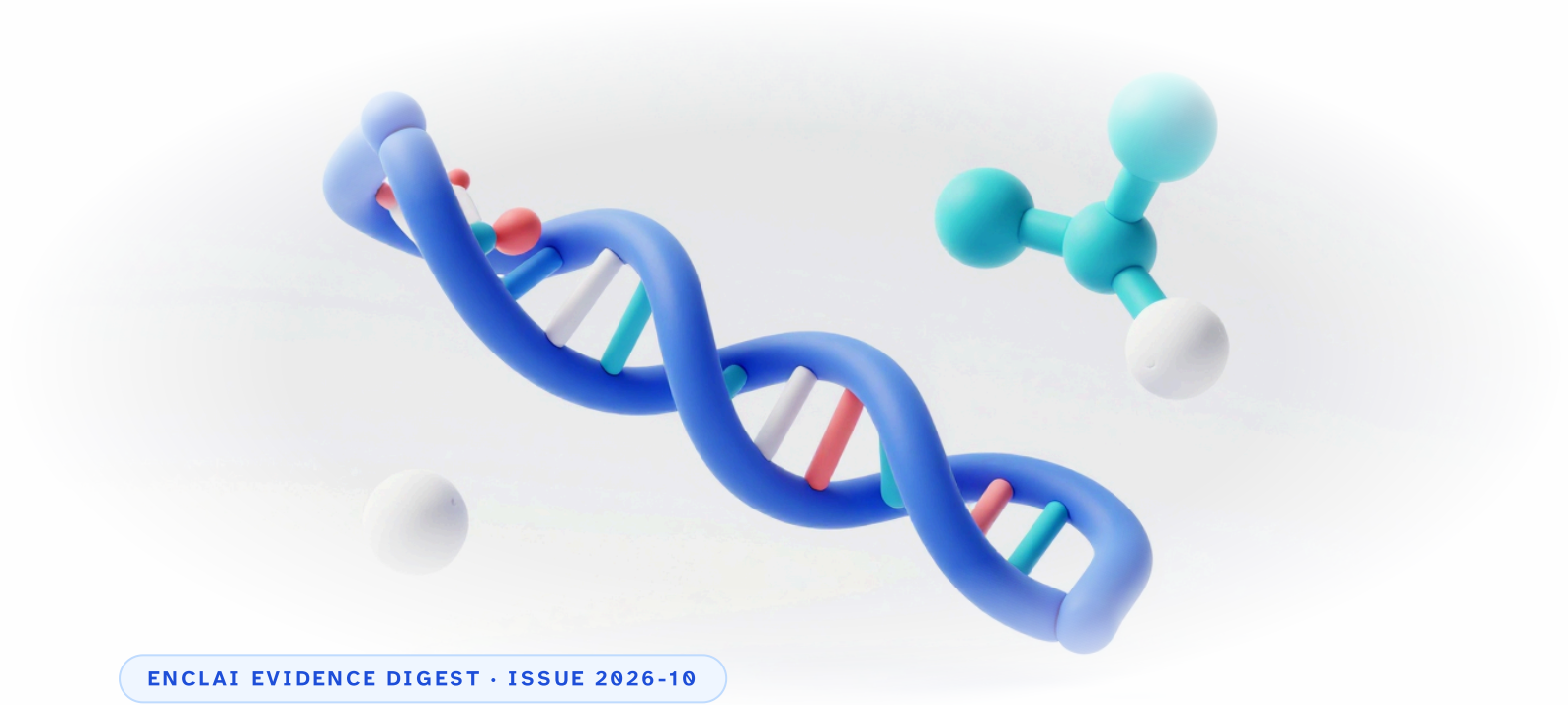


ENCLAI EVIDENCE DIGEST · ISSUE 2026-10

Four developments that shaped October

October 2026

One feature per therapeutic area, chosen by value from the studies and drug approvals ENCLAI reported this month. Every number is traced to its source sentence.

