

Enhanced Patient Experiences After 12 Months Switch to Cabotegravir and Rilpivirine Long-Acting Therapy: High Treatment Satisfaction, Strong Preference, and Reduced Treatment-Related Challenges Across Gender, Race, and Age in the Real-world BEYOND Study

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Key Takeaways

- ➔ In BEYOND, a real-world US study, pill fatigue and wanting a more convenient treatment option were the most common reasons for switching to long-acting cabotegravir plus rilpivirine (CAB+RPV LA) across diverse demographic subgroups based on sex assigned at birth, race, and age
- ➔ Across all subgroups, participants reported improvements in HIV-1 treatment–related challenges, including adherence anxiety, fear of HIV disclosure, stigma, and daily reminder of HIV, from baseline to Month 12, highlighting the broader benefits of CAB+RPV LA beyond virologic suppression
- ➔ The majority of participants across subgroups preferred CAB+RPV LA over daily oral therapy, reinforcing its role as a preferred long-acting treatment option that enhances both clinical and quality-of-life outcomes for people with HIV-1

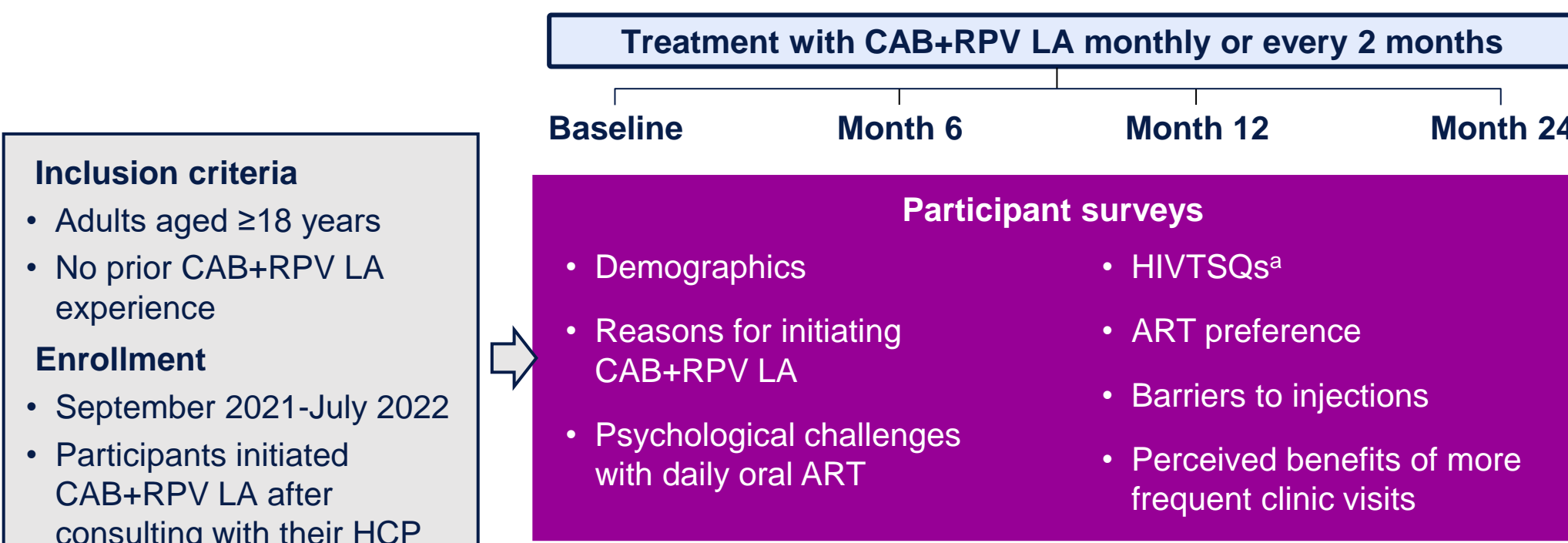
Introduction

- Cabotegravir (CAB) plus rilpivirine (RPV) is the first complete long-acting (LA) regimen administered monthly or every 2 months recommended by treatment guidelines for the maintenance of virologic suppression^{1,2} and has demonstrated non-inferiority to daily oral antiretroviral therapy (ART) in phase 3/3b clinical trials³⁻⁵
- The less frequent dosing schedule may offer a more convenient option for some individuals, aligning better with their lifestyle; this approach could also help address psychological barriers and adherence challenges with daily oral ART, potentially supporting improved treatment persistence and outcomes⁶
- Real-world data on the perspectives of people with HIV-1 and their experiences with CAB+RPV LA are valuable measures that can provide additional insights into clinical outcomes and treatment satisfaction

