

Long-Acting Cabotegravir Plus Rilpivirine In Adolescents With HIV: Week 24 Safety/PK

IMPAACT 2017 / More Options for Children and Adolescents (MOCHA) Study

ClinicalTrials.gov ID NCT03497676

Abstract 188
March 6, 2024

Aditya Gaur^{*#}, Edmund Capparelli, Kristin Baltrusaitis, Mark Marzinke, Conn Harrington, Cindy McCoig, Herta Crauwels, Ellen Townley, John Moye, Sarah Buisson, Avy Violari, Pradthana Ounchanum, Chelsea Krotje, Carolyn Bolton Moore, IMPAACT 2017 Team

**Presenting author: St. Jude Children's Research Hospital (SJCRH), Memphis, TN, USA*

#Financial disclosure: Funding for clinical trials from Gilead and ViiV Healthcare to SJCRH via clinical trial agreements.



BACKGROUND

- ▶ IMPAACT 2017 study participants are the first group of adolescents living with HIV-1 to receive long-acting (LA) cabotegravir (CAB LA) plus rilpivirine (RPV LA) and stop their oral medications
- ▶ This CAB LA + RPV LA regimen was approved for treatment of HIV-1 in virologically suppressed adults by the US FDA:
 - ▶ In January 2021 as a once-monthly treatment;
 - ▶ In February 2022 for every-two-month dosing
- ▶ IMPAACT 2017 Cohort 1 data informed approval for CAB LA + RPV LA in virologically suppressed adolescents (≥ 12 years and weighing ≥ 35 kg)

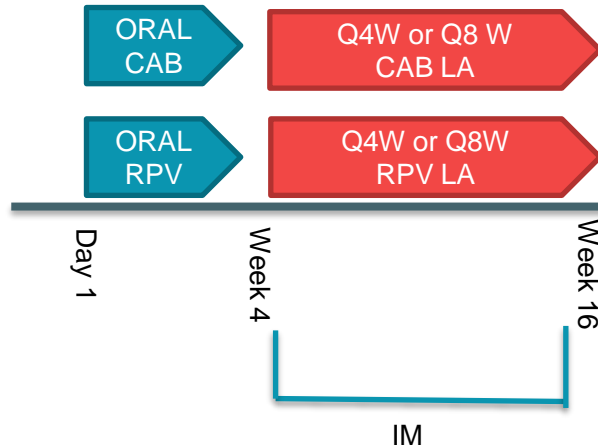
Study Design

Cohort 1

(retain background cART)

Total n = 55:

30 (CAB) + 25 (RPV)

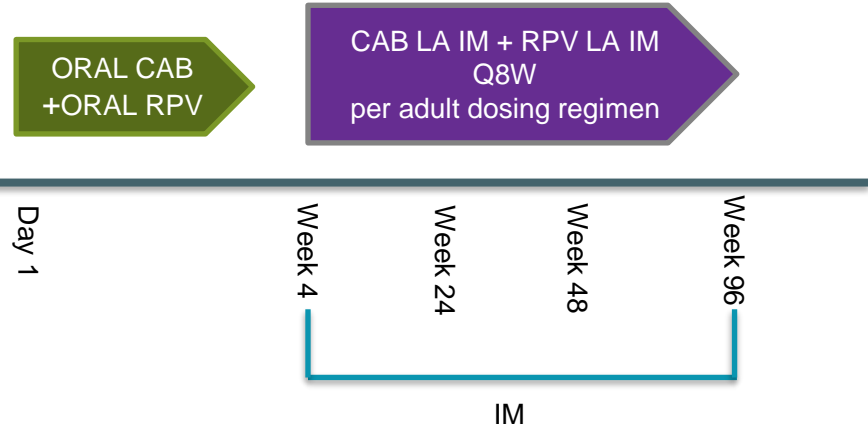


Cohort 2

(switch from background cART)

Total n = 144: 44 (roll over) + 100 (Cohort 1 naïve)

