PURPOSE

Prevention with PURPOSE

AIDS 2026
26–31 July

Zero HIV Acquisitions With Twice-Yearly Subcutaneous Lenacapavir for PrEP During 52 Weeks of Open-Label Extension in PURPOSE 1

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Acknowledgments and Presenter Disclosures

Acknowledgments

We extend our deepest gratitude to the PURPOSE 1 trial participants who have shared their time, experiences, and bodies for the purposes of this research, and their families and communities, the Global Community Advisory and Accountability Group, the site staff and investigators, and the members of the PURPOSE 1 study team

Disclosures

- Noah Kiwanuka has no conflicts of interest to disclose
- Gilead Sciences, Inc. funded the study and designed the study with input from the PI and Global Community Advisory and Accountability Group. The PIs and study staff gathered data; Gilead Sciences monitored the conduct of the trial, received the data, and performed analyses
- Medical writing support was provided by Simon Wigfield, PhD (Aspire Scientific Ltd, UK), and was funded by Gilead Sciences, Inc.

PI, principal investigator.

Summary

What is your main question?

- Does twice-yearly SC LEN for PrEP continue to be efficacious and well tolerated with longer-term follow-up in the open-label extension (OLE) of PURPOSE 1?

What did you find?

- LEN was highly efficacious through the first 52 weeks of the OLE
- No participants on open-label LEN acquired HIV during 52 weeks of the OLE
- The tolerability of LEN was similar through Week 52 of the OLE in participants who continued LEN or switched from oral F/TAF or F/TDF

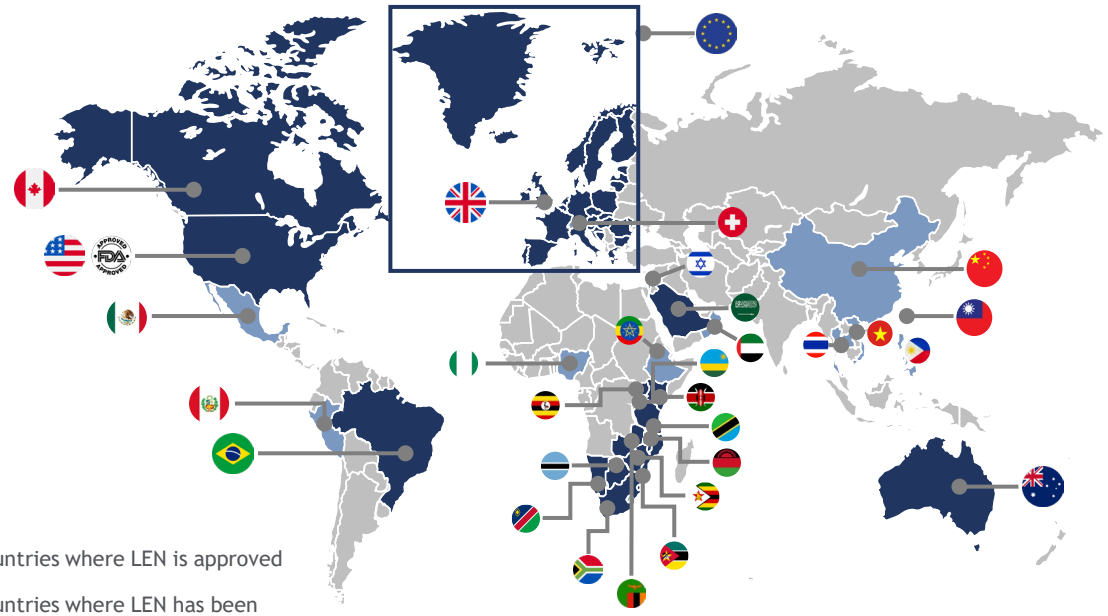
Why is it important?

- The high efficacy of twice-yearly SC LEN, in combination with a consistent safety profile, reinforces LEN as a transformative PrEP option for cisgender women

F/TAF, emtricitabine/tenofovir alafenamide; **F/TDF**, emtricitabine/tenofovir disoproxil fumarate; **LEN**, lenacapavir; **OLE**, open-label extension; **PrEP**, pre-exposure prophylaxis; **SC**, subcutaneous.

Twice-Yearly SC LEN for PrEP is Highly Efficacious in Cisgender Women in PURPOSE 1

LEN Regulatory Approvals and Submissions



Countries where LEN is approved

Countries where LEN has been submitted for regulatory approval

Last updated: April 23, 2026

Globally, 45% of all new HIV acquisitions in 2024 were among girls and women, including 63% in sub-Saharan Africa[1]

Primary results demonstrated robust efficacy and tolerability of twice-yearly SC LEN for PrEP compared with F/TDF[2]

Following the primary analysis results, PURPOSE 1 participants could choose to continue on LEN or switch to LEN in the open-label extension (OLE)

We present longer-term HIV incidence and safety outcomes through 52 weeks of the open-label extension (OLE), including the first switch data from oral F/TAF or F/TDF to SC LEN

F/TAF, emtricitabine/tenofovir alafenamide; **F/TDF**, emtricitabine/tenofovir disoproxil fumarate; **LEN**, lenacapavir; **OLE**, open-label extension; **PrEP**, pre-exposure prophylaxis; **SC**, subcutaneous.

