# Interest of people living with HIV in Europe in future long-acting modalities-Ask Us Europe results

TUPEB 101

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## Plain Language Summary

- New long-acting HIV treatments (which don't need to be taken every day) are being developed.
- Currently, the only long-acting HIV treatment available in Europe is called cabotegravir and rilpivirine (CAB+RPV), which is given as two injections every 2 months.
- Future methods include a pill that is taken once a week, this is the future method that is closest to being made available.
- Other potential future long-acting methods include an implant (inserted under the skin to release medication) and a patch (pressed on skin to deliver medication) or a pill that is taken every month.
- **This study asks people living with HIV across Europe about their preferences for future long-acting HIV treatments through an online survey.**
- There was strong interest in future types of HIV medication – 93% showed interest in at least one method.
- The highest interest was injections that are taken every 4 or 6 months (77%). Followed by the monthly pill (68%) and weekly pill (56%). Fewer people showed interest in the implant (40%) or patch (34%).
- People that were already taking injections every 2 months were more interested in injections every 4-6 months and less interested in the weekly pill. Those that were not on injections showed interest in a wider range of different methods.
This shows there are distinct groups of people that prefer long-acting injections compared to long-acting oral tablets.

## Background

- New long-acting treatments are being developed. Interest studies in future HIV treatment modalities mainly focus on long-acting injectables, implants and patches.
- This survey also explores interest in the weekly long-acting oral tablet which is currently in late-stage clinical development.

## Methods

- Ask Us Europe is an **equity-focused, multi-country, cross-sectional online survey**, **co-produced** with 18 community members, in partnership with the European AIDS Treatment Group and the UK Community Advisory Board.
- Eligible participants: people living with HIV, aged ≥18, living in a European country where long=acting cabotegravir and rilpivirine (CAB+RPV) treatment is currently licensed, available and reimbursed.
- Dissemination of the survey was via social media and community / clinical networks between July 22 2025- May 20 2026.
- We report descriptive statistics on a pre-specified secondary endpoint: interest in future LA modalities: 4-6 monthly injectables, implants, patches, weekly and monthly long-acting oral tablet, based on participants' agreement with one or more response options. We present results overall and in subgroups: ever on long-acting injectable cabotegravir + rilpivirine (CAB+RPV), clinically eligible/ineligible for CAB+RPV, and interested/not interested in it.

## Results

- 1935 participants: 18% cis women, 8% transgender/gender diverse, 75% White, 39% ≥55 years; 10% were recent migrants (<5 years) (Table 1).
- 80% were clinically eligible for CAB+RPV and 16% had ever received it.

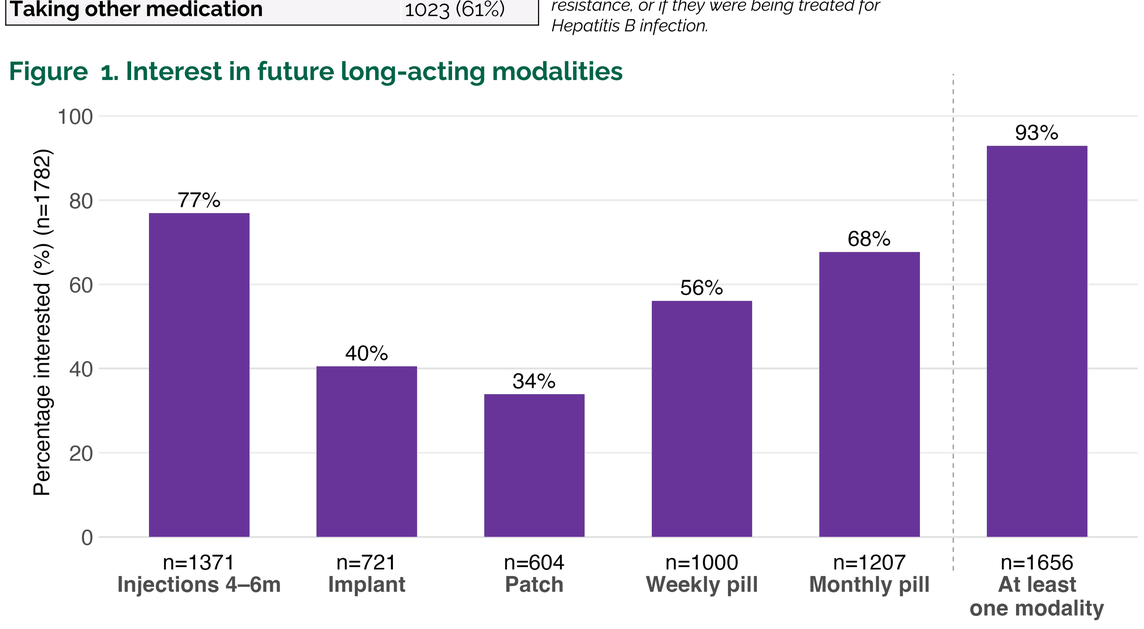
**Table 1. Demographic characteristics of participants**

