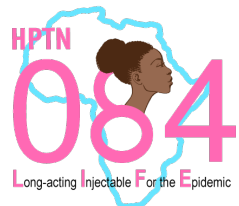




Initial PrEP product choice: results from the HPTN 084 open-label extension

S Delany-Moretlwe, B Hanscom, F Angira, S Dadabhai, D Gadama, B Mirembe, M Bhondai, S Innes, D Kalonji, J Makhema, P Mandima, A Marais, J Mpendo, P Mukwekwerere, N Mgodi, V Naidoo, P Nahirya Ntege, H Nuwagaba-Biribonwoha, E Roos, N Singh, B Siziba, E Spooner, J Farrior, S Rose, E Piwowar-Manning, M Burton, L Soto-Torres, J Rooney, A Rinehart, M Cohen, M Hosseinipour on behalf of the HPTN 084 study team



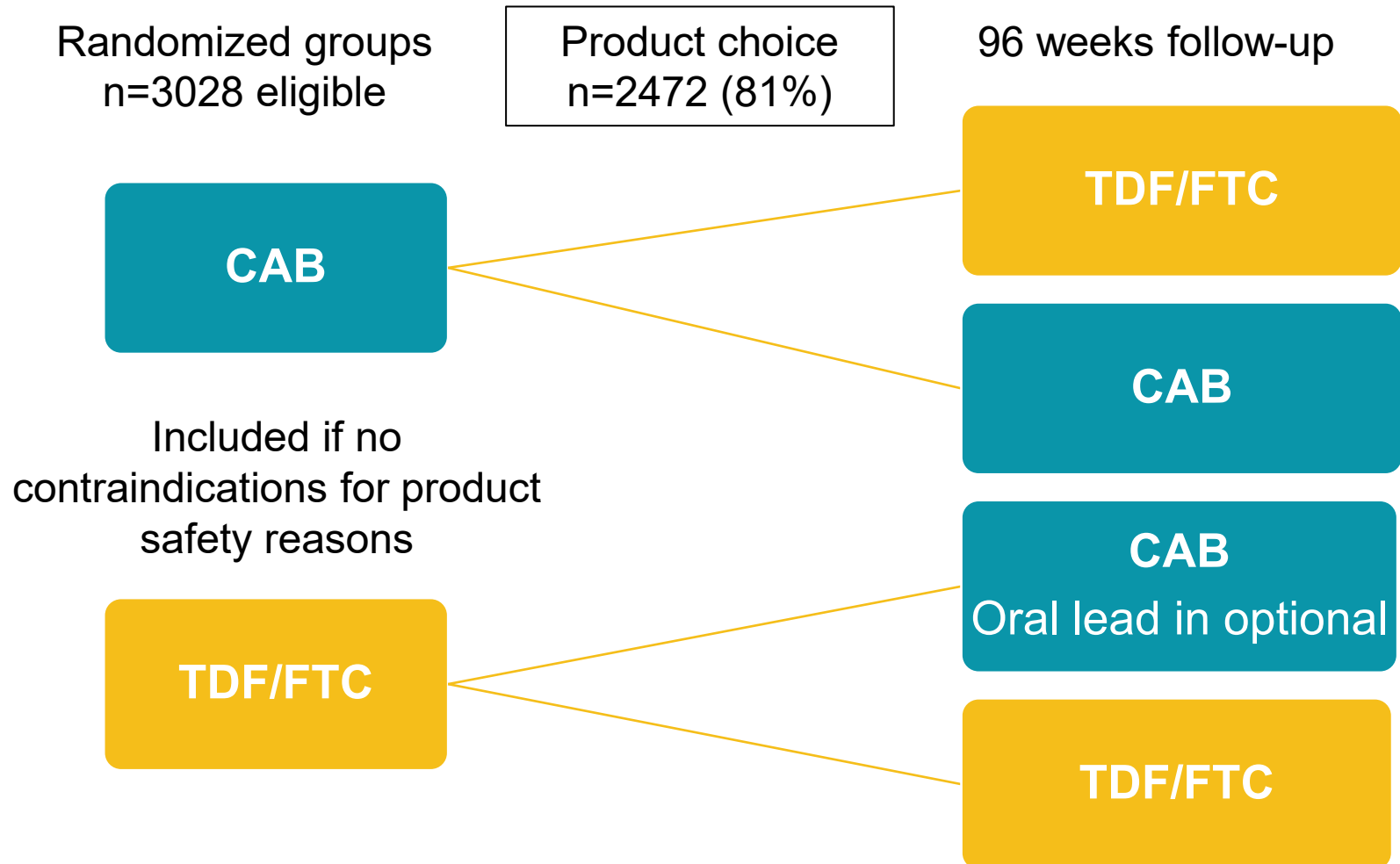
AIDS 2023, Brisbane, abstract 5998



- What is your main question?
 - We assessed **initial PrEP choice**, **reasons** for choice and **factors associated with choice** among HPTN 084 participants in the open-label extension
- What did you find?
 - **78%** participants chose CAB for PrEP.
 - Product choice was influenced by personal preference for **product attributes**, participant **risk behaviours** and **social context**.
- Why is it important?
 - Results provide important insights for future implementation and serve as a reminder to ensure that **health care providers support PrEP product choice** aligned with **user values and preferences**

