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Pósteres temáticos

XIV Congreso Nacional GeSIDA

Coruña, 26-29 de noviembre de 2023

Sesión De Pósteres Temáticos 1
Complicaciones metábolicas
27 de noviembre - 14:00-14:30h

PT-01. BASELINE FACTORS ASSOCIATED WITH INSULIN RESISTANCE IN VIROLOGICALLY SUPPRESSED PEOPLE WITH HIV PARTICIPATING IN THE PASO-DOBLE (GESIDA 11720) RANDOMIZED CLINICAL TRIAL

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Introduction: We assessed baseline factors associated with insulin resistance (IR) in virologically suppressed PWH in PASO-DOBLE trial (ClinicalTrials.gov NCT04884139).
Methods: Stable PWH ≥ 18 years with HIV RNA < 50 copies/mL ≥ 24 weeks, receiving any antiretroviral therapy (ART) > 1 pill/day or 1 pill/day including cobicistat-boosting, efavirenz, or TDF and no prior experience of bictegravir or dolutegravir were included in PASO-DOBLE trial. PWH with antidiabetic drugs were excluded from HOMA-IR risk factor analysis. According to Spanish population data (Gayoso-Diz *et al.* BMC Endocrine Disorders 2013), IR was defined by HOMA-IR > 2; a sensitivity analysis using HOMA-IR > percentile 75% was also performed. Demographic, HIV and ART characteristics, smoking and alcohol consumption, vital signs, fasting chemistry and blood cells, diet quality and energy expenditure estimations, and HIV Symptom Index, Hospital Anxiety and Depression Scale (HADS), and Pittsburg sleep quality index (PSQI) tests were evaluated through multivariate logistic regression analyses.
Results: Among 554 PWH randomized, 531 (96%) had HOMA-IR available. Median (IQR) data (n = 531) were: age 50 (40-57.3) years; weight 72.6 (63.0-82.3) kg; BMI 25.1 (22.2-28.2) kg/m^2; BP systolic 124 (113-136) and diastolic 77 (70-85) mmHg; resting heart rate 74 (66-83) beats/minute; years on ART 11.4 (6.9-19.5); months with virological suppression 101 (42-166); 692 (490-886) CD4/mm^3; CD4/CD8 ratio 1.1 (0.8-1.4); estimated total energy expenditure 1,634.6 (664.0-3,084.2) calories/day. Scores were: HADS anxiety 5 (2-7) and depression 3 (1-5); total HIV symptoms index 11 (4-20); and PSQI 5 (3-8). There were 143 (26.9%) women at birth; 384 (72.3%) Caucasian; 462 (87%) with an at least partially adequate diet, and 228 (42.9%) or 254 (47.8%) consuming tobacco or alcohol, respectively. ART was as follows: 1) first NRTI: ABC 106 (20.0%), TDF 190 (35.8%), TAF 145 (27.3%), none 90 (16.9%); 2) second NRTI: 3TC 130 (24.5%), FTC 354 (66.7%), none 47 (8.9%); and 3) anchor drug: NNRTI 269 (50.7%), PI 167 (31.55), INSTI 89 (16.8%), none 6 (1.1%). 302 (56.9%) PWH had HOMA-IR > 2, and 132 (24.9%) HOMA-IR > 3.8 (percentile 75%). 15 (3%) PWH on antidiabetic drugs were excluded from HOMA-IR multivariate analysis. Independent factors for HOMA-IR > 2 (OR, 95%CI) (n = 516) were: age (per unit) 1.028 (1.005-1.051), BMI (per unit) 1.124 (1.069-1.182), resting heart rate (per unit) 1.021 (1.004-1.039), triglycerides (per unit) 1.012 (1.008-1.016), years on ART 1.057 (1.021-1.095) and TAF-based ART 1.629 (1.017-2.611).
Conclusions: General (age, BMI, resting heart rate, and triglycerides), and ART (years on ART, and TAF-based ART) factors were independently associated with IR in this population.

PT-02. GLOBAL DNA METHYLATION AND TELOMERE LENGTH AS MARKERS OF ACCELERATED AGING IN PEOPLE LIVING WITH HIV AND NON-ALCOHOLIC FATTY LIVER DISEASE

Elena Moreno del Olmo[1], Javier Marínez-Sanz[1], Rosa Martín-Mateos[2], Jorge Díaz-Álvarez[1], Sergio Serrano-Villar[1], Diego Burgos-Santamaría[3], Laura Luna[1], María Jesús Vivancos[1],

Ana Moreno-Zamora[1], María Jesús Pérez-Elías[1], Fernando Dronda[1], Santiago Moreno[2], María Luisa Montes[4] and Matilde Sánchez-Conde[1]

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Introduction and objectives: Metabolic-dysfunction-associated fatty liver disease (MAFLD) is a comorbidity that generally increases in people living with HIV (PLWH). Persistent inflammation and premature immune system aging usually accompany this condition. In this prospective cohort study, we describe a straightforward methodology for quantifying biomarkers of aging, such as DNA methylation and telomere length, in PLWH and in the context of another relevant condition, such as MAFLD.
Methods: Fifty-seven samples in total, thirty-eight from PLWH and nineteen from non-PLWH participants with or without MAFLD, were obtained and subjected to DNA extraction from peripheral blood mononuclear cells (PBMCs). Global DNA methylation and telomere length quantification were performed using an adapted enzyme-linked immunosorbent assay (ELISA) and qPCR as previously described, respectively.
Results: The quantification results were analysed and corrected by clinically relevant variables in this context, such as age, sex, and metabolic syndrome. Our results show an increased association of these biomarkers in PLWH regardless of their MAFLD status and a positive correlation between global DNA methylation and telomere length independently of the clinical variables.
Conclusions: An increase of global DNA methylation and telomere length might point to an effect in the age acceleration process in PLWH and MAFLD populations. We propose including the quantification of these age-related factors in studies of comorbidities. This will allow a better understanding of the effect of comorbidities of HIV infection and MAFLD and prevent their effects in these populations in the future.

