

LIGNES DIRECTRICES CANADIENNES SUR LA PPrE ET LA PPE AU VIH

APPENDICE 4 – TABLEAUX SOMMAIRES DES CONCLUSIONS

Tableau D1. Régimes de PPrE^{ab}

Régime	Population	PPrE	Contrôle (placébo ou sans PPrE)	Ampleur de l'effet (intervalle de confiance 95 %)°	Qualité de la preuve	Commentaires	Nombre de participants (études)
Résultat : Infection par le VIH							
TDF/FTC quotidiens	HARSAH et FTG	39/1 487	84/1 477	RR=0,31 (0,08, 1,21)	Élevée	Inclut seulement 339 FTG	2 964 (3)
		1,8/100 AP	2,6/100 AP	HR=0,51 (0,21, 1,01)	Faible	Inclut seulement 140 FTG	1 225 (1)
	HARSAH ^d	0,26/100 AP	s.o.	s.o.	Faible	Les quatre infections sont survenues chez des personnes qui ne suivaient pas de PPrE, n'y étaient pas fidèles ou venaient de la commencer	1 985 (4)
	Femmes hétérosexuelles	124/3 671	165/3 554	RR=0,63 (0,39, 1,00)	Élevée		7 225 (6) ^e
	Hommes hétérosexuels	13/2 757	58/2 253	RR=0,18 (0,10, 0,34)	Élevée		5 010 (4) ^e
	Hommes et femmes hétérosexuels	0,2/100 AP	5,2/100 AP	RR=0,04 (0,01, 0,19)	Faible	La valeur de contrôle est un résultat contrefactuel simulé	1 013 (1)
TDF/FTC à la demande	HARSAH	2/199	14/201	RR=0,14 (0,02, 0,60)	Élevée	La valeur de contrôle est le placebo	400 (1)
		0,19/100 AP	6,60/100 AP	RR=0,03 (0,00, 0,19)	Faible	La valeur de contrôle est le groupe placebo de la	361 (1)

						phase randomisée de l'essai	
TDF	HARSAH	0/101	7/299	RR=0,20 (0,01, 3,40)	Élevée		400 (1)
	Femmes hétérosexuelles	77/2 847	97/2 669	RR=0,53 (0,21, 1,37)	Élevée		5 516 (4) ^e
	Hommes hétérosexuels	25/2 359	48/1 918	RR=0,42 (0,26, 0,68)	Élevée		4 277 (2) ^e
	PID	17/1 204	33/1 207	RR=0,51 (0,28, 0,90)	Élevée		2 411 (1)
	PID	0,21/100 AP	s.o.	s.o.	Faible		573 (1)
Régime	Population	PPrE	Contrôle (placébo ou sans PPrE)	Ampleur de l'effet (intervalle de confiance 95 %) ^c	Qualité de la preuve	Commentaires	Nombre de participants (études)
Résultat : Tout événement indésirable							
TDF/FTC quotidiens	Toutes populations	3 634/5 537 (65,6 %)	3 590/5 525 (65,0 %)	RR=1,01 (0,99, 1,03)	Élevée		11 062 (8)
TDF/FTC à la demande	HARSAH	186/199 (93,5 %)	181/201 (90,0 %)	RR=1,58 (0,76, 3,27)	Élevée		400 (1)
TDF quotidien	Toutes populations	2 785/4 222 (66,0 %)	2 800/4 234 (66,1 %)	RR=0,98 (0,86, 1,13)	Élevée		8 456 (4)
Résultat : Résistance au(x) médicament(s) de la PPrE parmi les participants contractant l'infection à VIH							
TDF/FTC quotidiens	Toutes populations	13/219	2/242	RR=7,18 (1,64, 31,47)	Élevée		461 (17)
TDF/FTC à la demande	HARSAH	0/3	0/14	Non estimable	Élevée		17 (2)
TDF quotidien	Toutes populations	1/121	0/157	RR=3,89 (0,16, 94,54)	Élevée		278 (7)

^a FTC=emtricitabine, HR=rapport des risques, HARSAH=hommes ayant des rapports sexuels avec d'autres hommes, s.o.=sans objet, AP=années-personnes, RR=risque relatif, TDF=fumarate de ténofovir disoproxil.

^b Les données sont tirées de 14 essais contrôlés randomisés¹⁻¹⁴ et de neuf études de cohorte¹⁵⁻²³.