| | Overall* (N=1935) |
|---|---|
| **Age** | |
| <55 | 1180 (61%) |
| ≥55 | 755 (39%) |
| **Gender** | |
| Cis man | 1369 (71%) |
| Cis woman | 355 (18%) |
| Trans, non-binary, gender diverse | 162 (8%) |
| **Ethnicity** | |
| White | 1432 (75%) |
| Black | 131 (7%) |
| Latinx | 169 (9%) |
| **Education** | |
| No higher education | |
| Higher education | |
| **Recent immigration status (<5 years)** | 167 (10%) |
| **Neurodivergence** | 138 (8%) |
| **Physical disability** | 151 (9%) |
| **Financial instability** | 483 (29%) |
| **Shared/insecure housing** | 373 (19%) |
| **Need for tailored specialist support**** | 823 (43%) |
| **Diagnosis (more than 7 years ago)** | 1424 (82%) |
| **Years on HIV treatment** | |
| Mean (SD) | 16.4 (9.63) |
| **Taking other medication** | 1023 (61%) |
| **Missed a dose (past 12 months)** | |
| Mistakenly | 349 (61%) |
| Intentionally | 108 (7%) |
| **HIV consultations twice a year** | 975 (57%) |
| **Current HIV medication** | |
| One pill taken once daily | 1376 (71%) |
| Two or more pills, taken once daily | 188 (10%) |
| Two or more pills taken twice daily | 94 (5%) |
| Other | 12 (0.6%) |
| **Clinically eligible for CAB+RPV ***** | |
| Yes | 1549 (80%) |
| **CAB+RPV** | |
| Ever on CAB+RPV | 300 (16%) |

** Other/Missing data not indicated*
*** Needing support with substance use, food or housing insecurity, domestic violence, claiming benefits, immigration or mental health.*
**** Clinical eligibility for CAB+RPV was determined according to the licensed indication. Participants were ineligible if their HCP had described their HIV viral load as detectable, indicated that their HIV medication was ineffective or had developed resistance, or if they were being treated for Hepatitis B infection.*

- 1782 participants answered the question on interest in future modalities.
- 93% expressed interest in long-acting modalities **(Figure 1).**
- **Interest in 4-6 monthly injectables were highest (77%)**
- 68% were interested in the monthly oral tablet and 56% in the weekly oral tablet.
- Implants (40%) and patches were least favoured (34%).

**Figure 1. Interest in future long-acting modalities**




- People taking CAB+RPV were most interested in 4-6 monthly injectables (89%) and showed less interest in the weekly oral tablet (20%).
- Participants on CAB+RPV had the highest proportion expressing exclusive interest in 4-6 monthly injectables (22%). Those not on CAB+RPV, showed broader interest **(Figure 2).**

