







# "Closer to a cure": mixed-methods analysis of reasons for switching to long-acting injectable Cabotegravir + Rilpivirine

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#### **Key Takeaways**

- CAB+RPV can offer positive psychological improvements beyond the reduction of burdensome adherence experiences, underlining the importance of offering injectables equitably to people living with HIV.
- Further research is needed to measure longer-term improvements in quality of life that injectables may offer.

#### Background

- Research into why people choose to switch to long-acting injectable cabotegravir and rilpivirine (LAI CAB+RPV) has mainly produced survey data describing the challenges of oral therapy (e.g., pill fatigue, adherence anxiety, daily reminder of HIV status, inadvertent disclosure).
- ILANA is the first mixed-methods implementation study examining the acceptability and feasibility of CAB+RPV in six clinics and community settings across Brighton, Liverpool and London in the United Kingdom (UK).
- This presentation explores motivations and experiences that go beyond avoidance of oral therapy. In-depth attention to patient experience can reveal unanticipated motivations for switching.

#### Methods

- ILANA is a 1-yr implementation study exploring acceptability and feasibility of on-label LAI CAB+RPV every 2 months.
- Inclusive recruitment was conducted throughout 2022 with targets for 50% women, 50% racially minoritised people, and 30% aged >50.
- ILANA is a mixed-methods longitudinal study, with iterative qualitative-quantitative data collection via quarterly surveys between M0 and M12 and semi-structured interviews with a sub-sample of participants at M0 and M12.
- Baseline survey data was summarised using descriptive statistics.
- Theoretically-informed interview narrative summaries were analysed thematically. Mixed-method data analysis was integrated and iterative.
- We present analysis of baseline and M12 survey and interview data on motivations for switching to LAI CAB+RPV.

#### Results

Of 145 people approached to participate, 114 were enrolled in the study (54% female; 70% racially minoritised and 40% aged >50 [Table 1])

- Overall, 114 (100%) received oral lead-in and completed baseline surveys and 111 (97%) received at least one injection.
- 109 (95.6%) attended M4 visit and 106 (93.0%) completed questionnaires.
- 102 (89.5%) attended M12 visit and 95 (83.4%) completed questionnaires. By M12, 27 (23.7%) participants
- attended at least one communitysetting visit: 19 received home visits and 8 attended a communitybased organisation.
- 14 participants were interviewed at baseline and M12 (Table 2).

Table 1. ILANA participant characteristics (n=114)

Age (years)	
<50 (n, %)	68 (59.7)
≥ 50 (n, %)	46 (40.4)
Gender	
Cis-Woman (n, %)	60 (52.6)
Cis-Man (n, %)	52 (45.6)
Transgender woman (n, %)	2 (1.8)
Sexual orientation	
Heterosexual (n, %)	77 (67.6)
Gay / Bisexual / Queer / Same gender loving (n, %)	35 (30.7)
Prefer not to answer	2 (1.8)
Ethnicity and race	
Black, Black British, African, or Caribbean (n, %)	58 (50.9)
White British, European or Other (n, %)	34 (29.8)
Mixed / Other ethnic groups (n, %)	16 (14.0)
Asian or Asian British (n, %)	6 (5.3)
Participant clinical history	
≥2 medical conditions (n, %)	51 (44.7)
>2 concomitant medications (n, %)	54 (47.4)
Use of chems / recreational drugs (n, %)	7 (6.1)
Time since HIV diagnosis (median years, IQR)	13.0 (8.0, 19.0)
Time since starting ARVs (median years, IQR)	11.0 (7.0, 16.0)
Total number of regimens received (median, IQR)	3.0 (2.0, 5.0)
Previous ARV regimen exposure: NNRTI (n, %)	65 (57.0)
Previous experience of virological failure (n, %)	9 (7.9)

Table 2. Demographics of interview participants (N=14)

In-depth interview participants (n=14)	n (%)
Age	
<50	7 (50)
50+	7 (50)
Gender	
Cisgender male	6 (43)
Cisgender female	8 (57)
Ethnicity	
Black, Black British, African or Caribbean	5 (36)
Asian or Asian British	3 (21)
White British or European	6 (43)

#### Results

#### **Survey data**

- At baseline, 16 (14%) identified wanting to try a new approach as the most important reason for switching (Table 3).
- The most common reasons for switching included ease of socialising (61%), wanting to try a new approach (60%), not carrying pills when travelling (57%), convenience (54%), and avoiding inadvertent disclosure (45%) and the daily reminder of HIV (45%) (Table 3).
- At M12, 92 (97%) participants expressed a preference for CAB+RPV over oral medication. Most common reasons for this preference included greater convenience (76%), being tired of taking HIV medication every day (75%), and relief from adherence anxiety (72%).

