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Antiretroviral Drugs Associated with Subclinical Coronary Artery Disease.

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Note: Poster results differ from the results in the abstract. To account for time-dependent confounders, including cardiovascular disease risk factors and time-varying reasons for using specific treatments, we additionally conducted fully adjusted logistic regression models with inverse probability of treatment weighting (IPTW).

BACKGROUND

- Definite and validated coronary artery disease (CAD) certain antiretroviral therapy (ART) agents.
- The influence of ART drugs on early, subclinical ather artery calcium (CAC) scoring and coronary CT angioc

Study Aim

- To assess the association between individual ART ag characteristics of coronary artery plaque in ≥45 year c

METHODS

- Between October 2013 and July 2016, 428 participant enrolled in the observational Coronary CT Angiograph
- A non-contrast CT scan for calculating the CAC score participants.
- Enrollment criteria included age ≥45 years, no docum no allergy to iodinated contrast agent, and no atrial fib
- Calculation of CAC-Score was based on the Agatston calcified, and non-calcified /mixed. The segment invol point for each coronary segment with any plaque. The calculated using the total of all segments scored acco
- To evaluate the association between ART and subclin subclinical CAD outcomes: 1) CAC score >0; 2) any plaque, 3) calcified plaque, and 4) calcified/mixed plaque. Minimally adjusted (sex, age, center) and fully adjusted logisti regression models calculated by inverse probability of treatment weights (IPTW) were to explore any association between the different CAD endpoints and cumulative expc the ten most often used individual drugs. The IPTW models were built based on demographics, HIV parameters, presence and/or treatment of CAD risk factors [3] an availability of the individual drugs.

Variable	All Participants (n=403)
Male sex, n (%)	343 (85.1)
Median age, years (IQR)	52 (49-57)
Ethnicity (%)	
White	366 (90.8)
Black	26 (6.5)
Other/missing	11 (2.7)
HIV acquisition mode, n (%)	
MSM	237 (58.8)
IDU	42 (10.4)
Heterosexual	116 (28.8)
Other	8 (2.0)
Years HIV-infected, median (IQR)	15 (8-22)
Prior AIDS, n (%)	87 (21.6)
CD4 current, cells/μL, median (IQR)	601 (451-742)
CD4 nadir, cells/μL, median (IQR)	184 (90-272)
CD4 nadir <50 cells/μL, n (%)	66 (16.4)
HIV-1 RNA peak >100'000 copies/mL	255 (63.3)
On antiretroviral therapy (ART), n (%)	375 (93.1)
Undetectable HIV-1 RNA, n (%)	355 (88.1)
Hepatitis C seropositivity, n (%)	63 (15.6)
Body mass index (kg/m2), median (IQR)	24.7 (22.7-27.7)
<18.5	10 (2.5)
≥18.5, <25	203 (50.4)
>25, ≤30	150 (37.2)
>30	40 (9.9)
Hypertension, n (%)	135 (33.5)
Diabetes mellitus, n (%)	22 (5.5)
Dyslipidemia, n (%)	158 (39.2)
Lipid-lowering medication use, n (%)	27 (6.7)
Current smoking, n (%)	144 (35.7)
Severe alcohol consumption	7 (1.7)
Active illicit drug use, n (%)	13 (3.2)
Framingham Risk Score (10-year risk), median (IQR)	9.0 (5.9-13.8)

Abbreviations: ART, antiretroviral therapy; IDU, injection drug use; MSM, men who have sex with men.

Emtricitabine (FTC)	316 (78.4)	4.2 (2.1-6.4)
Lamivudine (3TC)	287 (71.2)	6.2 (2.7-11.2)
Tenofovir disoproxil fumarate (TDF)	353 (87.6)	5.3 (2.9-8.1)
Zidovudine (AZT)	251 (62.3)	3.3 (1.3-8.2)
NNRTI	284 (70.5)	4.9 (1.9-9.1)
Efavirenz (EFV)	226 (56.1)	3.4 (1.0-8.4)
Protease inhibitors	317 (78.7)	7.1 (3.5-12.9)
Atazanavir (ATV)	152 (37.7)	4.2 (1.6-6.6)
Darunavir (DRV)	139 (34.5)	3.0 (1.6-4.5)
Lopinavir (LPV)	148 (36.7)	3.0 (1.1-6.6)

ants were eligible for the analysis (25 participants calculate IPTW).

e displayed in **Table 1**.

g classes and the ten most frequently used : **2**.

patients, any plaque in 214 (53.1%), calcified mixed plaque in 150 (37.2%) p

re to individual ART drugs and

d with cumulative exposure to years 0.68 [0.49-0.95], EFV

th TDF (0.71 [0.51-0.99]).

