



Penta

Child Health Research

Virological failures and genotypic resistance in children and adolescents randomised to dolutegravir-based ART vs. standard-of-care in the ODYSSEY trial



Alasdair Bamford on behalf of the ODYSSEY trial team

IMPAACT MEETING, 23rd October 2023

ODYSSEY virology subpopulation at baseline (n=788)

Baseline characteristics

- Age, median [range]: 11.4 years [8-14.6]
- 51% female

Baseline ART

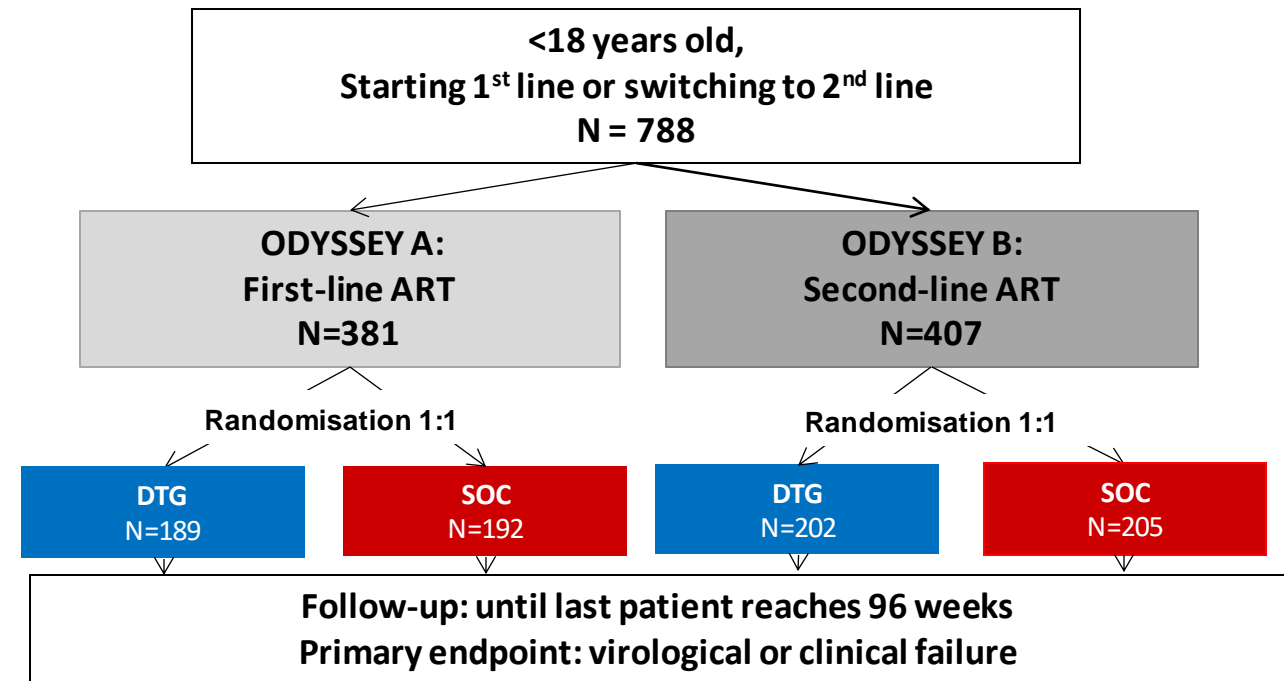
NRTI backbone

ODYSSEY A – first-line	ODYSSEY B – second-line
83% ABC+3TC	53% ABC+3TC
16% TDF+XTC	26% TDF+XTC
1% ZDV+3TC	20% ZDV+3TC
	1% ABC+TDF

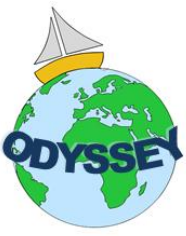
Third agents in the SOC arm

ODYSSEY A: first-line 77% EFV, 17% LPV/r, 3% NVP
 ODYSSEY B: second-line 71% LPVr, 24% ATVr

- A randomised 96-week non-inferiority trial comparing **DTG-based ART with standard-of-care** in children **starting first- or second-line ART**



