REVOLUTION

AVANCES Y DESAFÍOS EN EL TRATAMIENTO DEL VIH

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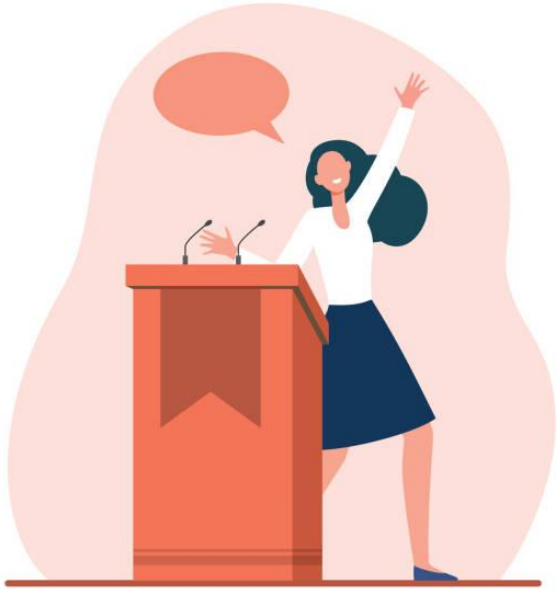
Enfermedades Infecciosas Hospital Parc Taulí

8 febrero 2025

Tratamiento antirretroviral inyectable de acción prolongada:

Aportaciones y retos tras 2 años de su implementación



Conflictos de interés

He realizado ponencias para eventos organizados por: ViiV Healthcare, Gilead Sciences, MSD y Janssen Pharmaceuticals

Aportaciones

Experiencia en vida real

Cuestionando *mantras*

***Empoderamiento* paciente y enfermería**

Retos

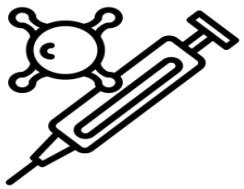
Sesgo selección

Poblaciones *especiales*

Aumento de la cadencia en su administración

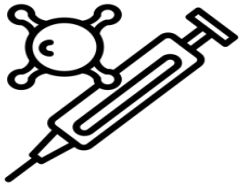
Accesibilidad

REVOLUTION



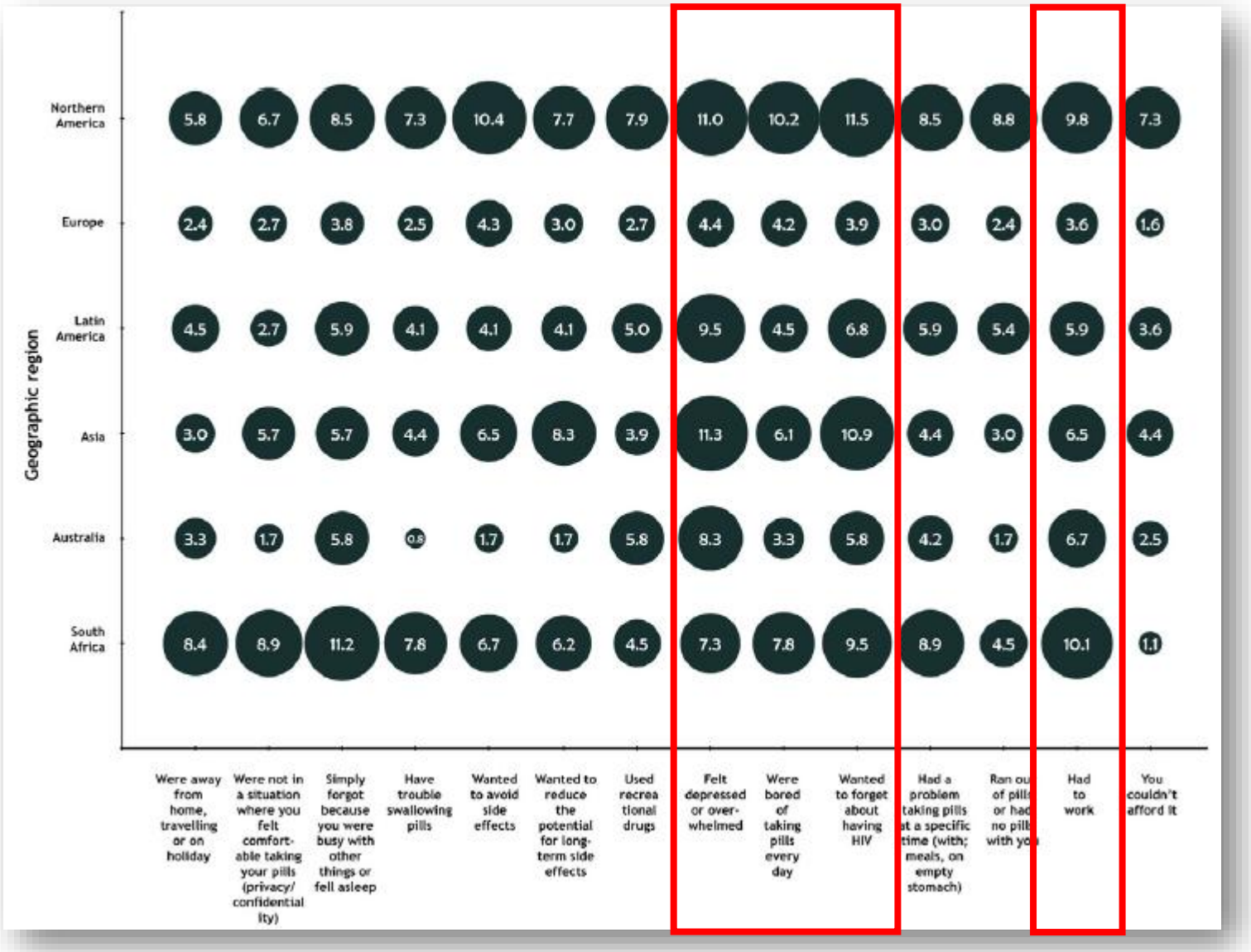
> 4.500 personas que viven con VIH han usado o están siendo tratados con CAB+RPV
(> 1.700 pacientes "vida real")

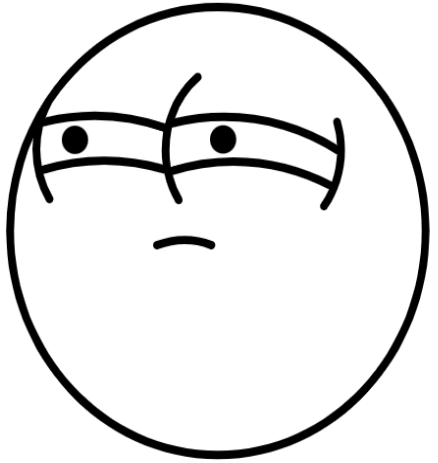
REVOLUTION



> 6.400 personas que viven con VIH han usado o están siendo tratados con CAB+RPV **(cohortes de vida real)**

Experiencia en vida real





Overall percentage of people living with HIV who reported **missing** antiretroviral treatment **for ≥5 times** within **the past month**

