Understanding Treatment Experiences with Weekly Oral Islatravir/Lenacapavir in the Phase 3 ISLEND-2 Study: Participant and Provider Interviews

Poster #P056

ISLEND-2

Chloe Orkin[1]*, Peter J. Ruane[2], Ploenchan Chetchotisakd[3], Winai Ratanasuwan[4], Mark O'Reilly[5], Ronald Nahass[6], Maria Lagarde[7], Patricia Echeverria[8], Frank Post[9], Alejandro Areans-Pinto[10], David Baker[5], Ei Kinai[11], Hideta Nakmura[12], Amy Colson[13], Melissa Shaugnessy[14], Keith Dunn[15], James Jarrett[15], Ke Chen[14], Arman Papadakis Sali[15], Devi SenGupta[15], Cyril Llamoso[14], Hadas Dvory-Sobol[15], Onyema Ogbuagu[16], William You[17], Claire Graziani-Taugeron[18]

[1]SHARE Collaborative, Blizard Institute, Queen Mary University of London, London, UK; [2]Ruane Clinical Research, Los Angeles, CA, USA; [3]Srinagarind Hospital, Khon Kaen University, Khon Kaen, Thailand; [4]Mahidol University, Bangkok, Thailand; [5]Taylor Square Private Clinic, Sydney, Australia; [6]IDCare, Hillsborough, NJ, USA; [7]Hospital Universitario 12 de Octubre, Madrid, Spain; [8]Hospital Universitari Germans Trias i Pujol, Badalona, Spain; [9]King's College Hospital NHS Foundation Trust, London, UK; [10]Centre for Clinical Research in Infection, Institute for Global Health, University College London, London, UK; [11]Tokyo Medical University Hospital, Tokyo, Japan; [12]University of Rykyus Graduate School of Medicine, Okinawa, Japan; [13]Cambridge Health Alliance, Cambridge, MA, USA; [14]Merck & Co., Inc., Rahway, NJ, USA; [15]Gilead Sciences, Inc., Foster City, CA, USA; [16]Yale School of Medicine, New Haven, CT, USA; [17]Oracle Life Sciences, Austin, TX, USA; [18]Oracle Life Sciences, Paris, France

*Presenting Author

Copies of this poster obtained through QR (Quick Response) and/or text key codes are for personal use only and may not be reproduced without written permission of the authors.

Conclusions

- Semi-structured interviews with a subset of participants in the ISLEND-2 study suggest that switching to weekly ISL/LEN (islatravir/lenacapavir) had positive effects on quality of life (QoL), treatment convenience, and daily thoughts of HIV status
  - Similar findings were observed in the comprehensive patient-reported outcomes (PROs) from the overall study population [Poster #P057]
- In a subset of healthcare providers (HCPs) also from the ISLEND-2 study, HCPs noted that ISL/LEN would be easy to implement in clinical practice and have an adherence benefit for people with HIV-1 (PWH)
- These results, alongside the PRO findings, support the potential of once-weekly oral ISL/LEN to improve QoL amongst PWH taking daily oral therapy

Plain Language Summary

- Islatravir and lenacapavir are medicines used to treat HIV in combinations with other medicines
- Islatravir/lenacapavir combines both medicines in one tablet. Researchers are studying it as an HIV treatment that people take once a week. Most HIV treatments are taken every day
- Researchers studied once-weekly islatravir/lenacapavir in people whose HIV was well controlled, with very low levels of HIV in their blood. Before the study, they took HIV pills every day
- Researchers interviewed 20 participants about their experience with once-weekly islatravir/lenacapavir. The participants had an average age of 53 years (range, 39–71) and 18 of the 20 participants were male. Researchers also interviewed 10 healthcare professionals
- At Weeks 12 and 48 of the study, most participants said that switching from daily HIV treatment to once-weekly islatravir/lenacapavir had a positive effect on their quality of life. They also said that the weekly treatment was more convenient and gave them fewer daily reminders of living with HIV
- Healthcare professionals also felt that people may be more likely to take a weekly HIV treatment as planned than a daily treatment
- Overall, participants reported positive experiences after switching from daily HIV pills to once-weekly islatravir/lenacapavir

Background

- The single tablet combination of ISL/LEN (a nucleoside reverse transcriptase translocation inhibitor and a capsid inhibitor, respectively) is an investigational once-weekly oral complete regimen for the treatment of HIV-1, and has been evaluated in the ongoing Phase 3 study ISLEND-2 (NCT06630299), a randomised, open-label, non-inferiority study in virologically suppressed participants, comparing once-weekly oral ISL/LEN with daily oral standard-of-care (SOC) for up to 96 weeks[1]
  - At Week 48, once-weekly oral ISL/LEN demonstrated non-inferior efficacy compared with daily oral SOC[1]
  - At Week 48, 78% of participants receiving ISL/LEN reported greater treatment satisfaction with the weekly option relative to prior daily therapy and 64% found ISL/LEN to be less of a burden[1]
  - Comprehensive PROs based on written questionnaires administered during ISLEND-2 are presented in HIV Glasgow 2026 Poster #P057

