

Zandraetta Tims-Cook,¹ Katherine L. Nelson,² Kenneth Sutton,² Yolanda Lawson,³ Megan Dieterich,⁴ Denise Sutherland-Philips,² Neetu Badhoniya,⁵ Cristina Pollari,⁶ Piotr Budnik,⁷ Heidi Swygard,² V. Paul DiMondi,² Kimberley Brown,² Maggie Czarnogorski,² Nanlesta Pilgrim²
¹Faebri Medical & Community Education, Atlanta, GA, USA; ²ViiV Healthcare, Durham, NC, USA; ³Abounding Prosperity, Inc, Dallas, TX, USA; ⁴Whitman-Walker Institute, Washington, DC, USA; ⁵GSK, Bangalore, India; ⁶GSK, Collegeville, PA, USA; ⁷ViiV Healthcare, London, UK

Plain Language Summary

- Black women in the EBONI study found long-acting cabotegravir (CAB LA) for HIV prevention to be highly acceptable, appropriate, and easy to use, with most reporting positive experiences
- After 12 months, no women tested positive for HIV, and many women described additional benefits such as more regular health check-ups and stronger relationships with their care teams

Introduction

- In 2023, Black women represented approximately 50% of all HIV diagnoses in women in the United States¹
- Oral pre-exposure prophylaxis (PrEP) persistence among Black women is low, with <20% persistence at 6 months²
- Long-acting cabotegravir (CAB LA) administered every 2 months via intramuscular injection is the first approved LA agent for PrEP³
- EBONI (NCT05514509) was a phase 4 study evaluating implementation strategies for the delivery of CAB LA to adult Black cisgender and transgender women across infectious disease, primary care, and women's health clinics in "Ending the HIV Epidemic" jurisdictions in the United States
- We present participant outcomes through Month (M) 12 with CAB LA from the EBONI (NCT05514509) study, the first US implementation study in Black women evaluating CAB LA for PrEP

Methods

- EBONI was a 12-month, phase 4, hybrid effectiveness-implementation science trial assessing CAB LA integration at 20 practice sites in Black cisgender and transgender women
- Clinical assessments included HIV incidence, persistence, safety, and tolerability
- M12 implementation questionnaires assessed acceptability of CAB LA, as well as injection pain, local reactions, and overall experiences with CAB LA
 - Acceptability of CAB LA was evaluated using the validated Acceptability of Intervention Measure
- Table 1 depicts patient participant demographics at baseline and M12
 - At baseline, 163 women initiated CAB LA, with 99 completing M12 implementation questionnaires
 - At M12, the median age was 37 (IQR, 30-43) years and 21% of participants were transgender women

Table 1. Demographics and Clinical Characteristics at Baseline and M12

Characteristic, n (%) ^a	Baseline (N=163)	M12 (n=99)
Gender identity		
Cisgender woman	122 (75)	78 (79)
Transgender woman	41 (25)	21 (21)
Age		
Median (IQR), years	35 (29-42)	37 (30-43)
Race		
Black or African American	163 (100)	99 (100)
Ethnicity		
Hispanic or Latine	6 (4)	2 (2)
Not Hispanic or Latine	150 (92)	95 (96)
Unknown/Prefer not to answer ^b	7 (4)	2 (2)

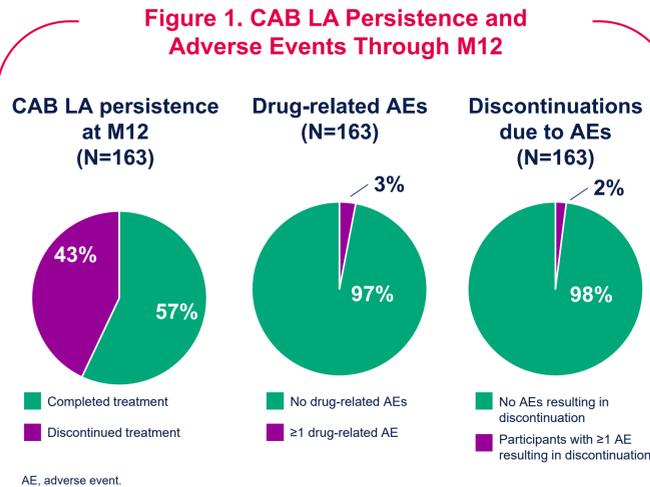
IQR, interquartile range. ^aUnless otherwise indicated. ^bUnknown was reported at baseline and "prefer not to answer" was reported at M12.

