The Implementation of Every 2 Months Cabotegravir and Rilpivirine Long-Acting Injections From the Perspective of Healthcare Providers in the German CARLOS Cohort, 6-Month Outcomes

P029

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Key Takeaways

- **The CARLOS study is a prospective, non-interventional, 3-year multicenter cohort study that provides the first insights into healthcare provider (HCP) perspectives on the real-world implementation of cabotegravir + rilpivirine long-acting (CAB + RPV LA) in Germany.**
- **Most patients could return to their daily activities immediately following treatment, with HCPs identifying multiple techniques to minimize pain during injection and giving advice to reduce soreness after injection.**
- **Although some concerns surrounding LA therapy remained during the first 6 months, the overall feeling about CAB + RPV LA implementation was positive for the majority of HCPs.**

Introduction

- CAB + RPV LA is the first complete LA regimen recommended in treatment guidelines for the maintenance of viral suppression in people living with HIV (PLHIV).[1]
- The prospective CARLOS cohort study is a non-interventional, 3-year multicenter study conducted in PLHIV who switched from suppressive daily oral therapy to CAB + RPV LA administered every 2 months (Q2M), in accordance with the label in routine clinical care in Germany.
- This interim analysis at Month (M) 6 summarizes HCP perspectives on the implementation of CAB + RPV LA in a real-world setting.

Methods

- Implementation questionnaires were completed by HCPs at baseline and M6.
- Questionnaires related to the following aspects: prior experience, barriers to and facilitators of implementation, as well as experiences and impressions of implementing CAB + RPV LA.
- Up to four staff members per site could complete the questionnaires.
- Staff members included physicians, nurses/staff administering the injections, or other office staff involved in the care of PLHIV on CAB + RPV LA.
- This interim M6 analysis includes quantitative data from HCPs at 22 sites.

Results

- Between April 2021 and May 2022, 21 of 22 participating HIV clinics and private practices had recruited 347 PLHIV switching to CAB + RPV LA, in accordance with the label.
- At the time of data cutoff, median recruitment per site was 10 PLHIV (range, 2–65) and baseline questionnaires had been completed by 43 HCPs across 18 sites; M6 questionnaires had been completed by 38 HCPs across 18 sites.

Clinical Trial Experience of HCPs with CAB + RPV LA

- At baseline, previous experience from clinical trials with CAB + RPV LA was reported by 65% of HCPs (n=28/43) (**Table 1**).
- HCPs were involved most frequently in the SOLAR study (40%), followed by LATTE-2 (19%), FLAIR (19%), ATLAS (16%), ATLAS-2M (16%), and CARISEL (9%).

Table 1. HCP Occupation and Clinical Trial Experience

Parameter, n (%)	Baseline (n=43)	M6 (n=38)
Investigator/physician	20 (47)	16 (42)
Prior experience with CAB + RPV LA	12/20 (60)	9/16 (56)
Administers injections	11/20 (55)	9/16 (56)
Nurse	16 (37)	14 (37)
Prior experience with CAB + RPV LA	11/16 (69)	6/14 (43)
Administers injections	13/16 (81)	10/14 (71)
Office staff	7 (16)	8 (21)
Prior experience with CAB + RPV LA	5/7 (71)	6/8 (75)
Administers injections	0/7	0/8

CAB, cabotegravir; HCP, healthcare provider; LA, long-acting; M, Month; RPV, rilpivirine.