Methods

- BEYOND is a 2-year, real-world, prospective observational study of utilization, outcomes, and experiences of people with HIV-1 initiating CAB+RPV LA monthly or every 2 months across 27 sites in the United States between September 2021 and July 2022 (Figure 1)
- 272 participants completed the Month 12 follow-up, 229 (84%) of whom completed Month 12 surveys within the allotted response window of ±1 month (data cutoff date: September 11, 2023)
- Subgroup analyses were conducted based on sex assigned at birth, race, and age at Month 12

Figure 1. BEYOND Study Design



HCP, healthcare provider; HIVTSQs, HIV Treatment Satisfaction Questionnaire, status version. ^aTotal score ranges from 0–66, with higher scores representing greater treatment satisfaction.

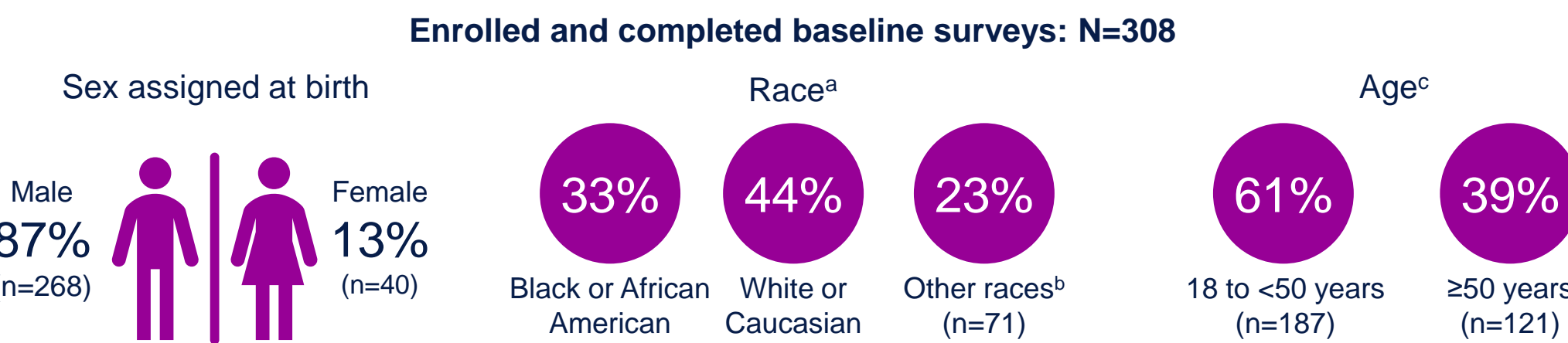
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Results

Participant Demographics and Baseline Characteristics

- Key baseline demographics and characteristics for the 308 participants who enrolled and completed baseline surveys are presented in Figure 2

