

Geometric mean [95%CI] plasma CAB and RPV Ctau at select visits				
Visit	CAB (mcg/mL)		RPV (ng/mL)	
	ATLAS	FLAIR	ATLAS	FLAIR
Week 4b (after last oral dose)	4.69 [4.47, 4.92]	5.22 [4.88, 5.57]	75.4 [70.8, 80.2]	79.1 [74.1, 84.3]
Week 8 (4 weeks after initial IM dose)	1.23 [1.13, 1.33]	1.56 [1.45, 1.68]	38.6 [36.0, 41.4]	41.2 [38.7, 43.9]
Week 48 (4 weeks after monthly IM dose)	2.84 [2.68, 3.01]	3.13 [2.95, 3.33]	90.3 [84.9, 96.0]	82.4 [77.8, 87.2]

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2496. Qualitative Thematic Analysis of Social Media Data to Assess Perceptions of Daily Oral and Long-Acting Injectable Antiretroviral Treatment among People Living with HIV

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Background. Current HIV treatment options consist of daily oral antiretroviral therapies (ART). A long-acting injectable HIV treatment is in development for monthly or every other month administration. Patient preferences for ART are important to understand and can impact retention in care, adherence and outcomes. The purpose of this study was to obtain and analyze patient perceptions of oral and injectable ART using a novel approach.

Methods. Qualitative thematic analysis was conducted to examine online discussion threads posted by people living with HIV (PLHIV) in POZ Community Forums from 2013 to 2018. Perceptions of ART were analyzed using keywords (e.g., dose, pill, daily, long-acting, injection, monthly, cabotegravir). Relevant threads were extracted, reviewed and coded using qualitative data analysis software (ATLAS.ti.8).

Results. Analyses identified 684 relevant discussion threads including 2,629 coded quotations posted by 568 PLHIV. Oral ART (2,517 quotations) was discussed more frequently than injectable ART (112). Positive statements on oral ART commonly mentioned the small number of pills (278), dose frequency (248), ease of scheduling (154), and ease-of-use (146). PLHIV also noted disadvantages of oral ART including negative emotional impact (179), difficulty with medication access (137), scheduling (131), and treatment adherence (128). Among the PLHIV discussing injectable ART, common positive comments focused on less frequent administration (34), emotional benefits of not taking a daily pill (7), potential benefits for adherence (6), overall convenience (6), and benefits for traveling (6). Some quotations (10) perceived the frequency of injections negatively, and others had negative perceptions of needles (8) or appointments required to receive injections (8).

Conclusion. ART was frequently discussed among PLHIV on this online forum. This innovative approach for obtaining and analyzing unsolicited comments revealed that while many PLHIV expressed positive views about their daily oral regimen, others perceived inconveniences and challenges. Among PLHIV who were aware of a possible long-acting injectable treatment, many viewed this potential new option as a convenient alternative with the potential to improve adherence.

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2497. Women's Perspectives on and Experiences with Long-acting Injectable Antiretroviral Therapy in the United States and Spain: the Potential Role of Gender in Patient Preferences

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Background. Adherence to antiretroviral therapy (ART) to treat HIV remains a critical global health challenge given its relationship with individual health outcomes and population-level transmission. Given barriers associated with oral ART adherence, and considerations of patients' preferences, long-acting injectable (LA) ART (cabotegravir + rilpivirine) is under development and has been shown to be non-inferior to daily oral ART in Phase III trials. While most of the trial participants have been men, as LA ART gets closer to becoming available for routine clinical use, it is critical to understand how this option is perceived by women.

Methods. We conducted in-depth interviews with 67 individuals, 53 people living with HIV (PLHIV) and 14 healthcare providers, in 11 sites in the United States

and Spain participating in Phase III LA ART trials (ATLAS, ATLAS 2-M and FLAIR). Twenty percent (10/53) of trial participants interviewed were women. Interviews explored patient and provider perspectives and experiences with LA ART, and appropriate candidates and recommendations to support use. Interviews were audio-recorded, transcribed and coded using thematic content analysis.

