

Real-World Utilization of Cabotegravir + Rilpivirine in Southern Spain: Data From the CARIPLA Study

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BACKGROUND

- Cabotegravir+Rilpivirine (CAB+RPV) is the first complete long-acting (LA) antiretroviral therapy (ART).
- It is approved for the treatment of ART-experienced people with undetectable viral load (VL).
- Data related to treatment with CAB + RPV in usual clinical practice are few.
- Our **objective** was to analyze the efficacy and safety of CAB+RPV in HIV-infected patients who switched from any other ART in real-world settings.

PATIENTS AND METHODS

- > **Study design:** Open-label, multicenter study (7 hospitals).
- > **Patients:** those who switched to CAB+RPV between Jan/23 and May/24.
- > Epidemiological, clinical and immunovirological characteristics were recorded.
- > **Primary endpoint**
 - percentage of patients with HIV-VL < 50 cp/mL at 24 and 48 weeks.
- > **Secondary endpoints**
 - percentage of patients who discontinued CAB+RPV and their reasons.
- > **Statistic program:** SPSS 24.0

RESULTS

N = 281

Table 1. Characteristics of the patients included

Variables		Variables	
Male gender	245 (87.2)	Baseline CD4 count T cells/mm ³	774 (575-985)
Age (years)	44.2 (36.4-54.5)	Baseline HIV viral load*	
HIV transmission category		< 20	256 (90.4)
MSM	205 (73.0)	20 – 50	13 (4.2)
Heterosexual	46 (16.4)	50 – 100	7 (2.1)
IDU	17 (6.0)	100 – 200	4 (1.4)
Other	13 (4.6)	Previous ART	
Months since HIV diagnosis	145.2 (78.4-225.0)	DTG/3TC	85 (30.6)
AIDS cases	3 (13.2)	TAF/FTC/BIC	75 (26.6)
Prior ART regimens ≥3	179 (63.7)	DTG/RPV	34 (12.0)
Median of prior ART regimens	3	TAF/FTC/RPV	27 (9.6)
Prior virologic failure	179 (53.8)	TAF/FTC/DRVc	9 (3.2)
		Other regimens	51 (17.7)
		Reasons for starting CAB + RPV	
		Convenience	145 (52.0)
		Simplification	111 (39.8)
		Other	23 (7.9)

Abbreviations: MSM, men who have sex with men; IDU, intravenous drug use; ART, antiretroviral therapy.

*The continuous variables are expressed as the median (interquartile range, IQR) and the qualitative variables in n (%).

Abbreviations: ART, antiretroviral therapy; DTG, dolutegravir; TAF, tenofovir alafenamide; FTC: emtricitabine; BIC, bictegravir; RPV, rilpivirine; DRVc, darunavir/cobicistat; CAB, cabotegravir

*The continuous variables are expressed as the median (interquartile range, IQR) and the qualitative variables in n (%).

*All but one had VL <200 copies/mL. Two patients had NNRTI resistance mutations (V108I one, and 103N the other).

Table 2. Disposition at the end of follow up^a

Variables	
Patients who remained on CAB + RPV*	264 (93.9)
HIV viral load < 200 cop/mL	257 (97.5)

^aMedian follow-up time after first injection was 7.8 months with median of 7 injections.
*17 patients discontinued the regimen: 8 (2.8%) due to transfer to another city, 4 (1.4%) due to patient's preference, 3 (1.0%) due to injection pain, one gestational desire, and one lost to follow-up. Among all initiators, 120 (42.7%) had recorded VL at 24 weeks and 40 (14.2%) at 48 weeks, being <200 copies/mL in 97.5%. Among all individuals, 246 (87.5%) had at least one VL after switching, with all follow-up VL <200 copies/mL.

CONCLUSIONS

- ❖ CAB+RPV was effective and safe in long-term and highly ART-experienced HIV-infected patients under any prior treatment, suggesting high effectiveness of this regimen in real world settings.
- ❖ Convenience, and simplification were the main reasons for changing, and DTG-based dual therapies were the most common prior regimens.
- ❖ Few patients discontinued CAB+RPV, exceptionally due to adverse event.