Figure 2. Key Baseline Demographics and Characteristics

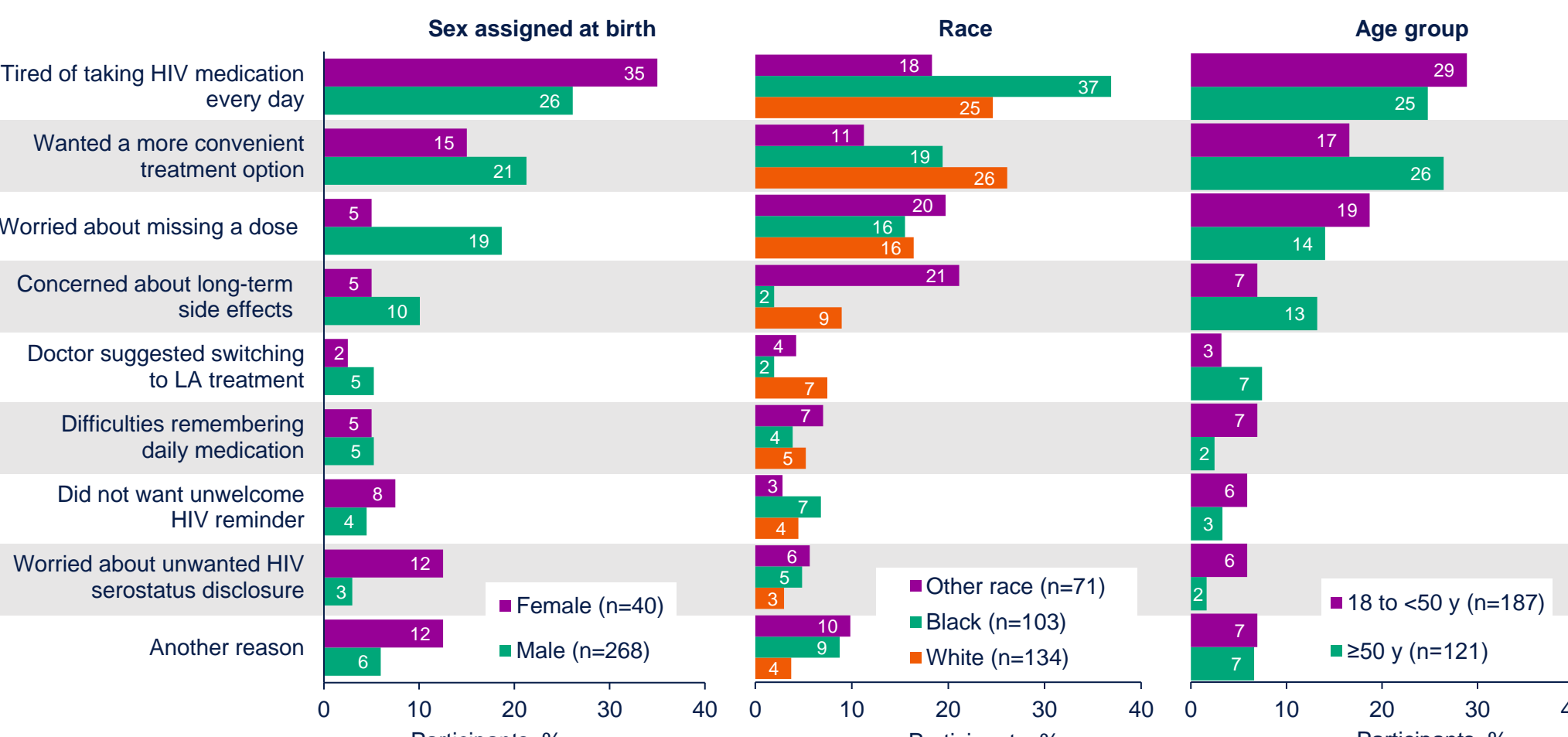


^aNot mutually exclusive. ^bAlso comprises White and Black participants who selected another race, including Asian (n=8); Native American, American Indian, or Alaska Native (n=19); Native Hawaiian or Other Pacific Islander (n=3); race(s) not listed (n=29); and prefer not to answer (n=14). ^cMedian age: 45 years.

Reasons for Initiating CAB+RPV LA

- The primary reasons for switching to CAB+RPV LA were similar across subgroups (Figure 3)
- Individuals assigned female sex at birth reported more privacy concerns; individuals assigned male sex at birth were more concerned about long-term side effects and missing a dose
- Top reasons for switching varied by race: Black participants cited pill fatigue, White participants cited convenience, and participants of other races were most concerned about long-term side effects
- Participants aged 18 to <50 years most often cited pill fatigue; participants aged ≥50 years cited a more convenient treatment option as the primary reason for switching to CAB+RPV LA

Figure 3. Primary Reasons for Initiating CAB+RPV LA Were Similar Across Demographic Subgroups

