

Pilot study of simplification with fosamprenavir /ritonavir (FPV/r) monotherapy

Submission date 04/12/2008	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 23/12/2008	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 27/09/2011	Condition category Infections and Infestations	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
FONT Study-07

Study information

Scientific Title

Simplification with fosamprenavir/ritonavir (FPV/r) monotherapy: a pilot, prospective one-arm non-comparative multicentre study

Acronym

FONT

Study objectives

Simplification with fosamprenavir/ritonavir (FPV/r) monotherapy in patients with undetectable viral load will maintain virological suppression.

Ethics approval required

Old ethics approval format

Ethics approval(s)

1. Ethics Committee of the Hospital Bellvitge gave approval on the 27th September 2007 (amendment 1 on 13th December 2007)
2. Spanish Drug Agency approved the trial on the 27th September 2007

Study design

Pilot, prospective one-arm non-comparative multicentre study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Human immunodeficiency virus (HIV)

Interventions

Fosamprenavir/ritonavir 700/100 mg twice daily (BID). The duration of the study is 48 weeks. After the end of the study period, FPV/r monotherapy will be continued or not according to physicians criteria.

1. Discontinuation of nucleosides
2. Clinical and laboratory assessment at baseline and weeks 4, 8, 12, 16, 24, 32, 40 and 48. Tests include: blood cells, ALT, alkaline phosphatase, gamma-glutamyl transpeptidase (GGT), creatinine, triacylglycerol (TG), total cholesterol (TC), high density lipoprotein cholesterol (HDL), low density lipoprotein cholesterol (LDL), glucose, CD4 and CD8, viral load. At weeks 8 and 16 only viral load).
3. Pharmacokinetics (PK) and viral load in cerebrospinal fluid (CSF) sample at 24 weeks; same for semen samples at 0, 24 and 48 weeks
4. Genotype resistance tests if patients with viral load greater than 500 copies/mL throughout the study period

Intervention Type

Drug

Phase

Not Applicable

Drug/device/biological/vaccine name(s)

Fosamprenavir/ritonavir (FPV/r)

Primary outcome(s)

Proportion of patients with plasma viral load less than 40 copies/mL at 48 weeks.

Key secondary outcome(s)

1. Viral load in CSF and semen, in CSF sample at 24 weeks and in semen samples at 0, 24 and 48 weeks
2. FPV levels in CSF and semen, in CSF sample at 24 weeks and in semen samples at 0, 24 and 48 weeks
3. Correlation between FPV plasma viral load and virological and immunological responses
4. Immunological outcome (CD4 and CD8) at weeks 0, 4, 12, 24, 32, 40 and 48
5. Lipid changes at weeks 0, 4, 12, 24, 32, 40 and 48
6. Adherence to therapy (GEEMA questionnaire), every visit

Completion date

31/12/2009

Eligibility**Key inclusion criteria**

1. Adult human immunodeficiency virus (HIV) infected patients (greater than 18 years, either gender)
2. Receiving a highly active anti-retroviral therapy (HAART) regimen including FPV/r (for at least four weeks) and two nucleoside/nucleotide analogues
3. Without previous failure with protease inhibitor regimens
4. Viral load less than 40 copies/mL for at least six months
5. CD4 counts greater than 100 cells/uL at inclusion

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Previous virologic failure (confirmed or suspected) while receiving a PI-based regimen
2. Alanine aminotransferase (ALT) greater than 5 x upper limit of normal
3. Clinical suspicion of cirrhosis

4. Renal insufficiency with glomerular filtrate less than 50 ml/min
5. Haemoglobin less than 9 g/dl
6. Neutrophils less than 1000/mm³
7. Platelets less than 30,000 /mm³
8. Pregnant women or no contraceptive measures
9. Active infection in the two weeks prior to inclusion in the study
10. Systemic therapy for neoplasms
11. Patients with positive hepatitis B surface antigens (HBsAg) receiving tenofovir and/or lamiduvine

Date of first enrolment

06/11/2007

Date of final enrolment

31/12/2009

Locations

Countries of recruitment

Spain

Study participating centre

HIV Unit

Barcelona

Spain

08907

Sponsor information

Organisation

Institute of Biomedical Investigations of Bellvitge (Institut d'Investigació Biomèdica de Bellvitge) (IDIBELL) (Spain)

ROR

<https://ror.org/0008xqs48>

Funder(s)

Funder type

Research organisation

Funder Name

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/08/2011		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes