Acceptability of Long-Acting Cabotegravir & Rilpivirine in a Large, Urban, Ambulatory HIV Clinic

622

UIC PUBLIC HEALTH Epidemiology and Biostatistics

COOK COUNTY HEALTH

Casey Morgan Luc[1], Blake Max[1,2], Sarah Pérez[2], Kara Herrera[1], Mark Dworkin[1,2]

[1]University of Illinois at Chicago, [2]Ruth M. Rothstein CORE Center, Chicago, Illinois

BACKGROUND

Randomized controlled clinical trials have demonstrated acceptability of long-acting cabotegravir and rilpivirine (LA-CAB/RPV) in people living with HIV (PLWH). However, there is a paucity of peer-reviewed literature assessing acceptability of LA-CAB/RPV using real-world conditions. This study assessed acceptability of PLWH who are receiving LA-CAB/RPV at the Ruth M. Rothstein CORE Center, the largest HIV/AIDS clinic in Chicago.

METHODS

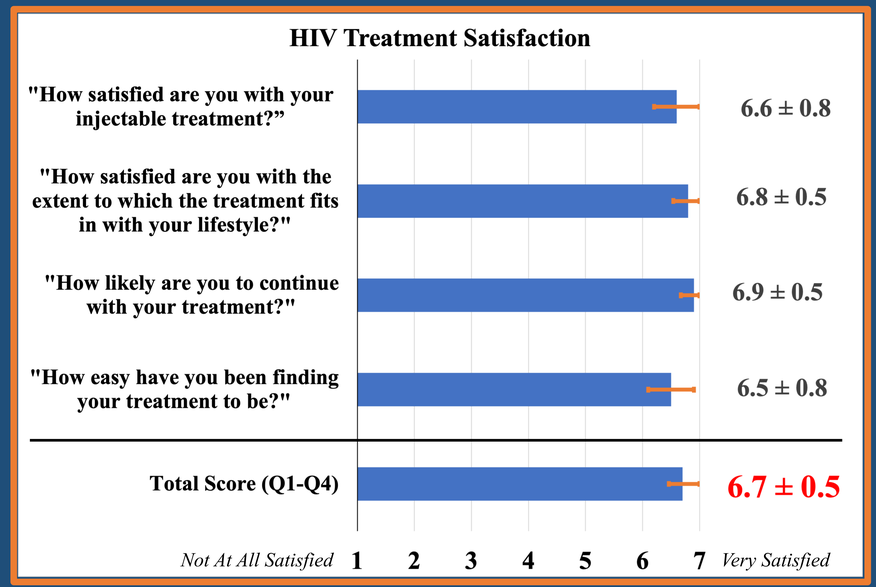
150 PLWH receiving LA-CAB/RPV were recruited from April 2023 to December 2023 at the CORE Center. Eligibility criteria included those diagnosed with HIV and received at least one dose of LA-CAB/RPV. A cross-sectional survey was administered to patients to capture sociodemographic and clinical characteristics Descriptive statistics were used to summarize characteristics and questionnaire scores for each participant.

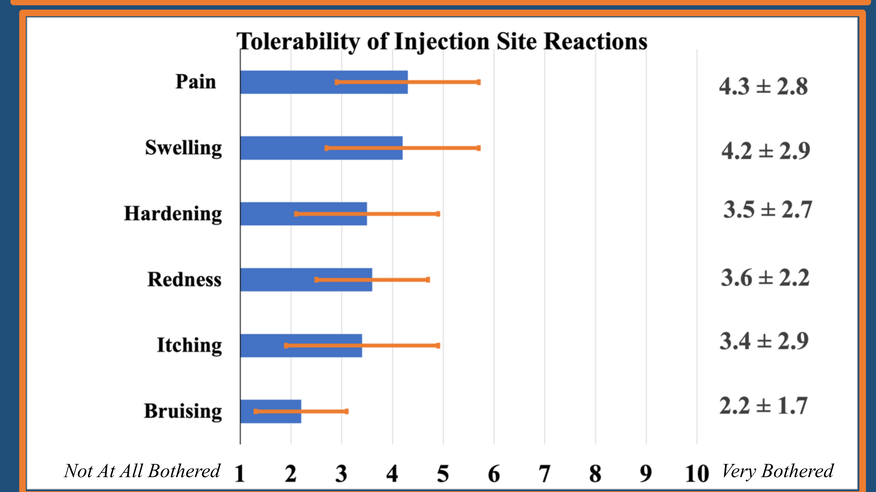
Acceptability of LA-CAB/RPV: assessed by the following patient-reported outcomes:

- **HIV Treatment Satisfaction:** assessed using an adapted questionnaire from the HIV Treatment Satisfaction Questionnaire Change Version using responses ranging from 1 [Not At All Satisfied] to 7 [Very Satisfied].[1]
  1) "How satisfied are you with your injectable treatment?"
  2) "…extent to which the injectable treatment fits in with your lifestyle?"
  3) "How likely are you to continue with your injectable treatment?"
  4) "How easy have you been finding your treatment to be?"
- **Reasons for Switch to LA-CAB/RPV:** assessed by:
  - "What are the main reasons for your willingness to switch to an injectable HIV medication from your previous regimen?"
- **Tolerability of Injections and Injection Site Reactions (ISR):** assessed using an adapted questionnaire from the Vaccinees' Perception Injection.[1] Participants are asked if they experienced any ISR during injection and asked to share their level of bother due to ISR ranging from 0 {"Not At All Bothered"] to 10 ["Very Bothered"].
- **Unexpected Effects of LA-CAB/RPV:** captured with 2 open-ended questions regarding treatment experience (1 positive and 1 negative).

1. Chounta V, Overton ET, Mills A, et al. Patient-Reported Outcomes Through 1 Year of an HIV-1 Clinical Trial Evaluating Long-Acting Cabotegravir and Rilpivirine Administered Every 4 or 8 Weeks (ATLAS-2M). Patient. Nov 2021;14(6):849-862.

Treatment satisfaction was high (mean score: 6.7/7) among 150 patients initiating long-acting cabotegravir and rilpivirine at the Ruth M. Rothstein CORE Center. Injection site pain was reported by 98% of patients with 47% reporting decreased pain after the first injection.





Sociodemographic Characteristics of the Study Population, Recently Initiated LA-CAB/RPV at an Urban HIV Clinic (N=150)

Study Variable	N (%), N ± SD
Age	43.19 ± 13.18
18-29	23 (15.4)
30-39	46 (30.9)
40-49	25 (16.8)
50+	55 (36.9)
Race/Ethnicity	
Hispanic	36 (24.0)
NH Black	101 (67.3)
NH White	7 (4.7)
NH Other	3 (2.0)
Gender	
Cis Female	54 (36.2)
Cis Male	84 (56.4)
Transgender/Non-binary/Gender Non-Conforming	11 (7.3)
Sexual Orientation	
Straight or Heterosexual	82 (54.7)
Gay or Lesbian, Bisexual, Same-Gender Loving	64 (42.7)
Education	
Did not Finish High School	16 (10.7)
High School or GED	42 (28.2)
Some College	55 (36.9)
College, Postgraduate, or Professional	36 (24.2)
Unemployed/Unable to Work	47 (31.1)
Living Situation	
Place they Own	17 (11.4)
Place they Rent	98 (65.8)
Stay with Family or Someone Else	30 (20.1)
Shelter/Homeless	4 (2.6)
Incarceration History (Last Six Months)	4 (2.7)

RESULTS

- Most participants (88.7%) switched to LA-CAB/RPV because they no longer wanted to take pills. Additionally, 87 (58.0%) reported trouble taking medication everyday and 53 (35.3%) noted concerns about long-term side effects.
- Among those reporting pain, 63 (47.0%) reported pain decreased and 54 (40.3%) reported pain remained the same since the first injection appointment.
- Among those with >6/10 level of pain at their last injection (N=36), most (77.8%) reported pain did not decrease.
- Ninety-two participants (61.3%) reported an aspect of their life got better that they did not expect after initiating LA-CAB/RPV; conversely, 15 participants (10.0%) reported an aspect of their life unexpectedly got worse.

DISCUSSION

- This is one of the first cross-sectional studies to assess acceptability of LA-CAB/RPV using real world conditions. Patients seeking care at the Ruth M. Rothstein CORE Center included a high proportion of Non-Hispanic Black and Hispanic individuals, straight or heterosexual, women, and those aged ≥50 years old, populations often underrepresented in RCTs.
- Treatment satisfaction was high, even among those with high injection pain. Most switched to LA-CAB/RPV to remove the daily burden of medication-taking and oral side effects.

CONCLUSION

- These results suggest that scaling up of injectable LA-CAB/RPV will be met with high patient acceptability across diverse patient populations.

Disclosure: Blake Max has a family member that is an employee of ViiV Healthcare.