

year. £20 given for VL reduction  $\geq 1$  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 5/12, 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

<sup>1</sup>Jose Arribas, <sup>2</sup>Melanie Thompson, <sup>3</sup>Paul Sax, <sup>4</sup>Edwin DeJesus, <sup>5</sup>Amanda Clark\*, <sup>6</sup>Moupali Das, <sup>6</sup>Scott McCallister. <sup>1</sup>Hospital Universitario La Paz, Madrid, Spain; <sup>2</sup>AIDS Research Consortium of Atlanta, Atlanta, GA, USA; <sup>3</sup>Brigham and Women's Hospital, Boston, MA, USA; <sup>4</sup>Orlando Immunology Centre, Orlando, FL, USA; <sup>5</sup>Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; <sup>6</sup>Gilead Sciences Inc, Foster City, CA, USA

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**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/ $\mu$ L, and VL 4.58 log<sub>10</sub> 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

<sup>1</sup>Sally Hodder, <sup>2</sup>Kathleen Squires, <sup>3</sup>Cissy Kityo, <sup>4</sup>Anchalee Avihingsanon, <sup>5</sup>Yulia Plotnikova, <sup>6</sup>Shuping Jiang, <sup>6</sup>Rima Kulkarni, <sup>6</sup>Andrew Cheng, <sup>7</sup>Cindy Elliott\*, <sup>6</sup>Huyen Cao. <sup>1</sup>West Virginia Clinical and Translational Science Institute, Morgantown, WA, USA; <sup>2</sup>Thomas Jefferson University, Philadelphia, PA, USA; <sup>3</sup>Joint Clinical Research Centre, Kampala, Uganda; <sup>4</sup>The Thai Red Cross AIDS Research Centre, Bangkok, Thailand; <sup>5</sup>Irkutsk Regional Centre for Prevention and Control of AIDS and Infectious Diseases, Irkutsk, Russia; <sup>6</sup>Gilead Sciences Inc, Foster City, CA, USA; <sup>7</sup>Gilead Sciences Ltd, London, UK

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**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, pre-defined 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( $<50$ c/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  $<20$ c/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

<sup>1</sup>Chantal Oxenham\*, <sup>1,2</sup>Lewis Haddow, <sup>1</sup>Cristian Sandulescu, <sup>1</sup>Angela Bayakwaga, <sup>1</sup>Christopher Sandford, <sup>1</sup>Binta Sultan, <sup>1,2</sup>Ian Williams, <sup>1</sup>Laura Waters, <sup>1</sup>Simon Edwards, <sup>1,2</sup>Shema Tariq. <sup>1</sup>Mortimer Market Centre, London, UK; <sup>2</sup>Research Department of Infection and Population Health, University College London, London, UK

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**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.