Resistance sub-study



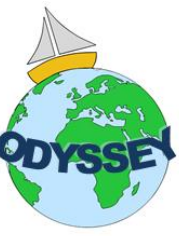
Participants with virological failure* by 96 weeks

	DTG	SOC
ODYSSEY A: first-line	18 (10%)	43 (22%)
ODYSSEY B: second-line	33 (16%)	43 (21%)

Definition: virological failure

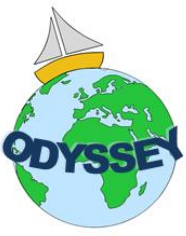
- <1 log drop at w24 and ART switch for treatment failure
- confirmed (x2) VL \geq 400 c/mL at any time after w36

Resistance testing

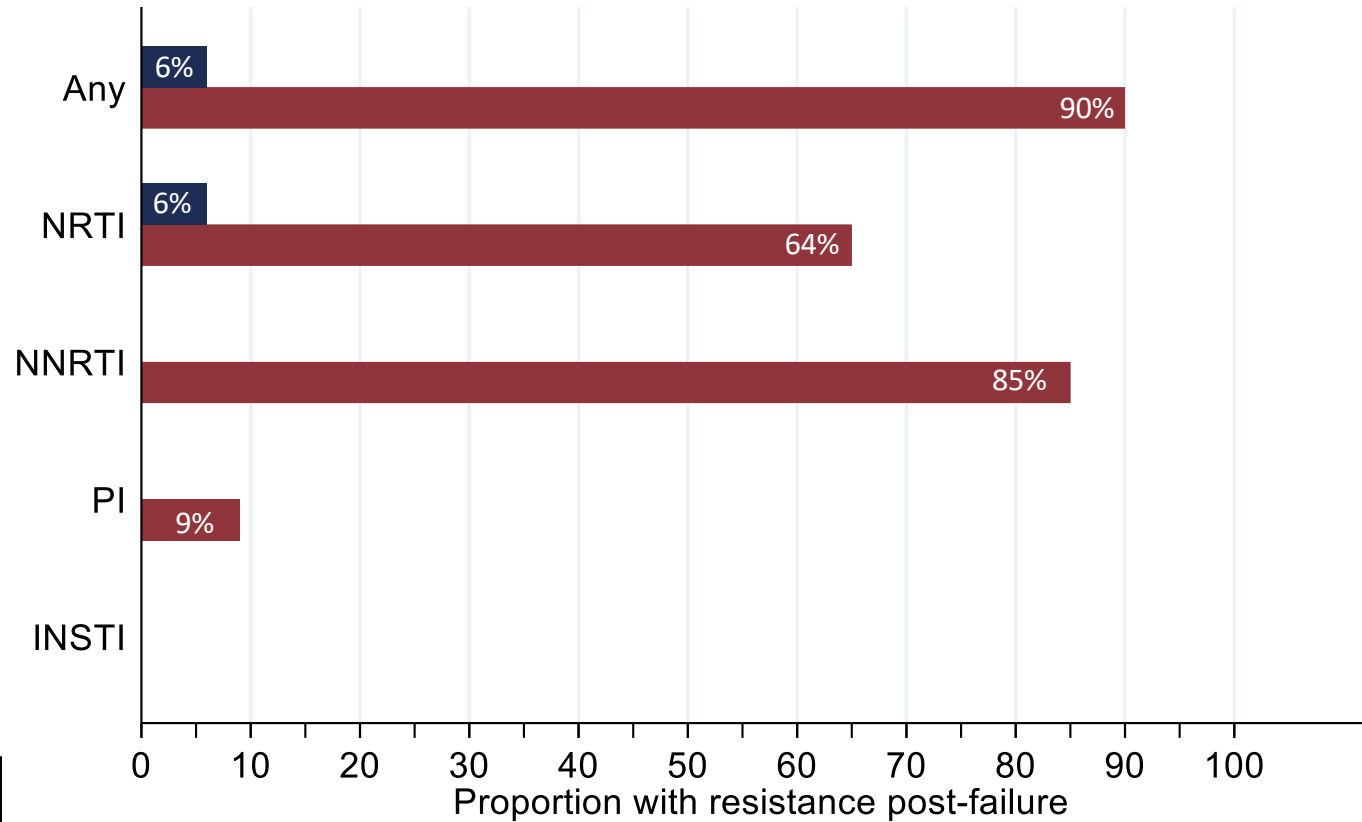


- Participants with virological failure were retrospectively tested for post-failure resistance up to week 96 (Sanger sequencing)
- Requested the latest sample with $VL \geq 1000$ c/mL after failure and prior to treatment change (if occurred)
- Earlier samples, including baseline, were sequenced if ≥ 1 major IAS mutation was identified in post-failure sample
- Drug resistance mutations were defined according to IAS major mutations list (2019)
- Drug susceptibility was defined according to the Stanford HIVdb algorithm 9.0

