

Evaluation of VH3810109 (N6LS) and Cabotegravir Long-Acting, Dual-Modality Injections for HIV Treatment: People With HIV and Staff Perspectives

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Background

The EMBRACE study looks at a new HIV-1 treatment for adults with an undetectable viral load on successful antiretroviral therapy. It tests an antibody called VH3810109 (also known as N6LS), which works by attaching to a key part of the virus and stopping it from getting into human cells. The aim is to offer a treatment that doesn't need to be taken as often as current medicines and to find out if the way the virus reacts to this antibody at the start affects how well the treatment works in the long run.

What treatment was studied here?

The study looked at N6LS, an antibody that targets HIV, given every 4 months. It's paired with CAB LA injections, which are administered monthly. This combination aims to keep HIV levels low in people who already responded well to HIV treatment. Instead of taking daily pills, these treatments involve injections that are less frequent, which might help people stick to their treatment plans and improve their overall well-being. Researchers are keen to understand what both patients and healthcare providers think about these options to ensure they are adopted successfully.

What was the purpose of this study?

The study aimed to find out how people with HIV and healthcare providers feel about switching from daily pills to long-acting injections using N6LS and CAB LA. Understanding their likes and concerns can help make this transition smoother.

Who took part in the study and how was the treatment studied?

125 people with HIV, aged 18 to 70, participated in the EMBRACE study. They had undetectable HIV levels on the same treatment before entering the study. Participants were split into groups receiving N6LS either through a vein or under the skin, along with monthly CAB LA shots, or to continue taking oral standard-of-care regimens. This sub-study didn't assess those on oral HIV medications. Additionally, 42 healthcare staff shared their thoughts through questionnaires and interviews.

What are the research findings?

Most participants were happy with the N6LS treatment, with 90% finding it acceptable after 6 months. They preferred infusions over injections or daily pills because they were more convenient and less painful. Many felt healthier and more optimistic, with 85% saying the treatment improved their outlook on living with HIV. Healthcare providers also found the treatment approach acceptable, with 74% comfortable with giving patients a shot as either an injection under the skin or in a vein .

What does this mean for people with HIV?

For those living with HIV, this study indicates that treatments like N6LS can improve life by reducing how often medication is needed. The ease and few concerns associated with these treatments might lead to better adherence and health outcomes, potentially changing how HIV is managed.

Conclusions

The combination of N6LS infusions and CAB injections was well-received by both patients and healthcare providers, showing promise for changing HIV care. The treatment's acceptance suggests it could be personalized to fit individual needs and clinic resources, with longer gaps between treatments potentially enhancing both mental and practical aspects of living with HIV.

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