PT-03. PROGRESIÓN DE LA ATEROSCLEROSIS SUBCLÍNICA Y CAMBIOS EN EL PESO CORPORAL EN PERSONAS CON VIH: ESTUDIO LONGITUDINAL EN LA ERA DE LAS INTEGRASAS

Javier García-Abellán[1], Marta Fernández-González[1], Jose A. García[2], Sergio Padilla[2], Ángela Botella[3], Paula Mascarell[3], Leandro López[3], Christian Ledesma[3], Félix Gutiérrez[2] y Mar Masiá[2]

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Objetivos: El aumento de peso es uno de los efectos adversos del TAR, especialmente observado con algunos regímenes. El objetivo del estudio fue evaluar la influencia de los cambios en el peso en la progresión de la arteriosclerosis medida con el grosor íntima-media carotídeo (GIMc) en personas con VIH (PCVIH).
Métodos: Estudio longitudinal de dos años de seguimiento en una cohorte de PCVIH virológicamente suprimidas con una pauta antirretroviral estable (TAR) basada en inhibidores de la integrasa (INSTI) o no análogos de nucleósidos (ITINN), sin antecedentes de enfermedad cardiovascular ni uso de inhibidores de proteasa. Se evaluó la aterosclerosis subclínica basal, a las 48 y 96 semanas con ecografía del GIMc en 6 puntos (GIMc-6). Se definió como progresión de aterosclerosis el incremento mayor de un 10% del GIMc-6 y/o la aparición de nuevas placas (GIMc > 1,5 mm). Como variables predictoras se incluyeron los cambios en el peso corporal, los factores tradicionales de riesgo cardiovascular y los factores asociados a la infección VIH.
Resultados: Se incluyeron 202 pacientes, de los cuales 190 y 173 completaron el seguimiento a uno y dos años, respectivamente. Un 65% y 54% seguían un régimen basado en ITINN o INSTI, respectivamente. A las 96 semanas, 87 (45,5%) pacientes mostraron un incremento igual o mayor del 10% en el GIMc-6 (grupo progresores), de los que en 54 (26,7%) apareció una nueva placa carotídea. La mediana (IQR) del cambio de peso en este periodo fue de 1 (-1,5 - 4,5) Kg. No hubo diferencias significativas en el aumento de peso entre los pacientes con/sin progresión del GIMc ni entre los tratados con regímenes basados en INSTI vs. NNRTI. La progresión del GIMc se asoció en el análisis univariante con los factores de riesgo cardiovascular tradicionales, las escalas de Framingham y ASCVD, y con mayor frecuencia de *blips*, menor % de CD4, mayor tiempo de evolución de la infección y un inicio tardío de TAR. El análisis multivariante mostró que la edad, el colesterol HDL y la tensión arterial sistólica se asociaron con progresión del GIMc, pero no el incremento de peso ni el régimen antirretroviral. En un análisis de sensibilidad en que el cambio de GIMc se analizó como variable continua, tampoco se encontró asociación con el cambio de peso o el TAR.
Conclusiones: La progresión del GIMc se asocia con factores de riesgo tradicionales, pero no con el cambio de peso ni la pauta antirretroviral empleada.

PT-04. ASSOCIATION OF SUBCLINICAL ATHEROSCLEROSIS AND BIOMARKERS WITH NON-AIDS DEFINING EVENTS IN A CONTEMPORARY COHORT OF PEOPLE LIVING WITH HIV

Maria Saumoy[1], Juan Tiraboschi[1], Judit Peñafiel[1], José Luis Sánchez-Quesada[2], Benito García[1], Irene Soriano[1], Daniel Podzamczer[3] and Arkaitz Imaz[1]

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Objectives: to determine the association of subclinical atherosclerosis and inflammatory biomarkers with non-AIDS defining events including cancer, cardiovascular (CV) disease and all-cause of death, in people living with HIV (PLWH).
Methods: prospective observational cohort study. PLWH aged between 30-70 years, with undetectable HIV viral load and with no history of CV disease attended in the Bellvitge University Hospital, were enrolled in the cohort between March of 2014 and June 2016. At baseline, a carotid ultrasound (subclincal atherosclerosis: carotid plaque and/or common carotid intima-media thickness> 75th percentile of a reference population) and plasma biomarkers (hs-CRP, SCD163, sCD14, D-dimer, Interleukin-6, s-VCAM and Lp-PLA2 activity) were assessed. Patients were followed as in routine clinical practice with a visit every 4-6 months, and all non-AIDS events were recorded until November 2022. The endpoints were: non-AIDS cancer, cardiovascular events (acute myocardial infarction, coronary disease needing invasive procedures, stroke and peripheral vascular disease) and all-cause of death. Statistical analyses: cumulative incidence was analyzed for each endpoint. A multivariate Cox regression model adjusted by age and CD4/CD8 ratio was used. Effects were quantified by hazard ratio.
Results: 438 participants were included in the cohort, 81.1% were men with a mean (SD) age of 50.4 (10.1), median (IQR) years of ART of 15.5 (8.7;19.7). Current ART: NNRTI 63.9%; PI 29.5% and InSTI 21.9%. The median follow-up time was 6.72 [6.02;7.36] years. 28 participants had a vital status unknown at the end of the study. We registered 39 non-AIDS cancer, 21 CV events and 36 deaths (18 related to cancer). The cumulative incidence (confidence interval) of cancer, CV events, and death was 10% (7-14%), 6% (3-9%) and 10% (7-13%), respectively. Risk of non-AIDS cancer was associated with higher levels of sCD163 (HR 1.2 [95%CI 1.06;1.35]). Risk of CV events were associated with higher levels of log hs-CRP (HR 1.64 [95%CI 1.08;2.51]) and subclinical atherosclerosis (HR 4.7 [95%CI 1.35;16.32]). Risk of

all-causes of death were associated with higher levels of sCD163 (HR 1.22 [95%CI 1.09;1.38]), log D-dimer (HR 1.57 [95%CI 1.06;2.34]) and logVCAM (HR 2.5 [95%CI 1.11;5.65]). In the analysis of all non-AIDS events, sCD163 (HR 1.14 [95%CI 1.03;1.26]) and subclinical atherosclerosis (HR 1.78 [95%CI 1;3.17]) were associated with an increased risk.
Conclusions: Our study reinforces the role of persistent inflammation, immune activation and coagulation in non-AIDS defining events in PLWH with prolonged use of ART and virological control. Subclinical atherosclerosis predicts CV events.