Objective

- To better understand patient and HCP experiences with once-weekly oral ISL/LEN with a loading dose (initiation dose), we conducted interviews with a subset of participants and investigators in the ISLEND-2 study

Methods

- At baseline, Week 12 and Week 48, we conducted 60-minute, semi-structured interviews with a subset of participants with HIV-1 in the ISL/LEN treatment group and local principal investigators/HCPs participating in the ISLEND-2 study at sites in the US, UK, and Australia
- Each interview contained open-ended questions to which participants and HCPs could provide spontaneous responses
- Interview topics focused on:
  - Participant perspectives on ISL/LEN loading (initiation) and maintenance doses and impact on QoL
  - HCP perspectives on ISL/LEN use
- Three experienced coders coded the transcripts using MAXQDA qualitative analysis software, applying a combined deductive and inductive coding approach
  - Deductive codes were developed from the study objectives and discussion guide; inductive codes were developed from concepts and patterns emerging from participants' accounts
  - Codes were organised into a hierarchical coding system comprising themes and subthemes
  - The analysis aimed to identify distinct themes and subthemes relevant to the study objectives, including unanticipated findings

Results

Participants

- A total of 20 PWH in the ISL/LEN treatment group and 10 HCPs were enrolled in this study and participated in at least the baseline interview (**Table 1**)
  - 20, 17, and 18 study participants were interviewed at baseline, Week 12, and Week 48, respectively
  - 10, 10, and 9 HCPs were interviewed at baseline, Week 12, and Week 48, respectively
  - The same participants and HCPs were invited to participate in interviews at each timepoint, although the number interviewed varied across visits
- Among participants, the median (range) age was 53 (39–71) years, 18/20 (90%) were male, 12/20 (60%) were White, and 12/20 (60%) were from the US

Table 1. Completed Interviews by Country and Timepoint

Country	Baseline	Week 12	Week 48
Participants in the ISL/LEN treatment group (n)			
US	12	10	10
UK	5	4	5
Australia	3	3	3
HCPs (n)			
US	6	6	5
UK	2	2	2
Australia	2	2	2

HCP, healthcare provider; ISL/LEN, islatravir/lenacapavir.

Participant Responses at Baseline

- All 20 PWH entered the clinical study on a daily oral regimen
- Most participants reported a preference for treatment taken less frequently than daily (mentioned by 15/20 [75%]) (**Table 2**)
- Most participants had positive expectations about switching to ISL/LEN (mentioned by 17/20 [85%]) and some participants anticipated that ISL/LEN would be at least the same as their prior treatment in terms of efficacy (mentioned by 10/17 [59%]) and absence of side effects (mentioned by 6/17 [35%])
  - Additionally, some participants expected to feel some kind of relief by taking fewer pills (mentioned by 5/17 [29%])
  - The weekly dosage was the most appreciated treatment feature (mentioned by 13/18 [72%])
- Some participants noted that the ISL/LEN pill was bigger than their prior treatment (mentioned by 4/16 [25%]), and two participants expressed some dislike of the pill size (mentioned by 2/20 [10%])
- No participants reported issues taking the initiation dose

