

PREDICTORS OF HEPATITIS B TREATMENT RESPONSE IN PEOPLE WITH HIV-1/HBV COINFECTION

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Hepatitis B Treatment Response With HIV/HBV Coinfection

- ◆ Chronic hepatitis B affects ~8% of people with HIV, and HIV/HBV coinfection rates can reach 20% in areas where both viruses are endemic¹⁻³
- ◆ People with HIV/HBV coinfection should receive treatment to suppress both viruses
 - International guidelines recommend a TDF- or TAF-based ARV regimen in combination with 3TC or FTC as the NRTI backbone for most people with HIV/HBV coinfection⁴⁻⁷
- ◆ Better understanding of factors that can affect response to treatment is important to help optimize regimen selection
- ◆ The **ALLIANCE** study investigated B/F/TAF vs. DTG + F/TDF for HIV/HBV coinfection
- ◆ Primary results from the **ALLIANCE** study, presented at AIDS 2022, showed that B/F/TAF was noninferior to DTG + F/TDF for achieving HIV-1 RNA < 50 c/mL and superior for achieving HBV DNA < 29 IU/mL⁸

This subanalysis of the Week 48 results from the **ALLIANCE study examines predictors of HBV response to treatment for people with HIV and HBV initiating treatment with B/F/TAF or DTG + F/TDF**

3TC, lamivudine; ARV, antiretroviral; B, bicitgravir; c/mL, copies per milliliter; DTG, dolutegravir; F/FTC, emtricitabine; HBV, hepatitis B virus; IU/mL, international units per milliliter; NRTI, nucleos(t)ide reverse transcriptase inhibitor; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate

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Baseline Characteristics

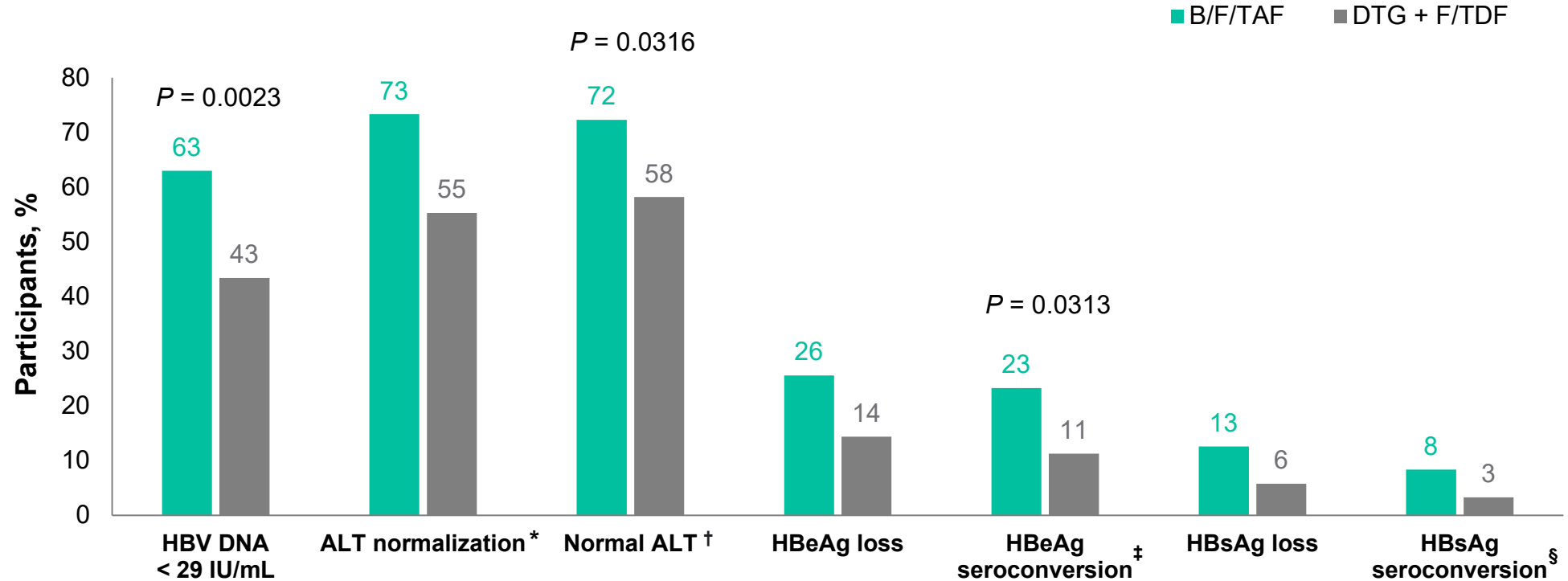
	B/F/TAF n = 121	DTG + F/TDF n = 122
HBV genotype, n (%) [*]		
A/D	22 (20)	33 (30)
B/C	84 (75)	74 (68)
HBV DNA		
Median, log ₁₀ IU/mL (IQR)	8.0 (6.5, 8.4)	8.1 (6.6, 8.5)
≥ 8 log ₁₀ IU/mL, n (%)	60 (50)	66 (54)
HBeAg positive, n (%)	92 (76)	97 (80)
ALT > ULN, n (%) [†]	60 (50)	47 (39)