WOMEN'S & REPRODUCTIVE HEALTH · SYSTEMATIC REVIEW / META-ANALYSIS

CCHF in pregnancy linked to 28.8% maternal death and 57.4% fetal loss in meta-analysis

ONCOLOGY · RANDOMISED TRIAL, PHASE 3

Felzartamab plus lenalidomide-dexamethasone extends progression-free survival in relapsed or refractory multiple myeloma

NEUROLOGY · APPROVAL

JUVMO approved for Parkinson's disease in adults

INFECTIOUS DISEASE · RANDOMISED TRIAL

Long-acting HIV injections match oral pills for viral suppression in African adults with adherence challenges

Dr Natalya Mathur · Dr Anjali Mathur · Dr Mathur G · ENCLAI

DOI 10.5281/zenodo.23931904 · Zenodo record 23931904 · ENCLAI ID ENCLAI-2026-0000752-8

October in evidence

What ENCLAI published this month, and how the four features were chosen.

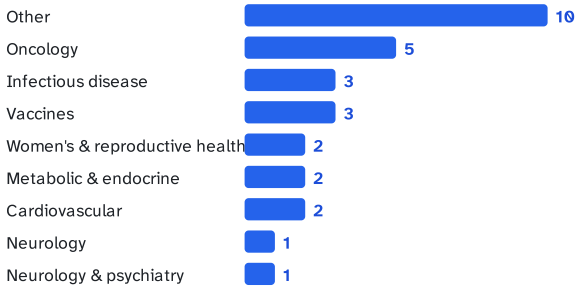
21
study articles published

8
FDA approval articles published

9
therapeutic areas covered

4
featured in this issue

Published articles by therapeutic area



Women's & reproductive health — 2 articles

60	Study	**CCHF in pregnancy linked to 28.8% maternal death and 57.4% fetal loss ...** ★ featured
0	Study	ACP guideline recommends estrogen as first-line treatment for menopaus...

Oncology — 5 articles

60	Study	**Felzartamab plus lenalidomide-dexamethasone extends progression-free s...** ★ featured
15	Study	Camrelizumab plus chemotherapy raises pCR rates in early triple-negati...
0	Study	2026 pediatric cancer guideline maintains levofloxacin and antifungal ...
0	Study	Tirabrutinib shows 67% response rate in relapsed or refractory primary...
0	Study	Triple therapy hits 33% response rate in resistant EGFR lung cancer

Neurology — 1 article

25	Approval	**JUVMO approved for Parkinson's disease in adults** ★ featured

Infectious disease — 3 articles

25	Study	**Long-acting HIV injections match oral pills for viral suppression in A...** ★ featured
10	Study	Portable TB test less sensitive than Xpert Ultra in WHO review
0	Study	Long-acting HIV injections show no viral rebound in suppressed teens a...

Other — 10 articles

25	Approval	Bexlutry approved for somatostatin receptor-positive GEP-NETs
15	Study	Antibody-drug conjugate extends progression-free survival in relapsed ...
10	Study	Ergonomic workplace adjustments show little short-term benefit for arm...
5	Study	Ianalumab lowers Sjögren's disease activity score but not symptoms
0	Approval	Zueino approved for acute pain management
0	Approval	Atebrioz approved to reduce new heterotopic ossification in fibrodyspl...
0	Approval	ISOVUE READI approved for oral CT bowel delineation
0	Study	Expert consensus recommends semitargeted blood patches for spontaneous...
0	Approval	WELTRUZA approved for schizophrenia in adults
0	Approval	Cienby approved for regional citrate anticoagulation in CVVHD and CVVH...

Metabolic & endocrine — 2 articles

15	Study	Survodutide reduces weight by 9.8% in adults with obesity and type 2 d...
0	Approval	ONSWIK approved for type 2 diabetes glycemic control

Vaccines — 3 articles

15	Study	Thai-made COVID vaccine shows non-inferior immunity and fewer side eff...
5	Study	Live-attenuated RSV vaccine induces stronger antibody response in naiv...
5	Study	Extended dosing interval enhances antibody durability in early H5N1 mR...

Neurology & psychiatry

1 article

15	Study	Remibrutinib cuts relapse rates versus teriflunomide in phase 3 MS tri...

Cardiovascular

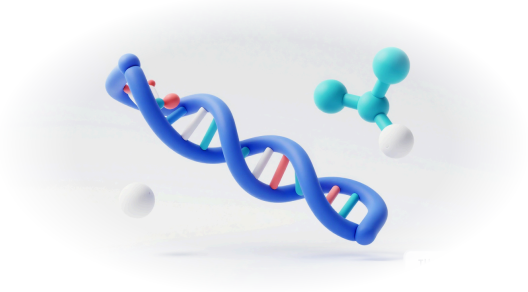
2 articles

0	Study	ACC 2026 statement: Eat minimally processed plant foods to lower cardi...
0	Study	ACC 2026 statement: Exercise is core to cardiovascular care

How the four were chosen. Candidates are every study and FDA-approval article ENCLAI published this month. A study's value is its publication score (journal tier, design, phase, registration and other signals); an approval scores 100 as a new FDA application, +10 if first in class, +5 for a rare disease, +3 for accelerated approval. The best item in each therapeutic area is taken, then the four strongest areas, with at least one approval when one was published. ★ = featured.