De los Rios et al. Prev Med 139 (2020) 106182

Cohortes INTERNACIONALES

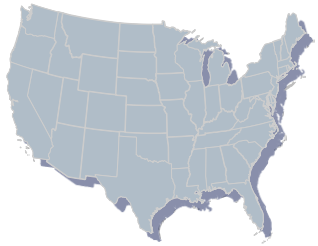
Cohortes NACIONALES

Cohortes INTERNACIONALES

SHARE LAI-NET
(N=423)
Q2M

COMBINE-2
(N=472)
Q2M

OPERA
(N=1293)
CAB + RPV AP vs. TAR



CARLOS
(N=351)
Q2M

ATHENA
(N=619)
Q2M vs TAR oral

BEYOND
(N=156)
50% Q2M y 50% Q1M

SCohoLART
(N=514)
Q2M

ICONA
(N=506)
Q2M

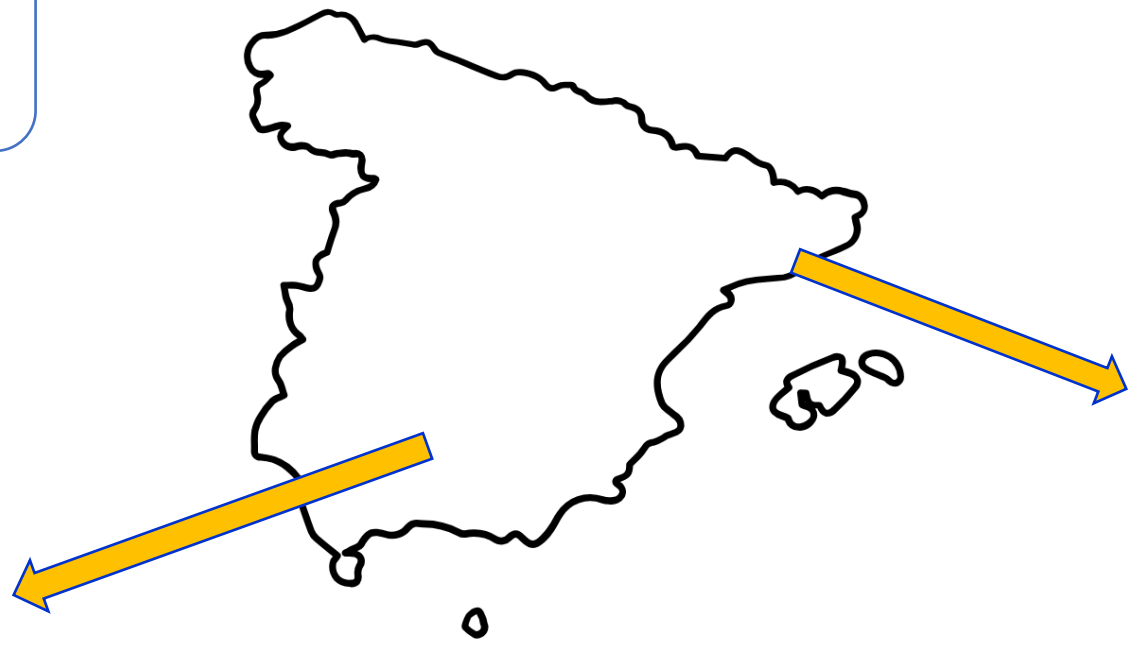
	OPERA	*BEYOND*	*SHARE LAI-NET*	*CARLOS*	*ATHENA*	*SCOHOLART*	*ICONA*	*COMBINE-2*
Número pacientes	1293	156	423	351	619	514	506	472
Supresión virológica	95%	98%	ND	98%	ND	ND	ND	98%
Fracasos	2% (25)	0.8% (2)	0.7% (3)	1.4% (5)	0.9% (5)	0.8% (4)	0.4% (2)	0.8% (3)

	OPERA	*BEYOND*	*SHARE LAI-NET*	*CARLOS*	*ATHENA*	*SCOHOLART*	*ICONA*	*COMBINE-2*
Número pacientes	1293	156	423	351	619	514	506	472
Supresión virológica	95%	98%	ND	86% (98%)	ND	ND	ND	98%
Fracasos	2% (25)	0.8% (2)	0.7% (3)	1.4% (5)	0.9% (5)	0.8% (4)	0.4% (2)	0.8% (3)

RESCATES

10 INI-based 10 LA CAB+RPV 4 Multi-core agents 1 Therapeutic gap	1 INI-based 1 IP-based 1 NNRTI-based	3 INI-based 2 IP-based	1 LA CAB+RPV 1 INI-based 3 IP-based	1 INI-based 3 IP-based	3 IP-based
15/19 (78.9%)	3/3 (100%)	?¿	4/4 (100%)	4/4 (100%)	2/2 (100%)
HIV DRUG THERAPY GLASGOW 2024 **P-062**	DOI: 10.1111/hiv.13679	IAS **P-095**	HIV DRUG THERAPY GLASGOW 2024 **P-062**	DOI: 10.1093/ofid/ofae326	IAS **P-278**

RELATIVITY
(N=1418)



H.CLÍNIC
(N=610)

CARIPLA
(N=281)

Cohortes NACIONALES

Estudio CARIPLA

01/2023 a 05/2024 (7 hospitales)
281 pacientes

Hombres: 87.2%. Edad media: 44.2años
CD4 nadir ?¿
    CD4 basal 774 cels/mcL
TAR previo basado en INI (68%)
    Media en TAR de 10 años

Genotipo no disponible: ?¿
Virémicos en la visita basal: 3.5%

17 discontinuaciones
    0 fallos virológicos

P-014

Cohorte RELATIVITY

12/2022 a 04/2024 (37 hospitales)
1418 pacientes (análisis 1285)

Hombres: 85.7%. Edad media: 45años
CD4 nadir 339 cels/mcL
CD4 basal 774 cels/mcL
TAR previo basado en INI (79.1%)
Media en TAR de 9 años

Genotipo no disponible: 22%
Virémicos en la visita basal: 1.7%

65 discontinuaciones
6 (0.5%) fallos virológicos (RAMs 3/6)

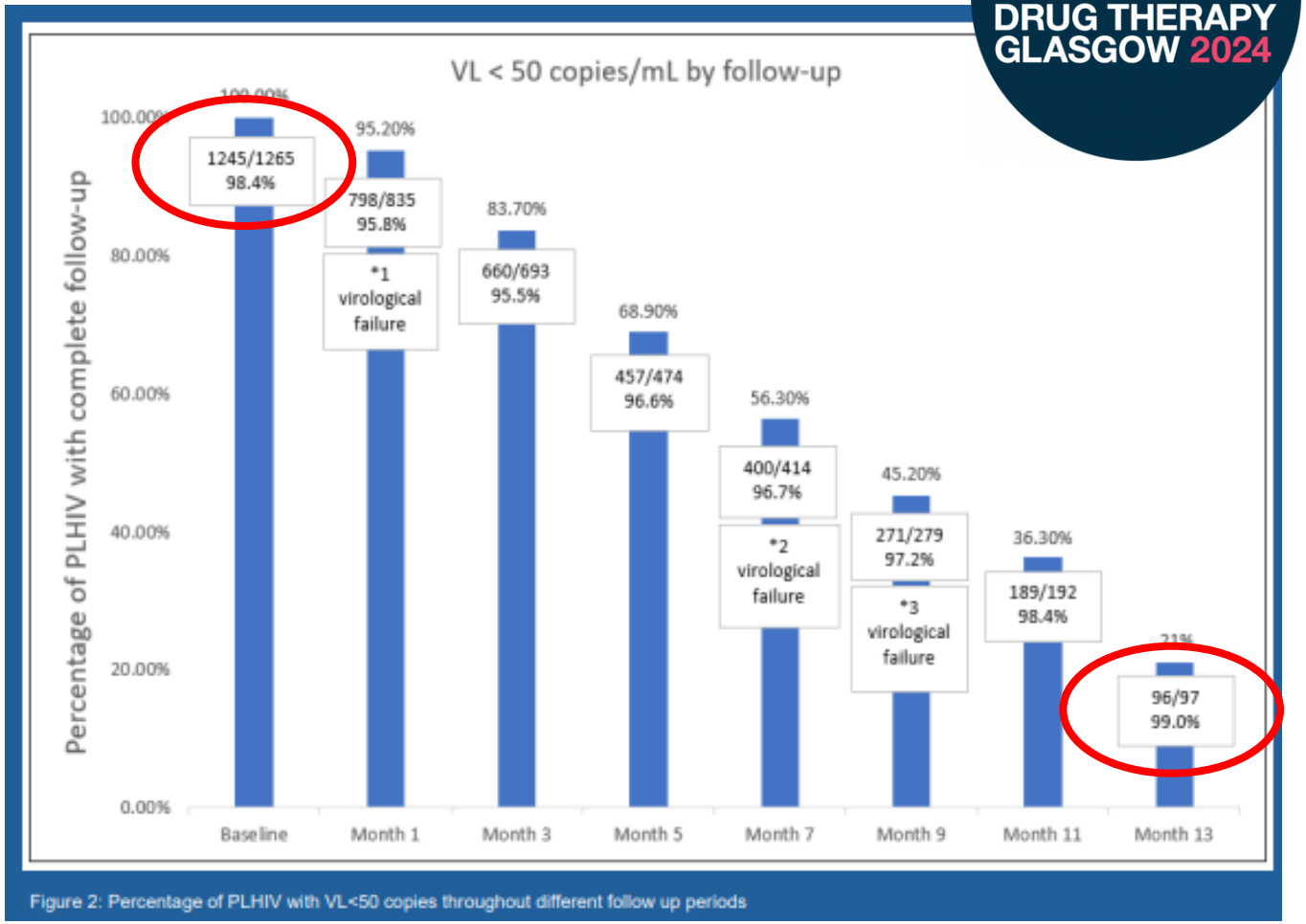


Figure 2: Percentage of PLHIV with VL<50 copies throughout different follow up periods