ODYSSEY A: Emergent resistance among those failing first-line



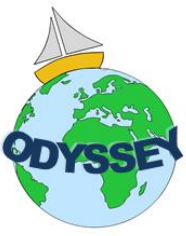
Estimated proportion with emergent resistance among those with failure and exposed to drug-class during ODYSSEY*



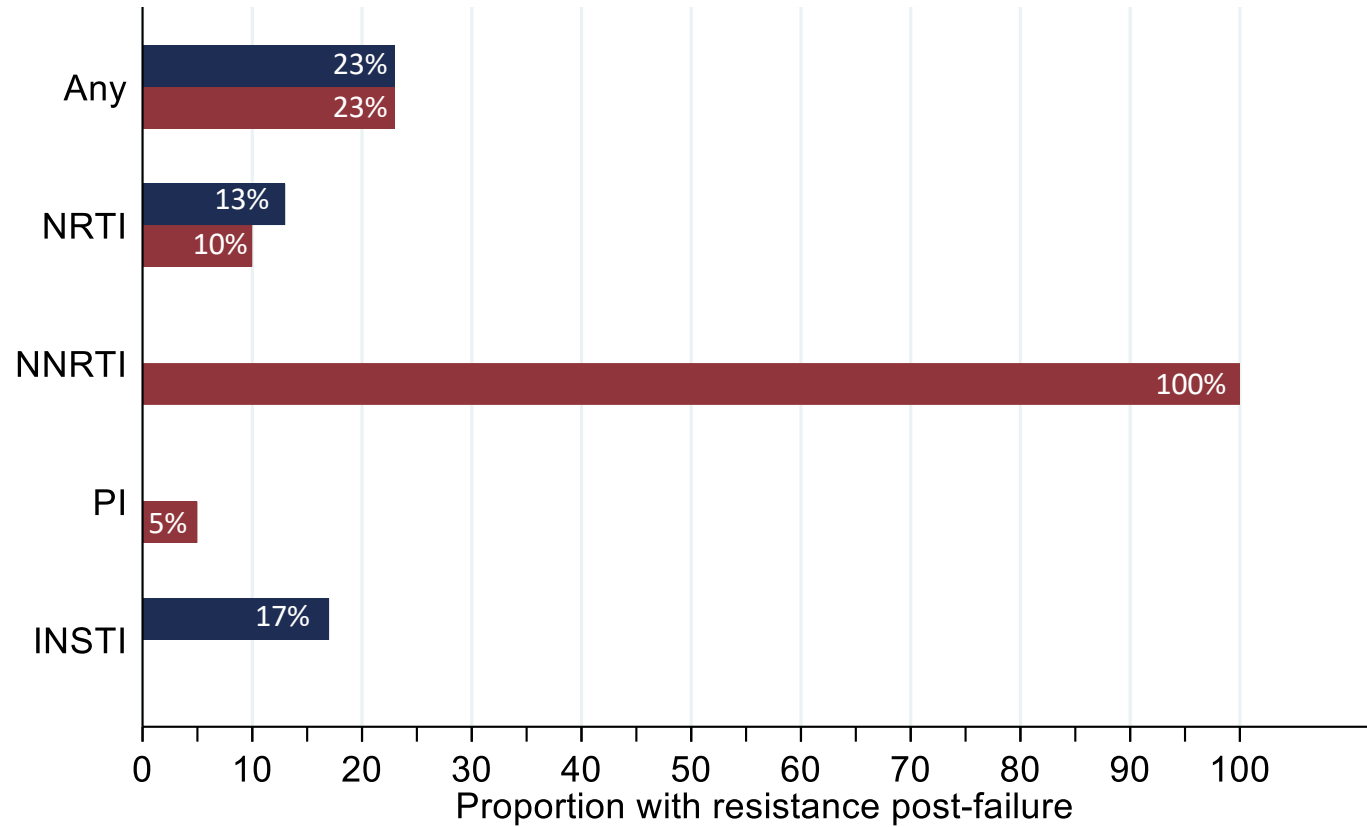
*Estimated in participants failing drug class, using multiple imputation to account for missing resistance tests at baseline and/or post-failure

