Letter to the Editor

Long-term virologic and immunologic responses on darunavir/ritonavir – containing regimens among highly antiretroviral therapy-experienced patients: 7-year follow-up of a prospective cohort study in São Paulo, Brazil

Dear Editor:

Management of highly antiretroviral therapy (ART)-experienced patients continues to be a challenge, and there are scarce “real-world” data about their long-term virologic and immunologic responses. Darunavir/ritonavir (DRV/r) was included among the antiretroviral drugs available in Brazil in 2008. Since then five Brazilian studies evaluated the effectiveness of salvage therapy, most of them DRV/r-based. In 2013, we published in this journal a single center prospective cohort study where 82.6% of patients achieved HIV RNA <50 copies/mL after 48 weeks of treatment.1 Other four Brazilian retrospective observational studies were published showing 74.7–84% of patients with HIV RNA <50 copies/mL. Follow-up in all these studies was also limited to 48 weeks.2-5 Herein, we report the results alongside seven years of our cohort in São Paulo. In line with the original report, non-completers were considered as failures in the analysis of virologic response. In 2016, seven years after initiation salvage therapy with DRV/r, 71.7% of patients had HIV RNA <50 copies/mL and their CD4 cell counts increased by a mean of 353 cells/mm³. Thirty-seven (40.2%) patients had CD4 cell counts above 500 cells/mm³. Fig. 1 shows the annual results of viral loads and CD4 cell counts in this cohort. Despite the decrease in the rate of viral suppression after the third year of follow-up, high rates of viral suppression (about 70%) were still maintained afterwards. Interestingly, the increase of CD4 cell counts was steady and persistent throughout follow-up. Among patients on the 7th year of follow-up (n = 72), 71 (98.6%) were receiving DRV/r, and 62 (86.1%) were given raltegravir in addition to DRV/r as part of their salvage regimen. Only 18 (25%) patients maintained the baseline regimen, 30 (41.7%) patients needed to discontinue at least one antiretroviral, and 32 (44.4%) patients needed to switch one or more components of their regimen. Our results showed that long-term benefit of ART is possible in middle-income countries, in spite of continuous and new challenges.

Fig. 1 – Long-term virologic (A) and immunologic (B) responses on darunavir/ritonavir – containing regimens among highly ART-experienced patients.
Conflicts of interest

JEV has received honoraria for lectures and travel grants from Janssen-Cilag and Merck Sharp & Dohme. Other authors have no conflicts of interest.

REFERENCES


José E. Vidal\textsuperscript{a,b,*}, Ariane M.R. dos Santos\textsuperscript{a,b}, Érique J.F. Peixoto de Miranda\textsuperscript{a}, Aluísio C. Segurado\textsuperscript{a}

\textsuperscript{a} Universidade de São Paulo, São Paulo, São Paulo, Brazil

\textsuperscript{b} Instituto de Infectologia Emílio Ribas, São Paulo, São Paulo, Brazil

\textsuperscript{*} Corresponding author.

E-mail address: josevibe@gmail.com (J.E. Vidal).

Received 27 June 2017
Accepted 30 July 2017

© 2017 Sociedade Brasileira de Infectologia. Published by Elsevier Editora Ltda. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

http://dx.doi.org/10.1016/j.bjid.2017.07.005

Available online 29 September 2017