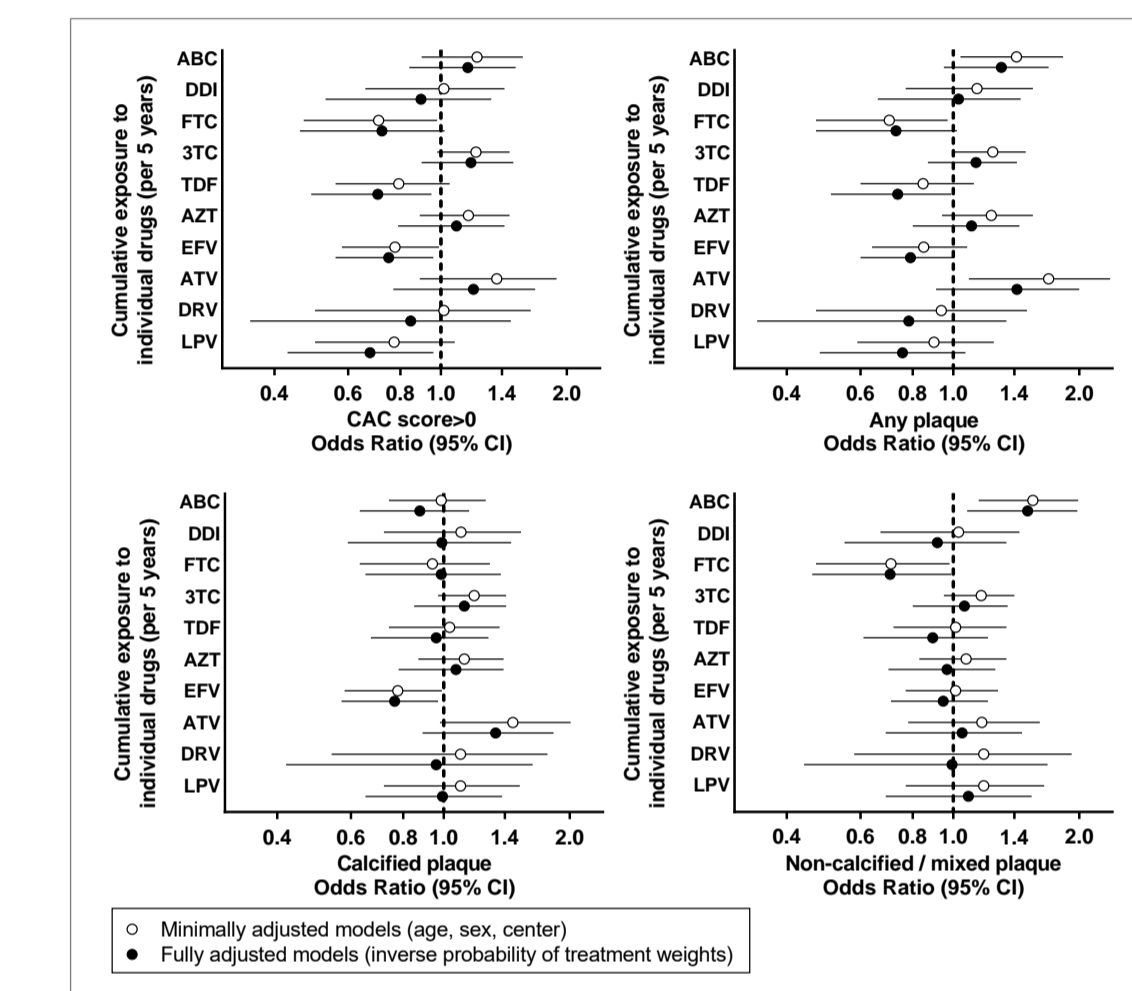
æd with exposure to EFV (0.75

ted with exposure to ABC (1.4 to FTC (0.67 [0.46-0.99]).

ment severity score we found r

ænce for an increased risk of coronary artery non-calcific only found in patients exposed to regimens containing AE

Figure 1: Associations between the presence of subclinical CAD endpoints and cumulative exposure to the ten most often used individual ART drugs.



All Participants (n=403)	
Coronary Artery Calcium (CAC)	
CAC score, median (IQR)	51 (15-191)
CAC score >0	188 (46.7)
CAC score >100	77 (19.1)
Coronary CT Angiography	
Any plaque	214 (53.1)
Calcified plaque	151 (37.5)
Non-calcified / mixed plaque	150 (37.2)
Coronary artery stenosis >50%	53 (13.2)
Coronary artery stenosis >70%	22 (5.5)
Segment severity score, mean (IQR)	1.8 (1-3)
Segment involvement score, mean (IQR)	1.6 (1-2)

Numbers are N (%) unless otherwise indicated

Funding
The study was supported by the Swiss National Foundation (SNF grant 324730_144209/1) and the SHCS. Additional funds were obtained from ViiV and Gilead.

; J Am Coll Cardiol 1990. ²Andreini D et al JACC Cardiovasc Imaging 2012. ³Thomas GP et al; AIDS 2016.