P-932

User Experience Concepts Assessed Among People in the United States Using Long-Acting Injectable Cabotegravir for PrEP in Real-World Care: Results From the CAPTIVATE Study

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Key Takeaways

- **In a real-world US study of 241 individuals receiving long-acting cabotegravir (CAB LA), most participants reported feeling more in control of their lives (91%), able to focus more on their sexual (91%) and overall (88%) health, and less worried about acquiring HIV (99%)**
- **CAB LA was easy to incorporate into participants' routines, with most noting that the dosing schedule rarely/never interfered with daily activities (94%) and most found the injection visits easy to schedule (95%)**
- **These findings reinforce the value of CAB LA beyond its dosing schedule and highlight the importance of evaluating pre-exposure prophylaxis (PrEP) options not only on clinical outcomes but also on the lived experience of individuals using PrEP**

Plain Language Summary

- Long-acting cabotegravir (CAB LA) is an injectable HIV prevention medicine given every 2 months. The CAPTIVATE study looked at real-world experiences of 241 people using CAB LA for HIV prevention across 18 US clinics
- People using CAB LA reported feeling more in control of their lives, more engaged in their healthcare, and more protected from HIV
- The burden of managing CAB LA injections was low, and people using CAB LA reported low levels of stigma and disclosure issues
- Overall, participants reported that CAB LA fit well into their lives and provided benefits beyond HIV prevention alone, including greater confidence, reassurance, and ease of use

Introduction

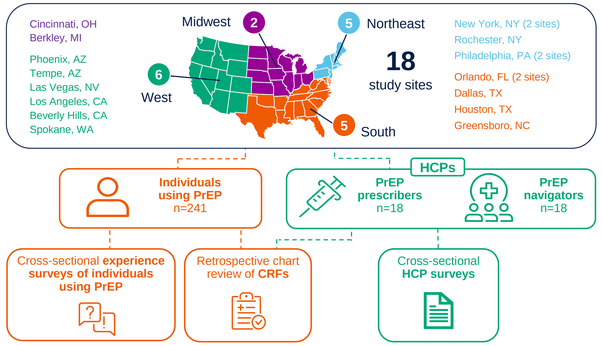
- The Ending the HIV Epidemic initiative aims to increase pre-exposure prophylaxis (PrEP) coverage to 50% and reduce new HIV transmissions by ≥90% by 2030,[1] though systemic stigma and access barriers remain ongoing challenges[2,3]
- HIV prevention is highly preference-sensitive; because no single PrEP modality fits everyone, shared decision-making and multiple prevention options are essential for individualized, person-centered care[4,5]
- Long-acting cabotegravir (CAB LA), approved in December 2021,[6] is the first long-acting injectable PrEP option for HIV prevention in the United States
  - CAB LA continuation dosing 6 times a year may alleviate challenges associated with daily oral PrEP
- While adherence and clinical outcomes are well-documented and extensive literature identifies stigma as a primary barrier to early PrEP awareness and initial uptake,[2,7,8] less is known about the later journey and real-world experiences during sustained PrEP use
- Here, we report findings from the CAPTIVATE study, highlighting real-world experiences during routine CAB LA use

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Methods

- CAPTIVATE was a multi-site observational study conducted across 18 US sites using retrospective chart review and cross-sectional surveys (Oct 2024-Apr 2025) (Figure 1)
- Survey items were informed by a targeted literature review to assess experiences self-reported by individuals using PrEP
  - A targeted search was conducted using PubMed and PsycINFO to identify qualitative and quantitative studies describing experiences relevant to PrEP decision-making and use, informing the user experience concepts evaluated in CAPTIVATE
- Participants were aged ≥18 years, had ≥6 months of clinical follow up after CAB LA initiation, and completed surveys in English or Spanish

Figure 1. CAPTIVATE Study Design



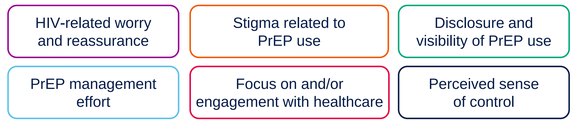
CRF, case report form. The icons in Figure 1 will be used throughout the poster to denote the data source.

Results

User Experience Concepts

- Among 241 participants overall, items were assessed across 6 user experience concepts (Figure 2)
  - These concepts span psychological, social, and behavioral dimensions of PrEP use, encompassing emotional responses and practical considerations

Figure 2. User Experience Concepts Identified Through Targeted Literature Review of PrEP and Long-Acting Injectable Use



Baseline Demographics

- Participant baseline demographics are shown in Figure 3
- The median (range) age overall was 36 (19-72) years
  - Most participants were male (184/241, 76%); approximately half were White (130/241, 54%), while nearly one-third (69/241, 29%) were Black or African American
  - Over two-thirds (169/241, 70%) of participants switched from oral PrEP at CAB LA initiation

Figure 3. Baseline Demographics

Age[a]

Median (range)
36
(19-72) years

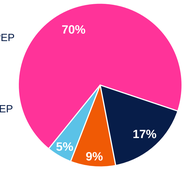
Gender identity[b]

Man **76%**
Woman **8%**
Transgender woman **6%**
4% Transgender man
3% Nonbinary
2% Gender nonconforming
<1% Gender identity not listed

