The requirement for lifelong antiretroviral therapy (ART) for HIV infection has heightened interest in developing novel combinations to reduce treatment burden without compromising efficacy. This study compared the potency of dolutegravir (DTG) plus 3TC, a fixed-dose combination, to DTG plus tenofovir disoproxil fumarate/emtricitabine (TDF/FTC) in treatment-naive HIV-1-infected adults.

**Introduction**

The primary endpoint was proportion of participants with HIV VL ≤50 c/mL at Week 48. Rapid VL log decline was observed in both treatment groups overall (median change from baseline at Week 1: −2.77 log c/mL in the DTG + 3TC group and −2.80 log c/mL in the DTG + TDF/FTC group) and in participants with baseline VL >100,000 c/mL (−3.38 log c/mL and −3.40 log c/mL, respectively; Figure 2).

**Results**

1,433 participants were enrolled in GEMINI-1 and GEMINI-2; demographics and baseline characteristics were balanced across treatment groups (Table 1). Rapid VL log decline was observed in both treatment groups overall (median change from baseline at Week 1: −2.77 log c/mL in the DTG + 3TC group and −2.80 log c/mL in the DTG + TDF/FTC group). Time to viral suppression was similar for the DTG + 3TC and DTG + TDF/FTC groups in all populations (median time to VL <50 c/mL; Table 1). The primary endpoint was proportion of participants with HIV VL ≤50 c/mL at Week 48. Rapid VL log decline was observed in both treatment groups overall (median change from baseline at Week 1: −2.77 log c/mL in the DTG + 3TC group and −2.80 log c/mL in the DTG + TDF/FTC group) and in participants with baseline VL >100,000 c/mL (−3.38 log c/mL and −3.40 log c/mL, respectively; Figure 2).

**Conclusions**

The magnitude and speed of VL decline with DTG + 3TC were comparable to those with DTG + TDF/FTC, irrespective of baseline VL. Time to viral suppression with DTG + 3TC was comparable to that with DTG + TDF/FTC, irrespective of baseline VL. Response rates in participants with baseline VL >100,000 c/mL (including those with baseline VL >500,000 c/mL), were high with both DTG + 3TC and similar to those with DTG + TDF/FTC.

**Acknowledgments**

This study was funded by ViiV Healthcare. We thank everyone who has contributed to the success of these studies, including all study participants and their families; the GEMINI-1 and GEMINI-2 clinical investigators and their staff; the ViiV Healthcare and GSK study teams. Editorial assistance and graphic design support for this poster were provided under the direction of the authors by MedThink SciCom and funded by ViiV Healthcare. Data included in the poster have been previously presented in full at HIV 2018 and Emerging Viruses; November 20–22, 2018, Miami, FL; and PloS Medicine 7.

**References**