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CABO-CHANCE: long-acting cabotegravir plus rilpivirine in ART-experienced people with HIV — 24-month real-world outcomes

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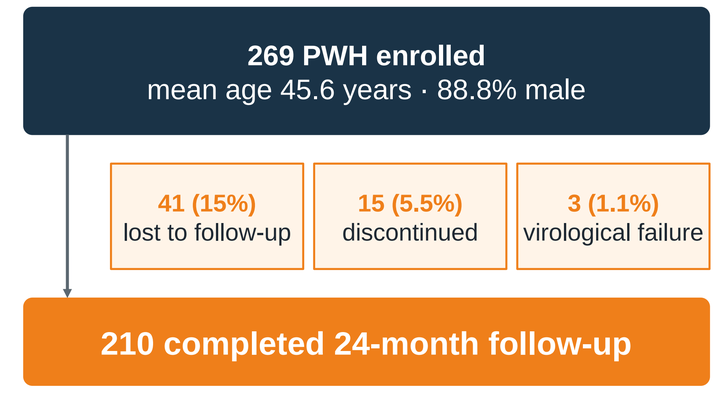
BACKGROUND

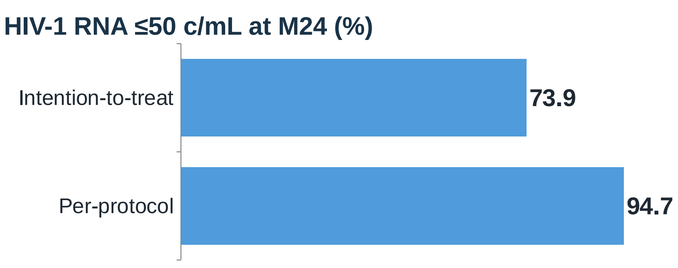
The CABO-CHANCE study evaluated the long-term effectiveness, safety and impact on inflammatory markers, quality of life, sleep, health satisfaction and stigma experience over two years of **long-acting injectable cabotegravir plus rilpivirine (CAB+RPV LAI)** in virologically suppressed people with HIV (PWH) who switched from oral antiretroviral therapy (ART) to CAB+RPV LAI.

METHODS

- **Design:** prospective, longitudinal, multicenter study in 15 Spanish hospitals (recruitment June 2023–January 2024).
- **Population:** virologically suppressed PWH (HIV-1 RNA <50 c/mL for ≥6 months) switched from oral ART to CAB+RPV LAI.
- **Visits:** baseline and months 3, 6, 12, 18 and 24 — anthropometrics, CD4 and CD8 counts, viral load, creatinine clearance, lipid profile and inflammatory markers; adverse events at every visit.
- **Patient-reported outcomes:** WHOQOL-HIV-BREF, HIV Stigma Scale for use in Spain, Pittsburgh Sleep Quality Index and health satisfaction questionnaires.
- **Virological effectiveness at M24** (FDA Snapshot, HIV-1 RNA >50 c/mL): ITT (including loss to follow-up, withdrawal for adverse events, treatment changes and failures); mITT (excluding loss to follow-up and consent withdrawal); PP (all patients completing follow-up).
- **Statistics:** Gaussian GEE models (exchangeable working correlation, visit as categorical factor) as primary framework; baseline vs M24 contrasts secondary, Holm-adjusted for multiplicity.

PATIENT DISPOSITION





- **mITT:** 15/210 (7.0%) with HIV-1 RNA ≥50 c/mL, all low-level viraemia (54–161 c/mL).
- **Virological failure:** 3 (1.1%), two consecutive HIV-1 RNA ≥200 c/mL.
- No oral bridging was required through 24 months.