Race[b,c]

54% White
29% Black or African American
6% Native American, American Indian, or Alaska Native
4% Asian
3% Middle Eastern or North African
<1% Native Hawaiian or Pacific Islander
7% Race not listed
5% Preferred not to answer

PrEP history before CAB LA initiation[a,d]

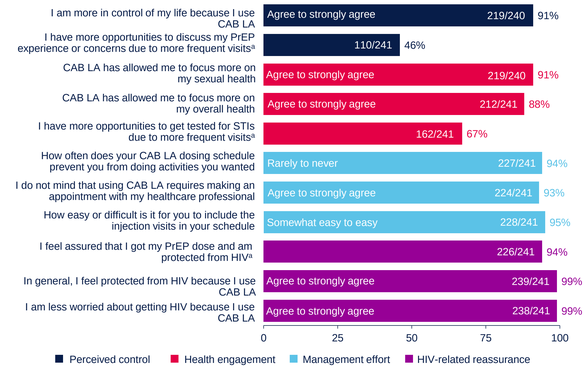


[a]Data from retrospective chart review of case report forms. [b]Data from cross-sectional experience surveys of individuals using PrEP. [c]More than 1 response was allowed; categories are therefore not mutually exclusive. [d]Due to rounding, percentages may not total 100%.

Control, Engagement, Management Effort, and Worry

- Select results pertaining to concepts of perceived sense of control, focus on and/or engagement with healthcare, PrEP management effort, and HIV-related worries were rated favorably (Figure 4)
  - Most participants (219/240, 91%) "agreed"/"strongly agreed" they feel more in control of their life using CAB LA; when asked about potential benefits of CAB LA injection visits, almost half (110/241, 46%) reported more opportunities to discuss PrEP experiences and/or concerns due to frequent visits
  - At least 93% reported low management burden, finding visits easy to schedule and non-disruptive to daily activities
  - Nearly all participants (99%) reported feeling protected and less worried about acquiring HIV while using CAB LA

Figure 4. Select Item Responses: Sense of Control, Health Engagement, PrEP Management Effort, and HIV-Related Worry

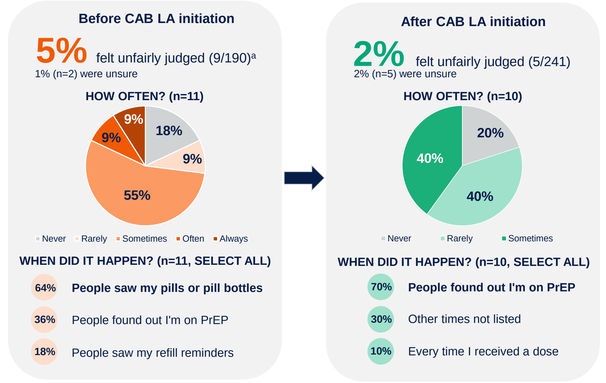


STI, sexually transmitted infection. [a]Assessed as perceived benefits of CAB LA injection visits.

Stigma and Disclosure

- Experiences related to stigma and disclosure were infrequent, with few participants reporting ever feeling unfairly judged while using oral PrEP or CAB LA (Figure 5)
  - Minimal stigma or disclosure issues may reflect a self-selected cohort of individuals already successfully engaged in care with CAB LA and navigating healthcare access
- When judgment was reported for oral PrEP, it was most often attributed to pill visibility; however, judgment reported during CAB LA use was most often related to discovery of PrEP use in general

Figure 5. Select Item Responses: Stigma Related to and Disclosure of PrEP Use



[a]N=190 individuals had documented oral PrEP usage at any point before CAB LA use per chart review.

Conclusions

- CAB LA use was associated with positive experiences across concepts identified by individuals using PrEP through formative research, including greater perceived control and reduced HIV-related worry
- Injection visits were generally acceptable and easy to integrate into life; perceived visit benefits varied, highlighting the importance of options that accommodate engagement preferences while maintaining a positive experience for individuals using PrEP
- While stigma is a well-documented barrier to PrEP awareness, initiation, and uptake,[2,3] reports of unfair judgment were uncommon among CAPTIVATE participants, reflecting the experiences of individuals already successfully engaged in PrEP care
- Together, these data highlight that beyond dosing convenience, CAB LA fits into the lives of individuals using PrEP and offers experiential value while underscoring the importance of distinguishing barriers to PrEP uptake from experiences during PrEP use

References: 1. US Centers for Disease Control and Prevention. https://www.cdc.gov/ehe/php/about/index.html. Accessed July 24, 2026. **2.** Bowleg et al. *Curr Opin HIV AIDS*. 2022;17:40-45. **3.** Antonini et al. *Rev Bras Enferm*. 2023;76:e20210963. **4.** Ross et al. *Glob Health Sci Pract*. 2013;12:203-212. **5.** Sewell et al. *Curr HIV/AIDS Rep*. 2021;18:48-56. **6.** Apretude [prescribing information]. ViiV Healthcare; 2025. **7.** Rosengren et al. *AIDS Behav*. 2021;25:2054-2070. **8.** Irie et al. *Arch Sex Behav*. 2024;53:1187-1195.