

“Everyone should have access to it”: Perspectives on PrEP product choice and implementation from MSM and TGW in an injectable PrEP trial

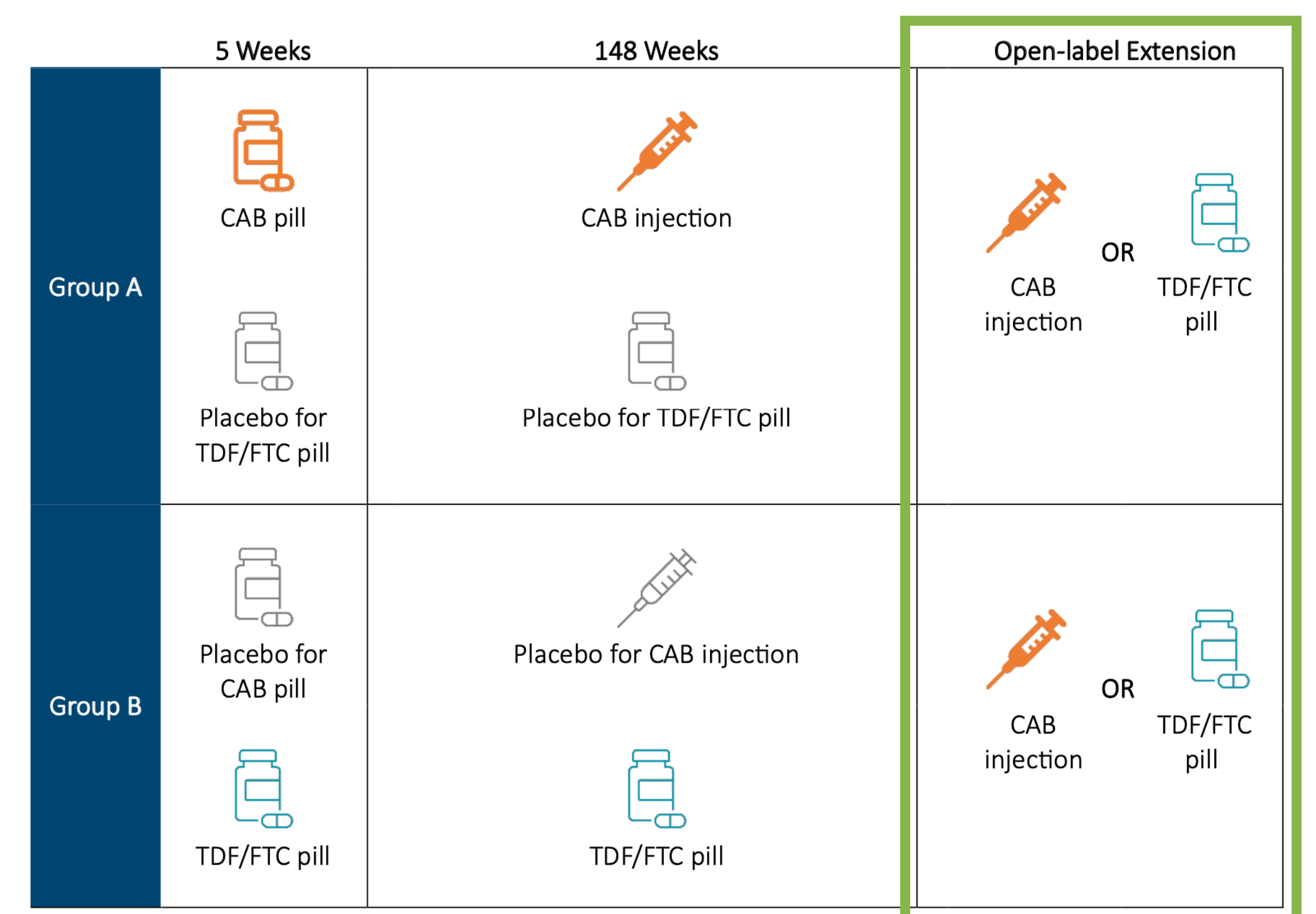
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BACKGROUND

- HPTN083 is an ongoing randomized, double-blind international clinical trial of long-acting injectable cabotegravir (CAB-LA) versus daily oral emtricitabine/tenofovir disoproxil fumarate (TDF/FTC) for HIV prevention among cisgender men and transgender women who have sex with men (MSM/TGW).
- The study produced a superiority result for CAB vs. TDF/FTC for HIV prevention.
- During the ongoing open-label extension (post unblinding), eligible participants were given a choice of which pre-exposure prophylaxis (PrEP) product to use (i.e., CAB-LA or TDF/FTC).
- Participants were interviewed about their experiences to provide insight into effective implementation, including information on how they choose between oral and injectable PrEP.

