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Four days a week or less on appropriate anti HIV combinations provided long term optimal maintenance in 94 patients

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Background: Short intra-weekly cycles of anti-HIV combinations have provided intermittent yet effective therapy. The concept is confirmed in 94 patients on treatment (Rx) 4 days a week (d/wk) or less over a median 142 discontinuous treatment- weeks per patient.

Patients and combinations: On steadily suppressive combinations, 94 patients volunteered to 5 and 4 d/w treatment, then stepwise reduced to 3, 2, 1 d/wk in 111, 87, 14 occasions in respectively 84, 66, 12 pts, on raltegravir-based combinations; standard triple or tetra anti RT combinations.

Results: Discontinuous treatment 4 days a week aggregated 165 intermittent Rx-years and no failure over an average 85 Rx-weeks (61/94 beyond 144 weeks). On highly- (3d/wk) or ultra-intermittent Rx (2; 1 d/wk), HIV RNA surged >50 copies 4 weeks apart in 18 instances (6.8 viral escapes/100 discontinuous maintenance-years), in the context of: erratic adherence to regimen or follow-up (3); base-drug at ½ the daily recommended dosage (8); and/or overlooked archival resistant HIVs from antecedent treatment failures (6). HIV inadvertently rebounded in 3 and 1 on respectively 2 and 1/d/wk barred by 3 intrinsic viral escapes per 100 treatment-years. All 18 escapes were countered by 7 days a week salvage combinations; 11/18 resumed treatment 4 days a week or less. Lymphocyte surface activation markers, cell-bound HIV DNA levels remained stable or declined; CD4/CD8 ratios rose to ≥1 in 35% of patients, CD4 counts ≥500/μlin 75% - from 7% and 40% respectively on unremitting therapy.

Conclusion: In our multi-treated, long HIV-enduring patient cohort, ICCARRE offered 60% medicine cuts equivalent to 3 drug-free/ virus-free remission years per patient ≈1 M euros unspent for just 94 patients.

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