ENCLAI-2026-0000483-7 · Study

CCHF in pregnancy linked to 28.8% maternal death and 57.4% fetal loss in meta-analysis



IN BRIEF

A meta-analysis of **55** pregnancies found that Crimean-Congo hemorrhagic fever (CCHF) was associated with a **28.8%** maternal mortality rate and a **57.4%** fetal loss rate. Ribavirin treatment during the third trimester was associated with lower observed maternal mortality rates, with an odds ratio of **0.33**.[1]

0.33: 95% CI 0.13-0.84; p = 0.031

WHY IT MATTERS

In pregnant patients with Crimean-Congo hemorrhagic fever, ribavirin treatment during the third trimester was associated with lower maternal mortality rates compared to no treatment.

The study synthesizes patient-level data from published and unpublished cases to address limited evidence on CCHF during pregnancy. The findings highlight gestational age-specific risks, with maternal mortality increasing in the third trimester and fetal loss highest in the first trimester. These results support the need for standardized management protocols and strengthened CCHF surveillance during pregnancy in endemic regions.[1]

28.8%
maternal mortality rate overall

57.4%
fetal loss rate overall

85.7%
fetal loss in first trimester

At a glance

Design details are not reported in the abstract.

Evidence profile

DESIGN	REGISTERED	RESULTS ON REGISTRY	PRIMARY ENDPOINT	BEST PROVEN OUTCOME	PATIENT-IMPACT SCORE
✓ Systematic review / meta-analysis	! No registry ID in the abstract	Not yet posted	! Not established	✓ Survival	60

What the study found

The maternal mortality rate was **28.8%** (15/52), and fetal loss occurred in **57.4%** (31/54) of cases. [1]

Maternal mortality rates increased with advancing gestation, reaching **31.3%** in the third trimester, but fetal loss was highest (**85.7%**) in the first trimester. [1]

Ribavirin treatment during the third trimester was associated with lower observed maternal mortality rates. [1]

`odds ratio 0.33, 95% CI 0.13-0.84; p = 0.031`

Who was studied

- The analysis included **55** pregnancies with CCHF identified through systematic database searches and direct collaboration with centers in CCHF-endemic areas. [1]
- Data were harmonized from published and unpublished case reports, including clinical, laboratory, obstetric, treatment, and outcome information. [1]

What this does not tell us

- Evidence remains limited to heterogeneous case reports, which may introduce variability in data quality and comparability. [1]
- The association between ribavirin treatment and lower maternal mortality is observational and does not establish causation. [1]

References

1. Meta-analysis of Maternal and Fetal Outcomes of Crimean-Congo Hemorrhagic Fever during Pregnancy. Emerging infectious diseases. 2026. PMID 42810996. Authors: see the PubMed record, https://pubmed.ncbi.nlm.nih.gov/42810996/
2. ENCLAI. CCHF in pregnancy linked to 28.8% maternal death and 57.4% fetal loss in meta-analysis. ENCLAI News. ENCLAI ID ENCLAI-2026-0000483-7. https://enclai.net/news/study-42810996-meta-analysis-of-maternal-and-fetal-outcomes-of-crimean-congo-hemorrhagic-fever-during-pregnanc

Cite this feature: ENCLAI Evidence Digest, October 2026. CCHF in pregnancy linked to 28.8% maternal death and 57.4% fetal loss in meta-analysis. ENCLAI ID ENCLAI-2026-0000483-7, https://enclai.net/id/ENCLAI-2026-0000483-7.

