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To determine whether changing ART in pregnant women on effective antiretroviral therapy at the time of conception because of concern about fetal risks leads to poorer control of viral load.

The National French Perinatal Cohort (EPF, ANRS CO1/CO11) : Includes all pregnant women with HIV and their children since 1986 in 90 French centres. Covers about 70% of deliveries of HIV-infected women in continental France. CO1 component of cohort records detailed information during the pregnancy ; CO11 is simplified.

Study population:

Inclusion:

- Outcome at ≥ 14 weeks' gestation (WG) or more, from 2005 to 2015
- On ART at the time of conception

Exclusion:

- HIV-2
- EPF CO11: No details on indication of change and initial VL
- For the main outcome: exclusion if VL<14WG not available, VL>50cp/mL <14WG and patients who changed for inefficacy or for intolerance

Definitions:

•**Treatment switch:** addition, modification or deletion of at least one molecule in the ART combination used at the time of conception

•**Recommendations:** Recommended in pregnancy, Alternative or Not recommended, according to French National guidelines at the time of the pregnancy

- **Main outcome:** maternal viral load during the pregnancy and at delivery

•**Statistical analysis:** For factors potentially associated with a switch: logistic regression with multivariate models. For the potential impacts : multivariate logistic regression or survival analyses with Cox censored at the date of a second potential switch with adjustment on propensity score.

Period	Global (N=3558)	Recommended (N=821)	Alternative (N=1378)	Not Recommended (N=1359)
2005-2006	20%	2%	10%	28%
2007-2008	22%	2%	5%	32%
2009-2010	22%	2%	10%	42%
2011-2013	15%	5%	7%	48%
2014-2015	18%	7%	3%	52%