ODYSSEY B:

Emergent resistance among those failing second-line

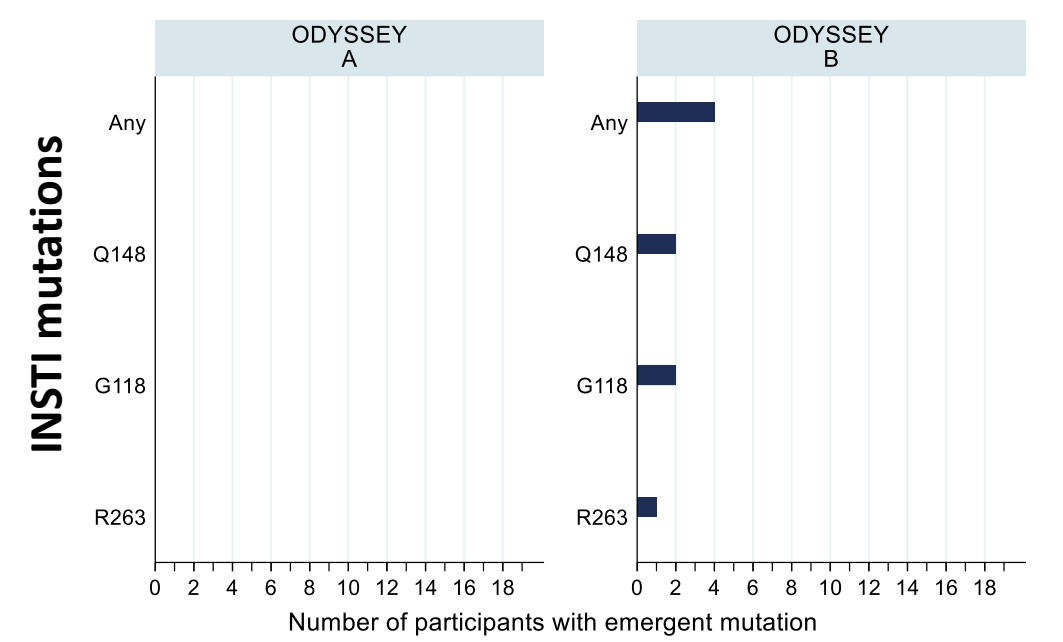
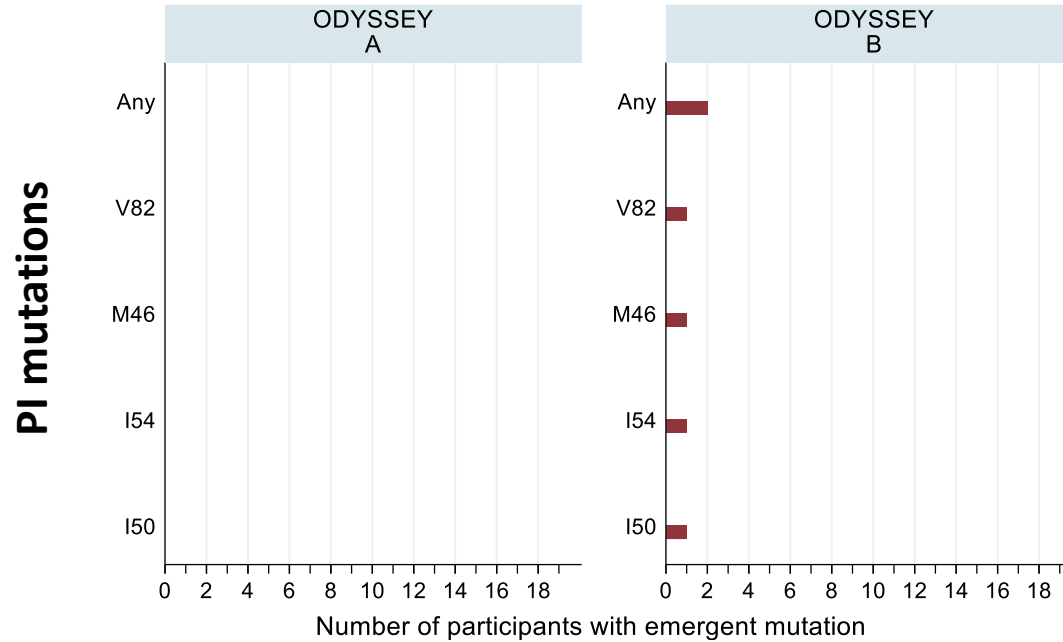