P-056

Cohorte RELATIVITY - Grupos específicos

Mujeres (n: 201) Más comorbilidad (HTA, OP, PSQ), más discontinuaciones y más reacción local. No diferencias en fracasos ni en efectos adversos a nivel sistémico *(vs hombres)*

Transgénero (n: 8) Mujeres Latinoamericanas. Ningún fracaso

IMC >30 (n: 113) Media 32.3 [RIQ: 30.9 - 34.1]. Aguja larga en 56.7%. Hubo 2 fracasos

Migrantes (n: 396) Más HSH y menos UDVP, menos tiempo de indetectabilidad, más discontinuaciones por EA a nivel de reacción local (*vs nacidos en España*). Hubo 3 fracasos

Sin genotipo previo (n: 610) No diferencias características basales, ni discontinuaciones. Hubo 1 fracaso (*vs 5 en pacientes con genotipo disponible)*

Edad > 60años (n: 154) Media 63a [RIQ: 61-68]. Comorbilidades (HTA, DLP y OP). Discontinuaciones (8). Ningún fracaso

	1	2*	3	4**	5	6***
Sex	Male	Male	Male	Male	Female	Male
Age (years)	49	45	40	50	52	49
Body Mass Index (Kg/m^2)	22.5	29.3	24.3	33.9	36.3	27.5
Previous treatment	BIC/FTC/TAF	DTG/3TC	DTG/3TC	DTG/3TC	DTG/RPV	BIC/FTC/TAF
Month of discontinuation	7	7	9	9	1	9
Viral Load at discontinuation	3140	44000	289	128000	362	217
Previous mutations	Wild type without mutations	-	Wild type without mutations	INSTI: Q148K; Q148R; E157Q; NNRTI: G140S; L74M/I/F; T97A	184V; K103N	Wild type without mutations
New resistance mutations	No	INSTI: E138K, Q148R, L74LM and NNRTI: K103N, Y188L	No	INSTI: L100I; K103N	No	INSTI: Y143YS; Q148R
Oral ART after VF	DTG/3TC	DRVc/FTC/TAF	BIC/FTC/TAF	DRVc/FTC/TAF	DRVc/FTC/TAF	DRVc/FTC/TAF
VL supression	Yes	No	Yes	Yes	Yes	Yes

*Screening failure. Previous VF with probable RAMs against INSTI unnoticed; **Patient with baseline mutations not known at the moment of switch
*** Patient undetectable at the time of switch to oral ART. Two previous viral loads>200, last 217. In spite of it, resistances to INSTI were detected.

2 INI-based
4 IP-based

5/6 (83%)

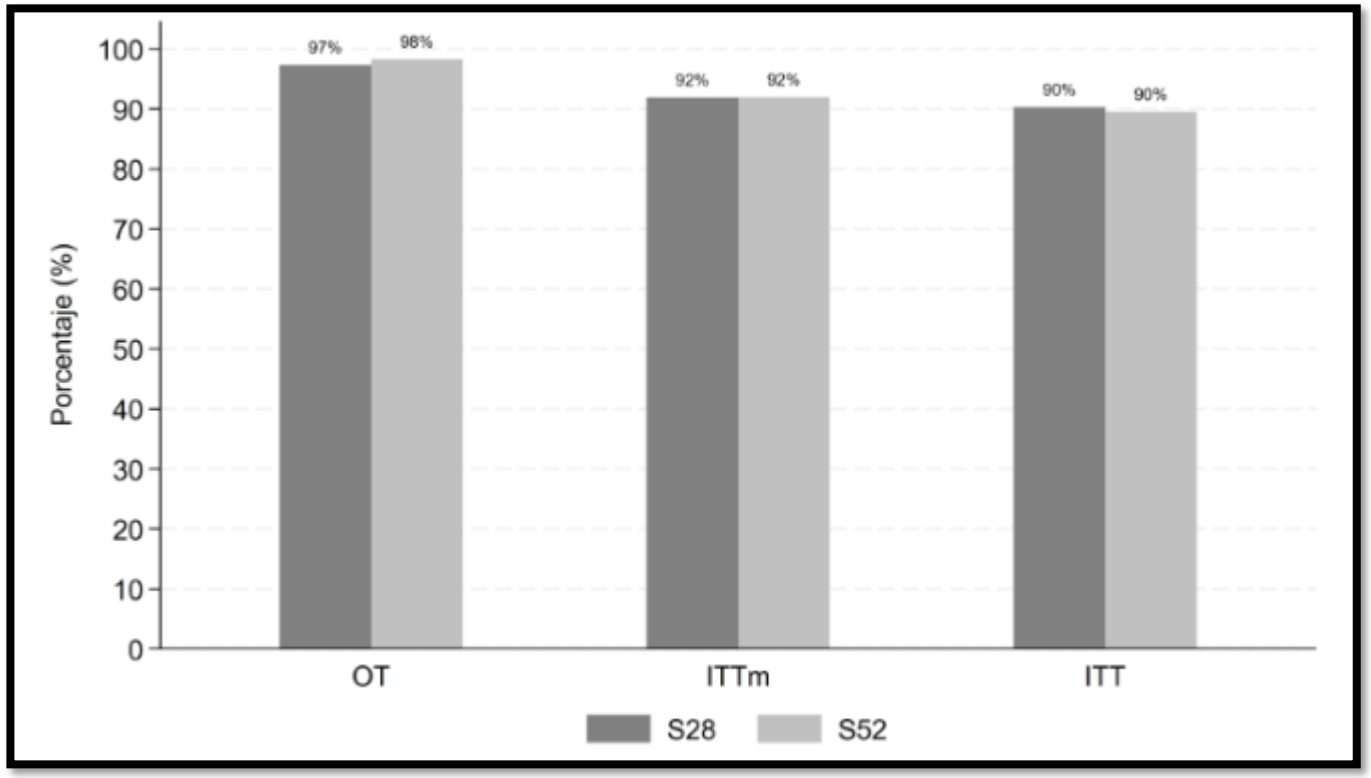
Cohorte HOSPITAL CLÍNIC

Prospectiva (1 hospital)
610 pacientes

Hombres: 93%. Edad media: 45años
CD4 nadir 344 cels/mcL
CD4 basal 711 cels/mcL
TAR previo basado en INI (68%)
Media en TAR de 11 años

Genotipo no disponible: 48%
Virémicos en la visita basal: 1%

26 discontinuaciones
4 (12%) fallos virológicos



P-075

ID	Age (Y) and sex	HIV-1 subtype	Previous genotype	Previous failures	Prior mutations	BMI	Needle	Prior ART	Baseline VL	Adherence
37	50 M	B	yes	no	no	27	23G	ABC/3TC/DTG	154	ok
142	41 M	B	no	LLV (DTG/RIL)	no	24	23G	DTG/RPV	88	ok
297	32 M	unk	no	no/ unk	no	24	23G	B/F/TAF	<50	2w delay
309	63 M	B	yes	no	no	46	21G	B/F/TAF	<50	ok

2 LA CAB-RPV
2 IP-based

4/4 (100%)

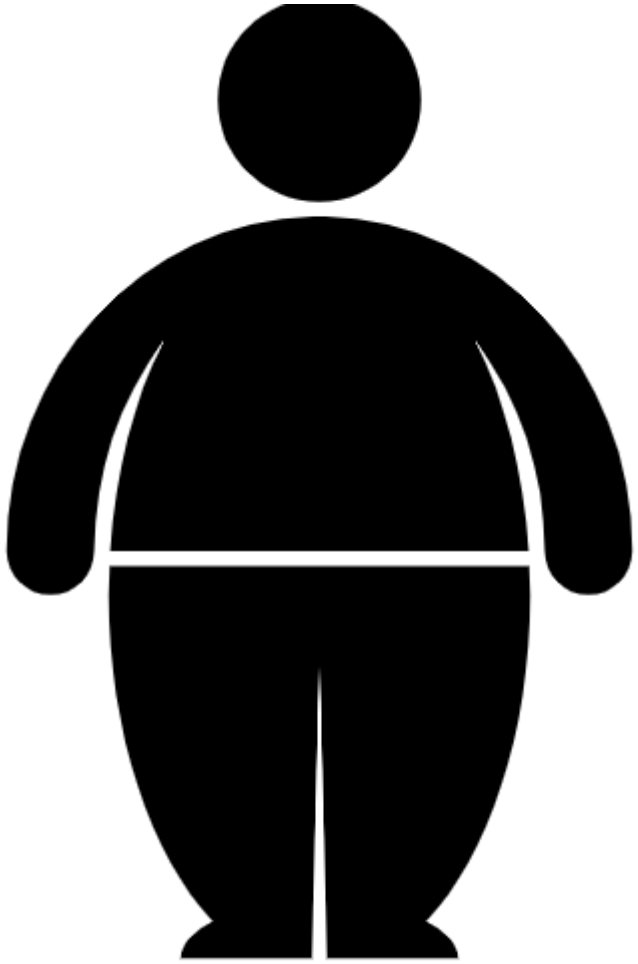
Drug Resistance Mutations
RT: 138K (20%)*, 184I (57%)*, 230I (60%) * IN: 74I (98%), 163R (4%)* PRT: 30N (6%)*, 46I (5%)*
RT: 138K (10%)*, 184I (19%)*, 230I (21%) * IN: 140S (8%)* PRT: 90M (97%-92%)
RT: 190E (22%) * IN: NA since 260 position

