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C Clinical Trials Unit

ARROW study design and baseline characteristics

AntiRetroviral Research fOr Watoto

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ARROW STUDY DESIGN

A 5-year, open-label randomized trial in 1200 HIV-infected children from 3 sites in Uganda (n=800) and one in Zimbabwe (n=400), addressing two strategic management questions:

Can children on Anti-Retroviral Therapy (ART) be safely monitored by clinical assessment, without routine laboratory monitoring of toxicity or CD4 count?

Clinically Driven Monitoring (CDM)

Clinical & laboratory monitoring 12 weekly, but haematology / biochemistry results only returned to clinician if grade 4 AE or requested for a clinical reason; CD4 results not returned versus

Laboratory and Clinical Monitoring (LCM)

Clinical & laboratory monitoring 12 weekly; All results returned

Does induction with 4 drugs, followed by 3-drug maintenance, improve outcome in those with high viral loads?

perinatal period; no contraindications to starting ART CDM **LCM** n=600 n=600

Age 3 months - 17 years; meet WHO criteria for ART initiation; no ART after

Arm A: ABC+3TC+NNRTI

Arm B: ABC+3TC+NNRTI+ZDV (at 36 weeks drop ZDV) Arm C: ABC+3TC+NNRTI+ZDV (at 36 weeks drop NNRTI)

Primary Endpoints - progression to a new WHO stage 4 event or death Follow-up 31/2 to 5 years

First-line drugs are:

NRTI: Abacavir (ABC); Lamivudine (3TC); Zidovudine (ZDV)

NNRTI: Nevirapine (NVP); Efavirenz (EFV)

♣ First use worldwide of scored tablets (which can be dispersed) of ABC, 3TC and Combivir (3TC+ZDV), dosed according to WHO weight-band tables

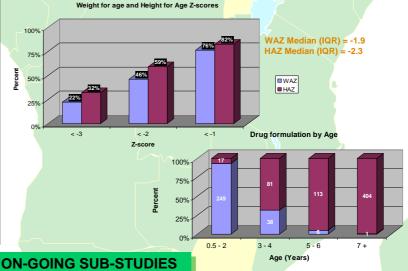
& First use of ABC as first-line therapy in African children

BASELINE CHARACTERISTICS

Characteristics		Number	Percent
Children randomised up to and including 30 May 2008		870	73%
Sex	Male	439	51%
	Female	431	49%
Vertical Exposure		857	99%
Age (years)	0.5 - 2	253	29%
	3 – 6	227	26%
	7 – 12	367	42%
	13 +	23	3%
WHO stage	I	17	2%
	II	238	27%
	III	511	59%
	IV	104	12%
CD4 percent	0 – 4 %	156	18%
	5 – 9 %	196	23%
	10 – 14%	236	27%
	15 + %	271	31%
	Missing	11	1%

ARROW PARTICIPANTS

- Are younger than most African cohorts of children starting ART (Median age 6; one third of ARROW children <2 years)
- Are severely immuno-compromised (Median CD4% 11; two thirds of ARROW children <15%)
- Are markedly wasted and stunted (Approx. 50% z-score <-2)
- Are switching to tablets at an early age (Median=3.9 years)



- 🗼 Adherence, Acceptability and Pharmacokinetics of scored tablets in all children and of syrups versus tablets in young children
- Representation of the Pharmacokinetic data on twice versus once daily ABC and 3TC
- Effects of Malnutrition on Pharmacokinetics of ABC, 3TC, ZDV and EFV
- Immunological and Virological responses to ART

COLLABORATORS and ACKNOWLEDGEMENTS

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■ Tablets ■ Syrups

Mutebi, G Musoba, C Mukasa, R Namuddu n. UK: J Darbyshire. A Babiker. DM Gibb. MJ Thomason. JM Crawley. AD Cook. AS Walker. B Naidoo. AA Ferrier. MJ Spyer. AJ Glabay. M Rauchenberger. CJ Spencer-Drake Funding: ARROW is funded by the UK Medical Research Council and the UK Department for International Development (DfID). Drugs are provided by GlaxoSmithKline