SESIÓN DE PÓSTERES TEMÁTICOS 2
Tratamiento de cáncer en personas con VIH
27 de noviembre - 14:30-15:00h

PT-05. ACD4 CAR-T CELLS PRODUCE AN *IN VITRO* EFFECTIVE CYTOTOXIC EFFECT AGAINST CD4⁺ T CELLS

Gerard Campos-González[1], Nestor Tirado[2], Javier Martínez-Picado[1], Talia Velasco-Hernandez[2] and Maria Salgado[1]

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Introduction: Chimeric Antigen Receptor (CAR) technology has become a well-established therapy for many types of leukaemia. In recent decades, efforts have been made to demonstrate that CAR-T cells have therapeutic potential to achieve a sterilizing cure for human immunodeficiency virus (HIV). In a new approach to tackle this issue, we have designed, developed, and validated a CAR targeting CD4, the main receptor for the HIV envelope with the hypothesis that eliminating all CD4⁺ cells would truly avoid any possibility of viral rebound.
Methods: We designed a second-generation CAR construct containing the sequence of a single-chain variable fragment (scFv) against CD4 obtained from αCD4 antibody ibalizumab (Reimann *et al.* 1997) followed by a CD8 transmembrane domain, co-stimulation domain 4-1BB and intracellular domain CD3ξ. We infected isolated CD8⁺ T cells from healthy donors with lentiviral particles containing the CAR and a mock construct as a negative control to produce αCD4 CAR-T cells. We co-cultured them at different effector:target (E:T) ratios (from 1:8 to 1:1) with target autologous CD4⁺ T cells. We evaluated the cytotoxicity produced *in vitro* by αCD4 CAR-T cells at 24 and 48 hours, measuring the percentage of CD4⁺ target cells through flow cytometry.
Results: We successfully generated CAR-T cells expressing αCD4 specific extracellular domain validated through flow cytometry. From all the lentiviral infected cells, 94.7% expressed the αCD4 extracellular domain. αCD4 CAR-T cells produced a significant cytotoxic effect towards CD4⁺ T cells in comparison to mock transduced CAR-T cells. At 24h, αCD4 CAR-T cells effectively killed CD4⁺ T cells eliminating 71.2% (SD = 23.6) of CD4⁺ T cells at 1:1 ratio and killing 8.8% (SD = 7.7) of CD4⁺ T cells at 1:8 ratio. After 48h, αCD4 CAR-T cells had produced a higher cytotoxic effect against CD4⁺ T cells eliminating 95.5% (SD = 5.0) of CD4 T⁺ cells at 1:1 ratio and killing 38.9% (SD = 25.5) of CD4⁺ T cells at 1:8 ratio compared to mock transduced CAR-T cells.
Conclusions: αCD4 CAR-T cells specifically eliminate healthy donor CD4⁺ T cells *in vitro*. This tool could facilitate HIV remission strategies based on full depletion of CD4⁺ cells containing latent proviruses prior to potential autologous hematopoietic stem cell transplantation.

PT-06. EVOLUTION OF THE IMMUNE RESPONSE AND THE PROVIRAL RESERVOIR IN PWH ON ANTICANCER TREATMENT

Laura Pérez-Blázquez[1], Eulalia Valencia[2], Luz Martín-Carbonero[2], Clara Sánchez-Menéndez[1], Elena Mateos[1], Juan Cantón[3], Mario Manzanares[1], Guiomar Casado-Fernández[1], Miguel Cervero[3], Esther San José[4], Montserrat Torres[1] and Mayte Coiras[1]

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Introduction and objectives: HIV-1 reservoir is highly stable and ART cannot eliminate it. Anticancer immunomodulatory treatments are potential strategies to influence on the reservoir and the antiviral response. Our objective was to evaluate the impact of anticancer treatment on HIV-1 reservoir in people with HIV (PLWH).
Methods: 11 PWH diagnosed with cancer (PWHC) were recruited for this longitudinal study and followed-up for 6 months. 5 PWH without cancer were recruited as controls. Blood samples were collected before starting anticancer treatment and 3 and 6 months after starting treatment. HIV-1 reservoir size was measured with Alu-PCR and nested ddPCR. Proviral reactivation (p24-Gag) and pSAMHD1 were analyzed in isolated CD4 cells. Release of IFNγ, TNFα, and Granzyme B (GZB) was determined in response to HIV-1 peptide pool. Statistical analyses were performed with one-sample Wilcoxon test (within groups) and Mann-Whitney test (between groups).
Results: 1) Most participants were male (82% PWHC; 80% controls). Median age was 60 (IQR 52-65) and 40 years old (IQR 37-61) in PWHC and controls, respectively. Time of HIV-1 infection was 25 (IQR 3-31) and 15 years (IQR 6-31). CD4 and CD8 count was 453 (IQR 265-801) and 719 cells/μL (IQR 561-993) in PWHC, and 1174 (IQR 607-1,426) and 967 cells/μL (IQR 659-1,176) in controls. CD4/CD8 was 0.7 (IQR 0.4-1.2) and 1.1 (IQR 0.8-1.5) and nadir CD4 was 95 (IQR 51-221) and 420 (IQR 252-555), respectively. All participants received standard ART and showed undetectable viral load. Most common cancers were carcinoma (36%) and Hodgkin lymphoma (27%). Anticancer treatment was immunomodulatory (63%) and chemotherapy (37%). 2) Although no significant changes were observed in HIV-1 reservoir size due to anticancer treatment, pSAMHD1 and proviral reactivation were increased in CD4 isolated from PWHC, mostly in central memory and TEMRA subpopulations ($p < 0.0001$). 3) PWHC showed higher levels of CD3+ cells due to increased CD8 with higher capacity to release IFNγ ($p = 0.0019$), TNFα ($p = 0.038$), and GZB. Despite CD4 cytopenia, the production of IFNγ and TNFα ($p = 0.0275$) was also enhanced in these cells. 4) Levels of NK cells with higher capacity to produce IFNγ than controls ($p = 0.0273$) were increased in PWHC. NKT-like cells released more IFNγ ($p = 0.0015$) and GZB ($p = 0.0007$).
Conclusions: Short-term anticancer treatment induced higher capacity for proviral reactivation in the absence of detectable viremia due to ART and stimulated antiviral responses despite low CD4/CD8. Both events may eventually affect the reservoir size. More studies are needed to determine long-term effects of anticancer treatments on HIV-1 reservoir.