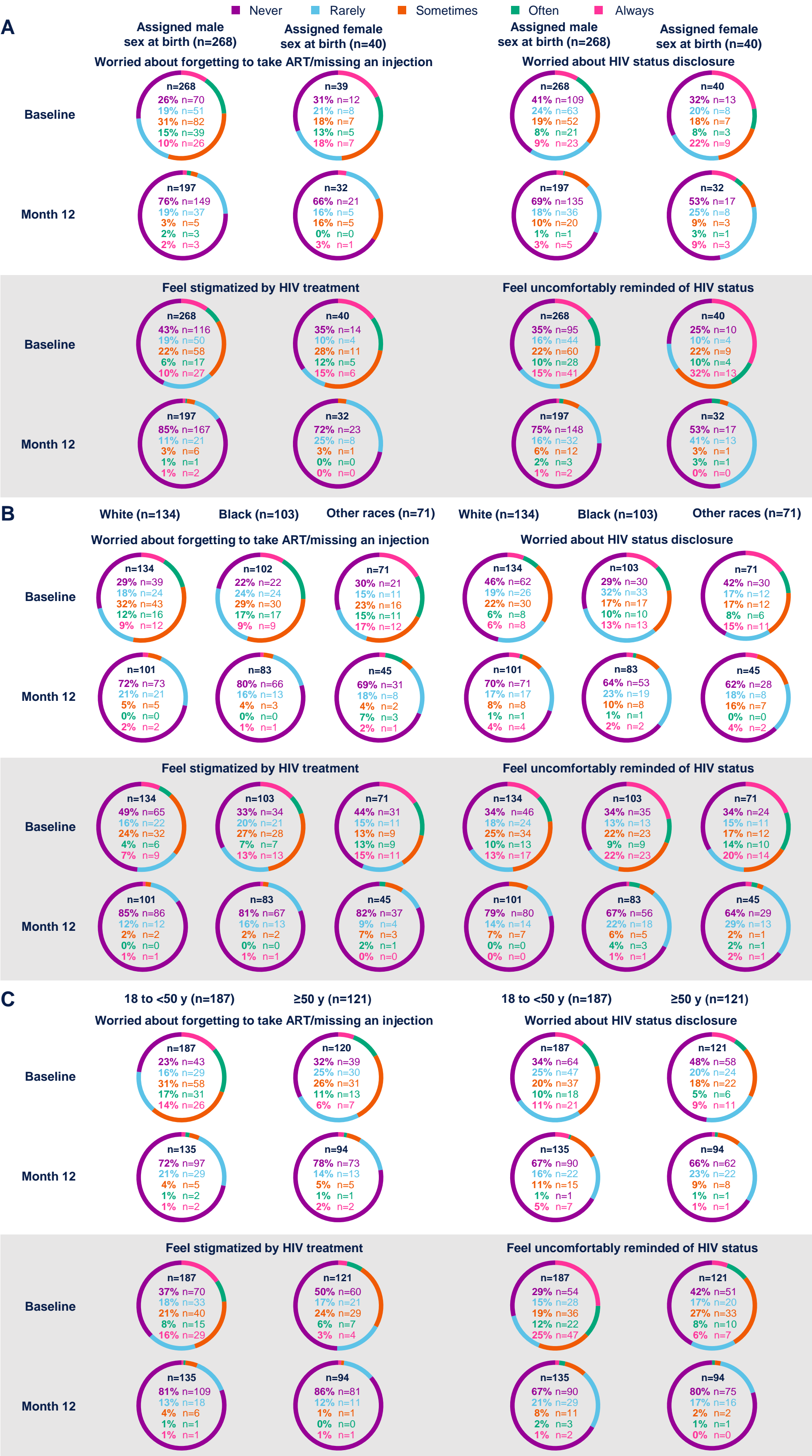


HIV-1 Treatment–Related Challenges

- Treatment-related challenges, including fear of HIV disclosure, daily reminder of HIV, adherence anxiety, and stigma, decreased from baseline to Month 12 across all subgroups (Figure 4)
- Individuals assigned male at birth experienced slightly greater improvements from baseline across all categories at Month 12, with the most improvement observed in adherence anxiety (Figure 4A)
- Individuals assigned female at birth showed the most improvement in daily reminder of HIV status
- No notable differences were observed by race or age group at Month 12 (Figure 4B and 4C)

References: 1. Cabenuva [prescribing information]. Viiv Healthcare; 2025. 2. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. 2024. 3. Orkin et al. *N Engl J Med*. 2020;382:1124–1135. 4. Ramgopal et al. *Lancet HIV*. 2023;10:e566–e577. 5. Swindells et al. *N Engl J Med*. 2020;382:1112–1123. 6. Thoenig et al. *J Antimicrob Chemother*. 2022;77:290–302.

