Oral Session II

Herpesvirus Infections I

11

Comparison of ddI and ZDV for the treatment of patients with AIDS or ARC, 6 months prior treatment with ZDV and increasing symptoms. S Spruance, A Pavia, D Peterson, A Berry, R Pollard, T Patterson, I Frank, R MacArthur, M Messina, L Dunkle, A Nicolaou, R Gugliotti, A Schindzielorz, L Smaldone and the Bristol AI545-010 Group. University of Utah AIDS Center, Salt Lake, UT; and Bristol-Myers Squibb, Wallingford, CT, USA.

To determine the benefit of switching from zidovudine(ZDV) to didanosine(ddI), we administered ZDV or ddI to 311 patients with AIDS or ARC and CD4 cells $\leq 300/mm^3$ who were exhibiting progressive symptoms after at least 6 months therapy with ZDV. Patients were required to have had an opportunistic infection, unexplained fever, 5% involuntary weight loss, fall in Karnofsky score, or 50% fall in CD4 cells within 12 weeks prior to enrollment. The dose of ddI was 600 mg/d ($\geq$ 60 kg) or 400 mg($\leq$ 60 kg) and the dose of ZDV was 600 mg/d. Two thirds of the patients had ARC, one third AIDS, the median CD4 cell count was $70/mm^3$, and the median duration of prior ZDV treatment was 17.5 months. The primary endpoints were new AIDS-defining infection, two opportunistic infections and a 50% drop in CD4 cells, appearance of the wasting syndrome or death. Endpoints were observed at a rate of 49.1/100 person-years among ddI recipients and 68.5/100 patient-years for those on ZDV(relative risk 1.40, 95% confidence interval 0.98 to 2.00, p=.06). The benefits of ddI were consistent among important prognostic subgroups defined by clinical diagnosis or CD4 count. These findings demonstrate a clinical benefit of switching from ZDV to ddI among patients with prolonged prior ZDV experience and progressive symptoms. The degree of benefit from switching to ddI in the present study was similar to the results of ACTG 116B/117 (NEJM 1992;327:581-587) despite our patients being more at risk of ZDV failure by virtue of longer ZDV experience(17.5 vs 13.9 months) and clinical deterioration.