PT-07. REDUCTION OF HIV-1 INTEGRATED PROVIRAL RESERVOIR IN PLWH TREATED WITH DASATINIB AND ART: TWO CASE REPORTS

Mario Manzanares[1], Guiomar Casado-Fernández[1], Montserrat Torres[1], Elena Mateos[1], Christoph Wyen[2], Christian Hoffman[3] and Mayte Coiras[1]

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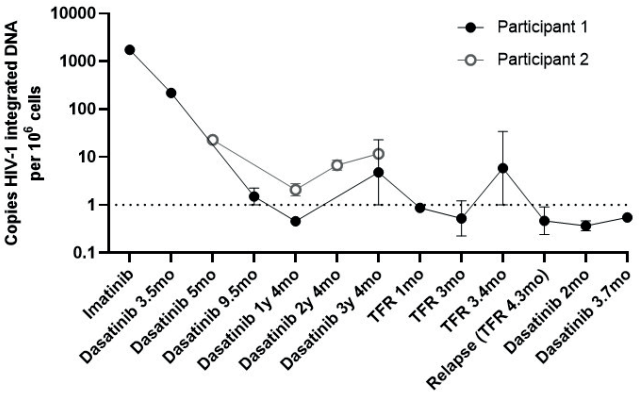
Introduction and objectives: Two PLWH with chronic myeloid leukemia (CML) on treatment with antiretrovirals (ART) and dasatinib

were followed-up 4 years to evaluate the effect of lengthy treatment with dasatinib on HIV-1 reservoir.

Methods: Two Caucasian males with HIV-1 infection and CML were recruited. Blood samples were drawn periodically since 2019. Integrated provirus was measured in PBMCs by Alu-PCR and nested ddPCR. Provirus reactivation was measured by flow cytometry in CD4.

Results: First participant: 1) 50 years-old male diagnosed with HIV-1 infection 17 years ago and CML 13 years ago. He was on BIC/FTC/TAF at the beginning of the study in 2019 and changed to DOL/3TC 3 years ago due to gain weight. He was on imatinib for 9 years and changed to dasatinib due to fatigue and polyneuropathy. He maintained CML molecular response 4.0 (BCR:ABL1/ABL1 ≤ 0.01%) for 3 years 4 months with dasatinib, and during 4.3 months after dasatinib discontinuation. He relapsed of CML and reintroduced dasatinib, which rapidly controlled CML. Main adverse events with dasatinib were fatigue and eczema. HIV-RNA in plasma was undetectable. Median CD4 and CD8 count were 1,014 cells/µL (IQR 733-1,236) and 639 cells/µL (IQR 442-824), respectively. Median CD4/CD8 was 1.6 (IQR 1.1-1.7). 2) Median log10 PBMCs HIV-1 DNA copies/10^6 cells was 3.24 during treatment with imatinib. Copies decreased to 2.34 after 3.5 months of dasatinib and to 0.35 (IQR -0.3 to 1.4) from 9.5 months of treatment onwards. After dasatinib discontinuation, proviral DNA was -0.2 (IQR -0.3 to 0.5) during treatment-free remission (TFR). After CML relapse and dasatinib reintroduction median log was -0.35 after 3.7 months of treatment. Second participant: 1) 62 years-old male diagnosed with HIV-1 infection 25 years ago and with CML 4 years ago was on ART with AZT/RPV/TDF at CML diagnosis. He initiated BIC/FTC/TAF to avoid interactions with dasatinib as first line. He showed CML molecular response 3.0 (BCR:ABL1/ABL1 ≤ 0.1%) and undetectable viral load. Median CD4 and CD8 count were 812 cells/µL (IQR 787-1,309) and 3251 cells/µL (IQR 2,231-3,909), respectively. Median CD4/CD8 was 0.3 (IQR 0.2-0.4). 2) Log10 PBMCs HIV-1 DNA copies/10^6 cells was 1.32 after 5 months of dasatinib and 0.88 (IQR 0.3 to 1.0) since 1 year 4 months onwards. No detectable viral reactivation from isolated CD4 was observed in any participant during treatment with dasatinib.

Figure 1. Analysis by ddPCR of changes in HIV-1 reservoir size in two PLWH on ART and dasatinib.



Conclusions: Periodical treatment of PLWH on ART with dasatinib may be a strategy to progressively reduce HIV-1 reservoir size and control proviral reactivation.

PT-08. CHANGES IN THE CYTOTOXIC CAPACITY AGAINST HIV-1-INFECTED CELLS INDUCED BY TREATMENT WITH TYROSINE KINASE INHIBITORS IN PEOPLE WITH HIV ON ART

Clara Sánchez Menéndez[1], Guiomar Casado Fernández[1], Lorena Vigón[1], Mario Manzanares[1], Elena Mateos[1], Juan Ambrosioni[2], Antonio Navarro[3], Vicente Estrada[4], Miguel Cervero[5], Valle Gómez[6], Christoph Wyen[7], Christian Hoffmann[8], Montserrat Torres[1], Verónica Briz[9], Vicente Planelles[10] and Mayte Coiras[11]

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Objectives: We evaluated if PWH with chronic myeloid leukemia (CML) on antiretrovirals (ART) and tyrosine kinase inhibitors (TKI) had cell populations with high antiviral capacity that may explain the reduced reservoir size observed in these individuals.

Methods: Blood samples were obtained from 6 PWH with CML on ART and TKI (n = 3 imatinib; n = 3 dasatinib) and 18 PWH on ART recruited as controls. Cell immunophenotyping was performed by flow cytometry. Cytotoxic activity was determined using NK-specific target cells K562 and HIV-1-infected TZM-bl. Cytokine release was measured after stimulation with HIV-1 peptide pool. Statistical analysis was performed with Mann-Whitney or unpaired t-test.

Results: 1) Most participants were male (100% PWH on ART+TKI and 73% of controls). Median age was 53 (IQR 42-51) and 54 years old (IQR 47-62), respectively. Age at HIV+ diagnosis was 39 (IQR 32-45) and 31 years old (IQR 25-36); age at CML diagnosis was 47 years old (42-63). Time with HIV-1 infection was 22 (IQR 15-30) and 23 years (15-30). Nadir CD4 and CD4 count was 97 (IQR 63-382) and 370 cells/µL (186-843) in PWH on ART+TKI and 292 (IQR 176-385) and 983 cells/µL (IQR 798-1,174) in controls. CD4/CD8 was 0.6 (IQR 0.3-1.5) and 1.0 (IQR 0.7-1.5), respectively. PWH on ART+TKI showed CML molecular response of 5.0 log (IQR 4.1-5.1) and they were on imatinib or dasatinib for median 3.3 years (IQR 1.7-9.6). All participants were on standard ART. 2) PBMCs from PWH on ART+TKI showed higher cytotoxicity against NK-specific ($p = 0.0050$) and HIV-1-infected target cells ($p = 0.0205$) than controls. 3) PWH on ART+TKI had higher levels of NK cells ($p = 0.0179$) with higher expression of maturation/memory marker CD57. 4) PWH on ART+TKI showed increased levels of CD8 ($p = 0.0325$) with higher degranulation capacity (CD107a+; $p = 0.0084$) and increased release of GZB ($p = 0.0002$). No changes were observed in the release of IFNγ. 5) CD8 from PWH on ART+TKI released lower levels of TNFα ($p = 0.0469$), which is essential in HIV-1-associated chronic inflammation. 6) No differences were found in the expression of immunosenescence/exhaustion markers in CD4 and CD8 except for KLRG1 that was increased in PWH on ART+TKI ($p = 0.0176$ and $p < 0.0001$, respectively).