ENCLAI-2026-0000501-2 · Study · NCT03952091

Felzartamab plus lenalidomide-dexamethasone extends progression-free survival in relapsed or refractory multiple myeloma



IN BRIEF

In a phase 3 trial of Chinese patients with relapsed or refractory multiple myeloma, adding felzartamab to lenalidomide-dexamethasone significantly prolonged progression-free survival compared with lenalidomide-dexamethasone alone. Median progression-free survival was **18.9** months with the combination versus **10.4** months with the control regimen.[1]

18.9 months: 95% CI 13.6-24.0 · 10.4 months: 5.8-13.9 · hazard ratio 0.62 [95% CI 0.45-0.86]; p=0.0035

WHY IT MATTERS

In Chinese patients with relapsed or refractory multiple myeloma, felzartamab plus lenalidomide-dexamethasone prolonged median progression-free survival to 18.9 months versus 10.4 months with lenalidomide-dexamethasone alone.

The study evaluated felzartamab, an anti-CD38 monoclonal antibody with attenuated complement-dependent cytotoxicity, to address potential efficacy limitations of CDC-reliant CD38 antibodies in this population. The significant improvement in progression-free survival supports the combination as a potential new treatment option for Chinese patients with relapsed or refractory multiple myeloma.[1]

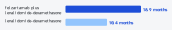
18.9 months
median PFS with felzartamab

10.4 months
median PFS with control

55%
neutropenia in felzartamab group

6%
treatment-related deaths felzartamab

Median progression-free survival by treatment group



Drawn by code from the verified numbers above.

Evidence profile

DESIGN	REGISTERED	RESULTS ON REGISTRY	PRIMARY ENDPOINT	BEST PROVEN OUTCOME	PATIENT-IMPACT SCORE
✓ Randomised trial, Phase 3	✓ NCT03952091	Not yet posted	✓ Met	! Surrogate measure	60

TRIAL DESIGN — NCT03952091

PARTICIPANTS RANDOMISED

289 patients

↓

ARM 1 · N = 195

randomly assigned to felzartamab plus lenalidomide-dexamethasone

ARM 2 · N = 100

lenalidomide-dexamethasone

PRIMARY ENDPOINT

progression-free survival, defined as the time from randomisation to disease progression or death from any cause, whichever occurred first, assessed by an independent review committee in the full analysis set (all randomly assigned patients who received at least one dose of study treatment)

What the study found

At a median follow-up of **34.5** months in the felzartamab plus lenalidomide-dexamethasone group and **28.7** months in the lenalidomide-dexamethasone group, median progression-free survival was **18.9** months with felzartamab plus lenalidomide-dexamethasone versus **10.4** months with lenalidomide-dexamethasone. [1]

34.5 months: IQR 16.8-40.2 · 28.7 months: 10.8-38.8 · 18.9 months: 95% CI 13.6-24.0 · 10.4 months: 5.8-13.9 · hazard ratio 0.62 [95% CI 0.45-0.86]; p=0.0035

The most common grade 3-4 adverse events in the felzartamab group were neutropenia (**105** [**55%**] of **192**), lymphopenia (**79** [**41%**]), leukopenia (**74** [**39%**]), thrombocytopenia (**49** [**26%**]), and pneumonia (**44** [**23%**]). [1]

Treatment-related deaths occurred in **11** (**6%**) of **192** patients in the felzartamab group and two (**2%**) of **97** patients in the lenalidomide-dexamethasone group. [1]

Safety

- Higher rates of grade 3-**4** neutropenia, lymphopenia, leukopenia, thrombocytopenia, and pneumonia were observed in the felzartamab group compared with the control group. [1]

Who was studied

- Adults aged **18** years or older with relapsed or refractory multiple myeloma who had received at least one previous line of systemic therapy and were not refractory to lenalidomide were enrolled. [1]
- All **289** patients in the full analysis set were of Asian ethnicity, with **185** (**64%**) male and **104** (**36%**) female. [1]

What this does not tell us

- The trial was conducted exclusively in Chinese patients, all of whom were of Asian ethnicity, limiting generalizability to other populations. [1]
- The study was open-label, which may introduce bias in outcome assessment despite independent review committee evaluation. [1]

Context

Sponsor. TJ Biopharma Co., Ltd.