METHODS

- Participants (**N=150**) were purposively sampled from 5 study sites (Rio de Janeiro, Brazil; Bangkok, Thailand; Cape Town, South Africa; Chicago, USA; Decatur, USA) for individual qualitative interviews.
- Interviews explored reasons for participants' product choice, study experiences, and perceptions of current and future implementation of PrEP.
- Interviews were recorded, transcribed, and translated into English (if applicable).
- Data were coded using NVivo (version 12) and analyzed using content analysis.
- Results were organized according to the Practical Robust Implementation and Sustainability Model (PRISM) to address key factors associated with implementing injectable PrEP.



Trust and convenience drove PrEP product choice (CAB-LA vs. TDF/FTC). Successful implementation of PrEP will require community buy-in at multiple levels, including expanding access and eliminating stigma/misconceptions.

RESULTS

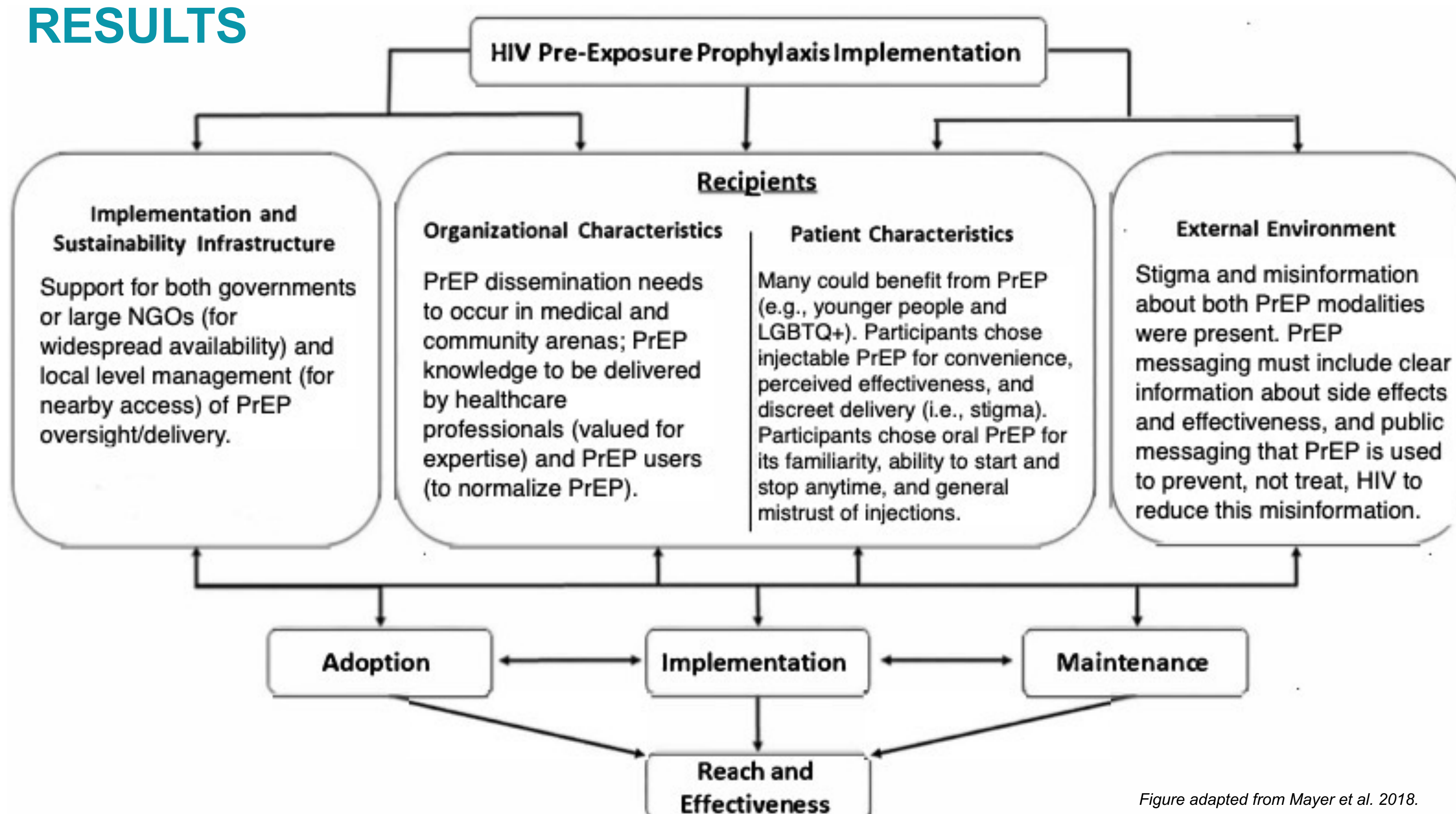


Figure adapted from Mayer et al. 2018.

