UK-CAB – August 2026

Feedback from AIDS 2026 conference

Simon Collins, i-Base.info


AIDS 2026
26–31 July
Welcome to
AIDS 2026
aids2026.org/social
#AIDS2026 #RethinkRebuildRise
IAS International AIDS Society

AIDS 2026:

7500 delegates, 700 scholarships.

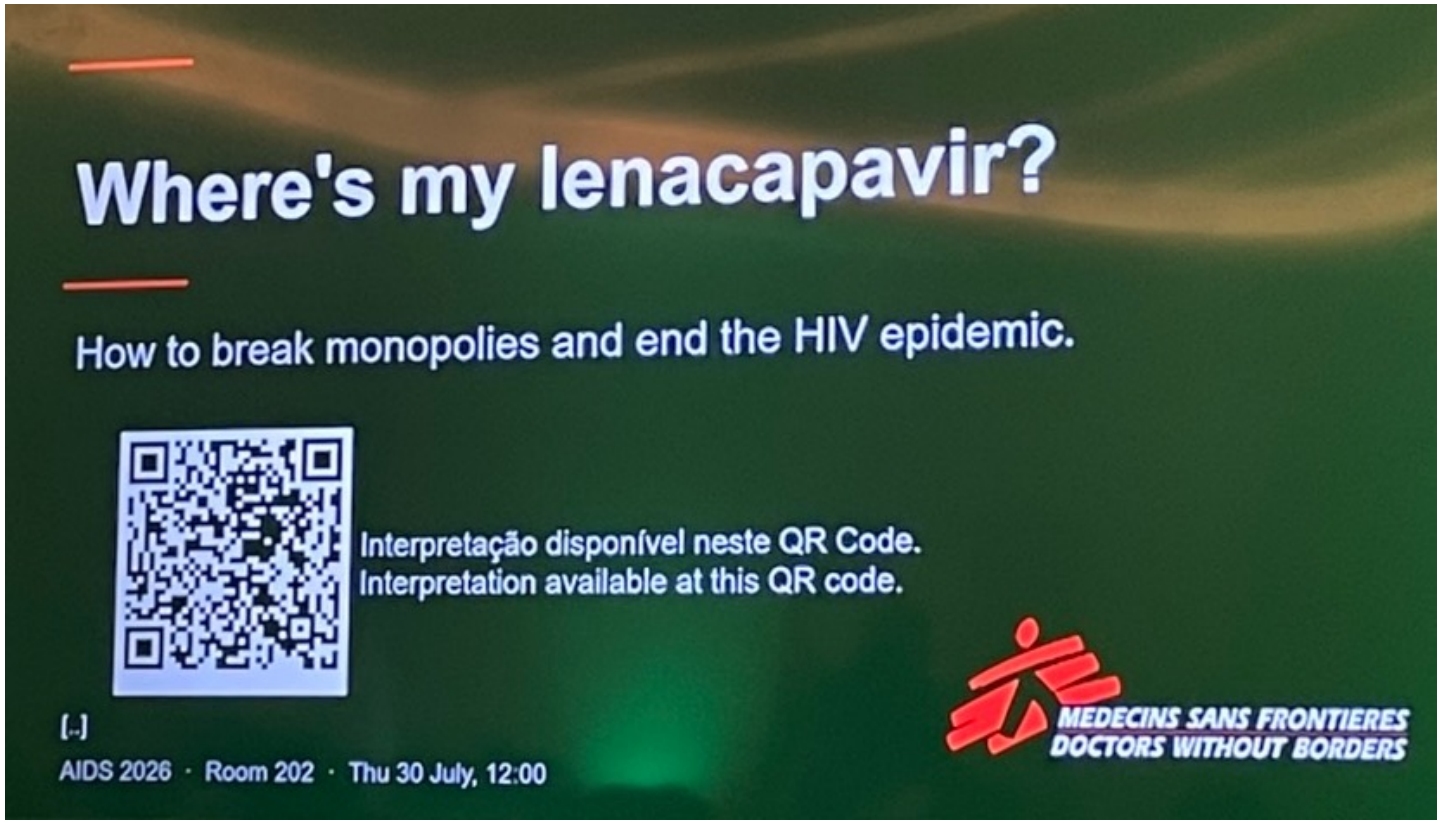
Abstracts and programme online
https://programme.aids2026.org

Opening ceremony
https://www.youtube.com/live/Xfgnx-s0woY

Rapporteur summaries
https://www.youtube.com/live/_DwcVL8-DmA

AIDS 2026: #Rethink, Rebuild and Rise

AIDS 2026: #Rethink, Rebuild and Rise



Six overlapping themes

1. Global funding crisis.
2. New ART pipeline.
3. Long-acting PrEP.
4. Advanced HIV, ageing
5. Cure-related research.
6. Community activism.

1. Global Access

"We gather in the shadow of decisions made by a few and felt by too many in communities and clinics across the planet ... increasing hostility to communities".

- Beatriz Grinsztein, IAS President, opening ceremony.

- High profile to funding and access.
- PEPFAR satellite meeting.
- PEPFAR data – closing 1700 community clinics and changing funded programmes.
- Some countries have no condoms, lube or PrEP.

