P-951

Racial and Ethnic Differences in Long-Acting Cabotegravir for HIV-1 Pre-Exposure Prophylaxis Experience in a US Real-World Cross-Sectional Study: Results From the CAPTIVATE Study

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Key Takeaways

- **In a real-world US study of 241 individuals with long-acting cabotegravir (CAB LA) experience, participants in the overall population reported near total satisfaction (99%) and total satisfaction (100%) among Black and Hispanic/Latine participants, with no observed HIV acquisitions**
- **Convenience over daily oral pre-exposure prophylaxis (PrEP) and ease of adherence were the most frequently reported primary drivers of CAB LA initiation across all racial and ethnic groups, with motivations and perceived affordability of HIV preventive care largely consistent across groups**
- **These findings highlight CAB LA as a promising, person-centered PrEP option and provide real-world evidence from communities disproportionately impacted by HIV**

Plain Language Summary

- Long-acting cabotegravir (CAB LA) is an injectable HIV prevention medicine given every 2 months. The CAPTIVATE study looked at real-world experiences of 241 people using CAB LA for HIV prevention across 18 US clinics; 29% of participants were Black and 30% were Hispanic/Latine
- Convenience and perceived ease of using CAB LA instead of oral pills were the most commonly reported reasons for starting CAB LA among Black and Hispanic/Latine participants
- Most participants reported that paying for HIV prevention care and getting to injection appointments was easy, regardless of race or ethnicity
- Overall, Black and Hispanic/Latine people using CAB LA for HIV prevention were satisfied with CAB LA and zero HIV diagnoses were reported, supporting its value as a real-world HIV prevention option

Introduction

- Long-acting cabotegravir (CAB LA), dosed 6 times a year after initiation, offers an opportunity to reduce barriers associated with daily oral pre-exposure prophylaxis (PrEP), particularly for those disproportionately impacted by HIV such as Black and Hispanic/Latine communities[1]
  - In 2022, Black/African American and Hispanic/Latine people accounted for roughly 70% of estimated new HIV acquisitions in the United States, despite Black/African American and Hispanic/Latine people comprising only 12% and 18% of the US population, respectively[1]
- Understanding the real-world experience across racial and ethnic groups is an essential step for equitable utilization
- Here, we report the perspectives of individuals who are Black and/or Hispanic/Latine using CAB LA in the CAPTIVATE study

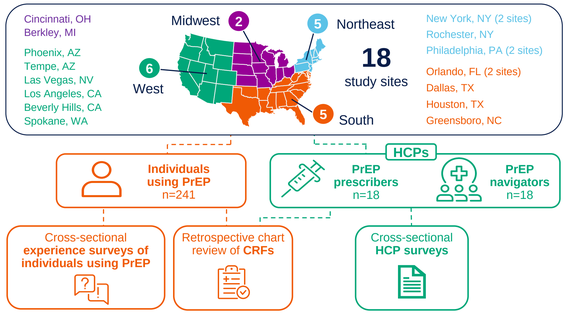
Methods

- CAPTIVATE included cross-sectional experience surveys and retrospective chart reviews via case report forms (CRFs) of individuals using PrEP with CAB LA experience across 18 US sites (October 2024-April 2025; Figure 1)
- Participants were aged ≥18 years; had ≥6 months of follow-up after CAB LA initiation; and could speak, read, and understand English or Spanish
- Descriptive analyses of CRFs and experience surveys were stratified by race and ethnicity

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Reference: 1. Centers for Disease Control and Prevention. https://stacks.cdc.gov/view/cdc/156513. Accessed August 27, 2026.

Figure 1. CAPTIVATE Study Design



HCP, healthcare professional. The icons in Figure 1 will be used throughout the poster to denote the data source.

