Patient Perceptions and Treatment Satisfaction Following Initiation of CAB+RPV LA in Canada

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Key Takeaways

- In this observational study of adults living with HIV in Canada, following initiation of long-acting injectable cabotegravir and rilpivirine (CAB+RPV LA), patients reported fewer disclosure concerns and experiences of HIV-related stigma, as well as lower treatment burden, compared with prior oral therapy.
- At Month 4, 95.3% of patients reported a positive or somewhat positive opinion of CAB+RPV LA, compared with 68.7% reporting the same opinion of oral therapy at baseline; mean HIVTSQs were also higher with CAB+RPV LA.
- Satisfaction with CAB+RPV LA was higher across 10 of 12 treatment domains, particularly for willingness to continue treatment, flexibility, and ease of treatment, but lower for side effects and injection discomfort/pain than with prior oral therapy.

Plain Language Summary

- **Why was this study conducted?** Taking daily HIV medication can be challenging and may contribute to treatment burden, stigma, and concerns about others learning a person's HIV status.
- **What did the study examine?** The study compared how adult patients with HIV in Canada experienced their previous oral HIV treatment with their experience four months after starting CAB+RPV LA.
- **What did patients report after four months?** After starting CAB+RPV LA, patients reported fewer concerns about disclosure and stigma, a more positive overall view of their treatment, and greater satisfaction with most aspects of treatment than they had reported with oral HIV therapy.

Introduction

- Long-term adherence to ART is essential for maintaining viral suppression; however, lifelong treatment may contribute to treatment burden for some people living with HIV.[1]
- Oral HIV therapy may also contribute to stigma and concerns about unintended disclosure.[1,2]
- While long-acting injectable cabotegravir and rilpivirine (CAB+RPV LA) has demonstrated efficacy and acceptability in clinical trials,[3-6] real-world evidence on patient experience remains limited.

Objective

- To describe real-world patient perceptions, experiences, adherence and treatment satisfaction with CAB+RPV LA among adults with HIV in Canada, compared with prior oral therapy at baseline and Month 4.

Methods

Study Design: Observational, real-world study of adults in Canada initiating CAB+RPV LA for HIV treatment.

Data Collection: Online surveys completed at baseline and Month 4 assessed perceptions, concerns, experience and treatment satisfaction using the HIVTSQ.[7,8]

Analysis: Descriptive interim analysis of baseline (n=90) and Month 4 (n=43) data.

Results

- The baseline cohort included 90 patients, most of whom were cisgender men (84.4%), lived in Ontario or Quebec (94.4%), and had previously received a single-tablet regimen (90.8%); mean age was 45.9 years and mean time since HIV diagnosis was 13.9 years (**Table 1**).

Table 1. Baseline Demographics and Clinical Characteristics

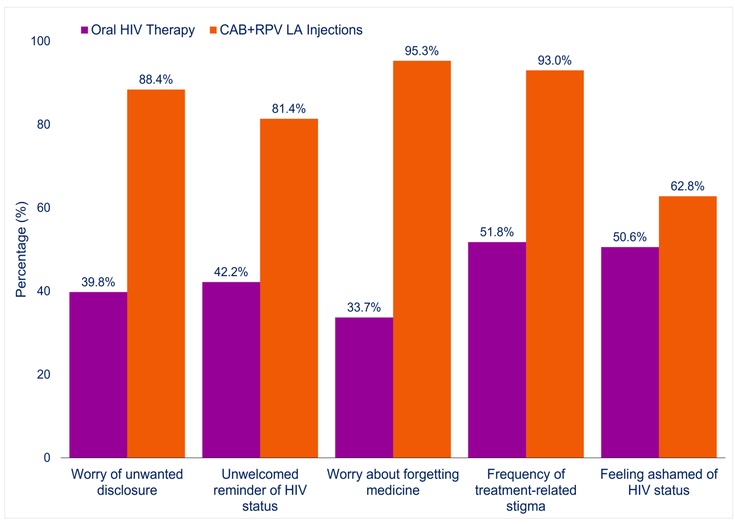
Characteristic	Full cohort (N=90)
Number of participants	90
Age, Years	
Mean (SD)	45.9 (11.5)
Gender identity, n (%)	
Cis man	76 (84.4%)
Cis woman	9 (10.0%)
Other / prefer not to answer	5 (5.6%)
Sexual orientation, n (%)	
Gay	66 (73.3%)
Straight (heterosexual)	14 (15.6%)
Bisexual	6 (6.7%)
Province/ Region, n (%)	
Ontario	44 (48.9%)
Quebec	41 (45.6%)
Other provinces	5 (5.6%)
HIV history	
Years since HIV diagnosis, mean (SD)	13.9 (9.9)
Years since starting HIV medication, mean (SD)	12.4 (8.2)
Prior Oral Treatment Type, n (%)	
Single-tablet regimen (STR)	79 (90.8%)
Multi-tablet regimen (MTR)	8 (9.2%)

Values are shown as n (%), mean (SD). HIV duration: n=85; prior regimen: n=87 due to missing data.

