What Do Early Adopters of Long-Acting Injectable Cabotegravir-Rilpivirine Think About It?

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BACKGROUND

- Research on patient reported outcomes (PROs) of long-acting injectable cabotegravir/rilpivirine (CAB/RPV-LA) in registrational clinical trials has found high satisfaction.
- Little is known about the experience of CAB/RPV-LA in underserved people with HIV (PWH) in real world settings.

METHODS

- Cross-sectional survey of PWH with ≥3 CAB/RPV-LA injections at three Ryan White-funded academic HIV clinics: Ward 86 (San Francisco), the Ponce de Leon clinic at Grady (Atlanta), and the University of Chicago.
- Survey areas included the HIV Treatment Satisfaction Questionnaire (12-item absolute and change versions), adapted Treatment Burden Questionnaire, and psychosocial impacts (e.g. mental well-being), as well as reasons for preferring CAB/RPV-LA and preferred injection location (responses not mutually exclusive), interest in self/someone from personal life giving injections, and interest in other long-acting antiretroviral (LA-ART) modalities/dose intervals.
- Socio-demographics were self-reported and clinical characteristics abstracted via chart review.
- Descriptive statistics summarized participant data. Chi squared or Wilcoxon tests of means assessed differences in survey responses by HIV viral load at CAB/RPV-LA initiation (<50 c/mL vs. ≥50 c/mL); no significant differences were found, thus results are presented for the overall sample.
- Multivariable logistic regression investigated characteristics of PWH who experienced reduction in effort to remember ART treatment (dichotomized as extremely/very/ moderately difficult vs. a little bit/not at all difficult).

RESULTS

- From 9/2023–7/2024, we surveyed 206 PWH (30% initiating with viremia) with 56% of respondents from Ward 86, 24% from Ponce, and 20% from University of Chicago.
- Median number of injections was 9 (IQR 5,14), median time on injections was 373 days (IQR 164,569 days), and 67% were on every 8-week dosing; median age was 46, and 23% were cis/trans women, 47% Black, 21% Latine, 36% with housing instability, and 22% with substance use.
- Mean absolute satisfaction score was 61.5/66 (SD 5.3) and mean change in satisfaction with CAB/RPV-LA compared to oral ART was +28.9 (scale range from -33 very dissatisfied to 0 no change to +33 very satisfied)
- 43% endorsed pain as a problem at 1st CAB/RPV-LA injection vs. 11% % at the most recent injection.

In PWH with ~1 year of CAB/RPV use:
- Satisfaction was high
- Pain improved over time
- Treatment burden was reduced compared to oral ART
- The HIV clinic was a preferred location
- Nearly half preferred a different LA modality, e.g., patch, SC injection

Figure 1. Worried About Inadvertent HIV Status Disclosure with Oral ART vs. CAB/RPV-LA

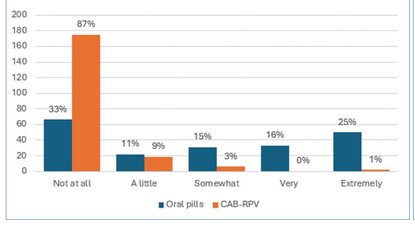


Figure 2. How Much of a Reminder of HIV Status is Oral ART vs. CAB/RPV-LA

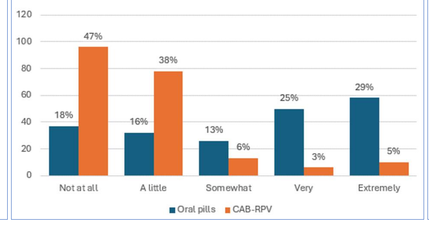
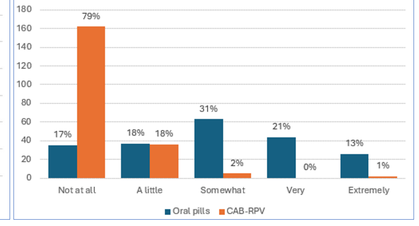


Figure 3. Difficulty Remembering Oral ART vs. CAB/RPV-LA



RESULTS

- Mental well-being was better on CAB/RPV-LA compared to oral ART for 74%, with improvements in any worry about HIV status disclosure (67%→13%) and any reminder of HIV status (52%→ 8%, Figures 1 and 2)
- While difficulty remembering oral ART and CAB/RPV-LA was reported by 35% as "not at all or a little difficult," 62% experienced a substantial reduction in effort with CAB/RPV-LA (Figure 3), with unstable housing (AOR 2.33, 95% CI 1.18, 4.60) and substance use (AOR 2.42, 95% CI 1.13, 5.19) associated with reduced effort (Table 1). Not having to remember oral ART was the most common reason for preferring CAB/RPV-LA (Figure 4).

