

THE debate: a case for 3DR

Dr Laura Waters

Consultant Physician Sexual Health & HIV

British HIV Association Chair



@drlaurajwaters



lwaters@nhs.net

Disclosures

- Speaker/advisory fees
 - ViiV, MSD, Janssen, Gilead, Theratech, Cipla & Mylan
- Investigator on Gilead, ViiV, & Janssen sponsored trials

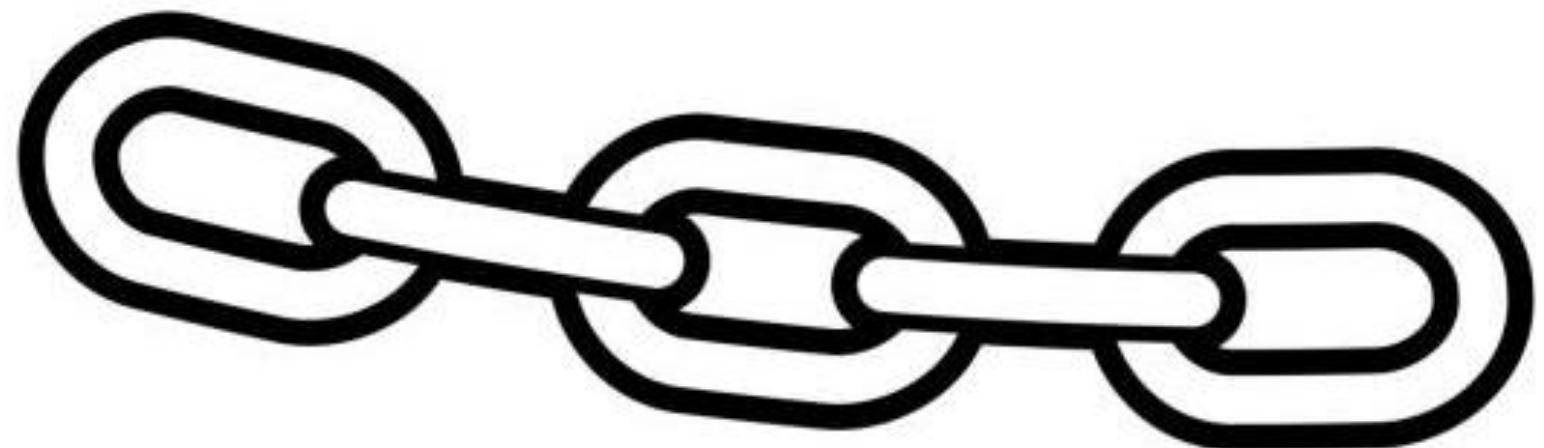
My name is Laura

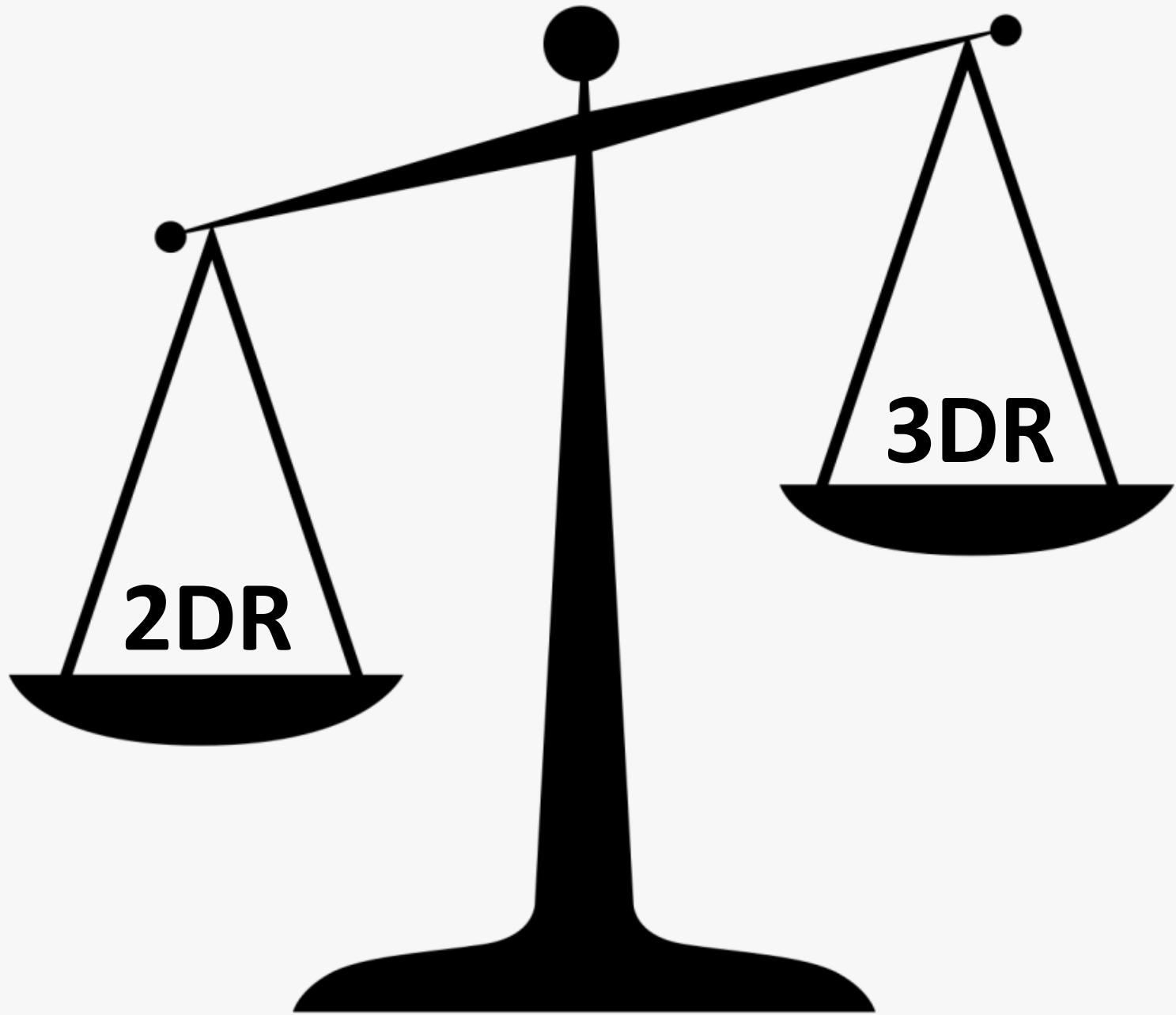
I am a reformed 2DR sceptic

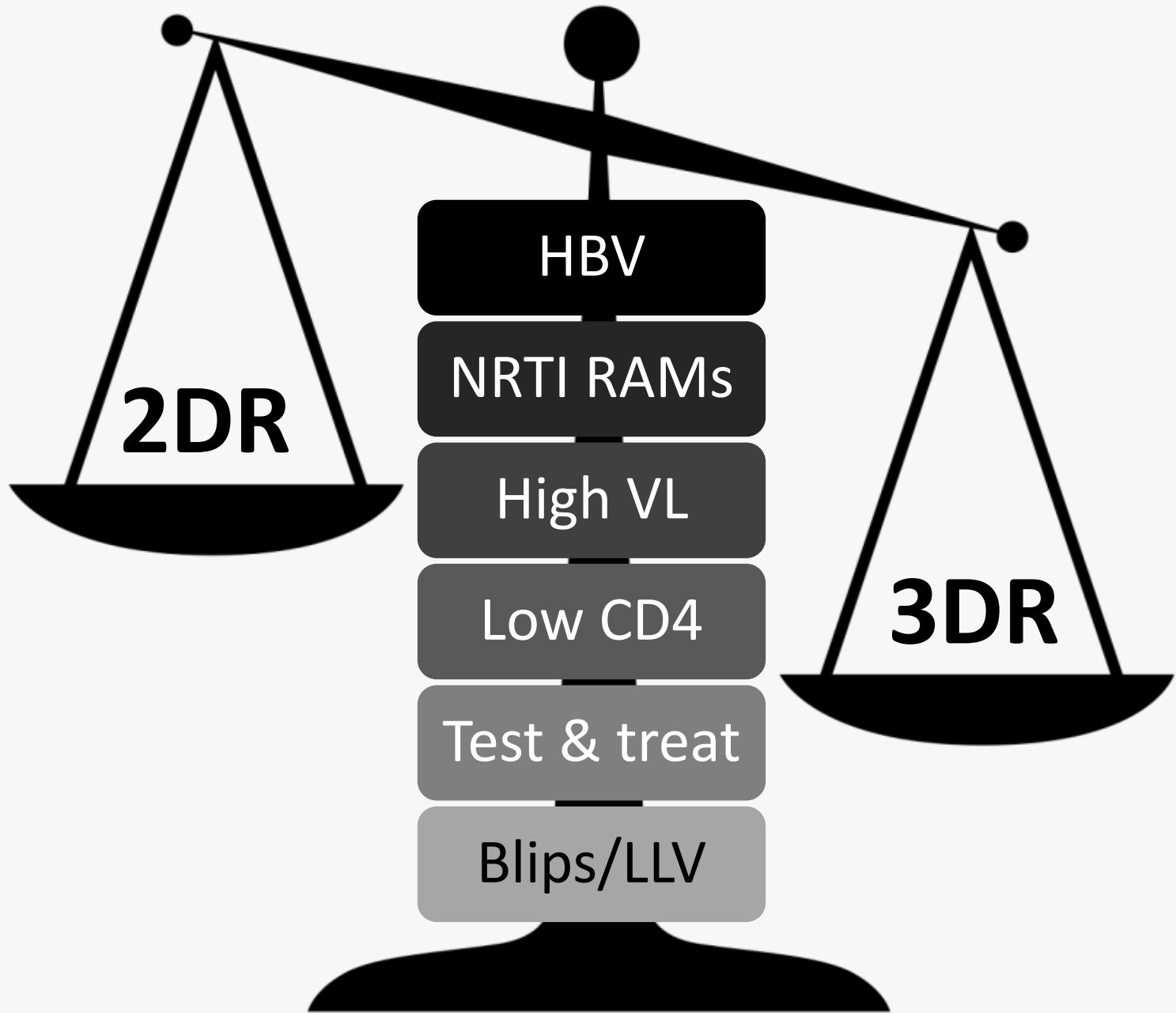




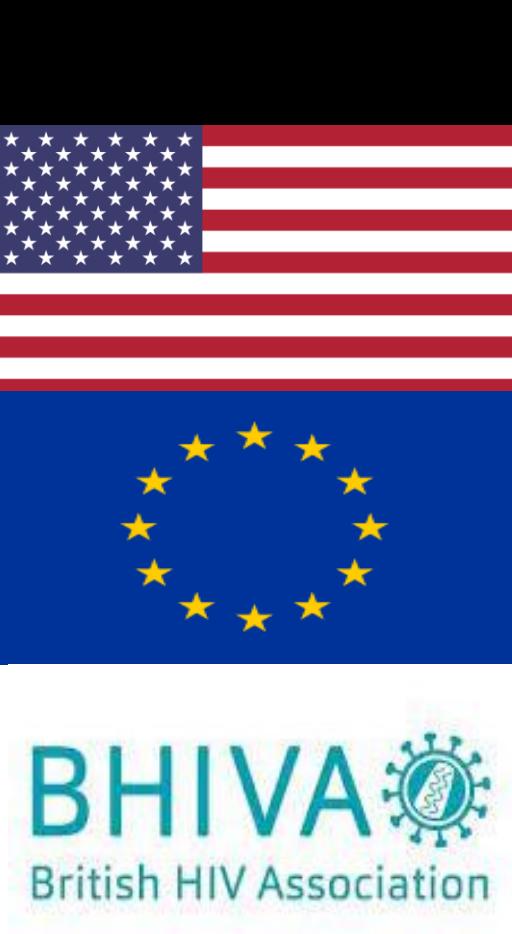




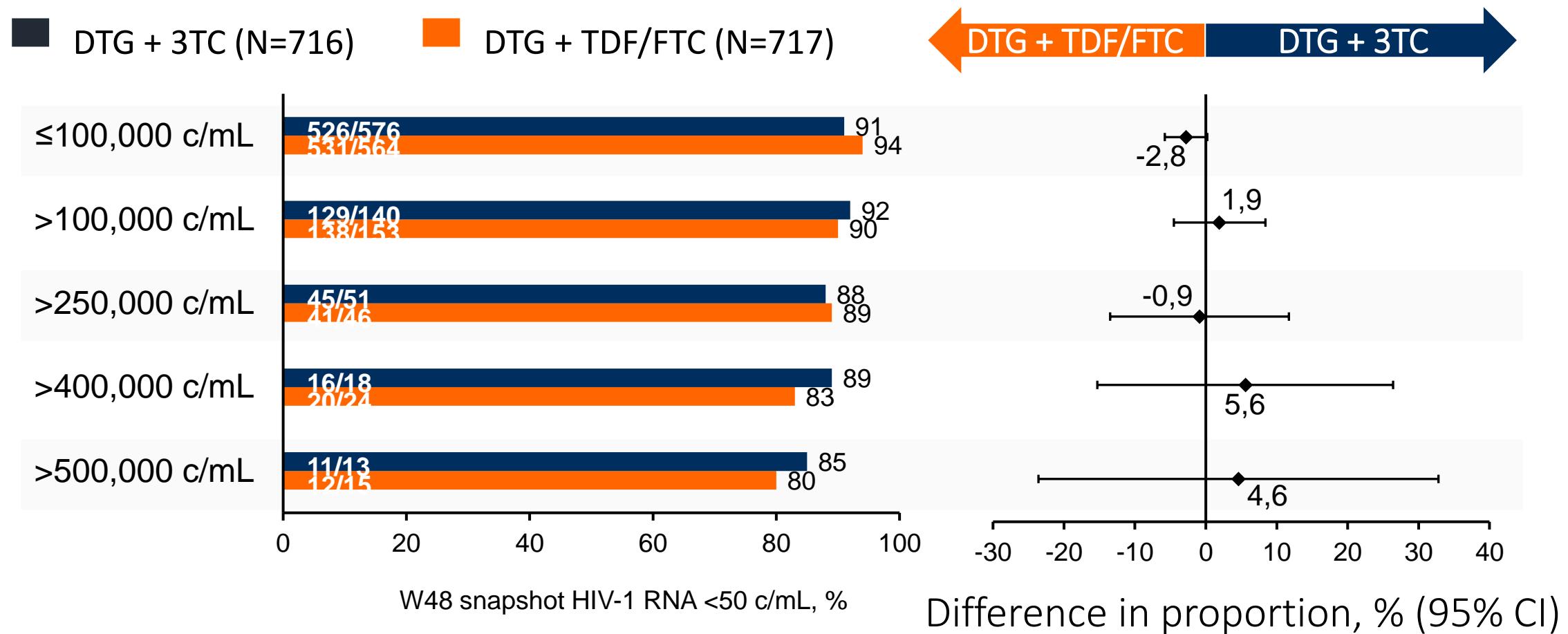




2DR in the guidelines

	1 st line	Suppressed switch
 The image consists of three stacked flags. The top flag is the United States flag, featuring stars in the upper left and horizontal stripes. The middle flag is the European Union flag, featuring twelve yellow stars in a circle on a blue background. The bottom flag is the logo for the British HIV Association (BHIVA), which includes the acronym in large blue letters and the full name "British HIV Association" below it.		

But.....BUT.....



BUT.....!!!!



NO



NO



NO

BUT.....!!!!



