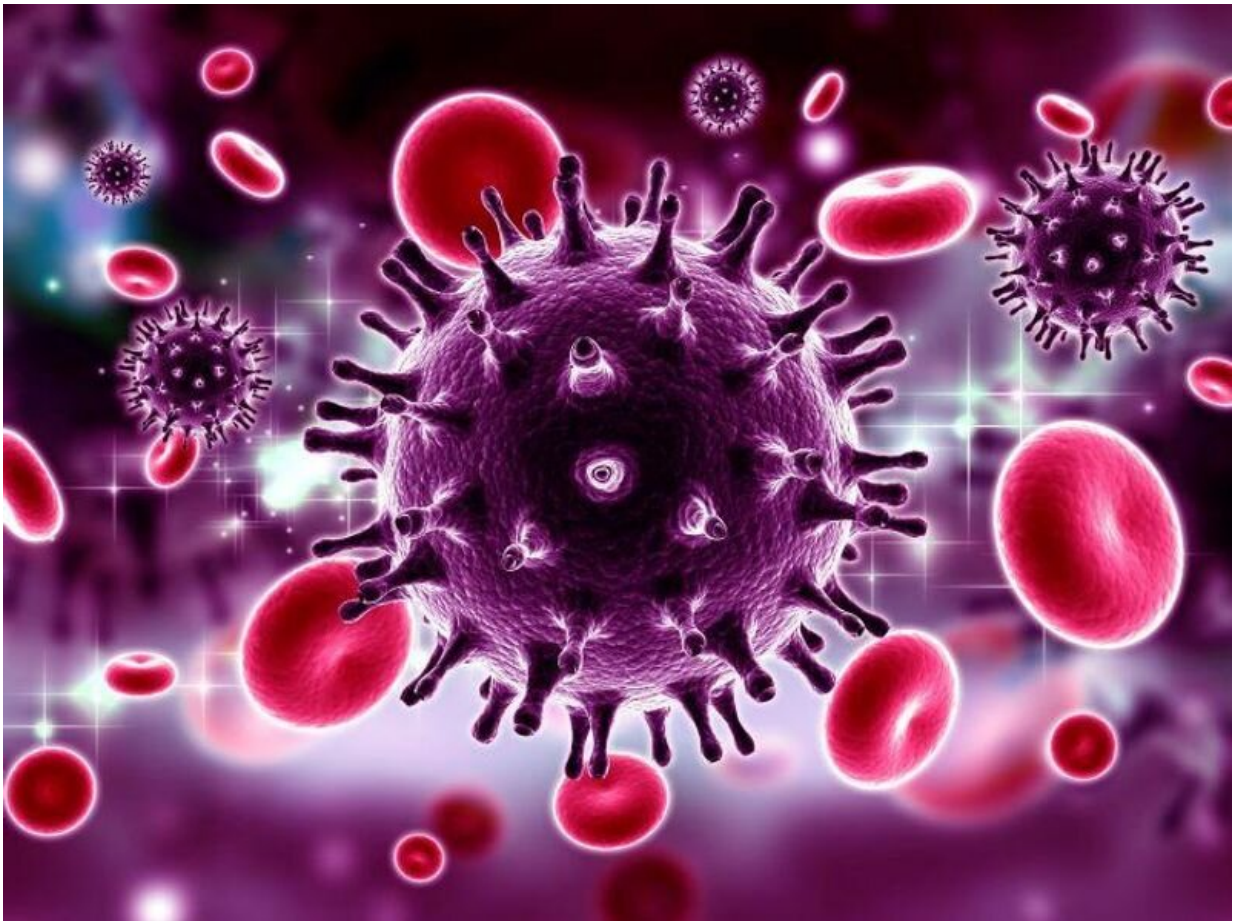


# Second-line switch to dolutegravir noninferior in HIV

June 23 2023, by Elana Gotkine

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For patients with HIV without genotype information, a second-line

switch to dolutegravir is noninferior to a regimen containing a ritonavir-boosted protease inhibitor (PI), according to a study published in the June 22 issue of the *New England Journal of Medicine*.

Loice A. Ombajo, M.B., Ch.B., from the University of Nairobi in Kenya, and colleagues conducted a prospective, open-label trial at four sites in Kenya involving patients without genotype information who had viral suppression while receiving treatment containing a ritonavir-boosted PI. Participants were randomly assigned to switch to dolutegravir or continue the current regimen (398 and 397, respectively). The primary end point was a plasma HIV type 1 RNA level of at least 50 copies/mL at week 48.

The researchers found that at week 48, 5.0 and 5.1 percent of patients in the dolutegravir and ritonavir-boosted PI groups, respectively, met the primary end point, a result that met the criterion for noninferiority. At the time of treatment failure, the investigators observed no mutations conferring resistance to dolutegravir or the ritonavir-boosted PI. A similar incidence of treatment-related grade 3 or 4 events was seen in the dolutegravir and ritonavir-boosted PI groups (5.7 and 6.9 percent, respectively).

"This trial provides information that can inform the current distribution of treatment regimens in Kenya and other similar settings, thus enabling consideration of a transition from ritonavir-boosted PI-based regimens to a dolutegravir-based regimen in almost 75 percent of patients currently receiving second-line therapy, which would provide advantages with regard to cost, risk of toxic effects, risk of drug-drug interactions, and pill burden," the authors write.

The study was funded by ViiV Healthcare, the manufacturer of [dolutegravir](#).

**More information:** Loice A. Ombajo et al, Second-Line Switch to Dolutegravir for Treatment of HIV Infection, *New England Journal of Medicine* (2023). [DOI: 10.1056/NEJMoa2210005](https://doi.org/10.1056/NEJMoa2210005)

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