Trial registration

NCT03952091

Registered title	TJ202, Lenalidomide and Dexamethasone vs. Lenalidomide and Dexamethasone in Subjects With Relapsed or Refractory Multiple Myeloma
Registry status	Phase 3, interventional, completed
Lead sponsor	TJ Biopharma Co., Ltd.
Registered size	289 participants — actual enrolment. The abstract reports: 289 patients
Where	41 sites in 2 countries (China, Taiwan)
Registered primary outcome	• Progression-free survival (PFS) (time frame: 18.4 months(Active) 30.7 months(experimental)) Primary endpoint named in the abstract: progression-free survival, defined as the time from randomisation to disease progression or death from any cause,... Compare the two: a change of primary endpoint after registration matters.



Filled circle: date reached. Open circle: date the registry lists as estimated.

ClinicalTrials.gov record as held by ENCLAI, last updated Jul 2024. The registry status may have changed since; the link shows the current record.

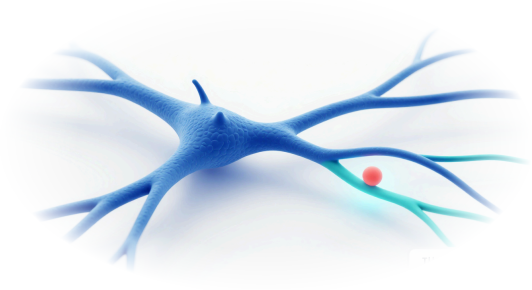
References

1. Felzartamab plus lenalidomide-dexamethasone versus lenalidomide-dexamethasone for relapsed or refractory multiple myeloma: an open-label, parallel-controlled, randomised, phase 3 trial. The Lancet. Haematology. 2026. PMID 42822478. Authors: see the PubMed record, https://pubmed.ncbi.nlm.nih.gov/42822478/
2. NCT03952091. TJ202, Lenalidomide and Dexamethasone vs. Lenalidomide and Dexamethasone in Subjects With Relapsed or Refractory Multiple Myeloma. ClinicalTrials.gov; record as held by ENCLAI, last updated 2024-07-02. https://clinicaltrials.gov/study/NCT03952091
3. ENCLAI. Felzartamab plus lenalidomide-dexamethasone extends progression-free survival in relapsed or refractory multiple myeloma. ENCLAI News. ENCLAI ID ENCLAI-2026-0000501-2. https://enclai.net/news/study-42822478-felzartamab-plus-lenalidomide-dexamethasone-versus-lenalidomide-dexamethasone-for-relapsed-or-r

Cite this feature: ENCLAI Evidence Digest, October 2026. Felzartamab plus lenalidomide-dexamethasone extends progression-free survival in relapsed or refractory multiple myeloma. ENCLAI ID ENCLAI-2026-0000501-2, https://enclai.net/id/ENCLAI-2026-0000501-2.

ENCLAI-2026-0000566-1 · Approval

JUVMO approved for Parkinson's disease in adults



IN BRIEF

JUVMO (tavapadon) is FDA-approved for treating Parkinson's disease in adults. In Study 1, the least-squares mean difference in MDS-UPDRS Part II score versus placebo was -2.5 points at Week 26.[1]

WHY IT MATTERS

In adults with Parkinson's disease not on levodopa, JUVMO improved daily living scores by 2.5 points compared with placebo.

The approval provides a treatment option that addresses both non-motor symptoms of daily living and motor fluctuations. For patients not on levodopa, the drug improved activities of daily living scores. For those already taking levodopa, it increased the time spent moving well without troublesome dyskinesia and reduced time spent immobile.[1]

-2.6
MDS-UPDRS Part II score difference for 15 mg

-2.5
MDS-UPDRS Part II score difference for 5 mg

-1.5
MDS-UPDRS Part II score difference in Study 2

At a glance

MECHANISM
Dopamine D1 receptor partial agonist

↓

PIVOTAL TRIAL
TEMPO-1 NCT04201093 (529 participants)

Evidence profile

DESIGN	REGULATOR	PRIMARY ENDPOINT	BEST PROVEN OUTCOME	PATIENT-IMPACT SCORE
✓ FDA approval	✓ FDA approval	! Not established	✓ How patients feel or function	25

