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1567. Perspectives of People with HIV (PWH) 6 Months Following a Switch to Cabotegravir and Rilpivirine Long-acting (CAB+RPV LA) in an Observational Real-world US Study (BEYOND)

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Background. CAB+RPV LA is the only complete long-acting regimen for treatment of virologically suppressed people with HIV (PWH). Administered monthly or every 2 months by a healthcare provider (HCP), CAB+RPV LA may alleviate challenges associated with daily oral antiretroviral therapy (ART). Perspectives of PWH receiving CAB+RPV LA in real-world US healthcare settings are needed.

Methods. This 2-year prospective, observational study enrolled treatment experienced PWH following the decision to switch to CAB+RPV LA (monthly or every 2 months) across 30 participating US sites. Participants completed baseline (BL) surveys prior to first injection and follow-up surveys at Month 6 (M6). Surveys assessed challenges with daily oral ART, reasons for initiating CAB+RPV LA, HIV treatment satisfaction using the HIV Treatment Satisfaction Questionnaire (HIVTSQ), preference for daily oral vs. injectable, and benefits of more frequent clinic visits.

Results. A total of 308 PWH were enrolled and completed BL surveys (Table 1); 217 PWH had reached the M6 timepoint and completed M6 surveys as of data cut-off (Jan 2023); of the 217 PWH, 8 reported they had discontinued CAB+RPV LA. At BL, 49% respondents reported sometimes, often, or always hiding their prior oral ART for fear of disclosing HIV status. The common primary reasons PWH chose to start CAB +RPV LA were: tired of taking daily oral ART, wanted a more convenient treatment option, and worried about missing a dose (Table 2). At M6, PWH receiving CAB + RPV LA reported a decrease from BL in fear of disclosure, anxiety around adherence, and daily reminder of HIV. At M6, 88% of PWH reported CAB+RPV LA was rarely or never an unwelcome reminder of their HIV status vs. 50% at BL with prior oral ART. Most participants preferred CAB+RPV LA (95%), 2% preferred daily oral ART, and 2% had no preference at M6. Treatment satisfaction increased from BL to M6; most reported multiple additional benefits with more frequent clinic visits (Table 3).

Table 1. PWH Baseline Characteristics and Demographics

Sex Assigned at Birth	**N = 308**
Male	268 (87%)
Female	40 (13%)
Current Gender Identity	**N = 308**
Male	256 (83%)
Female	40 (13%)
Transgender woman (TGW)	5 (2%)
Transgender man (TGM)	1 (<0.5%)
Non-Binary	6 (2%)
Race (not mutually exclusive)	**N = 308**
White or Caucasian	147 (48%)
Black or African American	119 (39%)
Native American, American Indian or Alaska Native	19 (6%)
Asian	8 (3%)
Native Hawaiian or other Pacific Islander	3 (1%)
Race(s) not listed	29 (9%)
Prefer not to answer	14 (5%)
Ethnicity	**N=308**
Hispanic/Latinx	68 (22%)
Non-Hispanic/Latinx	220 (71%)
Prefer not to answer	20 (7%)
Age (years)	**N=308**
Median (min, max)	45 (18, 80)
18 – 25	13 (4%)
26 - 49	174 (57%)
50 – 64	93 (30%)
65 +	28 (9%)
Years Since Initiation of First ART regimen	**N=302***
Median (min, max)	9.9 (0.1, 35.7)
HCP Determined Relevant Social Determinants of Health (last 5 years to present), >5%	**N=308**
Comorbidities	70 (23%)
Adherence issues	58 (19%)
Mental health issues	47 (15%)
Polypharmacy/multiple medications	44 (14%)
Health insurance issues or changes	33 (11%)
Substance abuse (e.g., injection drug use, alcohol abuse)	30 (10%)
Affordability of HIV medications	22 (7%)
Job instability	19 (6%)
Homelessness/unstable living conditions	19 (6%)
Difficult work and/or family schedule	18 (6%)

