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EFFICACY AND SAFETY OF LONG-ACTING CABOTEGRAVIR + RILPIVIRINE AT ALL SAINTS CLINIC IN WROCLAW (POLAND) – A 2-YEAR REAL-LIFE SINGLE-CENTER EXPERIENCE

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BACKGROUND

Long-acting injectable antiretroviral (LAI) therapy with cabotegravir + rilpivirine (CAB+RPV) has been available to Polish patients since June 2022 and is covered by the National Health Fund.

All Saints Clinic was the first center to offer this regimen in Poland and now represents almost 50% of all Polish patients receiving this treatment.

MATERIAL AND METHODS

Patients who received at least one dose of LAI CAB+RPV between June 2022 and May 2024 were included.

Demographic, clinical, metabolic, and immunologic variables as well as data on previous combination antiretroviral therapy (cART) and follow-up outcomes were assessed.

Patients were divided into two groups: those with suppressed viral load at switch (SS group) and those without viral suppression (non-SS group).

RESULTS

The study group included patients of Polish (94%) and Ukrainian (6%) origin. Patients in the SS group and non-SS group did not differ in age, sex, age at diagnosis, HIV subtypes, HIV mutations, CD4 count at diagnosis, or previous exposure to major classes of cART (p>0.05). However, patients in the non-SS group had a higher viral load at diagnosis than those in the SS group (190000 c/mL vs. 37600 c/mL; p=0.011) and a higher percentage of previous cART failures (35.3% vs. 4.5%; p=0.0004). Follow-up was 1.278 patient-years. Key findings are shown in Figures 1-3 and in Table 1.

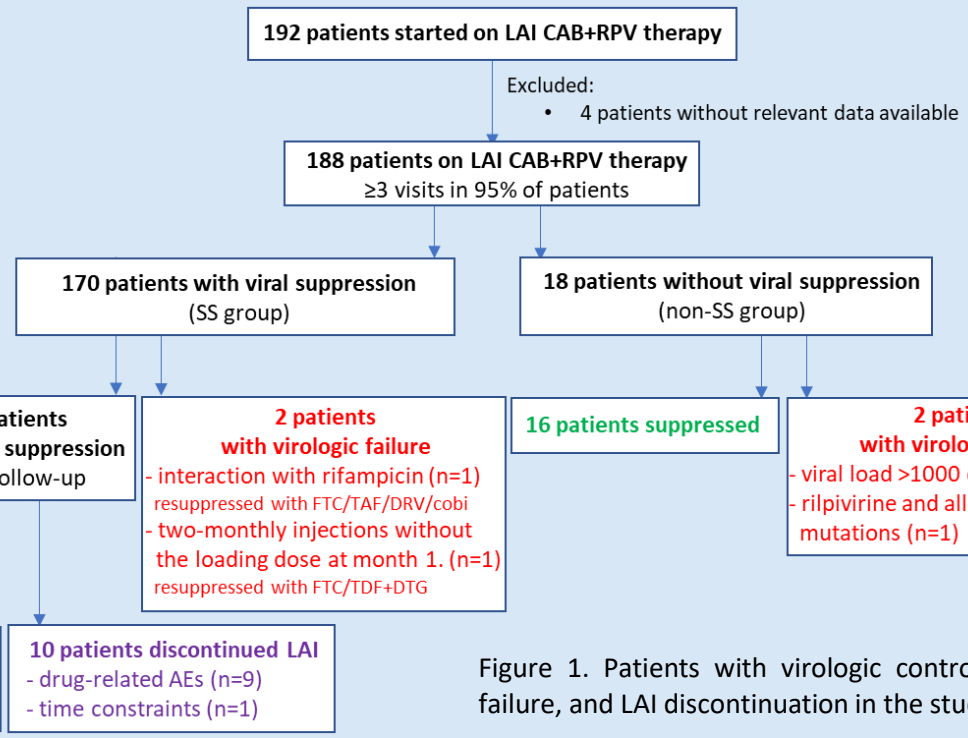

Figure 1. Patients with virologic control, virologic failure, and LAI discontinuation in the study groups.

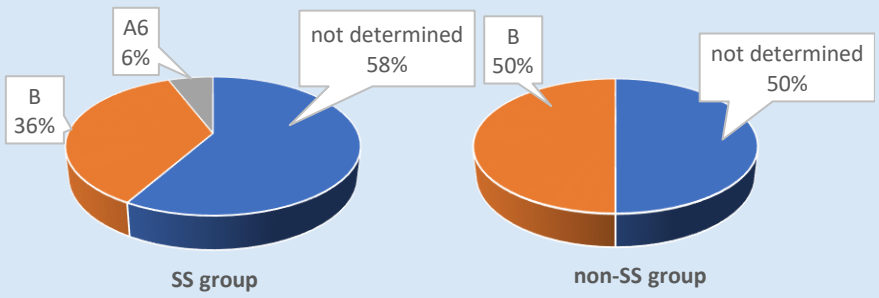

Figure 2. HIV subtypes in the study groups.

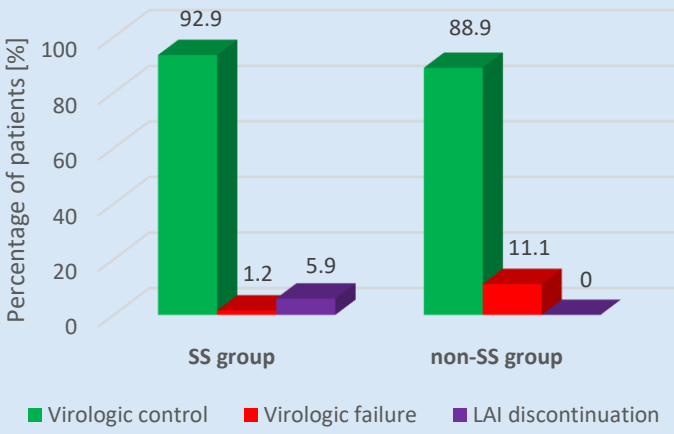

Figure 3. Distribution of patients with virologic control, virologic failure, and LAI CAB+RPV discontinuation in the study groups.

Table 1. Risk assessment of LAI CAB+RPV discontinuation excluding viral failure.

Univariate analysis n=188	OR	95% CI	p-value
No. of previous cART regimens	1.916	(1.038-3.538)	**0.038**
No. of months on LAI CAB+RPV	0.754	(0.644-0.882)	**<0.0001**

CONCLUSIONS

- LAI CAB+RPV was shown to be highly effective in the real-life setting with a low virologic failure rate of 2.13% (4/188) in a mixed cohort.
- LAI CAB+RPV was also effective in patients with unknown HIV subtypes or in those with subtype A/A6 or of Ukrainian origin.
- LAI CAB+RPV was effective in most patients without suppression at switch (off-label use).
- The two failures in the SS group were due to interaction with RIF in one patient and lack of a loading dose at month 1 in another patient.
- The two failures in the non-SS group were due to primary resistance mutations already present at switch.
- The overall dropout rate was low at 5.31% (10/188); dropout occurred early and correlated with the number of previous cART regimens.