Table 1. Unadjusted and adjusted odds ratios for reduction in effort to remember ART (CAB/RPV-LA vs Oral ART)

	Unadjusted OR (N = 198)	Adjusted OR (N = 187)
Age	0.99 (0.97, 1.01)	
Male gender identity	0.96 (0.50, 1.85)	
Race/ethnicity		
Non-Latino Black	Ref.	
Non-Latino White	1.81 (0.86, 3.83)	
Latino	1.86 (0.85, 4.09)	
Non-Latino Other	2.00 (0.66, 6.07)	
Heterosexual orientation	0.60 (0.32, 1.11)	
Unstably housed	2.76 (1.42, 5.36)**	2.33 (1.18, 4.60)*
Food insecure	1.99 (1.09, 3.65)*	
Adequate health literacy	1.41 (0.77, 2.60)	
Any stimulants/opioids	2.80 (1.33, 5.89)**	2.42 (1.13, 5.19)*
Detectable VL at LAI-ART initiation	2.11 (1.06, 4.21)*	
8-week dosing schedule	0.71 (0.38, 1.33)	
Still on daily oral pills	0.48 (0.22, 1.05)	

Note: * indicates p-value < .05, ** indicates p-value <.01. Unadjusted analyses excluded 1 who refused "effort to remember oral ART" and 7 who reported "somewhat difficult" or "extremely difficult" for CAB/RPV-LA. One person (0.5%) missing on starting VL, dosing schedule, and oral pills, 7 (3.5%) people missing on food insecurity, 5 (2.5%) missing on drug use, and 8 (4%) missing housing information.

Figure 4. Reasons CAB/RPV-LA is Preferred over Oral ART

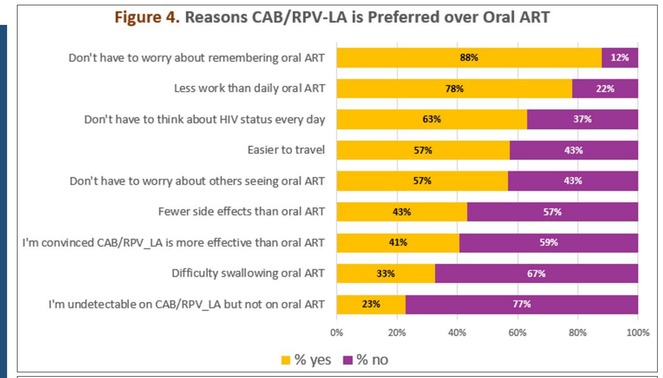


Figure 5. Preferred Location to Receive CAB/RPV-LA

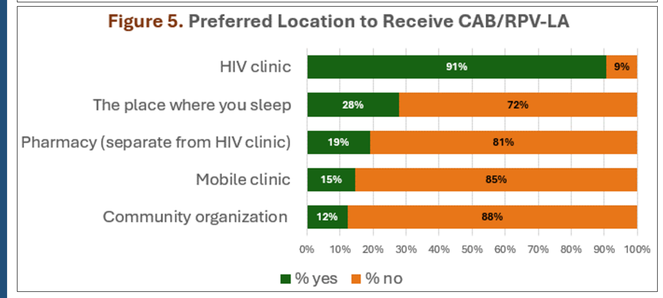


Figure 6. Preferred LA-ART Modality

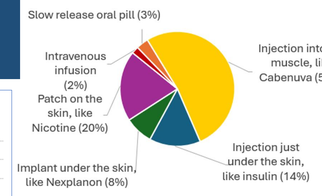
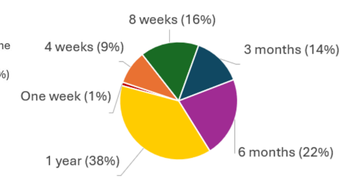


Figure 7. Preferred LA-ART Dose Interval



- Only 4% found HIV clinic visits more of a problem with CAB/RPV-LA and nearly all (91%) endorsed the HIV clinic as a preferred location for injections while some were open to other location options (Figure 5)
- PWH were moderately, very, or extremely interested in options of self-injection (63%), thigh injection (70%), or injection from someone in their personal life (55%)
- Interest in other LA modalities was robust and most preferred a LA dose interval of 6 months or one year (Figures 6 and 7)

CONCLUSIONS

- In a diverse sample of PWH with ~1 year of CAB/RPV-LA use, improvements in the psychosocial aspects of ART use were noted, highlighting the potential of CAB/RPV-LA to improve quality of life, particularly in those with socio-structural barriers to adherence
- Despite high satisfaction, nearly half would prefer a different type of long-acting modality and a longer dosing interval

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Acknowledgments: We acknowledge the clinicians and staff who referred patients to the study and our participants.
Funded by R01 MH123396 (PI: Christopoulos)