



**ANRS 12168 - Dynam-O study, comparing the
immuno-virological and clinical responses to HAART
between HIV-1 group O and group M-infected patients :
results at 96 weeks**

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► **To cite this version:**

C. Kouanfack, M Vray, A Kfutwah, A Aghokeng, R Mougnotou, et al.. ANRS 12168 - Dynam-O study, comparing the immuno-virological and clinical responses to HAART between HIV-1 group O and group M-infected patients: results at 96 weeks. CROI (Conference on Retroviruses and Opportunistic Infections), Feb 2016, Boston, United States. hal-02265828

HAL Id: hal-02265828

<https://normandie-univ.hal.science/hal-02265828>

Submitted on 12 Aug 2019

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ANRS 12168 - DynaM-O study, comparing the immuno-virological and clinical responses to HAART between HIV-1 group O and group M-infected patients : results at 96 weeks

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BACKGROUND

The divergent HIV-1 group O strains (HIV-1/O) are endemic in Cameroon and naturally resistant to NNRTI, largely used as first-line therapy in this country. Alternative therapeutic strategies are thus needed.

OBJECTIVES

DynaM-O is a prospective open-label study. **The main objective** is to compare the immuno-virological response to HAART, including two NRTI and one PI in HIV-1/O and HIV-1 group M (HIV-1/M) infected-naïve patients. **Secondary objectives** are to compare the kinetic of viral load responses, the CD4 restoration and the clinical events.

PATIENTS AND METHODS

PATIENTS

All consecutive HIV-1/O naïve patients with treatment initiation criteria were recruited from 2 hospitals Yaoundé and the Center Pasteur of Yaoundé (CPC), and included and followed up between June 2010 and July 2013. HIV-1/O patients were matched with HIV-1/M with a ratio of 1:2 on the basis of sex, age 18-40 and > 40 years, CD4 before initiation >350/mm³ - [350-100]/mm³ - <100/mm³, Hb level <8g/l or >8g/l, and HBV status. **HAART Treatment** : HIV-1/M and HIV-1/O initiated the same treatment: AZT+3TC+LPV/r, or TDF+3TC+LPV/r for patients with anemia or HBV co-infection.

METHODS

- Primary end point:** percentage of patients with an undetectable viral load (VL < 60 cp/mL) at W48.
 - Statistical analysis**
- Primary endpoint analysis:** Comparison of proportion of patients with undetectable VL according to the HIV-1 group at W96 with analyses on Intention to Treat Analysis/ITT (Death and Missing=Failure) and Per Protocol/PP. **Secondary endpoint analysis** : Proportion of patients with a gain of more than 50% of CD4 at W12 and W48 according to the HIV-1 group

RESULTS

47 Cameroonian patients HIV-1/O and 94 HIV-1/M were included; results were available for 128 patients (13 died or were lost-to follow-up; *Fig.1*).

At baseline, VL was significantly lower ($p < 0.0001$) in HIV-1/O with a median at 4.3 log cp/mL vs 5.1 log cp/mL in HIV-1/M.

Median CD4 counts were well balanced between the two groups (227 vs 215, in HIV-1/O and HIV-1/M respectively, $p=0.68$)

At W96, 94.7 % [88.8 – 100] of HIV-1/O samples were < 60 cp/mL vs 84.1 % [77.5% - 90.8%] of HIV-1/M in per protocol analysis ($p=0.14$); and **no difference was observed at the threshold of 200 cp/mL** (97% in both groups; *Fig.2*).

Between treatment initiation and W96, **CD4 cells count increase is significantly higher ($p=0.04$)** in the HIV-1/M group than in the HIV-1/O group (+2.0 CD4 per month for the HIV-1/M, compare to HIV-1/O; *Fig. 3*).

