Please scan the QR code for a copy of the presentation

The Power of Choice: Perspectives From Healthcare Providers on Early Switch to CAB + RPV LA After Rapid Suppression With DTG/3TC

Celia Jonsson-Oldenbüttel[1], Cassidy Gutner[2], Sergio Lupo[3], Irina Kolobova[2], Juan Carlos López Bernaldo de Quirós[4], Jean-Michel Molina[5], Kai Hove[6], Rekha Trehan[6], Julie Priest[2], Franco Felizarta[7], Patricia de los Rios[2], Ana C. S. Liberato[8], Nicola Barnes[8], Abigail Herbst[9], Suryakant Somvanshi[10], Monika Bui[11], Richard Grove[11], Harmony Garges[2], Kimberley Brown[2], Jean van Wyk[6], Maggie Czarnogorski[2]

[1]MVZ München am Goetheplatz, Munich, Germany; [2]ViiV Healthcare, Durham, North Carolina, United States; [3]Instituto Centralizado de Asistencia e Investigación Clínica Integral, Rosario, Argentina; [4]Hospital Universitario Gregorio Marañón, Madrid, Spain; [5]Paris Cité University, Paris, France; [6]ViiV Healthcare, London, United Kingdom; [7]Private Practice, Bakersfield, California, United States; [8]PPD Evidera Patient-Centered Research, Thermo Fisher Scientific, London, United Kingdom; [9]PPD Evidera Patient-Centered Research, Thermo Fisher Scientific, Wilmington, North Carolina, United States; [10]GSK, Pune, Maharashtra, India; [11]GSK, London, United Kingdom

20th European AIDS Conference; October 15-18, 2025; Paris, France

Disclosures

- The VOLITION study was funded by ViiV Healthcare.
- Dr Gutner is an employee of ViiV Healthcare and a stockholder of GSK.

Editorial assistance was provided by Rachel Johnson and Poppy Mashilo of Nucleus Global, with funding provided by ViiV Healthcare.

Introduction

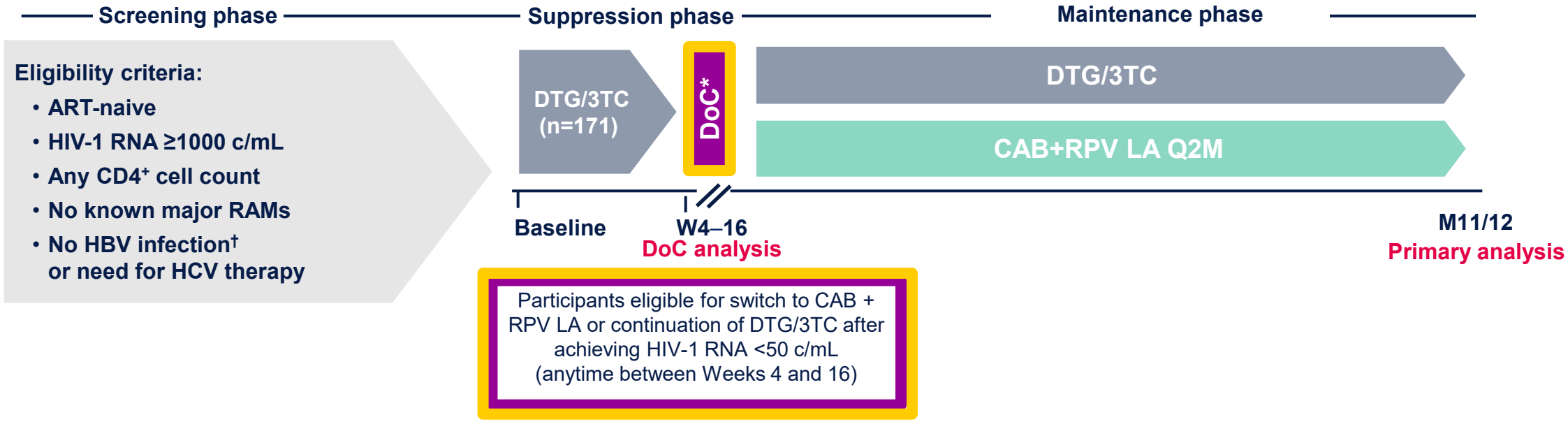
- VOLITION is the first study to evaluate an optional switch from dolutegravir/lamivudine (DTG/3TC) to long-acting cabotegravir plus rilpivirine (CAB + RPV LA) immediately after rapid virologic suppression in antiretroviral therapy (ART)-naive adults with HIV-1
  - Median time to suppression with DTG/3TC was 4.1 weeks (95% Confidence Interval: 4.1–4.3)[1]
  - 89% (n=129/145) of eligible participants chose to switch to CAB + RPV LA at Day of Choice (DoC)[2]