Conclusions: PWH on ART+TKI show low HIV-1 reservoir size, which may be partly related to higher levels of cytotoxic cells with antiviral activity. These cell populations may have been stimulated by the presence of cancerous cells, so these results have to be confirmed in clinical trials with PWH without CML.

SESIÓN DE PÓSTERES TEMÁTICOS 3
Calidad de vida - 28 de noviembre
14:00-14:30h

PT-09. MANIFESTATIONS OF STIGMA SUFFERED BY PEOPLE LIVING WITH HIV IN SPAIN

Carlos Prats-Silvestre[1], Carlos Iniesta[1], Ana Koerting[2], Julia del Amo[2] and María José Fuster-Ruizdeapodaca[1]

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Objectives: HIV-related stigma is a critical determinant in the quality of life of people living with HIV (PLHIV), and addressing it is a priority of the Social Pact for Non-Discrimination and Equal Treatment associated with HIV, promoted by the Spanish Ministry of Health. This study aimed to describe the manifestations of stigma experienced by PLHIV in Spain.
Methods: A cross-sectional study was conducted in eight Spanish regions with the collaboration of 14 NGOs and 14 hospitals. An adapted version of the HIV Stigma Index version 2.0 was administered to 500 PLHIV to measure their experience of stigma. This tool measures diverse stigma manifestations.
Results: The most prevalent stigma manifestation was anticipated stigma, with high levels of concern about rejection by a sexual partner (66.1%) and the possibility of losing a job or being treated differently by co-workers (41.2% and 34.5%, respectively). Regarding enacted stigma, the most prevalent was rejection by a sexual partner (32.5%) and having received discriminatory comments (27.6%). In the last 12 months, 19.9% decided not to have sexual or romantic relationships. Regarding internalized stigma, despite 98.4% being on antiretroviral treatment and 94.5% having an undetectable viral load in the last 12 months, two-thirds of the sample were worried about transmitting HIV to others. Regarding disclosure, 11% openly and voluntarily lived with HIV. The most prevalent experience of discrimination in non-specialized healthcare settings was avoidance of physical contact or using disproportionate prevention measures (10.8%). The most frequent discrimination experience was having to disclose HIV status to have medical insurance (6.9%). Despite the few structural stigma experiences, only 51.7% of the participants knew the Spanish anti-discriminatory laws.
Conclusions: The main burden of stigma in Spain is related to anticipated and internalized stigma and, consequently, self-exclusion and disclosure concerns. Interventions to capacitate PLHIV to cope with the different manifestations of stigma are already needed.

PT-10. A QUALITY OF LIFE INDICATOR FOR HIV CARE BEYOND VIRAL SUPPRESSION IN SPAIN

María José Fuster-Ruizdeapodaca[1], Trenton White[2], Carlos Prats-Silvestre[1], Carlos Iniesta[1] and Jeffrey Lazarus[2]

[1]SEISIDA, Madrid. [2]The Barcelona Institute for Global Health (ISGlobal), Barcelona.

Objectives: The global HIV expert's consensus statement identified multimorbidity, health-related quality of life (HRQoL), and stigma and discrimination as the key health issues faced by people living with HIV (PLHIV) that health systems should address beyond viral suppression. This study aimed to collect data in these three areas in Spain.
Methods: 500 PLHIV participated in the study. Data were collected in 28 centres in 8 Spanish regions in collaboration with NGOs and health professionals (HCPs). Patient-reported data included: anxiety and depression (PHQ-4), HRQoL (WHOQOL-HIV-BREF), and enacted stigma (items from HIV Stigma Index). HCPs reported participant comorbidities (Charlson Comorbidity Index and diagnosis of mental health problems).
Results: Charlson Index results showed the absence of any comorbidity in 91.7% of the sample. HCPs reported that 24.1% had a diagnosed mental health problem. Self-reported data showed that 22.9% and 31.6% met the criteria for clinical depression and anxiety, respectively. Of those who were not diagnosed with depression or anxiety, 18% and 25.1%, respectively, scored clinically on the PHQ-4 ($p < 0.0001$). The mean experience of stigma was 2.45 ± 3.4 (range 0-26). Higher comorbidity was associated with lower scores on the HRQoL general health ($p = 0.0003$), physical health ($p = 0.0006$) and level of independence ($p = .001$) dimensions. PHQ-4 depression and anxiety scores negatively related to all HRQoL dimensions (effect sizes ranged from -0.42 to -0.63; $p < 0.0001$) and positively related to greater enacted stigma ($p < 0.00001$). Enacted stigma was associated with lower scores on all HRQoL dimensions ($p < 0.0001$). Women had worse HRQoL in the general ($p = 0.002$), physical ($p = 0.006$) and level of independence ($p = 0.019$) dimensions, as well as more depression ($p = 0.020$) and anxiety ($p = 0.003$).
Conclusions: Multimorbidity, mainly mental health conditions, harms HRQoL, and mental health is negatively impacted by enacted stigma. These data will inform the construction of an indicator to monitor the long-term health, including multimorbidity, discrimination and HRQoL, of PLHIV.

PT-11. ABORDAJE DE LA CALIDAD DE VIDA EN NIÑOS Y ADOLESCENTES QUE VIVEN CON EL VIH EN MADRID

Irene Iñiguez de Heredia Pérez[1], Luis Prieto Tato[1], Talia Sainz Costa[2], Marisa Navarro Gómez[3], Jose Tomas Ramos Amador[4], Luis Escosa García[2], Isabel Cuéllar Flores[4], Pablo Rojo Conejo[1] y Cristina Epalza Ibarrondo[1]

