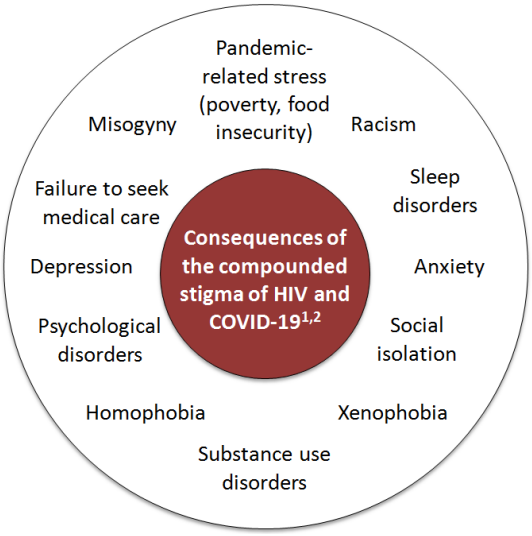
MAKING STRIDES IN HIV:
OPTIMIZING TREATMENT SELECTIONS AND SWITCH STRATEGIES

CLINICAL INSIGHTS

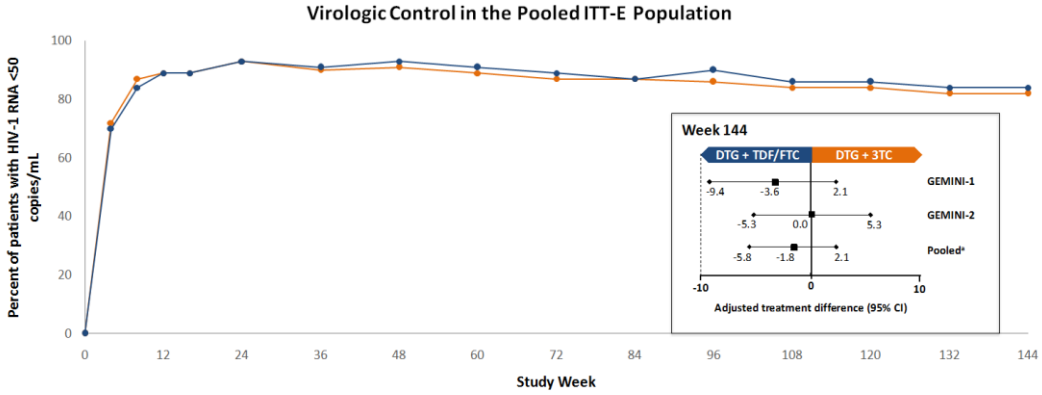
HIV in the COVID-19 Pandemic

Prior to the COVID-19 pandemic, the number of new diagnoses of human immunodeficiency virus (HIV) infection per year was decreasing in the United States for most persons at risk. However, decreased screening rates, reduced access to syringe service programs, and lapses in pre-exposure prophylaxis (PrEP) use may have disrupted these trends. The COVID-19 pandemic has exacerbated existing health inequalities among persons living with HIV infection (PLWH), and the compounded stigma of HIV and COVID-19 positivity in these individuals may contribute to significant mental health distress and failure to seek care.



Oral 2DR ART Overview

Although initially met with skepticism, emerging evidence suggests that oral 2-drug regimens (2DR) represent a safe and effective antiretroviral therapy (ART) option. The emerging evidence includes a variety of clinical trials

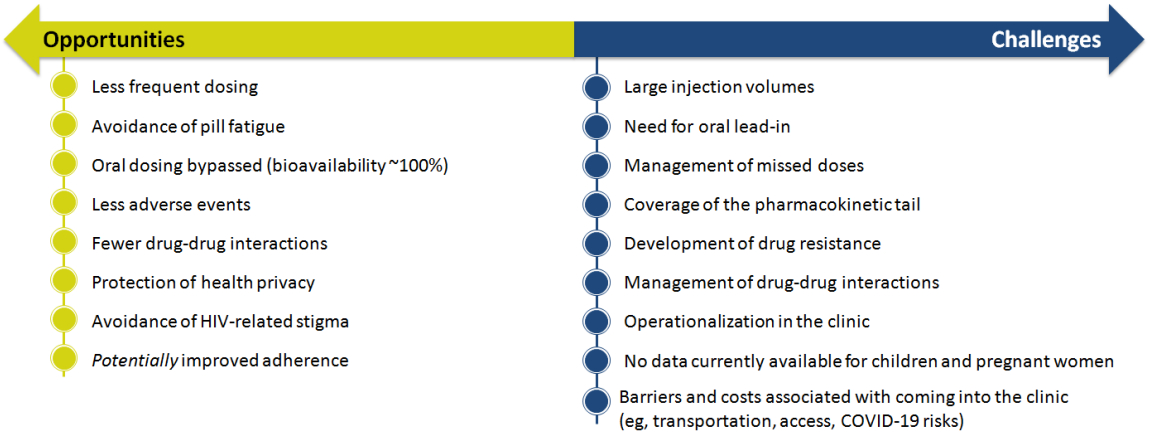


comparing oral 2DR with standard 3DR ART regimens in both treatment-naïve and treatment-experienced PLWH. One of the most prominent trials was the GEMINI trial, which examined the use of oral dolutegravir in combination with lamivudine (DTG + 3TC) in treatment-naïve PLWH. Through 144 weeks of treatment, oral DTG +

3TC was noninferior to standard 3DR ART [DTG + tenofovir disoproxil fumarate/emtricitabine (TDF/FTC)], and virologic withdrawal was uncommon. Similar results have been observed with DTG + 3TC and other 2DRs in virologically suppressed PLWH as well in the TANGO, SALSA, and SWORD-1 and -2 trials.

Long-acting Injectable ART Overview

In January 2021, cabotegravir plus rilpivirine (CAB + RPV) became the first long-acting injectable ART approved for virologically suppressed PLWH. Clinical trial evidence from the ATLAS and ATLAS-2M trials demonstrated that long-acting injectable CAB + RPV, dosed every 4 or 8 weeks, maintains virologic suppression and is noninferior to standard oral ART. Moreover, results from the FLAIR trial demonstrate that long-acting injectable ART can improve the quality of life of PLWH. Long-acting injectables offer a variety of clinical opportunities, including avoidance of pill fatigue and protection of health privacy, but a number of challenges exist as well. While long-acting injectable therapy may help improve adherence by eliminating the need for daily pills, poor adherence may cause prolonged periods of subtherapeutic drug levels and could lead to the development of resistance. Logistical challenges such as operationalization of the clinic and access barriers also complicate the use of long-acting injectable therapies.



Optimizing Outcomes Overview

Most PLWH are interested in being involved in decision making related to their care but are unsure how to discuss their concerns with their provider. Selection of patient-centered ART can support retention in care, which is associated with improved outcomes for PLWH. A shared decision-making approach to treatment is needed to ensure both patient and provider concerns are adequately addressed. Shared decision-making includes patient education, open discussion, and constructive, nonjudgmental assessments of adherence. For many PLWH, optimizing outcomes may also require addressing disparities related to access, which may require connection with additional support services.

Key Elements of Shared Decision Making

Situation diagnosis	Patient's problem is clearly described
Choice awareness	Clear acknowledgement that there is more than one logical way to address or change the situation and that the patient's input matters in deciding how to proceed
Option clarification	Available options are explicitly listed and described
Harms and benefits discussion	Pros and cons of the available options are clearly explained
Patient preferences deliberation	Patient preferences are explicitly elicited, and discussion is intentionally initiated
Making the decision	Patient is invited to make or defer a decision