**Figure 2. Interest in injections based on delivery method**

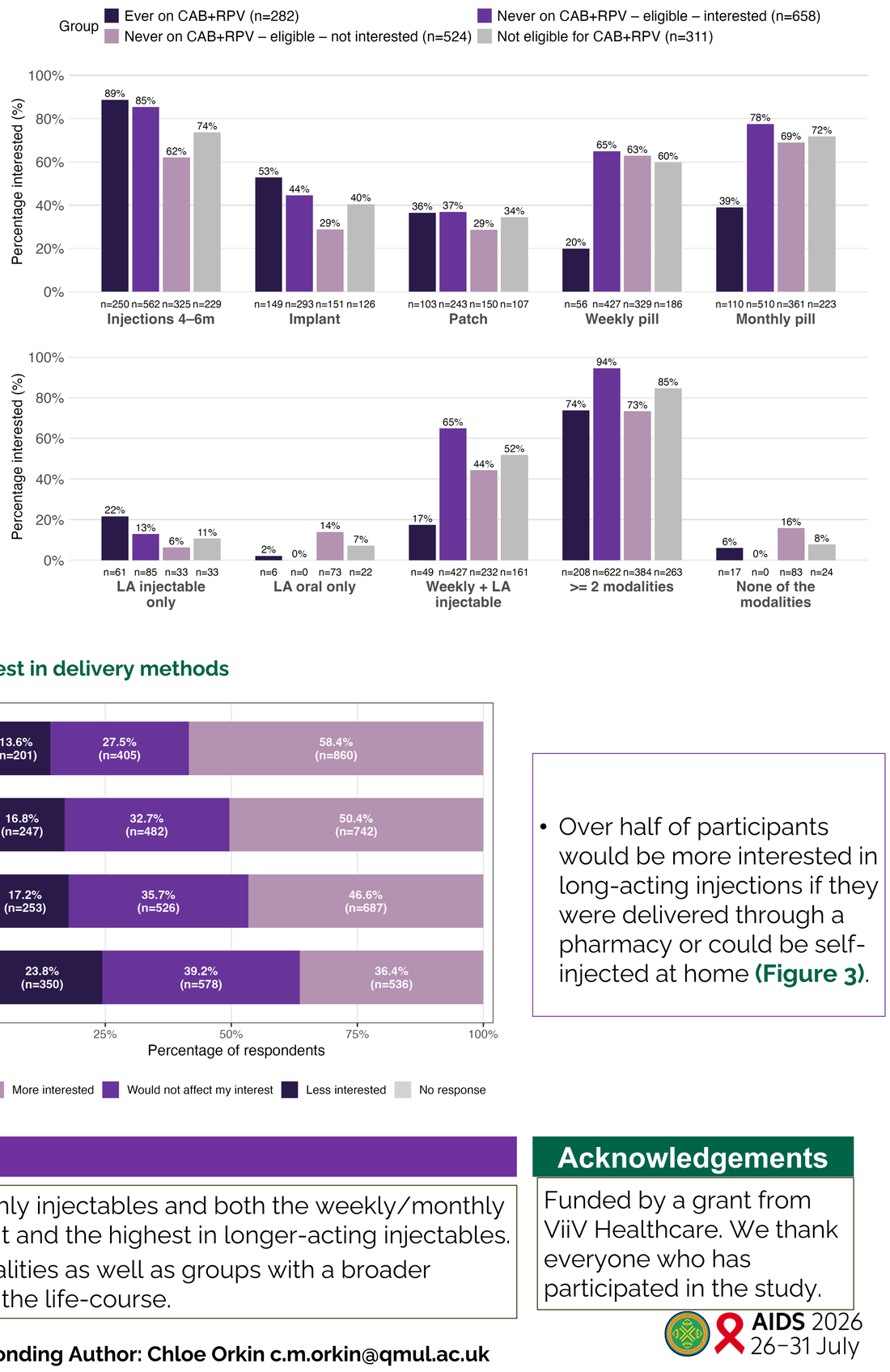



**Figure 3. Interest in delivery methods**




- Over half of participants would be more interested in long-acting injections if they were delivered through a pharmacy or could be self-injected at home **(Figure 3)**.

## Discussion and Conclusions

- Most participants expressed interest in long-acting modalities with strong interest in both 4-6 monthly injectables and both the weekly/monthly long-acting oral tablet. Those currently on CAB+RPV showed lower interest in weekly oral treatment and the highest in longer-acting injectables.
- We identified distinct preference groups for long-acting injectables vs. long-acting oral tablet modalities as well as groups with a broader preference highlighting the importance of a differentiated pipeline to cater for evolving needs over the life-course.

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