

# Real Clinics. Real Success. Real Simplicity.

We will begin shortly...



Your audio has been  
muted upon entry.



Please utilize the Q&A  
Function to submit any  
questions you may have



For technical difficulties,  
please contact Lentz  
McNeill (336) 681-7445

# Real Clinics. Real Success. Real Simplicity.



**Taimur H. Khan MD, MPH**

Associate Medical Research Director  
Fenway Health | The Fenway Institute



**Nanlesta Pilgrim, PhD MPH**

Senior Director, Global Implementation  
Science Prevention  
ViiV Healthcare



**Heidi Swygard, MD, MPH**

Regional Medical Lead, LAI for PrEP  
ViiV Healthcare

Wednesday, December 3, 2025

# Agenda

December 3 • 7:00 - 8:00 PM ET

1

Clinical Outcomes

2

Patient experiences  
with CAB LA injections

3

Patient perspectives  
on visit frequency

- Please use the Q&A function to submit comments and questions throughout the Webinar

# Summary of Prior Webinars (August & October 2025)

## Preparing to Implement CAB LA

- Update staff workflows, outline **SOPs**, and **train staff** on effective communication techniques<sup>1</sup>
- Prepare for **flexible scheduling**, use of **telehealth**, and **integration** with other care<sup>2</sup>
- Prepare **scheduling, tracking and reminder systems**, which can be helpful for supporting continuation<sup>2</sup>

## Workflows for CAB LA Implementation

- A **common workflow** for CAB LA was identified, and clinics took **flexible approaches** to before, during, and after appointment needs.<sup>3</sup>
- **Resources are available** to support each phase of the workflow (see QR code):



## CAB LA Benefits and Acquisition

- ~60% of patients received CAB LA PrEP **within 2 weeks** of benefits verification<sup>3</sup>
- Clinics **delegated staff**<sup>2</sup> to lead insurance process, **centralized communication**,<sup>4</sup> and utilized **pharmacy expertise**<sup>5</sup>

## Real-World Perspectives from Providers

- HCP concerns about **managing CAB LA improved** as early as Month 4, and continued to improve to Month 12.<sup>6</sup>
- Clinics were able to manage **more patients and needed fewer staff** over time.<sup>6,7</sup>

1. Nelson et al. D&I 2024; Arlington, VA. Poster C-181. 2. Khan et al. HIVR4P 2024; Lima, Peru. Oral presentation 01117. 3. Data on file. ViiV Healthcare. 4. Pilgrim et al. D&I 2023; Arlington, VA. Oral presentation. 5. Nelson et al. ACTHIV 2025; Chicago, IL. Poster 72. 6. Khan, et al. ID Week 2024; Los Angeles, CA. P-1899. 7. Tims-Cook, et al. IAS 2025; Kigali, Rwanda, Poster THPE096.

# OVERVIEW OF PILLAR & EBONI STUDIES

Refresher on study design and data collection

# Looking Beyond Efficacy With PILLAR and EBONI

Pioneering implementation science studies that looked beyond efficacy to understand how best to integrate CAB LA for PrEP into routine clinical care at diverse clinics in the United States<sup>1</sup>



Community



Industry



Healthcare Providers

## PILLAR<sup>1</sup>

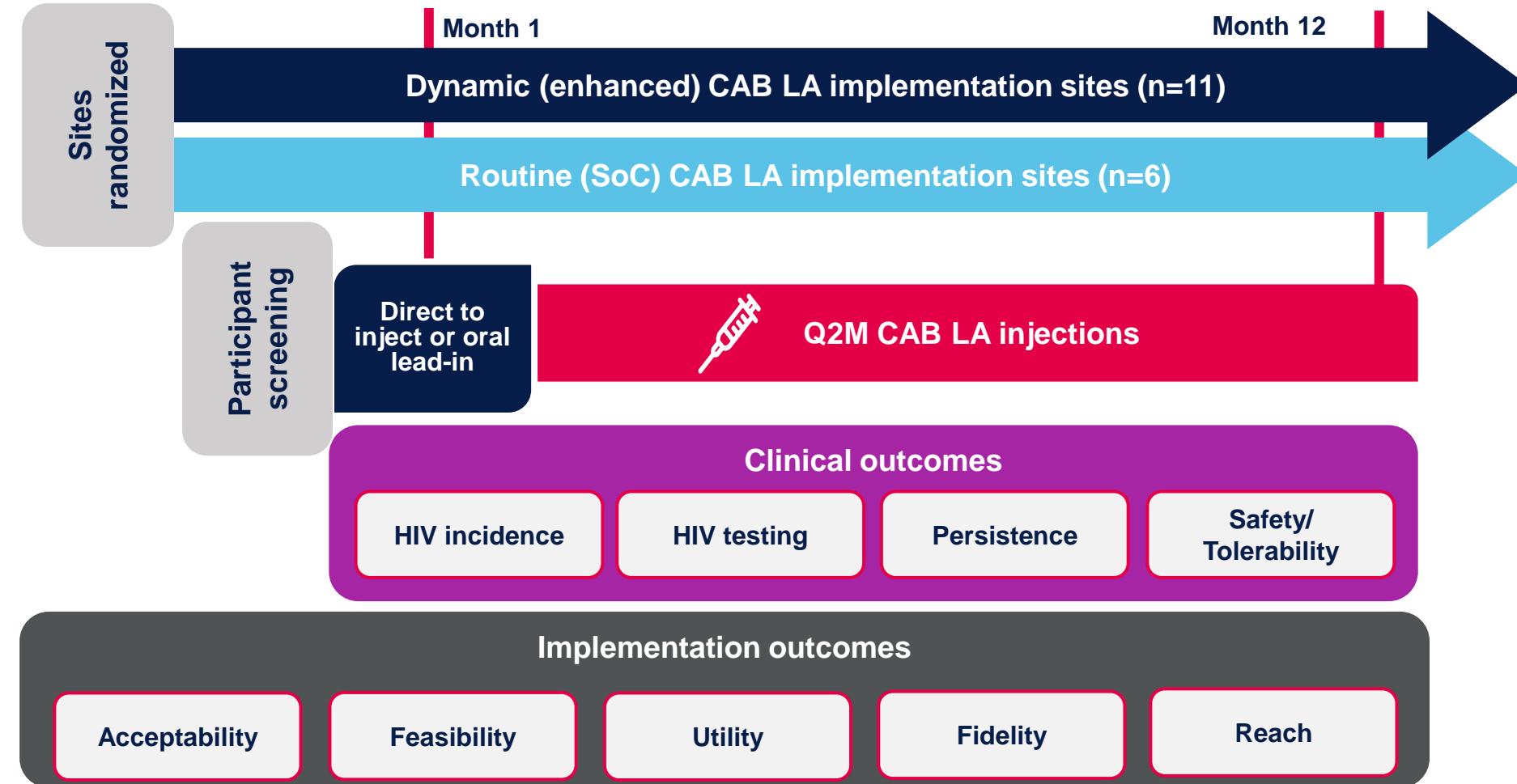
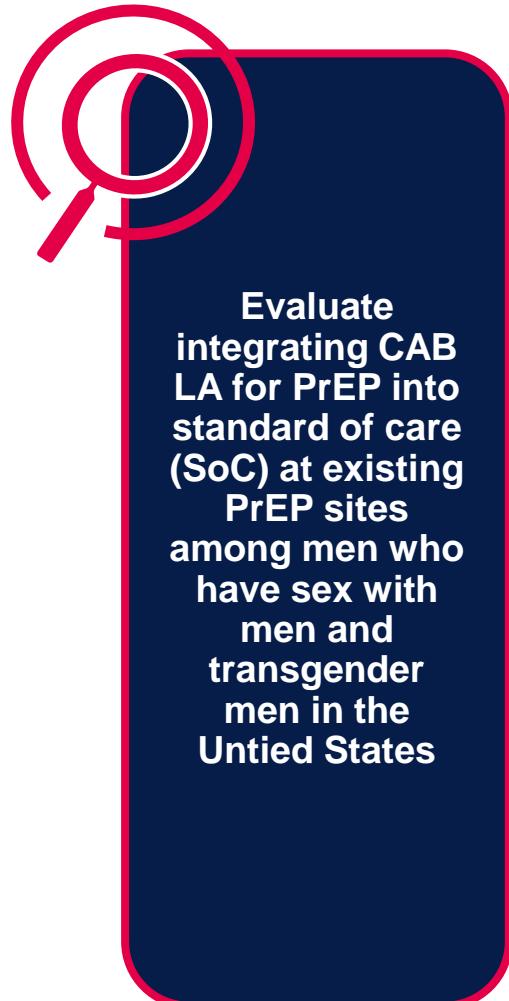
- First industry-led HIV prevention study to gender-align participants and include transgender men
- Study proposal development included round of community review and feedback
- Aligned enrollment goals to HIV epidemiology (50% Black or Hispanic participants)

