19-21 GIUGNO ROMA
UNIVERSITA' CATTOLICA DEL SACRO CUORE CENTRO CONGRESSI EUROPA
RESEARCH and CARE: FROM BENCH, TO BEDSIDE, TO COMMUNITY
16° CONGRESSO NAZIONALE ICAR Italian Conference on AIDS and Antiviral Research
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POSTER 4 YOU ICAR 2024

Exploring effectiveness and tolerance: switching to long-acting cabotegravir plus rilpivirine therapy in virologically suppressed individuals living with HIV

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Introduction

- Long-acting (LA) cabotegravir (CAB) combined with rilpivirine (RPV) offers a promising alternative to conventional oral HIV regimens.
- This combination enhances patient convenience by reducing the need for daily medication intake, thereby simplifying treatment adherence.
- However, this approach also presents potential side effects, posing new challenges for clinicians

Study Design

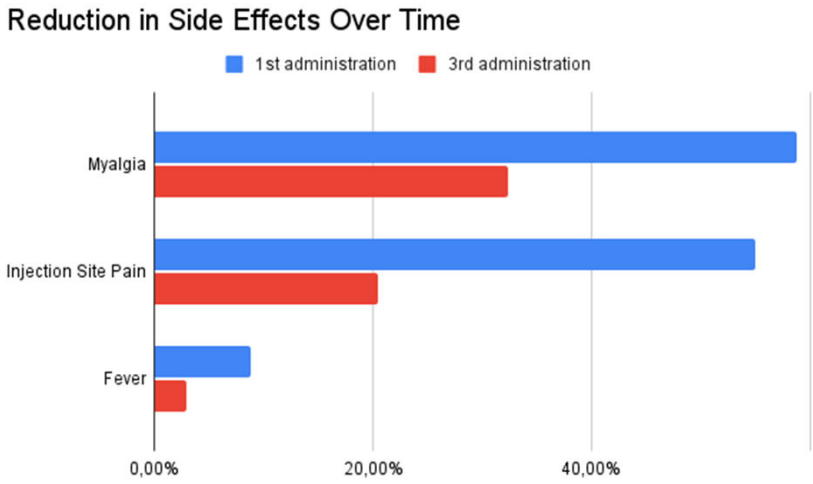
- This retrospective single-center study explores the effectiveness and tolerability of LA CAB+RPV antiretroviral therapy (ART) in 34 individuals, each receiving a minimum of 3 intramuscular injections.

Methods

- Various parameters were evaluated, including the immuno-virological profile, prevalent side effects, and anthropometric/metabolic data.
- Baseline measurements were compared with those obtained at the third administration to assess changes over time.
- The study also investigated potential drug interactions between the ART and concurrent medications.

Tolerance data:

- Only 4 discontinuations were reported because of adverse events, usually local pain.
- Throughout treatment, all patients experienced at least one side effect, primarily mild in nature.
- Myalgia and injection site pain were the most frequently reported, by 29 and 27 individuals, respectively, with fewer instances of fever, fatigue, and headache.
- Notably, these side effects diminished in prevalence from the initial to the third administration of CAB+RPV.
- Specifically, myalgia decreased from 58.8% to 32.3%, injection site pain from 55% to 20.5%, and fever from 8.8% to 2.9% (figure 1).



Anthropometric and metabolic data:

- We analyzed patients' anthropometric and metabolic data at baseline and during the third administration of CAB+RPV.
- No statistically significant differences were detected in anthropometric parameters such as BMI and abdominal circumference between the third and first administrations.
- No statistically significant differences were detected in metabolic parameters, including total cholesterol, LDL, triglycerides, and blood glucose levels, between the third and first administrations.

Immuno-virological data:

- Virological Suppression: All subjects involved in this study maintained virological suppression throughout their CAB+RPV treatment.
- CD4+ T Lymphocyte Counts: There were no statistically significant changes observed in CD4+ T lymphocyte counts.

Assessment of drug interactions:

- We assessed potential drug interactions between the ARV regimen and other ongoing therapies.
- Prior to the switch to LA therapy, potential interactions were observed in 7 subjects.
- With the current LA regimen and additional therapies, no potential interactions were found.

Conclusion

- Our experience confirms the efficacy of switching to CAB+RPV.
- We observed a notable occurrence of mild side effects, which tended to decrease with subsequent administrations.
- The unnegligible incidence of reported adverse reactions might be attributed to diligent monitoring, where specific attention was given to identifying and recording patient-reported side effects during subsequent follow-up visits.

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