2. New ART pipeline

- Once-weekly ISL/LEN: ISLEND-1 and -2.
- Once-weekly ISL/ULO (ulonivirine)
- 6-monthly LEN + 2bNAbs – phase 2 104 week – now phase 3 – Gilead.
- CAB-LA + lotivibart (N6LS) - ViiV

- Plenary talk by Monica Gandhi: ACCESS Including to LEN + CAB-LA.
Also: CAB/RPV with VL >50 copies/mL

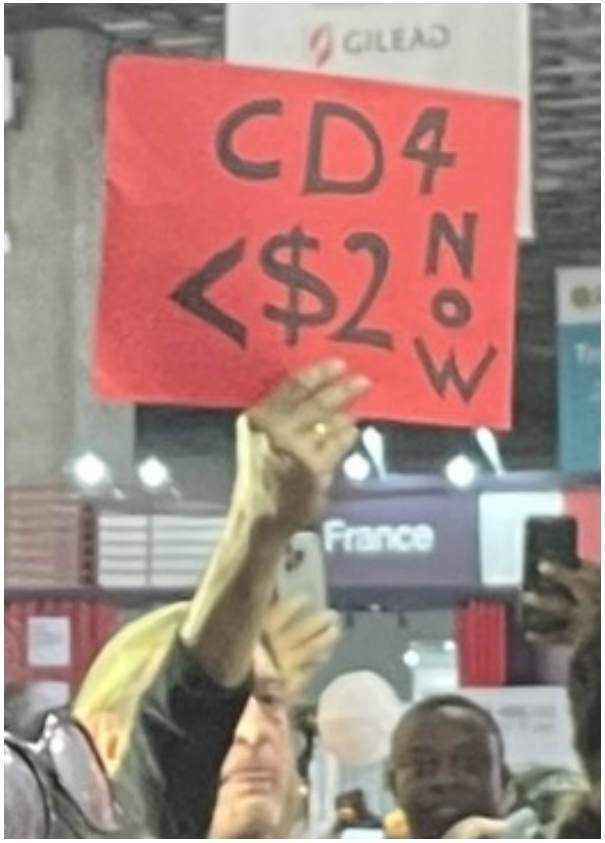
3. Long-Acting PrEP

- PURPOSE-1 and -2 OLE studies: Continued high efficacy, high demand, low access.

"It is not right that the whole continent is excluded" – MSF symposium.

- LEN access excludes Latin America.
- Challenge for Brazil to manufacture?
- Will alimatravir (MK-8527) be different: licenses signed with 7 generic companies (3 in Africa).
- Agreement with Brazilian MoH – for continent?
- Once-monthly for <US$15

4. Advanced HIV, ageing

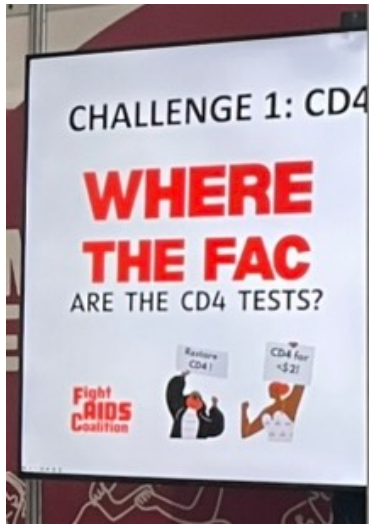


- Late diagnosis common (50%)
- Funding crises restricting care:
  - No CD4 tests, cotrimoxazole or fluconazole prophylaxis in some LMICs.
  - No access to CAB-LA or LEN for treatment or research.

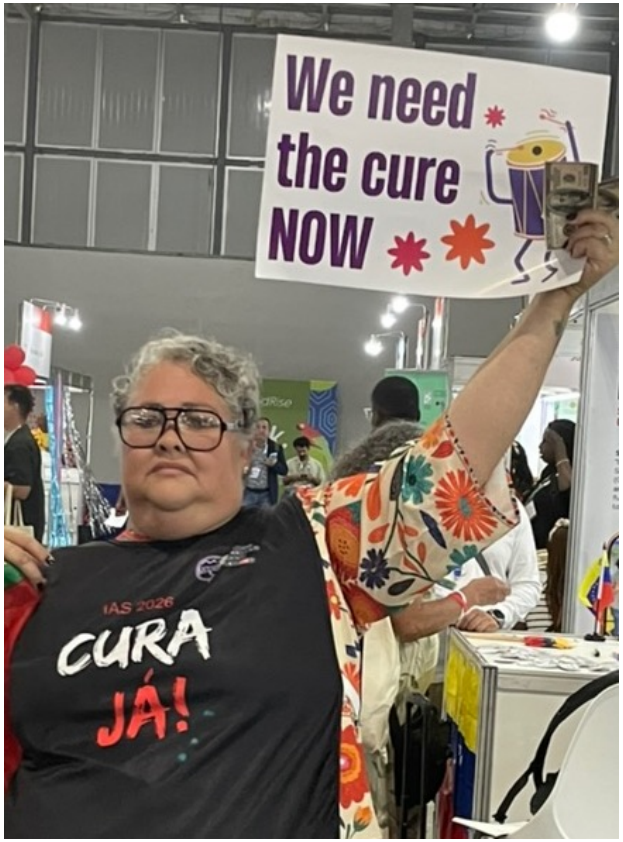
- LANCET commission on HIV and ageing: a global perspective.

