Overcoming Barriers and Achieving Optimal Implementation of Cabotegravir and Rilpivirine Long-Acting (CAB + RPV LA): Achieving Optimal Implementation Study in European Locations (CARISEL)

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Key Takeaways

- Understanding how to overcome barriers and achieve optimal implementation of cabotegravir + rilpivirine long-acting (CAB + RPV LA) dosed every 2 months (QM) is a core strategy as intermediate stage to oral administration.
- Data from staff participants in a Phase 3b multicenter, hybrid type III implementation-effectiveness study presented suggests to achieve optimal CAB + RPV LA implementation.
- Across diverse European clinical settings and participants, quantitative and qualitative data demonstrated that implementation barriers decreased over time.
- Perceptions about CAB + RPV LA were positive throughout implementation.
- Tips for optimizing the implementation of CAB + RPV LA included power purchase, and management suggestions, including providing education about the LA intramuscular treatment.

Results

- CAB + RPV LA is the first complete injectable regimen dosed Q2M that is recommended option in US and EU treatment guidelines for virologically suppressed people living with HIV-1 (PLWH).1,2
- CAB + RPV LA reduces dosing frequency compared with daily oral antiretroviral therapy, LA at Months 1 and 12

Methods

- Quantitative and qualitative data on the barriers and facilitators for optimal implementation were analyzed from Month 1 and Month 12 from staff participants in 18 sites across Belgium, France, Germany, the Netherlands, and Spain (Table 1).
- Quantitative data were obtained using the Associated Person, Facilitators, and Barriers (Exploration, Preparation, Implementation, CQI) Evaluation Framework (EPIS Framework).
- A 31-item measure was used to assess any barriers to successful implementation of the CAB + RPV LA injection treatment in the participant’s clinic.
- Qualitative data were obtained from semi-structured qualitative interviews on CAB + RPV LA implementation.
- Interview guide topics were informed by the EPIS framework and Proctor outcomes.4,5

Table 1. Staff Participant Sample Size for Quantitative and Qualitative Data by Time Point

<table>
<thead>
<tr>
<th>Month</th>
<th>Quantitative</th>
<th>Qualitative</th>
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<tr>
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<td>n=70</td>
<td>n=70</td>
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<tr>
<td>12</td>
<td>n=62</td>
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Conclusions

- CAB + RPV LA was efficacious, with 87% of participants in CARISEL maintaining HIV-1 virologic suppression and 0.7% having virologic non-response at Month 12 (intention-to-treat exposed, Snapshot analysis).3
- Here, we present the barriers and strategies for optimal implementation of CAB + RPV LA from staff participants in the CARISEL study.

References


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*437 patient participants enrolled, 430 received CAB + RPV LA.

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Figure 1. Study Design

Figure 2. Baseline Characteristics

Figure 3. Barriers to Implementation at Months 1 and 12 (Survey Data)

Figure 4. Providers’ Positivity About Implementing CAB + RPV LA at Months 1 and 12

Figure 5. Acceptability at Month 12 (Facilitators of and Barriers to)

Figure 6. Patient Characteristics Appropriate for CAB + RPV LA Treatment at Months 1 and 12

Figure 7. Top Tips for Reducing Pain With Mode of Administration at Month 12

Figure 8. Information Staff Participants Wished They Knew More About at Study Start

Figure 9. Adaptations for COVID-19 Challenges

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