

Combination of TMC114/ritonavir and TMC125 in patients with multidrug resistant HIV

Julio Montaner¹, Marianne Harris¹, Thomas Kakuda², Gerene Larsen¹, Brian Woodfall³, Diego Miralles³, P. Richard Harrigan¹

¹BC Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver Canada; ²Tibotec Inc., Yardley, Pennsylvania, USA; ³Tibotec, Mechelen, Belgium

Background

TMC114 and TMC125 are investigational antiretroviral drugs with activity against HIV that is resistant to available PIs and NNRTIs, respectively. Patients with multidrug-resistant HIV may benefit from the use of these agents in combination.

Methods

Patients

- HIV+ adults
- extensive treatment experience with NRTIs/NRTIs, NNRTIs, and PIs
- evidence of drug resistance on genotypic testing

Medication regimens

TMC114 600 mg with ritonavir 100 mg twice daily
 TMC125 200 mg twice daily
 +/- NRTIs/NRTIs
 +/- enfuvirtide (T20)

Clinical and Laboratory Assessments

Plasma viral load (VL), CD4 cell count, and safety parameters (hematology, chemistry)

- at baseline
- weekly until week 4
- every 2 weeks until week 12
- every 4 weeks until week 24

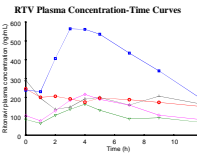
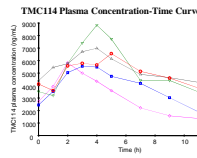
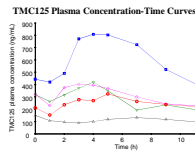
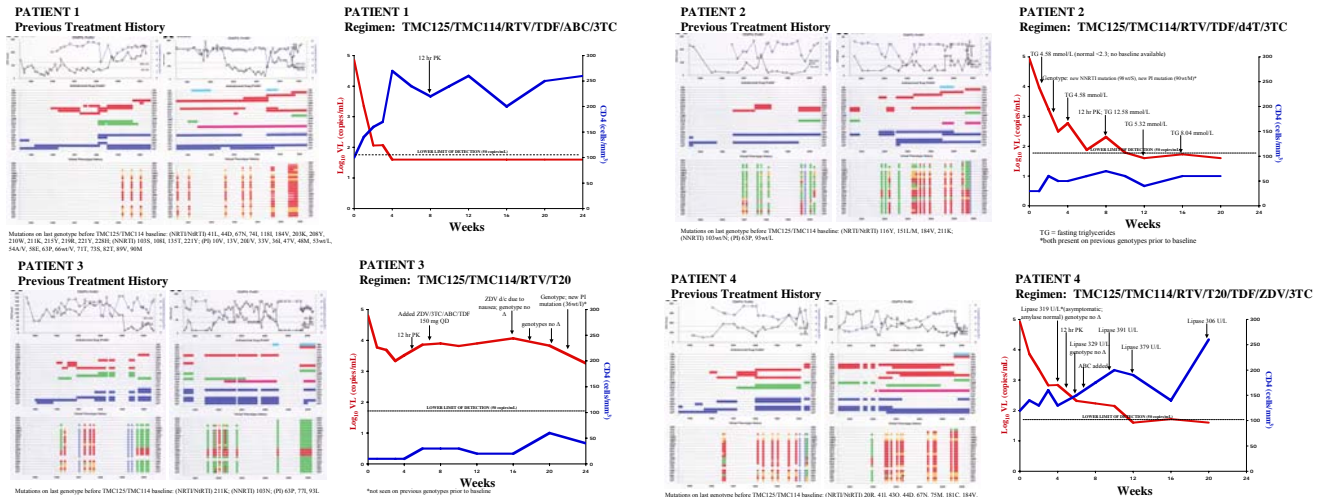
Genotypic resistance

- vircoTYPE HIV-1 Virtual Phenotype was assessed at baseline from archived samples and on the most recent sample with VL > 200 copies/mL
- Virtual Phenotype was repeated on samples where VL > 200 copies/mL on therapy

Pharmacokinetic (PK) methods

- 12-hour PK assessments were conducted between weeks 4 and 8
- Plasma concentrations of TMC114, TMC125, and ritonavir were determined using a validated liquid chromatographic-tandem mass spectrometric (LC-MS/MS) method
- PK analyses were performed using WinNonlin professional™ (version 5.1; Pharsight Corporation, Mountain View, California, USA)
- A non-compartmental model with extravascular input was used
- The primary PK parameters were maximum and minimum plasma concentration (C_{max} and C_{min}, respectively), time to C_{max} (T_{max}), and area under the plasma concentration-time curve from 0 to 12 hours (AUC₀₋₁₂) as calculated using the linear-up/log-down trapezoidal rule

Results



	C _{min} (ng/mL)	T _{max} (h)	AUC ₀₋₁₂ (ng·h/mL)	C _{max} (ng/mL)
TMC125	421	3.2	3675	210
TMC114	1241	1.6	2248	168
RTV	767 / 763	ND / ND	3159 / 4921	189 / 281
	(125) / (98)		(1126) / (2582)	(66) / (188)
TMC114	8744	3.6	8304	2800
	(1209)		(12195)	(1200)
RTV	6312 / 6109	ND / ND	7196 / 7232	3581 / 2300
	(2021) / (2482)		(13405) / (21687)	(2497) / (1486)
RTV	288	2.3	2384	120
	(187)		(3325)	(50)
ND	ND / ND	ND / ND	ND / ND	ND / ND

PK parameters derived from this cohort (n=5)
 PK parameters derived from Chastain & Woodruff cohort on Day 7 / Day 28 (n=10; Butler et al., CROI 2006, abstract 576)

Conclusions

- Combination therapy including TMC114/ritonavir and TMC125 resulted in substantial viral load declines and CD4 cell count increases over 20-24 weeks in these 5 treatment-experienced patients with drug-resistant HIV.
- 4/5 achieved undetectable viral load (<50 copies/mL).
- No major safety concerns were identified.
- TMC114 and TMC125 plasma levels were generally comparable with data previously presented for HIV+ patients (given the substantial variability of levels for both drugs, and not obviously related to virologic response (NB patient #3)).
- This combination may present a viable treatment option for patients with multidrug-resistant HIV.