The Lancet HIV Vol13, No. 8e569-e610.

https://www.youtube.com/watch?v=WHhBYh1zKMI



5. HIV-related cure



"América Latina por la cura"

- IAS satellite: Equity of global cure research

- Michel Nussensweig: bNAbs – new data supports use in chronic infection.
- Sarah Fidler: Q&A panel on cure advances
- 4 talks (2 from the UK) on novel approaches including CAR-T cell studies.
- 2 new stem-cell transplant cures

6. Community activism.

Quebra de patente já

(break the patents)

100s of exhibition stands in Global Village.

Community HIV+ leaders as key speakers. *(see opening and closing).*

All key populations.

Once-weekly ISL/LEN phase 3 studies

Rockstroh JK et al.
Late-breaking oral abstract OAB1406LB.

Once-weekly ISL/LEN phase 3 studies

Rockstroh JK et al. Once-weekly oral islatravir/lenacapavir (ISL/LEN) versus daily bictegravir/emtricitabine/tenofovir alafenamide (B/F/TAF) in virologically suppressed adults with HIV-1: Week 48 results of the ISLEND-1 phase 3 trial. Late-breaking oral abstract OAB1406LB.
https://programme.aids2026.org/Abstract/Abstract/?abstractid=12349

Colson AE et al. Once-weekly oral islatravir/lenacapavir (ISL/LEN) versus daily standard-of-care therapy in virologically suppressed adults with HIV-1: week 48 results of the ISLEND-2 phase 3 trial. Late breaking oral abstract OAX1106LB.
https://programme.aids2026.org/Abstract/Abstract/?abstractid=12363

Rockstroh JK et al for the ISLEND-1 Study Team. Phase 3 Trial of Weekly Oral Islatravir–Lenacapavir for HIV-1 Treatment, for the ISLEND-1 NEJM. DOI: 10.1056/NEJMoa2607973. (29 July 2026).
https://www.nejm.org/doi/full/10.1056/NEJMoa2607973

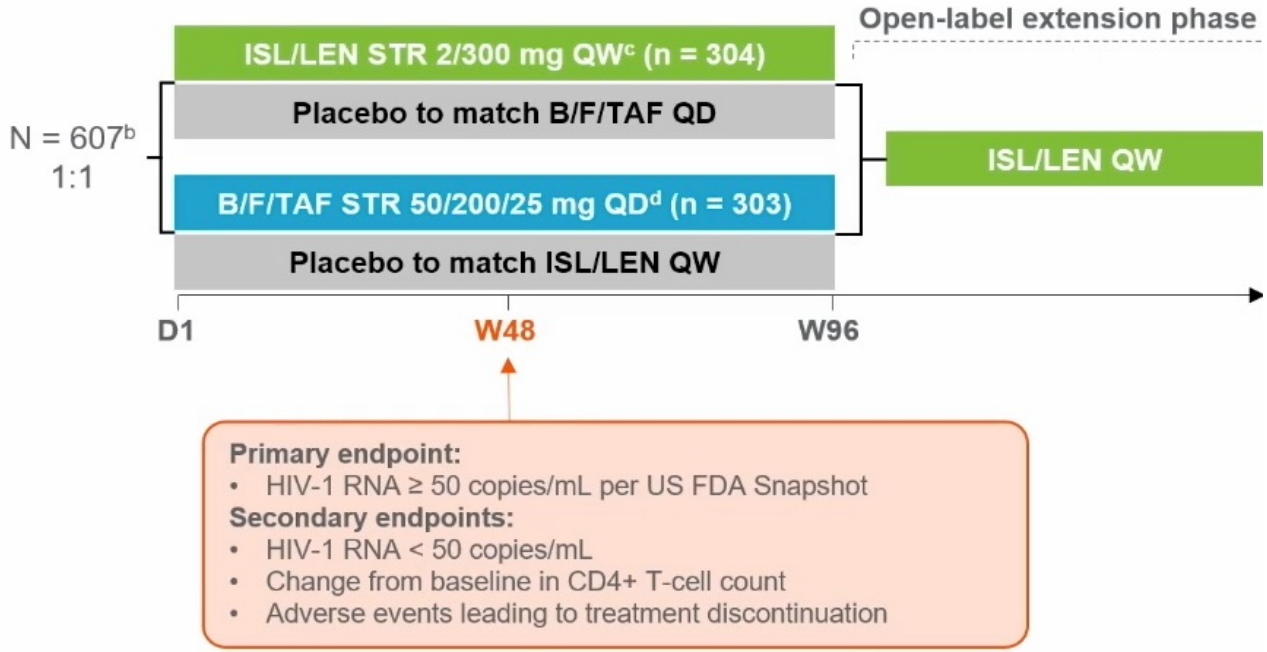
Rockstroh JK et al. OAB1406LB.

Study Design: Global trial at 106 sites[1]

ISLEND-1: Phase 3, double-blind, active-controlled noninferiority study in virologically suppressed PWH

Eligibility criteria:
- Age ≥ 18 years
- HIV-1 RNA < 50 copies/mL for ≥ 6 months on B/F/TAF
- No prior exposure to ISL or LEN
- No history of virologic failure
- No HBV infection[a]

Stratification:
- Region (US vs non-US)
- CD4+ T-cell count (< 200, 200 to < 350, 350 to < 500, and ≥ 500 cells/µL)



[a]Positive HBsAg or positive HBcAb and negative HBsAb. [b]Randomized: N=609, dosed: N=607. [c]Participants received a loading (initiation) dose of ISL/LEN 0.5/300 mg × 2 tablets administered orally on Days 1 and 2, then STR ISL/LEN 2/300 mg tablet administered orally once weekly from Day 8, without regard to food, plus matching B/F/TAF placebo. [d]Participants continued B/F/TAF 50/200/25 mg tablet administered orally once daily, without regard to food, and received matching ISL/LEN placebo (loading dose and weekly treatment). **B/F/TAF**, bictegravir/emtricitabine/tenofovir alafenamide; **D**, Day; **HBcAb**, hepatitis B core antibody; **HBsAg**, hepatitis B surface antigen; **HBV**, hepatitis B virus; **ISL**, islatravir; **LEN**, lenacapavir; **PWH**, people with HIV-1; **QD**, once daily; **QW**, once weekly; **STR**, single-tablet regimen; **W**, Week. 1. ClinicalTrials.gov. https://clinicaltrials.gov/study/NCT06630286 (accessed April 16, 2026).

