Patient-Reported Outcomes From People With HIV-1 Receiving Once-Weekly Oral Islatravir in Combination With Lenacapavir: Phase 2 Week 48 Results

eP133

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Conclusions

- Week 48 results from this Phase 2, open-label study (NCT05052996) provide the first patient-reported outcome (PRO) data for participants switching from a once-daily (QD) oral bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF) to a once-weekly (QW) HIV-1 treatment regimen
- At 48 weeks, when compared with a standard-of-care QD B/F/TAF regimen, numerically more participants receiving QW oral islatravir (ISL) plus lenacapavir (LEN) reported:
  - Improved regimen fit into their lifestyle
  - Reduced reminder of HIV status
  - Less worry about taking their pills
- Overall, 65.4% of ISL+LEN participants reported that their prior regimen was more burdensome and a total of 69.2% of participants were more/much more satisfied with QW ISL+LEN than QD regimen
- Perception of health status was similar for participants receiving QW oral ISL+LEN and QD oral B/F/TAF
- A limitation of this Phase 2 study is that the results were descriptive and not statistically powered, and should therefore be interpreted with caution
- QW oral fixed dose combination ISL+LEN is being further evaluated in the ongoing ISLEND-1 (NCT06630286) and ISLEND-2 (NCT06630299) Phase 3 studies

Plain Language Summary

- Islatravir and lenacapavir is an experimental combination of drugs which are taken orally (as pills) once a week to treat HIV. This is different from most HIV treatments, which involve taking pills every day
- These two medicines are being tested together in a study of participants with HIV who had undetectable levels of HIV in their blood (called viral suppression)
  - At 48 weeks, 94.2% of participants in the study receiving weekly islatravir and lenacapavir still had undetectable levels of HIV in their blood
- Participants in the study were asked how they felt about their overall health, how satisfied they were with their treatment, and if they preferred weekly islatravir and lenacapavir over their prior daily HIV treatment
- At 48 weeks, participants taking weekly islatravir and lenacapavir and those taking a daily HIV pill reported having similar feelings about their overall health
- Compared with participants taking the daily HIV treatment, more participants taking weekly islatravir and lenacapavir said they:
  - Had a better treatment fit with their lifestyle
  - Were reminded less of their HIV status
  - Felt less worried about taking their pills
- This may suggest that some people living with HIV prefer weekly treatment over daily treatment

Introduction

- QW oral HIV-1 treatment options may improve treatment satisfaction and adherence among people with HIV (PWH) versus QD antiretrovirals[1]
- ISL is a nucleoside reverse transcriptase translocation inhibitor being investigated as an HIV-1 therapy[2]
- LEN is a first-in-class HIV-1 capsid inhibitor which can be administered subcutaneously every 6 months (after initial loading with oral tablets) and is approved for the treatment of multidrug-resistant HIV-1 infection in heavily treatment-experienced individuals and for HIV-1 prevention[3,4]
- Both ISL and LEN have long half-lives that allow for QW oral dosing[5,6]
- In an ongoing Phase 2 study (NCT05052996), 94.2% of virologically suppressed PWH who switched from standard-of-care QD regimens to QW oral ISL+LEN maintained HIV-1 RNA <50 copies/mL at 48 weeks[7,8]; virologic suppression was maintained at 96 weeks with no emergence of resistance[9]
- PROs provide a direct assessment of the impact of HIV-1 treatment and care on participants' quality of life (QoL)[10]
- PRO data from the ongoing Phase 2 study of QW oral ISL+LEN provide the first indication of treatment satisfaction and QoL associated with a QW oral HIV-1 treatment regimen

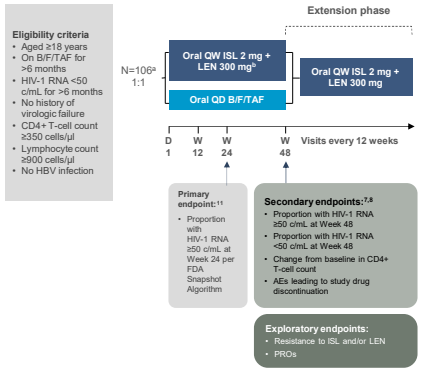
Objective

- To describe Week 48 PROs for participants switching to QW oral ISL+LEN from QD oral B/F/TAF and those continuing on QD oral B/F/TAF in the ongoing Phase 2 study

