



STEAL

STUDY TITLE:	A randomised, open-label trial to assess the safety and efficacy of switching to fixed dose tenofovir-emtricitabine or abacavir-lamivudine: the STEAL study.
STUDY OBJECTIVE:	<p>The aim of this study is to compare how safe and effective two new once daily, dual-drug tablets are over a 2 year period in HIV infected adults.</p> <p>The study is a randomised, multi-centre study investigating two dual-therapy anti-HIV drugs in subjects with HIV currently taking two individual NRTIs as part of their therapy. 350 subjects will be randomised in a 1:1 ratio to either:</p> <ol style="list-style-type: none"> 1. tenofovir (TDF) 300mg + emtricitabine (FTC) 200mg OR 2. abacavir (ABC) 600mg + lamivudine (3TC) 300mg. <p>Subjects will cease their current individual NRTI treatment, commence their randomised dual NRTI tablet, and continue on their current NNRTI or PI therapy.</p> <p>Subjects will be monitored (at one month and then 3 monthly from week 12 until week 96) for safety by evaluating the incidence and severity of adverse effects and abnormal laboratory parameters. The efficacy of the drugs will be assessed by measuring viral load.</p>
STUDY DESIGN:	Combination antiretroviral therapy for the treatment of HIV has a high pill burden. Two dual-drug tablets, abacavir-lamivudine and tenofovir-emtricitabine, are now available in Australia. Data available suggest that the potency of these tablets are similar in controlling replication of the HIV virus, but they have not been directly compared in regard to adverse effects. In this study we hypothesise that the two dual-drug anti-HIV tablets will be similar in efficacy and safety.
IS THE STUDY OPEN TO PATIENT ENROLLMENT:	<p>Yes.</p> <p>INCLUSION CRITERIA:</p> <ul style="list-style-type: none"> o documented HIV infection o age at least 18 years o stable (≥ 12 weeks) ART including at least two NRTIs, currently well tolerated, with no plan to change any other component of the ART regimen at or after baseline

	<ul style="list-style-type: none"> ○ HIV RNA < 50 copies/mL plasma for the preceding 12 weeks ○ GFR ≥ 70 mL/min/1.73m² (estimated by the abbreviated MDRD equation²³ estimated GFR = $186 \times ([S_{Cr}/88.4]^{-1.154}) \times \text{age}^{-0.203} \times (0.742 \text{ if female}) \times (1.210 \text{ if African-American})$) ○ provision of written, informed consent <p>EXCLUSION CRITERIA:</p> <ul style="list-style-type: none"> ○ HLA-B*5701 positive at screening OR evidence of previous ABC hypersensitivity or clinical failure in participants taking abacavir for at least 30 days ○ current therapy comprising triple NRTI therapy alone ○ current use of ABC/3TC FDC (Kivexa) or TDF/FTC FDC (Truvada) ○ history of non-traumatic osteoporotic fracture ○ prior hypersensitivity or intolerance to ABC, 3TC, TDF or FTC ○ prior clinical failure to a regimen containing ABC or TDF ○ prior use of TDF for control of previously active hepatitis B (HBsAg+ or HBV DNA+) in patients likely to be resistant to 3TC/FTC ○ current therapy including unboosted atazanavir ○ concurrent use of aminoglycosides, IV amphotericin B, cidofovir, cisplatin, foscarnet, IV pentamidine, probenecid, adefovir or immunomodulatory agents ○ clinical evidence of cirrhosis (e.g.irregular liver, features of portal hypertension) ○ creatinine clearance < 50 mL/min (estimated by the Cockcroft-Gault equation)^{18,19} <ul style="list-style-type: none"> • Male: $(140 - \text{age in years}) \times (\text{wt in kg}) = CL_{Cr}$ (mL/min) $0.814 \times (\text{serum creatinine in } \mu\text{mol/L})$ • Female: $(140 - \text{age in years}) \times (\text{wt in kg}) \times 0.85 = CL_{Cr}$ (mL/min) $0.814 \times (\text{serum creatinine in } \mu\text{mol/L})$
ENROLLMENT TARGET:	350
STUDY COMPLETION DATE:	December 2008
STUDY DRUGS:	Emtricitabine (FTC) 200mg – Tenofovir (TDF) 300mg fixed dose combination And Abacavir (ABC) 600mg – Lamivudine (3TC) 300mg fixed dose combination
SPONSOR:	National Centre in HIV Epidemiology and Clinical Research

	(NCHECR), University of New South Wales (UNSW), Sydney.
COLLABORATOR SITES:	<p>Australia, New South Wales: Lismore Sexual Health Clinic, Lismore John Hunter Hospital, Newcastle Royal North Shore Hospital, Sydney Holdsworth House GP, Sydney Holdsworth House GP, Byron Bay Burwood Road Practice, Sydney St. Vincent's Hospital, Sydney Westmead Hospital, Sydney Taylor Square Private Clinic, Sydney Prince of Wales Hospital, Sydney Albion Street Centre, Sydney 407 Doctors, Sydney Liverpool Health Service, Sydney</p> <p>Australia, Queensland: Nambour Hospital, Nambour Doll's House Clinic, Cairns Base Hospital, Cairns Gold Coast Sexual Health Clinic, Gold Coast QLD Health – AIDS Medical Unit Royal Brisbane and Women's Hospital, Brisbane Gladstone Road Medical Centre, Brisbane</p> <p>Australia, South Australia: Royal Adelaide Hospital, Adelaide Flinders Medical Centre, Adelaide The Care and Prevention Program-Adelaide University</p> <p>Australia, Victoria: Melbourne Sexual Health Centre, Melbourne Carlton Clinic, Melbourne The Alfred Hospital, Melbourne Royal Melbourne Hospital, Melbourne Prahran Market Clinic, Melbourne The Centre Clinic, Melbourne Monash Medical Centre, Melbourne</p> <p>Australia, Western Australia: Royal Perth Hospital, Perth Fremantle Hospital, Fremantle</p> <p>New Zealand: Christchurch Hospital, Christchurch Waikato Hospital, Hamilton</p>
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