## EBONI<sup>2</sup>

- First industry-led HIV prevention study to focus 100% on Black cisgender and transgender women
- Developed in collaboration with healthcare providers and community members to ensure study served community's needs
- Advisory board feedback used to develop culturally relevant implementation resources

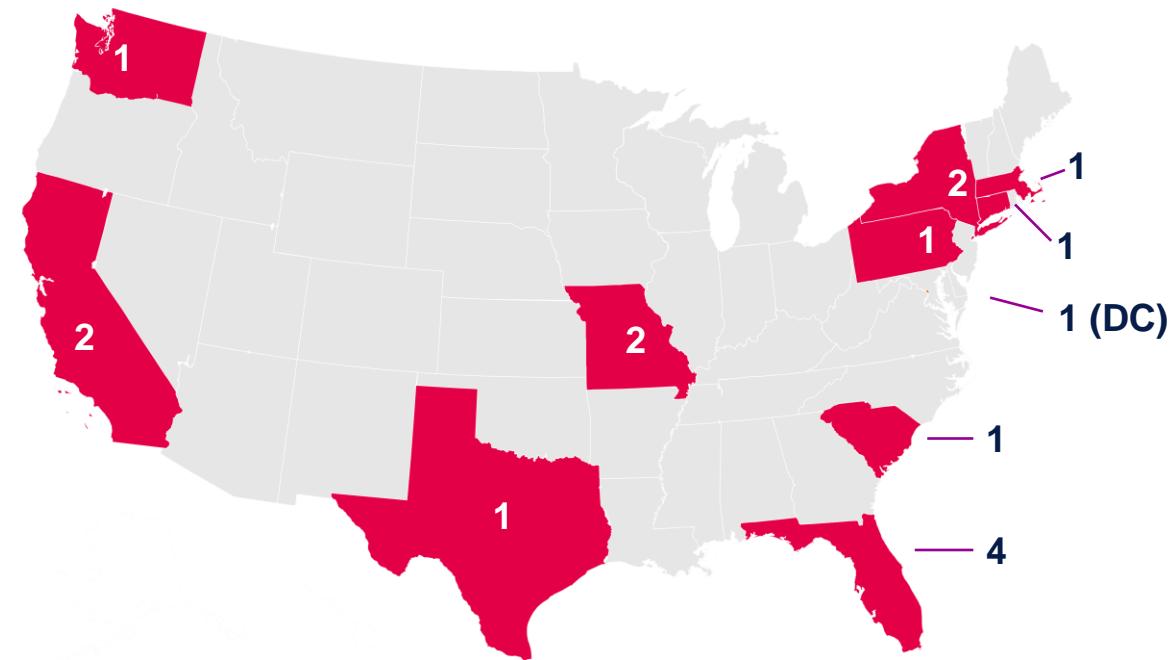
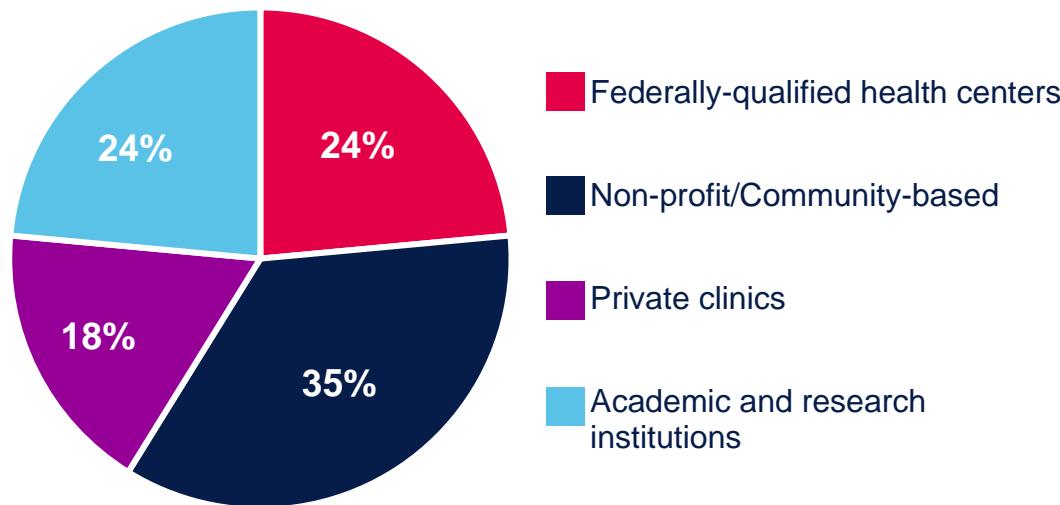
# PILLAR Study Overview<sup>1-3</sup>