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graph TD; A["EPF Cohort  
(CO1/CO11)  
2005-2015  
N=10553"] --> B["(CO1/CO11)  
HIV-1, on ART at  
the time of  
conception  
N=4983"]; B --> C["EPF CO1  
HIV-1 on ART  
N= 3574"]; B --> E1["Exclusion:  
EPF CO11 (indication of change not  
given and VL<14WG not available)  
(N=1409)"]; C --> D["VL <14WG  
available  
N=2369"]; C --> E2["Exclusion:  
EPF CO1 with VL<14WG not  
available (N=1205)"]; D --> F["VL< 50 copies/mL  
<14WG  
N=1820"]; D --> E3["Exclusion:  
Changed ART for inefficacy (N=23)  
Changed ART for intolerance  
(N=22)"]; F --> G["Changed ART  
<14WG for medical  
strategy  
N= 411"]; F --> H["No change or  
change after  
14WG  
N = 1364"];
```

**EPF Cohort
(CO1/CO11)
2005-2015
N=10553**

**(CO1/CO11)
HIV-1, on ART at
the time of
conception
N=4983**

**EPF CO1
HIV-1 on ART
N= 3574**

**Exclusion:
EPF CO11 (indication of change not
given and VL<14WG not available)
(N=1409)**

**VL <14WG
available
N=2369**

**Exclusion:
EPF CO1 with VL<14WG not
available (N=1205)**

**VL< 50 copies/mL
<14WG
N=1820**

**Exclusion:
Changed ART for **inefficacy** (N=23)
Changed ART for **intolerance**
(N=22)**

**Changed ART
<14WG for medical
strategy
N= 411**

**No change or
change after
14WG
N = 1364**

	Type of treatment																				
	Recommended (N=412)							Alternative (N=738)						Not recommended (N=647)							
	Switch							Switch						Switch							
	No (387)		Yes (25)		ORa ¹ / IC 95%	p		No (677)		Yes (71)		ORa ¹ / IC 95%	p		No (355)		Yes (315)		ORa ¹ / IC 95%	p	
%	n	%	n	HRa ²	%			n	%	n	HRa ²	%			n	%	n	HRa ²			
VL>50 copies/mL during the pregnancy	15.3	58	8	2	0.4^{2*}	[0.0-2.9]	0.4	14.3	92	27.5	19	1.6^{2*}	[0.9-2.9]	0.2	18.7	62	18.4	58	0.9^{2*}	[0.6-1.4]	0.6
VL>50 copies/mL at outcome	3.9	14	4.0	1	1.1^{1*}	[0.1-9.4]	0.9	4.0	24	4.5	3	1.1^{1*}	[0.3-3.7]	0.9	6.7	20	7.1	21	1.1^{1*}	[0.6-2.1]	0.8

* adjusted on propensity score, ¹ Cox model, ² Logistic regression

	Multivariate analysis (N=1655)		
	Adjusted OR*	IC95%	p
Treatment guidelines			
Recommended	1		<0.01
Alternative	2.2	[1.3-3.7]	
Not recommended	23.1	[14.0-38.2]	

*adjusted on previous pregnancies in EPF, study site, period, marital status, time from HIV diagnosis to pregnancy, professional status (propensity score)

	Switch				Multivariate Analysis		
	No (N=1364)		Yes (N=411)		Ora ¹ / HRa ²	IC 95%	p
	n	%	n	%			
VL>50 copies/mL during the pregnancy	212	15.6	79	19.3	1.0^{2*}	[0.7-1.4]	0.9
VL>50 copies/mL at outcome	58	4.6	25	6.5	1.1^{1*}	[0.6-2.0]	0.7

* adjusted on propensity score, ¹ Cox model, ² Logistic regression

	Type of treatment																				
	Recommended (N=412)							Alternative (N=738)						Not recommended (N=647)							
	Switch							Switch						Switch							
	No (387)		Yes (25)		ORa ¹ / IC 95%	p		No (677)		Yes (71)		ORa ¹ / IC 95%	p		No (355)		Yes (315)		ORa ¹ / IC 95%	p	
%	n	%	n	HRa ²	%			n	%	n	HRa ²	%			n	%	n	HRa ²			
VL>50 copies/mL during the pregnancy	15.3	58	8	2	0.4^{2*}	[0.0-2.9]	0.4	14.3	92	27.5	19	1.6^{2*}	[0.9-2.9]	0.2	18.7	62	18.4	58	0.9^{2*}	[0.6-1.4]	0.6
VL>50 copies/mL at outcome	3.9	14	4.0	1	1.1^{1*}	[0.1-9.4]	0.9	4.0	24	4.5	3	1.1^{1*}	[0.3-3.7]	0.9	6.7	20	7.1	21	1.1^{1*}	[0.6-2.1]	0.8

* adjusted on propensity score, ¹ Cox model, ² Logistic regression

RESULTS

Factors associated with a switch in early pregnancy :

- 66.4% of switches made in order to **conform with guidelines**
- The type of the treatment: as compared to Recommended first-line options (6.1%)
 - aOR: **23.1** [14.0-38.2] when initial treatment was **contraindicated** (48,7% of switches)
 - aOR: **2.2** [1.3-3.7] when treatment was an **alternative** (9,9%)

Virological outcomes:

- No association between switch for pregnancy-related concerns and virological escape (**19.3%** in the switch group vs **15.6%**, HRa: **1.0** [0.7-1.4])

CONCLUSION

- Changing antiretroviral therapy <14WG for medical strategy **did not compromise viral suppression** in this population and period
- Multidisciplinary **preconceptional** care should be offered in order to anticipate with each woman which ARVs to use in pregnancy
- Further research is required on recent ARVs for **safety and risks**

ABSTRACT

Background : As increasing numbers of women with HIV are on becoming pregnant on antiretroviral therapy, and fewer infants are infected, there is concern about the possible risks for fetuses and infants exposed to ARV in utero. In case of potential toxicities or in the absence of good safety data, one option is to switch the maternal ART regimen as early as possible in pregnancy. Our aim was to study the frequency and reasons of such treatment changes and to determine whether they led to poorer virological outcomes.

Study Design : All pregnancies in women with HIV1 enrolled in the national multicenter prospective French Perinatal cohort (EPF) were included if delivery was between 01/2005 and 12/2015, at 14 gestational weeks or more and the mother was on antiretroviral therapy (ART) at conception with a plasma viral load < 50 copies/ml. The reasons for a switch in the antiretroviral regimen were analyzed according to treatment guidelines at the time of the pregnancy, and defined as for medical strategy in the absence of reported adverse events. Virological and pregnancy outcomes were studied by survival analysis censored at the time of ART switch (suppression or change of at least one drug) and by logistic regression adjusted for a propensity score established for each patient according to baseline characteristics.

Results : Of 10365 pregnancies with an outcome > 14 weeks' gestation, nearly half (N = 4983) were on antiretroviral therapy at conception, and of these 1019 (9.8%) had a treatment switch in the first trimester of pregnancy. For 66.4% of these switches, the reason was a medical strategy to follow treatment guidelines. The proportion of switch was statistically higher when initial treatment was contraindicated (OR adjusted: 23.1 [14.0-38.2]) or was regarded as an alternative (ORa: 2.2 [1.3-3.7]), as compared to recommended first-line options. Treatment switches for medical strategy did not lead to poorer virological control, compared to pregnancies without such switches (19.3% vs. 15.6%, HRa: 1.0 [0.7-1.4]).

Conclusion : Changing antiretroviral therapy early in pregnancy with the goal of improving fetal and pregnancy outcomes did not appear to have a destabilizing effect on viral suppression. However, the impact may differ according to the specific regimens and patient characteristics. Multidisciplinary preconceptional care must be provided to women with HIV, as well as further research on recent antiretroviral drugs to document their safety and risks.

[illegible]