**The overall median age was 32 years, 95% were male at birth and 88% were from Asia
Median HIV-1 RNA was 4.7 log₁₀ c/mL and median CD4 cell count was 243 cells/μL**

^{*}B/F/TAF: n = 112, DTG + F/TDF: n = 109; [†]American Association for the Study of Liver Diseases (AASLD) criteria: 25 U/L (females), 35 U/L (males)

ALT, alanine aminotransferase; B, bicitgravir; c/mL, copies per milliliter; DTG, dolutegravir; F, emtricitabine; HBeAg, hepatitis B envelope antigen; HBV, hepatitis B virus; IQR, interquartile range; IU/mL, international units per milliliter; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate; ULN, upper limit of normal

HBV Outcomes at Week 48 (M = F)



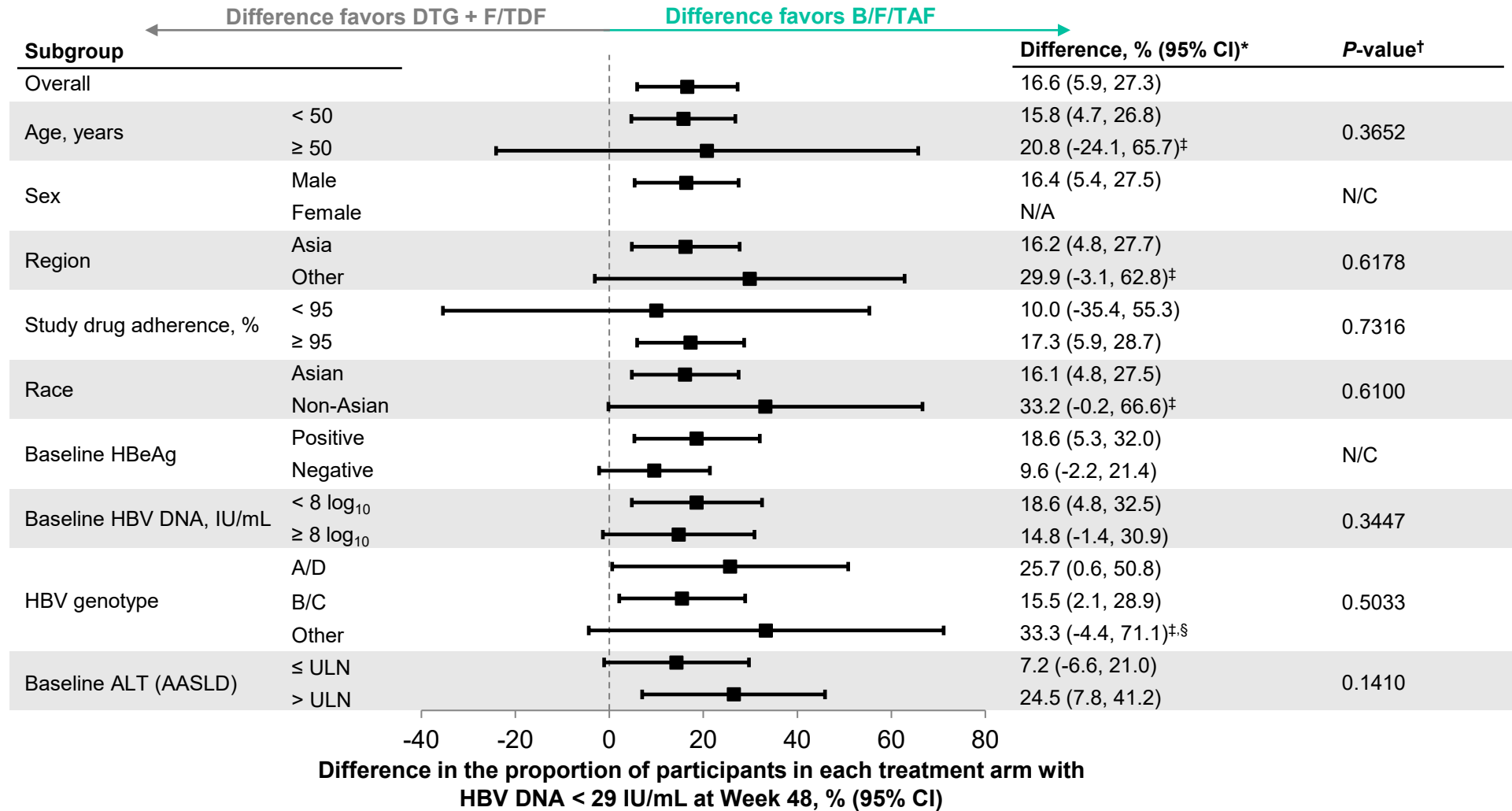
	B/F/TAF	DTG + F/TDF
n/N =	75/119	53/122
ALT normalization*	44/60	26/47
Normal ALT†	86/119	71/122
HBeAg loss	23/90	14/97
HBeAg seroconversion‡	21/90	11/97
HBsAg loss	15/119	7/121
HBsAg seroconversion§	10/119	4/121

*Proportion of participants with ALT > ULN at baseline with a normal ALT [≤ 25 U/L (females), ≤ 35 U/L (males)] at Week 48; †Proportion of participants with normal ALT (by AASLD criteria) at Week 48;

‡Defined as loss of serum HBeAg and development of anti-HBeAg antibodies; §Defined as loss of serum HBsAg and development of anti-HBsAg antibodies

