Phase 2 Study of Switch to Daily BIC + LEN in Individuals on a Complex HIV Treatment Regimen

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Conclusions

- In this Phase 2 part of the ARTISTRY-1 study:
- BIC + LEN was highly effective in maintaining viral suppression in participants switching from a complex regimen
- BIC + LEN was well tolerated, with similar safety profiles observed in the two BIC + LEN treatment groups
- These data support the continued evaluation of a combination of BIC and LEN to optimize treatment in VS PWH who are receiving complex regimens
- A BIC 75 mg/LEN 50 mg STR will be assessed in the Phase 3 part of the study
- The selected dose of LEN was chosen based on the totality of safety, efficacy, and pharmacokinetic data

Plain Language Summary

- About 8 in every 100 people with HIV take multiple tablets every day to treat their HIV
- A combination of bictegravir plus lenacapavir taken once daily is being tested to help people with HIV reduce the number of tablets that they have to take each day
- In this study, people who were taking multiple tablets every day for their HIV were randomly chosen to either:
- Receive individual tablets of bictegravir and lenacapavir (at one of two different doses), to be taken together
- Or to stay on their existing treatment
- After 24 weeks of treatment, people who switched to bictegravir plus lenacapavir still had undetectable levels of HIV in their blood and had few side effects
- This study supports research of a single-tablet combination of bictegravir and lenacapavir in people with HIV

Introduction

- While single tablet regimens (STRs) are the global standard for HIV treatment,¹ approximately 8% of people with HIV (PWH) take complex treatment regimens due to drug resistance, intolerance, toxicity, drug-drug interactions, or contraindications to existing STRs¹⁻⁴
- The combination of bictegravir (BIC) and lenacapavir (LEN) could optimize treatment in virologically suppressed (VS) PWH not eligible for treatment with STRs, or in those for whom STR treatment is suboptimal
- BIC is an integrase strand transfer inhibitor (INSTI) with a high barrier to resistance⁵ LEN is a first-in-class capsid inhibitor, expected to have an absence of resistance in unexposed PWH⁶
- ARTISTRY-1 (NCT05502341) is a randomized, open-label, multicenter, operationally seamless Phase 2/3 study evaluating the efficacy and safety of switching from complex antiretroviral therapy (ART) regimens to BIC and LEN among VS PWH

