



Eighth International Congress on Drug Therapy in HIV Infection

Glasgow, UK - 12-16 November 2006

[PL2.4] Wide disparity in switch to second-line therapy in HIV-infected children in CHIPS

Int Cong Drug Therapy HIV 2006 Nov 12-16;8:Abstract No. PL2.4

K J Lee, H Lyall, A S Walker, M Sharland, A Judd, D M Gibb
CHIPS Steering Committee, London, UK

PURPOSE OF THE STUDY: To describe characteristics of switch to 2nd-line therapy in children initiating HAART naïve in the UK Ireland Collaborative HIV Paediatric Study.

METHODS: We examined CD4 and viral load (VL) at switch to 2nd-line, defined as substituting either 3 drugs in the regimen or 2 drugs with recorded reason failure, with VL >50 c/ml. We considered timing of switch with respect to various VL thresholds.

SUMMARY OF RESULTS: 132 (22%) of 595 children (median age 4.7 years) initiating HAART naïve switched to 2nd-line therapy after a median 7 years (rate 7.8/100 child-yrs (CY) [95% CI 6.6-9.2]). Median (IQR) CD4 count (%) at switch was 485 (217-840) cells/mm³ (20% (12-26)) but only 63 (48%) had achieved VL <400 during 1st-line. VL at switch was 8206c/ml (5382-12512) in children who had suppressed vs 79569c/ml (62127-101907) in those who had not; time to switch was also longer (median >7 vs 3.1 yrs respectively, adj HR=0.12 [0.08-0.19]). Considering sex; age, CD4%, prior clinical (B,C) events and calendar year at HAART initiation, and achieving VL<400 c/ml during 1st-line, only older age and later calendar year independently predicted earlier switch (adj HR=1.07 [1.02-1.13] per year older; HR=2.27 [1.24-4.16] starting HAART in 2002-05 compared to 1997-99). By 3 years after HAART, 14% 18% switched before reaching VL thresholds of 1000 and 30000c/ml respectively (as in the PENPACT 1 trial); 3% 1% reached thresholds and switched within 6 months with 15% 3% remaining on 1st-line for at least 6 months after confirmed VL >1000 or >30000. Median time to switch after thresholds was 3.3 and 1.0 yr respectively.

CONCLUSIONS: CD4 and VL, and timing of switch in relation to different VL thresholds vary widely in children across all ages. There is urgent need for evidence on which to base switching.

Plenary Session: Open Papers

2006-11-12
PL2.4

Copyright © 2006 - [Thomson ACUMED](#)® All rights reserved. Thomson ACUMED® is an intelligent and innovative medical marketing and communications agency – a new division of The Gardiner-Caldwell Group Ltd, part of The Thomson Corporation, located in Tytherington, UK.

Reproduction of this abstract (other than one copy for personal reference) must be cleared through the authors.

This information is designed to support, not replace, the relationship that exists between you and your doctor. ©1980, 2006. AEGiS.