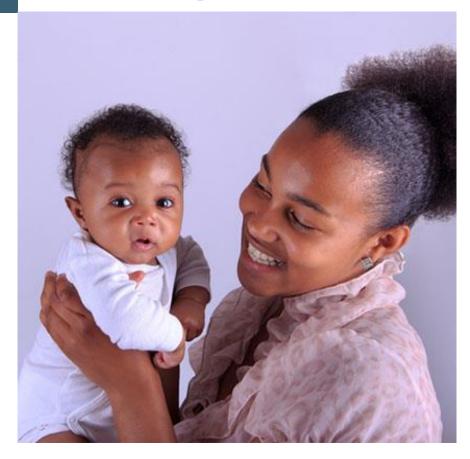
Growth of infants with perinatal exposure to maternal DTG vs EFV and TDF vs TAF: the randomized IMPAACT 2010 trial

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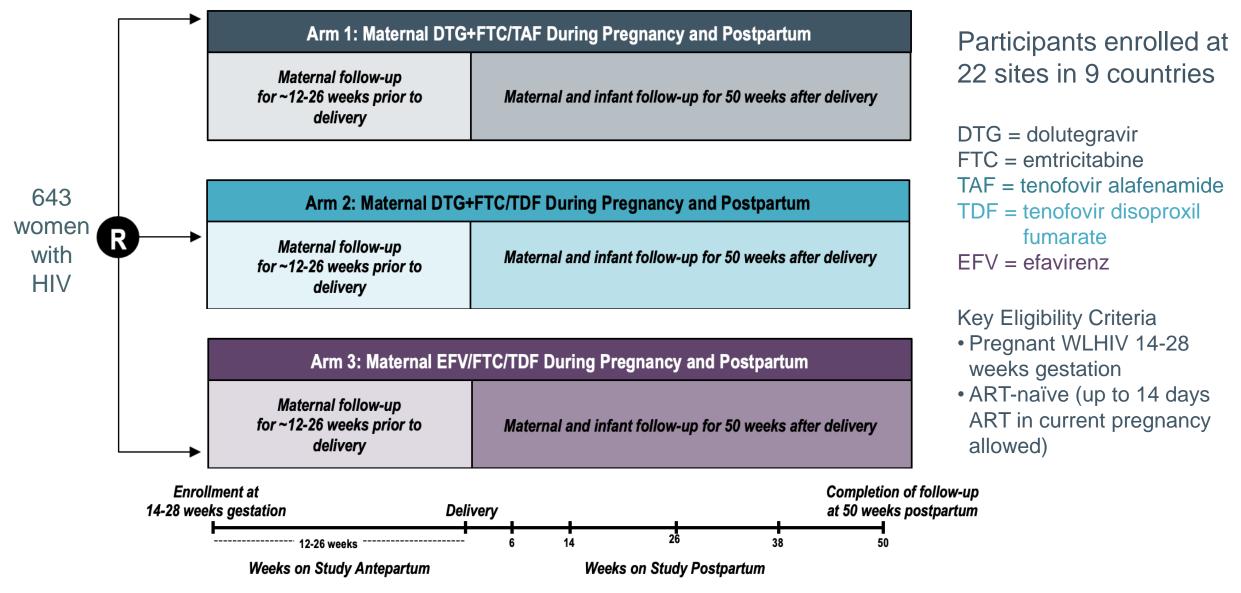
Background



- Impact of contemporary antiretrovirals taken in pregnancy/breastfeeding on infant growth is not fully established
- Stunting in infancy impacts cognitive development and adult height
- We compared growth through 1 year of age in infants randomized to one of 3 maternal ART regimens started in pregnancy in the IMPAACT 2010 trial



Randomized Open-label Trial of the Virologic Efficacy and Safety of Three ART Regimens Started in Pregnancy