- Here we present healthcare provider views at DoC regarding early switch to CAB + RPV LA immediately after rapid virologic suppression with DTG/3TC, which are essential for driving person-centered care

1. Córdova E, et al. IAS 2025 (Poster WEPEB033). 2. Felizarta F. et al. IAS 2025 (Poster EP0170).

Offering Newly Suppressed PWH the Choice of Early Switch to CAB + RPV LA Immediately After Attaining Virologic Suppression

Phase 3b, multicenter, non-randomized, parallel-group, open-label, study evaluating the efficacy, safety and participant experience data following the option to switch from DTG/3TC to CAB + RPV LA after attaining viral suppression



*Participants will proceed to DoC at their next study visit following the first plasma HIV-1 RNA result <50 c/mL (Week 4 at the earliest but no later than Week 16). Participants must be suppressed to <50 c/mL in order to qualify for the option to switch to CAB + RPV LA. Exclusion criteria for switch included: treatment-emergent ALT ≥5×ULN; or ALT ≥3×ULN and bilirubin ≥1.5×ULN (with >35% direct bilirubin) and pregnancy. †Participants positive for HBsAg were excluded. Participants negative for anti-HBs but positive for anti-HBc were excluded only if HBV DNA was detected.

3TC, lamivudine; ALT, alanine aminotransferase; anti-HBs, hepatitis B surface antibody; ART, antiretroviral therapy; CAB, cabotegravir; DoC, Day of Choice; DTG, dolutegravir; HBc, hepatitis B core antigen; HBV, hepatitis B virus; HBsAg, hepatitis B surface antigen; HCV, hepatitis C virus; LA, long-acting; M, month; PWH, people with HIV; Q2M, every 2 months; RAM, resistance-associated mutation; RPV, rilpivirine; ULN, upper limit of normal; W, week.

20th European AIDS Conference; October 15-18, 2025; Paris, France

A Mixed-Methods Approach Assessed Provider Perceptions of Choice and Impact of Shared Decision-Making on Newly Suppressed PWH

- Providers completed electronic **quantitative questionnaires** (n=101) at baseline and DoC, **and qualitative interviews** (n=80) at DoC to assess the acceptability, feasibility, perceptions, barriers to and facilitators of providing the **option to switch to CAB + RPV LA**
  - The acceptability and feasibility of the option to switch to CAB + RPV LA were assessed using the 4-item Acceptability of Intervention (AIM) and Feasibility of Intervention (FIM) measures rated on 1–5 Likert scale (1 = completely disagree and 5 = completely agree)
  - Qualitative data were analysed using a framework analysis approach

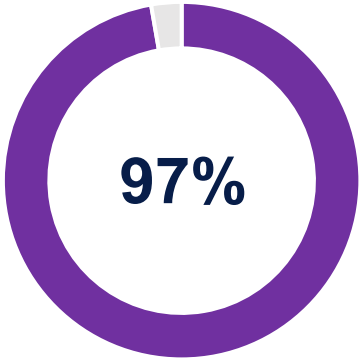
Locations of the providers (n=101)

Provider role (n=80, qualitative interviews):*†
- Principal investigator: n=15
- Site coordinator: n=39
- Other (including nurse or sub-investigator): n=26

*Locations for providers who participated in qualitative interviews at DoC: North America (n=36/80) - United States (30), Canada (4), Puerto Rico (2). South America (n=11/80) – Argentina (8), Chile (3). Europe (n=33/80) – Spain (15), France (10), Italy (6), Germany (2).

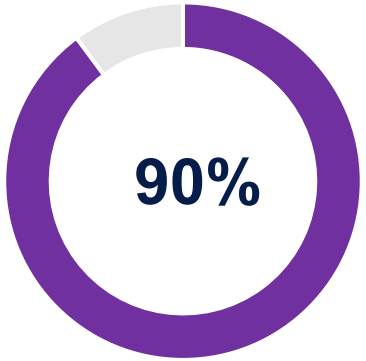
CAB, cabotegravir; DoC, Day of Choice; LA, long-acting; PWH, people with HIV; RPV, rilpivirine.

