

UNDERSTANDING THE PERCEIVED THERAPEUTIC NEED AND VALUE ASSOCIATED WITH NOVEL LONG-ACTING ANTIRETROVIRAL REGIMENS AMONG PEOPLE LIVING WITH HIV IN 12 EUROPEAN COUNTRIES

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PE5/23

Introduction

- Three defining criteria of innovative treatments are therapeutic need, added therapeutic value, and scientific evidence.¹
- A recent advancement in HIV care was the development of Cabotegravir-Rilpivirine—the first complete long-acting injectable regimen for the treatment of HIV-1 Infection. This novel treatment requires dosing only six times a year vs daily. The efficacy and safety of this longer-acting regimen (LAR) has already been well demonstrated in confirmatory clinical trials.²
- We examined therapeutic need and perceived added therapeutic value of LAR from the perspective of people living with HIV (PLHIV) in Europe.

Methods

- We analyzed data from the 2019 Positive Perspectives Survey of people living with HIV who were receiving antiretroviral therapy (total N = 2389).³
- Conducted in 25 countries, including 12 countries from Europe (N=969; Fig 1): Austria (n=50), Belgium (n=50), Ireland (n=50), Poland (n=50), the Netherlands (n=51), Switzerland (n=55), France (n=120), Germany (n=120), Italy (n=120), Portugal (n=60), Spain (n=120), and the UK (n=123).

1 Perceived therapeutic need for LAR

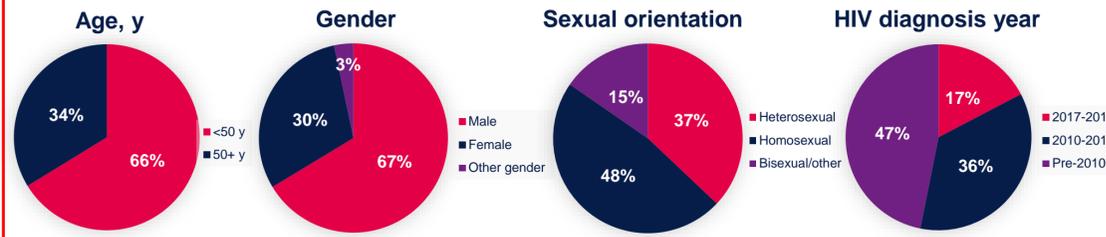
- This included four categories of unmet need (Fig 2):⁴
 - 1 Medical conditions making daily oral dosing challenging.
 - 1 Adherence challenges including adherence anxiety and suboptimal adherence.
 - 3 Emotional challenges from daily oral dosing, including pill fatigue.
 - 4 Psychosocial challenges, e.g., stigma and confidentiality concerns.
- Treatment satisfaction and other related perceptions also assessed (Fig 3).

2 Perceived added therapeutic value of LAR

- Respondents were classified as indicating openness to LAR if they “Agreed”/“Strongly agreed” to the statement “As long as my HIV stays suppressed, I would prefer not having to take HIV medication every day”
- Those diagnosed ≥1 year ago (n=935) were asked “Imagine that you were starting HIV treatment today. Other than ensuring that [your HIV treatment] is effective, what would be your most important considerations?” These considerations, which included both ART-specific and broader issues, were stratified by LAR openness status to determine what issues resonated the most among those open to LAR (Fig 4).
- Prevalence estimates were compared with chi-square tests at p < 0.05.

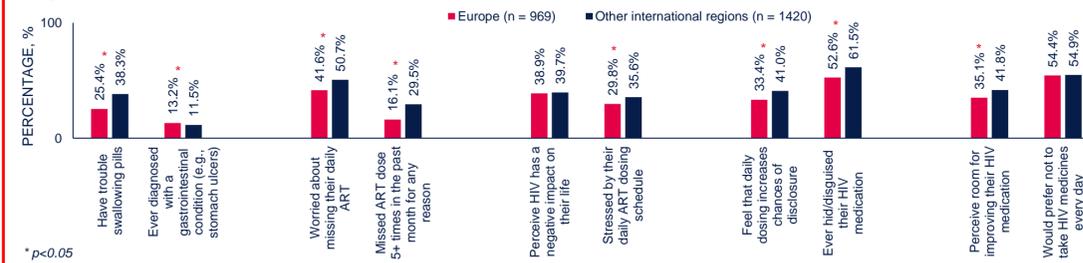
Results

Figure 1. Characteristics of European participants (n = 969)