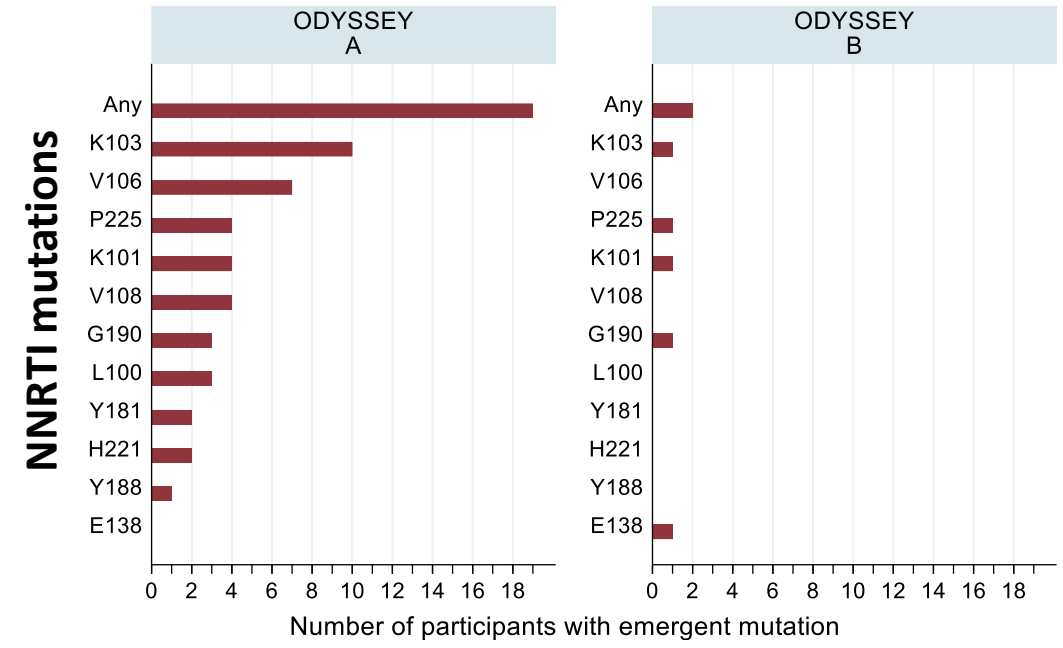
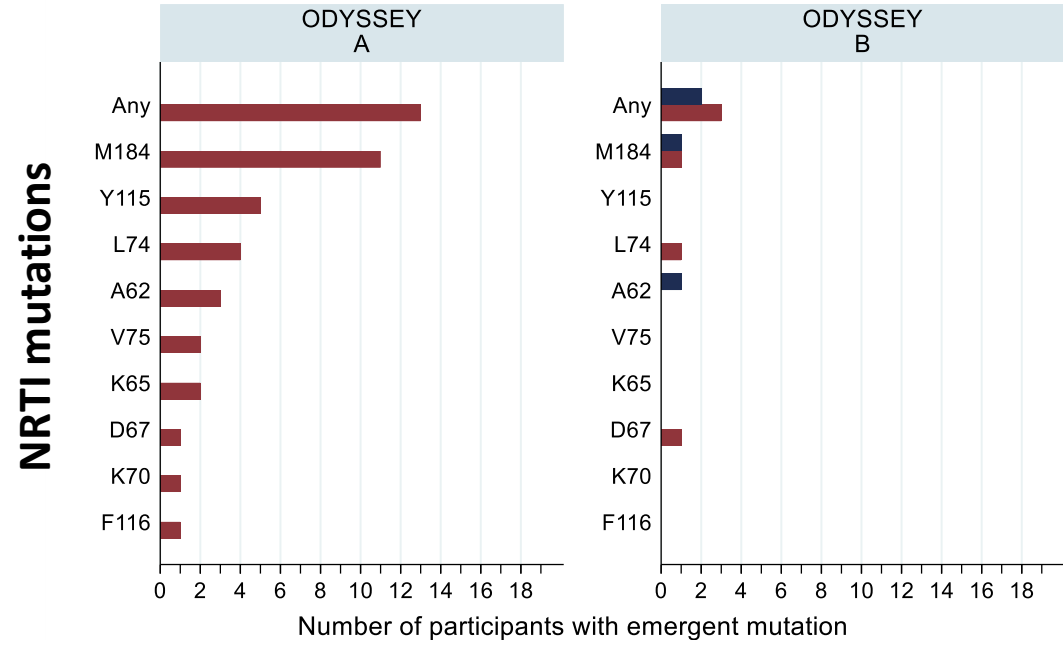
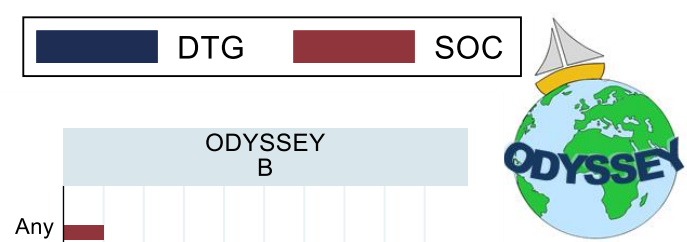