Table 3. Reasons given for choosing to switch to CAB+RPV at baseline, including most important reason, **N=114**\*

Reasons for choosing to switch CAB+RPV LA	Most important reason (single-choice) n (%)	Reasons (multi-choice) n (%)
I want to try a new approach and see if it is a better fit for my life	16 (14.2)	68 (60.2)
I do not want my HIV treatment to remind me of my HIV status every day	13 (11.5)	51 (45.1)
I want a treatment option that is more convenient for my life	13 (11.5)	62 (54.9)
I would feel more comfortable not taking pills with me when going out with people/friends	12 (10.6)	70 (62.0)
I would feel more comfortable not taking pills with me when travelling	12 (10.6)	65 (57.5)
I worried about others seeing my HIV pills and finding out that I have HIV	12 (10.6)	51 (45.1)
I worried about missing a dose and not being undetectable anymore or transmitting the disease	7 (6.2)	38 (33.6)
Sometimes it was difficult for me to remember to take my previous HIV medication every day	7 (6.2)	31 (27.4)
I hope that injections will be easier on my stomach/digestive system	6 (5.3)	32 (28.3)
I was tired of taking my medication every day	4 (3.5)	36 (31.9)
Other**	4 (3.5)**	3 (2.7)***
I had difficulty swallowing my oral HIV medication	3 (2.7)	7 (6.2)
I was concerned about the long-term side effects of my prior HIV medications	2 (1.8)	8 (7.1)
My doctor suggested switching to long-acting treatment	2 (1.8)	18 (15.9)
I did not tolerate my previous HIV medications well because of side effects	0 (0)	3 (2.7)
I worried that my viral load was not controlled with my prior HIV medications	0 (0)	3 (2.7)
Missing	1	1
* %s calculations exclude missing values.		

# **Interview data**

# CAB+RPV as an indicator of progress

Overall, participants discussed how the injections provided a sense of progress. Some considered injectables as being 'closer to a cure' for HIV, with many describing how CAB+RPV enabled them to experience a sense of 'normalcy' between appointments.

"It's more like normality. I'm like everybody else now. It's one less thing to worry about." - Robert, White British man, aged

51, clinic arm, M12 interview

# Relief from oral medication challenges

Many participants described great relief from oral medication challenges (e.g. worries about adherence and the daily reminder of HIV status). However, even those who did not experience such challenges still expressed a preference for CAB+RPV over their oral regimen.

psychological challenges related to their HIV status.

Improved quality of life

The first thing I noticed it was like a big relief – a big mental relief – that I don't have to go through tablet anymore, I don't have to remember whether I've taken the tablets or not – Jacob, Black African man, aged 62, clinic arm, M12 interview

Many participants described how CAB+RPV had improved the quality of their life, giving them greater freedom to socialise and travel despite the increased appointment schedule. For some, the reduced medication burden has helped them to overcome

The injectable has improved my outlook on life, more focused on living now. Before I was focused on regret, and how things just weren't the same [since my diagnosis].... I've got a more positive outlook now.

> Abimbola, Black African woman, aged 55, clinic arm, M12 interview

# Conclusion

- CAB+RPV can offer positive psychological improvements beyond the reduction of burdensome adherence experiences, with implications for how and to whom it is offered. Participants who reported no significant challenges with previous medication still described substantial improvements in their quality of life, underlining the importance of offering injectables equitably to people living with HIV.
- Further research is needed to measure longer-term improvements in quality of life that injectables may offer.

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<sup>\*\*</sup> Other most important reasons included: 'to help with research'; 'same answers as above'; 'l've been asked to take part in this study'; 'helping

<sup>\*\*\*</sup> Other reasons included: 'I've been asked to take part in this study'; 'help with trial'; 'the stigma I get when people discriminate me having HIV'.