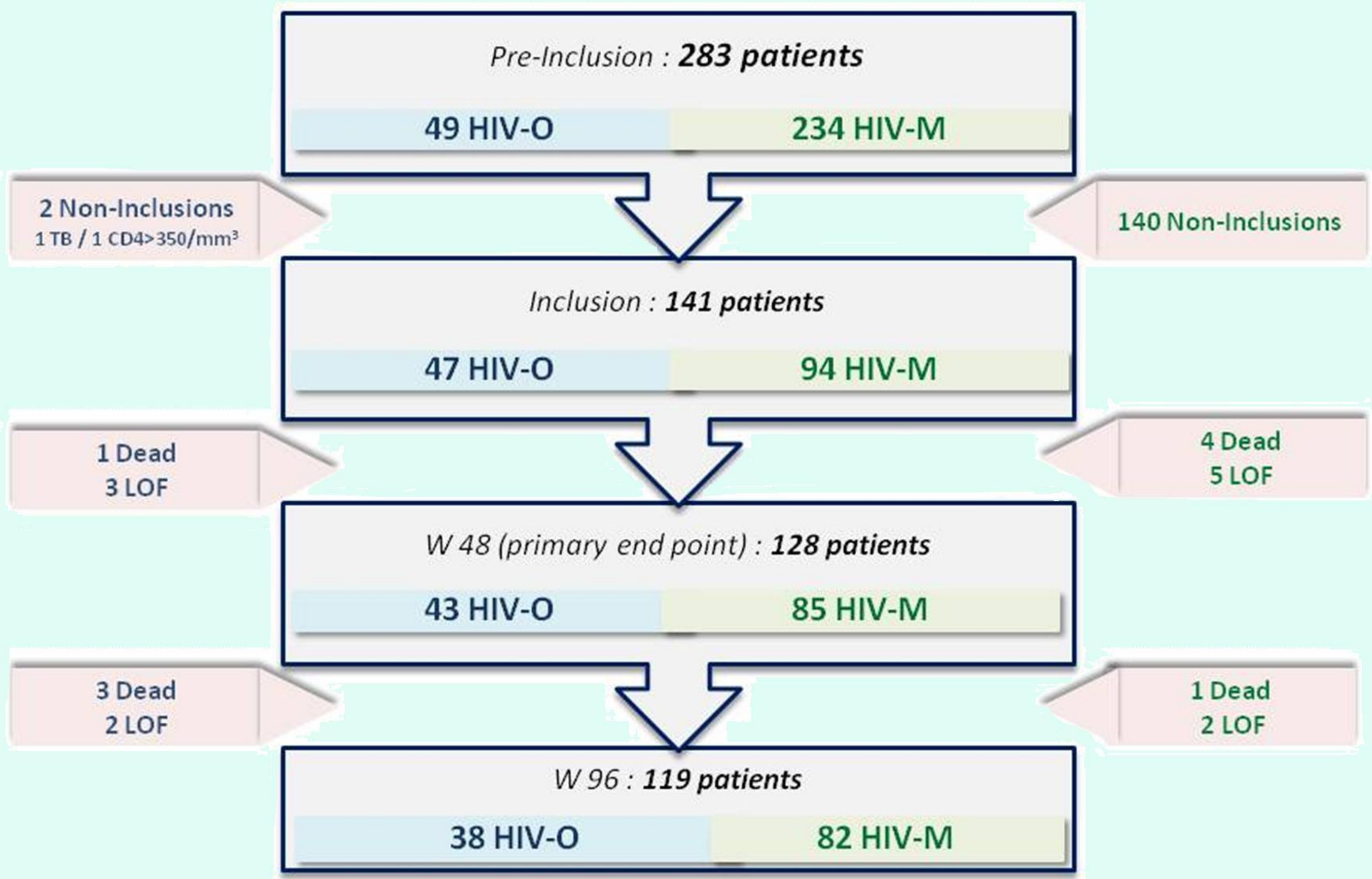


Fig.1 Flow Chart

	Percent of patients with undetectable VL at W96 [95% CI]	P-value adjusted *
Per Protocol		
HIV-1/O (n=38)	94.7% [88.8% – 100%]	0,14
HIV-1/M (n=81)	84.1% [77.5% – 90.8%]	
Intention To Treat		
HIV-1/O (n=47)	76.6% [64.4% – 88.7%]	0,79
HIV-1/M (n=94)	73.4% [64.4% – 82.3%]	

Fig.2 Comparison of patients with undetectable VL depending on the type of analysis and according to the HIV-1 group at W96

* Adjusted on sex, age class (18-40 years or >40 years), CD4 level (<100/mm³, 100-350/mm³ or >350/mm³) and Hb level (≤8 g/l or >8 g/l)