3/4 mutaciones **inducidas por APOBEC** en DNA proviral

Chu, C., et al. (2022). Clin Microbiol Rev

Cuestionando *mantras*

21G: 0.8x50mm



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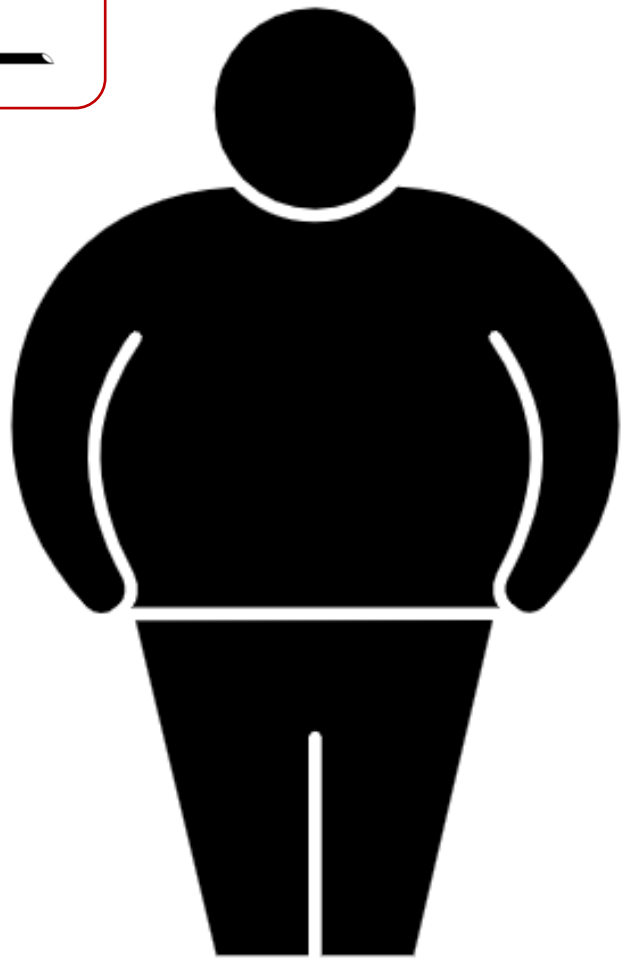
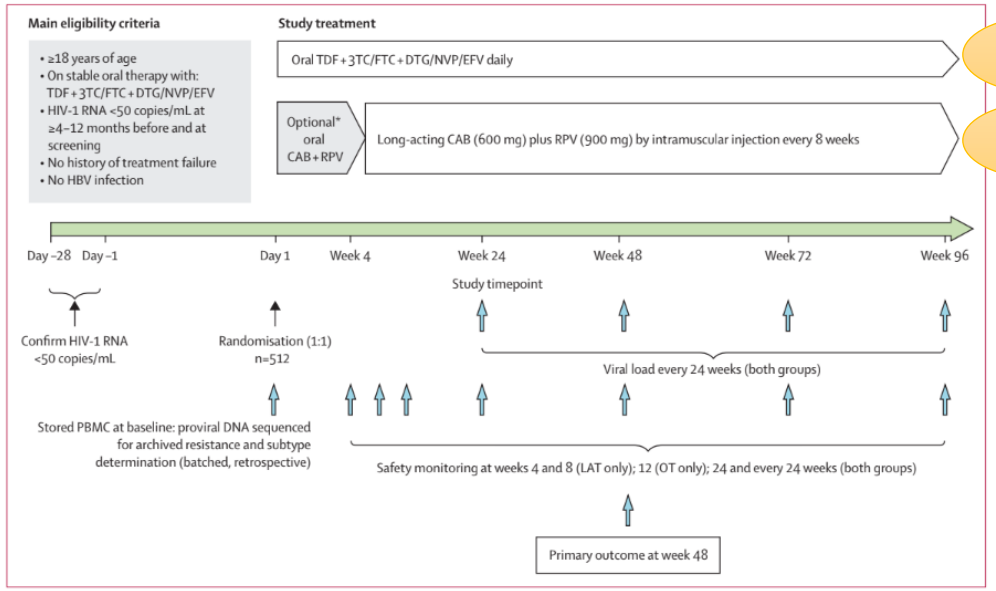


SUBTIPO VIRAL A1/A6

Switch to long-acting cabotegravir and rilpivirine in virologically suppressed adults with HIV in Africa (CARES): week 48 results from a randomised, multicentre, open-label, non-inferiority trial



	Long-acting therapy (n=255)	Oral therapy (n=257)
Sex*		
Female	146 (57%)	149 (58%)
Male	109 (43%)	108 (42%)
Age, years	43 (36–51)	42 (35–49)
Age group		
18–34 years	52 (20%)	63 (25%)
35–49 years	127 (50%)	130 (51%)
≥50 years	76 (30%)	64 (25%)
Country of residence		
Uganda	121 (47%)	123 (48%)
Kenya	78 (31%)	84 (33%)
South Africa	56 (22%)	50 (19%)
Race		
Black	254 (>99%)	256 (>99%)
White	1 (<1%)	0
Asian	0	1 (<1%)
BMI, kg/m²	25·4 (21·5–29·5)	25·8 (22·3–29·0)
Obesity†	57 (22%)	51 (20%)
CD4 count, cells per mm³	702 (513–882)	725 (561–898)
HIV-1 viral load ≥50 copies per mL‡	5 (2%)	10 (4%)
Viral subtype A1§	113/213 (53%)	110/201 (55%)
Rilpivirine resistance mutations¶	25/200 (12%)	26/177 (15%)
Rilpivirine intermediate or high-level resistance‖	17/200 (8%)	21/177 (12%)
Cabotegravir resistance mutations¶	15/95 (16%)	14/85 (16%)
Cabotegravir intermediate or high-level resistance‖	10/95 (11%)	5/85 (6%)
Time on first-line antiretroviral therapy, years	8 (4–13)	7 (4–13)
Previous exposure to NNRTI	189 (74%)	191 (74%)
Regimen at trial entry (screening)		
INSTI-containing regimen	231 (91%)	240 (93%)
NNRTI-containing regimen	24 (9%)	17 (7%)

Maman Sylvie (RDCongo)

Kytio C et al. Lancet Infect Dis 2024 Oct; 24(10): 1083-1092

SUBTIPO VIRAL A1/A6

Switch to long-acting cabotegravir and rilpivirine in virologically suppressed adults with HIV in Africa (CARES): week 48 results from a randomised, multicentre, open-label, non-inferiority trial

Lancet Infect Dis 2024

	Long-acting therapy (n=255)	Oral therapy (n=257)	Difference (95% CI)*
Primary outcome			
HIV-1 viral load level			
<50 copies per mL	246 (96%)	250 (97%)	−0·8 (−3·7 to 2·3)
≥50 copies per mL†	7 (3%)	5 (2%)	0·8 (−1·8 to 3·4)
No virological data‡	2 (1%)	2 (1%)	..
Primary outcome, sensitivity analyses			
HIV-1 viral load level			
<50 copies per mL (additional adjustment)§	96%	97%	−0·9 (−4·1 to 2·2)
<50 copies per mL (per protocol)¶	236/243 (97%)	234/239 (98%)	−0·8 (−4·0 to 2·2)
<50 copies per mL (complete case)	246/253 (97%)	250/255 (98%)	−0·8 (−3·4 to 1·8)
Secondary and other efficacy outcomes			
HIV-1 viral load <200 copies per mL	250 (98%)	252 (98%)	−0·01 (−2·4 to 2·4)
Confirmed virological failure‖	2 (1%)	0	0·8 (−0·7 to 2·8)
Confirmed virological failure (per protocol)‖	2 (1%)	0	..
Confirmed virological failure with ≥1 major acquired resistance mutation**	2 (1%)	0	..
Mean (SD) change from baseline in CD4 count, cells per mm³††	−13 (203)	13 (206)	−26 (−62 to 9)