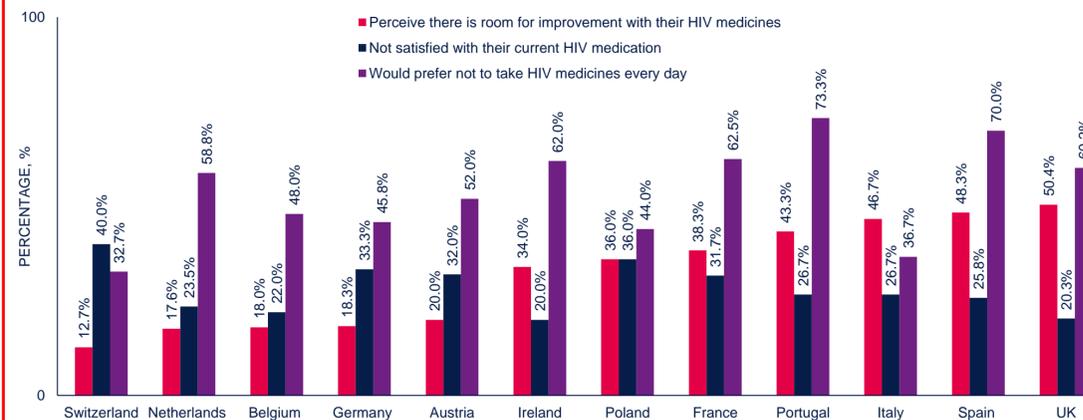
1 Perceived therapeutic need for LAR

Figure 2. Comparison of unmet needs between European vs other participants



Openness towards LAR was similar between European (54.4%) vs non-European participants (54.9%, p=0.820), even though non-European participants reported significantly higher prevalence of unmet treatment needs

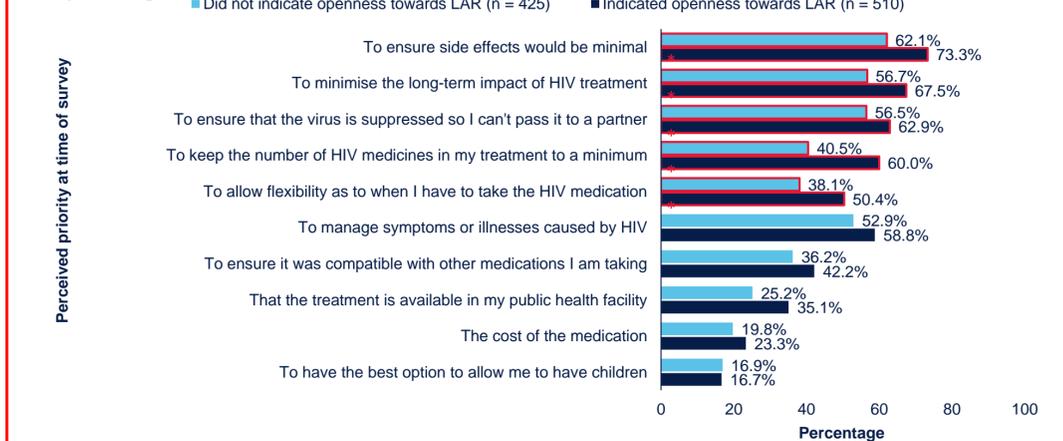
Figure 3. Attitudes towards current medications and LAR openness, by country



Of the five European countries where PLHIV most commonly reported that their medication needed improvement, four of them (UK, Spain, Portugal, and France) also reported the highest LAR openness. The percentage of participants not satisfied with their current treatment ranged from 20% in Ireland to 40% in Switzerland.

2 Perceived added therapeutic value of LAR

Figure 4. Comparison of European participants with vs without a report of LAR openness in relation to their current treatment priorities among those diagnosed ≥1 year ago



* p<0.05 (red-outlined bars). Current priorities assessed in the survey only among those diagnosed ≥1 year (n=935). Of these, 510 reported openness towards LAR while 425 did not.

Of participants diagnosed ≥1 year (n=935), those open to LAR (n=510) were more likely than those not open to LAR (n=425), to list the following as priorities for their medication: no food requirements (50.4% vs 38.1%); fewer medicines (60.0% vs 40.5%), preventing transmission (62.9% vs 56.5%), reduced long-term impacts (67.4% vs 56.7%), and reduced side-effects (73.3% vs 62.1%). From the perspective of the surveyed PLHIV, the perceived benefits from these attributes may be the added therapeutic value of LAR over oral pills.

Conclusions

- A substantial proportion of people living with HIV report challenges with daily ARTs for medical and/or HIV-specific issues.
- Perceived added therapeutic value of LAR may constitute reducing treatment-related psychosocial/emotional issues. Providing treatment options that address unmet needs may improve treatment adherence among PLHIV.
- LAR may improve health-related quality of life by addressing some of the identified unmet needs, such as anxieties about unintentional HIV disclosure due to HIV treatment being discovered.

Acknowledgments

A special thanks to the numerous patient organizations who contributed to the success of the study, as well as all the individuals who participated in the study. We acknowledge our vendor partners, Ipsos and Zatum, for their contributions to the study.

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