Rockstroh JK et al. OAB1406LB.

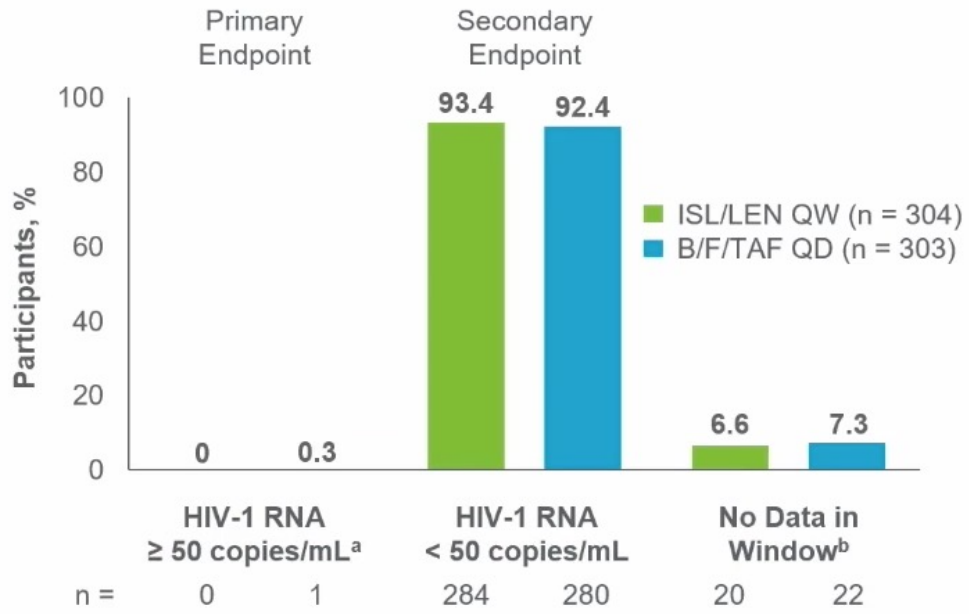
Baseline Demographic and Clinical Characteristics

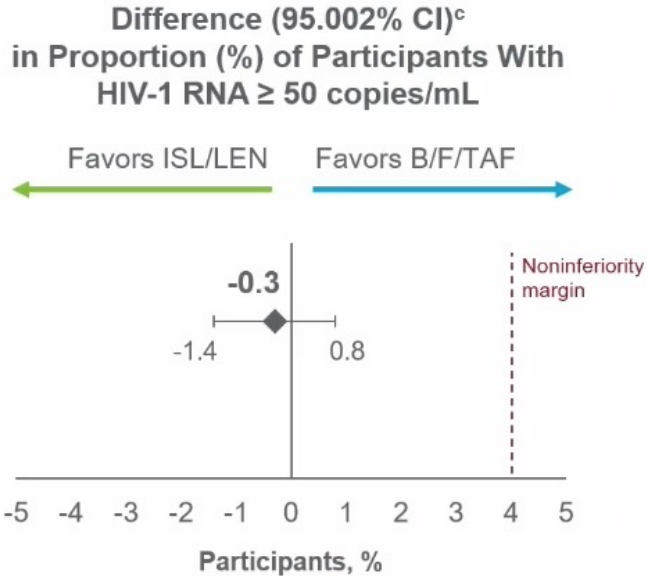
	ISL/LEN QW (n = 304)	B/F/TAF QD (n = 303)
Age, years, median (IQR)	49 (38–60)	48 (38–60)
Age ≥ 50 years, n (%)	151 (50)	143 (47)
Age ≥ 65 years, n (%)	52 (17)	40 (13)
Assigned female at birth, n (%)	67 (22)	58 (19)
Gender identity, n (%)		
Cisgender man or woman	299 (98)	296 (98)
Transgender, gender nonbinary, or gender nonconforming	5 (2)	7 (2)
Race, n (%)[a]		
White	148 (49)	128 (42)
Black	89 (29)	100 (33)
Asian	32 (11)	33 (11)
Other[b]	20 (7)	25 (8)
Ethnicity: Hispanic, or Latine, n (%)[a]	73 (24)	87 (29)
BMI, kg/m^2, mean (SD)	28.3 (6.4)	28.0 (6.4)
Body weight, kg, mean (SD)	84.8 (19.3)	83.2 (17.5)
CD4+ T-cell count, cells/μL, mean (SD)	739 (289.2)	745 (319.3)
≥ 500 cells/μL, n (%)	241 (79)	240 (79)
Lymphocyte count × 10^3 cells/μL, mean (SD)	1.86 (0.52)	1.90 (0.62)

[a]Local regulators did not allow collection of race in 32 participants (ISL/LEN, n = 15 [5%]; B/F/TAF, n = 17 [6%]) or ethnicity in 25 participants (ISL/LEN, n = 11 [4%]; B/F/TAF, n = 14 [5%]).
[b]Category includes American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Other.
B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; **BMI**, body mass index; **ISL**, islatravir; **LEN**, lenacapavir; **QD**, once daily; **QW**, once weekly.