*Virological failure was observed in people with subtype A1 virus, raising the possibility that the **risk might also extend to that subtype**, although the population with subtype A1 in that pooled analysis (total of 19) was too small to be conclusive*

Orkin et al. Clin Infect Dis 2023; 77: 1423–31

*Our findings indicate that the substantive **risk of virological failure does not extend to people with subtype A1** and lend support to the published model suggesting that risk of failure is largely confined to subtype A6*

*En general, no se recomienda el uso de CAB+RPV IM en PVV **con subtipo A6** del VIH-1* ***(B-I)***

DISPONER DE GENOTIPADO Y TEST DE RESISTENCIAS PREVIO

Switch to long-acting cabotegravir and rilpivirine in virologically suppressed adults with HIV in Africa (CARES): week 48 results from a randomised, multicentre, open-label, non-inferiority trial

Lancet Infect Dis 2024

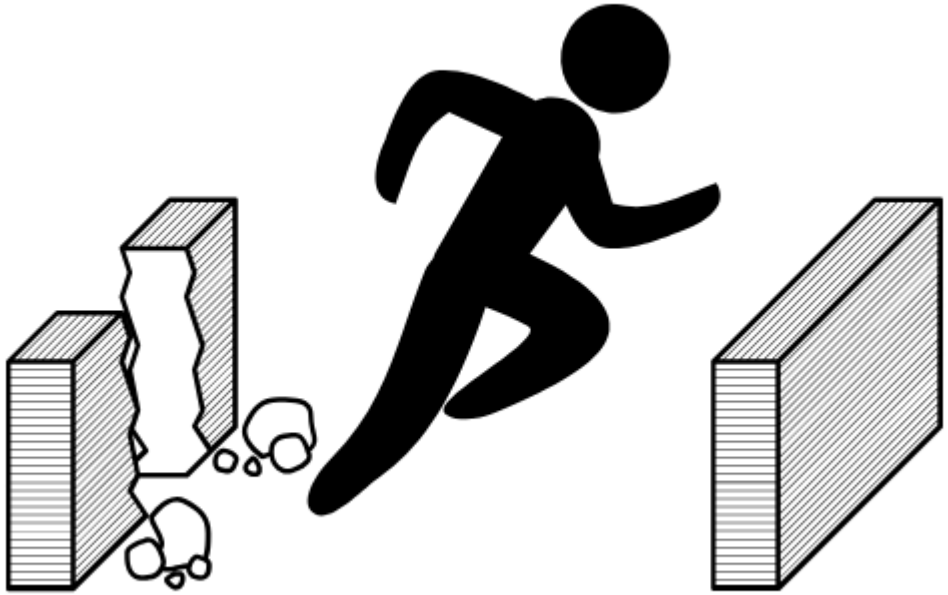
RELATIVITY
(22%)

*La extracción y secuenciación del ADN se realizaron **retrospectivamente** cuando los participantes completaron al menos **48 semanas de seguimiento**. Los resultados se devolvieron a los médicos previa solicitud al final del seguimiento del ensayo. Se evaluaron el subtipo viral, las mutaciones de resistencia y la susceptibilidad a los medicamentos.*

H.CLÍNIC
(48%)

Revisión de historia farmacológica previa... Fracasos??
Exposición a NNRTI... Adherencia...

RETOS



Sesgo de selección

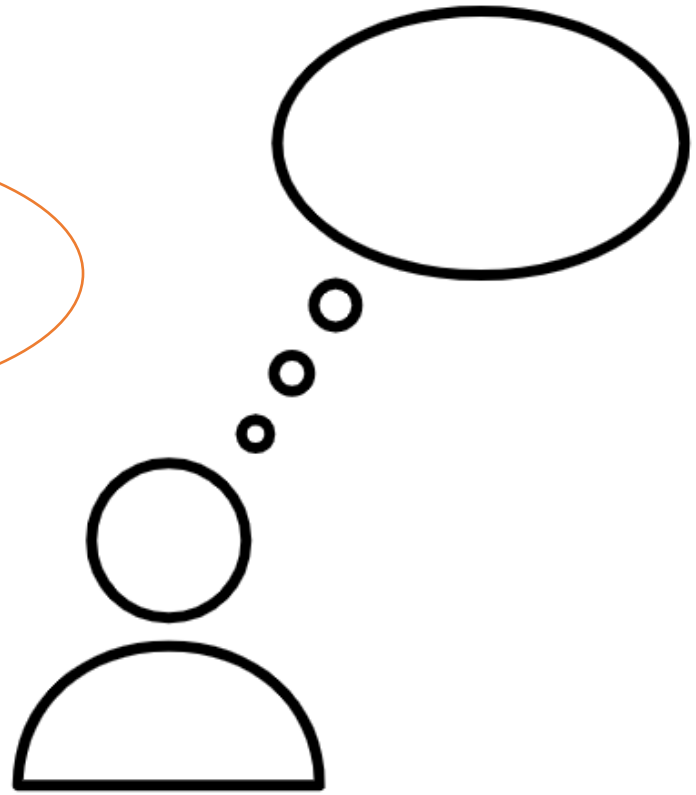
MUJERES

EDAD AVANZADA

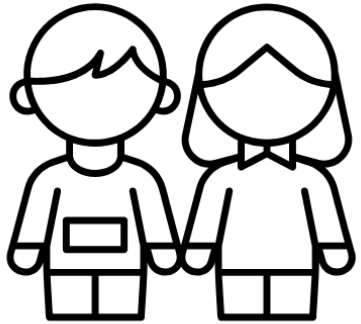
POLIMEDICADOS

SALUD MENTAL

CASD



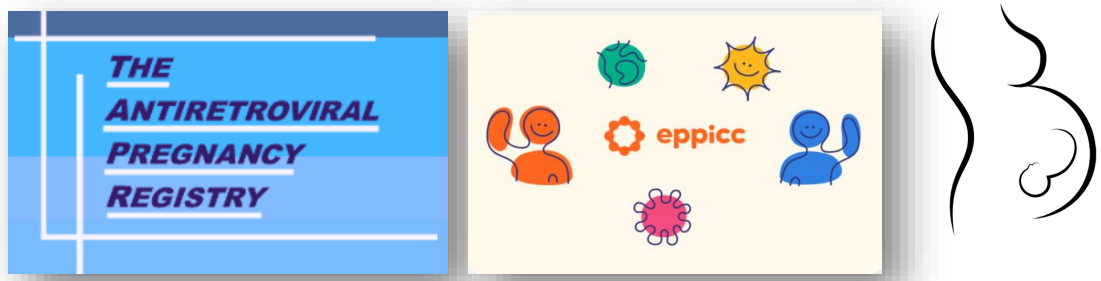
Poblaciones *especiales*



HPTN 084

A Phase 3 Double Blind Safety and Efficacy Study of Long-Acting Injectable Cabotegravir Compared to Daily Oral TDF/FTC for Pre-Exposure Prophylaxis in HIV-Uninfected Women.