## AIM AND DESIGN



# PILLAR Enrollment Demographics

## SITE TYPE AND GEOGRAPHICAL DISTRIBUTION<sup>1</sup>



## POPULATION<sup>2,3</sup>



**201 participants**



**86 clinic staff**

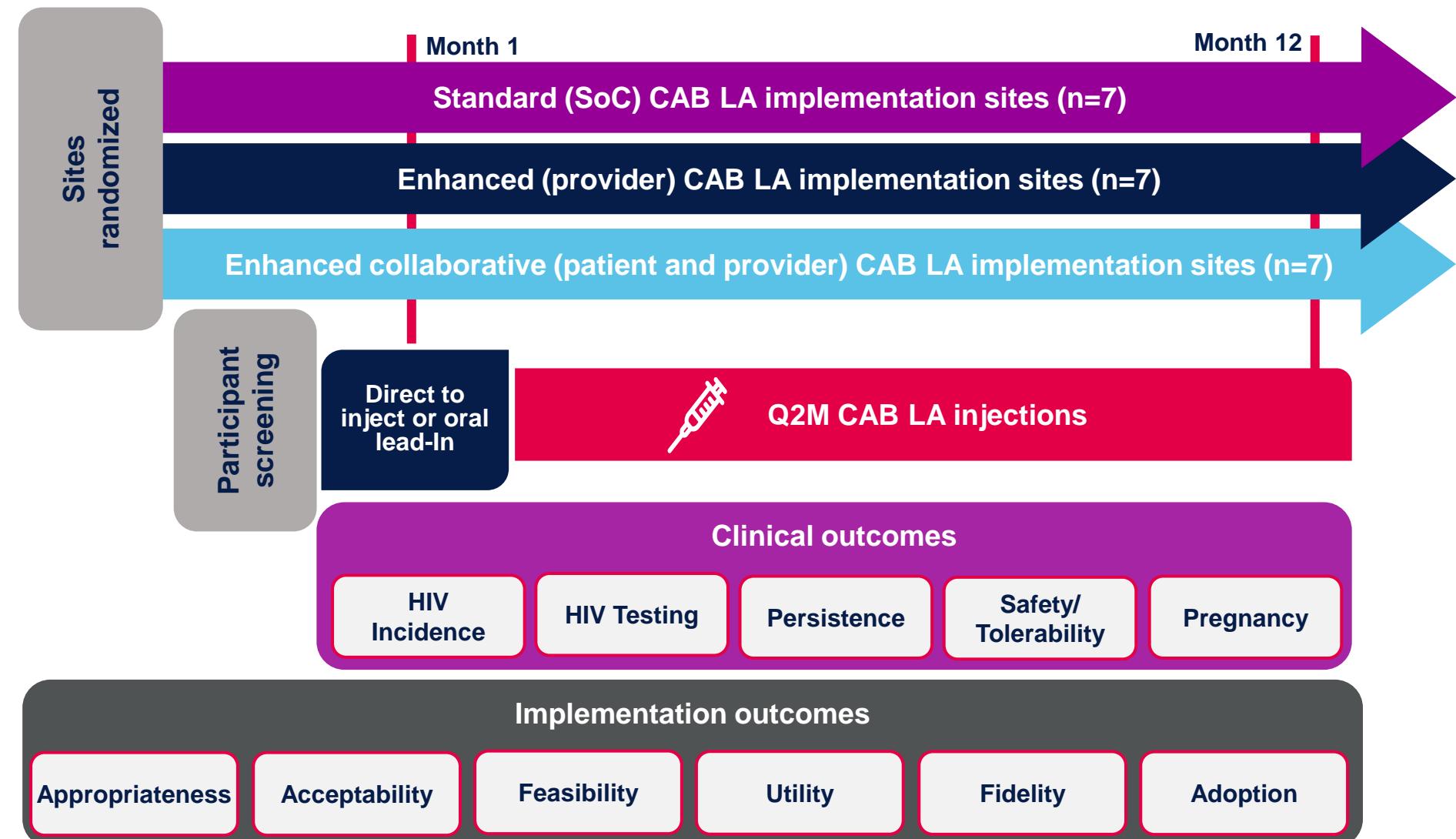
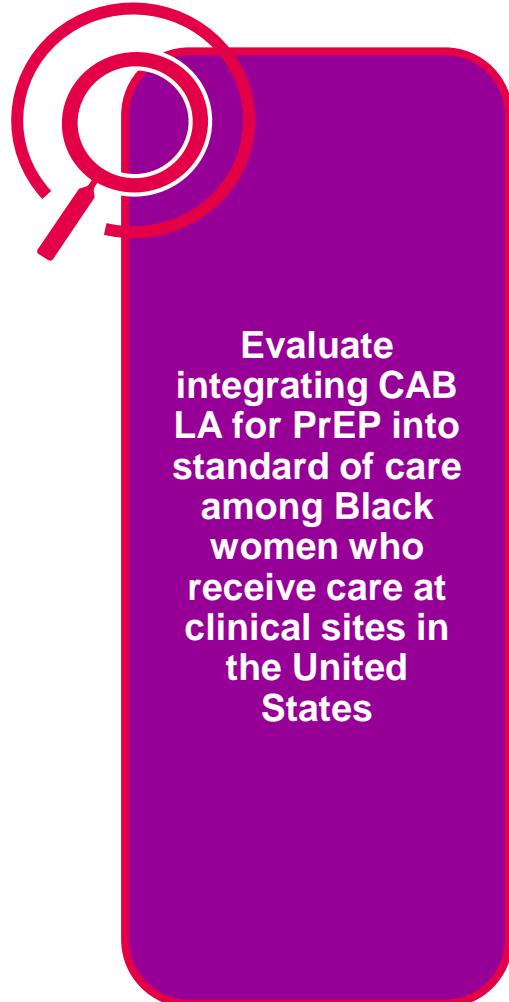
|                              | Target | Achieved  |
|------------------------------|--------|---|
| Black or Latino participants | 50%    | 60%  |
| Transgender men participants | 2%-4%  | 6%   |



## Protocol-defined enrollment targets exceeded

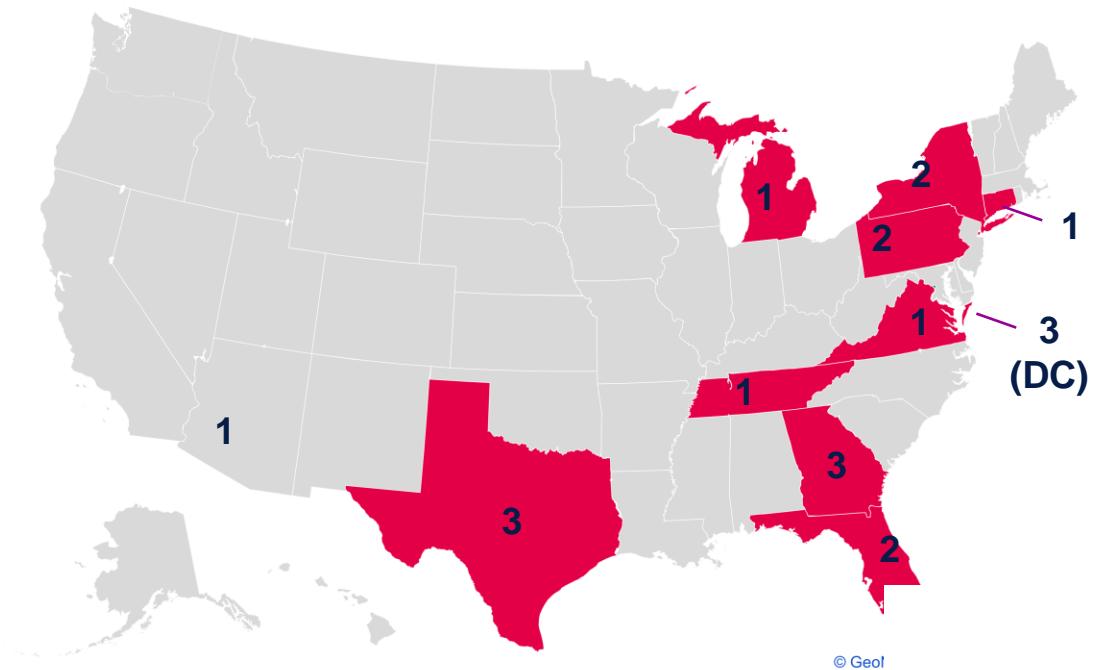
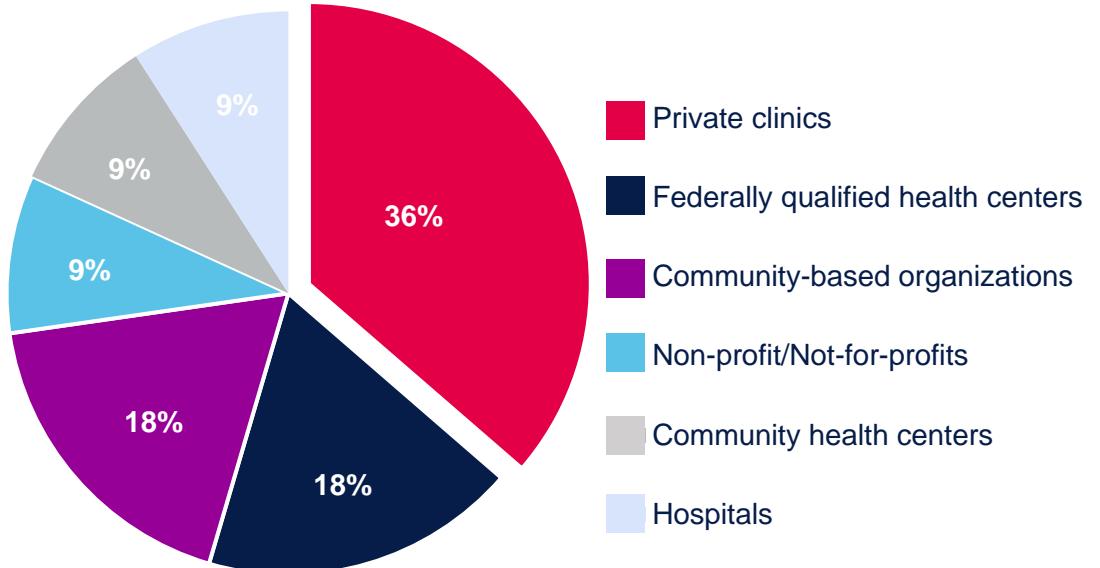
# EBONI Study Overview<sup>1-3</sup>