1. UNAIDS. https://www.unaids.org/sites/default/files/2025-07/2025_Global_HIV_Factsheet_en.pdf (accessed July 15, 2026). 2. Bekker LG, et al. *N Engl J Med*. 2024;391:1179-92.

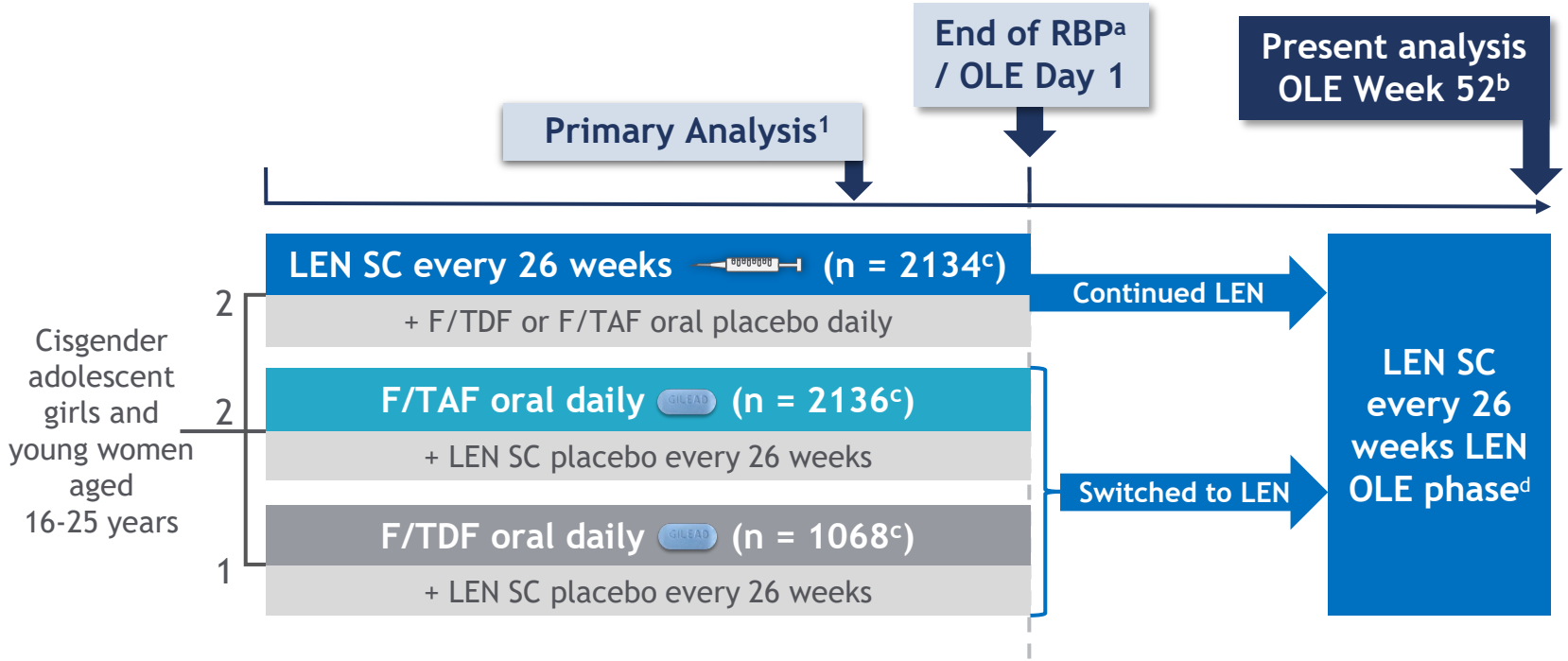
PURPOSE 1 Longer-Term Follow-up Through OLE Week 52