Methods

- This Phase 2, open-label, randomised, active-controlled study enroled PWH from the US aged 18 years or older who were receiving treatment with B/F/TAF, with HIV-1 RNA <50 copies/mL for at least 6 months, a CD4+ T-cell count ≥350 cells/µL, and lymphocyte count ≥900 cells/µL (**Figure 1**)
  - Participants were randomised to switch to QW oral ISL+LEN or to continue QD oral B/F/TAF

Figure 1. Study Design



[a]Randomised, N=106; dosed, n=104. [b]600 mg of LEN was given on Day 1 and Day 2 for pharmacologic loading.
AE, adverse event; B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; c/mL, copies/mL; D, Day; FDA, Food and Drug Administration; HBV, hepatitis B virus; ISL, islatravir; LEN, lenacapavir; PRO, patient-reported outcome; QD, daily; QW, weekly; W, Week.

- PRO assessments for both ISL+LEN and B/F/TAF treatment groups at baseline through Week 48 included:
  - HIV Treatment Satisfaction Questionnaire-status (HIVTSQs): a 12-item validated PRO instrument designed to measure medication satisfaction[12]
    - A treatment satisfaction total score was calculated as the sum of the responses to the first 11 items on the HIVTSQs form; a higher score denoted greater satisfaction with current regimen
  - HIV Patient Perspective of Regimen (HIV-PP-R) and Regimen Change (HIV-PP-RC): novel, content-valid, 10-item questionnaires assessing perception of current regimen and/or switch to long-acting therapy, depending on treatment group[13]
    - The HIV-PP-R explores participant perceptions of both ISL+LEN and B/F/TAF, and the HIV-PP-RC assesses participant perceptions of the current trial HIV-1 regimen compared with the previous HIV-1 regimen in those who switched to ISL+LEN
    - The HIV-PP-R and HIV-PP-RC measure concepts such as: belief in treatment efficacy, convenience of dosing regimen, preoccupation with medication dosing, fear of medication-related HIV-1 status disclosure, and degree to which regimen serves as a reminder of HIV-1 status
  - EQ-5D-Visual Analogue Scale (EQ-5D-VAS): measures perceived overall health status with a grade ranging from 0 (the worst possible health status) to 100 (the best possible health status)[14]
- Results were summarised using descriptive statistics and were not powered for statistical significance; missing data were not imputed

Results

Baseline characteristics

- Overall, 104 participants were randomised and received treatment (n=52 per group); all were included in the PRO analyses
- Mean (range) age was 44 (26–76) years, 18.3% (n=19) were assigned female at birth, 50.0% (n=52) were non-White, 28.8% (n=30) were of Hispanic or Latine ethnicity, and mean (SD) baseline CD4+ T-cell count was 786 (249.5) cells/µL (**Table 1**)

Table 1. Baseline Characteristics

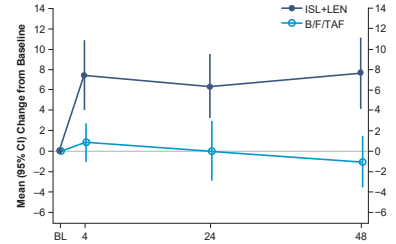
	ISL+LEN (n=52)	B/F/TAF (n=52)
Mean (range) age, years	43 (28–67)	45 (26–76)
Assigned female at birth, n (%)	10 (19.2)	9 (17.3)
Gender identity, n (%)		
Transgender female	1 (1.9)	0
Non-binary/third gender	0	1 (1.9)
Race, n (%)		
White	25 (48.1)	27 (51.9)
Black	21 (40.4)	16 (30.8)
Asian	2 (3.8)	1 (1.9)
American Indian or Alaska Native	1 (1.9)	2 (3.8)
Native Hawaiian or Pacific Islander	0 (0)	1 (1.9)
Other	3 (5.8)	5 (9.6)
Hispanic or Latine ethnicity, n (%)	13 (25.0)	17 (32.7)
Mean (SD) CD4+ T-cell count, cells/µL	755 (223.6)	818 (271.3)

B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; ISL, islatravir; LEN, lenacapavir; SD, standard deviation..