- HPTN 084 demonstrated that long-acting injectable cabotegravir (CAB) is superior to daily oral TDF/FTC for HIV prevention in individuals born female.
 - HIV incidence CAB 0.20 vs TDF/FTC 1.85 per 100 py,
 - HR 0.11; 95% CI 0.05 - 0.24
- In 2022, following a protocol amendment participants were offered enrolment in an open-label extension with a choice of open-label CAB or TDF/FTC as PrEP.

Study design and population



Relaxed LARC requirements, optional oral lead-in, CAB permitted during pregnancy

- Among participants who were eligible for and accepted OLE participation we assessed
 - initial PrEP choice
 - reasons for choice
 - Decisional Conflict Scale
 - measures perceptions of effective decision-making
 - 16 response items e.g. *I feel I have made an informed choice*
 - 5 response categories from strongly agree to strongly disagree
 - Score 0=no conflict to 100=high decisional conflict
- Compared participant demographic, behavioral and decision characteristics by initial product choice using chi-squared tests.

Decisional conflict

Informed subscale (3)

Values clarity subscale (3)

Support subscale (3)

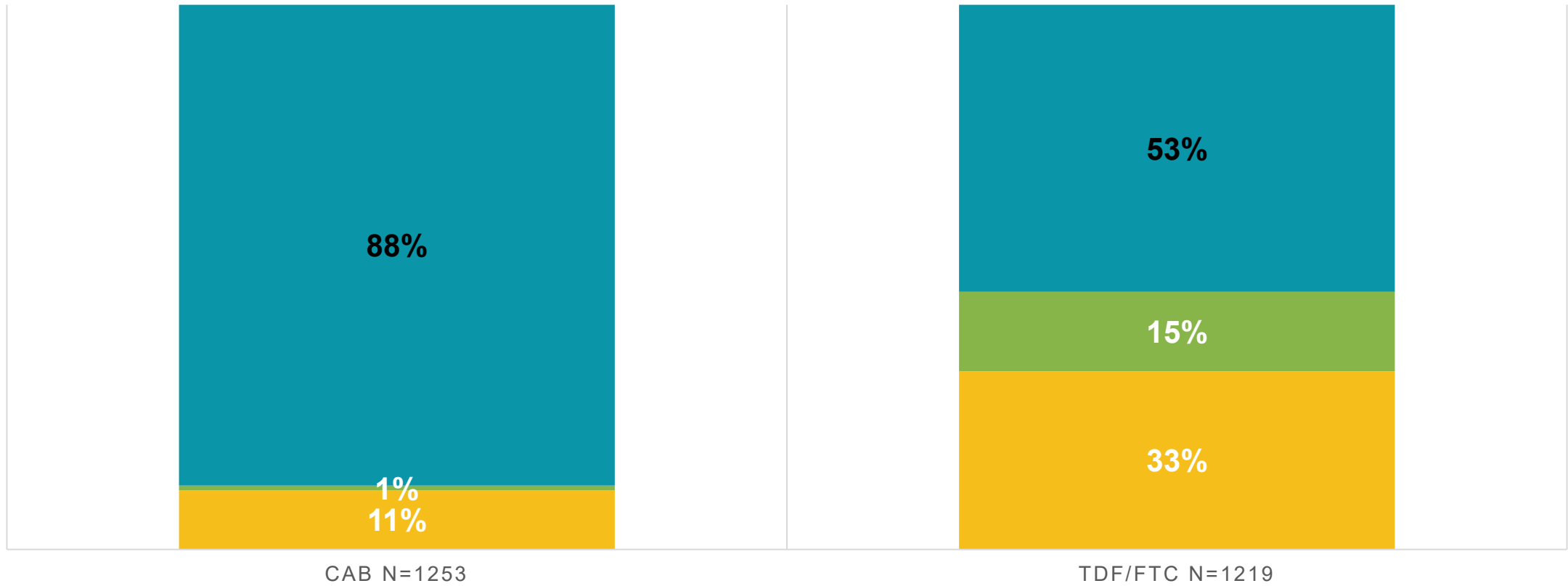
Uncertainty subscale (3)

Effective decision subscale (4)

Product choice (n=2472)