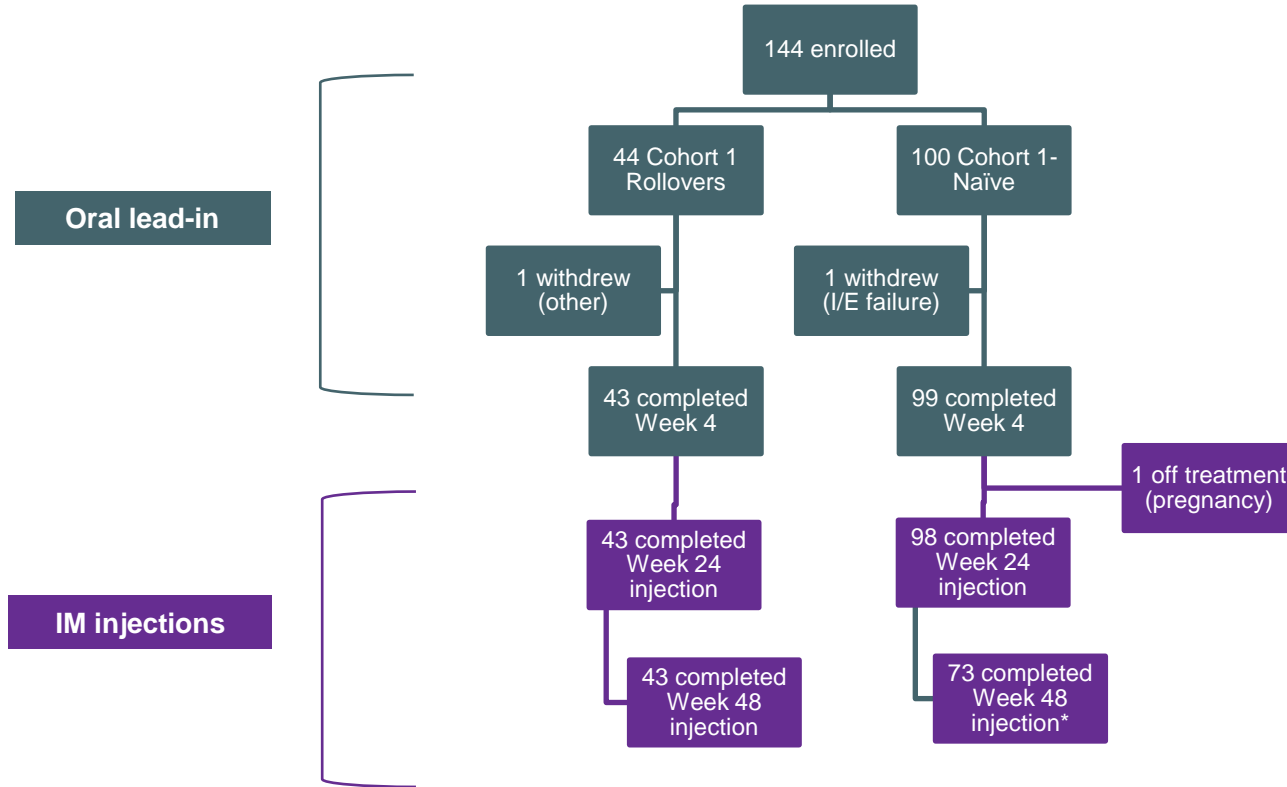
Primary Objective: To assess the safety of CAB LA + RPV LA through Week 24 in virologically suppressed adolescents living with HIV.