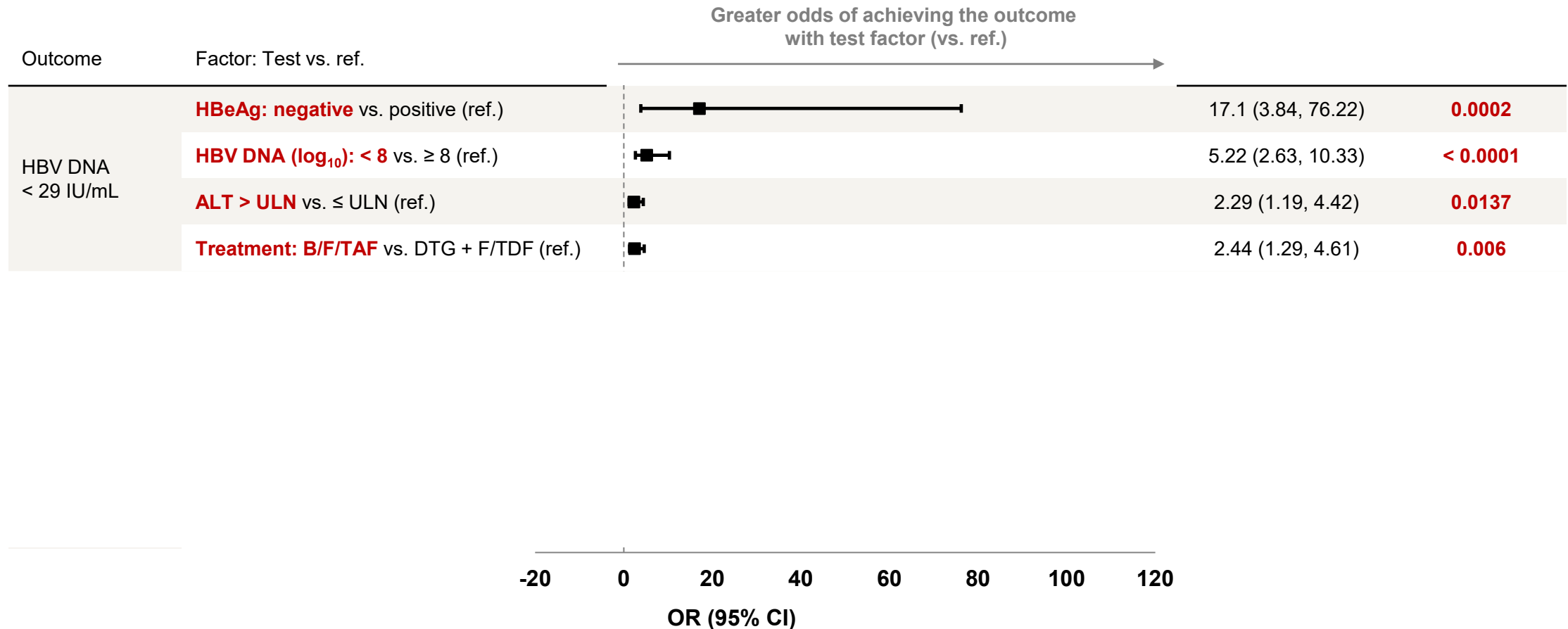
ALT, alanine aminotransferase; AASLD, American Association for the Study of Liver Diseases; B, bicitegravir; DTG, dolutegravir; F, emtricitabine; HBeAg, hepatitis B envelope antigen; HBsAg, hepatitis B surface antigen; HBV, hepatitis B virus; IU/mL, international units per milliliter; M = F, missing = failure; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate; ULN, upper limit of normal

Treatment Difference in Proportion of Participants with HBV DNA < 29 IU/mL at Week 48, by Subgroup (M = F)



*The difference in proportion of participants with HBV DNA < 29 IU/mL between treatment groups (B/F/TAF vs. DTG + F/TDF) calculated based on the MH proportions adjusted by baseline HBeAg status (positive vs. negative) and baseline HBV DNA (< 8 log₁₀ IU/mL vs. ≥ 8 log₁₀ IU/mL), if not the subgroup factor; †P-value for the homogeneity test was from the Wald test of the interaction between treatment and subgroup based on a logistic regression model; ‡Proportion difference and 95% CI from normal approximation without stratification as they were not calculable by stratum-adjusted MH method; §'Other' HBV genotype excluded from the logistic regression model for P-value calculation due to small sample size. ALT, alanine aminotransferase; B, bicitgravir; CI, confidence interval; DTG, dolutegravir; F, emtricitabine; HBeAg, hepatitis B envelope antigen; HBV, hepatitis B virus; IU/mL, international units per milliliter; M = F, missing = failure; MH, Mantel-Haenszel; N/A, not applicable; N/C, not calculable (due to lack of variance in subgroup[s]); TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate; ULN, upper limit of normal

