, multicenter, randomized controlled trial including 360 individuals recruited between 2008 and 2011 from 62 clinics in the United States.

A salvage regimen is treatment for HIV-positive individuals who have become resistant to multiple classes of antiretrovirals.

The participants all had ongoing viral replication despite being on a second- or third-line ARV regimen. All of them had taken a protease inhibitor (PI)–based regimen and had either taken or had resistance to both nukes and non-nucleoside reverse transcriptase inhibitors (NNRTIs, or non-nukes).

The participants were all switched onto salvage regimens that included at least two active ARVs from four drug classes, including non-nukes, boosted PIs, integrase inhibitors and entry inhibitors. They were then randomly assigned to either take nukes or leave them out.

Ninety-three percent of the participants completed a 48-week study. The cumulative probability that participants would fail their treatment regimen was 29.8 percent in the group that did not take nukes and 25.9 percent in the group that added nukes. There were no significant differences between the two groups in indications of drug safety or in the proportion of those with a fully suppressed viral load. There were no deaths in the group that did not take nukes, compared with seven deaths in the group that did take them.

The researchers concluded that leaving nukes out of a salvage regimen was safe and would also reduce pill burden and toxicities.

To read the aidsmap article, click here.

To read the study abstract, click here.

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