## AIM AND DESIGN



# EBONI Enrollment Demographics

## SITE TYPE AND GEOGRAPHICAL DISTRIBUTION<sup>1</sup>



## PATIENT POPULATION<sup>2</sup>

|   |                         |
|---|-------------------------|
|  | <b>163 participants</b> |
|  | <b>117 clinic staff</b> |

|                                | Target  | Achieved |
|--------------------------------|---------|----------|
| Transgender women participants | 20%-30% | 23%      |



Protocol-defined enrollment target achieved

# Data Collection Methods: Patient Study Participants



eCRF completion at each study visit

Baseline

Interim

Final

Questionnaires  
Interviews

Questionnaires  
Interviews

Questionnaires  
Interviews

Clinical Outcomes

HIV incidence

HIV testing

Persistence

Safety / Tolerability

Implementation  
Outcomes

Appropriateness

Acceptability

Feasibility

Utility

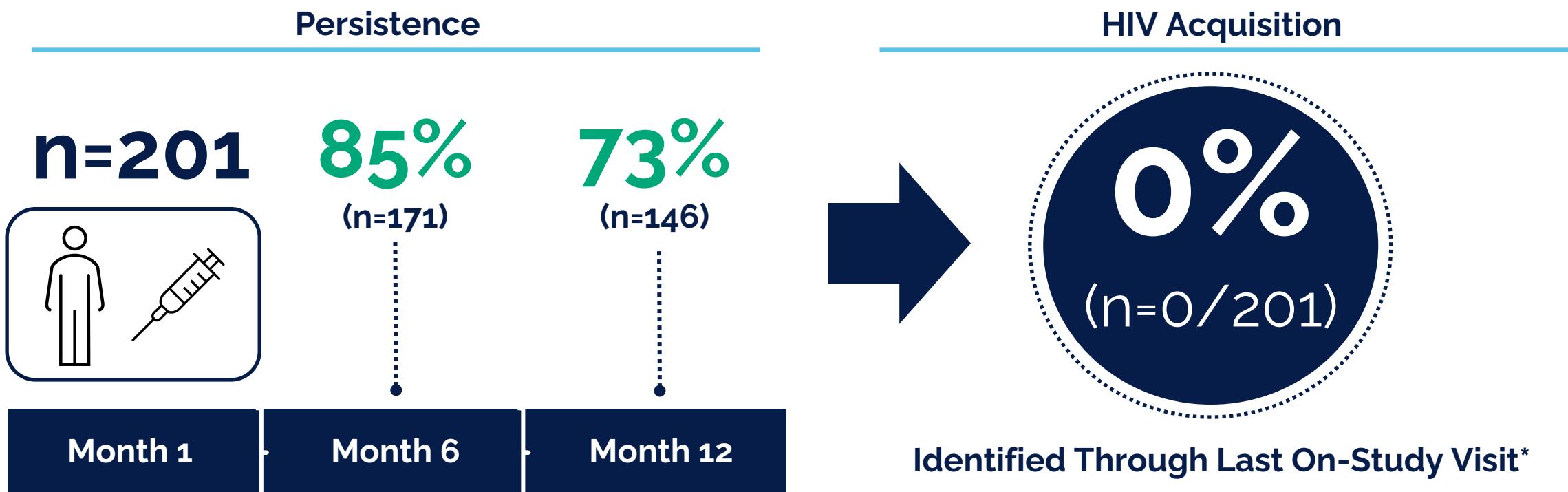
Fidelity

Adoption

# PERSISTENCE & EFFECTIVENESS

Clinical outcomes of patients in the real world.

# High Persistence and No Cases of HIV Acquisition Through Month 12 in PILLAR

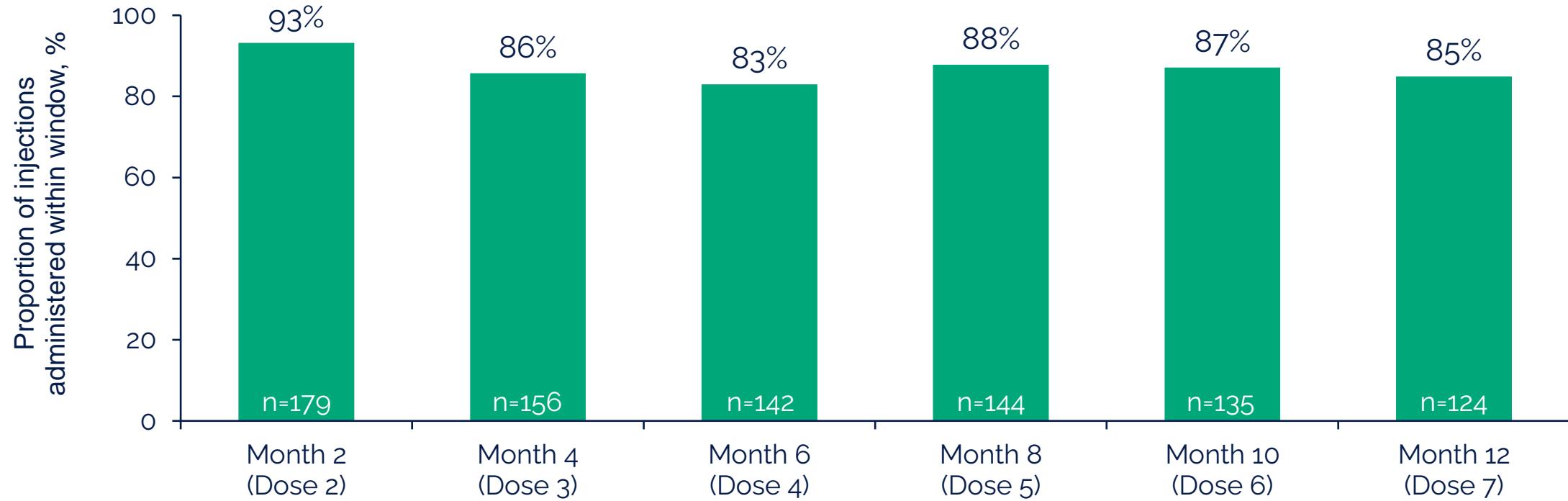


- A total of 72% (n=144/201) of participants completed all injections within the study. Six (3%) participants missed an injection and received oral CAB (n=1) or alternative PrEP (n=5)
- Most participants in the study (94%, n=131/139) did not find attending Q2M clinical visits difficult<sup>†</sup>

<sup>\*</sup>Includes all participants up to their last visit on study. <sup>†</sup>"Very easy", "easy" or "neither easy or difficult". Q2M, every 2 months.