Rockstroh JK et al. OAB1406LB.

Virologic Outcomes (FDA Snapshot) at Week 48





- Efficacy of once-weekly oral ISL/LEN was noninferior to that of once-daily B/F/TAF
- No emergent resistance to ISL or LEN was detected through Week 48

[a]Discontinued study drug due to other reasons and last available HIV-1 RNA was ≥ 50 copies/mL: B/F/TAF, n = 1. [b]Discontinued study drug due to adverse event: ISL/LEN, n = 6; B/F/TAF, n = 4. Discontinued study drug due to other reasons and last available HIV-1 RNA was < 50 copies/mL: ISL/LEN, n = 13; B/F/TAF, n = 15. Missing data during analysis window but still on study drug: ISL/LEN, n = 1; B/F/TAF, n = 3. [c]Difference in proportion of participants (ISL/LEN minus B/F/TAF) and two-sided 95.002% CI were constructed based on stratum-adjusted Mantel-Haenszel proportion adjusted by geographic region (US vs non-US); NI was achieved if the upper bound of the 95.002% CI was <4%. **B/F/TAF**, bictegravir/emtricitabine/tenofovir alafenamide; **ISL**, islatravir; **LEN**, lenacapavir; **NI**, noninferiority; **QD**, once daily; **QW**, once weekly.

Rockstroh JK et al. OAB1406LB.

Safety Profile Overview

Participants, n (%)	ISL/LEN QW (n = 304)	B/F/TAF QD (n = 303)
Any AE	241 (79)	238 (79)
Grade ≥ 3	22 (7)	22 (7)
Treatment-related AEs	41 (13)	40 (13)
Most common treatment-related AEs (≥ 2% in the ISL/LEN group)		
Nausea	9 (3)	10 (3)
Headache	9 (3)	8 (3)
Dizziness	6 (2)	0
Serious AEs	16 (5)	14 (5)
AEs leading to study drug discontinuation[a]	6 (2)	5 (2)
Deaths	0	0

- There was one treatment-related serious AE: maculopapular rash (Grade 3) in an individual with prior history of asthma and drug hypersensitivity
- One participant (unvaccinated) discontinued treatment due to an AE of hepatitis B (Grade 2)

Severity grades were defined by the DAIDS Toxicity Grading Scale, version 2.1.
[a]Four of these 11 participants had treatment-related AEs leading to treatment discontinuation: myalgia and arthralgia (n = 1), rash maculo-papular (n = 1), arthralgia (n = 1), and brain fog and disturbance in attention (n = 1). Because of the potential for functional unblinding of investigators due to the low frequency of these AEs, they are reported without treatment-group attribution.
AE, adverse event; **B/F/TAF**, bictegravir/emtricitabine/tenofovir alafenamide; **DAIDS**, Division of AIDS; **ISL**, islatravir; **LEN**, lenacapavir; **QD**, once daily; **QW**, once weekly.

Once-monthly oral PrEP for $US 3/year

Cross S et al. MK-8527: mass production for US $15/year as PrEP. Oral abstract OAE0504.
https://programme.aids2026.org/Abstract/Abstract/?abstractid=4194

AIDS 2026
26–31 July

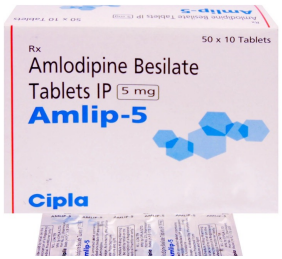
Cross S et al. Oral abstract OAE0504

UK National Health Service: prices for cheap generics: < $1

28 Tablets = **$0.64**

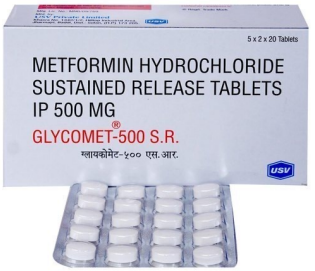
28 Tablets = **$0.27**

28 Tablets = **$0.29**

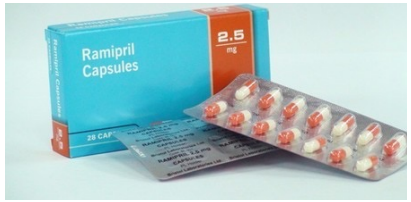


21 Tablets = **$0.97**

28 Tablets = **$0.61**

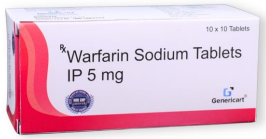


28 Tablets = **$0.63**

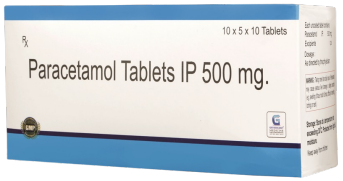


28 Tablets = **$0.79**

28 Tablets = **$0.45**



32 Tablets = **$0.57**



28 Tablets = **$0.57**

https://www.gov.uk/government/publications/drugs-and-pharmaceutical-electronic-market-information-emit