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Introducción: Los niños y adolescentes que viven con VIH (NAVVIH) deben afrontar y resolver hitos clave en su desarrollo representándose en su calidad de vida. El manejo integral del NAVVIH requiere un abordaje del paciente y su familia multidisciplinar que se ocupe de variables médicas, sociales y psicológicas.
Objetivos: Evaluar a los NAVVIH y a sus familiares para reflejar su calidad de vida y situación psicosocial.
Métodos: Análisis descriptivo dentro del proyecto "Acompañando a los niños y adolescentes que crecen con VIH" desarrollado con NAVVIH ≥ 8 años y sus familias, incluidos en la cohorte de la Comunidad de Madrid de la Red CoRISpe. Se realizaron entrevistas semiestructuradas agrupando 5 ámbitos del desarrollo (autonomía, adherencia al tratamiento, adaptación emocional, revelación a terceros y desarrollo sexual) y los conocimientos sobre VIH. La calidad de vida se evaluó mediante el cuestionario KIDSSCREEN-52 (10 subcategorías) para < 18 años y sus tutores y WHOQoL-BREF para > 18 años (4 subcategorías). Se registró la adherencia al tratamiento según el cuestionario PENTA: ≥ 1olvidos/semana = mala adherencia. Se incluyeron 45 NAVVIH (25 de 8-17 y 20 de 18-26 años); 64% mujeres; seguimiento en Hospital 12 de Octubre, Hospital La Paz, Hospital Gregorio Marañón y Hospital Clínico.
Resultados: La autopercepción de calidad de vida a nivel global en < 18 años es 208/250 puntos y en sus familias 207. Los > 18 años puntúan en calidad de vida global 97/130 y se obtienen en todas las subcategorías puntuaciones que distan significativamente de su máximo ($p < 0,005$). La evaluación de conocimientos sobre VIH en < 18 es 6,15/14, en sus familias 4,43/14 y > 18 años 10,75/14. Tanto > 18 (72%) como < 18 (90%) tienen ≥ 1 olvido/semana.

Conclusiones: A pesar de que los instrumentos no tengan punto de cohorte, la puntuación global está cerca del máximo. Se interpreta que la calidad de vida es mejorable en todos los pacientes. La autopercepción de < 18 y la percepción de la calidad de vida de familiares coincide por lo que las familias tienen una visión realista. Existen diferencias significativas entre las subcategorías del WHOQoL-BREF y en la mayoría de las subcategorías del KIDSCREEN-52. La puntuación máxima de cada subcategoría de ambos instrumentos es significativa. Es primordial reforzar la adherencia al tratamiento en todos los pacientes y ahondar en la enseñanza de conceptos que describen al VIH (haciendo hincapié en familias). Es crucial abordar de manera multidisciplinar aspectos psicosociales del paciente para prevenir problemas de adherencia y mejorar la calidad de vida de NAVVIH.

PT-12. ADAPTACIÓN Y VALIDACIÓN CULTURAL DE DOS CUESTIONARIOS DE CALIDAD DE VIDA EN MIGRANTES AFRICANOS CON VIH

Beatriz Gullón Peña[1], Ignacio Peña Ruiz[1], Martina Corral Aller[1], María Velasco Arribas[2], Rosa de Miguel Buckley[3], Leila Boubekeour[1], Layla Bellach[1], Serigne Fall[1], Michel Alpízar López[1], Cristina Arcas Noguera[1], Teresa Blasco Hernández[4], Mª José Fuster Ruiz de Apodaca[5] y José A. Pérez-Molina[1]

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Objetivos: Validar culturalmente los cuestionarios de calidad de vida relacionada con la salud (CVRS) WHOQOL-HIV-BREF y Clinic Screening Tool (CST-HIV) entre migrantes africanos con VIH (PMAVIH) pertenecientes a poblaciones vulnerables, para facilitar su aplicación en el ámbito sanitario sin la necesidad de contar obligatoriamente con traducciones validadas.
Métodos: El estudio se ha realizado en tres hospitales de Madrid junto con una ONG. Se realizaron cinco grupos focales: dos de profesionales que atienden a PVIH migrantes y tres de PMAVIH. Los GF se condujeron mediante guiones de GF semiestructurado. El análisis cualitativo de los GF se hizo mediante el método de la Teoría Fundamentada. Las puntuaciones se midieron en una escala de 0 a 10.
Resultados: Todas las dimensiones incluidas en ambos cuestionarios fueron consideradas importantes para la CVRS de las PMAVIH, habiendo sido valoradas todas ellas con puntuaciones superiores al 7,2 (Tabla). De media, más del 50% de los participantes de los GF, indicaron que las preguntas que incluían conceptos como "ansiedad", "depresión", "temor al futuro", "ocio" y "ambiente físico", podían ser más difíciles de comprender por las PMAVIH por motivos lingüísticos y/o culturales. También se identificaron otros aspectos que podían influir negativamente en la comprensión: escalas con más de cuatro respuestas, acotaciones como "Hasta qué punto..." o "En el último mes..." e ítems demasiado largos. Se identificaron algunos problemas importantes para la CVRS de las PMAVIH no recogidos en ninguno de los cuestionarios: deseo reproductivo, situación administrativa, práctica religiosa, barrera lingüística, atención psicológica y autoestigma.
Conclusiones: Ambos cuestionarios recogen los problemas principales que afectan a la CVRS de las PMAVIH. Sin embargo, teniendo en cuenta las diferencias culturales relacionadas con algunos conceptos, es recomendable que los cuestionarios se administren mediante mediadores/intérpretes interculturales usando una guía que recoja las recomendaciones extraídas. Además, debería valorarse la inclusión de ítems sobre los problemas identificados como no recogidos.

Tabla PT-12. Clinic Screening Tool (CST-HIV)

	PVIH	Profesionales	Total	
Dimensión	Valoración	Valoración	Media	Prioridad
Estigma anticipado	9,3	9,8	9,5	2º
Angustia emocional	9,3	8,3	8,8	4º
Sexualidad	8,6	9,6	9,1	3º
Apoyos socioafectivos	9,4	7,6	8,5	5º
Privación material	10	9,2	9,6	1º
Insomnio/fatiga	6,8	7,7	7,2	8º
Problemas cognitivos	7,4	8,6	8	6º
Síntomas físicos	6	9,1	7,6	7º
WHOQOL-HIV-BREF				
Física	8,6	9,9	9,2	3º
Psicológica	7,9	7,3	7,6	6º
Independencia	8,9	9,2	9,1	4º
Relaciones sociales	8,9	9,9	9,4	2º
Ambiente	9,9	6,8	8,3	5º
Espiritual, religioso y creencias personales	9,9	9,4	9,6	1º

SESIÓN DE PÓSTERES TEMÁTICOS 4
Long acting - 28 de noviembre
14:30-15:00h

PT-13. PREVALENCE AND FACTORS ASSOCIATED WITH PATIENTS' INTEREST IN RECEIVING LONG-ACTING INJECTABLE ANTIRETROVIRAL HIV TREATMENT: A MULTICENTRE SURVEY IN SPAIN

