

## **Retrospective observational study describing the demographics, clinical outcomes, and factors associated with the success of Long-Acting ART CAB/RPV and Oral ART: A real world fqhc experience in southern california along the us mexico border.**

**Sonia Mathew**

Scripps Mercy Hospital, San Diego, California, USA

**H**ealth disparities in HIV care disproportionately affect African American and Hispanic communities, with Latino men who have sex with men (MSM) comprising a significant portion of California's HIV population. Despite advances in antiretroviral therapy (ART), daily regimens pose challenges such as stigma, nonadherence, and treatment failure. Long-acting injectable (LAI) ART with Cabotegravir/Rilpivirine (CAB/RPV) offers an alternative, but its real-world outcomes in low-income, Federally Qualified Health Center (FQHC) settings remain underexplored. In 2021, the CDC estimated that 58% of people living with HIV (PLWH) achieved viral suppression, potentially making over half eligible for CAB/RPV. However, requiring viral suppression for LAI-ART eligibility may limit benefits for individuals facing adherence challenges, including those experiencing homelessness, substance use disorders, or mental health conditions. This retrospective descriptive study from January 2022–September 2023 analyzed 29 patients on CAB/RPV and 1100 on daily oral ART. The primary objective was to evaluate factors associated with CAB/RPV initiation, adherence, virological suppression, side effects, and reasons for discontinuation. Data analysis indicates a significant increase in CAB/RPV use at our FQHC, from fewer than 10 patients in early 2022 to 29 by September 2023. All individuals on LAI were Hispanic, predominantly male (26/29), and aged 25–64 years. All had medical insurance, including six with Ryan White coverage. CD4 counts ranged from 377 to 1241, with 28/29 having a CD4 count greater than 400. All maintained viral suppression without any viral load blips. Six individuals discontinued treatment due to side effects or insurance changes. An additional 10 individuals initiated LAI over the next six months, all maintaining viral suppression without side effects. Notably, one individual who began LAI therapy without virological suppression achieved and maintained viral suppression. These findings highlight LAI's potential in FQHCs for populations facing adherence barriers, suggesting expanded CAB/RPV use could improve HIV care equity and outcomes.