Cross S et al. Oral abstract OAE0504

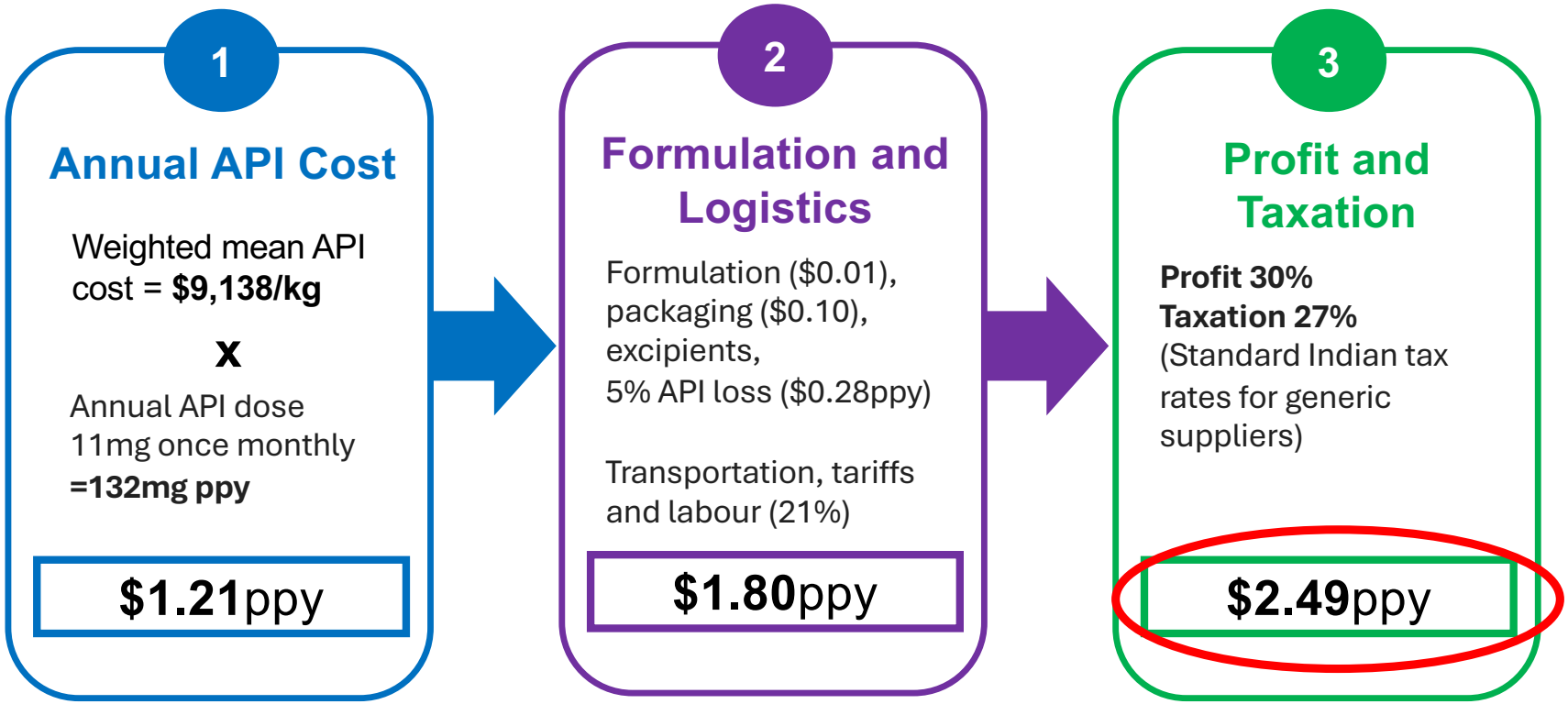
TDF/FTC – 500 mg/day

Alimatrevir - 132 mg/year

Slide: Samuel Cross et al.

