Outpatient or hospital-based care for long-acting injectable antiretroviral therapy: different preferences, different reasons, but equal satisfaction — the real-life PANTER study

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Background

- Long-acting (LA) injectable antiretroviral therapy (ART) could significantly impact the treatment experience and disease management of people living with HIV (PLWH). Its increasing use raises challenges for the management of HIV care.
- In France, first injection of LA ART with cabotegravir/rilpivirine (LA-CAB/RPV) must be started in hospital. Subsequent injections follow different care pathways: at hospital or outpatient care by a nurse, at the nurse's office or at the patient's home.

Objective

- To describe PLWH preferences for treatment delivery and follow-up settings and to compare satisfaction across care pathways.

Materials and methods

- **PANTER study**: observational, multicenter, real-life study of patient-reported outcomes in France
- PLWH followed in French hospitals and switching from oral ART to LA-CAB/RPV
- Data collected: characteristics and pain experience at switch; satisfaction and preferences for hospital or outpatient delivery and care 9 months after switch
- Means (SD) for continuous variables, frequencies (%) for categorical variables; Pearson chi-squared or Fisher's exact tests for comparisons

Results

298
PLWH included in 22 centers (May 2024 – April 2025)

96%
Receiving daily ART at enrollment before switch to LA-CAB/RPV

55%
hospital delivery (28% outpatient nurse, 17% home)

95%
Rather or completely satisfied with the treatment pathway

Population characteristics

- 65% male; mean age 45 years (SD 12)
- 46% with at least one comorbidity
- Mean ART duration 12 years (SD 9)

Long-acting injectable first experience

- 52% worried before injection (N=255/300): a little 31%, moderately 10%, a lot or extremely 11%
- 71% experienced discomfort/pain at injection site for the first injection (n=183/258): a little 45%, moderately 18% and a lot or extremely 8%

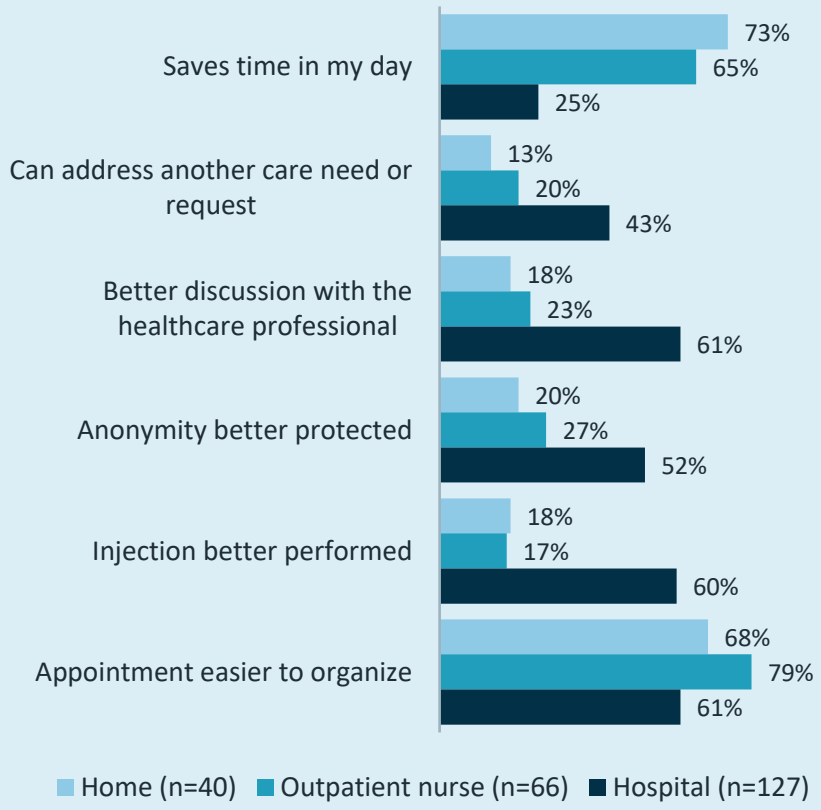
Delivery preferences 9 months after switch

- 95% rather or completely satisfied with the injectable treatment pathway, regardless of delivery place : hospital 94%, outpatient nurse 97% and at home 93 % (p=0.6)
- Greater daily life improvement for outpatient nurse pathway (91%) and home (83%) compared with hospital (81%) (**p = 0.009**)

Reasons for preference differ by place (p<0.001)

- **Outpatient nurse**: easier appointments 79%, saving time 65%
- **Home**: saving time 73%, easier appointments 68%
- **Hospital**: better discussion with healthcare professionals 61%, injection better performed 60%, protection of anonymity 52%

Reasons for preferred place of care



Pearson's chi-squared test: p<0.001 for all reasons except easier appointment (p=0.039)

Conclusion

The high satisfaction with LA-CAB/RPV among PLWH is accompanied by place preferences that should be taken into account to facilitate its implementation in community settings and to support patient-centered implementation of this new therapeutic option. Strengthening coordination between hospitals and outpatient care could help improve continuity of care.

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