Patient Perceptions of Oral HIV Therapy at Baseline vs CAB+RPV LA at Month 4

- Compared with oral therapy at baseline, CAB+RPV LA at Month 4 was associated with higher percentages of patients reporting never or rarely experiencing concerns about **(Figure 1):**
  - Forgetting Treatment (+61.6 percentage points);
  - Unintended Disclosure (+48.6 percentage points);
  - HIV-related Stigma (+41.2 percentage points)
  - Treatment as an Unwelcome Reminder of HIV Status (+39.2 percentage points)
- A smaller difference was observed for feelings of shame related to HIV status (+12.2 percentage points reporting never or rarely experiencing this concern).

Figure 1. Patients Reporting Never/Rarely Experiencing Disclosure Concerns, Treatment Burden and HIV-Related Stigma: Oral HIV Therapy at Baseline vs CAB+RPV LA at Month 4

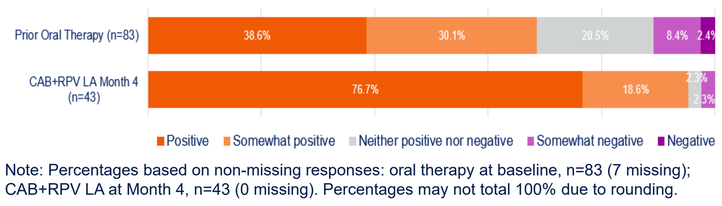


Note: Percentage reporting "*Never*" or "*Rarely*" on a 5-point scale (Never, Rarely, Sometimes, Often, Always). Missing responses: Oral HIV Therapy (n=7); CAB+RPV LA Injections (n=0).

Opinion of Treatment at Baseline (Oral) and Month 4 (CAB+RPV LA)

- A positive or somewhat positive opinion of treatment was reported by 68.7% of patients receiving oral therapy at baseline, compared with 95.3% receiving CAB+RPV at Month 4 **(Figure 2)**.

Figure 2. Overall Opinion of Oral Therapy at Baseline vs CAB+RPV LA at Month 4 (CAB+RPV LA)



Note: Percentages based on non-missing responses: oral therapy at baseline, n=83 (7 missing); CAB+RPV LA at Month 4, n=43 (0 missing). Percentages may not total 100% due to rounding.

Treatment Satisfaction with Oral Therapy at Baseline vs CAB+RPV LA at Month 4

- Mean overall HIVTSQs satisfaction scores were higher with CAB+RPV LA at Month 4 than with oral HIV therapy at baseline (60.4 vs 54.1); satisfaction was also higher with CAB+RPV LA across 10 of 12 individual treatment domains **(Table 2)**.
- The largest differences favouring CAB+RPV LA were observed for willingness to continue treatment (83.7% vs 37.0%), flexibility (60.5% vs 33.3%) and ease of treatment (67.4% vs 40.7%); satisfaction was lower with CAB+RPV LA for side effects (39.5% vs 51.9%) and injection discomfort/pain (30.2% vs 40.7%).

Table 2. HIVTSQs Overall and Item-Level Treatment Satisfaction: Oral HIV Therapy at Baseline vs CAB+RPV LA at Month 4

