20th EUROPEAN AIDS CONFERENCE
15-18 October 2025 | Paris, France

EACS European AIDS Clinical Society

Effectiveness and tolerability of BIC/FTC/TAF in PWH in routine clinical practice in Türkiye: 12- month outcomes from KLIMIK HIV TR Cohort

H. Akalın[1] , A. İnan[2] , B. Kaya[3] , D. Gökengin[4] , D. İnan[5] , L. Görenek[6] , H. Özkan Özdemir[7] , A. Altunsoy[8] , M. Aydın[9] , F. Şimşek[10] , A. Çağatay[11] , S. Sayın Kutlu[12] , A. Asan[13] , S. Atalay[14] , S. Birengel[15] , V. Korten[16] , KLİMİK HIV TR Study Group[17]

KLİMİK
TÜRK KLİNİK MİKROBİYOLOJİ VE İNFEKSİYON HASTALIKLARI DERNEĞİ

PURPOSE

This study aimed to evaluate the 12-month effectiveness and tolerability of BIC/FTC/TAF in treatment-naïve (TN) and treatment-experienced (TE) people living with HIV (PWH) in Türkiye, using data from KLIMIK HIV-TR Cohort.

METHODS

This non-interventional, observational, retrospective study was conducted across 33 centers in Türkiye. PWH ≥18 years old on BIC/FTC/TAF regimen for at least 12 months, either as TN or TE were included. Primary endpoint was virological suppression at week 48(HIV-1 RNA <200 copies/mL). Secondary endpoints included changes in CD4 count and CD4/CD8 ratio, tolerability, rate of treatment discontinuation due to drug-related adverse events, and reasons for switching to BIC/FTC/TAF in treatment-experienced PWH. Categorical variables were presented as frequency and percentage, continuous variables were described using median, 25 &75 percentiles, and minimum & maximum values as descriptive statistics. Wilcoxon test was used to analyze the difference between dependent measurements over time. Statistical significance was defined as p<0.05.

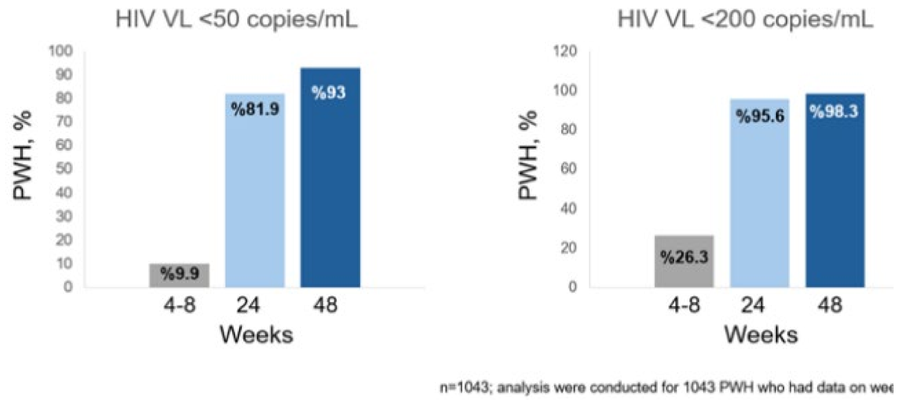
CONCLUSIONS

BIC/FTC/TAF demonstrated high virologic suppression rates in PWH regardless of baseline viral load and CD4 levels; supporting its effectiveness on a broad range of population including those with very high baseline viral load. (HIV-1 RNA >1.000.000 and 5.000.000 copies/mL). No new or unexpected safety signals were observed.

RESULTS

Total of 2.262 PWH (1.122 TN, 1.140 TE) were included in the analysis. Before treatment, 24.2% of TN PWH had HIV-1 RNA >1.000.000 copies/mL, and 55.7% had CD4 counts <350 cells/mm³. At week 48, viral suppression (HIV-1 RNA <200 copies/mL) rates were 98.3% and 96.5% respectively for TN and TE PWH. Median CD4/CD8 ratio in treatment-naive PWH increased from 0.44 at baseline to 1.06 by week 48 (p<0.001). For both TN and TE groups, total cholesterol/HDL ratio remained stable through 48 weeks; whereas median Non-HDL cholesterol levels had a decrease (p<0.001). The discontinuation rate was 1.7% and 2.6% in TN and TE groups, respectively. No additional or serious adverse events leading to treatment discontinuation were identified.