Results

Baseline Demographics

- Among 241 participants using PrEP, the median (range) age was 36 (19-72) years (Table)
- Overall, 29% (61/241) self-identified exclusively as "African American or Black" (hereafter, Black) race and 30% (73/241) reported "Hispanic, Latina/o, Latine, or Latinx" (hereafter, Hispanic/Latine) ethnicity
  - Of 61 participants who exclusively reported their race as Black, 8 also identified as Hispanic/Latine
- Most participants identified as men (76%, 184/241), with 8% (20/241) identifying as women, 6% (15/241) identifying as transgender women, and 4% (9/241) identifying as transgender men
  - A slightly higher percentage of participants who reported their race as Black self-identified as cisgender women (15%, 9/61)

Table. Demographics and Characteristics

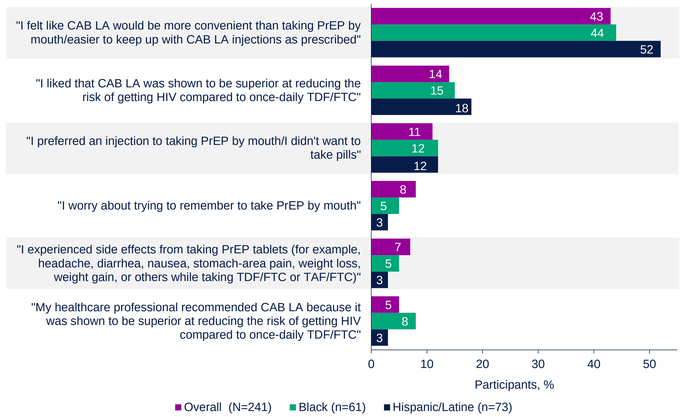
Characteristic, n (%)	Overall (N=241)	Black (n=61)	Hispanic/Latine (n=73)
Age, mean (SD)[a]	37 (10)	34 (10)	36 (8)
Naive to PrEP at CAB LA initiation, n (%)[a]	40 (17)	9 (15)	10 (14)
"Same day start" of CAB LA, n (%)[a]	18 (9)	7 (13)	4 (6)
Estimated household income ≥$60,000[b]	122 (51)	21 (34)	31 (42)
Current housing situation, stable housing[b]	233 (97)	60 (98)	69 (95)
Gender identity, n (%)[b,c]			
Woman	20 (8)	9 (15)	4 (6)
Gender nonconforming	4 (2)	2 (3)	2 (3)
Man	184 (76)	41 (67)	58 (80)
Nonbinary	8 (3)	1 (2)	2 (3)
Transgender woman	15 (6)	4 (7)	5 (7)
Transgender man	9 (4)	4 (7)	2 (3)
A gender identity not listed here	1 (<1)	0	0
Sexual orientation, n (%)[b]			
Asexual	7 (3)	2 (3)	1 (1)
Bisexual	45 (19)	15 (25)	12 (16)
Gay, homosexual, lesbian, same-gender loving	166 (69)	37 (61)	55 (75)
Heterosexual or straight	17 (7)	6 (10)	4 (6)
Pansexual	16 (7)	6 (10)	4 (6)
Queer	23 (10)	4 (7)	4 (6)
A sexual orientation not listed here	0	0	0
Unsure	1 (<1)	1 (2)	0
Prefer not to answer	3 (1)	0	1 (1)

[a]Data from retrospective chart review of CRFs. [b]Data from cross-sectional experience surveys of individuals using PrEP. [c]Due to rounding, percentages may not equal 100.

Reasons for CAB LA Initiation

- The most common primary reason for initiating CAB LA was "convenience over oral PrEP/easier to keep up with prescribed dosing" overall (43%, 103/241) and among Black (44%, 27/61) and Hispanic/Latine (52%, 38/73) participants (Figure 2)

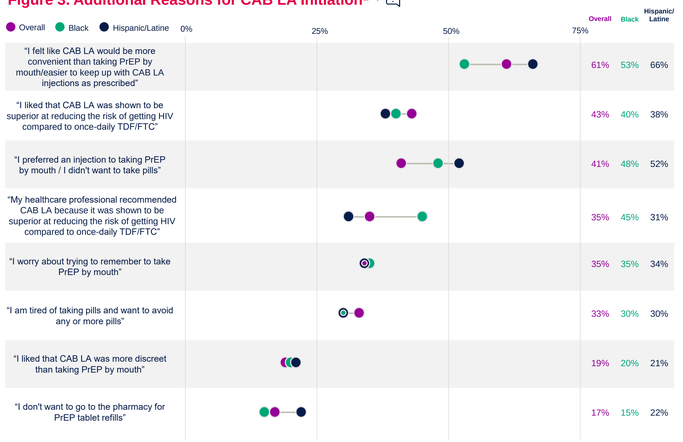
Figure 2. Primary Reasons for CAB LA Initiation[a]



FTC, emtricitabine; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate. [a]Figure displays responses selected by ≥5% of at least 1 group.