What the evidence showed

- Study **1** (NCT04201093) randomized **529** adults not on levodopa to JUVMO **5** mg, **15** mg, or placebo. At Week **26,** the least-squares mean difference in MDS-UPDRS Part II score versus placebo was -**2.5** for **5** mg and -**2.6** for **15** mg; lower scores indicate improvement. [1]
  `2.5: 95% CI -3.3, -1.7 · 2.6: 95% CI -3.4, -1.7`
- Study **2** (NCT04223193) randomized **304** adults not on levodopa to JUVMO or placebo. At Week **26,** the least-squares mean difference in MDS-UPDRS Part II score versus placebo was -**1.5**. [1]
  `1.5: 95% CI -2.4, -0.6`
- Study **3** (NCT04542499) randomized **507** adults taking levodopa to JUVMO or placebo as adjunctive therapy. At Week **26,** JUVMO increased daily ON time without troublesome dyskinesia by a mean difference of **1.1** hours (interval **0.6**, **1.7**; the abstract does not state its confidence level) and reduced OFF time by a mean difference of -**0.9** hours (interval -**1.5**, -**0.4**). [1]

Who it applies to

- The indication covers adults with Parkinson's disease. It is approved for use as monotherapy in patients not receiving other Parkinson's medications except a stable dose of an MAO-B inhibitor. It is also approved as adjunctive therapy for patients already taking a stable dose of levodopa. [1]

Context

Mechanism. Dopamine D1 receptor partial agonist

Target. D(1A) dopamine receptor

What this does not tell us

- Hypotension and orthostatic hypotension risks are elevated during dose escalation; monitoring is required. In studies, orthostatic hypotension occurred in **5%** to **8%** of JUVMO patients versus **1%** to **2%** on placebo. [1]
- Impulse control disorders, such as intense urges to gamble or spend money, were reported in **1%** to **2%** of JUVMO patients. Hallucinations occurred in **3%** to **9%** of JUVMO patients, with higher rates in those aged **65** and older or taking levodopa. [1]
- Dyskinesia may be caused or exacerbated by JUVMO. In Study **3,** dyskinesia was reported in **10.0%** of JUVMO patients versus **2%** on placebo. [1]

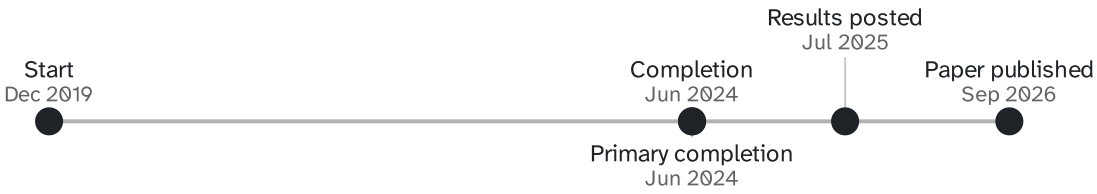
Safety information on the label

- Patients with PD may have an impaired capacity to respond to an orthostatic challenge. In clinical studies and clinical experience, dopaminergic medications appear to impair the systemic regulation of blood pressure, resulting in hypotension and/or orthostatic hypotension, especially during dose esc...
- Patients may experience intense urges to gamble, increased sexual urges, intense urges to spend money, binge or compulsive eating, and/or other intense urges, and the inability to control these urges while taking one or more of the medications that increase central dopaminergic tone and are generall...
- Medications for the treatment of PD, including JUVMO, can have effects on thinking and behavior. This abnormal thinking and behavior can consist of one or more of a variety of manifestations including paranoid ideation, delusions, hallucinations, confusion, psychotic-like behavior, symptoms of mania...

Trial registration

NCT04201093

Registered title	Fixed-Dose Trial in Early Parkinson's Disease (PD) (TEMPO-1)
Registry status	Phase 3, interventional, completed
Lead sponsor	AbbVie
Registered size	529 participants — actual enrolment
Where	77 sites in 12 countries (Australia, Bulgaria, Canada, Czechia, France, Germany and 6 more)
Registered primary outcome	• Change From Baseline in the MDS-UPDRS Parts II and III Combined Score (time frame: Week 26)
Results on the registry	Posted Jul 2025



Filled circle: date reached. Open circle: date the registry lists as estimated.

ClinicalTrials.gov record as held by ENCLAI, last updated Jul 2025. The registry status may have changed since; the link shows the current record.