	Total[1] (N=132)	CAB LA (n=63)	TDF/FTC (n=69)
Ongoing	57	23	34
Known pregnancy outcomes			
Live births	61	31	30
Pregnancy loss			
≥37 weeks	0	0	0
20–36 weeks	3	1	2
<20 weeks	13	9	4
Congenital anomalies	0	0	0



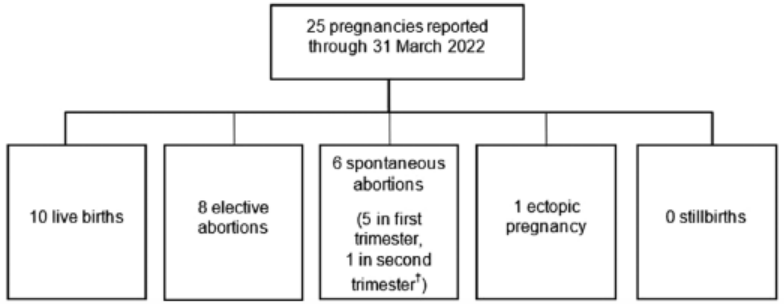
APR (hasta 07/2022) & EPPICC (hasta 11/2022)[2]

Pregnancy outcome, n (%)	Pregnancy on CAB + RPV (N=12; oral vs LA unknown)
Live birth	6 (50)
Without defects	5 (42)
With congenital ptosis	1 (8)
Induced abortion	1 (8)
Spontaneous abortion	1 (8)
Pending outcomes	3 (25)
Unknown	1 (8)

[1]Delany-Moretlwe S, et al. AIDS 2022. Oral OALBX010

[2]Vannappagari V, et al. BDRP 2023. Poster P55

Pregnancy outcomes and pharmacokinetics in pregnant women living with HIV exposed to long-acting cabotegravir and rilpivirine in clinical trials



Characteristic	Participants with a live birth outcome ($n = 8$)	Participants with non-live birth outcomes ($n = 12$)	Participants with a non-live and a live birth outcome ($n = 2$)	Total ($n = 22$)
Age at conception, median (range) years	34 (26–42)	36 (26–45)	22 (21–22)	33 (21–45)
≥30 years, n (%)[a]	6 (75)	9 (75)	0	15 (68)
Baseline BMI, median (IQR) kg/m^2	21.8 (15.3–34.8)	27.5 (19.4–39.1)	32.5 (25.0–40.0)	27.1 (15.3–40.0)
≥30 kg/m^2, n (%)	3 (38)	5 (42)	1 (50)	9 (41)
Time on ART, median (range) years[b]	0.42 (0–6.33)	3.29 (0.42–10.67)	0 (0)	2.25 (0–10.67)
Time on CAB + RPV (oral and/or LA) at conception, median (range) weeks[c]	92 (<1–210)	35 (1–195)	35 (3–35)	47 (<1–210)
Viral load at/near conception, copies/ml[b]	<50	<50	<40	<50

LATTE-2

FLAIR

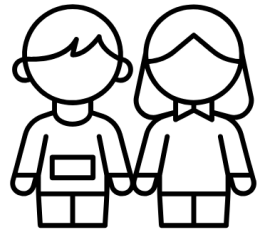
ATLAS

ATLAS-2M

Compassionate-use programme

Patel P, et al. HIV Med 023;24:568–79

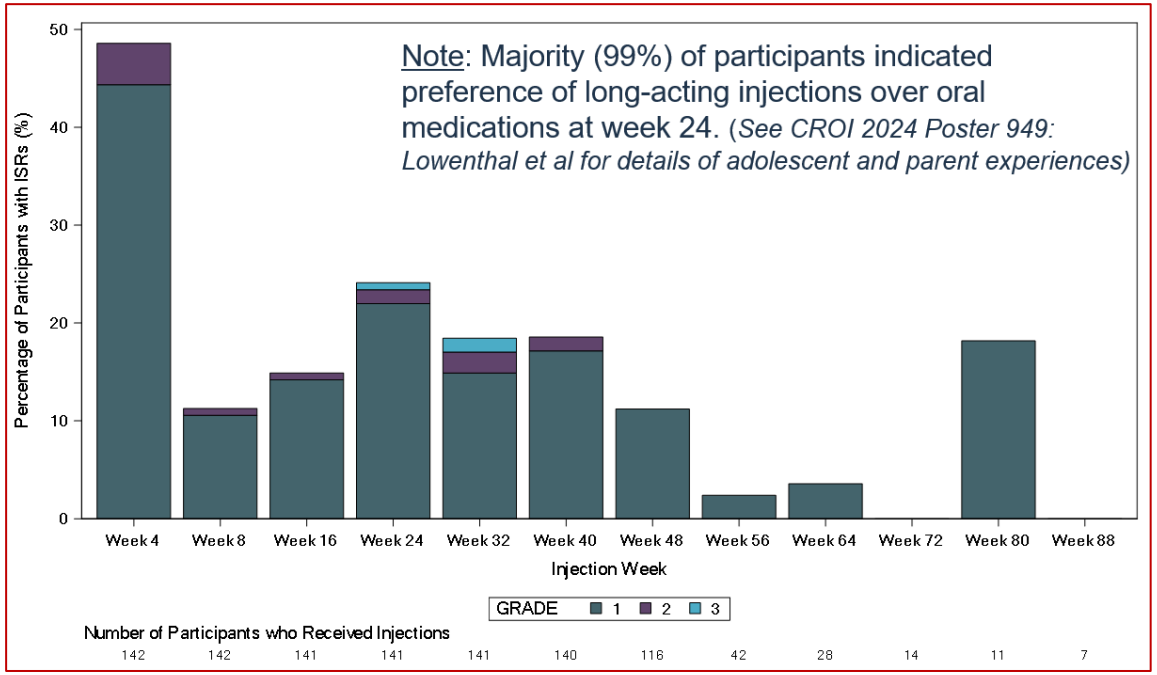
Long-Acting Cabotegravir Plus Rilpivirine in Adolescents With HIV: Week 24 Safety/PK IMPAACT 2017 / More Options for Children and Adolescents (MOCHA) Study



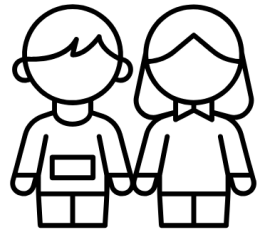
N: 144

96.5%
CV <50 còpies

Variable	Value
Age (median [min, max])	15 years [12, 17]
Female	51%
Black or African American	74%
Acquired HIV Vertically	92%
Body Mass Index (median [min, max])	19.5 kg/m^2 [16, 34]
Weight (median [min, max])	48 kgs [35, 101]



Gaur et al. CROI 2024; Denver, CO. Oral presentation 188



Issued: 31 January 2025, London UK

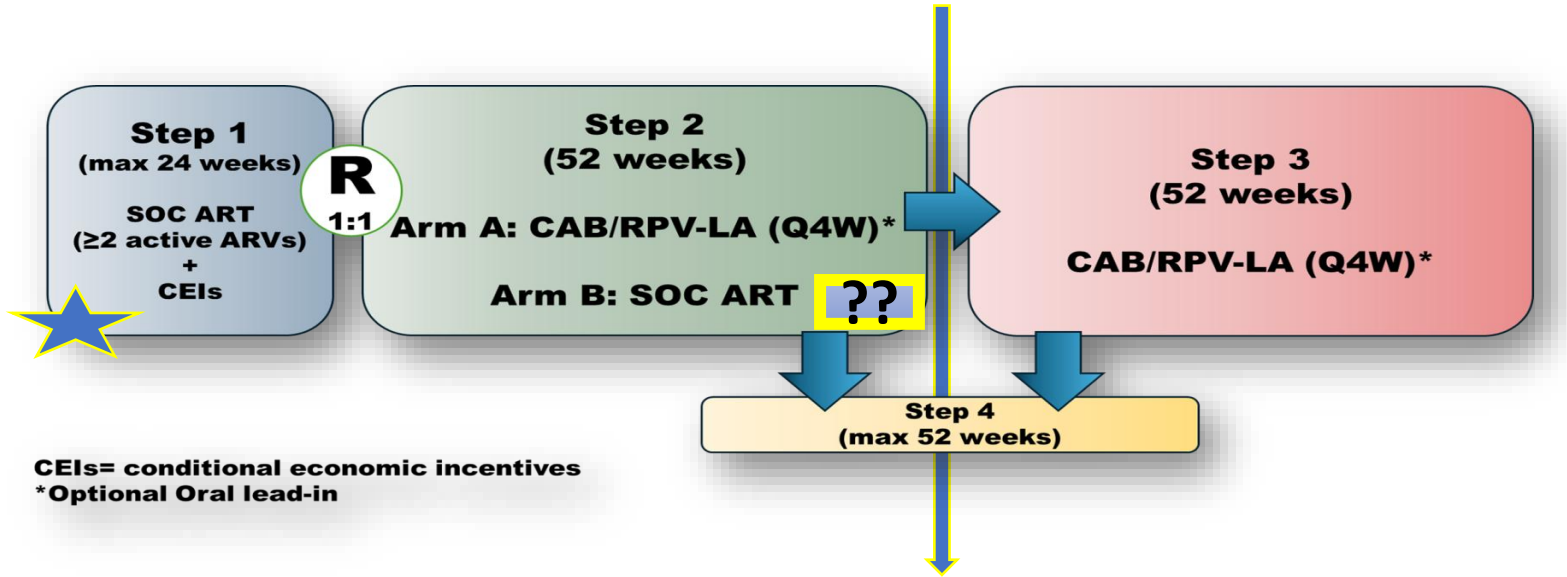
European Commission authorises ViiV Healthcare's long-acting injectable *Vocabria* + *Rekambys* for HIV treatment in adolescents

