Long acting injectables: the Italian experience

OC-11 CABOTEGRAVIR-RILPIVIRINE LONG-ACTING INJECTABLE REGIMEN: AN ANALYSIS OF THE CAUSES OF INTERRUPTION AND IMPACT OF GENOTYPIC DRUG RESISTANCE IN A MULTICENTRIC COHORT

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Background The use of combination regimens is paramount in the treatment of HIV infection. Virologically suppressed patients, may benefit to change their treatment in a two-drug regimen (2DR). Long acting (L-A) injectable 2DR may be a good option in selected patients (preference for a nondaily dosing, toxicity to oral therapy, prevention of long-term toxicity, adherence issues, dysphagia). The aim of this cohort study is to define the medical reasons (viral failure vs. others) and the changes in GRT in interruption of cabotegravir-rilpivirine (CAB-RPV) regimen in an Italian cohort of PWH who were subjected to a L-A injectable regimen according to prescriptive indications.

Methods We analyzed the data supplied by 9 infectious diseases units, where CAB-RPV regimen is available and administered, to make a descriptive analysis of the causes of interruption and the impact of genotyping drug resistance, when available.

Results The total of patients receiving CAB-RPV was 574; 51 interrupted the treatment. The average age of the patients of this cohort was 54 years and average BMI was 24,8 kg/m2 (BMI max 44.28 kg/m2). Before starting the injectables, 28 patients took a triple oral therapy (regimen mostly used: TAF/FTC/RPV), while 22 assumed a 2DR regimen (regimens mostly used: DTG/3TC-DTG/RPV); as a whole, 32 took an INSTI-based regimen. Only one PWH received a mono therapy. 13 had an oral lead in. As far as the genotypic resistance pattern, 33 patients had a GRT before starting CAB-RPV; 1 patient had documented resistance to NNRTI (138A, which is an important risk factor of viral failure of RPV), while none had INSTI resistance. We collected 11 documented viral failures. All of them carried out a GRT post VF; the results are shown in table 1. The other 40 patients interrupted L-A therapy for other reasons (local pain, adverse events, toxicity, patient's choice, drugs interactions). The mean time of duration of L-A regimen was 5.3 months: 5.8 (+/- 4.73 SD) months for patients with VF and 5.25 (+/- 4.13 SD) for patients who interrupted for other reasons, without statistical significance.

Conclusions One. seven% of our cohort experienced a VF; this result is coherent with the main studies evaluating a low failure rate of CAB-RPV. NNRTI and INSTI mutations that arose during L-A treatment were all associated with a documented VF. CAB-RPV L-A regimen was well-tolerated in our cohort. Respect of eligibility criteria and awareness of risk factors for VF plus strict monitoring of viro-immunological parameters are fundamental in reducing the risk of VF and the possible onset of new NNRTI/INSTI resistance mutations.

Abstract OC-11 Table 1

	NRTI mutations (basal GRT)	NRTI mutations (after VF GRT)	NNRTI mutations (basal GRT)	NNRTI mutations (after VF GRT)	PI mutations (basal GRT)	PI mutations (after VF GRT)	INSTI mutations (basal GRT)	INSTI mutations (after VF GRT)
PATIENT 1	0	0	0	0	0	0	0	0
PATIENT 2	NA	**M41L;D67N;L210V;T215Y**	0	0	0	0	0	0
PATIENT 3	0	0	0	0	10I	0	0	0
PATIENT 4	0	0	0	0	0	0	0	0
PATIENT 5	0	**151M;70R;65R**	138A	**181I;190A**	10F	**73S;90M**	0	**140S;148H**
PATIENT 6	0	0	0	**138K;179I**	0	**10V**	0	**148R**
PATIENT 7	0	**D67N;K70R;M184V**	0	**K103N;V108I;P225H**	0	**K70R**	0	**G140S;Q148K**
PATIENT 8	T69A;S68G	S68G	0	0	0	0	0	**E138EK;G140S;G163R**
PATIENT 9	0	**V21V/I;V35V/I;V60/VI;K122E;D123E**	0	**V245E/K;A272P;K281R**	0	**A71T;V77I**	0	0
PATIENT 10	NA	**M41L;D67N;L210V;T215Y**	NA	0	NA	0	NA	0
PATIENT 11	0	GRT in progress	0	GRT in progress	M36I; L63P;L89M	GRT in progress	0	GRT in progress

Note: newly emerged mutations are in bold

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OC-12 PITTSBURGH SLEEP QUALITY INDEX (PSQI) CHANGES IN VIROLOGICALLY SUPPRESSED PEOPLE LIVING WITH HIV SWITCHING TO LONG ACTING CABOTEGRAVIR AND RILPIVIRINE

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Background Neuropsychiatric effects are associated with the use of second generation-Integrase Strand Transfer Inhibitors (INSTIs) such as dolutegravir (DTG) and bictegravir (BIC). However, it is unknown if cabotegravir is burdened by the same disturbances in real life clinical practice. The aim of the study is to assess sleep quality changes in People Living With HIV (PLWH) switching to long acting (LA) cabotegravir (CAB) and rilpivirine (RPV).

Material and methods The study includes all antiretroviral treatment (ART) experienced and virologically suppressed PLWH, switching to LA CAB+RPV from any ART-regimen according to eligibility criteria, consecutively evaluated in two different Clinical Centre of Infectious Disease from February