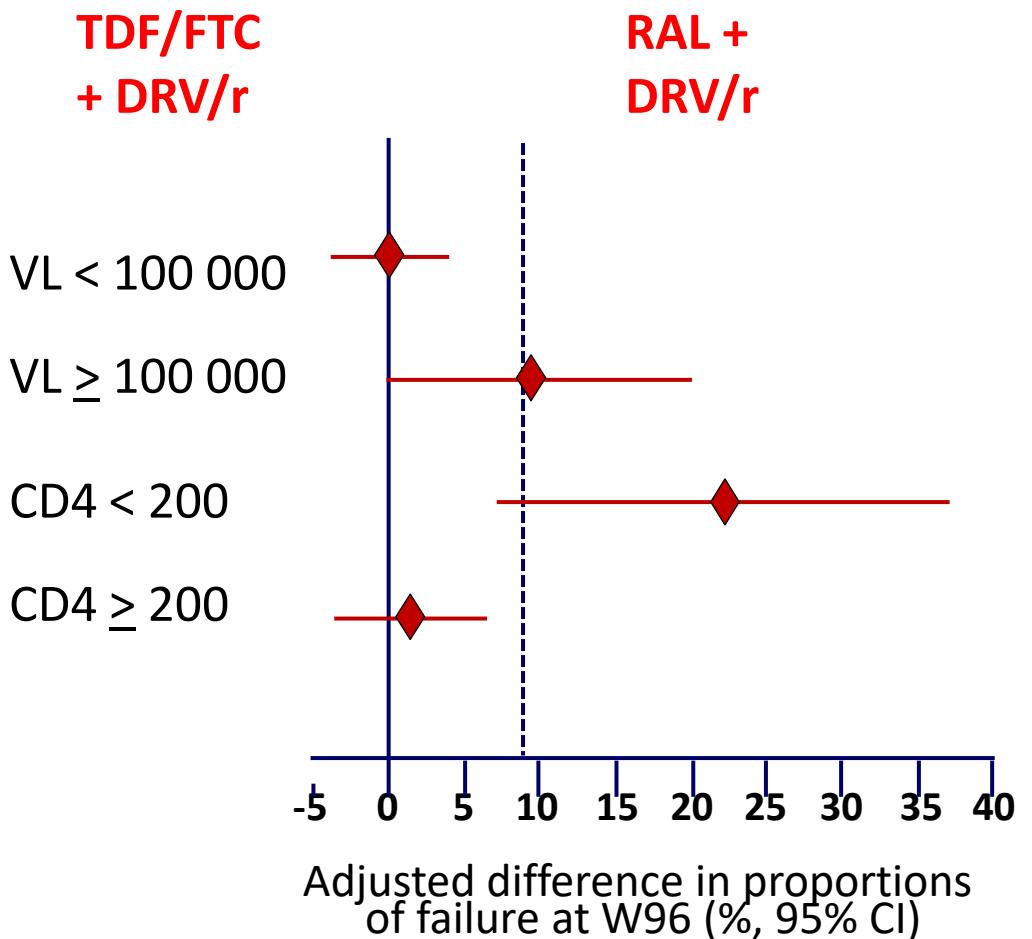
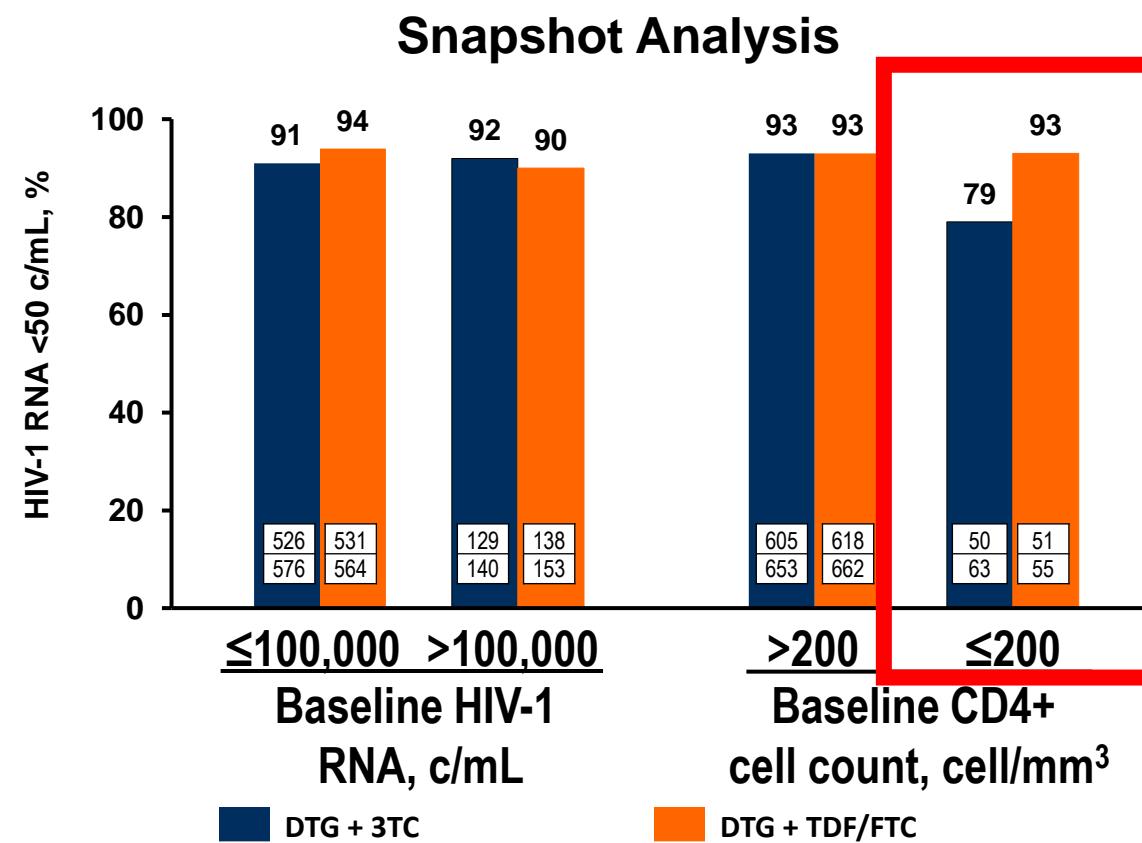
NEIN

