BORDEAUX
20-22 March 2024

EFECTIVENESS AND SAFETY OF LONG-ACTING CABOTEGRAVIR/RILPIVIRINE IN REAL-LIFE POPULATION

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BACKGROUND AND IMPORTANTE

Long-acting Cabotegravir/rilpivirine (CAB/RPV) injectable → Antiretroviral therapy simplification: adherence and tolerability improval

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

Oral Lead-In → ≥4 long-acting intramuscular injections

No *Oral Lead-In* → ≥4 long-acting intramuscular injections

CAB/RPV

(Months 0, 1, 3, 5)

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 efectiveness: manteined virological supression

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%)**: dhiarrea

CONCLUSIONS AND RELEVANCE

- Long-acting CAB/RPV efectiveness 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

ATC Code: J05- ANTIVIRALS FOR SYSTEMIC USE. Abstract number: 4CPS-098

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