Key Outcomes at Delivery/Birth

- Maternal DTG-containing ART vs EFV/FTC/TDF:
 - Superior virologic efficacy at delivery
 - ► Closer to expected weight gain in pregnancy
 Insufficient weight gain in pregnancy: DTG+FTC/TAF 15% vs DTG+FTC/TDF 24% vs EFV/FTC/TDF 30%
- Maternal DTG+FTC/TAF lowest composite frequency of adverse pregnancy outcome**

Low weight gain in pregnancy associated with the composite adverse pregnancy outcome

- Liveborn infants—similar except for weight
 - Higher proportion low birth weight <2500g EFV/FTC/TDF</p>

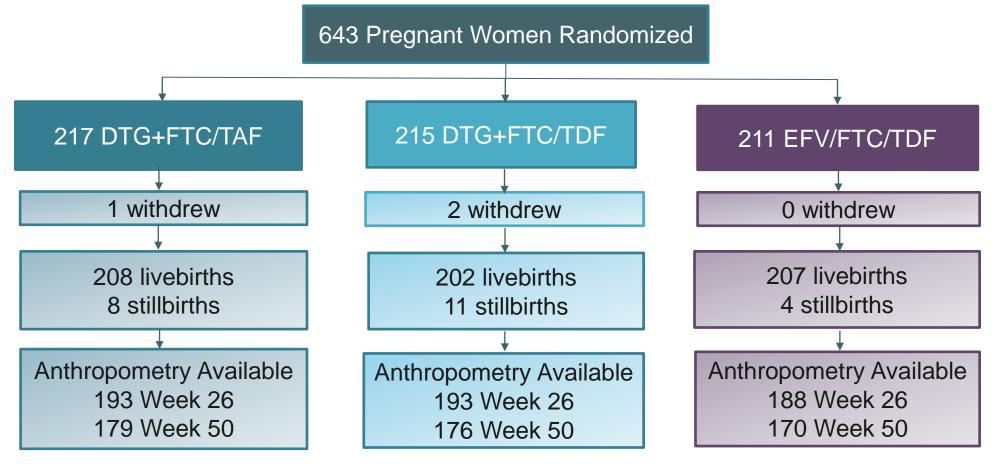
Low Birth Weight: DTG+FTC/TAF 6.4% vs DTG+FTC/TDF 9.5% vs EFV/FTC/TDF 12.0%



Additional Infant Characteristics

	DTG+FTC/TAF (N = 208)	DTG+FTC/TDF (N = 202)	EFV/FTC/TDF (N = 207)	Total (N = 617)
Initiated breastfeeding, n (%)	161 (77)	158 (78)	160 (77)	479 (78)
Median (Q1, Q3) breastfeeding duration (weeks)	50 (44, 51)	50 (44, 51)	50 (41, 51)	50 (43, 51)
ARV prophylaxis, n (%)	203 (98)	200 (99)	196 (95)	599 (97)
Cotrimoxazole prophylaxis, n (%)	179 (86)	174 (86)	169 (82)	522 (85)
Acquired HIV, n (%)	2 (1)	1 (0.5)	1 (0.5)	4 (0.6)