In the EBONI study, long-acting cabotegravir (CAB LA) was highly effective for pre-exposure prophylaxis (PrEP) in Black women, who had positive CAB LA delivery experiences, reported ancillary benefits, and found CAB LA acceptable, appropriate, and feasible.

Key Takeaways

CAB LA was highly effective and safe in Black women

No cases of HIV acquisition occurred among Black women in EBONI



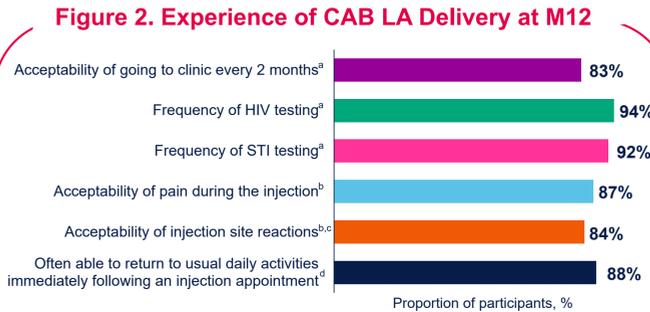
- Almost half (44%, 67/151) of participants had not taken oral PrEP in the 6 months before initiating CAB LA
- The majority (61%, n=100/163) of participants were of childbearing potential, of whom 6% (n=6/100) experienced a pregnancy
- Persistence on CAB LA was 74% at M6 (120/163) and 57% at M12 (n=93/163), with 69% to 89% receiving injections within the ±7-day window through M12 (Figure 1)
- Drug-related adverse events (3%; n=5/163) were rare, with 2% (n=3) of participants discontinuing due to adverse events

Acknowledgments: This study was funded by ViiV Healthcare. The authors would like to thank the study participants, the investigators and site staff, and the ViiV Healthcare and GSK study team members. Editorial assistance and graphic design support for this presentation were provided under the direction of the authors by Fingerpoint Medical and funded by ViiV Healthcare.

References: 1. US Centers for Disease Control and Prevention. <https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-and-prevalence-2025.html>. Accessed January 15, 2026. 2. Pyra et al. *J Racial Ethn Health Disparities*. 2022;9:820-829. 3. Apretude [prescribing information]. Durham, NC: ViiV Healthcare; 2025.

CAB LA delivery experiences were positive after 12 months

Over 80% of Black women reported going to the clinic every 2 months was acceptable



STI, sexually transmitted infection. ^aRatings of "very acceptable" and "acceptable" were combined to define acceptability. ^bRatings of "totally acceptable," "very acceptable," and "moderately acceptable" were combined to define acceptability. ^cSkip logic item; only participants reporting "yes" were required to provide a response (n=38). ^d5-point Likert scale responses of "always" and "often" were combined to define often.

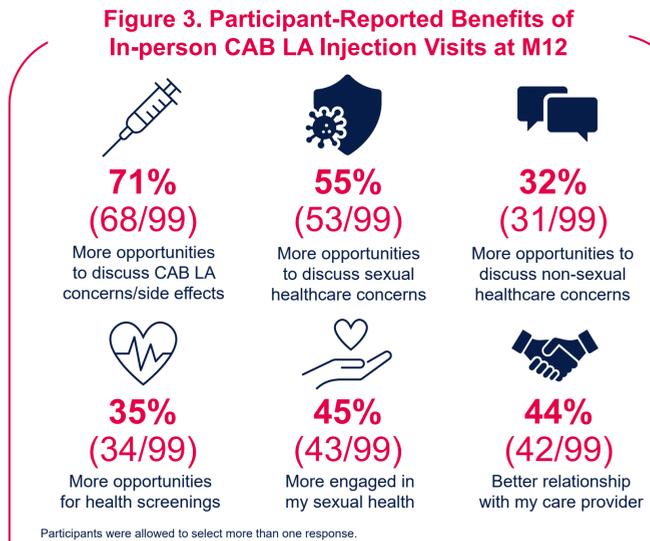
- Overall, women who experienced injection pain or local reactions found both acceptable (87% and 84%, respectively; Figure 2)
- Pain decreased for subsequent injections after the first injection
 - Median pain improved by 3 points between the first (5.0) and most recent (2.0) CAB LA injections (10-point scale where 0 = no pain and 10 = extreme pain)
- The majority (88%) of participants resumed daily activities immediately after injection appointment
- Women found the frequency of HIV (94%) and sexually transmitted infection testing (92%) acceptable through M12 (Figure 2)
- Through M12, 15 sexually transmitted infections were identified (gonorrhea, n=7; chlamydia, n=7; syphilis, n=1) among 13 women (8%; n=5 cisgender women, n=8 transgender women)