Estimated proportion with emergent resistance among those with failure and exposed to drug-class during ODYSSEY*

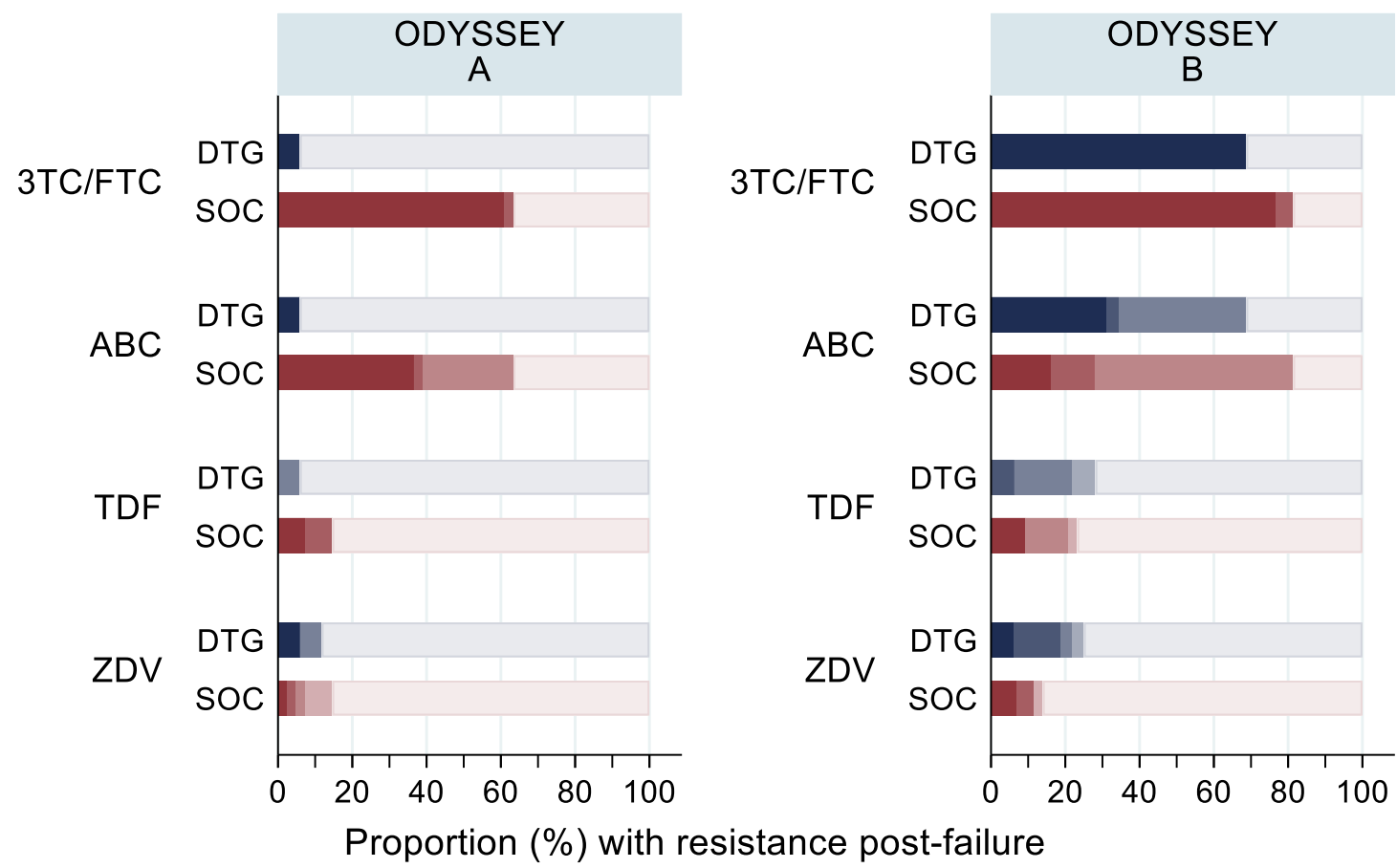


*Estimated in participants failing drug class, using multiple imputation to account for missing resistance tests at baseline and/or post-failure

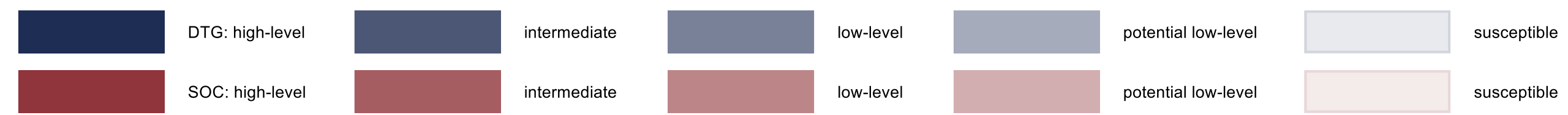
Emergent resistance mutations (>14kg)