References

1. These highlights do not include all the information needed to use JUVMO safely and effectively. See full prescribing information for JUVMO . JUVMO ™ (tavapadon) t ablets , for oral use Initial U.S. Approval: 20 26. FDA-approved prescribing information (DailyMed). https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=1ae6df6e-6ca0-420f-bec9-effa7acdd085
2. NCT04201093. Fixed-Dose Trial in Early Parkinson's Disease (PD). ClinicalTrials.gov. https://clinicaltrials.gov/study/NCT04201093
3. NCT04223193. Flexible-Dose Trial in Early Parkinson's Disease (PD). ClinicalTrials.gov. https://clinicaltrials.gov/study/NCT04223193
4. NCT04542499. Flexible-Dose, Adjunctive Therapy Trial in Adults With Parkinson's Disease With Motor Fluctuations (TEMPO-3). ClinicalTrials.gov. https://clinicaltrials.gov/study/NCT04542499
5. ChEMBL drug mechanism data, via ENCLAI drug master (enclai.drug_master).
6. ENCLAI. JUVMO approved for Parkinson’s disease in adults. ENCLAI News. ENCLAI ID ENCLAI-2026-0000566-1. https://enclai.net/news/fda-abbvie-inc-nda220415-2026-09-25

Cite this feature: ENCLAI Evidence Digest, October 2026. JUVMO approved for Parkinson’s disease in adults. ENCLAI ID ENCLAI-2026-0000566-1, https://enclai.net/id/ENCLAI-2026-0000566-1.

ENCLAI-2026-0000604-X · Study · IMPALA · NCT05546242

Long-acting HIV injections match oral pills for viral suppression in African adults with adherence challenges



IN BRIEF

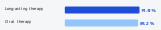
In a phase 3b trial of African adults with HIV who struggle with medication adherence, long-acting cabotegravir plus rilpivirine injections were noninferior to daily oral dolutegravir-based therapy. At **48 weeks, **91.0%** of the injection group maintained viral suppression compared with **89.2%** of the oral therapy group.** [1]

WHY IT MATTERS

In African adults with HIV who struggle with medication adherence, long-acting cabotegravir plus rilpivirine injections worked as well as daily oral dolutegravir-based therapy, with 91.0% versus 89.2% maintaining viral suppression at 48 weeks.

Approximately one million people living with HIV in eastern and southern Africa do not achieve viral suppression due to adherence challenges. This study addresses whether long-acting injectable therapy can maintain viral control as effectively as standard oral regimens for this specific population. [1]

Viral Suppression Rates at 48 Weeks



Drawn by code from the verified numbers above.

Evidence profile

DESIGN	REGISTERED	RESULTS ON REGISTRY	PRIMARY ENDPOINT	BEST PROVEN OUTCOME	PATIENT-IMPACT SCORE
✓ Randomised trial	✓ NCT05546242	Not yet posted	✓ Met	None proven	25

TRIAL DESIGN — IMPALA · NCT05546242

PARTICIPANTS RANDOMISED
540 participants

↓

RANDOMISATION
1:1

↓

ARM 1 · N = 268
long-acting-therapy group

ARM 2 · N = 269
oral-therapy group

PRIMARY ENDPOINT
a viral load of less than 50 copies per milliliter at week 48; noninferiority was assessed with a margin of -10 percentage points

What the study found

The primary endpoint was maintaining a viral load of less than 50 copies per milliliter at week 48. In the long-acting therapy group, 244 of 268 participants (91.0%) met this criterion, compared with 240 of 269 participants (89.2%) in the oral therapy group. The risk difference was 1.9 percentage points, meeting the noninferiority margin of -10 percentage points. [1]
95% CI, -3.1 to 6.9

Confirmed virologic failure, defined as two consecutive viral loads of 200 copies per milliliter or higher, occurred in 5 participants (1.9%) receiving long-acting therapy and in no participants receiving oral therapy. The risk difference was 1.9 percentage points. [1]
95% CI, 0.3 to 3.5

Serious adverse events were reported in 11 of 271 participants (4.1%) in the long-acting group and 8 of 269 participants (3.0%) in the oral group. The risk difference was 1.1 percentage points. [1]
95% CI, -1.1 to 4.2

Who was studied

- The trial enrolled **540** adults across seven sites in Kenya, South Africa, and Uganda who had virally suppressed HIV type 1, defined as a viral load of less than **200** copies per milliliter. Participants were selected based on having suboptimal adherence or care engagement. [1]

