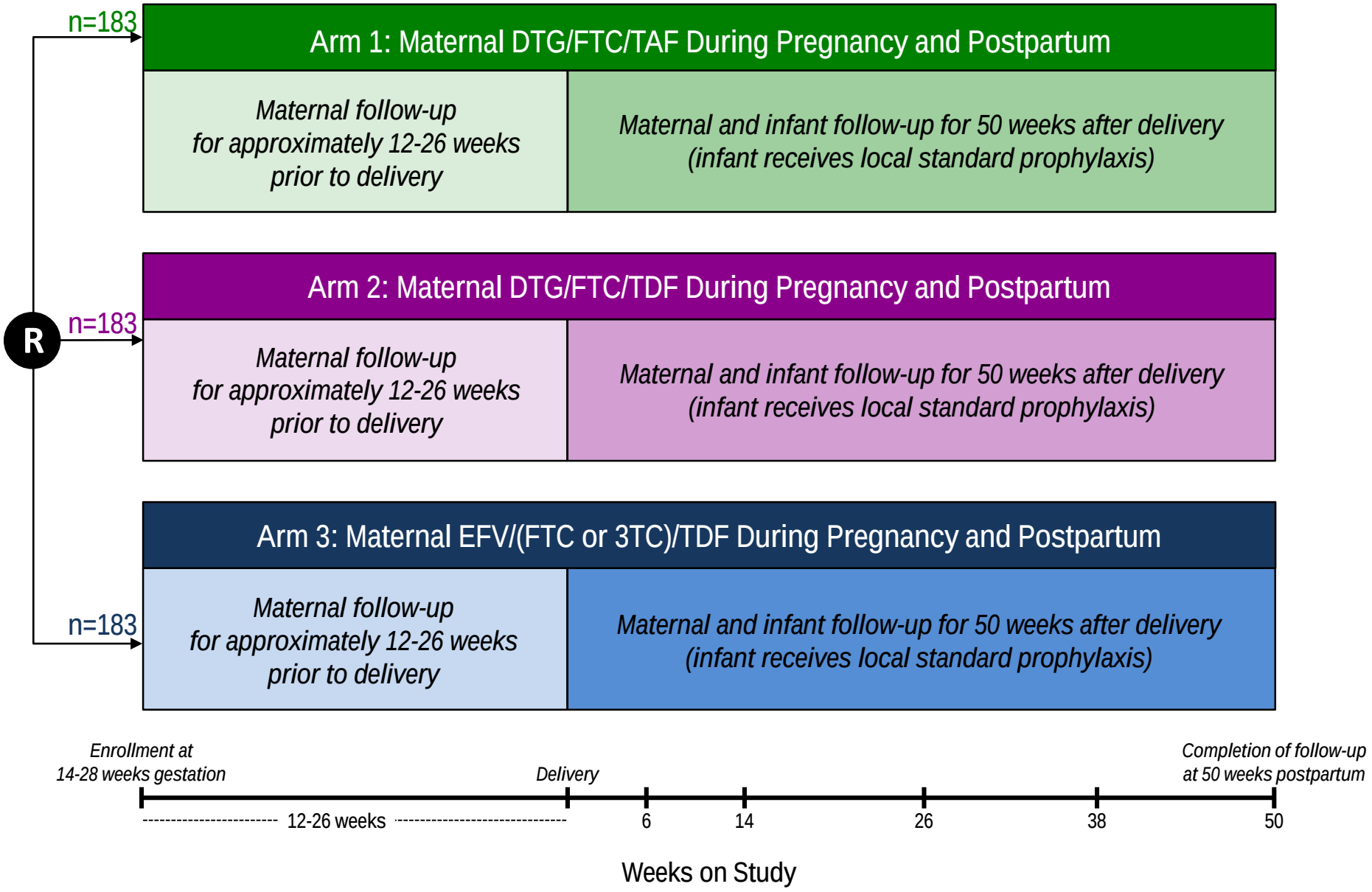
IMPAACT 2010:
Phase III Study of Virologic Efficacy and Safety of Dolutegravir-Containing versus Efavirenz-Containing ART Regimens in HIV-1-Infected Pregnant Women and their Infants

Study 2010 Design



Study 2010 Design

- Randomised 1:1:1 open label 3-arm trial (183/arm, 549 total)
  - DTG/TAF/FTC vs.
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  - EFV/TDF/XTC
- Women starting ART at 14-28 weeks gestation (and their children), followed through 50 weeks postpartum (prior ARVs for PMTCT permitted)
- Multinational (23 IMPAACT sites, 2 in US)

Study 2010 Endpoints

- Primary endpoints:
  - Virologic efficacy (< 200 cp/mL at delivery)
  - Adverse pregnancy outcomes (spontaneous abortion, fetal death, SGA, or preterm delivery)
  - Maternal and infant toxicity
- Main secondary endpoints:
  - Virologic suppression
    - At 50 weeks postpartum
    - To <50cp/mL at delivery
    - By FDA snapshot algorithm
  - Bone (by DXA) and renal toxicity (mothers and infants)
  - Mother-infant ARV transfer at birth and from breast milk
  - MTCT, ARV drug resistance (in HIV+ infants, mothers with VF)
  - Adherence
  - Postpartum depression
- Anticipate starting in first half of 2017 at 23 sites (most in Africa; few in Thailand, Brazil, India, possibly US)

Adherence Support

- Will outline and strongly encourage minimal package of adherence support (in MOP)
  - Education and adherence planning at initiation
  - Basic support and check-in package
  - Intensified approach, if virologic failure
- Training/support for site staff
- Wish to foster minimal standards, without mandating approach that is unlikely to be offered to non-trial population

Assessment of Adherence

- Virologic suppression
  - HIV-1 RNA at entry, then at 4, 8, 12 and 24 weeks on ART; delivery; then at weeks 14, 26, 38 and 50 postpartum
- Self-report (not used in adherence support)
  - 3-item scale (Wilson et al) at each study visit
- Hair ARV levels at delivery (mother) / birth (infant)
  - Monica Gandhi et al
- Survey at final (50-week postpartum) visit to assess barriers to/facilitators of adherence

Discussion

- Many thanks to Rivet Amico and members of the AWG who have provided input thus far
  - Rivet has joined the protocol team
  - Additional input welcome
- Possible separate capsule to perform qualitative work around adherence (? IDIs, FGDs in participants, study staff)