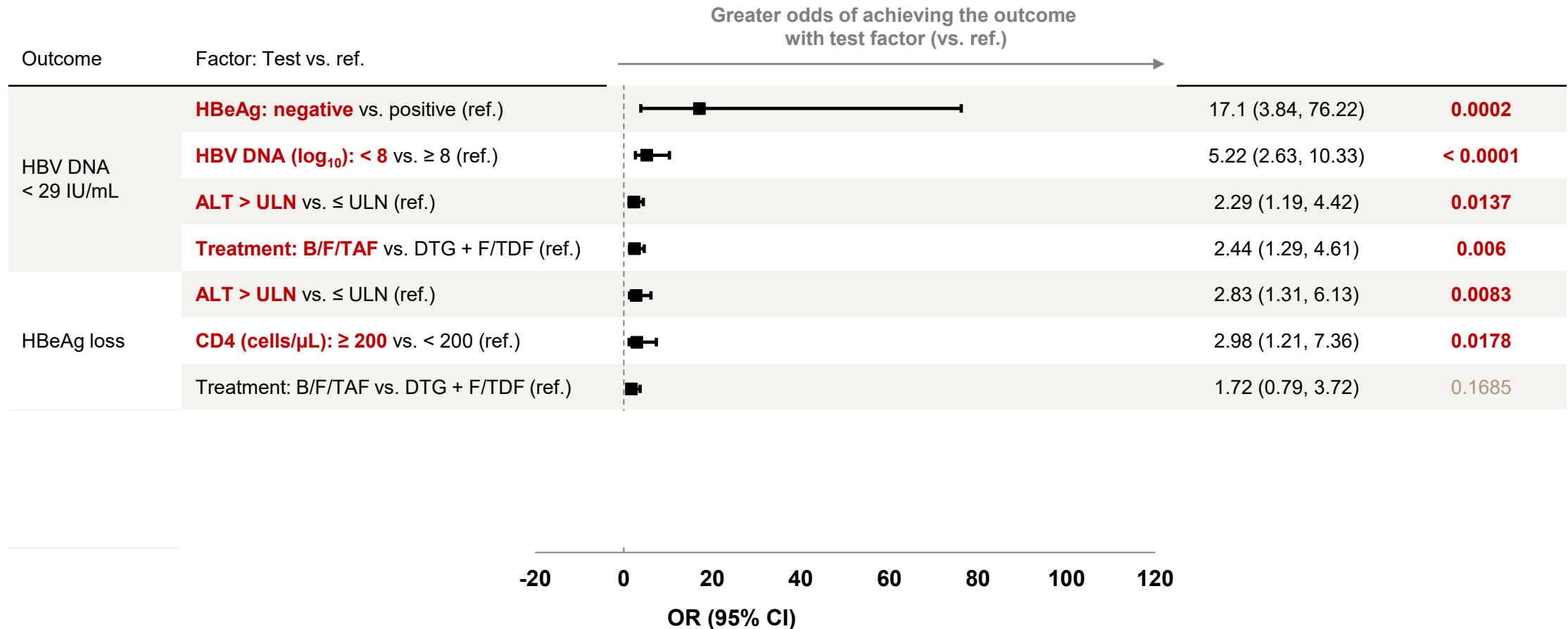
Baseline Predictors of HBV Treatment Response: Multivariate Logistic Regression Analysis (Full Analysis Set)



Stepwise logistic regression was conducted. The significance level for entry into the model = 0.025, the significance level for staying in the model = 0.05. Candidate independent variables included: demographics (group of age, sex, race and ethnicity), baseline HBV DNA, HBV genotype baseline ALT, baseline BMI, baseline HIV-1-RNA, baseline CD4 cell count and HIV-1 disease status. The final multivariate model included treatment and variables selected by the stepwise method as independent variables

ALT, alanine aminotransferase; B, bicitgravir; BMI, body mass index; CI, confidence interval; DTG, dolutegravir; F, emtricitabine; HBeAg, hepatitis B envelope antigen; HBV, hepatitis B virus; IU/mL, international units per milliliter; OR, odds ratio; ref., reference; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate; ULN, upper limit of normal