PURPOSE 1 Enrolled Participants

Darker shading corresponds to a higher proportion of participants

Randomized Blinded Phase

Open-Label Extension

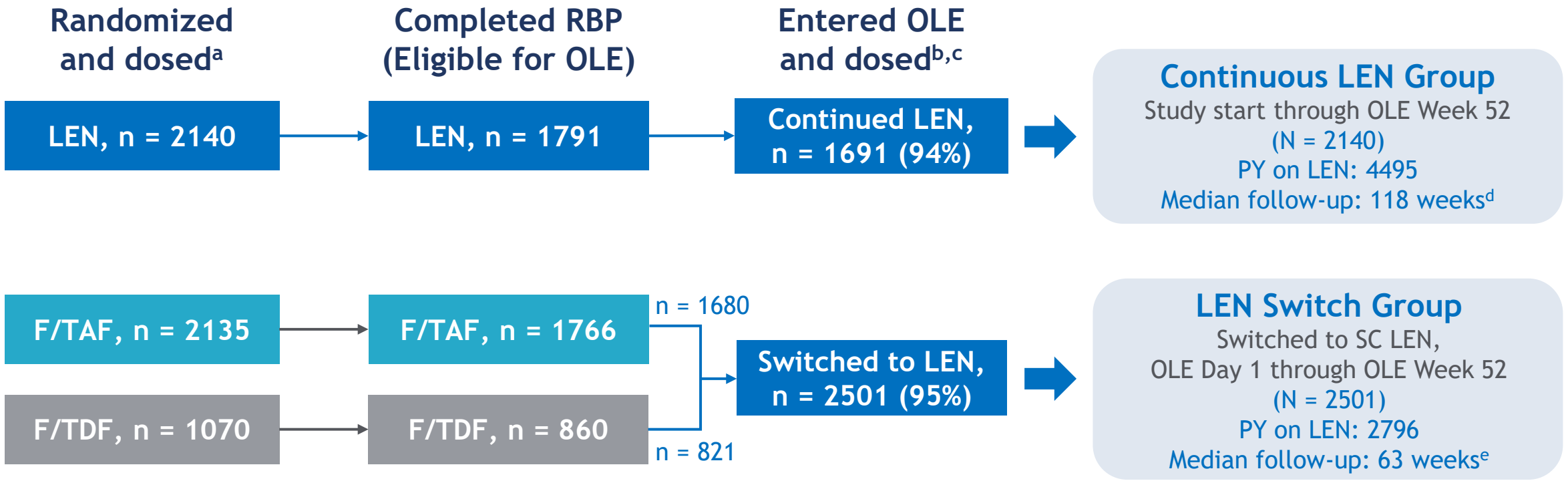


ClinicalTrials.gov: NCT04994509

The present analysis includes over 7000 person-years on LEN

[a]Participants who declined LEN OLE were offered up to 78 weeks of open-label F/TDF if they were on blinded LEN in RBP. [b]The present analysis was conducted when 99% of participants reached OLE Week 52.
[c]Full analysis set for efficacy analyses. [d]In the optional OLE, participants received SC LEN every 26 weeks, including oral LEN loading if they had not received LEN in the prior 28 weeks.
F/TAF, emtricitabine/tenofovir alafenamide; **F/TDF**, emtricitabine/tenofovir disoproxil fumarate; **LEN**, lenacapavir; **OLE**, open-label extension; **RBP**, randomized blinded phase; **SC**, subcutaneous. 1. Bekker LG, et al. *N Engl J Med*. 2024;391:1179-92.

The Majority of Participants Chose Open-Label LEN

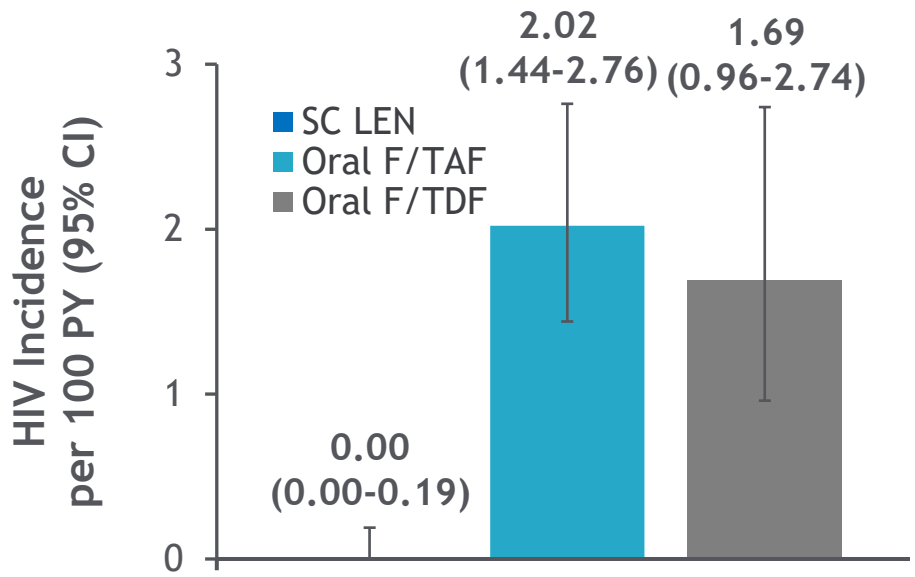


95% of participants who completed the RBP opted to continue or switch to LEN in the OLE

[a]Safety analysis set; 4 (LEN), 1 (F/TAF), and 2 (F/TDF) participants who had an HIV diagnosis on or before the first dose were randomized and dosed but were not included in the full analysis set evaluated for efficacy. [b]Of available OLE Week 52 data: at the cutoff (Oct. 6, 2025), some participants may have been on LEN for more or fewer than 52 weeks from the first OLE LEN injection. [c]Safety analysis set; 1 (LEN), 2 (F/TAF), and 3 (F/TDF) participants who had an HIV diagnosis on or before the first dose of open label LEN entered OLE and were dosed. [d]Continuous LEN group median follow-up (min-max): 118 weeks (0.1-212). [e]LEN switch group median follow-up (min-max): 63 weeks (0.1-77). **F/TAF**, emtricitabine/tenofovir alafenamide; **F/TDF**, emtricitabine/tenofovir disoproxil fumarate; **LEN**, lenacapavir; **OLE**, open-label extension; **PY**, person-years; **RBP**, randomized blinded phase.