NEIN

NEIN

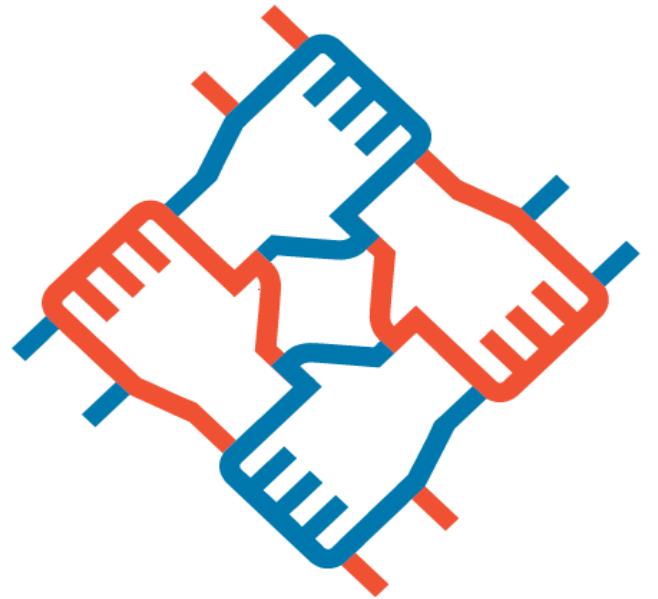
GEMINI: W48

NEAT-001: W96





“it is the view of the writing group that persistent low-level viraemia or recurrent blips on a low-genetic barrier regimen.... warrants prompt regimen change to a **high-genetic barrier three-drug regimen**”