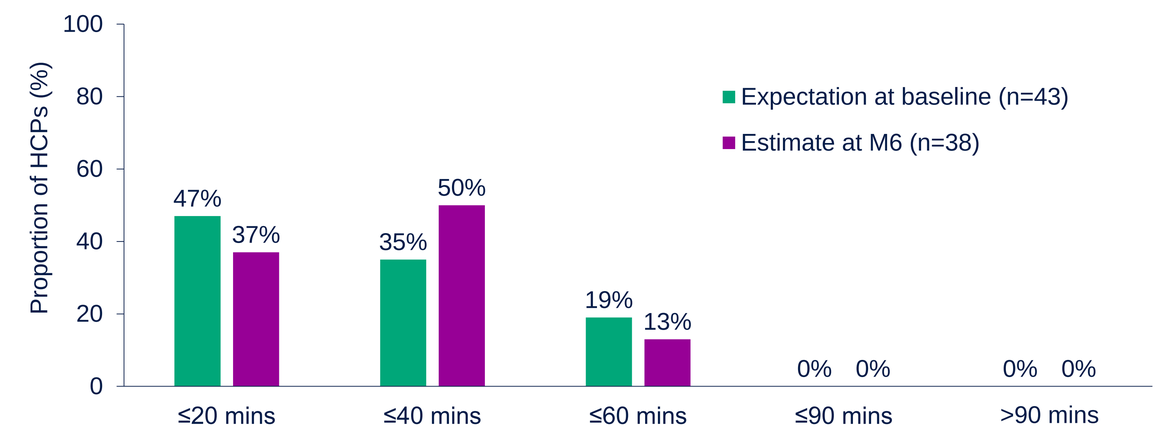
HCP Perception on the Implementation of CAB + RPV LA

- At M6, the overall feeling about implementing CAB + RPV LA was positive in 92% (extremely positive 21%; very positive 42%; somewhat positive 29%) of HCPs (n=35/38) and was similar between those with or without prior trial experience (90% [n=19/21] vs. 94% [n=16/17]), respectively.
- Overall, 73% (n=27/37) of HCPs spent ≤20 minutes, 14% (n=5/37) spent 21–40 minutes, and 14% (n=5/37) spent >40 minutes per week to ensure patients' attendance at the next injection appointment.

Average Time Patients Spent in the Clinic/Practice for Each Injection Visit

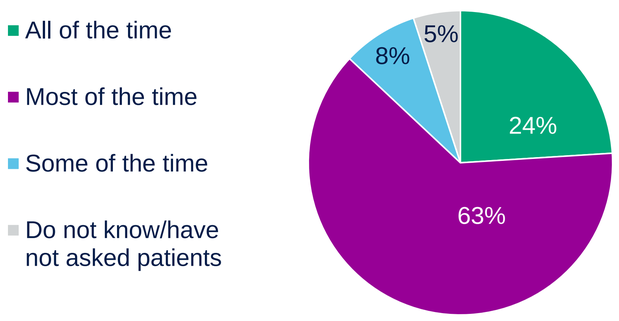
- At M6, the average time patients spent in clinic/practice for each injection visit was estimated to be 21–40 minutes by 50% of HCPs (n=19/38), and ≤20 minutes by 37% of HCPs (n=14/38) (**Figure 1**).
- Overall, 66% of HCPs (n=25/38) considered the time spent in clinic as extremely or very acceptable for patients (32% [n=12/38] somewhat acceptable).

Figure 1. Time Spent in Clinic/Practice (Expectation at Baseline and Estimate at M6)



HCP, healthcare provider; M, month.

Figure 2. Patients Can Return to Their Daily Activities Immediately Following Their Treatment (M6; n=38)

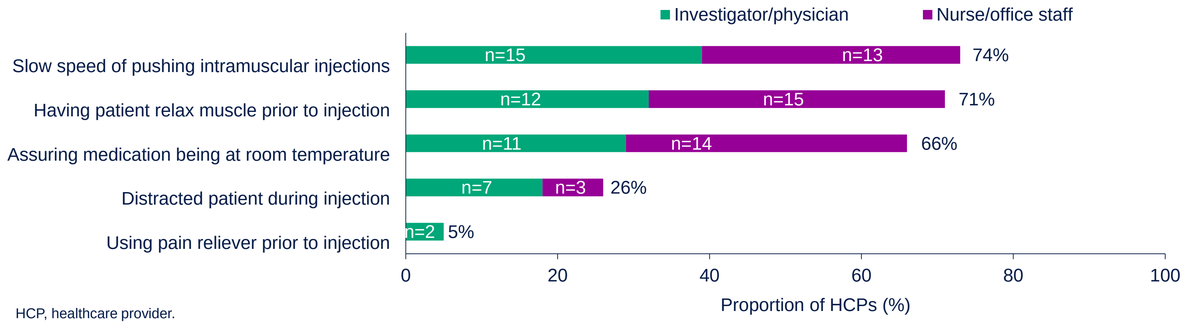


M, month.