LEN Efficacy Remained High Through Longer-Term Follow-up

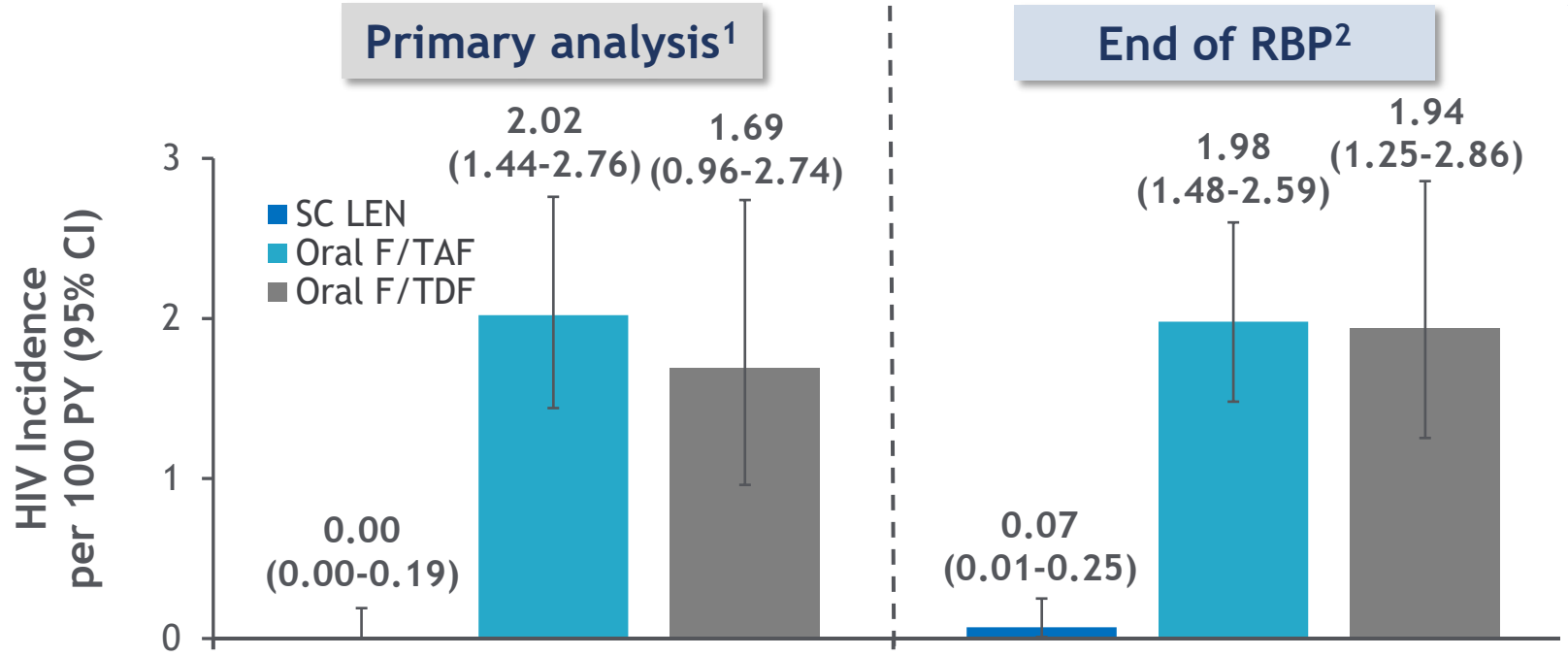
Primary analysis[1]



No. of participants[a]:	2134	2136	1068
New HIV acquisitions:	0	39	16
Cumulative HIV acquisitions:	0	39	16
PY of follow-up:	1939	1932	949

Continuous LEN group includes participants who received LEN and received oral placebo (F/TDF or F/TAF) in the RBP until LEN discontinuation. LEN switch group includes participants who switched to LEN in the OLE. All LEN includes participants from continuous LEN and LEN switch groups. [a]Includes participants in the full analysis set for efficacy analyses. [b]Includes three participants who were randomized to F/TAF or F/TDF but received active LEN during RBP and excludes one participant randomized to LEN who received active F/TDF in the RBP. [c]Participants with HIV on Day 1 of OLE switch were excluded (n = 5). [d]Includes participants who received LEN in the RBP (n = 2136) plus those who were HIV negative on OLE Day 1 and switched from F/TAF (n = 1678) and F/TDF (n = 818). **CI**, confidence interval; **F/TAF**, emtricitabine/tenofovir alafenamide; **F/TDF**, emtricitabine/tenofovir disoproxil fumarate; **LEN**, lenacapavir; **OLE**, open-label extension; **PrEP**, pre-exposure prophylaxis; **PY**, person-years; **RBP**, randomized blinded phase; **SC**, subcutaneous. 1. Bekker LG, et al. *N Engl J Med*. 2024;391:1179-92. 2. Ndlovu N, et al. Oral 128 presented at: CROI; Feb. 22-25, 2026; Denver, CO, USA.