Cross S et al. Oral abstract OAE0504

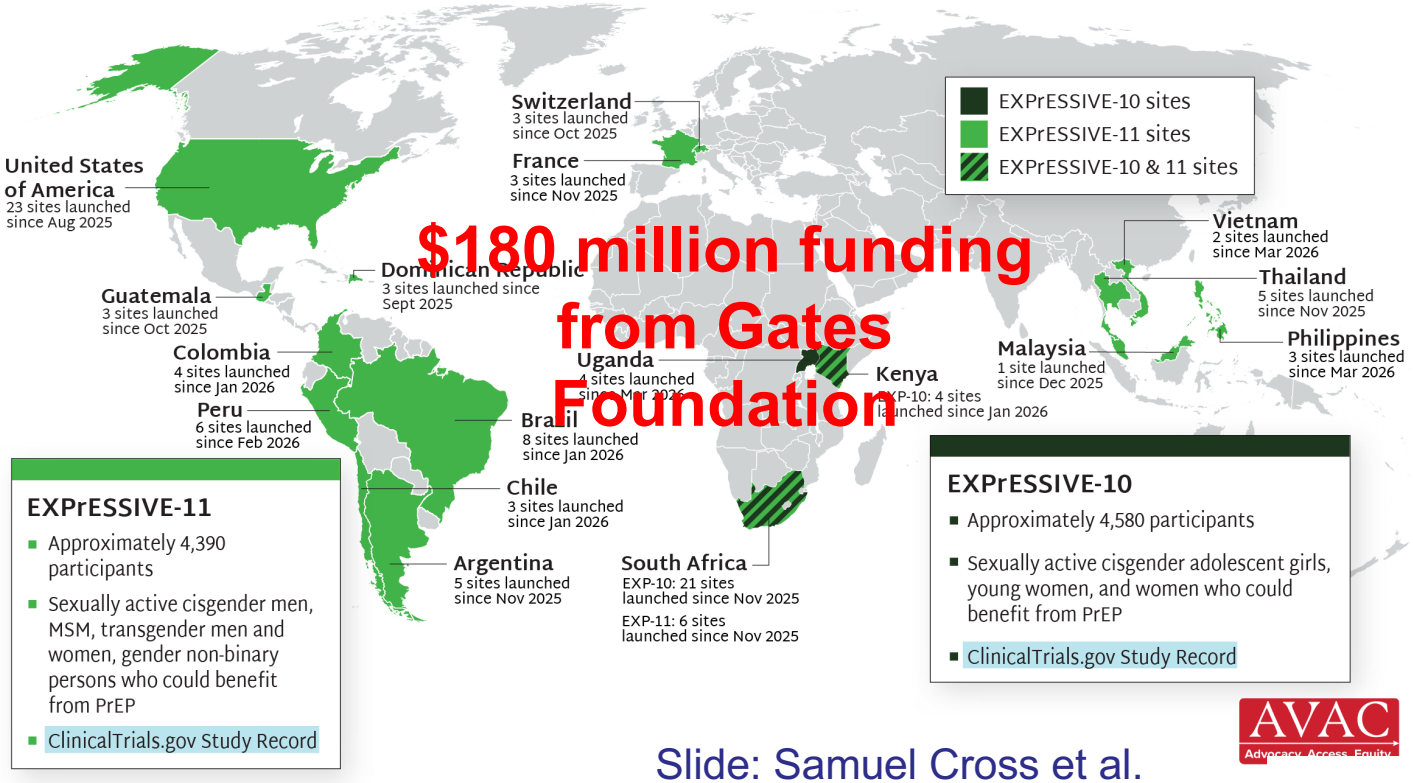
Results: Estimated cost of production



EXPrESSIVE Phase III Program Countries of MK-8527

17 countries hosting sites for Phase 3 studies:

EXPrESSIVE-11 (launched Aug 2025) and EXPrESSIVE-10 (launched Nov 2025)



Slide: Samuel Cross et al.

AIDS 2026: #Rethink, Rebuild and Rise

Thank you

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Spare slides

Once-weekly ISLEND-1 phase 3 study

Summary Slide

What is your main question?

- To assess the efficacy, safety, and tolerability of a novel investigational once-weekly single-tablet treatment regimen of islatravir/lenacapavir (ISL/LEN) compared with daily oral B/F/TAF in people with HIV-1 who were virologically suppressed on B/F/TAF

What did you find?

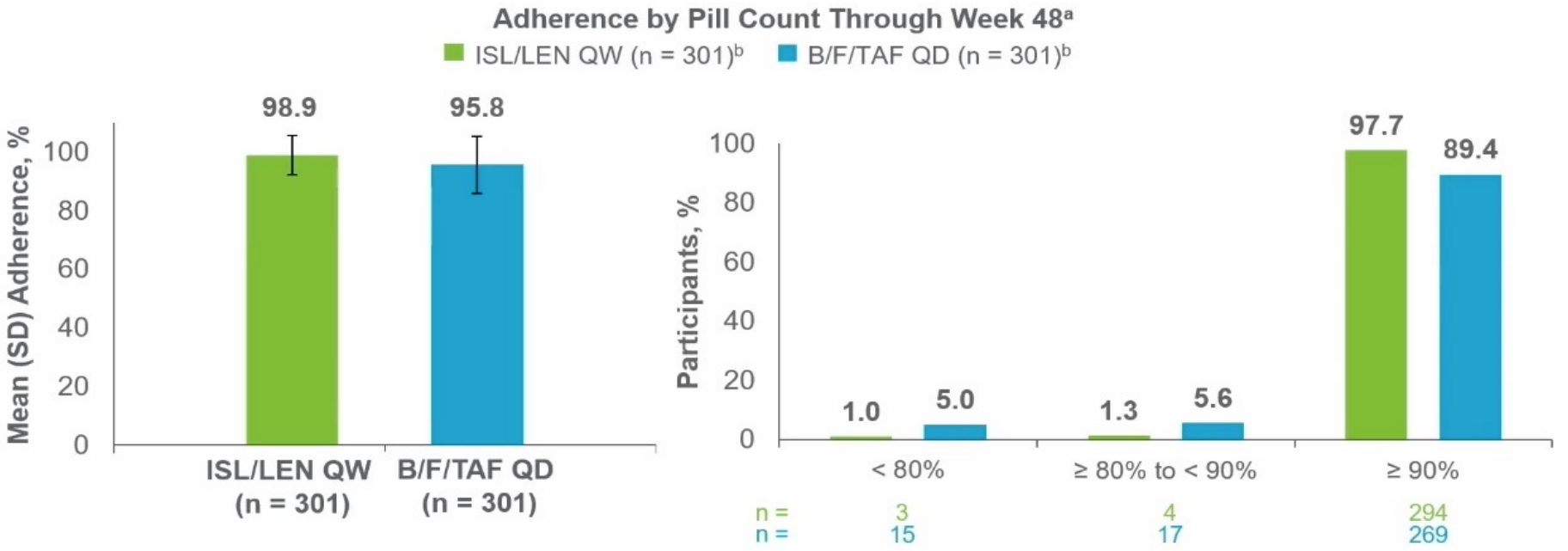
- Switching to once-weekly oral ISL/LEN was well tolerated and maintained a high rate of virologic suppression; efficacy was noninferior to that of B/F/TAF at Week 48. No treatment-emergent resistance to ISL/LEN was identified to date

Why is it important?