Participant Responses at Weeks 12 and 48

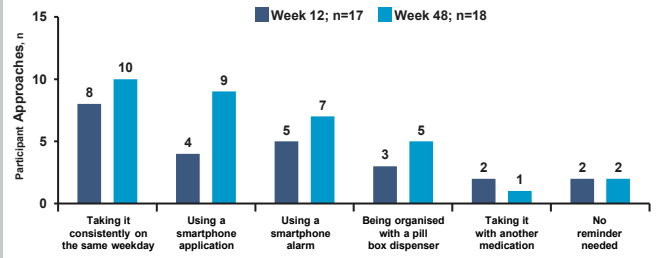
- At both Weeks 12 and 48, participants reported positive experiences taking once-weekly ISL/LEN across multiple domains, as measured by emotional and psychological QoL (mentioned by 12/17 [71%] at Week 12 and 12/18 [67%] at Week 48) (**Table 2**)
  - Some participants reported a reduced daily reminder of their HIV-1 status (mentioned by 4/17 [24%] at Week 12 and 4/18 [22%] at Week 48)
  - The number of participants reporting relief from pill fatigue increased over time (mentioned by 3/17 [18%] at Week 12 and 7/18 [39%] at Week 48)
  - Some participants at both Weeks 12 and 48 also mentioned experiencing improved privacy (mentioned by 3/17 [18%] at Week 12 and 3/18 [17%]at Week 48) and an elevated mood (mentioned by 1/17 [6%] at Week 12 and 3/18 [17%] at Week 48)
- For day-to-day logistics, several participants described easier travel (mentioned by 5/17 [29%] at Week 12 and 3/18 [17%] at Week 48) and flexibility with their work schedule (mentioned by 1/18 [6%] at Week 48) (**Table 2**)
- Physically, a few participants reported being more active, having lost weight, and having more stamina (all mentioned by 3/17 [18%] at Week 12 and 1/18 [6%] at Week 48), as well as an improved quality of sleep (mentioned by 1/17 [6%] at Week 12 and 1/18 [6%] at Week 48) (**Table 2**)
- Participants described various strategies to remain on schedule and maintain adherence to ISL/LEN (**Table 2; Figure 1**)
  - Most participants found it easy or very easy to adhere to the ISL/LEN schedule at both Weeks 12 and 48 (mentioned by 15/17 [88%] at Week 12 and 16/18 [89%] at Week 48)

Table 2. Key Supporting Quotes from Study Participants at Baseline, Week 12, and Week 48

Participants	
Once-weekly treatment	*"I really wanted to be on the new medication because it was just once a week. That was really exciting for me."* *"Taking one pill a week compared to once a day, it's a massive change…"*
Emotional QoL	*"…just for the fact that I'm not negative is a sad reminder for me because I look at my history and how everything came to be.…it reminds me less of my overall status even though my status is good."*
Logistical QoL	*"Like I go on holiday in August. Well then, I have to take with me three tablets, three weeks' worth, which is a really nice thing to do. There's nothing worse than the feeling of having to pack a large amount of pills."* *"Even if I go for night out or whatever with the team or if I'm staying with some of my mates or whatever, I don't have to carry any pills so I don't have to disclose anything."*
Reduced daily reminder	*"In a way, it's reminding me for years that, 'Hey, you've got a condition. Okay, you've got a condition.' But literally now, one pill a week, it's like taking ibuprofen, let's say. So, normal is the perfect word."*
Adherence	*"To make sure that you take it once a week, that's going to be the biggest challenge. For me, right now, it's Tuesdays are my days. I've already made it in my head. Tuesday – every time I hear Tuesday; Tuesday now means for me it's time to take my medication."* *"I have a reminder on my phone so the alarm would go off Tuesday mornings to remind me, but at this point, I've gotten into the habit of just always taking it on Tuesdays in the morning … I've pretty much conditioned myself to take it on time."* *"I put my little pill box together every week, so Monday, Tuesday, Wednesday, I know exactly when I'm going to take it and I know exactly if I, for whatever reason, missed a day, I would know immediately. I have never missed a day. I have a very scheduled regimen."*

QoL, quality of life.

Figure 1. Participant Approaches to Remain on Schedule and Maintain Adherence to ISL/LEN[a]



[a]Some participants responded to more than one approach.
ISL/LEN, islatravir/lenacapavir.

HCP Responses at Weeks 12 and 48

- At both Weeks 12 and 48, all HCPs expressed positive thoughts about ISL/LEN and some observed that PWH liked the weekly dosing schedule (mentioned by 3/10 [30%] at Week 12 and 4/9 [44%] at Week 48) (**Table 3**)
  - Between Weeks 12 and 48, HCP's belief that that once-weekly oral ISL/LEN could positively impact PWH increased across: emotional and mental health (mentioned by 8/10 [80%] at Week 12 and 8/9 [89%] at Week 48); social life and experience of stigma (mentioned by 6/10 [60%] at Week 12 and 6/9 [67%] at Week 48); and ability to travel more easily (mentioned by 4/10 [40%] at Week 12 and 3/9 [33%] at Week 48)
- Most HCPs reported observing no adherence difficulties for ISL/LEN (mentioned by 6/10 [60%] at Week 12 and 5/9 [56%] at Week 48)
- The number of HCPs mentioning that ISL/LEN was well tolerated by their study participants increased over time (mentioned by 1/10 [10%] at Week 12 and 5/9 [56%] at Week 48) (**Table 3**)
- HCPs felt once-weekly oral ISL/LEN would be straightforward to implement in clinical practice (mentioned by 8/10 [80%] at Week 12 and 3/9 [33%] at Week 48), because it would not require additional staff or clinic capacity, though this view was expressed more frequently at Week 12 than Week 48
  - To be able to implement and sustain the once-weekly schedule, one HCP at Week 12 and several HCPs at Week 48 suggested PWH would need help with reminders (mentioned by 1/10 [10%] at Week 12 and 4/9 [44%] at Week 48)