Pain-Reducing HCP Techniques and Advice Reported at Month 6

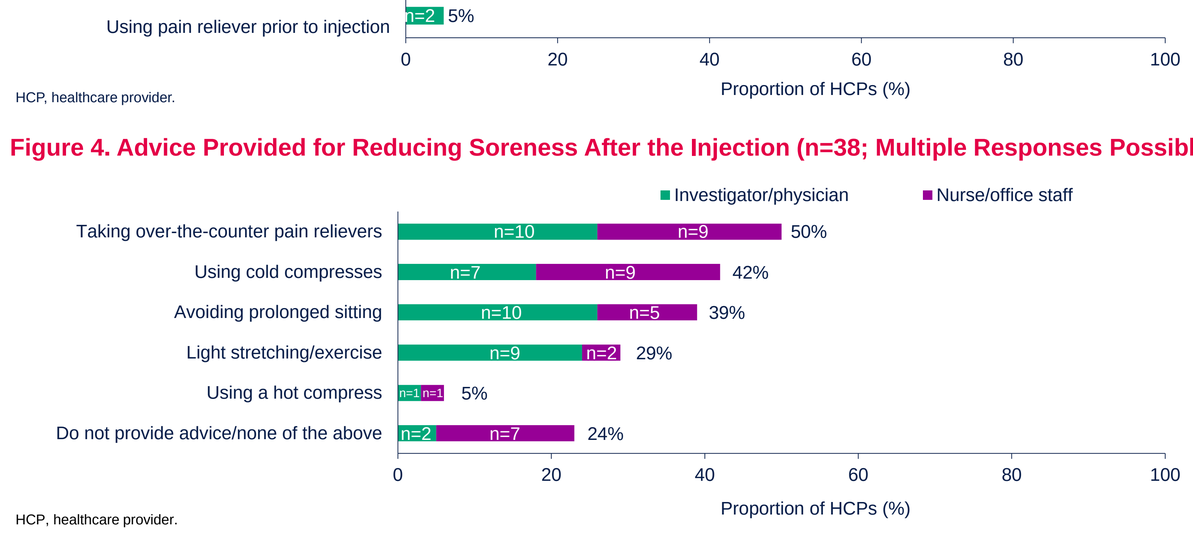
- **Figures 3 and 4** show HCP techniques used to minimize pain during injection and HCP advice for reducing soreness after the injection.

Figure 3. Techniques to Minimize Pain During Injection (n=38; Multiple Responses Possible)



HCP, healthcare provider.

Figure 4. Advice Provided for Reducing Soreness After the Injection (n=38; Multiple Responses Possible)

