**Materials & Methods**

The trough concentrations of plasma DTG were measured in 69 Japanese HIV-1 patients who were taking DTG at Osaka National Hospital, and UGT1A1 genetic screening (*6 and *28) was performed. UGT1A1 was genotyped using the sequencing method[4]. Plasma was sampled immediately before DTG administration, and plasma DTG concentrations were determined using liquid chromatography-mass spectrometry[5]. This study was reviewed and approved by the Institutional Review Board of the National Hospital Organization Osaka National Hospital (approval number: 0838).

**Results**

The frequencies of UGT1A1*6 and UGT1A1*28 were 23% and 13%, respectively.

The trough concentrations of plasma DTG were significantly higher in patients homozygous for UGT1A1*6 (n = 7, median: 1.4 µg/mL) than in patients carrying the normal allele (n = 32, median: 0.89 µg/mL; p = 0.011).

The trough concentrations of plasma DTG in patients homozygous for UGT1A1*28 (n = 3, median: 1.2 µg/mL), compound heterozygous for UGT1A1*6 and UGT1A1*28 (n = 2, 0.98 and 1.2 µg/mL, respectively), or heterozygous for UGT1A1*6 and UGT1A1*28 (n = 15 and 10, median: 1.1 and 1.0 µg/mL, respectively) were not significantly different from those in patients homozygous for the normal allele.

**Conclusions**

The trough concentrations of plasma DTG were significantly higher in patients homozygous for UGT1A1*6 than in those with the normal allele. This suggests that the presence of UGT1A1*6 influences plasma DTG concentrations.

**References**

3. Interview form of Tivicay tab 50mg, revised 3rded, by ViV health care Co, Ltd, Tokyo, October 2014.