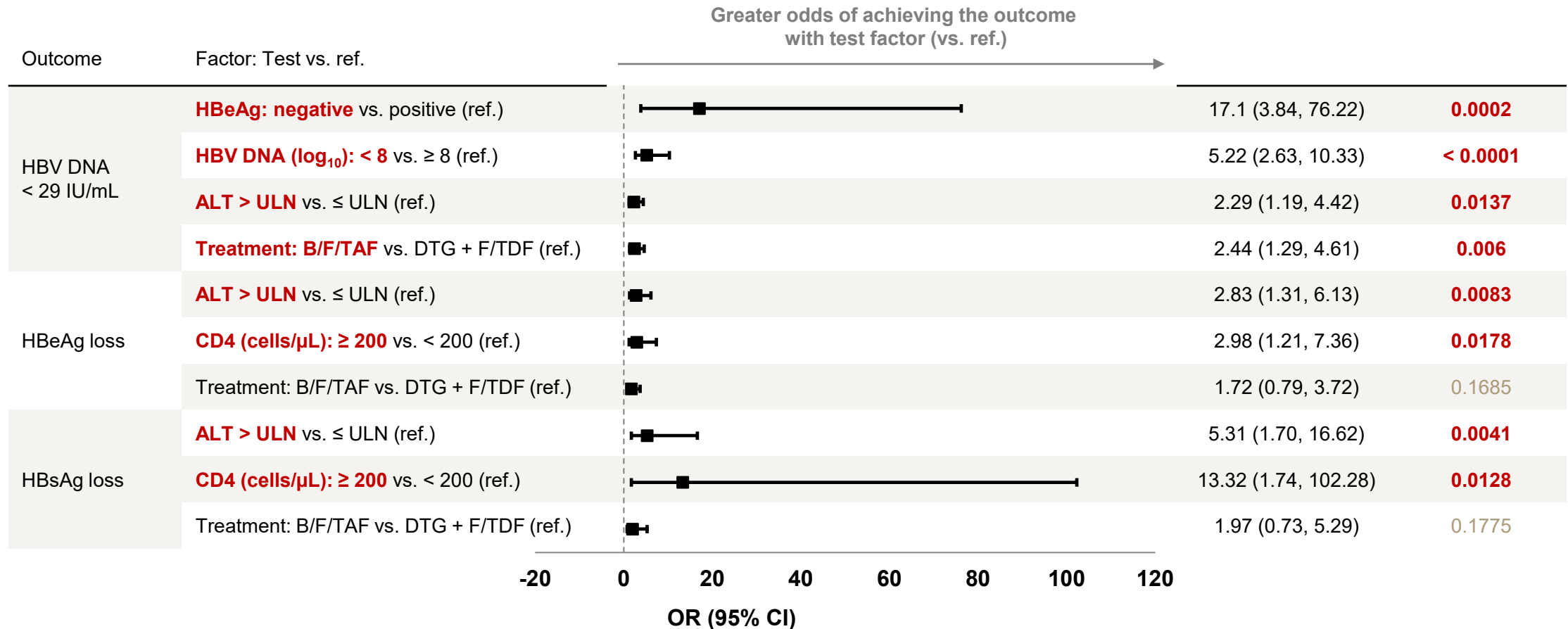
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Conclusions

In adults with HIV/HBV coinfection initiating antiviral therapy for the first time, after 48 weeks:

- ◆ Significantly more participants on B/F/TAF versus DTG + F/TDF had HBV DNA < 29 IU/mL, normal ALT and HBeAg seroconversion
- ◆ B/F/TAF treatment led to a larger proportion of participants with HBV DNA < 29 IU/mL compared with DTG + F/TDF across all subgroups
- ◆ Several baseline factors were determined to be predictors of HBV DNA suppression, including B/F/TAF treatment, HBeAg-negative status, HBV DNA < 8 log₁₀ and ALT > ULN at baseline
 - ALT > ULN and CD4 ≥ 200 cells/μL at baseline were predictors of HBeAg and HBsAg loss

The **ALLIANCE study will continue in a blinded fashion through Week 96 to determine longer-term safety and efficacy**

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