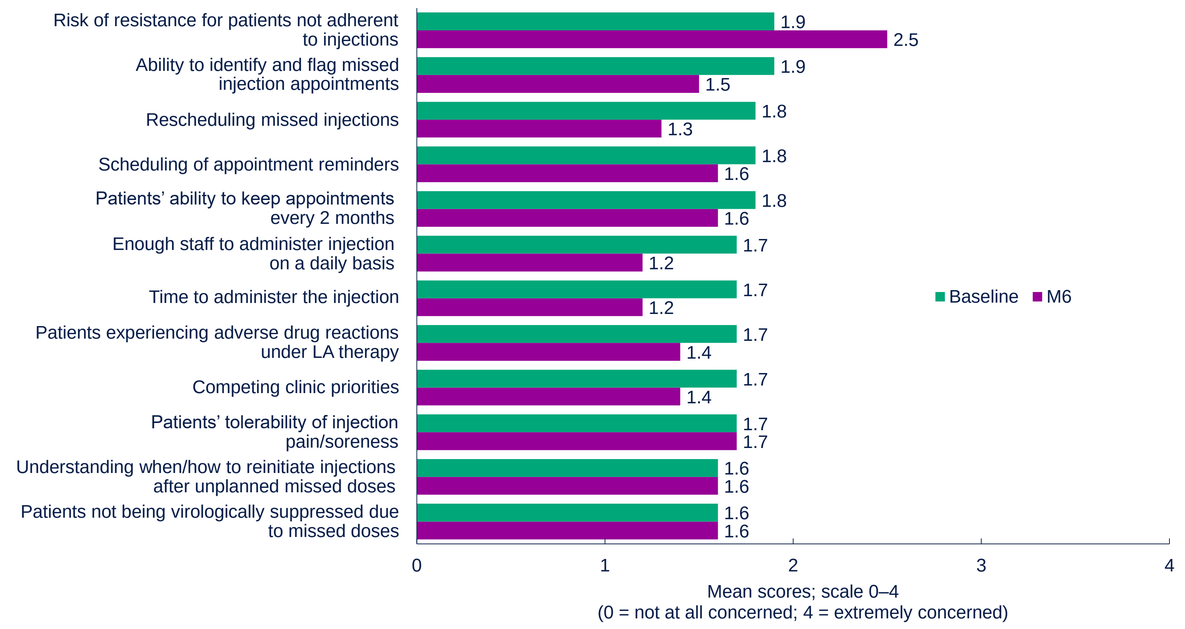


HCP, healthcare provider.

Implementation Concerns Over the Course of 6 Months

- Of the implementation concerns listed in **Figure 5**, patients' ability to comply with injections and the potential risk of developing resistance were most commonly raised by HCPs.
- Most concerns identified at baseline showed slight numeric decreases in mean score at M6.

Figure 5. HCP Concerns Regarding the Implementation of CAB + RPV LA Therapy in Clinical Routine at Baseline and M6*



*Only sites that completed both baseline and M6 questionnaires were included (baseline, n=32 HCPs; M6, n=29 HCPs). The response choice "risk of resistance" was only available to physicians, and the mean was calculated accordingly (baseline, n=16; M6, n=15).
CAB, cabotegravir; HCP, healthcare provider; LA, long-acting; M, month; RPV, rilpivirine.

Limitation

- The comparison of HCP assessments at baseline and M6 was made at the center level (vs. at the level of the individual); individual respondents may have been different between baseline and M6, leading to possible bias in the comparison.

Conclusions

- In this real-world cohort, HCPs had an overall positive opinion on CAB + RPV LA implementation, with most concerns from baseline decreasing at M6.
- The estimated time patients spent in the clinic/practice for injection visits was <40 minutes for the majority (87%) of HCPs.
- These results support the real-world implementation of CAB + RPV LA as a complete regimen for the maintenance of HIV-1 virologic suppression.

Acknowledgments: We thank everyone who has contributed to the success of the study; all study participants, investigators, and their staff of the CARLOS study centers: Infektiologisches Zentrum Steglitz/Berlin; Klinikum Osnabrück/Osnabrück; MVZ am Isartor/Munich; MVZ München am Goetheplatz/Munich; Novopraxis/Berlin; Praxis an der Kulturbrauerei/Berlin; Praxis am Ebertplatz/Cologne; Praxis City Ost/Berlin; Praxis Cordes/Berlin; Praxis Goldstein/Berlin; Praxis Knechten/Aachen; Praxis Schöneberg/Berlin; Praxis Seidel/Weimar; Praxis UBN/Berlin; prinzmed/Munich; Praxis Hohenstaufenring/Cologne; Universitätsklinikum Bonn/Bonn; Praxisgemeinschaft ViRo Schillerkiez/Berlin; Walk In Ruhr (WIR)/Bochum. Statistical analysis and medical writing were provided by MUC Research; medical writing and editorial assistance were provided by Scimentum (Nucleus Global); funded by ViiV Healthcare. CARLOS is sponsored by ViiV Healthcare, Germany.

Reference: 1. European AIDS Clinical society. Guidelines for the management of people living with HIV in Europe 2021. October 2021. Available from: https://www.eacsociety.org/media/final2021eacsguidelinesv11.0_oct2021.pdf. Accessed June 2022.

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