# HCPs Maintained The Injection Window Based on the Prior Injection Visit in PILLAR

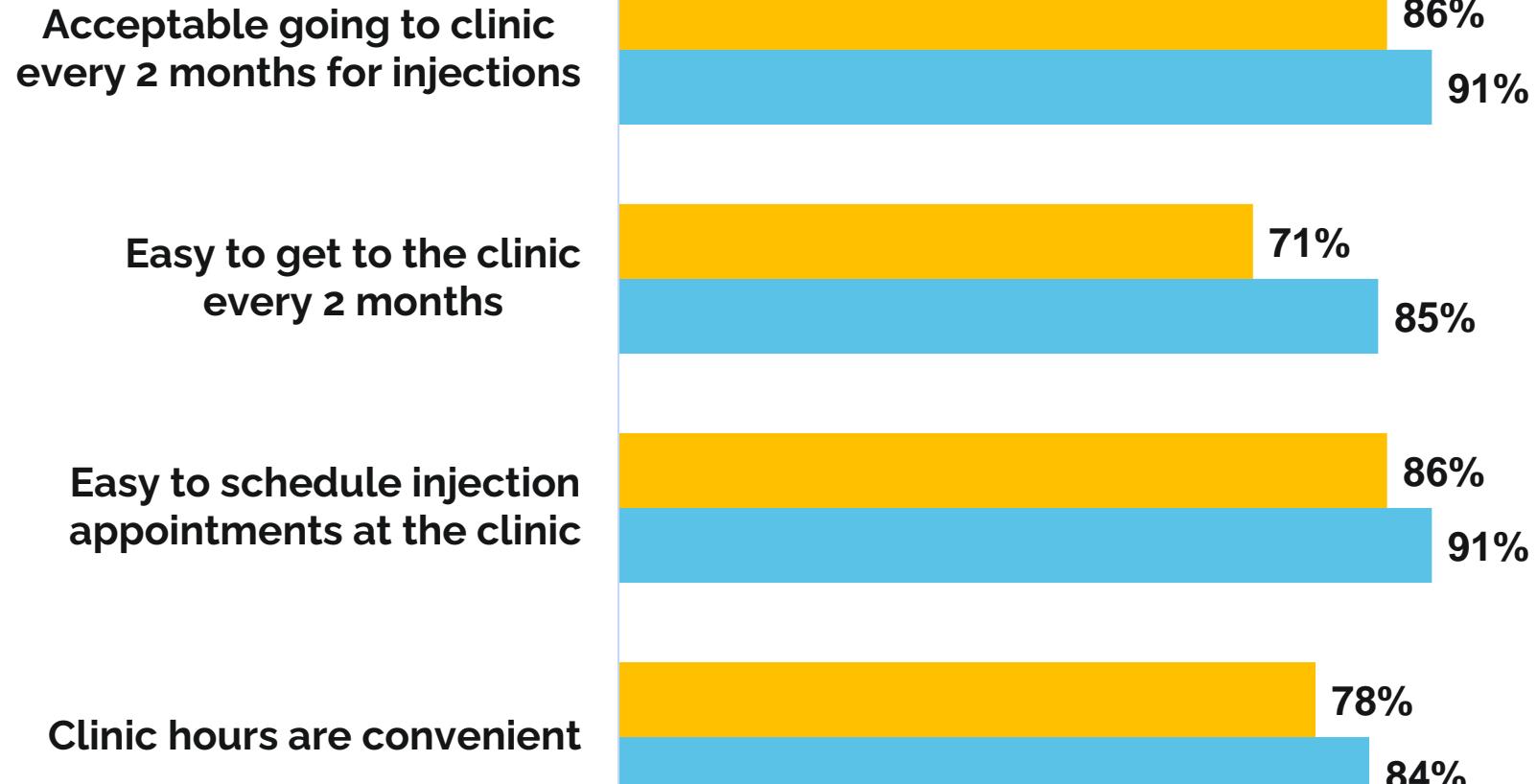
In PILLAR, clinics adjusted the target date over time based on the previous injection visit to maintain the Q2M window.



Q2M, every 2 months.

Visit windows ( $\pm 7$  days) calculated from the previous injection visit.

# Patients Found Q2M Visits Acceptable, Easy, and Convenient



**“The scheduling, as far as my provider goes, they are on top of it. They make themselves available for me, it's just that. I don't really have any concerns.”**

–Cisgender woman (EBONI, BL)

■ PILLAR (M12) ■ EBONI (M4)

(n=139)

(n=128)

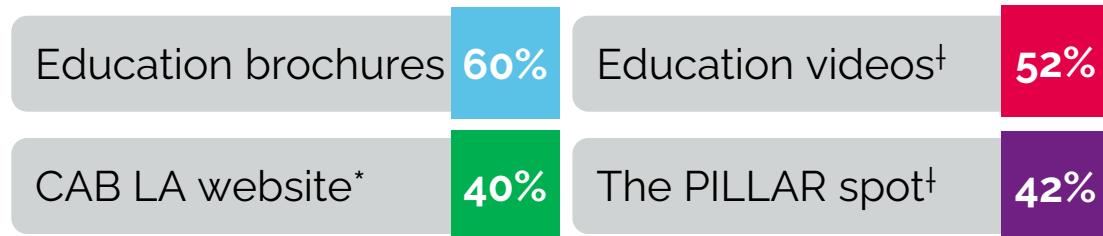
\*EBONI N=129.

Data on file, ViiV Healthcare.

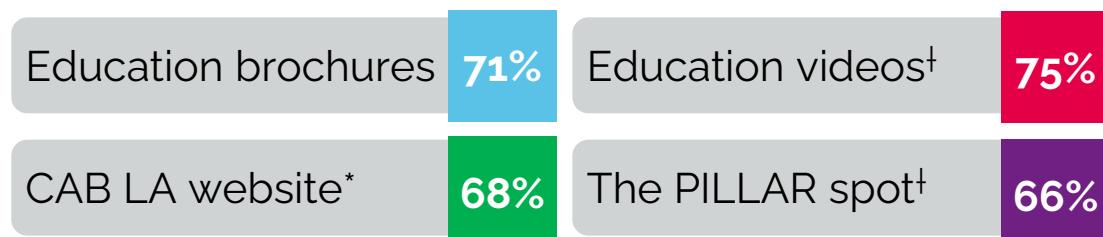
Acceptable includes “very acceptable”, “acceptable.” Easy includes “very easy”, “easy”; EBONI scheduling ease includes “very easy”, “somewhat easy”. Convenient includes “very convenient”, “convenient.”

# Resources supporting persistence on CAB LA

## — Resources MSM and TGM used during PILLAR<sup>1</sup>—



## — Usefulness of resources used by MSM and TGM <sup>1‡</sup>—



\*Routine arm only. <sup>†</sup>Dynamic arm only. <sup>‡</sup>Only among participants using a given resource.

Over 80% of participants who received transportation to visits, had injection reminders, and had virtual appointments rated them as useful.<sup>2</sup>

**PILLAR**

## EBONI

94% of Black women reported shared decision-making as useful during their CAB LA journey.

A digital calendar made to help women plan their CAB LA injection visits was also useful (61%).<sup>3</sup>

*“The accessibility, definitely of the website. The portal was really helpful; I think it can be hard to keep track of handouts, so having that to go back on and refer to can be helpful. They seemed really comprehensive, pretty patient-centered language, all layman’s terms, which was really helpful.”*

—Transgender man (PILLAR, M12)<sup>1</sup>

# TOLERABILITY OF CAB LA

Patient experiences with CAB LA injections in the real world.

