year. £20 given for VL reduction ≥ 1 log and £50 for VL <40. Adherence support with motivational interviewing (MI) was provided at each visit.

Results 8 patients enrolled 1/8/12–1/12/15. 5 females, median age 24 years (range 20–26). Mean baseline VL 35750, this reduced to 1390 (mean VL reduction 21842 copies/ml). 5/8 patients achieved VL <40. N=1 had never achieved VL <40, yet during the scheme achieved VL <40 for 8/12. 3 patients were unable to achieve VL <40. Their lowest VL was 71, 883 and 90, representing a 1–2 log VL drop from baseline after 52/12, 4/12 and 1/12, respectively. 1 patient passed away following a Steven-Johnson reaction, never achieving VL <40. Financial incentives given totalled £640.

Discussion Despite widely available treatment options for HIV, preventable deaths still occur each year due to a lack of adherence. Within this cohort, 5 patients were able to achieve periods of VL <40 after years of detectability. These results highlight that FI in conjunction with MI, may have a role in improving adherence for the adolescent HIV infected population.

P074 SIGNIFICANT EFFICACY AND LONG TERM SAFETY DIFFERENCE WITH TAF-BASED STR IN NAÏVE ADULTS

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10.1136/sextrans-2017-053232.119

Introduction At Week(W) 48, elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide (E/C/F/TAF) was statistically noninferior to E/C/F/tenofovir disoproxil fumarate(TDF) for the proportion of subjects with HIV-1 RNA <50 copies (c)/mL and had significant improvements in renal and bone safety endpoints. We report W144 data.

Methods ARV-naïve participants randomised 1:1 to receive E/C/F/TAF or E/C/F/TDF. W144 viral suppression (HIV-1-RNA <50 and <20 c/mL) by FDA snapshot analysis, pre-defined bone and renal safety, and tolerability endpoints are reported.

Results 1,733 HIV-infected adults were randomised and treated: 15% women, 43% non-white, 23% viral load (VL) >100,000 c/mL. Median baseline characteristics: age 34 years, CD4 count 405 cells/μL, and VL 4.58 $\log_{10}$ c/mL. At W144, E/C/F/TAF met pre-specified criteria for both non-inferiority and superiority to E/C/F/TDF by FDA snapshot algorithm (HIV-1-RNA <50 and <20 c/mL) (Table 1). Mean decrease in BMD was significantly less in the E/C/F/group for lumbar spine and hip (Table1). Multiple measures of renal safety were significantly better for participants on E/C/F/TAF (Table). No cases of renal tubulopathy in the E/C/F/TAF group vs 2 on E/C/F/TDF. No participants on E/C/F/TAF had renal-related discontinuations vs 12 on E/C/F/TDF (p<0.001). Participants on E/C/F/TAF had greater increases in lipids.

Discussion E/C/F/TAF was significantly superior than E/C/F/TDF, driven by fewer participants on E/C/F/TAF with no W144 data. E/C/F/TAF continued to have a statistically superior bone and renal safety profile compared with E/C/F/TDF, demonstrating significant safety advantages over E/C/F/TDF through 3 years of treatment. Individuals on E/C/F/TAF had greater plasma lipid changes, but proportions starting lipid-lowering therapy were comparable.

P075 EFFICACY AND SAFETY OF SWITCHING TO EVG/COBI/FTC/TAF IN VIROLOGICALLY SUPPRESSED WOMEN

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10.1136/sextrans-2017-053232.120

Introduction Elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate(E/C/F/TDF) demonstrated superior efficacy when compared with atazanavir boosted by ritonavir(ATV/r+F/TDF) in 575 treatment naïve women at Week(W) 48. We now report the safety and efficacy of subsequent switching to E/C/F/tenofovir alafenamide(TAF) versus remaining on ATV/r+F/TDF.

Methods After completing the initial randomised, blinded 48-week trial,women on ATV/r+F/TDF were randomised 3:1 to receive open label E/C/F/TAF versus remaining on their current regimen. Viral suppression by FDA snapshot analysis, predefined bone and renal safety and tolerability endpoints 48 weeks after switch are reported. Women who become pregnant while on study are given the option to continue study drug.

Results 212 HIV-infected, virologically suppressed women were randomised(E/C/F/TAF n=159, ATV/r+F/TDF n=53). Virologic suppression(<50c/mL) was maintained in 94.3% on E/C/F/TAF vs 86.8% on ATV/r+F/TDF with virologic failure in 1.9%, 3.8%, respectively. More women on E/C/F/TAF achieved <20c/mL at W48 compared with ATV/r+F/TDF (84.9% versus 71.7%p=0.041). No treatment emergent resistance was detected in either group. Mean% increase in BMD was higher in the TAF group for both lumbar spine and total hip. Multiple markers of renal safety were improved for participants randomised to TAF. No cases of proximal renal tubulopathy were reported. Nineteen women became pregnant during the switch study 13 E/C/F/TAF, 6 ATV/r+F/TDF,3 normal infants have been delivered in each group to date.

Discussion These data demonstrate that women who switch to an integrase inhibitor+TAF-based regimen maintain high levels of virologic suppression with improvement in BMD and renal function biomarkers compared with those remaining on their ATV/r+TDF-based regimen.

P076 FIVE YEARS OF FEEDBACK FOR THE NEWLY DIAGNOSED COURSE – AN EVALUATION OF A PEER-LED INTERVENTION FOR PEOPLE DIAGNOSED WITH HIV

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10.1136/sextrans-2017-053232.121

Introduction New diagnosis of HIV can be psychologically challenging, and presents an important opportunity to improve health literacy and engagement in care. Peer-led interventions are an effective means of providing support to people living with HIV (PLWH). We present an evaluation of a newly-diagnosed course (NDC) in London.