18 IMPAACT 2017 sites enrolled in Cohort 2

2 Botswana
4 South Africa
3 Thailand
2 Uganda
7 US

COHORT 2: ACCRUAL AND STUDY STATUS*



*As of database freeze on June 7, 2023 by which last participant completed week 24

6 BASELINE (N = 144)

| Variable | Value |
|-------------------------------------|---------------------------------|
| Age (median [min, max]) | 15 years (12, 17) |
| Female | 51% |
| Black or African American | 74% |
| Acquired HIV Vertically | 92% |
| Body Mass Index (median [min, max]) | 19.5 kg/m ² (16, 34) |
| Weight (median [min, max]) | 48 kgs (35, 101) |

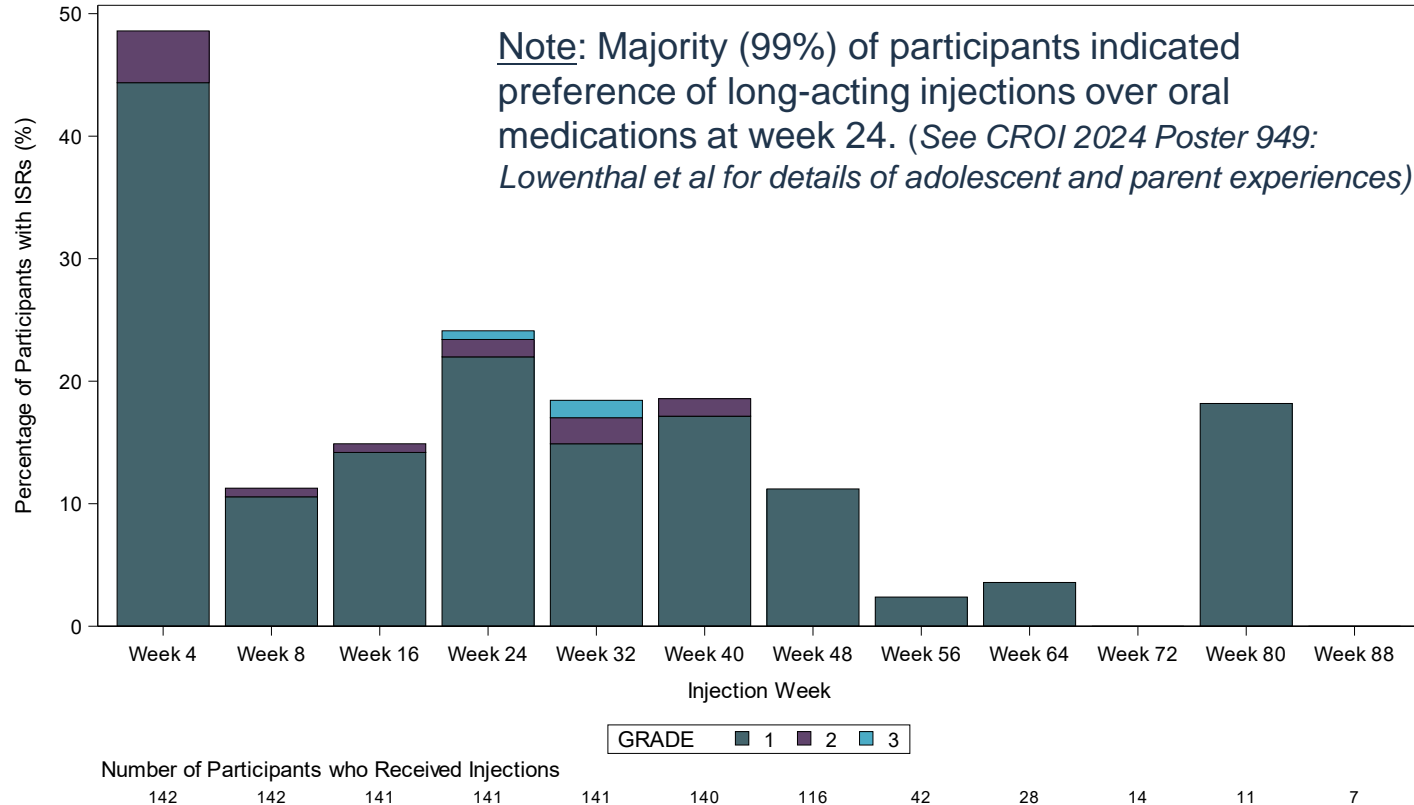
Cohort 2 Safety, PK, Antiviral activity

All treated analysis shown

SAFETY

- Most participants received ≥ 1 injection (142/144) and completed the Week 24 visit (141/144)
- 49/142 (35%) participants reported an injection site reaction (ISR), most (86%) ISRs resolved within 7 days
- 1 participant had study drug-related Grade 3 injection site abscess
- 1 participant had study drug-related Grade 3 injection site abscess and Grade 3 injection site pain
- Both participants continued on study

