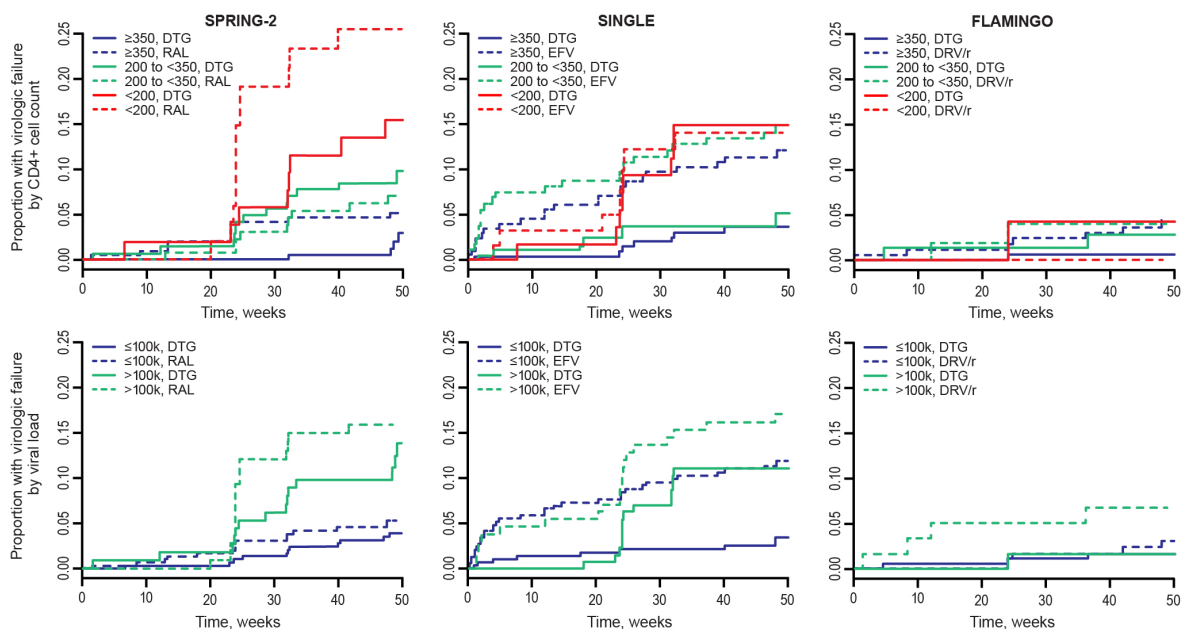


SUPPLEMENTAL DIGITAL CONTENT

Supplemental Figure: Time to treatment-related discontinuation or failure by baseline CD4+ cell count and plasma HIV-1 RNA. DRV/r, darunavir/ritonavir; DTG, dolutegravir; EFV, efavirenz; RAL, raltegravir.



In SPRING-2, DTG was non-inferior to RAL overall. This absence of a difference was consistent across subgroups defined by baseline CD4+ cell count and viral load. The failure rate was highest among participants on RAL with low baseline CD4+ cell counts but there were very few people in this subgroup.

In SINGLE, the differences between ABC/3TC + DTG and EFV/TDF/FTC were consistent across subgroups defined by baseline plasma HIV-1 RNA. These differences were less consistent across CD4+ cell count strata. The TRDF rate was constant across CD4+ cell count strata on EFV (roughly 12%-15% at Week 48 in each stratum) but ranged from <5% (>200 cells/mm³) to 15% (<200 cells/mm³) on DTG. Therefore, the difference in TRDF between

DTG versus EFV was most pronounced in participants with high baseline CD4+ cell count and less pronounced in participants with low baseline CD4+ cell count.

In FLAMINGO, there were very few events on which to assess the consistency of treatment effects across subgroups.