IMPAACT 2040: Cabotegravir & Rilpivirine Antiretroviral Therapy in Pregnancy (CREATE)

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Background & Rationale

- Long-acting (LA) injectable cabotegravir (CAB) & rilpivirine (RPV) offer a monthly or bi-monthly alternative to daily oral antiretroviral therapy (ART)
- Preclude barriers of pill burden, daily adherence, & disclosure of HIV status/stigma
- **Critical need to evaluate:**
  - Pregnancy-associated changes in pharmacokinetics (PK) & pharmacodynamics (PD) of CAB LA + RPV LA
  - Maternal and fetal/neonatal safety

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Study Design

- Phase I/II, multicenter, open-label, non-randomized, parallel (two) group, step-wise study

Primary Objective

- Characterize the pharmacokinetics (PK) of CAB LA + RPV LA during pregnancy up to 6-10 weeks postpartum in people with virally suppressed HIV-1 switching to CAB LA + RPV LA (from oral ART) and continuing on CAB LA + RPV LA

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Key Secondary & Other Objectives

- Maternal & neonatal safety signals
- Maternal viral suppression
- Perinatal HIV transmission
- Delivery and post-natal infant outcomes
- Breast/chest milk and placental transfer
- Tolerability and acceptability
- PK modeling

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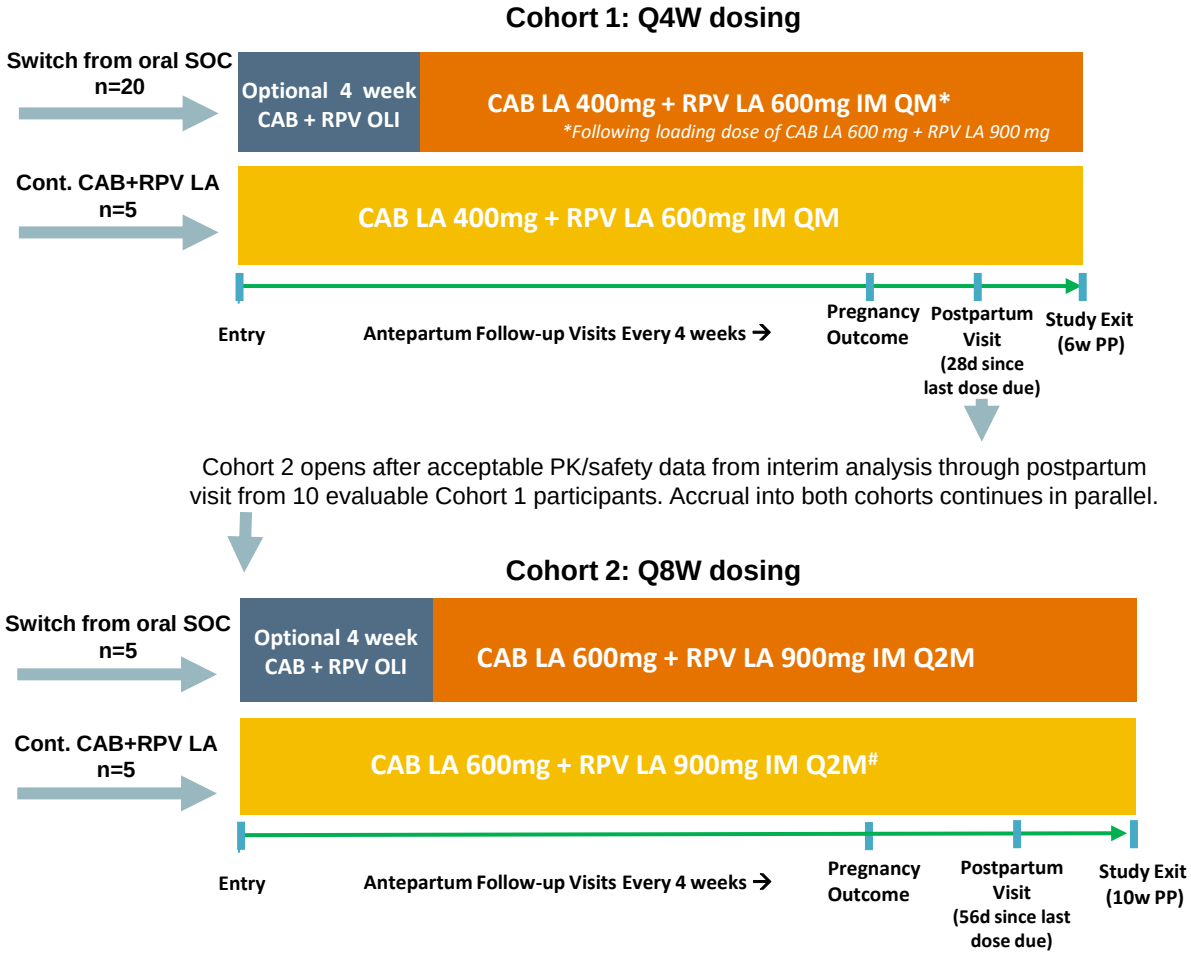
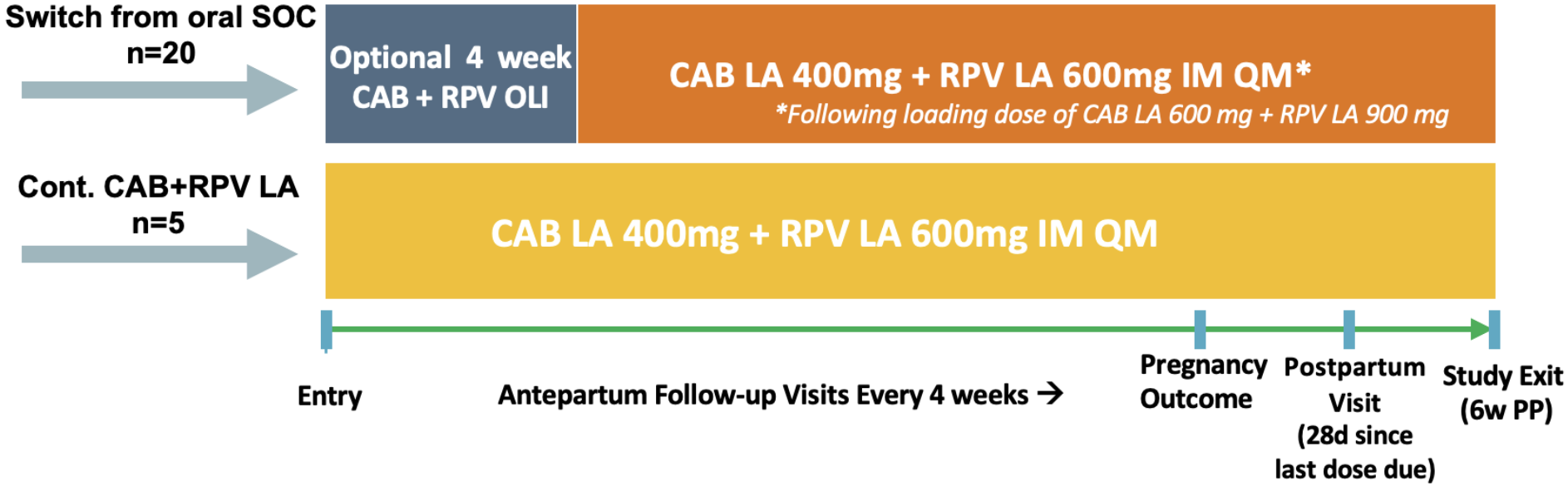
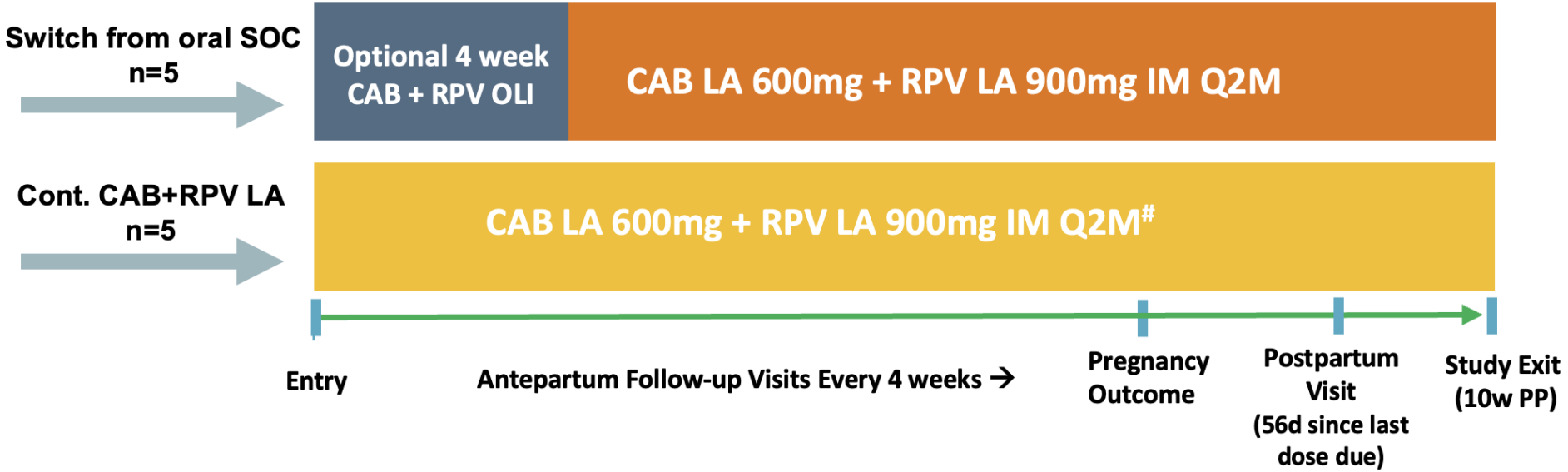
Study Schema