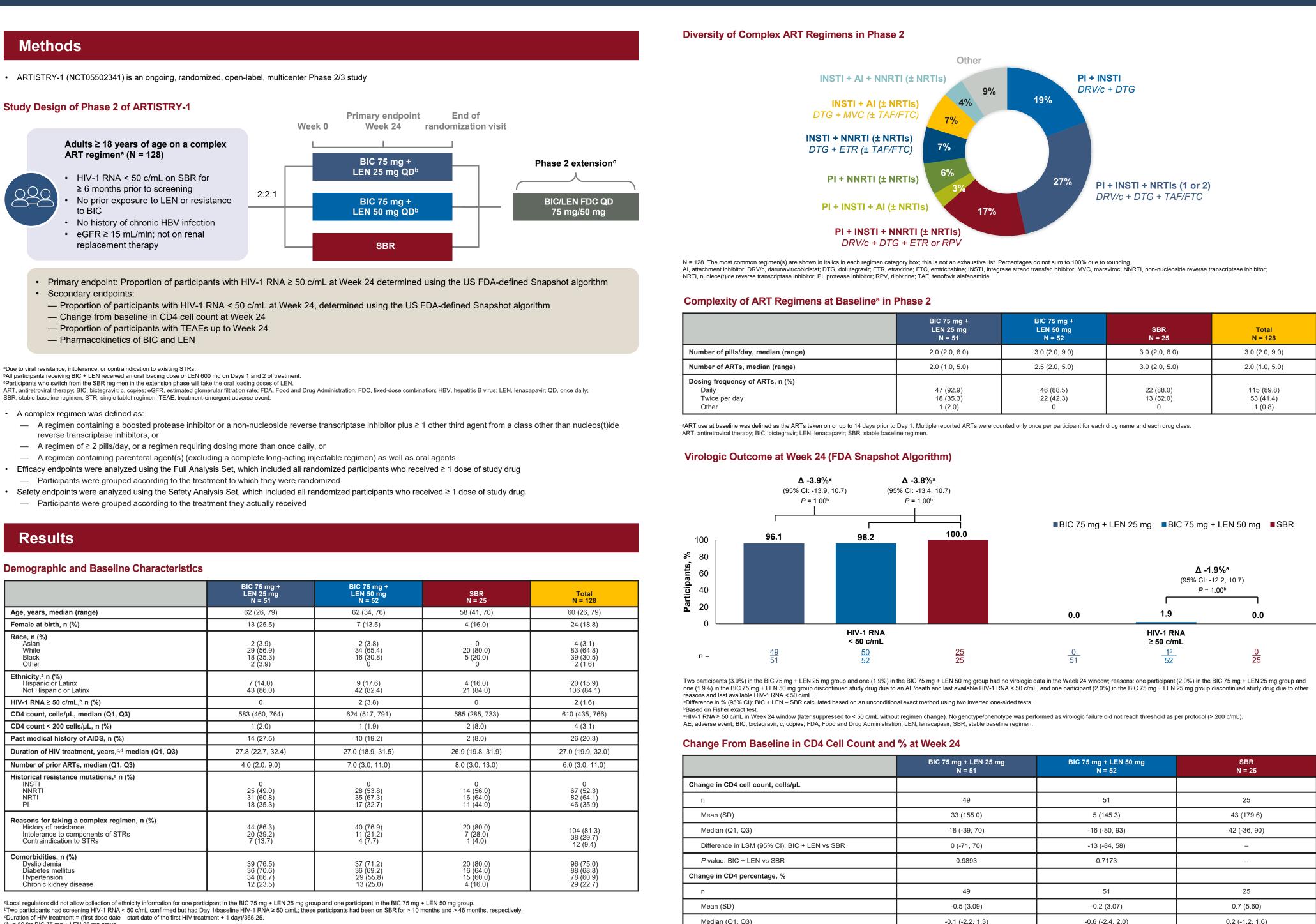
Objective

• To evaluate the efficacy and safety of switching to a BIC + LEN regimen (BIC 75 mg + LEN 25 mg or BIC 75 mg + LEN 50 mg) versus continuing on stable baseline regimen (SBR) at Week 24 in VS PWH

References: 1. DHHS. https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf (accessed February 1, 2024). 2. Chang HM, et al. BMC Infect Dis. 2022;22:2. 3. Rolle C-P, et al. J Virus Erad. 2020;6:100021. 4. Gilead Sciences, Inc. Data on file. 5. Acosta RK, et al. Antimicrob Agents Chemother. 2019;63:e02533-18. 6. Dvory-Sobol H, et al. Curr Opin HIV AIDS. 2022;17:15-21. 7. DHHS. https://rsc.niaid.nih.gov/sites/default/files/daidsgradingcorrectedv21.pdf (accessed February 1, 2024).

Black Other

NRT



^dN = 50 for BIC 75 ma + LEN 25 ma aroup.

Alternative response was no or not avail? ART, antiretroviral therapy; BIC, bictegravir; BMI, body mass index; c, copies; INSTI, integrase strand transfer inhibitor; LEN, lenacapavir; NNRTI, non-nucleoside reverse transcriptase inhibitor; NRTI, nucleos(t)ide reverse transcriptase inhibitor; PI, protease inhibitor; Q, quartile; SBR, stable baseline regimen; STR, single tablet regimen.

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BIC 75 mg + LEN 25 mg N = 51	BIC 75 mg + LEN 50 mg N = 52	SBR N = 25	Total N = 128
2.0 (2.0, 8.0)	3.0 (2.0, 9.0)	3.0 (2.0, 8.0)	3.0 (2.0, 9.0)
2.0 (1.0, 5.0)	2.5 (2.0, 5.0)	3.0 (2.0, 5.0)	2.0 (1.0, 5.0)
47 (92.9) 18 (35.3) 1 (2.0)	46 (88.5) 22 (42.3) 0	22 (88.0) 13 (52.0) 0	115 (89.8) 53 (41.4) 1 (0.8)

	BIC 75 mg + LEN 25 mg N = 51	BIC 75 mg + LEN 50 mg N = 52	SBR N = 25
	49	51	25
	33 (155.0)	5 (145.3)	43 (179.6)
	18 (-39, 70)	-16 (-80, 93)	42 (-36, 90)
LEN vs SBR	0 (-71, 70)	-13 (-84, 58)	-
	0.9893	0.7173	-
	49	51	25
	-0.5 (3.09)	-0.2 (3.07)	0.7 (5.60)
	-0.1 (-2.2, 1.3)	-0.6 (-2.4, 2.0)	0.2 (-1.2, 1.6)

Difference in LSM and P value were from ANCOVA model of change from baseline CD4 cell count with treatment as fixed effect and baseline CD4 cell count as a covariate. ANCOVA, analysis of covariance; BIC, bictegravir; LEN, lenacapavir; LSM, least squares mean; Q, quartile; SBR, stable baseline regimer

Disclosures: KM reports payments for participation in advisory boards and speakers' bureaus from Epividian, Gilead Sciences, Inc., Janssen Therapeutics, Merck, and ViiV Healthcare. JiS: reports speaker honoraria from AbbVie, Gilead Sciences, Inc., Merck, and ViiV Healthcare. MR has no conflicts of interests to report. MH reports consulting fees and speaker honoraria from Gilead Sciences, Inc., Merck, and ViiV Healthcare. MB has no conflicts of interest to report. JoS reports grants from NIH; and consulting fees, payment for lectures, and payment for participation in advisory boards from AbbVie. IM. YG. PA, JMM, PS, and JB are employees of and own stock in Gilead Sciences, Inc. HM was an employee of Gilead Sciences, Inc. and remains a stockholder. SS-M reports research grants from Gilead Sciences, Inc.; advisory/consulting fees from Gilead Sciences, Inc., Janssen, Theratechnologies, and ViiV Healthcare; and payment for speaker's bureaus from Gilead Sciences, Inc.