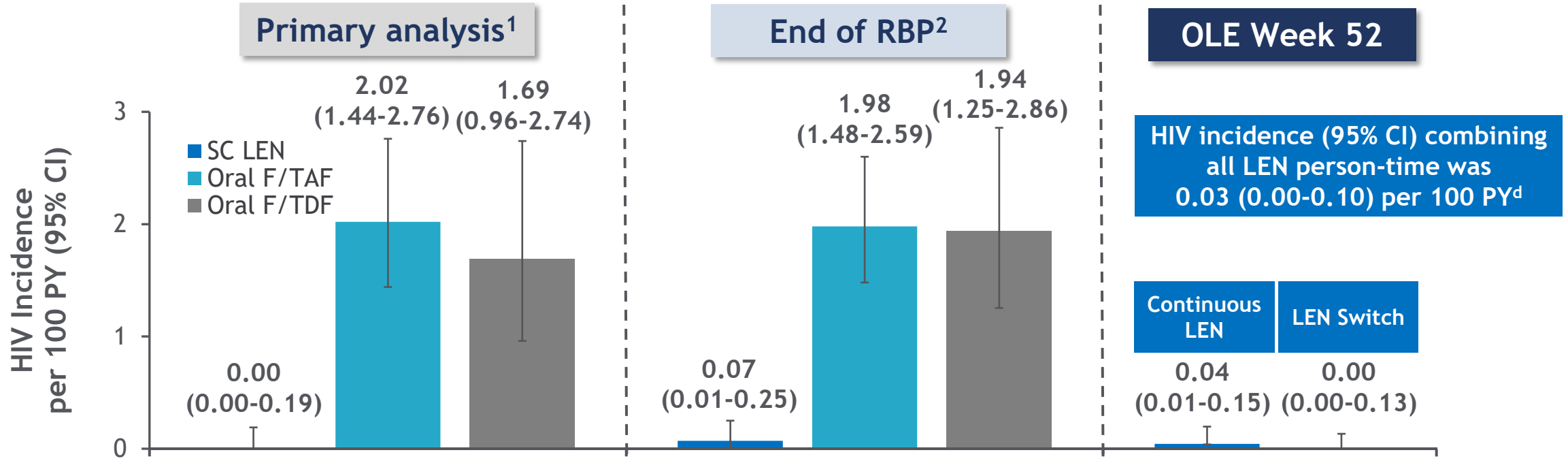
LEN Efficacy Remained High Through Longer-Term Follow-up



No. of participants[a]:	2134	2136	1068	2134	2136	1068
New HIV acquisitions:	0	39	16	2	13	9
Cumulative HIV acquisitions:	0	39	16	2	52	25
PY of follow-up:	1939	1932	949	2953	2630	1291

Continuous LEN group includes participants who received LEN and received oral placebo (F/TDF or F/TAF) in the RBP until LEN discontinuation. LEN switch group includes participants who switched to LEN in the OLE. All LEN includes participants from continuous LEN and LEN switch groups. [a]Includes participants in the full analysis set for efficacy analyses. [b]Includes three participants who were randomized to F/TAF or F/TDF but received active LEN during RBP and excludes one participant randomized to LEN who received active F/TDF in the RBP. [c]Participants with HIV on Day 1 of OLE switch were excluded (n = 5). [d]Includes participants who received LEN in the RBP (n = 2136) plus those who were HIV negative on OLE Day 1 and switched from F/TAF (n = 1678) and F/TDF (n = 818). **CI**, confidence interval; **F/TAF**, emtricitabine/tenofovir alafenamide; **F/TDF**, emtricitabine/tenofovir disoproxil fumarate; **LEN**, lenacapavir; **OLE**, open-label extension; **PrEP**, pre-exposure prophylaxis; **PY**, person-years; **RBP**, randomized blinded phase; **SC**, subcutaneous. 1. Bekker LG, et al. *N Engl J Med*. 2024;391:1179-92. 2. Ndlovu N, et al. Oral 128 presented at: CROI; Feb. 22-25, 2026; Denver, CO, USA.

LEN Efficacy Remained High Through Longer-Term Follow-up



No. of participants[a]:	2134	2136	1068	2134	2136	1068	2136[b]	2496[c]
New HIV acquisitions:	0	39	16	2	13	9	0	0
Cumulative HIV acquisitions:	0	39	16	2	52	25	2	0
PY of follow-up:	1939	1932	949	2953	2630	1291	4682	2779

No new HIV acquisitions in women on open-label LEN, including among those who switched from oral PrEP to LEN

Continuous LEN group includes participants who received LEN and received oral placebo (F/TDF or F/TAF) in the RBP until LEN discontinuation. LEN switch group includes participants who switched to LEN in the OLE. All LEN includes participants from continuous LEN and LEN switch groups. [a]Includes participants in the full analysis set for efficacy analyses. [b]Includes three participants who were randomized to F/TAF or F/TDF but received active LEN during RBP and excludes one participant randomized to LEN who received active F/TDF in the RBP. [c]Participants with HIV on Day 1 of OLE switch were excluded (n = 5). [d]Includes participants who received LEN in the RBP (n = 2136) plus those who were HIV negative on OLE Day 1 and switched from F/TAF (n = 1678) and F/TDF (n = 818). **CI**, confidence interval; **F/TAF**, emtricitabine/tenofovir alafenamide; **F/TDF**, emtricitabine/tenofovir disoproxil fumarate; **LEN**, lenacapavir; **OLE**, open-label extension; **PrEP**, pre-exposure prophylaxis; **PY**, person-years; **RBP**, randomized blinded phase; **SC**, subcutaneous. 1. Bekker LG, et al. *N Engl J Med*. 2024;391:1179-92. 2. Ndlovu N, et al. Oral 128 presented at: CROI; Feb. 22-25, 2026; Denver, CO, USA.