"It has really met my expectations, to be honest, because it's got a really simple process and very simple and straightforward... it also allows me to be able to, since it's like once every two months,... do everything else that I need to do...like go to work, travel, and do other things..." – Cisgender woman, 31

"No. But the soreness for the first couple, well, really the first one, the soreness was particularly not bad, but it took some getting used to, but after that, nothing's really been negative." – Cisgender woman, 37

CAB LA in-person visits every 2 months had ancillary benefits

Black women reported that in-person visits for CAB LA provided more opportunities for other health screenings and to discuss sexual health



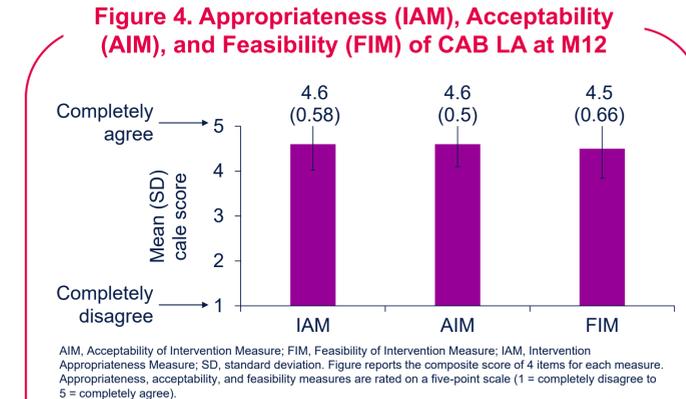
- Women noted benefits like better relationships with providers, enhanced screenings for health conditions like diabetes or high blood pressure, and increased engagement in their sexual health as benefits of in-person CAB LA injection visits (Figure 3)

"And look, they do a check-up every two months, so the best thing, and I love that I'm constantly being checked, because you know how your sexual health and your health in general is." – Cisgender woman, 25

"...checking my blood pressure and all of my vitals and everything and doing that a lot more frequently. It's been helping me; I didn't know I was about to have high blood pressure until I started [CAB LA] and started coming in more frequently and checking my vitals more regularly." – Cisgender woman, 27

Satisfaction with CAB LA was high in Black women after 12 months

Over 95% of Black women in EBONI would recommend CAB LA



- Women in EBONI found CAB LA highly appropriate, acceptable, and feasible (Figure 4), with scores similarly high across gender (ranging from 4.4-4.9 across all 3 measures for transgender and cisgender participants)
- Overall, most women reported feeling "very positive" about initiating CAB LA (86%) and would recommend CAB LA (95%) to others who could benefit from it

"Absolutely, I think it's a great match for women because we are already juggling so much and to have one less thing to worry about as far as like taking a pill is phenomenal. ...I think for, for busy women, it's perfect." – Cisgender woman, 40

Conclusions

- The EBONI study adds robust evidence showing CAB LA for PrEP, offered through infectious disease clinics, women's health clinics, and primary care clinics, is highly effective and acceptable among Black women
- Discontinuation between baseline and M12 may highlight variability in perceived need for PrEP or care continuity
- High persistence relative to oral PrEP,² no HIV acquisition, rare occurrence of adverse events, and ancillary clinical benefits observed in EBONI further demonstrate that CAB LA can meet the needs of diverse populations

Disclaimer

This content was acquired following an unsolicited medical information enquiry by a healthcare professional. Always consult the product information for your country, before prescribing a ViiV medicine. ViiV does not recommend the use of our medicines outside the terms of their license. In some cases, the scientific Information requested and downloaded may relate to the use of our medicine(s) outside of their license.