

## Factors influencing the prescription of long-acting injectable dual therapy Cabotegravir/Rilpivirine in a Northwest Paris region cohort

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### Introduction

In France in 2021, migrants comprised 50 % of the newly brought into care individuals for HIV. Thus, the proportion of sub-Saharan immigrants is growing within the PLHIV and is characterized by gender imbalance, disparities in dealing with illness, accumulation of social difficulties and therapeutic inequalities : less II, more PI and fewer simplification strategies<sup>1</sup>. Standardization is necessary to provide equal opportunities and access to therapeutic innovations for all.

### Methods

Description of sociodemographic and immuno-virological characteristics of patients, primarily migrants from sub-Saharan Africa, who received at least one Cabo/Rilpi injection at our center.

### Results

97 (7.8%) of the 1237 HIV-positive patients in our cohort received Cabotegravir/Rilpivirine injectable dual therapy between February 2022 and December 2023 : 53% were male, 46% were female, and one individual identified as Male to Female transgender.

The mean age is 48 years.

58% were born in Sub-Saharan Africa, 30% in France.

27% identify as MSM.

Half of them live alone (37/70 analyzed) in their own accommodation (not emergency housing). Among the 58 patients analyzed, 37 are employed (64%), 14 are unemployed (25%), 2 are on disability, and 2 are retired.

The average length of HIV follow-up is 16.3 years.

The average CD4 nadir is 70/mm<sup>3</sup>, with an average VL of 96,000 copies/ml at diagnosis ; 15% of the patients experienced an AIDS-defining event.

The HIV subtypes are distributed as follows: 27% CRF02, 20 % subtype B, and 6% subtype A/A6.

Before the initiation of Cab/Rpv treatment, the average CD4 count was 267/mm<sup>3</sup>, with 93/97 patients having an undetectable pVL. On average, the 97 patients had received 3.8 lines of treatment.

83% of the patients receiving injectable ARVs are managed by 3/9 physicians on our team. Additionally, 57% of treatment initiations were performed with an initial oral phase, in accordance with the initial marketing authorization. The average duration of exposure to injectable ARVs was 13 months, with 97% of injections administered within the clinic.

During follow-up, treatment interruptions were noted in 9 patients (10%) : 5 due to intolerance, 2 for pregnancy planning, 2 at patient's request, and 1 due to treatment inefficacy.

Four patients had detectable viral loads during follow-up, which subsequently became undetectable without changing treatment for 3 patients. Treatment was discontinued for 1 patient following two consecutive pVL of 295 cp/ml and 195 cp/ml at 5 months. After changing treatment, their pVL became undetectable.

### Conclusions

In our single-center cohort of PLHIV, primarily born in sub-Saharan Africa and facing social disadvantage, the initiation of long-acting injectable Cabo/Rilpi treatment is at the discretion of the practitioner. Tolerance and efficacy at one year are favorable.

Our findings illustrate the feasibility of ensuring equal therapeutic opportunities for all.

#### Références:

1: Palich & al. AIDS 37(9): p 1459-1466, July 15 2023 DOI 10.1097/QAD0000000000003588