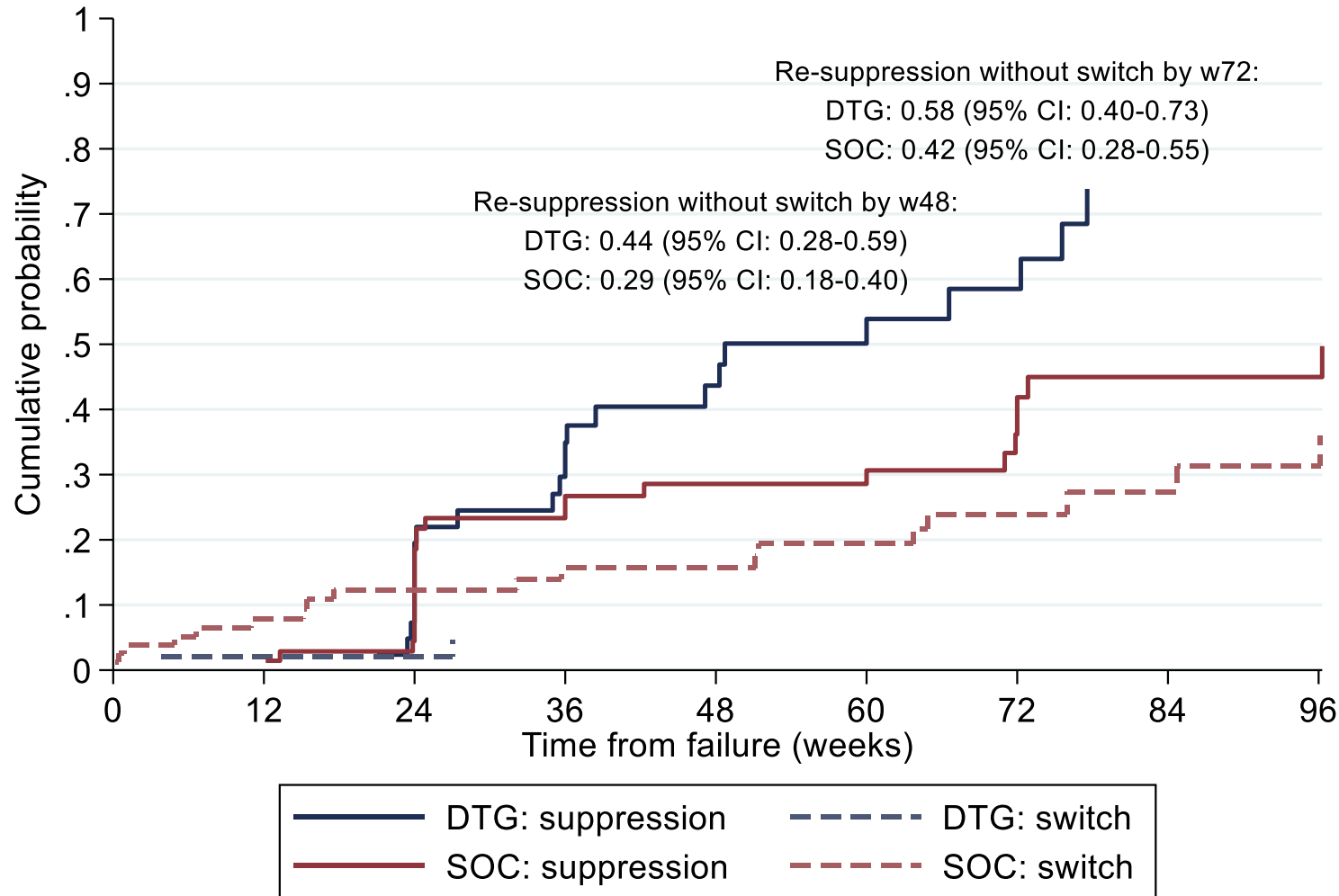
Estimated NRTI resistance predicted using Stanford algorithm among those with failure



Resistance key:



Time to re-suppression without ART switch following virological failure



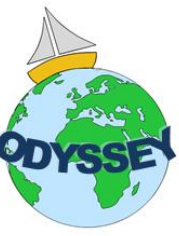
Adjusted cause-specific HR for suppression comparing DTG vs. SOC: 1.99 (95% CI: 1.18-3.37), P=0.01

No significant evidence of different treatment effects on first line (ODYSSEY A) vs. second line (ODYSSEY B): P=0.099

Re-suppression: 2 consecutive VLs<400c/ml

ART switch: switch in any drug due to treatment failure or switch in 3rd agent due to toxicity, pregnancy, or protocol deviation

Summary



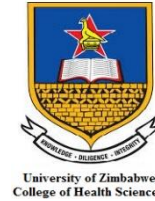
- ODYSSEY demonstrated that DTG has a high genetic resistance barrier in children, preventing emergent resistance to NRTIs on first-line ART
- We identified minimal post-failure resistance to any drug class amongst children initiating first-line DTG, significantly less than on first-line SOC
- Among those on second-line DTG, 5 children developed new INSTI resistance
 - 4/5 were on zidovudine backbone
- A high proportion of children re-suppress after virological rebound without ART switch, with marginally higher rates with DTG
 - 1/5 with INSTI resistance had re-suppressed by end of trial
- Baseline ABC resistance level had minimal impact on VF rates in those on DTG/ABC/XTC*
- **These results support using DTG-containing regimens for children starting first-line or second-line ART, but ongoing adherence support is required, especially on second-line**

Thank you

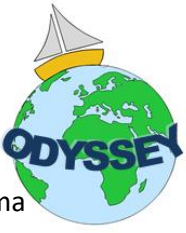
- ODYSSEY participants
- ODYSSEY investigators
- Trial Management Team
- Trial Steering Committee
- Data Monitoring Committee
- Endpoint Review Committee
- Penta (sponsor)
- ViiV Healthcare (funder)
- Mylan



Smarter Studies
Global Impact
Better Health



The ODYSSEY Trial Team



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