LEN Safety and Tolerability Was Similar in Participants Initially Randomized to LEN and Those Who Switched to LEN From Oral PrEP

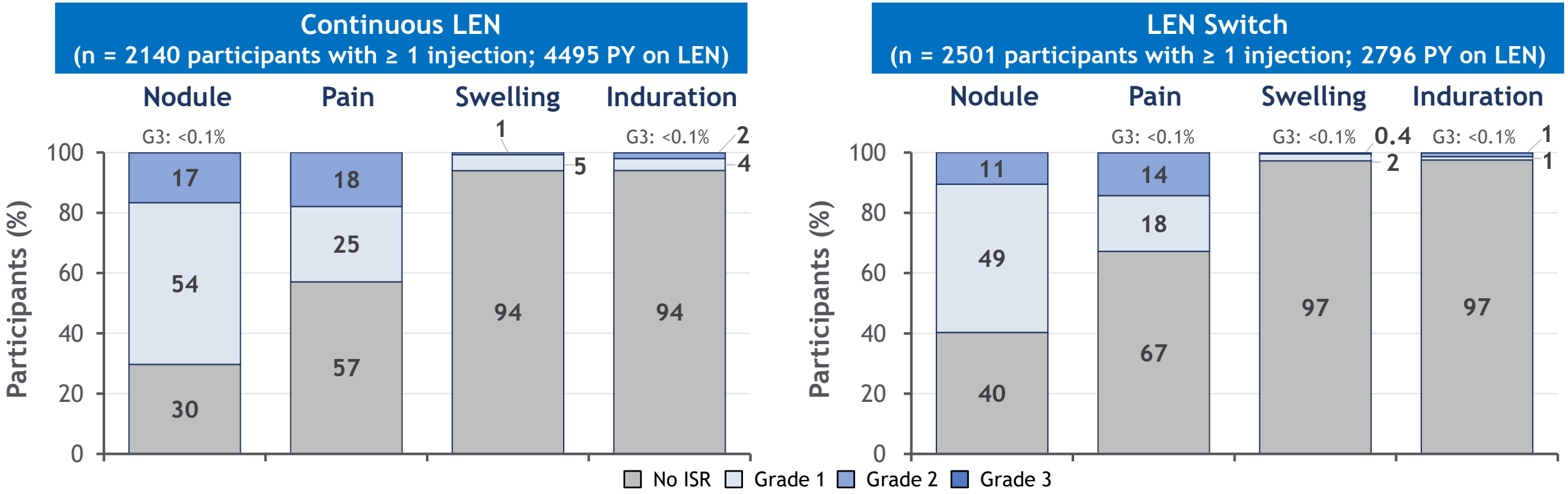
AE, n (%)	Continuous LEN Group (n = 2140)	LEN Switch Group (n = 2501)
Cumulative duration of exposure to LEN, PY	4495	2796
Any AE[a,b]	1883 (88)	1969 (79)
Grade ≥ 3	182 (9)	154 (6)
Serious AEs	142 (7)	136 (5)
AEs leading to discontinuation of study regimen	9 (< 1)	4 (< 1)
ISRs (participants receiving active LEN injections)	1632 (76)	1637 (65)
Grade 2	612 (29)	568 (23)
Grade 3[c]	7 (< 1)	5 (< 1)
Leading to discontinuation of study regimen	4 (< 1)	2 (< 1)
AEs occurring in ≥ 15% of participants (excluding ISRs)		
Genitourinary chlamydia infection	543 (25)	498 (20)
Urinary tract infection	450 (21)	325 (13)
Upper respiratory tract infection	428 (20)	326 (13)
Headache	386 (18)	176 (7)

ISR and AE profiles were similar in participants who opted to continue or switch to LEN in the OLE

Continuous LEN group includes participants who received LEN and received oral placebo (F/TDF or F/TAF) in the RBP until LEN discontinuation. LEN switch group includes participants who switched to LEN in the OLE. [a]AEs were treatment-emergent in participants who received at least one dose of study drug and exclude injection site reactions. [b]Coded according to the Medical Dictionary for Regulatory Activities, Version 28.0, and the Division of AIDS Table for Grading the Severity of Adult and Pediatric Adverse Events, Version 2.1. [c]Highest grade. **AE**, adverse event; **F/TAF**, emtricitabine/tenofovir alafenamide; **F/TDF**, emtricitabine/tenofovir disoproxil fumarate; **ISR,** injection site reaction; **LEN**, lenacapavir; **OLE**, open-label extension; **PrEP**, pre-exposure prophylaxis; **PY,** person-years; **RBP**, randomized blinded phase.