Injection Site Reactions (ISR) by study visit



SAFETY (CONTINUED)

- Through Week 24, 16/144 (11%) had a non-injection site reaction, \geq Grade 3 AE. The most common of which were increases in blood creatine phosphokinase (n=6) and systolic blood pressure (n=3). None of these non-injection site reaction AEs were considered study drug related.
- There were no deaths or life-threatening events that were attributable to either study product, or permanent discontinuations from treatment due to study product-related toxicities

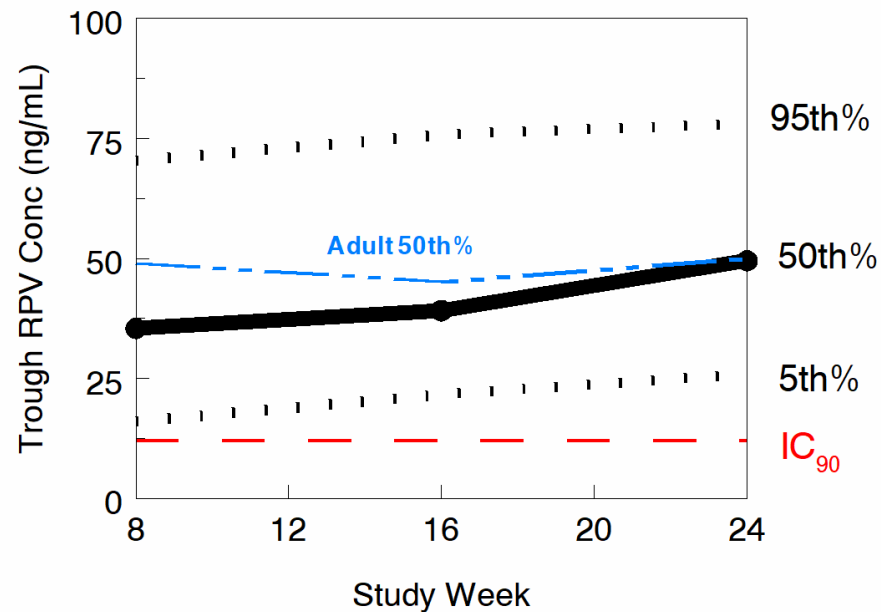
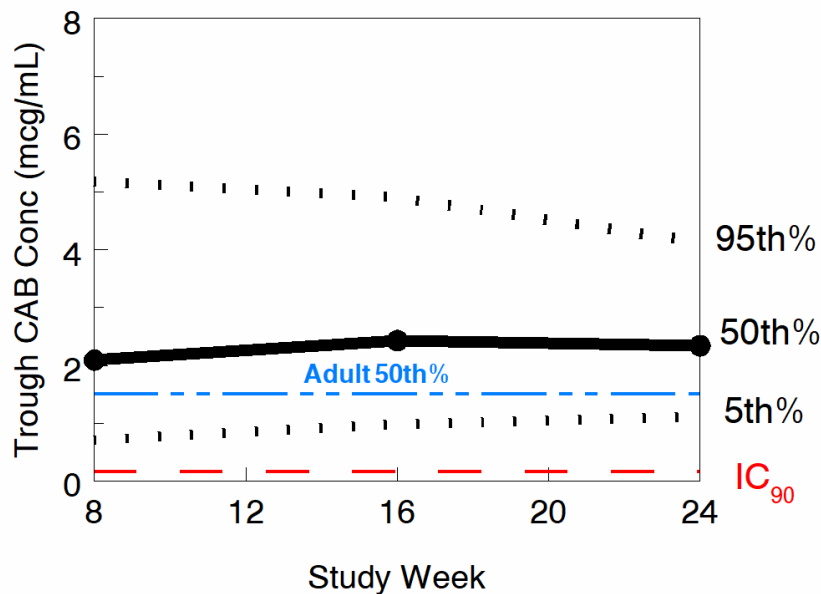
ANTIVIRAL ACTIVITY