# CAB LA Was Well-Tolerated with Few Discontinuations due to AEs During PILLAR

| Parameter, n (%)   | CAB LA (N=201)      |
|--|---------------------|
| PILLAR participants with at least one AE related to CAB PrEP resulting in discontinuation* | 11 (5)              |
| AEs related to CAB PrEP reported by $\geq 1\%$ of participants                             |                     |
| Injection site pain  | 6 (3)               |
| Fatigue  | 2 (1)               |
| Serious AEs  | 1 (<1) <sup>†</sup> |

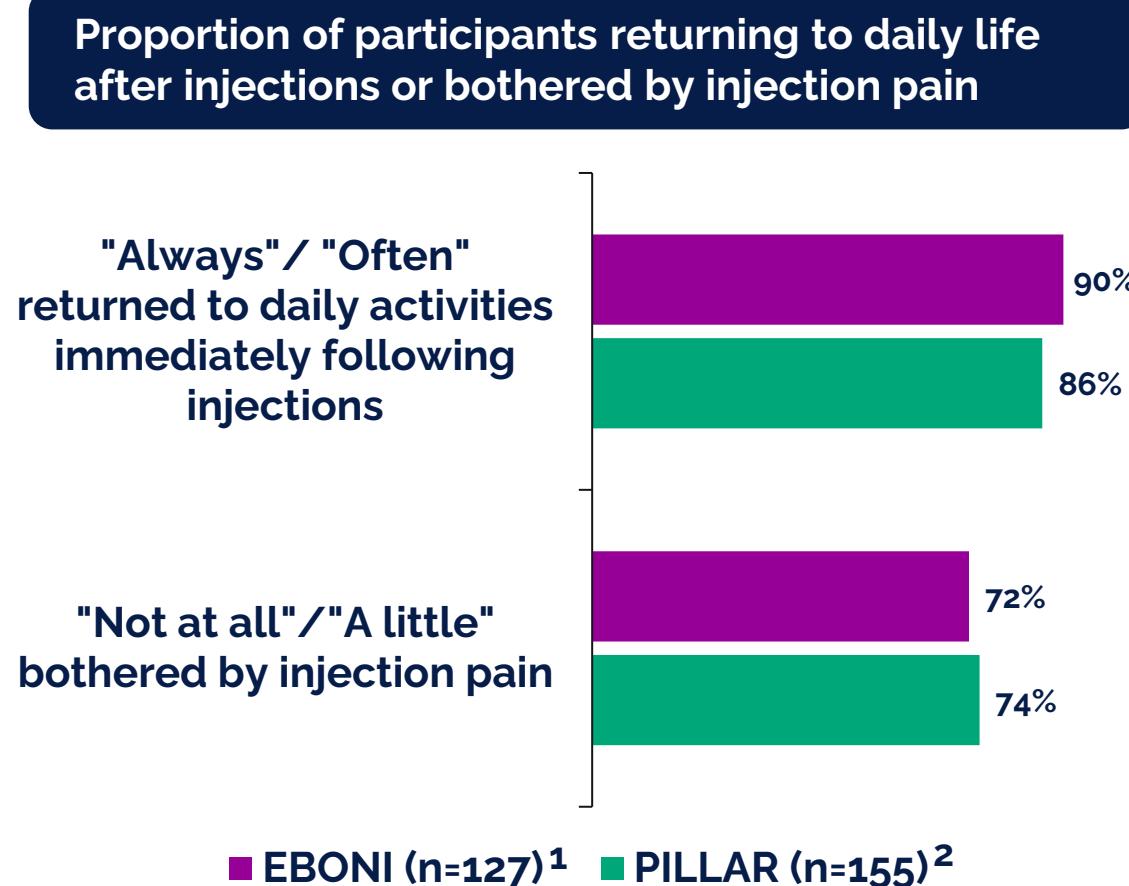
**Example reasons for discontinuation that are unrelated to CAB LA:**

- Relocation (n=9)
- Insurance (n=7)
- Lost to follow-up (n=7)
- Sexual lifestyle change (n=7)

**A total of 11 (5%) participants in PILLAR had AEs leading to discontinuation; other reasons for discontinuations were not related to CAB LA (n=44)<sup>‡</sup>**

\*Of the 11 AEs leading to discontinuation, 6 were due to injection site pain. <sup>†</sup>Clavicle fracture, rib fracture, and pneumothorax (n=1); unrelated to CAB LA. <sup>‡</sup>Other reasons for discontinuations were relocation (n=9), insurance (n=7), lost to follow-up (n=7), sexual lifestyle change (n=7), scheduling (n=3), opted out of study procedures (n=4), physician decision (n=2), and other (n=5). AE, adverse event; CAB, cabotegravir; LA, long-acting; PrEP, pre-exposure prophylaxis.

# Most Participants in PILLAR & EBONI Returned to Daily Life Immediately Following Injections



"I've already gotten my first shot and I have no reaction to it. I had nothing. It was quick and easy and painless. Now I don't have to worry about taking a pill every day, so it's been wonderful." -MSM (PILLAR, M6)<sup>2</sup>

"The soreness is there, it's in the back of my mind, but it's not so much so that I would choose not to take the shot...You know what I mean? I'll go take a hot bath, go get a massage, and it all works out." -Cisgender woman (EBONI, BL)<sup>3</sup>

# Fewer Side Effects than Oral PrEP and Simple Post-Injection Strategies

In EBONI, participants described experiencing fewer side effects than oral PrEP and manageable injection site pain.

“And then I don’t have the same side effects that I did with oral PrEP. I had gastrointestinal upset, and those things that I don’t experience on PrEP or the injectable. So I feel like people just need different options.”

-Cisgender woman (EBONI, BL)<sup>2</sup>

“I take hormones, Estradiol injections. It’s the same thing with that. The first few days, I’m in pain, but after a while, it feels good. I’ll be able to do what I can, like it’s a regular day, but other than that no [I’m not worried about the pain].”

-Transgender woman (EBONI, BL)<sup>2</sup>



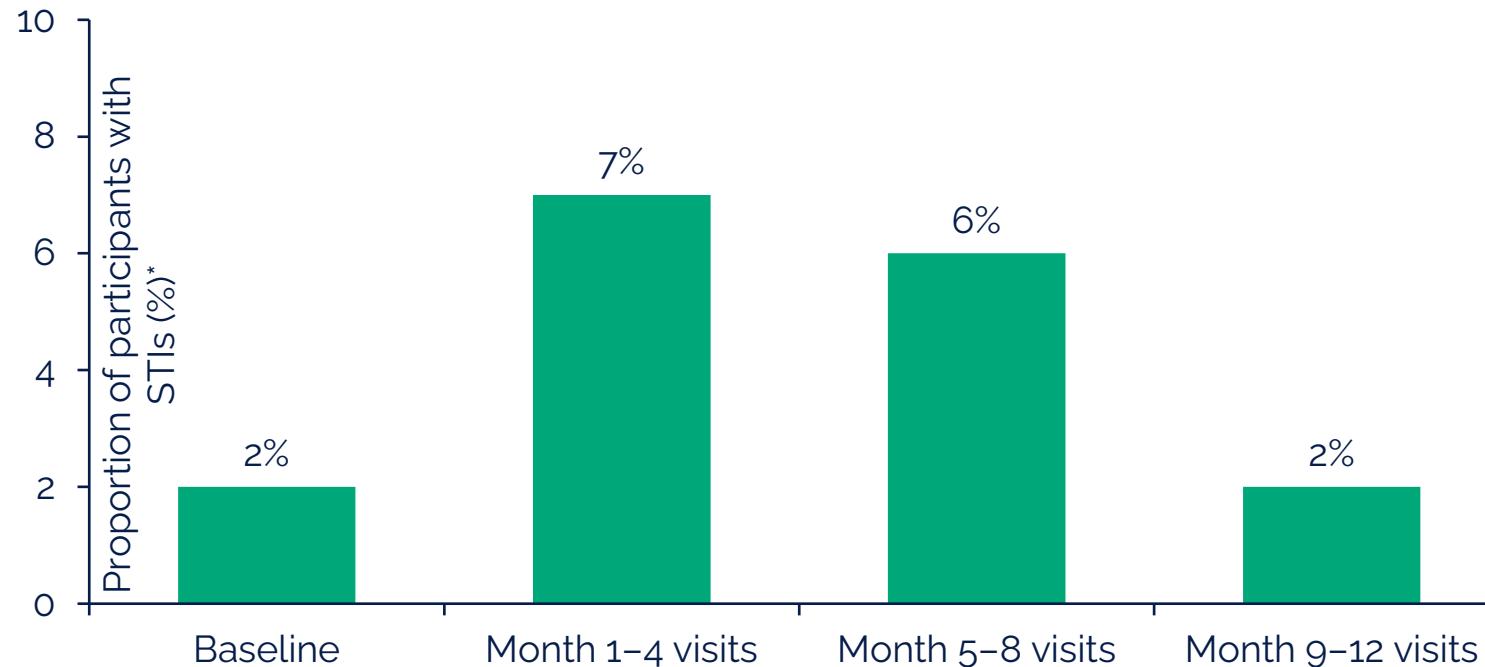
Common methods in PILLAR to reduce pain/discomfort after injection:<sup>1</sup>

- Light stretching & exercise (45%)
- Over-the-counter pain relievers (40%)
- Avoiding sitting for long periods of time (26%)

# HIV & STI TESTING FOR CAB LA

Patient perspectives on the schedule of CAB LA & labs.