Cohort 1: Q4W dosing



Cohort 2: Q8W dosing



Sample size & Sites

- **Sample size**: Up to 45 pregnant people with virally suppressed HIV-1 & their infants to achieve 25 evaluable pairs in the switch group and 10 evaluable pairs in the continuation group
- **Sites**: United States & South Africa

	Switch Group	Continuation Group	Total
Cohort 1: Q4W dosing	20	5	**25**
Cohort 2: Q8W dosing	5	5	**10**
Total	**25**	**10**	**35**

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Eligibility Criteria

INCLUSION	EXCLUSION
➢ ≥18 years ➢ Single, live, intrauterine pregnancy ➢ Virally suppressed HIV-1 on oral ART (*switch* group) or CAB LA + RPV LA (*continuation* group) ➢ EGA: • 10w – 13w4d for switch group *with OLI* • 14w – 19w4d for switch group • ≤19w4d for continuation group	➢ Contraindication to CAB or RPV ➢ Contraindication to IM injection ➢ History of virologic/treatment failure ➢ Hepatitis B or C ➢ History of Nevirapine use ➢ Uncontrolled maternal co-morbidities, including seizure disorder and severe hepatic impairment ➢ Known/active TB and/or COVID-19 ➢ Therapeutic anticoagulation

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Thank you & Questions

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