RESULTS · LONGITUDINAL REPEATED-MEASURES ANALYSIS THROUGH MONTH 24

Median baseline → M24 · Holm-adjusted p for the M24 vs baseline contrast

CD4/CD8 ratio	CKD-EPI, mL/min/1.73 m²	HDL cholesterol, mg/dL	Total cholesterol/HDL	Fibrinogen	Global quality of life
1.01 → 1.07	90 → 93	46 → 48	3.95 → 3.81	352 → 287	4.0 → 4.0
p=0.036	p<0.0001	p=0.003	p=0.026	p=0.001	p=0.037

Table 1. Longitudinal repeated-measures analysis through month 24

Variable	N subjects / obs	Baseline, median (IQR)	M24, median (IQR)	Paired N	Primary p, time effect	Secondary p, M24 vs BL†
CD4/CD8 ratio	265 / 1250	1.01 (0.72–1.30)	1.07 (0.74–1.41)	194	**0.007**	**0.036**
CD4 count, cells/µL	265 / 1251	736 (582–966)	790 (579–1032)	194	0.074	0.157
Creatinine, mg/dL	269 / 1291	0.99 (0.88–1.11)	0.94 (0.84–1.06)	212	**<0.0001**	**0.025**
CKD-EPI, mL/min/1.73 m²	269 / 1287	90 (77–101)	93 (81–107)	212	**<0.0001**	**<0.0001**
CRP, mg/L	244 / 992	1.09 (0.40–2.10)	0.80 (0.20–2.23)	121	**0.035**	0.658
IL-6, pg/mL	191 / 738	2.10 (1.40–4.85)	2.00 (1.40–4.30)	97	**<0.001**	0.101
D-dimer	199 / 777	0.22 (0.16–0.33)	0.02 (0.02–0.03)	83	**<0.0001**	**<0.0001**
Fibrinogen	173 / 594	352 (273–421)	287 (247–352)	56	**<0.001**	**0.001**
Total cholesterol, mg/dL	269 / 1285	180 (155–204)	180 (162–206)	206	0.734	1.000
HDL cholesterol, mg/dL	267 / 1176	46 (40–55)	48 (42–58)	167	**0.005**	**0.003**
LDL cholesterol, mg/dL	262 / 1140	110 (88–134)	108 (86–128)	162	0.719	1.000
Triglycerides, mg/dL	269 / 1283	103 (71–156)	99 (67–154)	208	**0.033**	0.792
Total cholesterol/HDL ratio*	267 / 1174	3.95 (3.14–4.78)	3.81 (3.03–4.40)	167	**0.020**	**0.026**
Global quality of life	269 / 1231	4.0 (3.0–4.0)	4.0 (3.0–5.0)	195	**0.028**	**0.037**
Health satisfaction	269 / 1232	4.0 (3.0–4.0)	4.0 (3.0–4.0)	195	**0.023**	0.096
Sleep quality	269 / 1230	2.0 (2.0–3.0)	2.0 (2.0–2.0)	195	0.173	1.000
Stigma score	269 / 1212	54 (44–62)	51 (44–60)	194	**0.005**	0.098

*Primary analysis: Gaussian GEE models with exchangeable working correlation and visit as a categorical factor (baseline, months 4, 8, 12, 18 and 24). † Holm-adjusted p value for the month 24 versus baseline contrast among post-baseline pairwise comparisons. * Total cholesterol/HDL ratio recalculated from total and HDL cholesterol values to avoid implausible stored ratio values. Skewed variables were log-transformed for modelling as indicated; medians and IQRs are shown on the original scale.*

CONCLUSIONS

- In this multicenter real-world cohort of ART-experienced PWH, CAB+RPV LA demonstrated durable virological effectiveness through two years of follow-up, with sustained immunological benefit.
- Selected improvements in inflammatory markers (which may contribute to a lower long-term risk of non-AIDS events) and favorable changes in renal function and lipid parameters were observed.
- Patient-reported outcomes showed a modest but significant improvement in global quality of life, with preserved stigma scores and sleep quality over 24 months.

ART, antiretroviral therapy; BL, baseline; CKD-EPI, Chronic Kidney Disease Epidemiology Collaboration; CRP, C-reactive protein; GEE, generalized estimating equations; IL-6, interleukin-6; ITT, intention-to-treat; LAI, long-acting injectable; mITT, modified ITT; M24, month 24; PP, per protocol; PWH, people with HIV.