# Over 10% of Participants Had an STI During the 12 Months of the PILLAR Study



“...When I’m single and not in a monogamous relationship, I do like to get tested more frequently. It just gives me peace of mind and keeps other people healthy... stuff gets passed around so easily, so quickly, that I prefer a regular check up..”  
MSM (PILLAR)

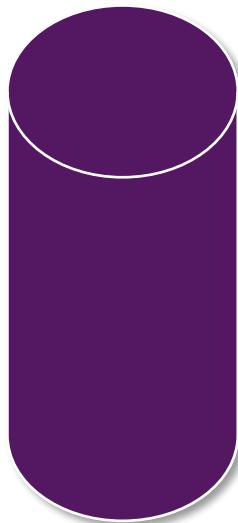
- A total of 27 (13%; n=26 MSM, n=1 TGM) participants were identified as acquiring an STI through last on-study visit (gonorrhea, n=14; chlamydia, n=12; syphilis, n=7)

\*Percentages represent the proportion of participants with any STI at each visit; the same participant may have had an STI identified at more than one visit.  
CAB, cabotegravir; LA, long-acting; MSM, men who have sex with men; Q2M, every 2 months; STI, sexually transmitted infection; TGM, transgender men.

# HIV/STI Testing Frequency Was Acceptable and Was a Benefit of Increased Clinic Visits

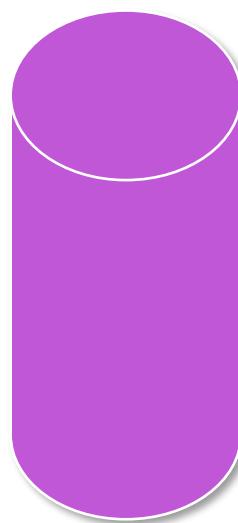
EBONI participants found the frequency of HIV and STI testing acceptable.<sup>1</sup>

95%



Acceptable HIV testing frequency (M4 n=127)

94%



Acceptable STI testing frequency (M4 n=127)

**"I think it's, it's really good for me to go in to see my primary every 2 months ... in addition, to get my shots, we do other tests and we talk about, you know – so I think that I, I feel more confident. I feel better about my health, you know, because I get to see my provider every 2 months."**  
- MSM, PILLAR<sup>2</sup>

In PILLAR, ~20% (n=9/44) of participants reported during interviews that more frequent STI checks were a benefit of increased clinic visits.<sup>3</sup>



## HIGH SATISFACTION & IMPROVED REACH

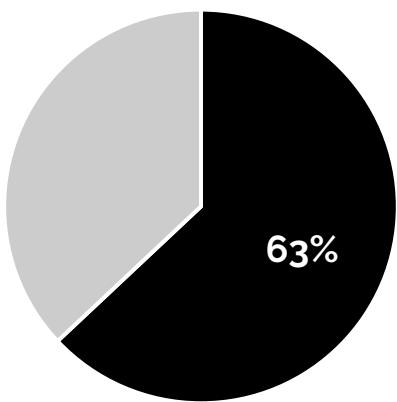
Influences & reach of CAB LA on real-world patients

# CAB LA Increased PrEP Uptake Among Black Women

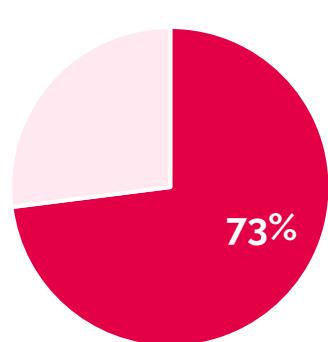
About half (46%) of enrolled women were newly using PrEP, and most (63%) did not have partners on PrEP.<sup>1</sup>

## Proportion of Women Whose Sexual Partners Are Not Taking PrEP\*<sup>1</sup>

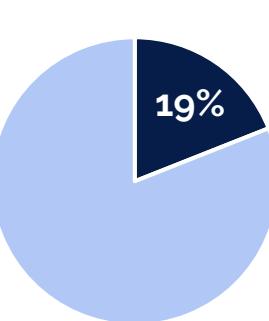
Overall  
(n=80)



Cisgender  
(n=64)



Transgender  
(n=16)

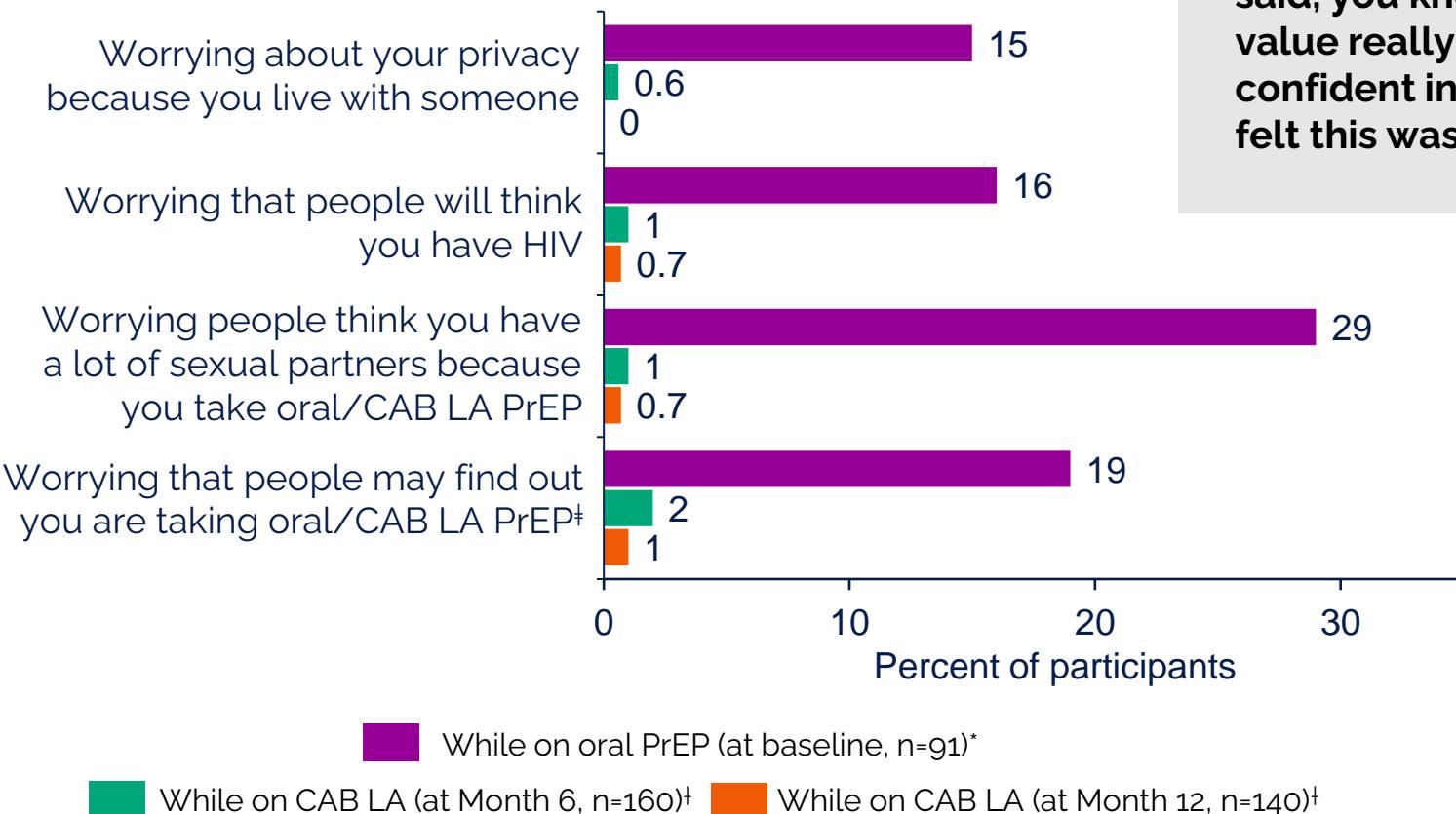


\*Responses are among participants who described the HIV status of their sexual partner(s) as not having HIV or unknown in the last 6 months.