TABLE 1. Interviewee Characteristics

	Overall (N = 150)		Decatur, USA (n = 17)		Bangkok, Thailand (n = 44)		Cape Town, South Africa (n = 31)		Chicago, USA (n = 22)		Rio de Janeiro, Brazil (n = 36)	
	n	%	n	%	n	%	n	%	n	%	n	%
Post-Unblinding Product Choice												
Switching from oral to injectable	50	33%	7	41%	15	34%	14	45%	0	0%	14	39%
Switching from injectable to oral	11	7%	0	0%	6	14%	2	6%	2	9%	1	3%
Staying on oral	29	19%	3	18%	8	18%	2	6%	12	55%	4	11%
Stay on injectable	56	37%	7	41%	15	34%	13	42%	7	32%	14	39%
Other*	4	3%	0	0%	0	0%	0	0%	1	5%	3	8%
Cohort												
Men who have sex with men (MSM)	120	80%	16	94%	30	68%	29	94%	22	100%	23	64%
Transgender women (TGW)	30	20%	1	6%	14	32%	2	6%	0	0%	13	36%
Education												
No Schooling	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Primary School	4	3%	1	6%	0	0%	1	3%	0	0%	2	6%
Secondary School	51	34%	1	6%	10	23%	13	42%	5	23%	22	61%
Technical Training	9	6%	2	12%	3	7%	2	6%	0	0%	2	6%
College University or Higher	85	57%	13	76%	31	70%	15	48%	17	77%	9	25%
Relationship Status												
Living with Primary or Main Partner	6	4%	0	0%	3	7%	1	3%	1	5%	1	3%
Has a Primary or Main Partner, But Not Living Together	21	14%	1	6%	4	9%	13	42%	0	0%	3	8%
Single/Divorced/Widowed	122	81%	16	94%	37	84%	17	55%	21	95%	31	86%
Age	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
	26.6	4.5	28.7	5.8	26.5	7.1	26.5	7.9	25.1	3.0	24.1	5.3

*Other includes those who changed PrEP product after their initial post-unblinding choice (n = 3) or seroconverted (n = 1)

CONCLUSIONS

- Participants described factors that influence product choice; knowledge of these factors may support effective provider conversations around PrEP, and aid persons in selecting the most effective product for individual circumstances.
- Data suggest that successful implementation hinges on correcting negative community beliefs about PrEP and ensuring access in both community and medical settings.

ACKNOWLEDGMENTS

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Implementation and Sustainability Infrastructure

“...if we want to end this disease...these drugs must be provided for free, same as Tuberculosis treatment.” – Bangkok, MSM, Staying on injectable

“And it doesn’t depend only on healthcare, it also depends on the governor, to make the distribution of medication available.” – Rio, TGW, Staying on injectable

“Basic healthcare units sometimes are so bureaucratic for things so simple and it could be not so much, you know? To have some requirements, but also not so bureaucratic to get a pill.” – Rio, MSM, Switching from pill to injectable

Recipients: Organizational and Patient Characteristics

“People go to these places when they need something. To receive a flu vaccine, a Covid vaccine. So, it must also be available in basic healthcare units: an injection effective against a disease that is one of the most important.” – Rio, TGW, Switching from pill to injectable

“I feel like it’s better to come from physicians or the people who know what’s best. But, everyone should be involved. Even when people who have just joined the study or have been in it for years.. A lot of these experience are meant to be shared because you never know who’s going through what, or how someone can relate to what you’ve been through.” – Chicago, MSM, Staying on injectable

“I prefer the injection because it’s a bit more effective than the Truvada, which means it has a higher chance of protecting from HIV, I think that’s the main important thing.” – Cape Town, MSM, Switching from oral to injectable.

“I guess pills are a little more routine...I could see how someone would feel safer with, you know, seeing, oh, if I take this every day, then something is happening.” – Bangkok, TGW, Staying on pill

External Environment

“I heard people say, if you take PrEP every day, it is same as you take the antiretroviral drug every day. So, is it same as you have the disease? I do not think like that... it is the drug for prophylaxis. I can stop taking it whenever I want, this prophylaxis.” – Bangkok, MSM, Switching from injectable to pill

“One of my coworkers, when I told her about [taking injectable PrEP], she was skeptical...just the history with the medical community and the Black community.” – Atlanta, MSM, Staying on injectable

Figure 3. Representative Quotes