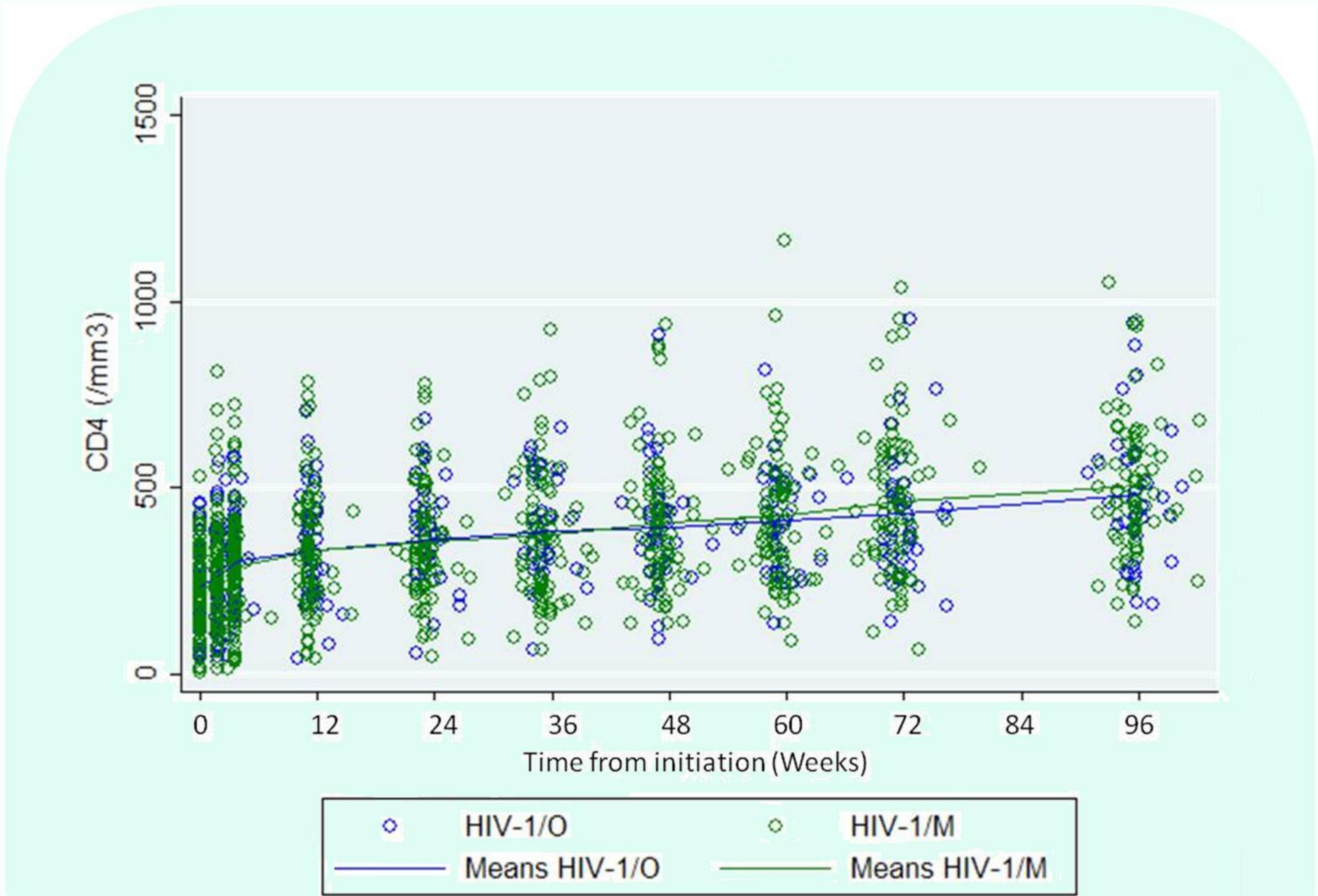


Fig.3 CD4 evolution from inclusion to W96

CONCLUSION

DynaM-O is the unique study analyzing the HAART responses in HIV-1/O infected patients compared to HIV-1/M patients. Data at W96 showed good efficacy of the regimens in both groups, but with a higher rate of achievement of the virological response in HIV-1/O infected patients. In contrast, the CD4 restoration was lower in HIV-1/O than that observed for HIV-1/M patients. These data indicate that group O infected patients should be successfully treated by treatment excluding NNRTI. Moreover, studying the mechanisms underlying these differences in response to HAART between these highly divergent HIV-1 strains are of importance in our understanding of the HIV natural history.

ACKNOWLEDGMENTS