

Cabotegravir + Rilpivirine long-acting HIV treatment in the clinic and community: baseline findings from the ILANA study - an anti-racist, anti-sexist anti-ageist implementation study

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Background: Real-world Cabotegravir + Rilpivirine long-acting (CAB+RPV LA) HIV treatment studies have predominantly enrolled younger, White men in clinical settings. The ILANA study is the first to assess implementation in the community and explicitly build inclusivity into enrolment targets: $\geq 50\%$ women, $\geq 50\%$ people of colour and $\geq 30\%$ aged ≥ 50 . We report baseline findings.

Methods: ILANA is examining the implementation of CAB+RPV LA in six UK HIV clinics and community settings. Baseline surveys assessed implementation barriers and facilitators, and perceptions and expectations of, and attitudes towards, CAB+RPV LA. Descriptive analyses were conducted.

Results: 114 participants: 53% were cisgender women; 69% were heterosexual; 51% were Black, 30% White; 40% aged 50; 58% were university-educated; 70% were employed; 88% had enough money to cover basic needs all or most of the time. 83% had other medical conditions. The majority (72%) had been diagnosed 10 years and on ART 10 years (61%), respectively. Median CD4 count was 695 (IQR 549-887).

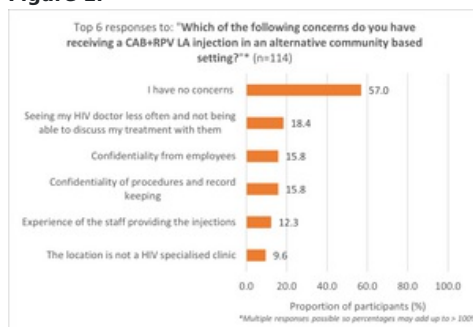
Before switching, 36% had no problems with their tablets. Top three problems were: need to conceal pills (42%), pills are reminders of diagnosis (38%), problems remembering pills (20%).

43% had never experienced HIV-related stigma; of those who always/often experienced stigma, proportions were higher in Black people (74%) and women (58%).

66% said it would be somewhat helpful/helpful/very helpful to receive CAB+RPV LA in community settings.

57% had no concerns about receiving injections in the community. Top three concerns were lack of access to the clinic doctor (19%), and confidentiality of staff (16%) and of procedures/records (16%).

Figure 1.



Conclusions: In this majority Black, majority female cohort, many felt that it would be helpful to receive CAB+RPV LA in the community vs clinic setting. Hesitancy was driven by confidentiality concerns, perceived lack of contact with doctors, and stigma. Reasons for choosing CAB+RPV LA were also driven by stigma.

Ethical research declaration: Yes

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