- Majority (96.5%) of participants maintained virologic suppression (HIV-1 RNA < 50 copies/mL, per the FDA Snapshot algorithm) at Week 24.
- There were no confirmed virologic failure (2 consecutive HIV VL \geq 200 copies/mL)

PREGNANCY

- ▶ One pregnancy in a Cohort 2 (Cohort 1 naïve) study participant
- ▶ Relative study week of estimated conception: Week 5
 - ▶ Note: Study injections were discontinued upon confirmation of pregnancy.
- ▶ Two study injections (Week 4 and Week 8) received prior to pregnancy confirmation
- ▶ Pregnancy outcome: Term delivery, live birth, Birth weight 2.58 kgs

PHARMACOKINETICS



IMPAACT 2017 CAB and RPV troughs (Black lines - medians [solid] with 5th%-95th% [dashed]) compared to adults (Blue lines) from LATTE-2 / ATLAS-2M studies and protein adjusted IC_{90} s (Red lines)

Conclusions based on Week 24 data from Cohort 2 of the IMPAACT 2017 STUDY

In this first group of virologically suppressed adolescents switched to long-acting CAB + RPV every 2 months

- There were no unexpected safety events
- Week 24 CAB and RPV troughs were similar to those in adults
- Virologic suppression was maintained.
- Overwhelming preference for long-acting injections over oral medications.

In summary

- IMPAACT 2017 data continue to support using CAB LA and RPV LA, given every 4 or 8 weeks, per the adult-dosing regimens, in virologically suppressed adolescents ≥ 12 years and weighing ≥ 35 kg
- Ongoing follow-up of study participants through Week 96 continues

ACKNOWLEDGEMENTS

IMPAACT 2017/MOCHA is funded by the US National Institutes of Health (NIH).

Overall support for the International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT) was provided by the National Institute of Allergy and Infectious Diseases (NIAID) with co-funding from the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) and the National Institute of Mental Health (NIMH), all components of the National Institutes of Health (NIH), under Award Numbers UM1AI068632 (IMPAACT LOC), UM1AI068616 (IMPAACT SDMC) and UM1AI106716 (IMPAACT LC), and by NICHD contract number HHSN275201800001I.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

The study products were provided by ViiV Healthcare Ltd and Janssen.

Thanks to the participants and their families

IMPAACT 2017 (MOCHA) Study Team

Protocol Chairs: Carolyn Bolton Moore and Aditya H. Gaur

IMPAACT Operational Units:

DAIDS MOs: Ellen Townley, Dwight Yin

CAB: Joel Pagan-Lizardi

DMC: Andi Ace, Barbara Heckman, Chelsea Krotje,
Michaela Radel, and Kyle Whitson

LC: Sara Zabih

LOC: Sarah Buisson, Martine Harrington-Powell, Rachel
Scheckter, Michael Whitton

LT: Chiraphorn Kaewkosaba

NICHD MOs: Jack Moye, Franklin Yates

PAB: Cindy Parker

SDAC: Kristin Baltrusaitis, Ryan Milligan, and Shawn Ward

Westat: Scott Watson

Investigators:

CHOP: Jennifer Chapman and Elizabeth Lowenthal

UCSD: Brookie Best and Edmund Capparelli

JHU: Mark Marzinke

Pharmaceutical Partners:

Janssen: Herta Crauwels, Rodica Van Solingen, and
Kati Vandermeulen

ViiV Healthcare: Cindy McCoig, Conn Harrington,
Amy Cheung, Susan Ford, Jenny Huang, and Gilly
Roberts

Site investigators from US and International sites

Questions/Feedback: aditya.gaur@stjude.org