Context
Sponsor. MRC/UVRI and LSHTM Uganda Research Unit

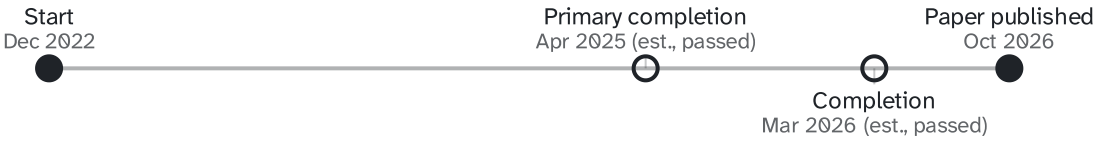
What this does not tell us

- The trial was open-label and randomized, meaning participants and investigators knew which treatment was being administered. Baseline drug-resistance testing was not performed for the enrolled participants. [1]
- The study population consisted specifically of adults with adherence challenges in eastern and southern Africa; results may not generalize to populations without these specific engagement issues or those in other regions. [1]

Trial registration

NCT05546242

Registered title	Improving HIV-1 Control in Africa with Long Acting Antiretrovirals (IMPALA)
Registry status	Phase 3, interventional, active not recruiting
Lead sponsor	MRC/UVRI and LSHTM Uganda Research Unit
Registered size	540 participants — actual enrolment. The abstract reports: 540 participants
Where	7 sites in 3 countries (Kenya, South Africa, Uganda)
Registered primary outcome	• HIV-1 viral load at 12 months (time frame: 12 months) Primary endpoint named in the abstract: a viral load of less than 50 copies per milliliter at week 48. Compare the two: a change of primary endpoint after registration matters.



Filled circle: date reached. Open circle: date the registry lists as estimated.

ClinicalTrials.gov record as held by ENCLAI, last updated Sep 2024. The registry status may have changed since; the link shows the current record.

References

1. Long-Acting HIV Therapy in African Adults with Adherence Challenges. The New England journal of medicine. 2026. PMID 42874104. Authors: see the PubMed record, https://pubmed.ncbi.nlm.nih.gov/42874104/
2. NCT05546242. Improving HIV-1 Control in Africa with Long Acting Antiretrovirals. ClinicalTrials.gov; record as held by ENCLAI, last updated 2024-09-25. https://clinicaltrials.gov/study/NCT05546242
3. ENCLAI. Long-acting HIV injections match oral pills for viral suppression in African adults with adherence challenges. ENCLAI News. ENCLAI ID ENCLAI-2026-0000604-X. https://enclai.net/news/study-42874104-long-acting-hiv-therapy-in-african-adults-with-adherence-challenges

Cite this feature: ENCLAI Evidence Digest, October 2026. Long-acting HIV injections match oral pills for viral suppression in African adults with adherence challenges. ENCLAI ID ENCLAI-2026-0000604-X, https://enclai.net/id/ENCLAI-2026-0000604-X.

Methods, verification and disclosure

How each feature is made

1. New PubMed records and FDA approvals are collected daily and ranked by rules (no AI).
2. A local model writes each article from the source record only, citing an exact source sentence for every statement.
3. Code checks every number: it must appear in the cited sentence with the same unit, rate denominator, statistical role, group and confidence level.
4. Two independent local reviews (an auditor and an editor, Gemma 4 31B) must pass every claim.
5. This digest reuses those reviewed texts verbatim; registry, drug and disease context comes from ClinicalTrials.gov, ChEMBL and Orphanet records.
6. The named authors review the whole issue before it is released.

Verification

- 118 numbers checked against their exact source sentences; the full number trace is kept as an internal audit log.
- Charts and diagrams are drawn by code from the verified text and database records.
- Registry data states its record date; the registry link shows the current record.

Authors and contributions (CRediT)

- **Dr Natalya Mathur** — Conceptualisation, editorial review, writing — review & editing
- **Dr Anjali Mathur** — Validation, writing — review & editing
- **Dr Mathur G** — Methodology, supervision, final approval
- **ENCLAI** — Software, data curation, formal verification pipeline

Use of AI

Article texts were drafted by local AI models (Qwen 3.8 27B writer; Gemma 4 31B auditor and editor) working only from cited source records, checked by deterministic code, and reviewed by the named authors, who take responsibility for the content. No cloud AI service was used.

Illustrations

Images marked “Illustration” are generated locally (Z-Image Turbo) as decoration. They carry no data and depict no specific product, patient or pathogen. All charts and diagrams are drawn by code from verified numbers.

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