Perspectives of People With HIV (PWH) 12 Months Following a Switch to Cabotegravir and Rilpivirine Long-Acting (CAB+RPV LA) in an Observational Real-world US Study (BEYOND)

Please scan this QR code to access a copy of the poster.



William Valenti,¹ Dima Dandachi,² Doug Cunningham,³ Ricky Hsu,⁴ Kaitlin Nguyen,⁵ Paula Teichner,⁵ Ashley Jean-Louis,⁶ Maria Reynolds,⁶ David Richardson,⁶ Cindy Garris⁵

¹Trillium Health, University of Rochester School of Medicine and Dentistry, Rochester, NY, USA; ²Division of Infectious Diseases, Department of Medicine, University of Missouri-Columbia, MO, USA; ³Pueblo Family Physicians, Phoenix, AZ, USA; ⁴AHF & NYU Langone Health, New York, NY, USA; ⁵ViiV Healthcare, Durham, NC, USA; ⁶RTI Health Solutions, Research Triangle Park, NC, USA





Key Takeaways

- In this real-world US study, fewer participants reported fear of HIV status disclosure, adherence anxiety, feeling reminded of HIV status, and feeling stigmatized by HIV treatment 12 months after switching to cabotegravir plus rilpivirine long-acting (CAB+RPV LA) when compared with baseline
- Participants switched to CAB+RPV LA primarily because of feeling tired of taking daily oral therapy and almost all preferred the LA option over daily oral therapy after 12 months
- Most people living with HIV-1 reported increased treatment satisfaction, fewer concerns about CAB+RPV LA treatment, and multiple benefits with more frequent clinic visits at Month 12 compared with baseline

Introduction

- Cabotegravir (CAB) plus rilpivirine (RPV) is the first complete long-acting (LA) regimen administered monthly or every 2 months recommended by treatment guidelines for the maintenance of virologic suppression^{1,2} and has demonstrated non-inferiority to daily oral antiretroviral therapy (ART) in phase 3/3b clinical trials³⁻⁵
- The less frequent dosing schedule may be of interest to some individuals because of convenience or being a better fit for their lifestyle and may also improve psychological and adherence challenges associated with daily oral ART⁶
- The perspectives of people living with HIV-1 and their experiences with CAB+RPV LA are valuable real-world outcomes that can supplement real-world clinical outcomes, as well as results from clinical trials
- Here we present participant-reported outcomes and perspectives of adults living with HIV-1 at baseline and the Month 12 analysis of BEYOND, one of the first real-world studies evaluating the use of CAB+RPV LA in US healthcare settings

Methods

 The prospective BEYOND study is a 2-year, observational real-world study of people living with HIV-1 initiating CAB+RPV LA monthly or every 2 months across 27 sites in the United States

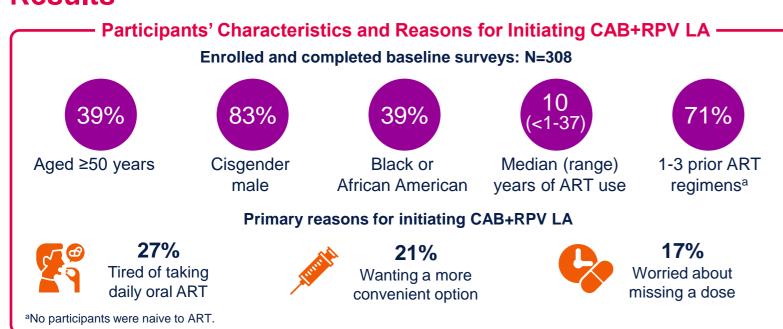
272 participants completed the Month 12 follow-up,
 229 (84%) of whom completed Month 12 surveys within
 the allotted response window of ±1 month (data cutoff date:
 September 11, 2023)