- New treatment options, including oral treatments with longer dosing intervals, are needed to meet the diverse circumstances and preferences of people with HIV-1, and could help reduce some of the barriers to sustained virologic suppression

Rockstroh JK et al. OAB1406LB.

Adherence to Study Treatment

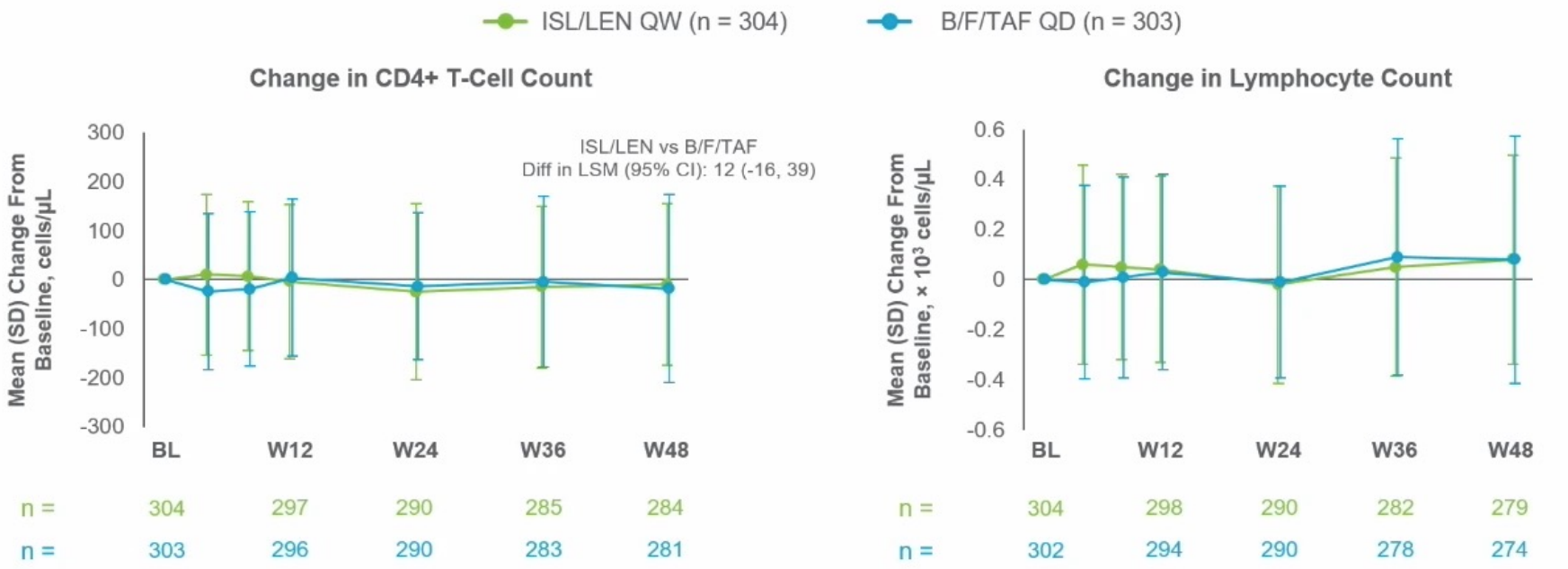


The proportion of participants with adherence rates of ≥ 90% was 98% in the ISL/LEN group and 89% in the B/F/TAF group[b]

On-treatment adherence (%) = [total number of tablets administered / tablets expected to be administered on treatment] × 100.
[a]Adherence data relate to active treatment only (not placebo): adherence to weekly treatment for ISL/LEN; adherence to daily treatment for B/F/TAF, error bars represent the SD.
[b]Denominator for this analysis was the number of participants who returned at least one bottle and had calculable adherence.
B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; **ISL**, islatravir; **LEN**, lenacapavir; **QD**, once daily; **QW**, once weekly.

Rockstroh JK et al. OAB1406LB.

CD4+ T-cell and Lymphocyte Count Changes Through Week 48



- There were no between-group differences in CD4+ T-cell count
- A similar mean increase in absolute lymphocyte count was observed in both groups at Week 48
- No participants discontinued due to a decrease in CD4+ T-cell or lymphocyte counts

B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; **BL**, baseline; **Diff**, difference; **ISL**, islatravir; **LEN**, lenacapavir; **LSM**, least squares mean; **QD**, once daily; **QW**, once weekly; **W**, Week.

Rockstroh JK et al. OAB1406LB.

Conclusions

- Once-weekly oral ISL/LEN maintained high rates of virologic suppression (93%) at Week 48 and was noninferior to daily B/F/TAF
- No emergent resistance to ISL or LEN was detected through Week 48
- CD4+ T-cell counts and lymphocyte counts were stable through Week 48, with no clinically meaningful changes and no discontinuations due to declines
- Once-weekly oral ISL/LEN was generally well tolerated, with few participants discontinuing treatment due to adverse events

ISL/LEN has the potential to be the first complete once-weekly oral single-tablet regimen for the treatment of HIV-1

B/F/TAF, bictegravir/emtricitabine/tenofovir alafenamide; ISL, islatravir; LEN, lenacapavir.