Inclusion Flow Chart



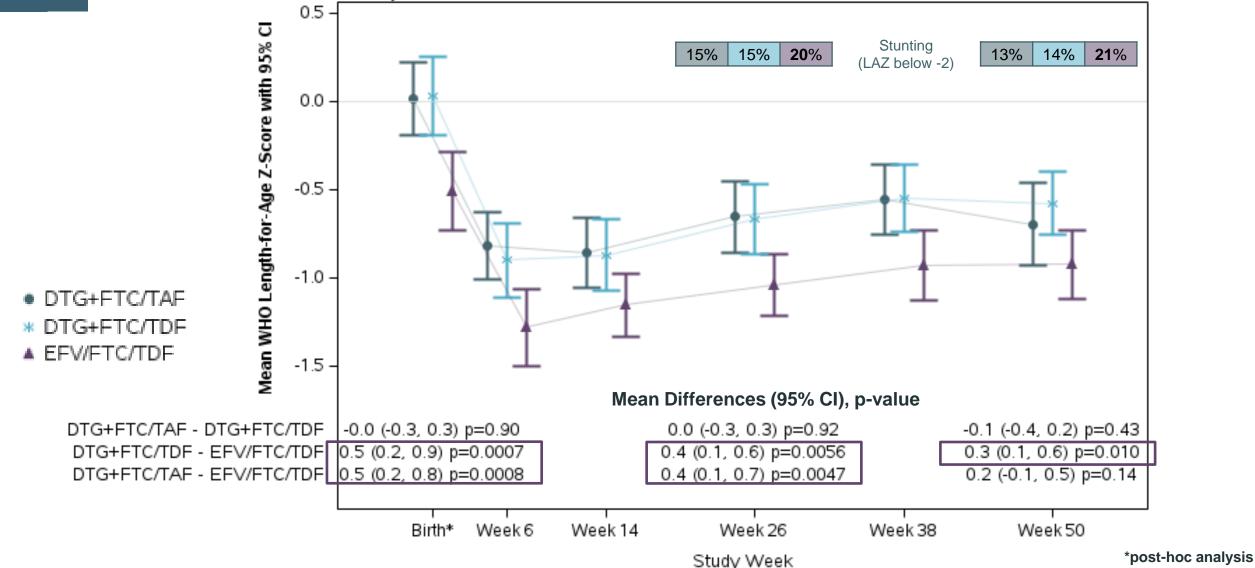


Infant Growth Statistical Approach

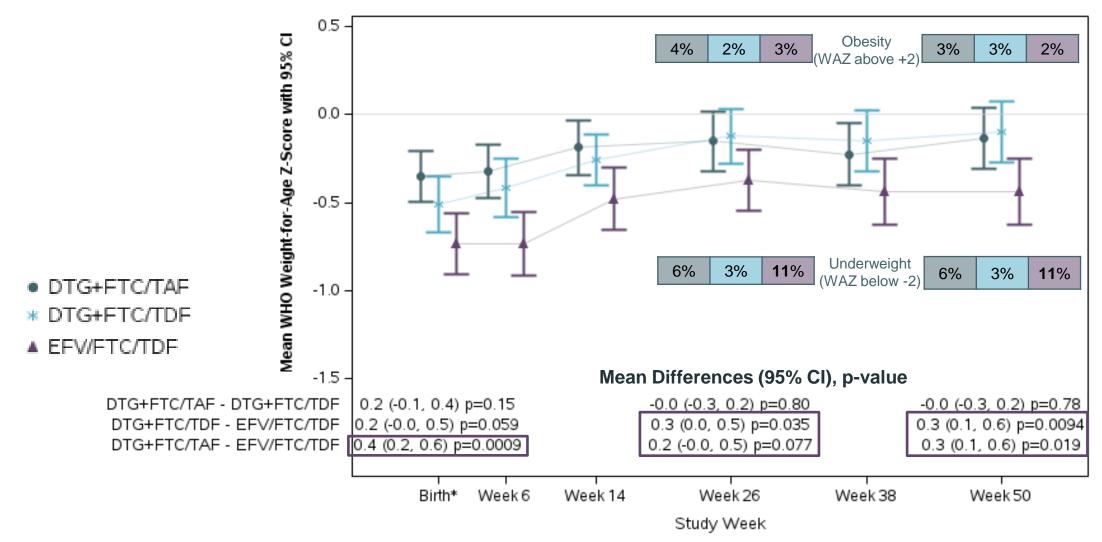
- Infant growth WHO Z-scores computed at Weeks 26 and 50 for liveborn infants retained on-study with length and weight data available:
 - Length-for-age (LAZ)
 - Weight-for-age (WAZ)
 - Weight-for-length (WHZ)
- WHO standards and software used for Z-score calculations (<u>www.who.int/childgrowth/software/en</u>)
- Pairwise comparisons of mean z-scores by two-sample t-tests
- Proportion stunting (LAZ < -2) estimated</p>



