

Transforming HIV Care: intramuscular bimonthly Cabotegravir and Rilpivirine for Transgender people with HIV in Spain (RELATIVITY cohort).

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BACKGROUND

- The management of HIV in transgender individuals presents unique challenges, influenced by demographic characteristics, social disadvantages and less accessibility.
- This study forms part of the RELATIVITY cohort (with more than 1,300 PHIV receiving intramuscular cabotegravir and rilpivirine), focusing exclusively on transgender individuals to descriptively analyse their clinical outcomes in Spain

RESULTS

- This cohort comprised 8 transgender individuals (0.6%) treated across 7 hospitals.
- The study predominantly consisted of transgender females (7/8, 87.5%), with a greater number of Latin American (62.5%). Median age was 49.5 years, with a baseline BMI of 22.5 Kg/m².

Table 1. Baseline epidemiological and clinical characteristics of transgender persons switching to LA CAB RPV in Relativity Cohort

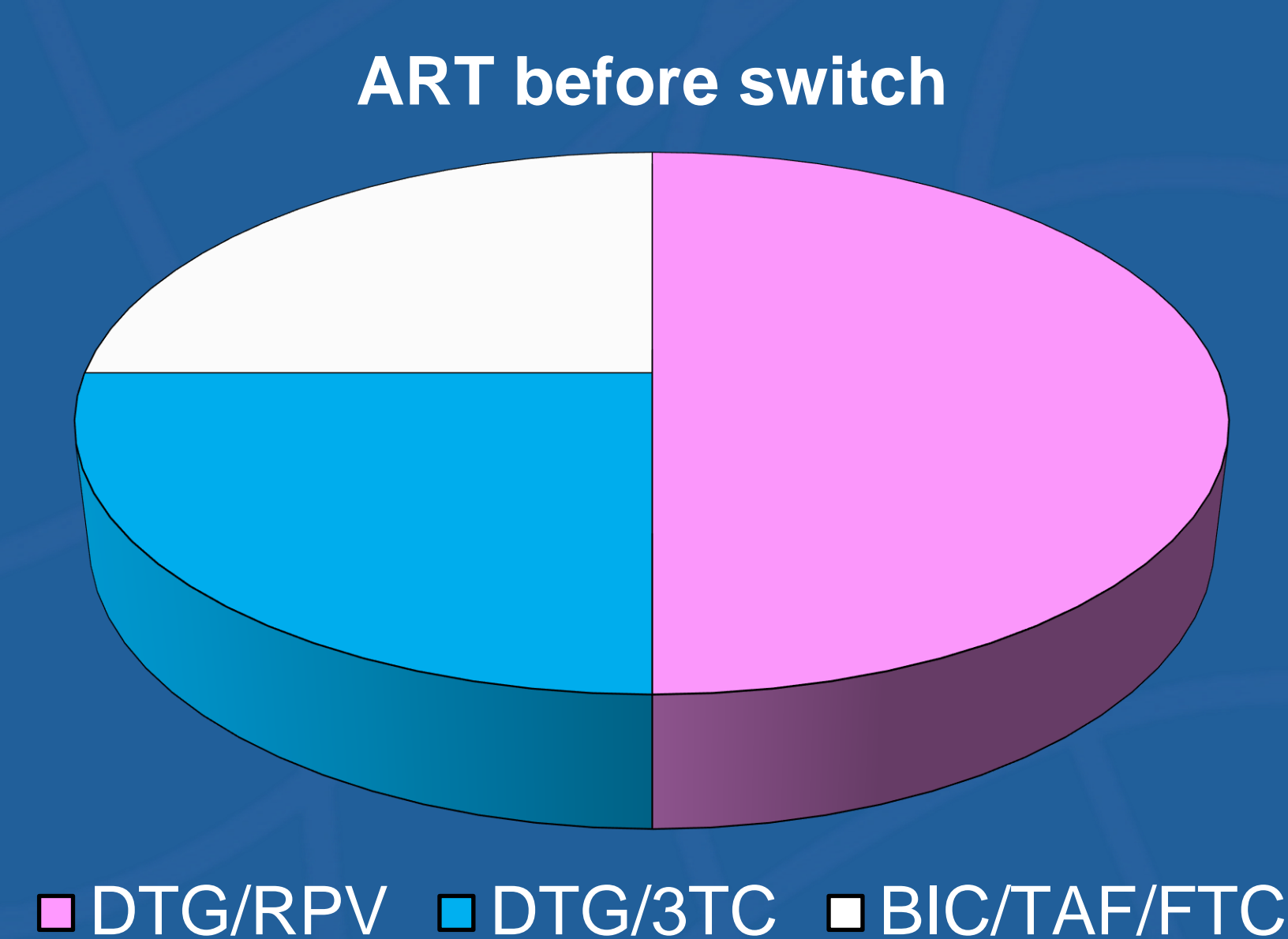
Sex, n (%)	
- Transexual masculine	1 (12.5)
- Transexual femenino	7 (87.5)
Nationality, n (%)	
- Spanish	3 (37.5)
- Latin American	5 (62.5)
Age (years), median [IQR]	49.5 [46.2, 55.2]
Baseline BMI (Kg/m²)	22.5 [21.9, 23.8]
Viral Load at Diagnosis (copies/ml), median [IQR]	3125 [1633, 13562]
NADIR CD4 (cells/mm³), median [IQR]	525 [329, 751]
Time from Diagnosis to Initiation of First ART (months), median [IQR]	13.0 [1.8, 33.0]
Time from Initiation of ART to Initiation of CBG/RPV (years), median [IQR]	10.0 [5.0, 14.0]

CONCLUSIONS

- This descriptive analysis highlights successful ART management of transgender people with HIV using CAB+ RPV LA IM regimen. Further research is needed to understand broader treatment dynamics and outcomes in diverse transgender populations.

MATERIAL AND METHODS

- A multicentre non-controlled ambispective study was conducted, including HIV-1 positive virally suppressed patients switching to long acting (LA) intramuscular (IM) CAB+RPV from 37 hospitals in Spain.
- Data collected included demographic details (sex, nationality), clinical parameters (baseline BMI, CD4/CD8 ratios, viral load, liver and kidney function tests, lipid profile, glucose), and treatment specifics [type of antiretroviral therapy (ART), previous virologic failures and blips, and treatment switches].
- 37,5% were vaccinated against HBV, 25% showed past infection (with no occult infection) and 37,5% had no available data.
- Dorso-gluteal route was the preferred (62.5%), and standard intramuscular needle was used in 100%.
- 1 (12,5%) had history of previous virologic failure, and 75% showed blips before switching. DTG+RPV was previous oral ART regimen in 50%.



- All participants maintained undetectable viral loads throughout follow-up (5.8 months), with no discontinuation of treatment or switches to oral regimens.
- The baseline and follow-up CD4/CD8 ratios revealed a median increase from 1.2 to 1.3 (an absolute CD4T cells from 798 to 881/mm³).
- We did not identify significant changes in glucose, kidney, liver and lipid profiles. No hormonal treatment data was available.

