Conclusion. TMR exposures increase with increasing severity of HI. The increase in TMR exposures in patients with mild or moderate HI is not expected to alter the safety profile of FTR. The risk/benefit of higher TMR exposures in severe HI is under evaluation.

Disclosures. H. Sevinsky, ViVi Healthcare: Employee, Salary; M. Magee, GlaxoSmithKline: Employee and Shareholder, Salary; P. Ackerman, ViVi Healthcare/GSK: Employee and Shareholder, Salary and Stock; R. Adamczyk, Bristol-Myers Squibb: Employee, Salary; J. Karas, Bristol Myers Squibb: Employee and Shareholder, Salary; S. Lubin, Bristol-Myers Squibb: Employee, Salary; P. Ravidran, Bristol-Myers Squibb: max, C24, CL/F, and 11/2 were 0.97 (0.83, 1.14), 1.01 (0.86, 1.17), 1.02 (0.868, 1.20), 1.03 (0.881, 1.20) and 0.93 (0.831, 1.04), respectively. Although highly protein bound, the unbound fraction was higher in subjects with severe renal impairment with GLS mean ratio (90% CI) of 1.31 (0.843, 2.03) at 2 hours and 1.51 (1.19, 1.92) at 24 hours post dose. One renal impairment subject developed grade 3 lipase elevation considered drug-related by investigator, otherwise all reported adverse events (AE) were Grade 1 with no serious AEs reported.

Conclusion. Plasma CAB exposures in severe with respect to subjects were similar to healthy subjects; therefore, no dose adjustment of CAB is required in renal impairment. Although no data are available, CAB PK is not expected to be affected in subjects undergoing dialysis given CAB’s non-renal clearance and high plasma protein binding (~99%).


1390. Pharmacokinetics of Tamsvir, the Active Moiety of the Prodrug Fostemsavir, in Subjects with Hepatic Impairment

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Background. Fostemsavir (FTR) is a prodrug of tamsvir (TMR), a first-in-class attachment inhibitor that binds directly to HIV-1 gp120, preventing initial class attachment. There were no deaths, serious AEs, or discontinuations during the treatment period. There were no deaths, serious AEs, or discontinuations during the treatment period. There were no deaths, serious AEs, or discontinuations during the treatment period.

Conclusion. We did not identify an association between efavirenz-metabolizing polymorphisms and viral suppression or depression in HIV-infected individuals initiating antiretroviral therapy in southwestern Uganda. Further work should reassess these relationships with larger samples and longer-term outcomes and explore additional polymorphisms that may be associated with efavirenz metabolism in this population.
1395. Patient Experience and Views on Antiretroviral Treatment—Findings from the Positive Perspectives Survey

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Background. While advances in treatment have dramatically improved the life expectancy of people living with HIV (PLHIV), a number of unmet needs remain. We conducted an international survey of PLHIV to explore their level of satisfaction with current treatment and potential areas of improvement for ARVs.

Methods. Qualitative in-depth interviews were performed with PLHIV to identify key hypotheses. A steering group developed the survey questions which was fielded online from November 2016 to April 2017 in 9 countries across Europe and Australia. A mixed sampling/recruitment approach was used to ensure a broad cross-section of PLHIV. Respondents were screened for eligibility prior to receiving access to the online survey.

Results. Overall 1085 PLHIV completed the survey with 40% of respondents from North America. The demographic breakdown was 25% women, 34% ≥50 years, 49% diagnosed >10 years ago, 76% with co-morbidities. 40% had a college degree or higher, 33% were in full-time employment and 62% lived in a city. Majority (98%) were currently taking ARVs with 53% taking a Single Tablet Regimen (STR). 87% of those diagnosed within last 2 years had started treatment within 6 months of diagnosis, compared with 40% of those diagnosed > 10 years ago. Of those on treatment, 87% were satisfied with their current ARV regimen. 33% had changed treatment in the last 12 months with the main reasons for switching being reducing severity or frequency of side effects (43%) and reducing the pill burden (31%). 73% of those on treatment were worried about the long-term effects of ARVs. Reducing these long-term effects (25%) and the potential availability of longer lasting treatments (21%) were identified as the 2 most important potential improvements to current regimens. 62% were open to changing to an ARV regimen with fewer drugs as long as their HIV remained suppressed. Demographics and results for the North American cohort were generally similar to the overall global results.

Conclusions. In this international survey, the majority of PLHIV were satisfied with their current regimen, with reducing long-term adverse effects of ARVs and a longer lasting treatment identified as the most important potential improvements.