TEAEs Up to Week 24 – Overall Summary

	BIC 75 mg + LEN 25 mg N = 51	BIC 75 mg + LEN 50 mg N = 52	SBR N = 25
Any TEAE	39 (76.5)	33 (63.5)	17 (68.0)
TEAE Grade 3 or higher	4 (7.8)	2 (3.8)	1 (4.0)
TEAE related to study drug or SBR	9 (17.6)	3 (5.8)	0
TE serious AE	2 (3.9)	1 (1.9)	2 (8.0)
TEAE leading to discontinuation of study drug/SBR	1 (2.0)	1 (1.9)	0
Nausea ^a	1 (2.0)	0	0
Vomiting ^b	0	1 (1.9)	0
TEAE leading to discontinuation of study	1 (2.0)	1 (1.9)	0
Death ^c	0	1 (1.9)	0

Data shown as n (%). N-values represent numbers of participants Only TEAEs with onset date on or before the nominal Week 24 visit date were included in this summary. One additional unrelated serious AE was reported after Week 24 up to the Week 24 data snapshot date on July 12, 2023, for each BIC/LEN group (anxiety n = 1; coronary artery disease n = 1). There were no serious AEs leading to discontinuation of study up to Week 24. ^aGrade 1 nausea on Dav 1. ^bGrade 3 worsening of vomiting in a participant with preexisting episodes of nausea and vomiting Death unrelated to study drug; cause of death: coronary artery disease. AE, adverse event; BIC, bictegravir; LEN, lenacapavir; SBR, stable baseline regimen; TE, treatment-emergent; TEAE, treatment-emergent adverse event.

TEAEs by Preferred Term Up to Week 24 (Frequency \geq 5%)

	BIC 75 mg + LEN 25 mg N = 51	BIC 75 mg + LEN 50 mg N = 52	SBR N = 25
Any TEAE	39 (76.5)	33 (63.5)	17 (68.0)
COVID-19	4 (7.8)	2 (3.8)	2 (8.0)
Diarrhea	5 (9.8)	2 (3.8)	1 (4.0)
Hypertension ^a	0	4 (7.7)	1 (4.0)
Constipation	3 (5.9)	2 (3.8)	0
Cough	3 (5.9)	1 (1.9)	0
Nasopharyngitis	4 (7.8)	0	0

Data shown as n (%). N-values represent numbers of participants Only TEAEs with onset date on or before the nominal Week 24 visit date were included. All TEAEs with frequency ≥ 5% were Grade 1 or 2 apart from one occurrence of Grade 3 diarrhea (unrelated to study drug). aAll hypertension events were assessed as unrelated to study drug or SBR; 2 of the 4 participants with hypertension in the BIC 75 mg + LEN 50 mg group had a past medical history of hypertension BIC, bictegravir: LEN, lenacapavir: SBR, stable baseline regimen: TEAE, treatment-emergent adverse event.

Treatment-Emergent Laboratory Abnormalities Up to Week 24

Maximum Postbaseline Toxicity Grade	BIC 75 mg + LEN 25 mg N = 51	BIC 75 mg + LEN 50 mg N = 52	SBR N = 25
Any Grade 1 or higher	42 (82.4)	39 (75.0)	21 (84.0)
Grade 3	5 (9.8)	9 (17.3)	8 (32.0)
Creatinine clearance low	0	4 (7.7)	3 (12.0)
Creatinine high	0	1 (1.9)	0
Creatine kinase high	1 (2.0)	0	0
Urine glucose (glycosuria)	2 (3.9)	5 (9.6)	1 (4.0)
Fasting serum glucose high	Oª	2 (3.8)	0
Non-fasting serum glucose high	2 (9.1) ^b	1 (4.3) ^c	1 (6.7) ^d
Lipase high	1 (2.0)	0	0
Total bilirubin high	0	0	1 (4.0)
Fasting total cholesterol high	Oe	0	2 (8.0)
Fasting triglycerides high	Oe	1 (1.9)	0
Fasting LDL high	Oe	0	2 (8.0)
Grade 4	1 (2.0)	3 (5.8)	0
Creatinine clearance low	1 (2.0)	2 (3.8)	0
Lipase high	0	1 (1.9)	0

Severity grades were defined by the Division of AIDS Toxicity Grading Scale, Version 2.1. Data shown as n (%). N-values represent numbers of participants. Some participants experienced more than one treatment-emergent laboratory anomaly. Grade 3 and 4 creatinine clearance low and urine glucose were reported in participants with chronic kidney disease or diabetes mellitus, respectively. ne remaining Grade 3/4 laboratory abnormalities were either consistent with participants' medical history or transient and not clinically significant. ^aN = 50. ^bN = 22. ^cN = 23. ^dN = 15. ^eN = 49. BIC, bictegravir; LEN, lenacapavir; LDL, low-density lipoprotein; SBR, stable baseline regime

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