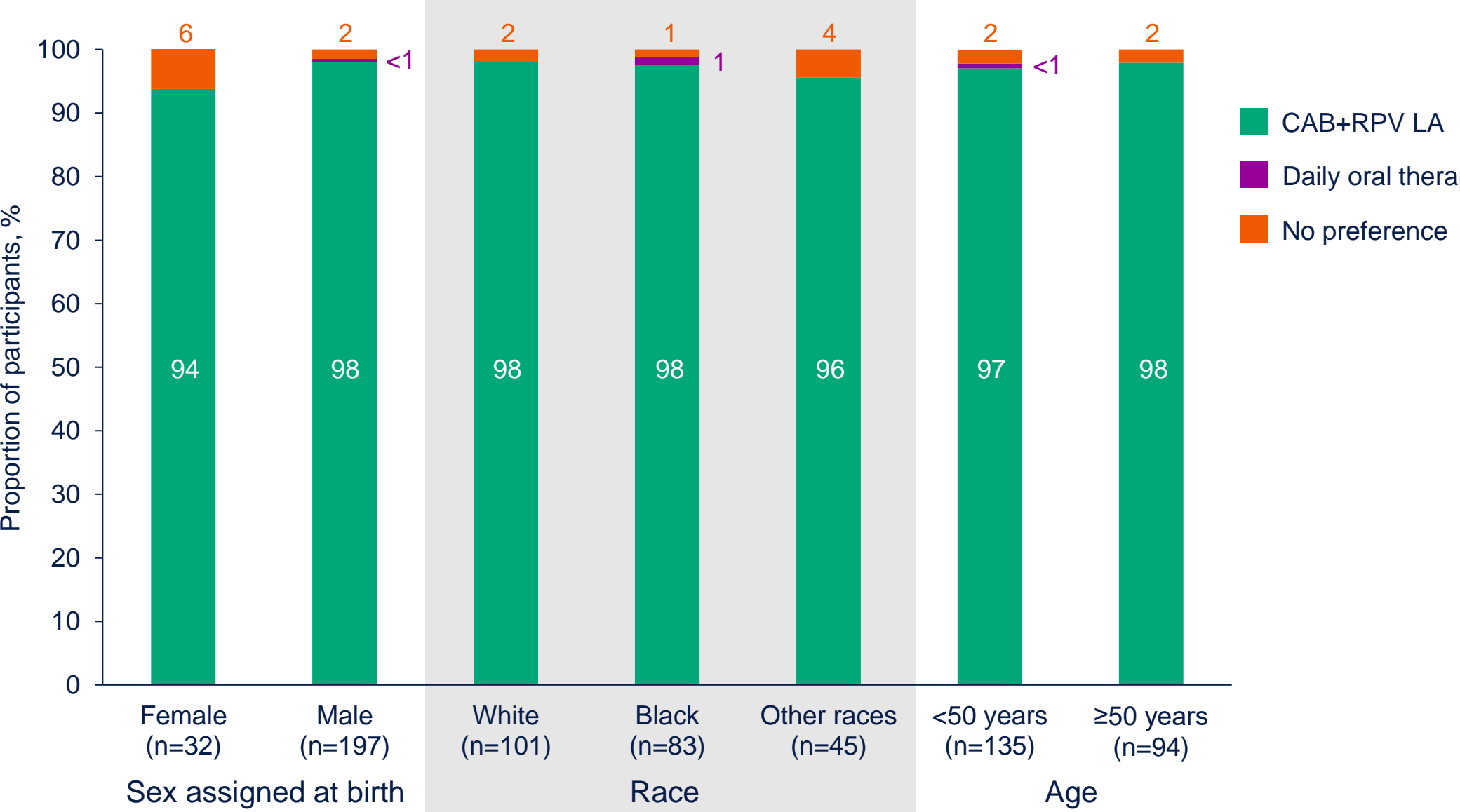
Figure 4. HIV-1 Treatment–Related Challenges Decreased From Baseline to Month 12 in Subgroups Stratified by (A) Sex Assigned at Birth, (B) Race, and (C) Age