*Missing data for 6 PWH

Table 2. PWH Reported Primary Reason for Initiating CAB+RPV LA

Primary Reason PWH Chose to start CAB+RPV LA	**N=308**
I was tired of taking my HIV medication every day	84 (27%)
I wanted a treatment option that is more convenient for my life	63 (21%)
I worried about missing a dose of my HIV medication	52 (17%)
I was concerned about the long-term side effects of my prior HIV medications	29 (9%)
It was difficult for me to remember to take my previous HIV medications every day	16 (5%)
I did not want my HIV treatment to remind me of my HIV status every day	15 (5%)
My doctor suggested switching to long-acting treatment	15 (5%)
I worried about others seeing my HIV pills and finding out that I have HIV	13 (4%)
Another reason	11 (4%)
I had difficulty swallowing my prior HIV medication	5 (2%)
I did not tolerate my prior HIV medications well because of side effects	3 (1%)
I worried that my viral load was not controlled with my prior HIV medications	2 (<1%)

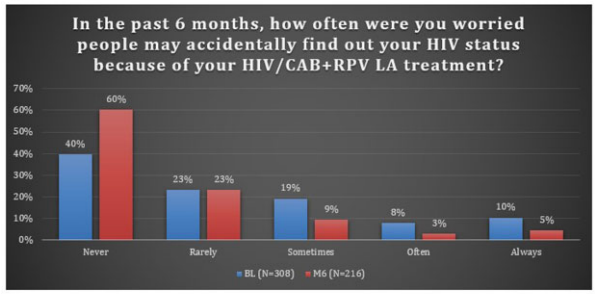
Table 3. PWH Reported Benefits of Clinic Visits

Which of the following do you think are benefits of your in-person visits to your HIV clinic to receive -CAB+RPV LA injections? (more than 1 response could be selected)	**Month 6 N = 206***
I feel my HIV is better controlled	140 (68%)
I have more opportunities to discuss other healthcare issues or concerns as they arise	122 (59%)
I am more engaged in managing my HIV	121 (59%)
I feel like I have a better relationship with my HIV care provider	117 (57%)
I have more opportunities to discuss HIV treatment concerns	113 (55%)
Another benefit	24 (12%)
There are not any benefits**	9 (4%)

*Question asked only of participants who reported they were still receiving CAB+RPV LA at M6; **Exclusive choice

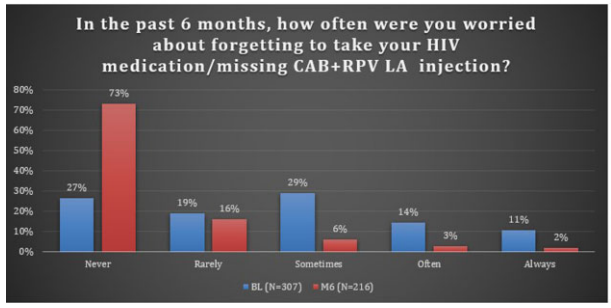
Conclusion. Switching to CAB + RPV LA demonstrated improvements in fear of disclosure, anxiety around adherence, and daily reminder of HIV status at M6 (Fig. 1-3). PWH reported a strong preference for CAB+RPV LA, increased treatment satisfaction, and more opportunities to engage with their HIV care.

Figure 1. PWH Reported Fear of HIV Status Disclosure at Baseline and Month 6**



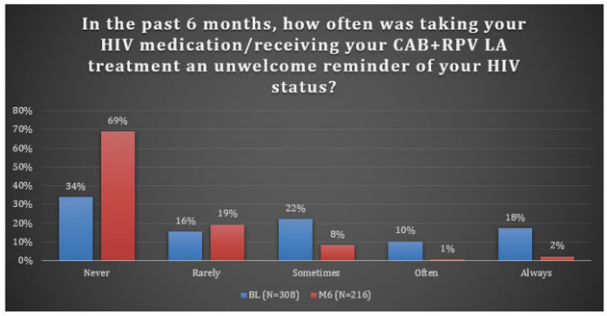
**Missing data for 1 PWH at Month 6

Figure 2. PWH Reported Anxiety Around Adherence to HIV medication at Baseline and Month 6**



** Missing data for 1 PWH at Baseline and 1 PWH at Month 6

Figure 3. PWH Reported Frequency of Daily Reminder of HIV at Baseline and Month 6**



** Missing data for 1 PWH at Month 6

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