Figure 1. Virological Suppression Rates at Week 4-8, 24, and 48 in TN PWH



n=1043; analysis were conducted for 1043 PWH who had data on wee

Table-1. Baseline viral loads of treatment-naïve PWH and virological suppression rates at 24 and 48 weeks after BIC/FTC/TAF treatment

Parameters	Week 24		Week 48	
	HIV-1 RNA < 50 c/mL (%)	HIV-1 RNA < 200 c/mL (%)	HIV-1 RNA < 50 c/mL (%)	HIV-1 RNA < 200 c/mL (%)
Before BIC/FTC/TAF HIV-1 RNA (c/mL)				
>100.000 (n=993)	80,4	95	92,5	98
>500.000 (n=521)	72,3	93,1	91,1	97,5
>1.000.000 (n=272)	67,1	91,4	88,4	98
>5.000.000 (n=36)	53,1	90,6	85,3	94,1

Table-2. Biochemical Parameters Before BIC/FTC/TAF Initiation and at Week 48 of Treatment

	Parameters	N	Before B/F/TAF	Week 48	p-value
			Median (Q25–Q75)	Median (Q25–Q75)	
Treatment-Naive	ALT	958	23 (18–29)	21 (14–29.1)	<0.001
	Creatinine	987	0.83 (0.70–0.98)	0.90 (0.78–1.00)	<0.001
	Total Cholesterol	929	167 (139-202)	160 (148-219)	<0,001
	Triglyceride	917	138 (106-171)	139 (122-145)	0,665
	HDL	927	44 (37-48)	45 (40-49)	<0,001
	LDL	914	101,7 (87-113)	110 (91-131)	<0,001
	Non-HDL Cholesterol	918	125 (97–157)	120 (104–169)	<0.001
	Total Cholesterol/HDL Ratio	918	4.08 (3.25–4.93)	3.93 (3.23–4.93)	0.998
Treatment-Experienced	ALT	1027	23 (18-28)	22 (16–30.4)	0.137
	Creatinine	1043	0.90 (0.75–1.05)	0.90 (0.80–1.00)	0.001
	Total Cholesterol	965	186 (153-218)	172 (150-222)	<0,001
	Triglyceride	949	145 (116-181)	140 (129-145)	<0,001
	HDL	952	46 (42-50)	45 (40-50)	<0,001
	LDL	951	108 (95-118)	117 (99-139)	<0,001
	Non-HDL Cholesterol	943	140 (106–171)	126 (104–176)	<0.001
	Total Cholesterol/HDL Ratio	943	4.05 (3.17–4.93)	3.93 (3.24–4.98)	0.839

ACKNOWLEDGEMENTS

This study is sponsored by Gilead Sciences. We would like to thank Dr. Guniz Kayahan and Dr. Ahmet Yilmaz from Gilead Sciences Türkiye for their support.

[1]Bursa Uludağ University Faculty of Medicine, Infectious Diseases and Clinical Microbiology, [2]İstanbul Haydarpaşa Numune Training Research Hospital, [3]İstanbul Kartal Lütfi Kırdar Training Research Hospital, [4]Ege University Faculty of Medicine, [5]Akdeniz University Faculty of Medicine, [6]İstanbul Sultan Abdülhamid Han Training Research Hospital, [7]İzmir Bozyaka Training Research Hospital, [8]Ankara Bilkent City Hospital, [9]İstanbul Ümraniye Training Research Hospital, [10]İstanbul Okmeydanı Training Research Hospital, [11]İstanbul University Faculty of Medicine, [12]Denizli Pamukkale University Faculty of Medicine, [13]Bursa Yüksek İhtisas Training Research Hospital, [14]İzmir Tepecik State Hospital, [15]Ankara University Faculty of Medicine, [16]Marmara University Faculty of Medicine, [17]Turkish Clinical Microbiology and Infectious Diseases Association, Türkiye.

CONTACT INFORMATION

halis@uludag.edu.tr