Treatment Preference and Satisfaction

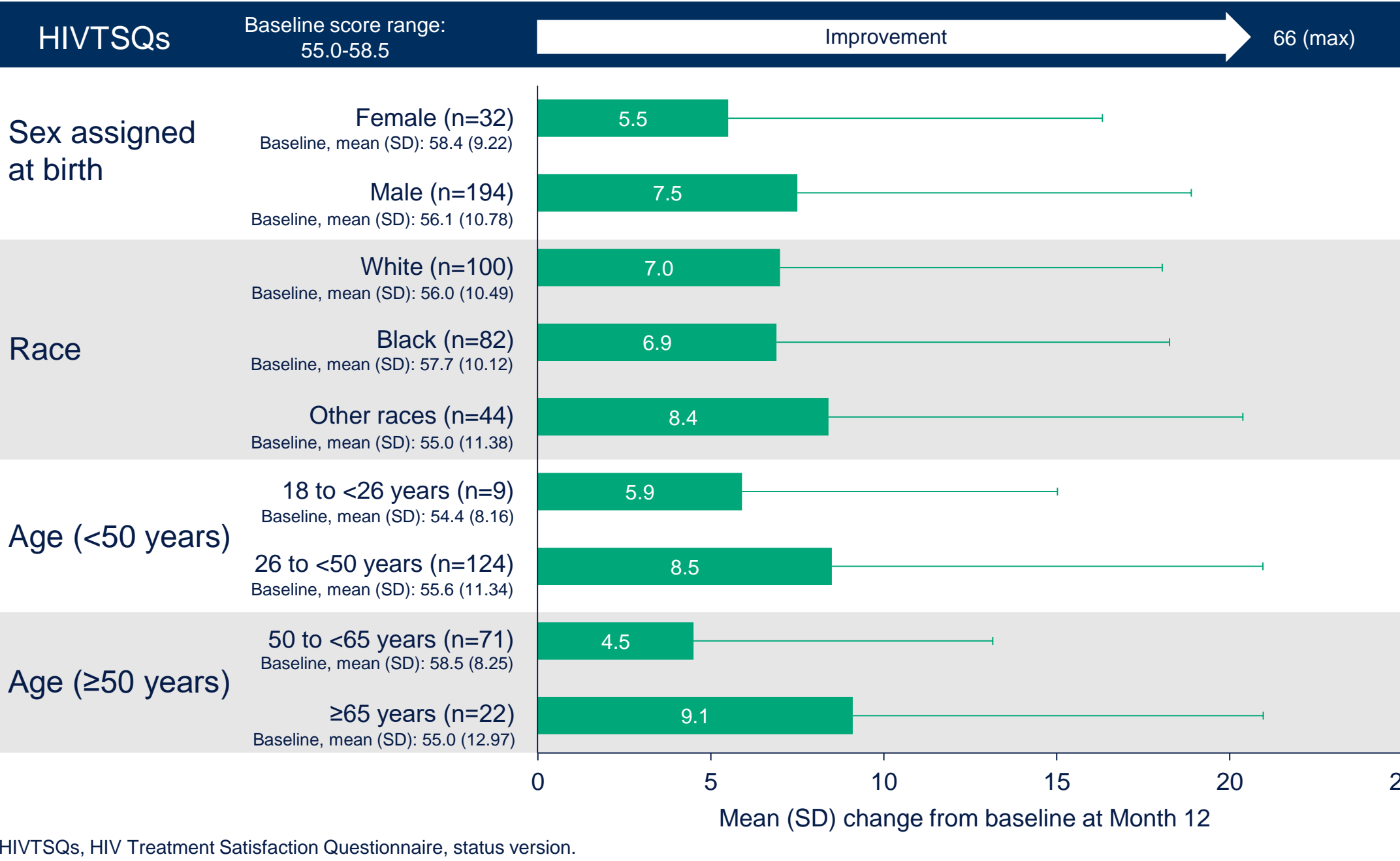
- Most participants across subgroups preferred CAB+RPV LA (94%–100%) over daily oral therapy (0%–1%; Figure 5)

Figure 5. Most Participants Preferred CAB+RPV LA at Month 12



- Treatment satisfaction improved, with similar mean (SD) change from baseline to Month 12 in HIV Treatment Satisfaction Questionnaire, status version scores across subgroups for sex assigned at birth, race, and age (Figure 6)

Figure 6. Treatment Satisfaction Improved From Baseline to Month 12 With CAB+RPV LA Use



HIVTSQs, HIV Treatment Satisfaction Questionnaire, status version.

Conclusions

- The Month 12 findings highlight the positive experiences associated with CAB+RPV LA in real-world populations of people with HIV-1 across diverse demographic subgroups in the BEYOND study
- The improvements in HIV-1 treatment–related challenges observed across all demographic subgroups underscore the broader benefits of CAB+RPV LA beyond virologic suppression, reinforcing its role as a preferred long-acting treatment option that enhances both clinical and quality-of-life outcomes for people with HIV-1