Procedures and assessments

- Demography, efficacy and safety data are summarised using descriptive statistics only.
- The analysis included 656 participants (ISG, 447; DSG, 209) who switched to DOR/3TC/TDF.
- Development of viral resistance to the study drug was investigated in participants with virological suppression on ART versus remaining on baseline ART.
- Nine ISG participants who completed the Base Study (Week 48 HIV-1 RNA <40 copies/mL) were excluded from efficacy analyses post Week 48.
- The most common AEs of any causality were nasopharyngitis (16.2% [n=106]), headache (9.1% [n=60]) and upper respiratory tract infection (8.8% [n=58]).
- AEs were depression (n=1), lipase increase (n=1), renal failure (n=1) and lipase and amylase increase (n=1).
- Overall, 4.1% (n=27) participants discontinued due to an AE through Week 144, of whom 3.3% (n=21) discontinued due to drug-related AEs.
- The most common drug-related AEs were nasopharyngitis (10.6% [n=72]), headache (7.1% [n=48]) and upper respiratory tract infection (6.4% [n=44]).
- The most common genotypic and phenotypic resistance to DOR, 3TC or TDF was observed in patients who met PDVF following switch occurred in 2.1% (9/438) and 3.3% (7/209) of participants for ISG and DSG, respectively.
- No genotypic or phenotypic resistance to DOR, 3TC or TDF was observed in participants who met RNA ≥50 copies/mL at Week 48.
- Overall, 4.1% (n=27) participants discontinued due to an AE.
- Development of viral resistance to DOR, 3TC or TDF was observed in 2.1% (9/438) and 3.3% (7/209) of participants for ISG and DSG, respectively.
- No genotypic or phenotypic resistance to DOR, 3TC or TDF was observed in participants who met PDVF following switch occurred in 2.1% (9/438) and 3.3% (7/209) of participants for ISG and DSG, respectively.
- No genotypic or phenotypic resistance to DOR, 3TC or TDF was observed in participants who met RNA ≥50 copies/mL at Week 48.
- Overall, 4.1% (n=27) participants discontinued due to an AE.
- Development of viral resistance to DOR, 3TC or TDF was observed in 2.1% (9/438) and 3.3% (7/209) of participants for ISG and DSG, respectively.