

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/when-to-switch-art-in-virologically-suppressed-hiv/48927/>

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When to Consider Switching ART in Patients with Virologically Suppressed HIV

Announcer:

This is *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Monica Gandhi, who's a Professor of Medicine at the University of California, San Francisco and the Director of the UCSF Center for AIDS Research. She'll be discussing her presentation at the 2026 IDWeek conference, which focused on modifying antiretroviral therapy in people with virologically suppressed HIV. Here's Dr. Gandhi now.

Dr. Gandhi:

The question that we're posing here is, what do we do for people who are virologically suppressed? Should we be switching their therapy or at least thinking about it? And we are definitely in the era where we have lots of options, especially in high-income countries like the US, for different antiretroviral strategies.

And because of that, there was this important study called Ask Us Europe that found that we probably don't ask people on their HIV regimens when they're stable: "How's this working for you? You're doing great in terms of the virologic suppression, but how are you doing in terms of side effects? Or how many pills do you want to take a day? Or due to food effects, maybe you don't want to take a pill. Maybe you want a shot for HIV."

And so really this program is focused on the idea that if a patient virologically suppressed, that doesn't mean that we should keep people on their therapies. Think about always offering to simplify therapies for individuals by getting it down to one pill once a day, or if they don't love taking an oral pill, we now have injectable HIV medications every two months that are really easy to take; talk to your patients about it.

And then the final thing on that is that there are new antiretroviral combinations this year that just came out. One is bictegravir/lenacapavir as a single pill. The other one's doravirine/islatravir as a single pill. The data from the ARTISTRY-1 trial on bictegravir/lenacapavir was in people who are on complex regimens. They're on two, three, four, or even five pills a day, and there's a way to make that super simple and just take a single pill once a day. And that's really what the ARTISTRY-1 study showed us: for people who are on complex regimens with lots of drug resistance and a median of 28 years of having been on therapy, we could simplify their regimens.

The other consideration that we really think about is if someone is taking an oral pill and they're virologically suppressed, but what they don't like is taking that daily oral pill. Maybe they have some complex things going on in their lives. Maybe they experience stigma from being in a household, and you don't want people to see your HIV pill. And so really think about long-acting HIV therapy in people who are maybe doing fine on their oral ART, but they're actually not happy on it. And long-acting injectable therapy with cabotegravir and rilpivirine is the only approved combination. We're also going to talk about lenacapavir and cabotegravir as an emerging possibility for long-acting therapy in that session.

But take the time to talk to someone, and think about switching antiretroviral therapy, even when the goal of therapy, which is virologic suppression, is being met because the goal is to make people really comfortable on their regimen.

Announcer:

That was Dr. Monica Gandhi talking about antiretroviral therapy modification in people with virologically suppressed HIV. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!