Providers Indicated Confidence In and Satisfaction With CAB + RPV LA



Providers shared positive perspectives of CAB + RPV LA (n=71/73*)

- 28% (n=20/71) of those noted CAB+RPV LA fits lifestyles/increases autonomy of PWH



Providers reported confidence in CAB + RPV LA efficacy and satisfaction with the treatment (n=53/59*)

- 81% (n=43/53) cited prior clinical experience as the main reason for confidence and satisfaction with CAB + RPV LA

> *I am absolutely confident. As I mentioned earlier, with the previous experience we had, I am totally confident and with peace of mind as to the efficacy of the treatment.*
> – Argentina

*73/80 providers discussed perceptions about CAB + RPV LA in their qualitative interview; 59/80 providers discussed their confidence or satisfaction with the efficacy and safety of CAB + RPV LA in their qualitative interview.

CAB, cabotegravir; LA, long-acting; PWH, people with HIV; RPV, rilpivirine.

Offering the Choice to Switch Immediately After Virologic Suppression Has More Perceived Advantages Than Disadvantages

Advantages of switching to CAB + RPV LA*

The option helps PWH who are tired of taking pills every day	73% (n=69/101)
The option reduces stress or anxiety over daily adherence	73% (n=69/101)
The option helps PWH who are concerned about disclosure of their HIV status/others finding their pills	72% (n=68/101)

Disadvantages of switching to CAB + RPV LA*

Healthcare teams/systems may not have systems in place to adequately track changes between DTG/3TC and CAB + RPV LA	35% (n=33/101)
The flexibility provided may prevent PWH from forming a routine with their treatment	27% (n=26/101)
There are no disadvantages	27% (n=26/101)

- At DoC, offering the choice to switch shortly after suppression was highly feasible and acceptable (FIM: 4.3 [0.84], n=74; AIM: 4.4 [0.79], n=74)†

*Responses are not mutually exclusive. †Mean [standard deviation]; 1=completely disagree and 5=completely agree.

AIM, Acceptability of Intervention; CAB, cabotegravir; DoC, Day of Choice; FIM, Feasibility of Intervention; LA, long-acting; PWH, people with HIV; RPV, rilpivirine.

20th European AIDS Conference; October 15-18, 2025; Paris, France

Shared Decision-Making Enables Newly Suppressed PWH to Make a Fully-Informed, Personalized Decision on Their Treatment

- 81% (n=65/80) of providers discussed whether they had used the shared decision-making tool
- 29% (n=19/65) reported they had used the **study specific shared decision-making tool**
- Providers who used it found it **clear** and **useful**, placing emphasis on the importance of shared decision-making
- Prior experience with prescribing ART and an established practice of shared decision-making instills confidence in some providers to not use a tool

> When I establish care with any patient, **[I launch] into shared decision-making because I think that outcomes are better.** I think the evidence supports that.
> - United States

ART, antiretroviral therapy; PWH, people with HIV.

20th European AIDS Conference; October 15-18, 2025; Paris, France

Conclusions

In VOLITION, 89% of eligible PWH chose to switch to CAB + RPV LA after achieving rapid virologic suppression with DTG/3TC

The established clinical efficacy of, and their satisfaction with CAB + RPV LA, supported providers' confidence in offering CAB + RPV LA

Providers view switching to CAB+RPV LA post-suppression as supporting autonomy and lifestyle fit, reducing pill burden, adherence anxiety and disclosure concerns

VOLITION demonstrated that providers highly support the power of patient choice and shared decision-making immediately after virologic suppression

3TC, lamivudine; ART, antiretroviral therapy; CAB, cabotegravir; DTG, dolutegravir; LA, long-acting; PWH, people with HIV; RPV, rilpivirine.

20th European AIDS Conference; October 15-18, 2025; Paris, France

Acknowledgments

Please scan the QR code for a copy of the presentation

- The authors thank everyone who has contributed to the VOLITION study, including all patient participants and their families, and the VOLITION clinical investigators and participating clinic staff.
- This study was funded by ViiV Healthcare.

As the only pharmaceutical company solely focused on HIV, ViiV Healthcare's mission to leave no person living with HIV behind is resolute. We have an unwavering commitment to developing innovative medicines for the treatment and prevention of HIV in impacted communities. Clinical trial enrollment and real-world evidence generation that is representative of the populations most impacted by HIV is essential to delivering on our mission.

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.