IMPAACT 2017 data continue to support using ***CAB LA and RPV LA,*** *given every* ***4 or 8 weeks****, per the adult-dosing regimens, in virologically suppressed* ***adolescents ≥ 12 years and weighing ≥ 35 kg***

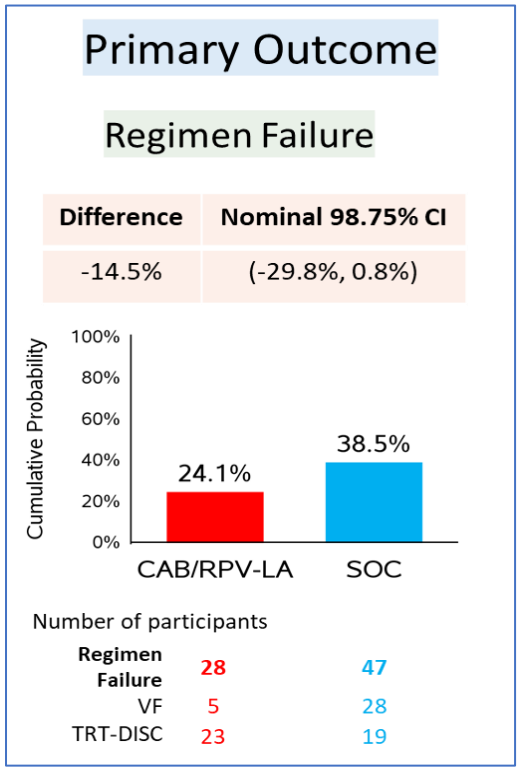
A5359: The LATITUDE Study: Long-Acting Therapy to Improve Treatment SUccess in Daily LifE - A Phase III Study to Evaluate Long-Acting Antiretroviral Therapy in Non-adherent HIV-Infected Individuals

Poor viral response despite oral ART for ≥ 6m

Loss to clinical follow-up with ART non-adherence ≥ 6m



W24: Comité regulador ve **SUPERIORIDAD** y se propone a TODOS el cambio a CAB/RPV LA

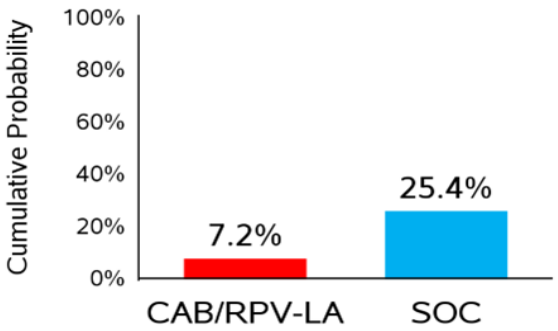


Rana et al. CROI 2024; Denver, CO. Oral presentation 212.

Secondary Outcomes

Virologic Failure

Difference	Nominal 98.75% CI
-18.2%	**(-31.1%, -5.4%)**

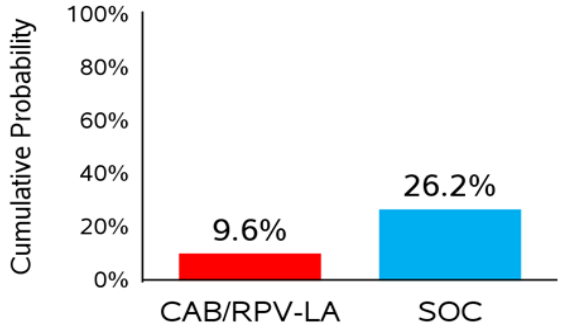


Number of participants

Virologic Failure	6	28

Treatment-related Failure

Difference	Nominal 98.75% CI
-16.6%	**(-29.9%, -3.3%)**

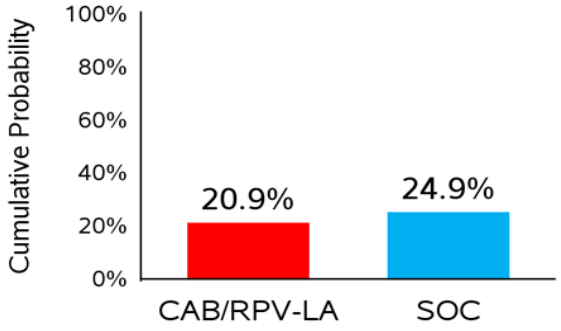


Number of participants

Treatment-related Failure	9	29
VF	6	28
TRT-DISC (AE)	3	1

Permanent Treatment Discontinuation

Difference	Nominal 98.75% CI
-4.1%	(-18.0%, 9.8%)



Number of participants

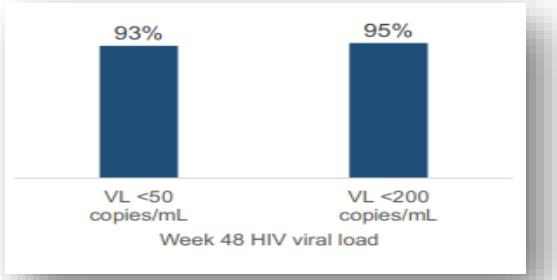
Permanent TRT-DISC	25	30

Rana et al. CROI 2024; Denver, CO. Oral presentation 212.

#P628 24-Week Viral Suppression in Patients **Starting** Long-Acting CAB/RPV **Without HIV Viral Suppression**

- Cohorte retrospectiva (desde 12/2022 hasta cierre datos)
- 286 PVVIH iniciaron CAB/RPV LA (sin otros ART im) con una CV basal ≥ 50 copias/mL → **59 pacientes**

Table 1. Baseline characteristics (n=59)		
Gender	Female	5 (8.5%)
	Male	53 (89.8%)
	Gender minority	1 (1.7%)
Age	18-29	2 (3.4%)
	30-49	29 (49.2%)
	50+	28 (47.5%)
Race/ Ethnicity	White	24 (40.7%)
	Black/AA	14 (23.7%)
	Latino	17 (28.8%)
	Other	4 (6.8%)
Housing status	Stable	28 (47.5%)
	Unstable	26 (44.1%)
	Homeless	5 (8.5%)
Substance use	Methamphetamine/cocaine	36 (61.0%)
	Opioids	6 (10.2%)
CD4 count	<50	9 (15.3%)
	50-199	20 (33.9%)
	200-349	13 (22.0%)
	350-499	7 (11.9%)
	>=500	10 (16.9%)
HIV viral load	50 to <200	3 (5.1%)
	200 to <1,000	5 (8.5%)
	1,000 to <10,000	10 (16.9%)
	10,000 to <100,000	22 (37.3%)
	>=100,000	19 (32.2%)



81% LA-CAB/RPV
93% LA-CAB/RPV + TAR (<50 copias/mL)
95% LA-CAB/RPV + TAR (<200 copias/mL)

Table 2. Status at week 48*	VL <50 (N=55)	VL ≥50 (N=4)	Overall (N=59)
Remained on LA-CAB/RPV	48	1†	49 (83%)
Discontinued LA-CAB/RPV and resumed oral ART	5	-	5 (8%)
Failure with resistance			
• On-time injections	2	-	3 (5%)
• Lost to follow-up and off oral ART, later determined to have resistance	-	1	
Lost to follow up and off oral ART	-	2	2 (3%)

VF 6

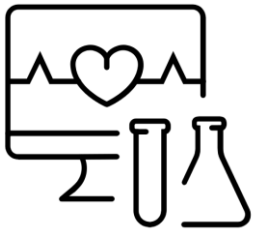
3 resuprimidos

Hickey et al. CROI 2024; Denver, CO. P628

Droga recreativa	V+R
Alcohol	◆
Anfetaminas	◆
Cannabis	◆
Cocaína	■
Ecstasis (MDMA)	◆
GHB (amma-hidroxybutirato)	◆
Heroína	◆
LSD (Ácido lisérgico)	◆
Mefedrona	◆
Methanfetamina	◆
Fenciclidina (PCP)	◆
Poppers	◆

