



BORDEAUX  
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# EFFECTIVENESS AND SAFETY OF LONG-ACTING CABOTEGRAVIR/RILPIVIRINE IN REAL-LIFE POPULATION

García-Castiñeira, C; Garcia-Xipell, S; Marin, S; Cardona, G; García-Giménez, I; Bocos-Baelo, A; Estrada, L; Terricabras, E; Rodríguez-González, C; Quiñones, C  
Hospital Universitari Germans Trias i Pujol

## BACKGROUND AND IMPORTANT

Long-acting  
**Cabotegravir/rilpivirine**  
(CAB/RPV) injectable

→ Antiretroviral therapy simplification: adherence and tolerability improvement



**Pharmacist-led long-term monitoring:** ensures effectiveness and safety

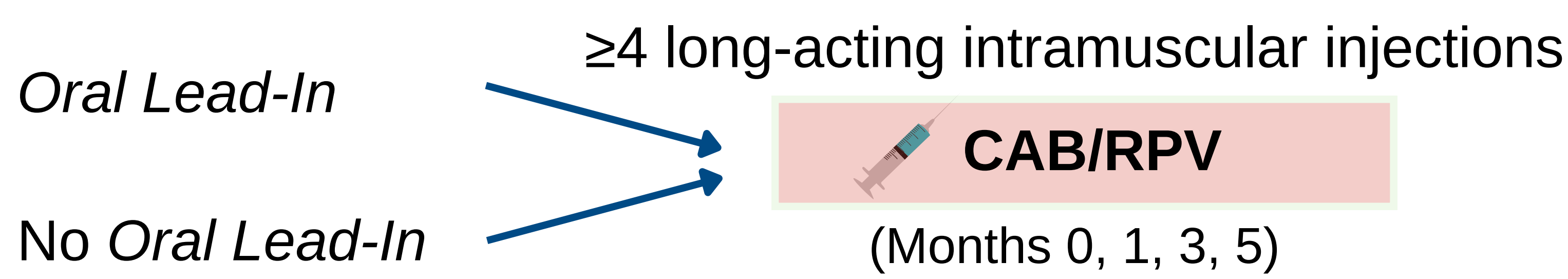
## AIM AND OBJECTIVES

Assess the long-term real-life **effectiveness** and **safety** of cabotegravir/rilpivirine

## MATERIAL AND METHODS

Observational, longitudinal, prospective study including patients starting long-acting CAB/RPV during **March 2023**

✓ **INCLUSION CRITERIA:** Baseline viral load undetectable



✗ **EXCLUSION CRITERIA**

- Participation in FLAIR or ATLAS studies
- Age < 18 years old



**Sociodemographic data:** age, sex at birth, body mass index, viral load at baseline and 5-month follow-up

**Treatment effectiveness:** maintained virological suppression

**Adverse effects** collected and followed-up by pharmacist validation, clinical and nursing-staff monitoring

## RESULTS

N = 30 patients  
♂ = 90% male sex at birth  
📅 = 43.7 years (mean age)

5 month follow-up

- 28 (93.3%): **undetectable** viral load
- 2 (6.7%): **treatment discontinuation** (archived RPV mutation)

**Patient 1**

Viral load = 113,146 copies/mL

**Patient 2**

Undetectable (<50 copies/mL)



27 (90%) ≥ 1 adverse effect

Most frequent

- 26 (83.3%): injection-site reactions (gluteal pain, induration)
- 3 (3%): low-grade fever
- 2 (6.7%): fatigue
- 2 (6.7%): diarrhea

## CONCLUSIONS AND RELEVANCE

- Long-acting CAB/RPV effectiveness and safety were favourable
- No treatment interruptions due to adverse effects were observed
- Resistance mutations need to be considered

### LIMITATIONS

- Small sample size
- Low proportion of female patients
- Short term follow-up