Cristina Moreno Prieto[1], Belén Alejos Ferreras[1], Rebeca Izquierdo de Miguel[1], Victoria Hernando Sebastián[1], Santiago Pérez de la Cámara[1], Adrian Curran[2], Lucio Jesús García Fraile Fraile[3], Marta Montero Alonso[4], Félix Gutiérrez[5], Begoña Alcaraz[6], Patricia González-Ruano Pérez[7], Antonio Ocampo-Hermida[8], Santiago Moreno[9], Inma Jarrín Vera[1] and CoRIS Cohort[1]

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Objectives: To estimate the prevalence and factors associated with interest in receiving long-acting injectable HIV treatment (LAI-ART) among people living with HIV (PLWH) on ART from the CoRIS cohort.
Methods: During June 2022, we conducted a two-day cross-sectional survey in 34 hospitals from CoRIS to collect data on sociodemographic and clinical characteristics, acceptability of current ART and opinion about LAI-ART among PLWH receiving HIV care either day of the survey. We calculated the percentage of individuals that would be interested in receiving LAI-ART and used multivariable logistic regression models, adjusting for age and sex, to identify its associated factors.
Results: Of 277 PLWH analysed, 80.9% were men, median age was 48 (IQR: 37-56) years, 78.3% had secondary/university studies, 62.8% were employed and 85.9% lived in urban areas. Median time from HIV diagnosis was 10 (IQR: 5-20) years and they were on ART for a median of 8 (IQR: 4-16) years. For 23.1% and 36.5% of PLWH, taking their current HIV treatment orally and daily, respectively, is inconvenient. Although 47.3% of PLWH find it limiting to carry their medication, 89.9% think they can take it discreetly. Overall, 81.2% (95%CI: 76-85%) of PLWH reported being interested in receiving LAI-ART. As shown in the Figure, men reported to be more interested in receiving LAI-ART than women (86.4 versus 66.7%, aOR: 2.96; 95%CI: 1.43-6.12) as well as did individuals aged< 50 years (89.0% versus 76.2%, aOR: 2.41, 95%CI: 1.23-

4.73). PLWH diagnosed during 2019-2022 were more likely to be interested in LAI-ART than those diagnosed before 2008 (94.4% versus 76.7%, aOR: 5.15; 95%CI: 1.45-18.29). Furthermore, interest in receiving LAI-ART was significantly higher among those feeling inconvenienced by taking HIV treatment orally (95.3 versus 79.0%, aOR: 5.03; 95%CI: 1.47-17.15) and on a daily basis (98.0 versus 74.0%, aOR: 14.65; 95%CI: 3.44-62.46), carrying HIV pills all the time (95.4 versus 71.9%, aOR: 7.19; 95%CI: 2.88-17.96) and taking too many drugs in everyday life (91.0 versus 80.1%, aOR: 3.94; 95%CI: 1.58-9.85).
Conclusions: Of PLWH on ART, 81.2% were interested in trying LAI-ART, being this interest higher among men, aged< 50 years, those recently diagnosed with HIV and those feeling inconvenienced by their current oral ART.

PT-14. EFFECTIVENESS AND TIMING OF VIRAL LOAD MEASUREMENT IN REAL-WORLD USE OF LONG-ACTING CABOTEGRAVIR-RILPIVIRINE IN PEOPLE WITH HIV

Fernando Fernández-Hinojal, Alejandro de Gea Grela, Luz Martín-Carbonero, Eulalia Valencia, Rafael Micán, Carmen Busca, Luis Ramos, José Ramón Arribas, Juan González-García, Ana Delgado, José Ignacio Bernardino and María Luisa Montes

Hospital Universitario La Paz, Madrid.

Objectives: Long-acting cabotegravir and rilpivirine (LA-C&R) have demonstrated efficacy, safety and improved quality of life of people living with HIV. However, there is a lack of data on effectiveness and follow-up in a real-world setting. This study aims to monitor the effectiveness of LA therapy at 3 and 6 months after switching from standard oral therapy and determine the optimal timing of viral load (VL) measurement after 2nd or 3rd injection after switch.
Methods: We conducted a retrospective observational unicenter study, including LA-C&R initiations between January to May 2023, excluding subjects from previous clinical trials. Viral load measurements were performed around 2nd or 3rd LA administration, based on clinician discretion. Data was collected from medical records. Descriptive analysis of factors associated with VL ≥ 50 copies/mL was performed. Detailed comparison of viral loads will be provided in the final version.
Results: VL were measured in 61 of 139 participants at the time of analysis (Table), with 95% remaining undetectable after switching. Participants with detectable viral loads at baseline or after transitioning to long-acting antiretroviral therapy (C&R) had experienced viral blips two years prior. Timing (< 45 or > 45 days post-LA initiation) didn't affect blip occurrence. Among four with detectable baseline VL, three reached undetectable levels within 45 days. Three had detectable VLs within 45 days, and two reached < 50 copies/ml afterward (> 45 days post-LA).
Conclusions: LA-C&R therapy appeared effective in the short-term even in PLWH with exclusion criteria from clinical trials, with cautious considerations for individuals with previous blips. Our findings suggest that timing of VL measurements did not impact the results.

Table PT-14. Demographic and Clinical Characteristics of the Participants

Characteristics	Total (N = 139)	Participants with VL measurements after LA-C&R switch (N = 61)
Age (range) - yr	48 (41-58)	48 (42-58)
Male sex - no (%)	122 (87.8%)	57 (93.4%)
Median BMI (range)	25.7 (24.1-28.3)	26.2 (24.5-28.6)
Median CD4+ lymphocyte count (range)	713 (546-964)	638 (527-913)
Resistance to major class drugs - no (%)		
NRTI	5 (3.5%)	1 (1.6%)
NNRTI	4 (2.8%)	1 (1.6%)
RPV	1 (0.7%)	0 (0%)
Previous Antiretroviral Therapy - no (%)		
2 NRTI+RPV	41 (29.5%)	12 (19.7%)
DOL+RPV	36 (25.9%)	20 (32.8%)
DOL+3TC	32 (23%)	12 (19.7%)
Median time of earlier measurement of VL load - day	-	37 (31-61)
Median time of last measurement of VL - day	-	94 (81-101)

PT-15. TRATAMIENTO CON CABOTEGRAVIR/RILPIVIRINA ADMINISTRADO CADA DOS MESES EN VIDA REAL: EXPERIENCIA DE UN HOSPITAL TERCIARIO