HIVTSQs

- Mean HIVTSQs scores in the ISL+LEN treatment group increased at Week 4 and then remained stable through Week 48; scores in the B/F/TAF treatment group were unchanged from baseline (**Figure 2**)

Figure 2. HIVTSQs: Mean (95% CI) Change from Baseline in Total Score of 11 Items on the HIVTSQs Form (Scores Range From 0–66; Higher Score Denotes Greater Satisfaction with Current Regimen)



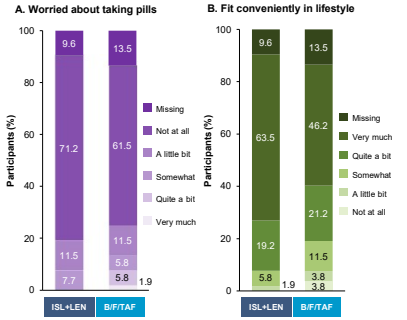
	BL	4	24	48
ISL+LEN (n=):	44	41	39	40
B/F/TAF (n=):	42	40	35	38

B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; BL, baseline; CI, confidence interval; HIVTSQs, HIV Treatment Satisfaction Questionnaire-status. ISL, islatravir; LEN, lenacapavir.

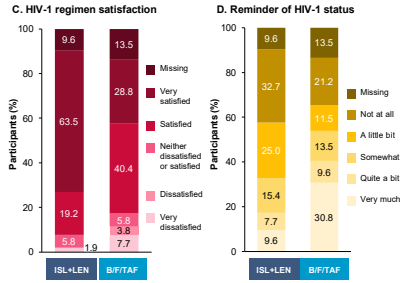
HIV-PP-R

- For HIV-PP-R results at Week 48, more ISL+LEN than B/F/TAF participants reported that:
  - They were worried about taking their pills "not at all" and "a little bit" (82.7% versus 73.0%; **Figure 3A**)
  - The regimen fit conveniently into lifestyle "quite a bit" and "very much" (82.7% versus 67.4%; **Figure 3B**)
  - They were "satisfied" and "very satisfied" with their HIV-1 regimen (82.7% versus 69.2%; **Figure 3C**)
  - The regimen was a reminder of HIV-1 status "not at all" and "a little bit" (57.7% versus 32.7%; **Figure 3D**)

Figure 3. HIV-PP-R Results for Worried About Taking Pills (A), Fit Conveniently in Lifestyle (B), HIV-1 Regimen Satisfaction (C), and Reminder of HIV-1 Status (D)



Percentages may not add up to 100% due to rounding. B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; HIV-PP-R, HIV Patient Perspective of Regimen; ISL, islatravir; LEN, lenacapavir.

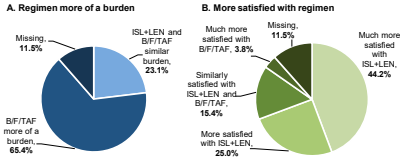


Percentages may not add up to 100% due to rounding. B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; HIV-PP-R, HIV Patient Perspective of Regimen; ISL, islatravir; LEN, lenacapavir.

HIV-PP-RC

- Overall, 65.4% of ISL+LEN participants reported that their prior regimen was more burdensome (**Figure 4A**)
- A total of 69.2% of ISL+LEN participants were more/much more satisfied with current regimen (**Figure 4B**)

Figure 4. HIV-PP-RC Results for ISL+LEN Participants: More Burdensome Regimen (A) and More Satisfied with Regimen (B)

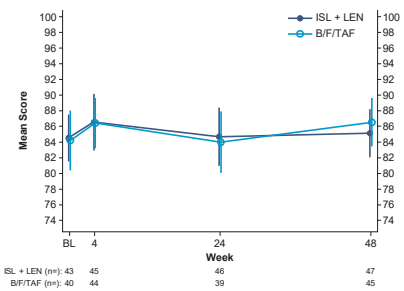


Percentages may not add up to 100% due to rounding. B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; HIV-PP-RC, HIV Patient Perspective of Regimen Change; ISL, islatravir; LEN, lenacapavir.

EQ-5D-VAS

- Mean (SD) baseline EQ-5D-VAS scores were high for ISL+LEN (85 [9.7]) and B/F/TAF (84 [12.0]) (**Figure 5**)
  - Scores remained stable through Week 48 for both ISL+LEN (85 [10.3]) and B/F/TAF (87 [10.0])

Figure 5. EQ-5D-VAS Mean Score (95% CI) by Visit



	BL	4	24	48
ISL + LEN (n=):	43	45	46	47
B/F/TAF (n=):	40	44	39	45

B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; BL, baseline; CI, confidence interval; EQ-5D-VAS, EQ-5D-Visual Analogue Scale; ISL, islatravir; LEN, lenacapavir.

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