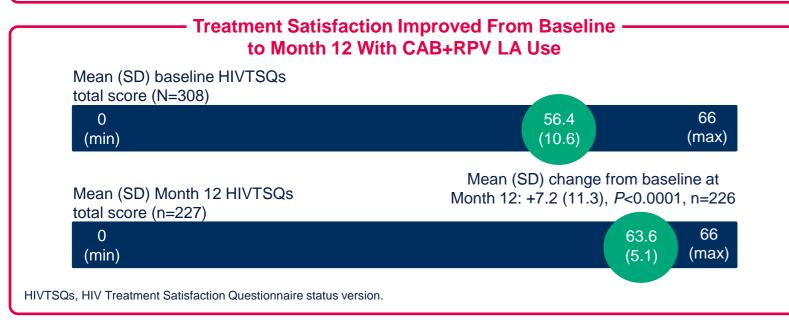
BEYOND Study Design

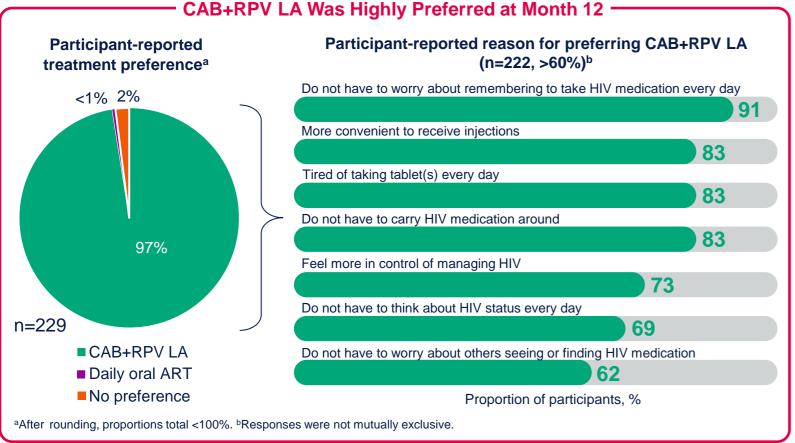
Treatment with CAB+RPV LA monthly or every 2 months **Baseline** Month 6 Month 12 Month 24 **Inclusion criteria Participant surveys** Adults aged ≥18 years Demographics ART preference No prior CAB+RPV LA experience Reasons for initiating CAB+RPV LA Barriers to injections **Enrollment** Psychological challenges with daily oral ART Perceived benefits of more frequent clinic September 2021-July 2022 visits Participants initiated CAB+RPV LA HIVTSQs^a after consulting with their HCP

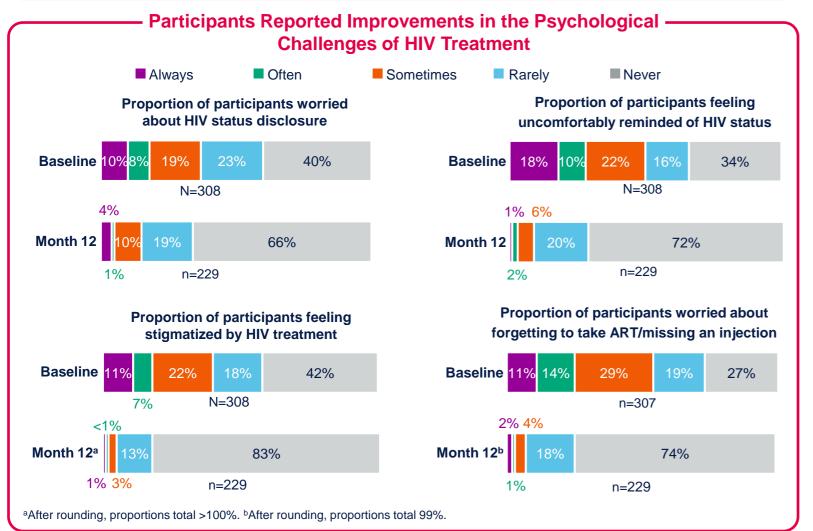
HCP, healthcare provider; HIVTSQs, HIV Treatment Satisfaction Questionnaire status version. aTotal score ranges from 0 to 66, with higher scores representing greater treatment satisfaction.