^c Lorsqu'une seule étude était disponible, la valeur indiquée représente l'ampleur de l'effet déclaré dans l'étude originale. Lorsque plusieurs études randomisées étaient disponibles, les valeurs indiquées ont été estimées par méta-analyse à partir de modèles à effets aléatoires, avec pondération des études selon la méthode de la variance inversée.

^d Inclut deux études^{18,19} ayant inscrit de petits nombres de non-HARSAH.

^e Le nombre de participants ci-indiqué est une surestimation, car les données du groupe placebo de l'étude Partners sur la PPrE ont également été utilisées comme comparateur pour la prolongation de l'étude Partners.

Tableau D2. Régimes recommandés de PPE^{ab}

Régime	N (%) avec ce régime	N (%) avec comparateur : TDF/FTC/LPV/r	Risque relatif (intervalle de confiance de 95 %)	Qualité de la preuve	Commentaires	Nombre de participants (études)
Résultat : Complétion du régime comme prescrit						
TDF/FTC/RAL	75/122 (64,1 %)	63/121 (52,1 %)	1,18 (0,95, 1,47)	Élevée	Les principales raisons du non-achèvement étaient d'avoir manqué la 2 ^e dose quotidienne de RAL, effets secondaires du LPV/r	243 (1 étude)
	121/205 (59,0 %)	274/474 (57,8 %) ^b	1,02 (0,89, 1,17)	Faible		-
TDF/FTC/DTG	90/100 (90 %)	274/474 (57,8 %) ^b	1,56 (1,41, 1,72)	Faible	-	574 (4 études)
TDF/FTC/DRV/r	145/155 (94 %)	135/150 (90,0 %) ^c	1,04 (0,97, 1,11)	Élevée	21 % étaient des PPEprofessionnelles	305 (1 étude)
Résultat : Événements indésirables conduisant à l'interruption de la PPE ou à un changement de régime						
TDF/FTC/RAL	2/122 (1,6 %)	4/121 (3,3%)	0,50 (0,09, 2,66)	Élevée	-	243 (1 étude)
	8/424 (1,9 %)	101/2 511 (4,0 %) ^b	0,47 (0,23, 0,96)	Faible	-	2 935 (8 études)
TDF/FTC/DTG	1/100 (1,0 %)	101/2 511 (4,0 %) ^b	0,25 (0,04, 1,76)	Faible	-	2 611 (5 études)
TDF/FTC/DRV/r	1/155 (0,6 %)	5/150 (3,3 %) ^c	0,19 (0,02, 1,64)	Élevée	21 % étaient des PPEprofessionnelles	305 (1 étude)
Résultat : Infection à VIH au suivi 3 mois						
TDF/FTC/RAL	1/55 (1,8 %)	0/38 (0 %)	2,09 (0,09, 49,96)	Modérée ^d	Toutes les infections observées sont survenues chez des patients ayant une exposition continue, excepté un patient sur TDF/FTC/LPV/r	93 (1 étude)
	1/404 (0,2 %)	7/2 399 (2,9 %) ^b	0,85 (0,10, 6,88)	Très faible ^d		2 803 (8 études)
TDF/FTC/DTG	0/77 (0 %)	7/2 399 (2,9 %) ^b	2,05 (0,12, 35,60)	Très faible ^d		2 476 (5 études)
TDF/FTC/DRV/r	0/155 (0 %)	0/150 (0 %)	Non estimable	Élevée		21 % étaient des PPEprofessionnelles

^a DRV/r=darunavir + ritonavir, DTG=dolutégravir, FTC=emtricitabine, LPV/r=lopinavir/ritonavir, RAL=raltégravir, TDF=fumarate de ténofovir disoproxil.

^b Les données sont tirées de deux essais randomisés^{24,25} et de sept études de cohorte²⁶⁻³².

^c Estimation groupée de trois études observationnelles³⁰⁻³² et groupe TDF/FTC/LPV/r d'un essai randomisé³³.

^d Le dénominateur inclut six patients recevant de la zidovudine/lamivudine + LPV/r et un patient recevant de l'abacavir/lamivudine + LPV/r.

^e La qualité des preuves a été déclassée en raison de facteurs de confusion (expositions continues chez des patients séroconvertis) et d'incohérences.

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