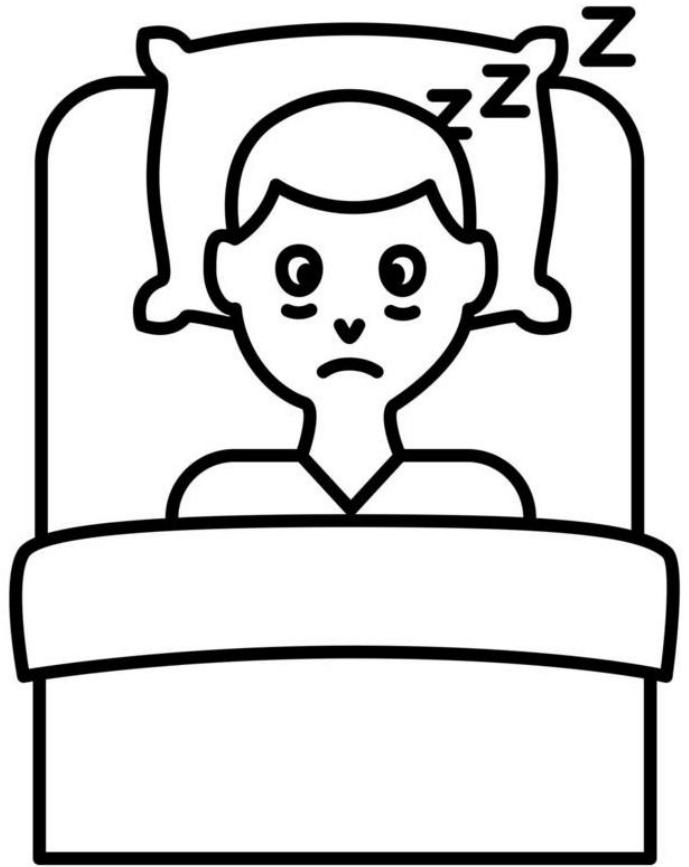
NADIA

Baseline intermediate to
high level resistance

TDF: 59% ZDV: 18% 3TC: 92%

92%

on TDF/3TC + DTG or DRV/r
had a VL >400 at W96



Treatment
history

Resistance

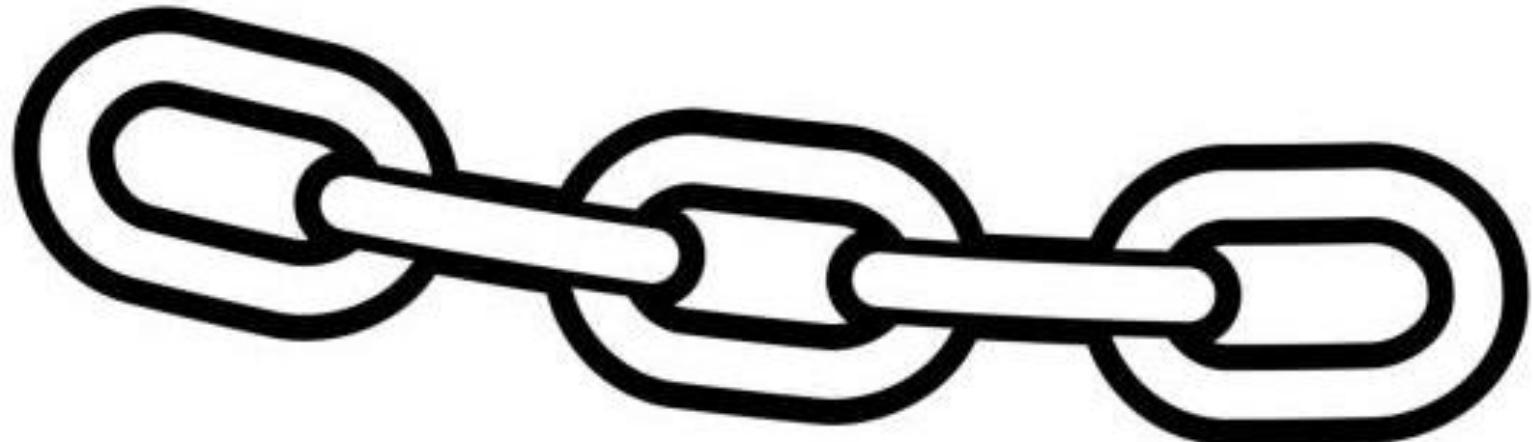
HBV







There is strength in numbers



And that number is 3

Thank you for listening: questions?



lwaters@nhs.net



@drlaurajwaters



peoplefirstcharter.org