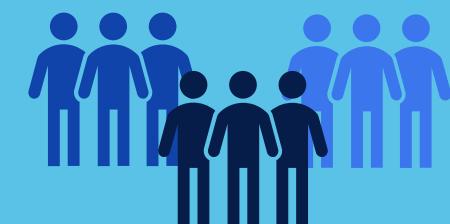
- Overall, 88% of Black women (n=114/130; transgender women, 82%; cisgender women, 90%) had sex in the last 6 months.<sup>1</sup>
- Of these, 62% (n=71/114) and 20% (n=23/114) described their partner's HIV status as not having HIV and unknown, respectively.<sup>1</sup>

**"It felt like Black women taking care of Black women...it felt personal for them and that maybe they do see a lot of women who get diagnoses and stuff like that. So, it felt personal, it felt like they were invested in my health as well." – Cisgender woman (EBONI, BL)<sup>2</sup>**

# MSM and TGM Reported Lower Stigma on CAB LA Compared to Oral PrEP in PILLAR<sup>1</sup>



**"Talking with my doctor ... the minute I mentioned it, she said, you know, I think this is the right decision for you ... I value really discussing these things, you know ... She felt confident in it. She gave me confidence in it, and we both felt this was the right thing for me." –MSM (PILLAR, BL)<sup>2</sup>**



**PILLAR reached 22% of participants who had not recently received oral PrEP.<sup>3</sup>**

# Patient Satisfaction with CAB LA Was High in PILLAR and EBONI

**Would recommend CAB LA to other people who could benefit from it.**

**Feeling overall positive about taking CAB LA**

## PILLAR (Month 12)

**98%**

Completely agree/  
agree<sup>1</sup>

**99%**

Very positive/  
somewhat positive<sup>3</sup>

## EBONI (Month 4)

**97%**

Completely agree/  
agree<sup>2</sup>

**96%**

Very positive/  
somewhat positive<sup>2</sup>

**"It feels pretty good. It feels like a responsible decision when it comes to protecting my sexual health. Like I said, currently I don't have any issues or complaints about it. I feel like it was necessary for me."** –Transgender woman (EBONI, BL)<sup>3</sup>

**95% of PILLAR participants were happy they switched from oral PrEP to CAB LA.<sup>1\*</sup>**

\* Responses included "completely agree" and "agree"

<sup>1</sup> Dandachi, et al. (2025) IAS, Kigali, Rwanda, TUPEE116. <sup>2</sup> Nelson, et al. (2025), ID Week, Atlanta, GA, P-313. <sup>3</sup> Data on File, ViiV Healthcare.

# Q & a

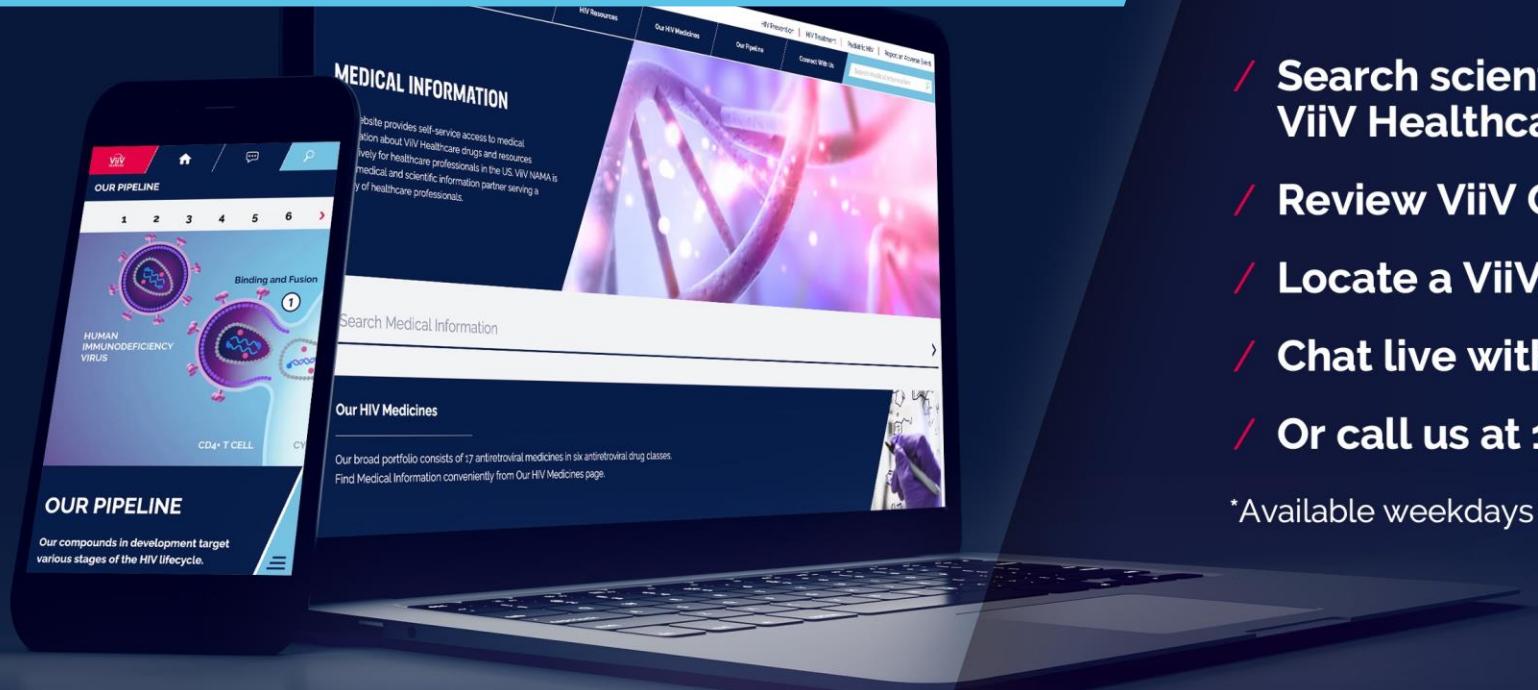
- Please use the Q&A function to submit comments and questions
- If we are unable to get to your question, we will ensure to follow up with you!

## FEEDBACK



Tell us what you think of today's program

# Thank You!



## MEDICAL INFORMATION WEBSITE

Visit [viivhcmedinfo.com](http://viivhcmedinfo.com) to:

- / Search scientific and medical information for ViiV Healthcare medicines
- / Review ViiV Congress presentations and posters
- / Locate a ViiV Medical Science Liaison
- / Chat live with ViiV Healthcare Professionals\*
- / Or call us at **1-888-226-8434\***

\*Available weekdays from 8am–6pm EST

[viivhcmedinfo.com](http://viivhcmedinfo.com)



SCAN TO VISIT  
OUR WEBSITE