ISR Incidence and Severity Were Similar in Continuous LEN and LEN Switch Groups

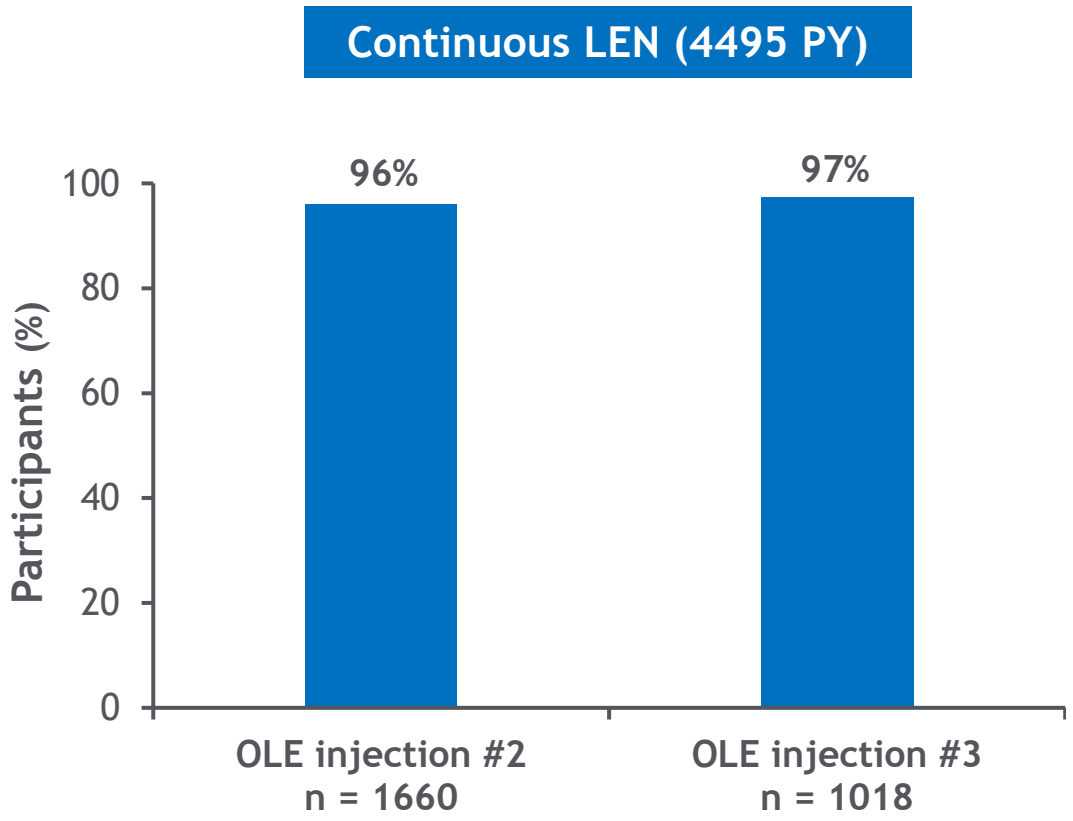
ISRs occurring in ≥ 100 participants receiving active LEN injections through OLE Week 52

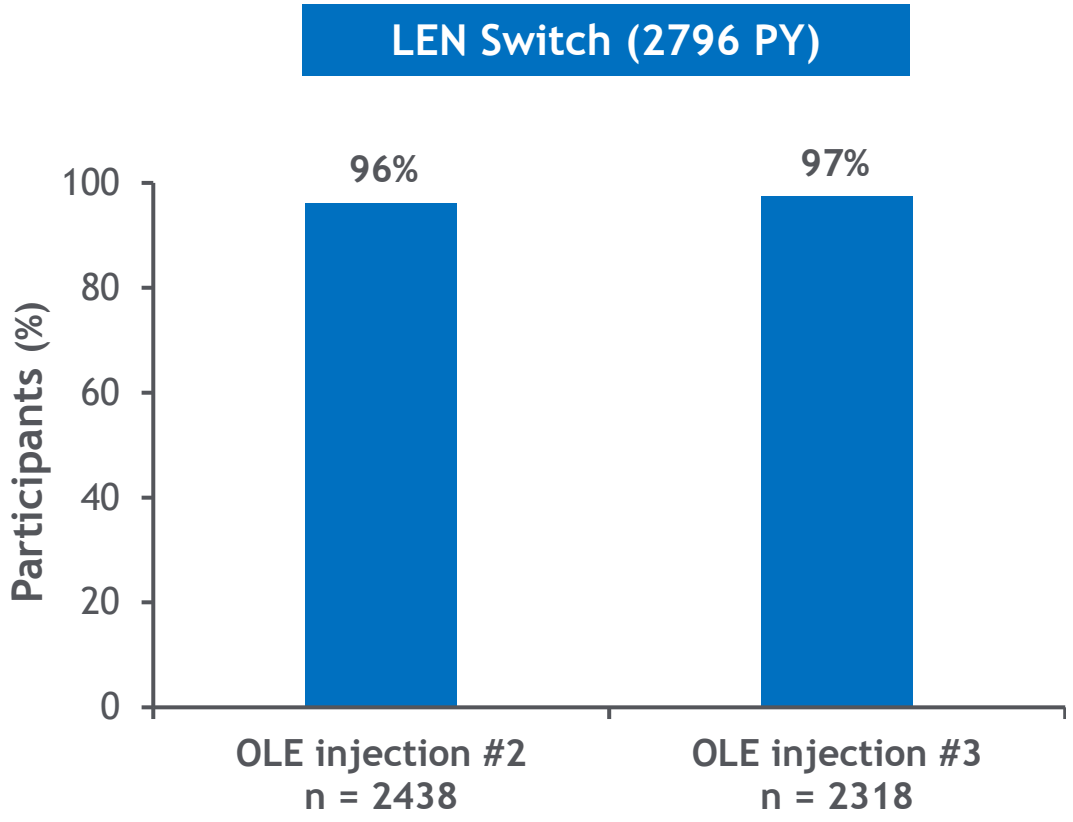


The majority of participants did not report ISRs other than expected injection site nodules