Ana Ferrer Ribera, Paloma Mahiques Santos, Amparo Honrubia Gil, Carolina Pinto Pla, Rosa Oltra Sempere, Andreu Belmonte Domingo, Sandra Pérez Gómez y María Galindo

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Introducción: Cabotegravir y Rilpivirina de liberación retardada (CARLA) constituye la primera opción terapéutica completa por vía parenteral para el tratamiento del VIH. Su puesta en marcha exige por un lado la organización de un circuito y por otro la implicación de los pacientes. El objetivo de nuestro estudio es describir la experiencia de nuestra cohorte de pacientes que inicia tratamiento con CARLA y valorar su eficacia y seguridad.
Métodos: Estudio prospectivo/retrospectivo observacional en el que se incluyen los pacientes que inician tratamiento con CARLA en la Unidad de Infecciosas de un hospital de terciario. Se revisan las historias clínicas y se valora adherencia, eficacia y seguridad, además de la opinión de los pacientes.
Resultados: Desde enero han iniciado tratamiento con la forma comercial 124 pacientes (Tabla). Solo cuatro pacientes recibieron lead-

Table PT-15. Características basales n = 124

Género mujer *	19 (15,32)
Edad (años) ^	46 (21-70)
< 50; 50 a 65; > 65*	76 (61,3); 44 (35,5); 4 (3,2)
IMC ≥ 30 Kg/m2*	14 (11,2)
País de origen*	
España	89 (71,8)
Latinoamérica	21 (16,9)
Nivel de estudios*	
Superiores	49 (39,5)
Medios	45 (36,3)
Trabaja: sí*	83 (66,9)
Vía de transmisión*	
HSH/BI	78 (62,9)
HTX	25 (20,2)
UDI	11 (8,9)
SIDA*	10 (8,1)
Líneas de tratamiento previas^	3 (1-18)
Tiempo en tratamiento (meses)^	30 (1-95)
Tratamiento previo*	
Juluca	41 (33,1)
Biktarvy	30 (24,2)
Dovato	14 (11,3)
Symtuza	11 (8,9)
CD4 basales^	771 (172-2142)
CV basal^	19 (19-163)
Serología positiva*	
VHC	10 (8)
VHB	0 (0)
Test de resistencias disponible previo	83 (66,9)
Resistencias a NNRTI*	15 (12,1)
	101E, 227L, 230I, 103N, 108I, 138 G/K, 181 C/F, 179D, 190R, 236L)
Subtipo VIH*	
B	72 (58,1)

*n (%); ^mediana (rango).

in oral. Hemos administrado ya la cuarta dosis a 41 (33%), su mediana de CV < 20 cp/ml (19-296). Han suspendido el tratamiento 9 (7,2%): 2 por dolor lumbar, 1 por insomnio, 1 conveniencia, 1 exantema, 1 por depresión, 3 por decisión del paciente. Han cambiado la fecha de administración 4 pacientes, siempre dentro de la ventana terapéutica. Los motivos fundamentales referidos por los pacientes para inicio de esta pauta son el dejar de preocuparse por olvidar tomar el tratamiento oral (63%), probar nuevos tratamientos (65%), la recomendación de su médico (62%).
Conclusiones: En nuestra cohorte de vida real, el cambio de tratamiento a CABO/RILPI es una opción eficaz, segura y bien aceptada por los pacientes, con un buen cumplimiento y bajas tasas de discontinuación.

PT-16. PRIMERAS EXPERIENCIAS EN VIDA REAL CON EL USO DE CABOTEGRAVIR + RILPIVIRINA DE ACCIÓN PROLONGADA TRAS SU RECIENTE COMERCIALIZACIÓN

Miguel Torralba, Ana Codonal Demetrio, Elena Martínez, Alfredo Espinosa, Lorenzo Sánchez y Alicia Lázaro

Hospital Universitario de Guadalajara, Guadalajara.

Objetivos: El objetivo del estudio fue revisar las características basales de los pacientes que han iniciado cabotegravir + rilpivirina de acción prolongada (CAB+RPV AP), así como los primeros resultados de efectividad, seguridad y permanencia.
Métodos: Estudio de cohorte prospectivo de pacientes con infección por VIH en tratamiento con CAB+RPV AP desde su inclusión en enero 2023 hasta 31 julio 2023. Se analizaron variables demográficas, linfocitos CD4 basales, TAR oral previo, carga viral en el mes 1 posinicio del CAB+RPV AP, efectos adversos y adherencia a las visitas para administración del CAB+RPV AP.
Resultados: Durante el periodo de estudio 66 pacientes iniciaron CAB+RPV AP siendo el 80,3% varones con una, mediana de edad 41 años (RIC: 36-50). La mediana de CD4+ basal fue de 754 cel/µL (RIC = 578-910) y el 100% tenía una CV indetectable. Ningún paciente era HBsAg, ni presentaba mutaciones de resistencia a NNRTI. Un 39% de los pacientes no mostraban una adherencia adecuada a las tomas (> 95%) según el Servicio de Farmacia Hospitalaria o bien había presentado *blips* con anterioridad. Los TAR orales previos mayoritarios fueron DTG/3TC (51,5%), DTG/RPV v.o. (18,2%), BIC/FTC/TAF (16,7%), DRV/c/FTC/TAF o DRV/c 9,1%, y otras pautas (4,5%). Todos los pacientes tenían una CV < 50 copias/mL al mes de tratamiento. (proporción de fracaso virológico al mes fue de un 0% (IC95% 0-5,5% (Wilson)). La media de tiempo de administración entre la 1ª y 2ª dosis fue de 30,5 días (DE 2,5) y de 61,5 días (DE 2,3) entre la 2ª y 3ª y entre 3ª y la 4ª dosis. En dos pacientes durante el seguimiento se administró a los 7 días del día previsto. A ningún paciente se le administró CAB+RPV AP fuera del periodo ventana. Casi todos los pacientes refirieron dolor en la zona de inyección con duración de 2-5 días. El dolor fue más intenso con la administración de rilpivirina que con cabotegravir: 1,8 puntos (IC95% 1,3-2,3) en una escala analógico-visual de 0-10 puntos (p < 0,001). Otros efectos adversos minoritarios fueron: pirexia, cefalea, diarrea o poliuria. Se suspendió el tratamiento en dos pacientes tras las dos primeras dosis debido al dolor producido los días posteriores a la administración intramuscular. Proporción de discontinuación fue de 2/66 (3,1%; IC95%: 0,8-10,4%).
Conclusiones: CAB+RPV AP se muestra como una nueva estrategia de TAR que parece segura, efectiva y viable en vida real.