

Long acting PrEP in clinical practice

OC 10 Preliminary Results of Long-Acting Injectable PrEP with Cabotegravir at San Raffaele Institute in Milan

Authors

A.R. Raccagni¹, R. Lolatto², N. Capra², E. Bruzzesi¹, C. Muccini², C. Candela¹, A. Baglivi², G. Annichiarico², M. Di Gerardo³, R. Puzifferri³, C. Ferri³, A. Castagna^{1,2}, S. Nozza^{1,2}

Affiliation

¹Infectious Diseases Unit, Vita-Salute San Raffaele University, Milan, Italy, ²Infectious Diseases Unit, IRCCS San Raffaele Scientific Institute, Milan, Italy, ³Hospital Pharmacy, IRCCS San Raffaele Scientific Institute, Milan, Italy

ABSTRACT

Background: Long-acting injectable cabotegravir (CAB-LAI) has demonstrated superior efficacy over oral PrEP in preventing HIV infection. This study aims to describe the characteristics, reasons for switching to CAB-LAI, adverse events, and user satisfaction in a preliminary cohort of PrEP users receiving CAB-LAI.

Material and Methods: This is a prospective cohort enrolling people starting CAB-LAI for PrEP at the Infectious Diseases Unit of the San Raffaele Scientific Institute, Milan, Italy (NCT06418048). People who started CAB-LAI (baseline date) between November 2024 and February 2025 were included. Baseline demographics, previous oral PrEP use, sexual behaviors, STI history, and chemsex use were recorded. Post-injection assessments included perceptions of adherence, injection site reactions (ISRs), systemic adverse effects, and satisfaction at time of the second injection using a survey. Data were analyzed using descriptive statistics.

Results: A total of 79 people started PrEP with CAB-LAI, including 98.7% MSM and 1 WSM, with a median age of 41.2 years (IQR 35.0-46.4). Before CAB-LAI, 94.9% of participants used oral PrEP with FTC/TDF (68.0% daily and 32.0% event-based). Individual characteristics are shown in Table 1. Main reasons to start CAB-LAI were: sub-optimal oral PrEP adherence (46.6%), intolerance to FTC/TDF (26.7%), kidney disease (21.5%), and osteoporosis (5.0%) [Figure 1]. In total, 29 people received one CAB injection, 44 two, and 6 three, with no out-of-window administrations. Following CAB-LAI administration, ISRs disclosed at month 1 visit (n=50) were nil or very mild in 94%, moderate in 4%, and severe in 2%. No systemic adverse events were reported, but 1 case of fever. Compared to oral PrEP, 56.0% felt significantly more protected, and 98% found CAB-LAI more convenient. Improved self-perceived PrEP adherence was reported by 68%. Overall, 94% reported no difficulties in switching to CAB-LAI, and 94% were fully satisfied with injectable PrEP.

Conclusions: In this preliminary study on CAB-LAI PrEP users, this strategy was mostly used by oral PrEP-experienced MSM reporting high-risk sexual behaviors and previous STIs. Adherence issues and oral PrEP-related side effects were the most common reasons for starting CAB-LAI. PrEP with CAB-LAI was very well tolerated with limited ISRs. Participants reported improved adherence, convenience, a heightened sense of protection, and overall satisfaction with CAB-LAI.

Table 1. Characteristics of individuals receiving CAB-LAI for PrEP.

Individuals Characteristics	Overall N=79	Individuals Characteristics	Overall N=79
Age (years)	41.2 [35.0;46.4]	Previous Chlamydia	47 (59.5%)
MSM	78 (98.7%)	Previous Gonorrhea	55 (69.6%)
WSM	1 (1.27%)	Previous Mpox	13 (16.5%)
PrEP-experienced	75 (94.9%)	Previous Syphilis	46 (58.2%)
Daily-based	48 (64.0%)	Chemsex Use	21 (26.6%)
Event-based	27 (36.0%)	Sometimes	7 (8.86%)
DoxyPEP Use	71 (89.9%)	Frequently	2 (2.53%)
Sexual Partners (previous 2 months)	25 (31.6%)	Always	2 (2.53%)
1-5	23 (29.1%)		
6-10	19 (24.1%)		
11-30	12 (15.2%)		
Over 30			

Figure 1. Reasons to start CAB-LAI.