- When selecting additional reasons for initiating CAB LA excluding their own primary choice, respondents generally aligned with primary reasons reported by other participants (Figure 3)
  - Secondary reasons for CAB LA initiation were generally comparable overall and between Black and Hispanic/Latine populations

Figure 3. Additional Reasons for CAB LA Initiation[a]

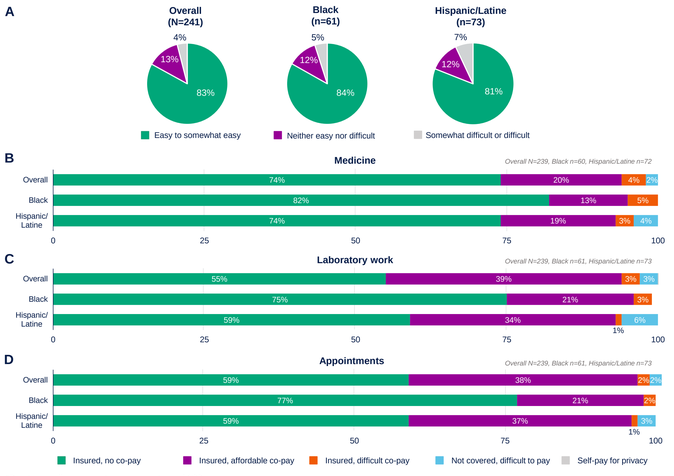


FTC, emtricitabine; TDF, tenofovir disoproxil fumarate. [a]Among participants who did not select these responses as their primary reason (Figure 2). Figure displays responses selected by ≥20% of at least 1 group.

Access to HIV Prevention Care

- Ability to pay for HIV prevention care was rated "easy"/"somewhat easy" among 83% (200/241) of participants overall, 84% (51/61) of Black participants, and 81% (59/73) of Hispanic/Latine participants (Figure 4A)
- Participants reported whether paying for medicine, laboratory work, and appointments was easy or difficult primarily because of insurance paying for healthcare services (Figure 4B-D)
  - Notably, most participants reported being insured with no co-pay or affordable co-pay
- Nearly all participants reported it was "easy"/"somewhat easy" to get to CAB LA injection visits (97%, 234/241), including 98% (60/61) and 96% (70/73) of Black and Hispanic/Latine participants, respectively
  - The distance participants most often traveled 1 way to receive CAB LA was less than 10 miles (overall: 64%, 153/241; Black: 77%, 47/61; Hispanic/Latine: 58%, 42/73)

Figure 4. Questionnaire Responses Regarding (A) Ease of Paying for HIV Prevention Care and Reasons for Ease or Difficulty of Paying for (B) Medicine, (C) Laboratory Work, and (D) Appointments[a]



[a]Due to rounding, percentages may not equal 100.

Experiences With CAB LA

- Overall, 99% (238/241) of participants reported being "somewhat"/"very" satisfied with CAB LA, reaching 100% when limited to either Black or Hispanic/Latine participants
- Across all participants, regardless of documented prior oral PrEP experience, most preferred CAB LA over daily oral PrEP (94%, 227/241), including 95% (58/61) of Black participants and 99% (72/73) of Hispanic/Latine participants
- There were no reported HIV diagnoses
  - All Black and Hispanic/Latine participants selected "agree"/"strongly agree" for feeling less worried about getting HIV due to CAB LA use

Conclusions

- Overall and across Black and Hispanic/Latine participants, CAB LA demonstrated high satisfaction and strong preference over daily oral PrEP, with no HIV diagnoses reported
- Motivations for initiating CAB LA were similar with minimal differences in reported affordability of HIV preventive care
- Overall, these findings highlight CAB LA as a person-centered PrEP option and underscore the importance of accessible PrEP care systems to support equitable HIV prevention