Table 3. Key Supporting Quotes from Study HCPs at Week 12, and Week 48

HCPs	
Logistical QoL	*"They are finding it a much more convenient way of dosing the medication."* *"Especially travelling will be less of a hassle just taking a pill a week."*
Tolerability	"*People are tolerating it very well… People are doing well."* *"They have not developed any side effects."* *"We've had no significant issues with our patients who have been assigned this treatment."*
Adherence	*"They're remembering to take their medications."* *"Almost everybody's got a mobile phone, and… can put up alarms on their mobile phones. Therefore, the concern of what people remember to take the medication at the right time/day I think is manageable."*
Implementation	*"I think we will need something that can be rolled out at scale, I think that's important."* *"I was anticipating that it would be harder. I was surprised at how enthusiastic a lot of people were to go in it. … I thought there would be more hesitancy and concern around weekly dosing than there actually was with participants in the end"*

HCP, healthcare provider; QoL, quality of life.

Limitations

- The sample size is small, and results may not be generalisable
- Experiences may not reflect routine care
- Participants enrolled in the trial may have been more motivated than the broader PWH population and more influenced by trial-related support
- Provider perceptions may not always align with their study participants experience

References
1. Colson AE, et al. *Lancet*. 2026;408(10557):821–832.

Acknowledgments: We extend our thanks to the participants, their families, and all participating investigators. This study was funded by Gilead Sciences, Inc., Foster City, CA, USA, and Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, NJ, USA, and is part of a collaboration between Gilead Sciences, Inc., and Merck Sharp & Dohme LLC, Rahway, NJ, USA. All authors contributed to and approved the presentation. Medical writing support was provided by Rosie Pitfield, PhD, of Ashfield MedComms (Macclesfield, UK), an Inizio company, and was funded by Gilead Sciences, Inc.

Correspondence: Chloe Orkin, c.m.orkin@qmul.ac.uk

Disclosures: **CO:** Gilead Sciences, Inc. (conference/travel support, advisor/consultant and honoraria, grants to institution); MSD (advisor/consultant and honoraria, grants to institution); ViiV (conference/travel support, advisor/consultant and honoraria, grants to institution); GSK (advisor/consultant and honoraria); Bavarian Nordic (conference/travel support, advisor/consultant and honoraria); Governing council member of the International AIDS Society. **PJR:** Gilead Sciences, Inc. (advisor/consultant and honoraria); ViiV (advisor/consultant and honoraria). **PC:** Gilead Science, Inc. (grants). **WR:** Gilead Sciences, Inc. (grants). **MO'R:** Gilead Sciences, Inc. (conference and education support, advisory board attendance, speaker honorarium, industry sponsored clinical trials); ViiV Healthcare (conference and education support, advisory board attendance, speaker honorarium, industry sponsored clinical trials); Pfizer (conference and education support, advisory board attendance, speaker honorarium); Novavax (industry sponsored clinical trials). **RN:** Gilead Sciences, Inc. (grants); Merck (grants); ViiV (grants); GSK (grants); Insmed (grants); IDSA (leadership or fiduciary role). **ML:** Gilead Sciences, Inc., Viiv Healthcare and MSD (honoraria/advisor and conference/travel support). **PE:** No conflicts to declare. **FP:** Gilead Sciences, Inc. (grants and honoraria); ViiV (grants); MSD (grants); Immunocore (grants). **AA-P:** ViiV (advisory and grants); Gilead (grants to institution). **DB:** No conflicts to declare. **EK:** Gilead Sciences, Inc. (advisor/consultant and honoraria); ViiV (advisor/consultant and honoraria); MSD (advisor/consultant and honoraria). **HN:** Gilead Sciences, Inc. (advisor/consultant and honoraria); ViiV (advisor/consultant and honoraria); MSD (advisor and honoraria). **AC:** Gilead Sciences, Inc. (consulting fees and honoraria); ViiV (honoraria); MSD (advisor and honoraria). **MS, KC, and CL:** Merck Sharp & Dohme LLC, a subsidiary of Merck & Co., Inc., Rahway, New Jersey, USA (employees); Merck & Co., Inc., Rahway, New Jersey, USA (shareholders). **KD, JJ, APS, DS, and HD-S:** Gilead Sciences, Inc. (employees and shareholders). **OO:** Gilead Sciences, Inc. (advisor/consultant and honoraria); ViiV (advisor/consultant). **WY and CG-T:** Oracle Life Sciences (employees).