= Metadona

RPV se ha asociado con prolongación del **intervalo QTc** a dosis supraterapéuticas



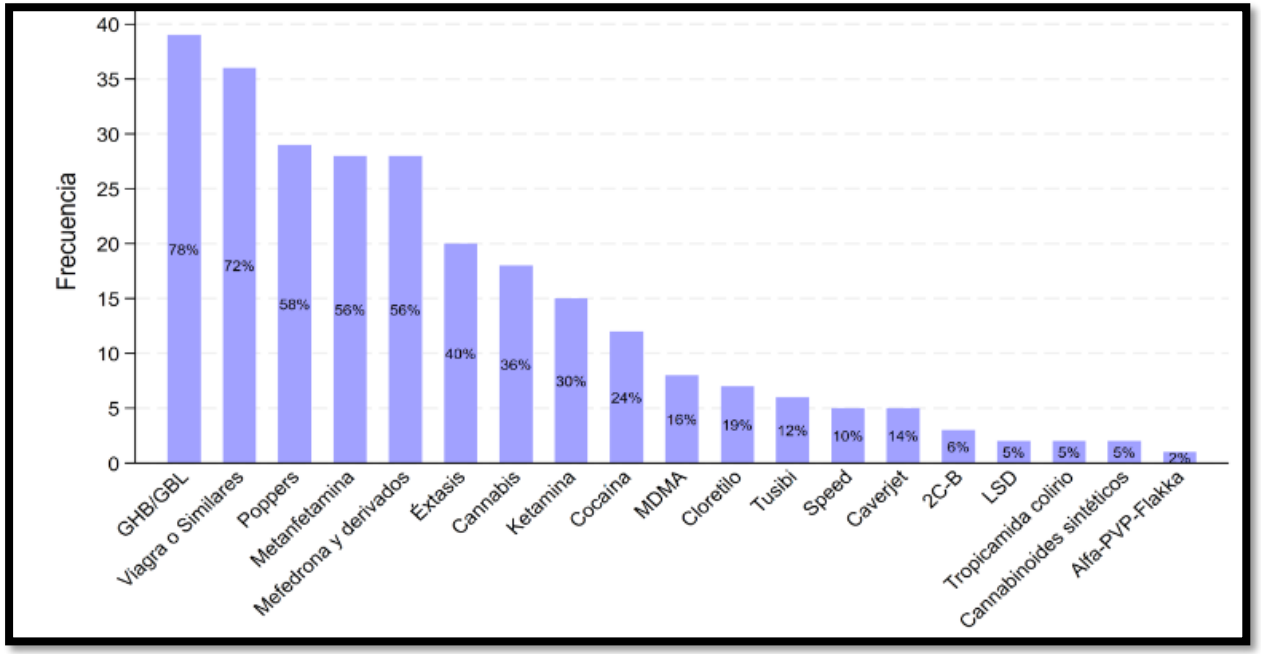
Eficacia de cabotegravir y rilpivirina de acción prolongada en poblaciones especiales: personas que practican chemsex

P013

Maria Martínez-Rebollar*, Lorena De La Mora, Montserrat Laguno, Leire Berrocal, Berta Torres, Ivan Chivite, Alexy Inciarte, Paula Arreba, Juan Ambrosioni, Alberto Foncillas, José Luis Blanco, Júlia Calvo, Esteban Martínez, Abiu Sempere, Pilar Callau, Josep M Miró, Roger Llobet, Elisa de Lazzari, Josep Mallolas, Ana González-Cordón. Enfermedades Infecciosas – Unidad de VIH, Hospital Clínic, Barcelona; IDIBAPS; Universidad de Barcelona; CIBERINFEC, ISC-III, Madrid. *rebollar@clinic.cat

XV CONGRESO NACIONAL GeSIDA

Edad, media (DE)	43 (8)
Sexo, hombre, n (%)	56 (100%)
Origen, n (%)	
España	20 (36%)
Migrante	36 (64%)
IMC >30 kg/m2, n (%)	2 (4%)
Años desde diagnóstico, mediana (RIC)	11 (8-16)
CV<50cp/mL, n (%)	54 (96%)
Tiempo con <50cp/mL, mediana años (RIC)	7.21 (4.07-10.95)
Últimos CD4, céls/microL, mediana (RIC)	706 (629-987)
CD4 nadir, céls/microL, mediana (RIC)	437 (354-572)
Genotipado histórico disponible, n (%)	29 (52%)
Cualquier mutación	6 (11%)
Años en TAR, mediana (RIC)	7.85 (4.44 -11.80)
Pauta de TAR previa basada en:	
IP	1 (2%)
NNRTI	6 (11%)
INSTI	38 (69%)
Fracaso virológico previo, n (%)	3



El tratamiento con CAB/RPV LA mostró una alta efectividad y una elevada adherencia a la administración de las inyecciones

Aumento de cadencia

ORAL-SEMANAL

Once-weekly oral tablet			
Islatravir + lenacapavir	NRTTI + CI	Ph 3	MSD + Gilead
Islatravir + ulonivirine	NRTTI + NNRTI	Ph 2b	MSD
GS-1720 and GS-4182	CI + INSTI	Ph 2/3 ongoing	Gilead
GS-5894	NNRTI	Preclinical	Gilead

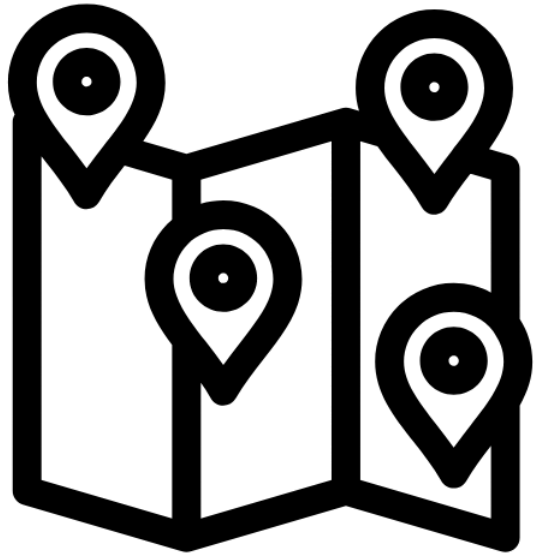
INYECTABLE

Two-monthly injectable			
VH4011499 (VH-499)	CI	Ph 2a	ViiV
CAB-LA + lenacapavir	INSTI + CI	Off-label use only so far	ViiV + Gilead
Three-monthly injectable			
GS-1614 (ISL prodrug) and GS-6212	NRTTI and INSTI	Ph 1b completed	Gilead
Four-monthly injectable			
Ultra long-acting (ULA) cabotegravir + rilpivirine	INSTI + NNRTI	Ph1 reported	ViiV + Janssen
Six-monthly injectable or infusion			
VH-184 (VH4524184)	INSTI	Ph1 reported	ViiV
VH-310 (CAB prodrug)	INSTI	Ph1 2025	ViiV
N6LS (VH3810109) with rHuPH20 *	bNAb	Ph 2	ViiV
Teropavimab (TAB, 3BNC117/GS 5423) and zinlirvimab (ZAB, 10-1074/GS 2872) plus lenacapavir	bNAbs + CI	Ph 2	Gilead
12-monthly annual injectable			
Lenacapavir (PrEP only)	CI	Ph3 studies 2025 (PrEP only)	Gilead

* rHuPH20 enables the slow-release delivery.

https://i-base.info/htb/49783

Accesibilidad



Long-acting HIV Treatments: Study Design, Logistics, and Access

Los ensayos clínicos han **infrarrepresentado** a mujeres, minorías raciales, personas transgénero, personas sin hogar, UDVP y poblaciones rurales, a pesar de ser grupos con dificultades para seguir tratamientos diarios

Factores que influyen en el acceso: *inclusividad* en ensayos clínicos, regulación y aprobación, guías de tratamiento y políticas de reembolso

Estrategias para mejorar accesibilidad: diseños innovadores de los ensayos, estudios piloto, investigación pragmática/colaborativa y expansión geográfica (zonas rurales/marginales)

Además de los cambios en ensayos clínicos, es esencial abordar **barreras estructurales**: falta de acceso a la sanidad, la vivienda y la reducción de daños para personas usuarias de drogas

Murdoch N et al. Open Forum Infect Dis, 2024 Jun 15;11(7):ofae337

Tras 2 años de su implementación…

MOLTES GRÀCIES

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