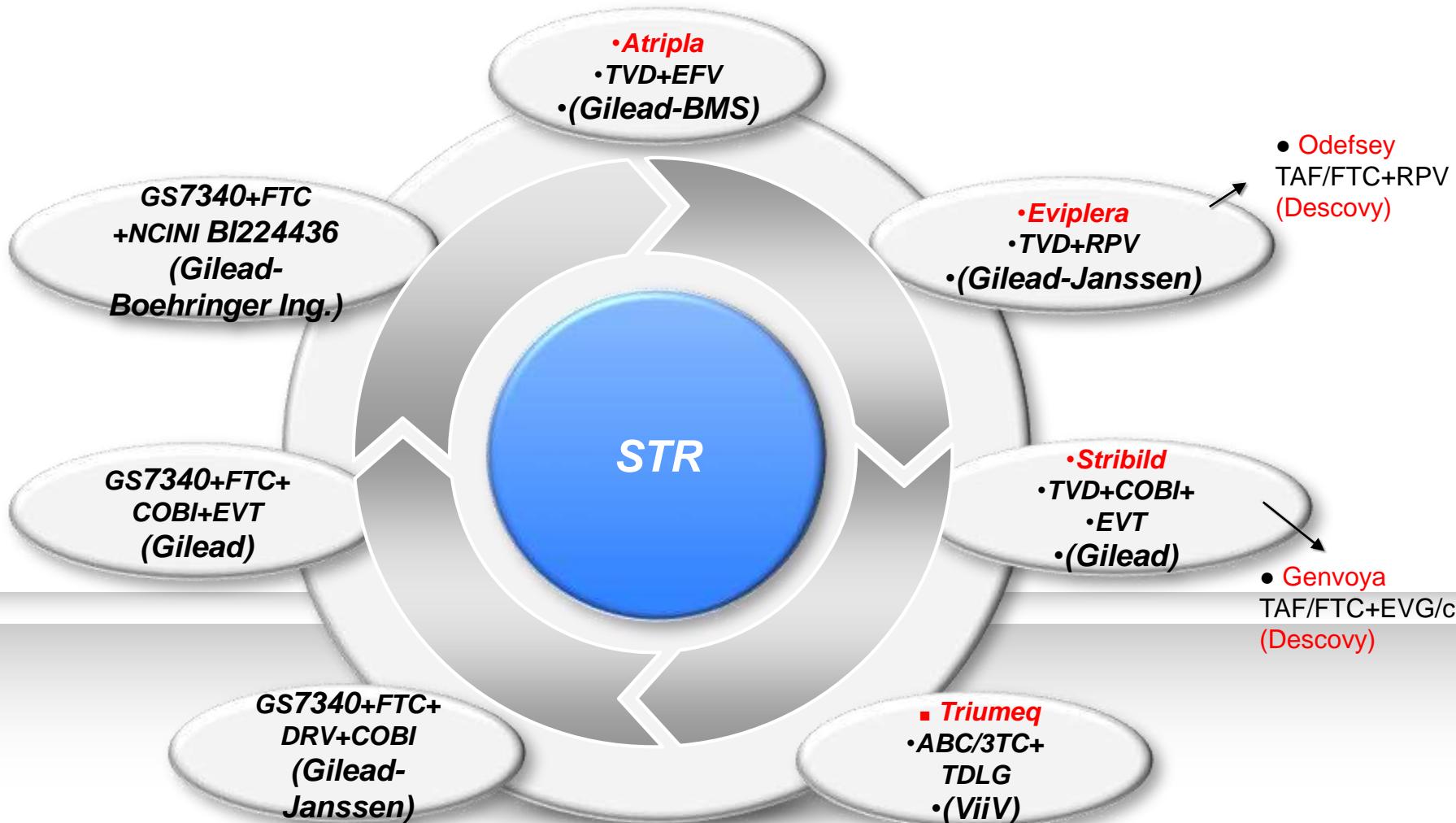


STR Regimens: What do we have? What will we have?



The long-term issue of ABC and CV risk

YES



NO



1. Friis-Moller N, et al. *Eur J Cardiovasc Prev Rehabil.* 2010;17:491-501. 2. Friis-Moller N, et al. *Eur J Prev Cardiol.* 2015;[Epub ahead of print]. 3. SMART/INSIGHT Study Group. *AIDS.* 2008;22:F17-24. 4. Martin A, et al. *Clin Infect Dis.* 2009;49:1591-1601. 5. Durand M, et al. *J Acquir Immune Defic Syndr.* 2011;57:245-253. 6. Obel N, et al. *HIV Med.* 2010;11:130-136. 7. Choi AI, et al. *AIDS.* 2011;25:1289-1298. 8. Young J, et al. *J Acquir Immune Defic Syndr.* 2015;69:413-421. 9. Rotger M, et al. *Clin Infect Dis.* 2013;57:112-121. 10. Palella F, et al. *CROI 2015.* Abstract 749LB.