Results. Overall, several salient themes emerged regarding participant's generally positive experiences transitioning from daily oral ART to injectable ART including: the importance of the clinical efficacy of LA ART, the ability to learn to manage injection side-effects over time, and the "freedom" reportedly afforded by LA ART logistically and psychosocially. Women interviewed shared many of the aforementioned positive perceptions of LA ART but also had some unique perspectives. Female participants discussed how LA ART was easier to integrate into their daily lives including managing their multiple roles and responsibilities, which often involved working full-time and taking care of themselves as well as their family and children.

Conclusion. Similar to all participants, female participants had generally positive views of LA ART. However, the gendered nature of their daily lives also led to some unique perspectives on why and how they were satisfied with LA ART that merits further exploration in future research.

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2498. Perceptions of Injectable Antiretrovirals in an Urban HIV Clinic

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Background. Although new injectable antiretrovirals (ARV) for HIV may soon be available, there is little research on patient preferences. We examined perceptions of injectable ARV among persons living with HIV (PLWH).

Methods. This cross-sectional study was conducted among PLWH presenting for an appointment at TempleHealth in Philadelphia, PA between March 11 and April 18, 2019. Respondents completed a self-administered survey comprising 29 questions about socio-demographic data, current ARV, and preferences regarding injectable ARV therapies. Responses were recorded on a 10-point Likert scale, on which responses in the 1–5 range were defined as unlikely and 6–10 range as likely to choose injectable ARV. The primary endpoint was to describe factors associated with likely vs. unlikely uptake of injectable ARV. Responses between groups were compared with Chi-square or Wilcoxon rank-sum tests.

Results. 171 patients completed a survey with a 56% response rate. Demographics were 60% male, 70% African American, 33% LGBQ-identifying, 2% transgender, with a mean age of 48 ± 13 years. Percentages of likely uptake (55%, n = 94) and unlikely uptake (45%, n = 77) were similar. Median likelihood was 7 (IQR 7–10) and varied from likely (10, IQR 8–10) and unlikely (1, IQR 1–5) cohorts. There were no differences in overall likelihood based on current number of pills or pill frequency (P > 0.05). A likelihood trend was found among patients who missed one or more doses per week, however current adherence was not significant (p = 0.06). Likelihood of uptake means increased as the frequency of administration decreased: 1-week (5.7 ± 3.7), 2-week (5.9 ± 3.7), 1-month (7.3 ± 3.5), 2-month (7.3 ± 3.6), and 3-month (7.7 ± 3.4). Likelihood of uptake decreased as duration of a potential injection site reaction increased: 1 day (6.2 ± 3.5), 2–3 days (4.6 ± 3.3), 4–6 days (3.6 ± 3.1), 7 days or longer (3.0 ± 3.2). Respondents preferred their doctor's office (60%) over self-injection (23%), assisted injection at home (11%), pharmacy (4%), or special injection center (2%) for administration setting.

Conclusion. Our study indicates that availability of injectable administration has potential to find acceptance among PLWH.

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2499. Perceptions of and Preferences for Oral or Long-Acting Injectable Antiretroviral Treatment Regimens in the United States and Canada

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Background. Antiretroviral treatment (ART) for patients living with HIV (PLHIV) has improved greatly, however, challenges with daily oral dosing remain. New ART options with reduced dosing frequency and innovative delivery methods may help address these challenges. This study assesses patient and physician satisfaction with current treatments and preferences for switching to a monthly or every other month long-acting injectable (LAI) ART.

Methods. This is a cross-sectional online survey of PLHIV and physicians treating PLHIV in United States and Canada. A literature review, clinical expert input, and qualitative and quantitative pilots informed survey design. Eligible PLHIV were on ART for ≥ 6 months and virally suppressed (self-reported). Survey questions for patients evaluate satisfaction and adherence to current ART. Treatment preferences are assessed using a discrete choice experiment (DCE), where respondents choose between