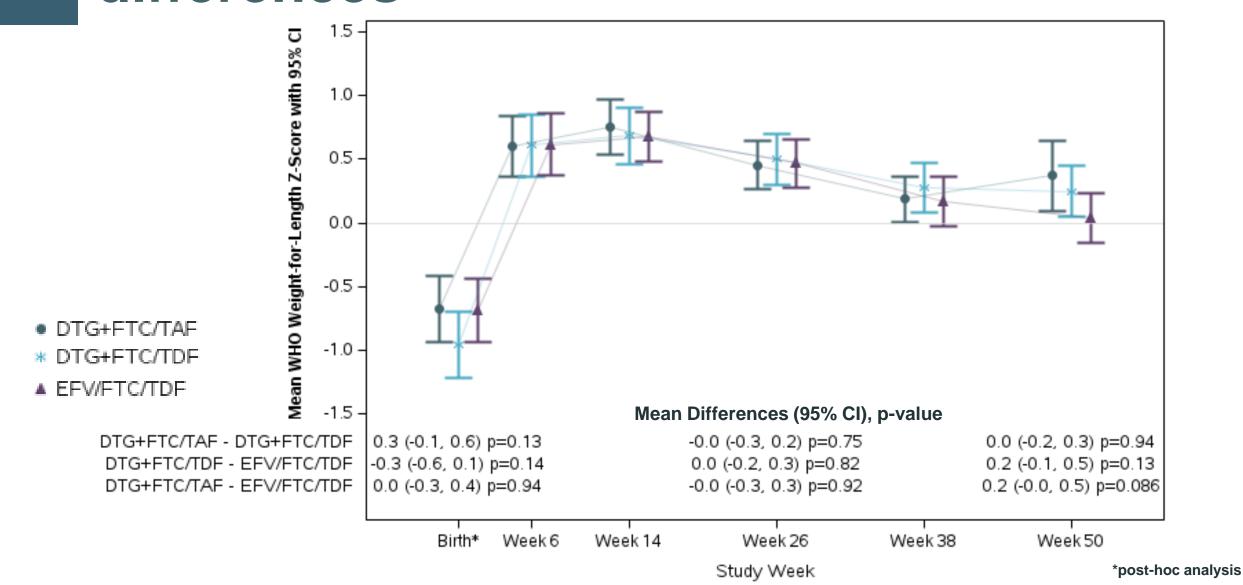
Length-for-Age Z-scores lower in EFV vs DTG arms, similar TDF- vs TAF-DTG



Weight-for-Age Z-scores lower in EFV vs DTG arms, similar TDF- vs TAF-DTG



Weight-for-Length Z-scores, no apparent differences



Limitations

- Infant follow-up limited to one year of age
- Included women who started ART in pregnancy (not women conceiving on ART)
- Predominantly breastfeeding populations studied, primarily in Africa



Conclusions

- Infants born to mothers who started EFV/FTC/TDF in pregnancy were significantly smaller throughout infancy than infants whose mothers started DTG+FTC/TAF or DTG+FTC/TDF
- Rates of stunting were high across all arms and higher in EFV arm (1 in 5) than the DTG arms (1 in 7)
- Mechanisms of this difference remain unclear
 - Potential influence of differential maternal weight gain in pregnancy
- Infant growth was similar following exposure to maternal TDF vs. TAF in combination with DTG+FTC
- No increase in infant obesity with maternal DTG vs EFV

Conclusions

- EFV use in pregnancy associated with concerning [low] growth parameters during first year of life
- Extended follow-up required to assess persistence of observed differences
- Infant growth should be factored into the choice of optimal maternal ART regimens during pregnancy and breastfeeding





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