REAL-WORLD EFFECTIVENESS, SAFETY AND ADHERENCE OF LONG ACTING CABOTEGRAVIR AND RILPIVIRINA IN A TERTIARY HOSPITAL

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BACKGROUND AND IMPORTANCE

Long-acting (LA) intramuscular therapy with cabotegravir (CAB) and rilpivirina (RPV) has demonstrated to be an alternative to daily oral regimens.

AIM AND OBJECTIVES

Primary end point

To assess clinical effectiveness of switching from an oral regimen to CAB+RPV LA in HIV patients at 6 and 12 months.

Secondary end point

To evaluate safety and impact on adherence.

MATERIAL AND METHODS

- Observational, retrospective and single-center (tertiary hospital) study.
- Demographic and laboratory data, previous resistance studies and prior treatment adherence were recorded.
- At 6 and 12 months, viral load (VL), CD4 counts, adherence and medication-related issues were documented.

Patients who switched to CAB+RPV LA

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EFFECTIVENESS

- VL count
- CD4 count

SAFETY

- Reported adverse events
- % of discontinuations

RESULTS

71 patients

82% ♂

Median age (years, IQR)	Time of HIV-1 infection (years, IQR)	Previous oral regimens (IQR)	First VL count (copies/ml, IQR)	First CD4 count (cel/ul, IQR)	Median follow-up from CAB/RPV IM prescription (months, IQR)
46 (38-55)	14 (8.2-18.5)	3 (2-5)	19829 (5215-112663)	475 (343-721)	11.6 (8.8-15.8)

LA CAB/RPV START
N=71
CD4 (cel/ul) 848 (738-1189)
100% undetectable VL
66 (92%) adherence> 90%

6 MONTHS
N=71
CD4 (cel/ul) 937 (767-1225) p<0.05
100% undetectable VL
66 (92%) adherence > 90%
≠ non-adherent patients to oral treatment

12 MONTHS
N=30
CD4 (cel/ul) 981 (724-1160) p=0.3
100% undetectable VL
28 (93%) adherence > 90%
≠ non-adherent patients to oral treatment

31 (44%) reported **ADVERSE EVENTS**

- local issues (20)
- flu-like symptoms (7)
- neurological reactions (6)

STOP — Eight (11%) **discontinuations** all due to AEs.

CONCLUSION AND RELEVANCE

Real-world CAB+RPV LA data show its effectiveness in maintaining viral suppression and adequate CD4 levels. However, we have seen a significant percentage of discontinuations due to AEs that differ from data reported in trials. We also noticed changes in patient adherence patterns. Further studies with a larger number of patients would be necessary to confirm these findings.

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