



PENTA

Pediatric European Network for Treatment of AIDS

Dear Participant

The PENTA team would like to say a big **'Thank You'** to you for your contribution to this very important study, **PENPACT 1**. Over the past four years, we have been able to collect valuable information and blood samples every time you attended clinic, and for this we are extremely grateful. The study has now finished, and we have some **results** to share with you.

As you are aware, the goals of the PENPACT-1 study were to find out:

- Which initial antiretroviral combination therapy could **best control the virus** over a four year period
- Whether the time of **switching HIV** antiretroviral medicines to a different combination, affects the control of the virus
- How best to ensure that as many other HIV antiretroviral medicines as possible will be effective after four years of treatment.

The PENPACT 1 study looked at the 3 following classes of antiretroviral medicines:

- Non-nucleoside reverse transcriptase inhibitors (NNRTI) such as efavirenz and nevirapine
- Protease inhibitors (PI) such as Kaletra®
- Nucleoside reverse transcriptase inhibitors (NRTI) such as Abacavir

We compared 2 treatment strategies when given as the first treatment:

Taking 2 NRTIs plus a PI versus taking 2 NRTIs plus an NNRTI

We also compared if it was better to switch (change) antiretroviral medicines as soon as the viral load increased above 1,000 copies/ml or waiting until the viral load was higher (at a viral load above 30,000 copies/ml).

The study opened to enrolment in August 2002, the last study visits were conducted in August 2009. A total of 263 children were included in the study from 13 countries in



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Europe and, North and South America. The average age at the start of the study was 7 years.

We found that at the end of the study 188 children were still on their first antiretroviral combination therapy, although during the study half of these children had changed one or two of their medicines because of side effects or to make dosing easier.

After four years in the trial, approximately 80% of the children had a viral load <400 copies/ml, which is considered a good result and shows that most of the children were **very good at fighting the virus** throughout the study. There was no difference in viral load between any of the groups after four years, and children in all groups gained CD4 cells (increased CD4 count), weight and height throughout the study period.

In summary we **didn't find that one particular combination of antiretroviral medicines was better than the other type**. This means that doctors have more choice in deciding the most appropriate antiretroviral combination therapy to start other children with. Additionally, we found no difference in the best time to switch treatment to the other antiretroviral combination therapy.

We are going to do further **tests looking into resistance** (which tells us if the medicines are still working or not) during the study and also look into future treatment options.

Thank you again for taking part in this study. We hope that this information is interesting to you. Please talk to your nurse or doctor at your clinic if you have any questions about the study or would like further information. The results of this study are being presented to other doctors and researchers at a meeting in Vienna this year. Your doctor will be able to give you further information or you can see the presentation on the PENTA website www.pentatrials.org



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With very best wishes,

The PENTA Team