Results

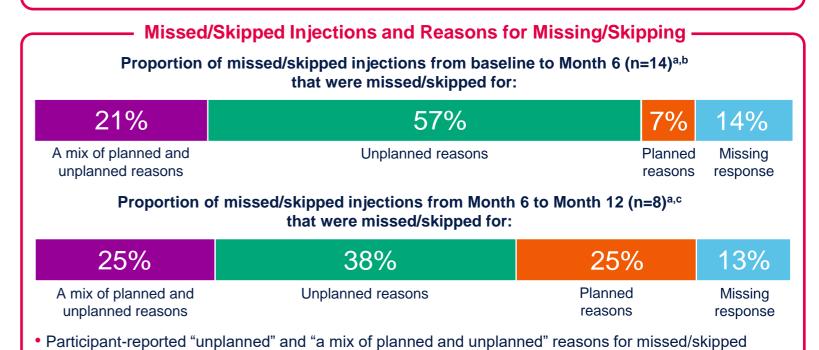






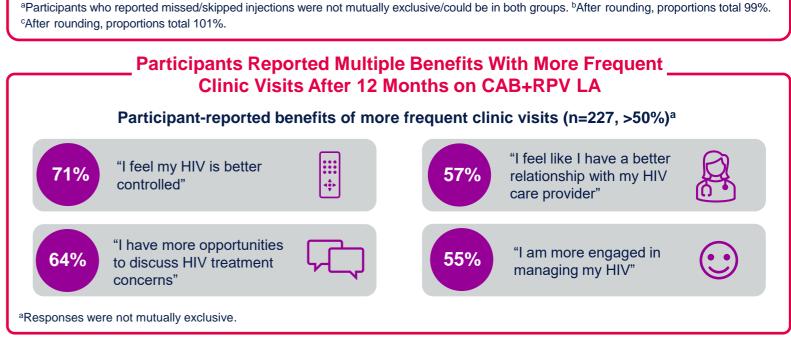


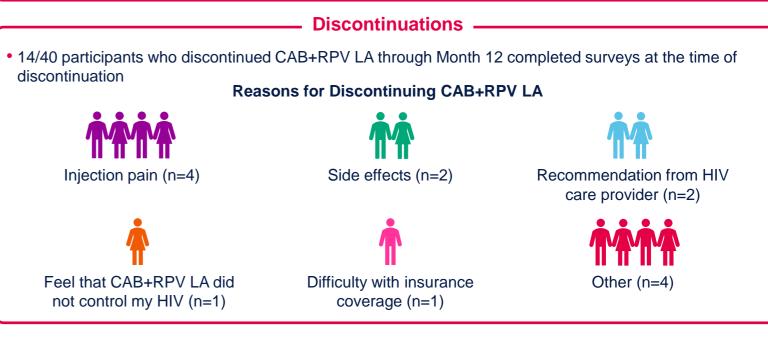
Concerns About CAB+RPV LA Treatment Decreased From Baseline to Month 12 Participant-reported concerns about CAB+RPV LA treatment (>10%)^a Pain or soreness from the injection 47 43 Other side effects or long-term effects from the treatment 12 Impact on my viral load and/or CD4+/T-cell counts 12 Scheduling my travel/holidays around my injection visits 19 10 11 12 Baseline (N=308) Month 12 (n=227) 28 Proportion of participants, % aResponses were not mutually exclusive.



injections included insurance issues/treatment cost, appointment was cancelled/rescheduled by clinic, work-related reasons, illness, and "other"

aParticipants who reported missed/skipped injections were not mutually exclusive/could be in both groups. bAfter rounding, proportions total 99





Conclusions

al. N Engl J Med. 2020;382:1112-1123. 6. Thoueille et al. J Antimicrob Chemother. 2022;77:290-302.

- In the BEYOND study, switching to CAB+RPV LA was associated with improvements in psychological challenges related to HIV treatment at Month 12
- People living with HIV-1 reported a strong preference for CAB+RPV LA over daily oral ART, increased treatment satisfaction, fewer barriers to injections, and more opportunities to engage with their HIV care

Acknowledgments: This study was funded by ViiV Healthcare. Editorial assistance and graphic design support for this poster were provided under the direction of the authors by MedThink SciCom and funded by ViiV Healthcare.

References: 1. Cabenuva [prescribing information]. ViiV Healthcare; 2023. 2. Panel on Antiretroviral Guidelines for Adults and Adolescents. https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf. Accessed February 12, 2024. 3. Orkin et al. N Engl J Med. 2020;382:1124-1135. 4. Ramgopal et al. Lancet HIV. 2023;10:e566-e577. 5. Swindells et