1. Lang S, et al. *Arch Intern Med.* 2010;170:1228-1238. 2. Ribaudo HJ, et al. *Clin Infect Dis.* 2011;52:929-940. 3. Bedimo RJ, et al. *Clin Infect Dis.* 2011;53:84-91. 4. Ding X, et al. *J Acquir Immune Defic Syndr.* 2012;61:441-447. 5. Palella F, et al. *CROI 2015.* Abstract 749LB

Per esempio: ABC e CDV risk

Summary of study results

Author	Journal	Study	Association CVD-ABC
DAD	Lancet 2008	Cohort	Y
Lundgren	AIDS 2008	Cohort	Y
Brothers	JAIDS 2009	Pooled analysis	N
Martin	CID 2009	RCT	Y
Lang	AIM 2010	Case-control	Y/N
Obel	HIV Med 2010	Cohort	Y
Worm	JID 2010	Cohort	Y
Bedimo	CID 2011	Cohort	N
Choi	AIDS 2011	Cohort	Y
Cruciani	AIDS 2011	Meta-analysis	N
Ribaudo	CID 2011	Pooled analysis	N
Durand	JAIDS 2011	Case-control	Y
Brower	Epidem. 2014	Cohort	N
Palella	CROI 2015	Pooled analyses	Y
Sabin	CROI 2016	Cohort	Y

ABC and MI risk

- Four papers analyzing pooled data from RCT of ABC found no excess risk of MI.
In contrast a post/hoc analysis of the **SMART study** did find an increased risk.
 - Two **cohort studies** found a strong association between recent ABC use and MI while others did not.
 - One **case-control study** did find risk of MI associated with ABC use but others did not.
- These **divergent findings** may be explained by **unmeasured confounding**: presence of CVD risk factors in OS, lack of power in RCT etc.

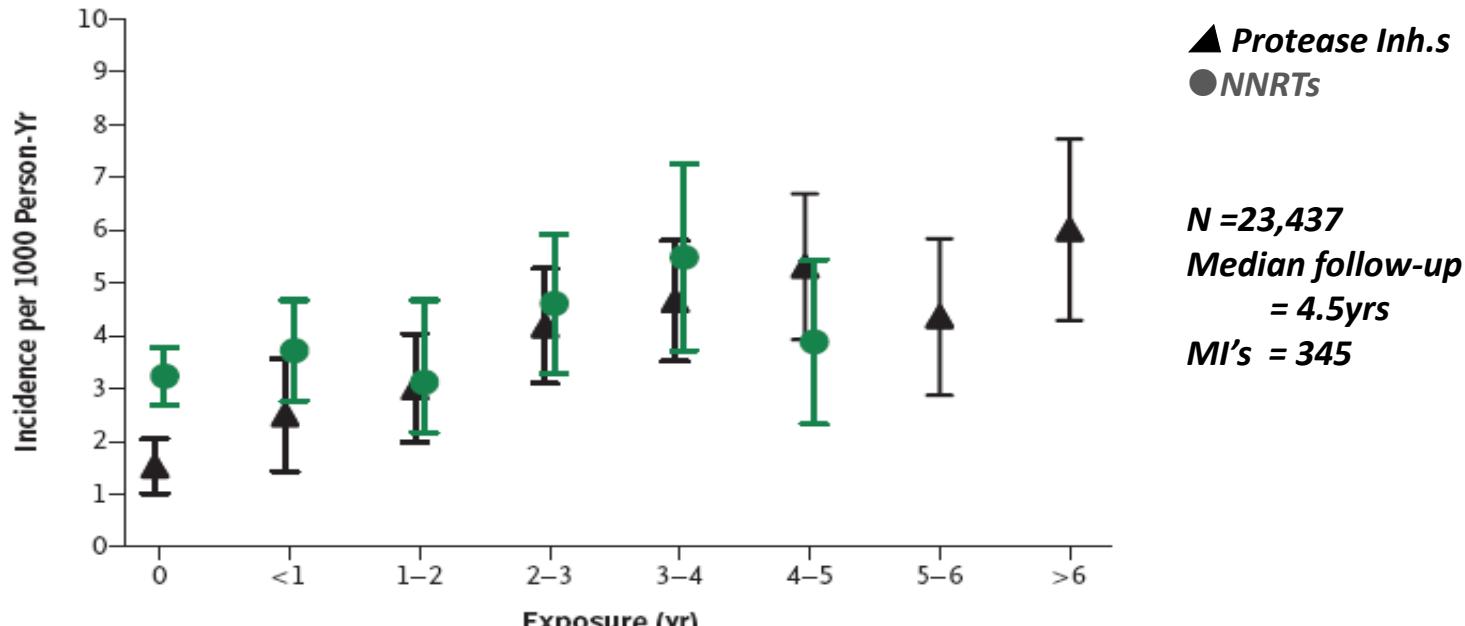
In definitiva

Per le limitazioni insite nei RCT e negli OS il **quesito resta controverso**

Increased risk of cardiac events with increasing years of PI exposure

D:A:D Study Group: ↑Risk independent of other risk factors

A



Protease Inhibitors

									Total
No. of events	33	21	33	57	64	57	33	47	345
No. of person-yr	21,623	8410	10,947	13,616	13,742	10,734	7576	7821	94,469

Nonnucleoside Reverse-Transcriptase Inhibitors

									Total
No. of events	136	59	42	47	37	24	—	—	345
No. of person-yr	42,013	15,866	13,476	10,204	6739	6172	—	—	94,469