

This is a plain language summary of an existing poster (eP103) presented at European AIDS Conference 2025 with non-technical language and formatting to help make the information accessible to a wider audience. This summary includes key information only, so please scan the QR code to see the full poster with more details.



Long-Acting Injectable HIV Treatment Is Effective in Diverse Populations Worldwide

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How does HIV affect the body?

Human immunodeficiency virus (HIV) makes copies of itself throughout the body and kills the CD4 cells that fight off infections

How can treatment help?

HIV medicines can slow or stop the virus from making copies of itself, preventing CD4 cells from being killed

What treatment was studied here?

• A long-acting (LA) treatment consisting of the 2 injectable drugs, cabotegravir (CAB) and rilpivirine (RPV), given either every month or every 2 months as intramuscular injections

What was the purpose of this study?

- Many independent studies have been conducted worldwide on people with HIV being treated with CAB + RPV LA in real-life clinical practice
- We want to analyze these studies all together to better understand how well treatment works to suppress HIV levels in people and how well they tolerate the medication

What data was included?

- We used a research method called a systematic literature review to find published abstracts and articles about these studies
- Through a method called a meta-analysis, we then looked at different aspects of how well CAB + RPV LA worked when these studies were grouped together
- Our analyses included diverse populations from 27 studies of 7687 people with HIV who were virologically suppressed (<50 virus copies per mL of blood) who had switched to CAB + RPV LA conducted in a variety of countries
- · Not all studies were included in each individual analysis



Australia Canada France Germany Italy Japan Spain United Kingdom United States

How effective was CAB + RPV LA by Month 12 of treatment?

93%
of people receiving
CAB + RPV LA
maintained virologic
suppression
(n=1708 from
6 studies)

of people receiving
CAB + RPV LA
experienced virologic
failure (increased levels
of virus in blood;
n=1269 from
8 studies)

of people receiving
CAB + RPV LA developed
mutations in the virus at
virologic failure
(n=1003 from
5 studies)

How many people stopped CAB + RPV LA treatment by Month 12?



of people receiving CAB + RPV LA stopped treatment for any reason (n=1361 from 10 studies)



of people receiving CAB + RPV LA stopped treatment due to injection site reactions^a (n=758 from 4 studies)

alnjection site reactions refer to physical reactions (such as swelling, pain, or redness) that occur at the site the injection was administered.

Did people receiving CAB + RPV LA follow their treatment schedule?



95% of CAB + RPV LA injections up to Month 12 were given to people according to schedule (n=4292 from 4 studies)

What does this mean for people living with HIV?

- In real-world clinical settings, people receiving CAB + RPV LA maintained high rates of virologic suppression at Month 12
- Following the switch to CAB + RPV LA, people experienced low rates of virologic failure and resistance at Month 12
- A low percentage of people stopped treatment, including due to injection site reactions



Poster presentation title:

Real-World Effectiveness and Tolerability of Cabotegravir + Rilpivirine Long-Acting in People Living With HIV-1: A Meta-Analysis of Real-World Evidence **Authors:**

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