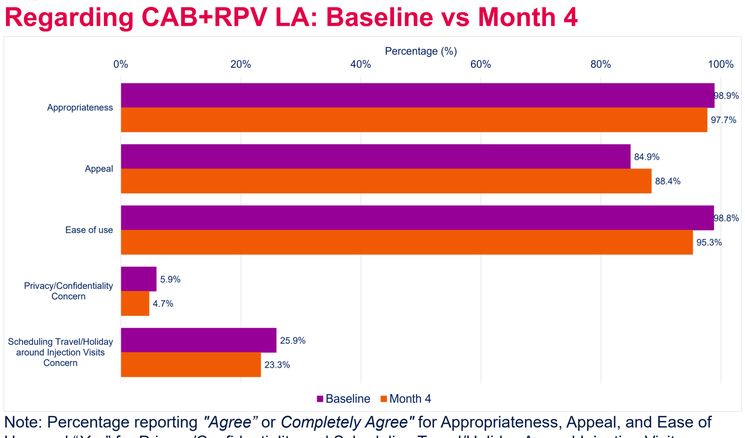
HIVTSQs Item[a]	Oral HIV Therapy[b] (n=27)	CAB+RPV LA Injections[c] (n=43)
	Participants With Highest Score (6), n (%)	
Item 1: Treatment satisfaction	15 (55.6%)	30 (69.8%)
Item 2: HIV control	22 (81.5%)	38 (88.4%)
Item 3: Side effects satisfaction	14 (51.9%)	17 (39.5%)
Item 4: Treatment demands satisfaction	15 (55.6%)	26 (60.5%)
Item 5: Convenience	12 (44.4%)	28 (65.1%)
Item 6: Flexibility	9 (33.3%)	26 (60.5%)
Item 7: Understanding of HIV	15 (55.6%)	28 (65.1%)
Item 8: Lifestyle fit	14 (51.9%)	31 (72.1%)
Item 9: Willingness to recommend	17 (63.0%)	35 (81.4%)
Item 10: Willingness to continue treatment	10 (37.0%)	36 (83.7%)
Item 11: Ease of treatment	11 (40.7%)	29 (67.4%)
Item 12: Discomfort/pain satisfaction	11 (40.7%)	13 (30.2%)
Overall HIVTSQs Satisfaction Score, mean (SD)	**54.1 (12.1)[d]**	**60.4 (6.8)[d]**

Abbreviations: HIVTSQs, HIV Treatment Satisfaction Questionnaire – Status Version; SD, Standard Deviation.
[a] 12-item validated self-reported questionnaire; item rows are n (%) selecting the highest score (of 6). [b] Baseline oral HIV therapy responses among patients prescribed CAB+RPV LA; n=3. [c] Month 4 responses following CAB+RPV LA initiation. [d] Overall Satisfaction Score reported as mean (SD).

Perceptions of CAB+RPV LA at Baseline and Month 4

- Perceptions of CAB+RPV LA remained consistently positive from baseline to Month 4, with high levels of agreement that CAB+RPV LA was appropriate for patients' lives (98.9% to 97.7%), appealing (84.9% to 88.4%) and easy to use (98.8% to 95.3%) **(Figure 3).**
- Privacy/confidentiality concerns remained low from baseline to Month 4, reported by fewer than 6% of patients at either timepoint; concerns about scheduling travel or holidays around injection visits were reported by around one-quarter of patients.
- At Month 4, 100% of patients (n=43) reported receiving their scheduled injection.

Figure 3. Patient Perceptions and Practical Concerns Regarding CAB+RPV LA: Baseline vs Month 4



Note: Percentage reporting *"Agree"* or *Completely Agree"* for Appropriateness, Appeal, and Ease of Use, and "*Yes*" for Privacy/Confidentiality and Scheduling Travel/Holiday Around Injection Visits Concerns. Percentages are based on non-missing responses: baseline n=85-87; Month 4 n=43.

Conclusions

- Following initiation of CAB+RPV LA, patients reported fewer disclosure, stigma, and treatment-related concerns, with more positive treatment perceptions and greater satisfaction, suggesting a less visible and burdensome HIV treatment experience.
- Consistent patient-reported outcomes suggest that patients may value CAB+RPV LA beyond clinical effectiveness, including how well treatment fits their preferences, routines and everyday lives.
- Despite lower satisfaction with side effects and injection discomfort/pain, positive overall treatment perceptions persisted, highlighting the multidimensional treatment experience and importance of individual patient preferences when selecting HIV treatment.

References: 1. Angel et al. *AIDS*. 2023;37:2031-2040. **2.** Perger et al. *AIDS Behav*. 2025;29:497-516. **3**. Overton et al. *Clin Infect Dis*. 2023;76:1646-1654. **4**. Murray et al. *AIDS Behav*. 2020;24:3533-3544. **5.** Swindells et al. *N Engl J Med*. 2020;382:1112-1123. **6.** Orkin et al. *N Engl J Med*. 2020;382:1124-1135. **7**. Woodcock et al. *Value Health*. 2006;9:320-333. **8.** Romaine et al. *Value Health*. 2016;19(Suppl 7):A420.

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