ISRs that are reported here were to study drug-related injection only and were coded according to the Medical Dictionary for Regulatory Activities, Version 28.0. Continuous LEN group includes participants who received LEN and received oral placebo (F/TDF or F/TAF) in the RBP until LEN discontinuation and includes both blinded and unblinded LEN injections. LEN switch group includes participants who switched to LEN in the OLE. Due to rounding, percentages may not total 100.
F/TAF, emtricitabine/tenofovir alafenamide; **F/TDF**, emtricitabine/tenofovir disoproxil fumarate; **G**, grade; **ISR**, injection site reaction; **LEN**, lenacapavir; **OLE**, open-label extension; **PY**, person-years; **RBP**, randomized blinded phase.

Adherence to Open-Label LEN Injections Was High Among LEN Switch Group



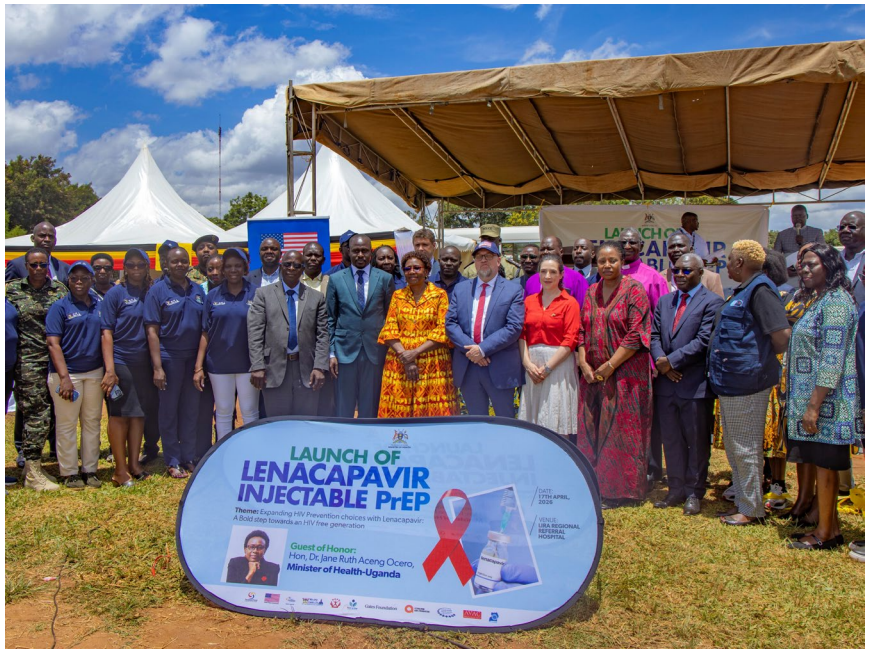


Adherence to open-label LEN injections was similarly high in participants who opted to continue or switch to LEN

The total number of participants used as denominators for each time point were the number of participants expected to receive an injection (participants with the potential of follow-up or participants who did not discontinue LEN). Adherence to LEN was defined as on-time injection (≤ 28 weeks after the last injection) at Weeks 26 or 52. Continuous LEN group includes participants who received LEN and received oral placebo (F/TDF or F/TAF) in the RBP until LEN discontinuation. LEN switch group includes participants who switched to LEN in the OLE.

F/TAF, emtricitabine/tenofovir alafenamide; **F/TDF**, emtricitabine/tenofovir disoproxil fumarate; **LEN**, lenacapavir; **OLE**, open-label extension; **RBP**, randomized blinded phase; **PY**, person-years.

Twice-yearly SC LEN Demonstrates High Efficacy and is Well Tolerated After Longer-Term Follow-up (Through Week 52 of OLE)



- The majority of participants (95%) opted to continue or switch to LEN in the OLE
- There were zero HIV acquisitions with LEN during the first 52 weeks of the OLE of PURPOSE 1
- Adherence to open-label LEN remained high over time in participants who continued LEN and in participants who switched from oral PrEP to LEN

These extended data through 52 weeks of OLE and > 7000 PY of follow-up in PURPOSE 1 reinforce twice-yearly SC LEN as a transformative PrEP option for cisgender women

LEN, lenacapavir; **OLE**, open-label extension; **PrEP**, pre-exposure prophylaxis; **PY**, person-years; **SC**, subcutaneous.

QR Code

To download this presentation, the infographic summary, other Gilead lenacapavir for PrEP presentations, and consult Gilead access strategy for lenacapavir for PrEP in low- and middle-income countries, scan the QR code[a]