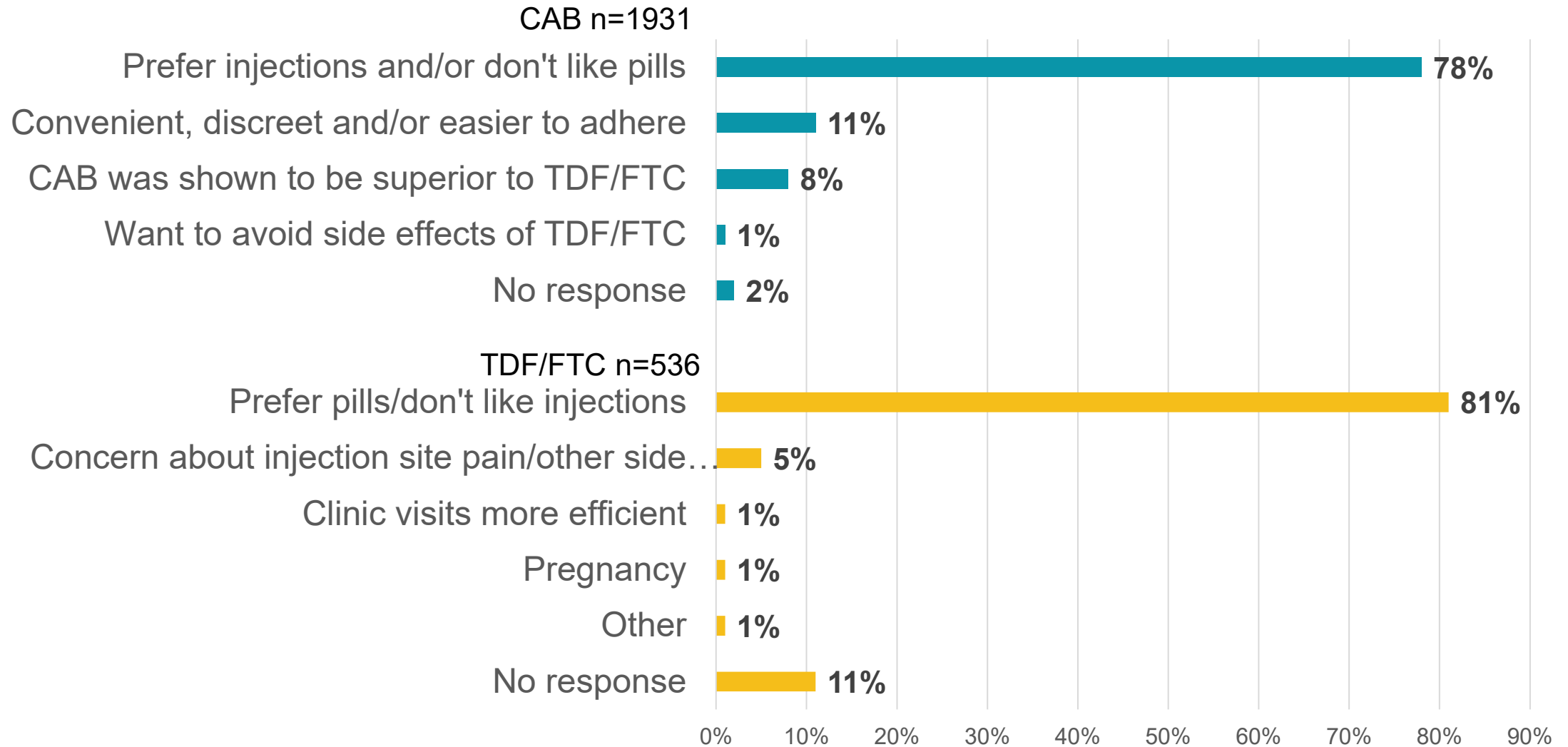
78% participants chose CAB

■ TDF/FTC ■ CAB OLI ■ CAB



Original randomized groups

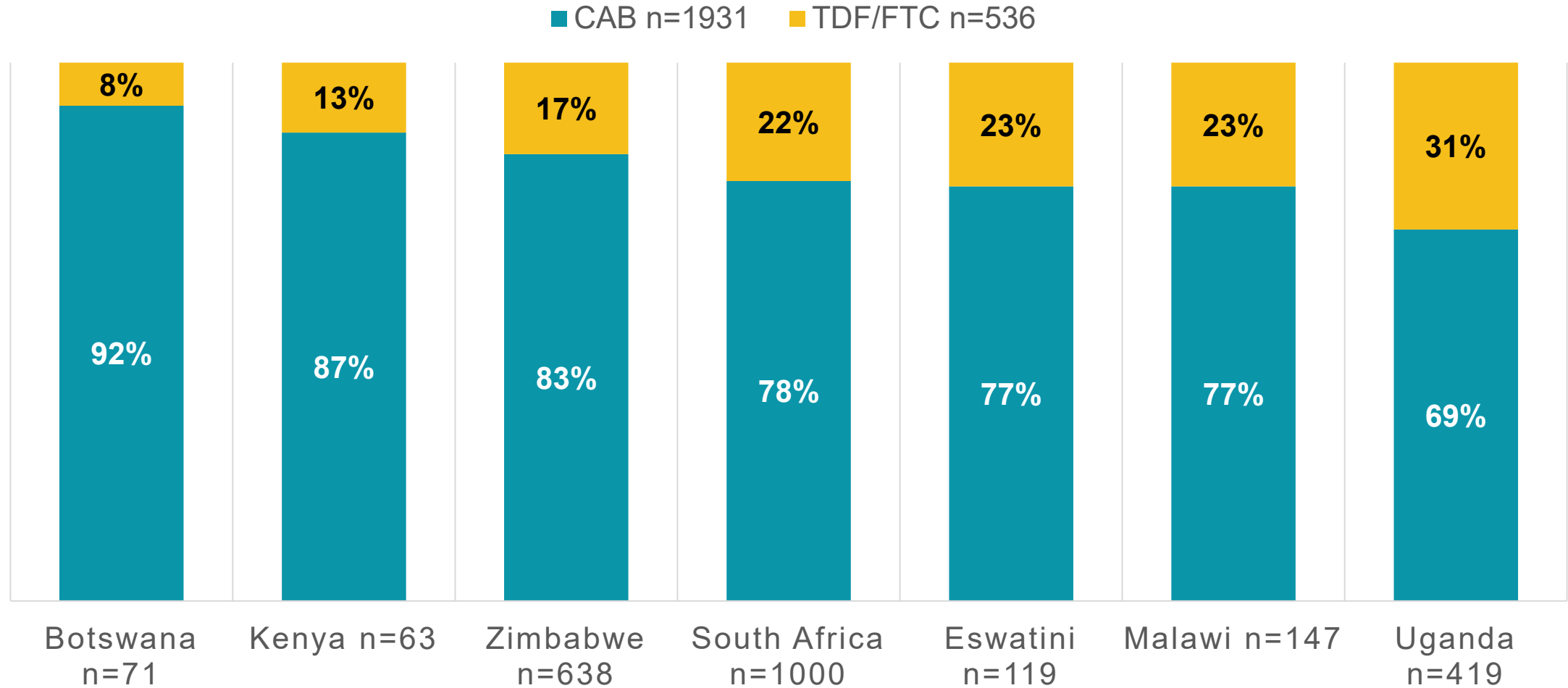
Reasons for product choice



Participant characteristics, by product choice

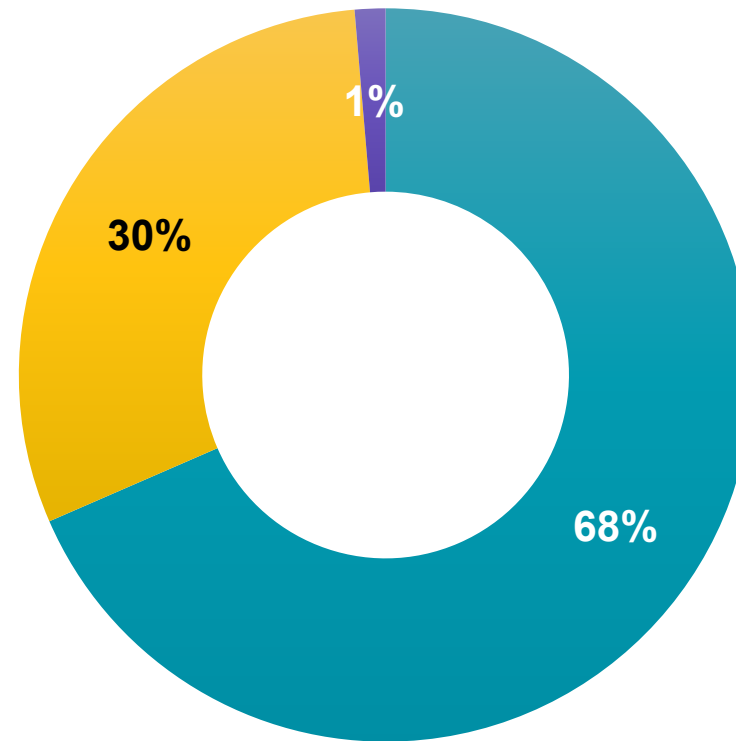
	CAB n=1931 (%)	TDF/FTC n= 536(%)	p- value
Age, median (IQR)	25 (22, 30)	24 (21, 30)	
≤ 25 years of age	54%	58%	0.430
Sexually active, not living with partner	58%	49%	0.022
Physical IPV, past 6 mo	8%	4%	0.012
Paid for sex, past mo	26%	20%	0.002
Partner living with HIV or unknown	22%	17%	0.186
Feels at high risk for HIV	27%	28%	0.197

Product choice, by country



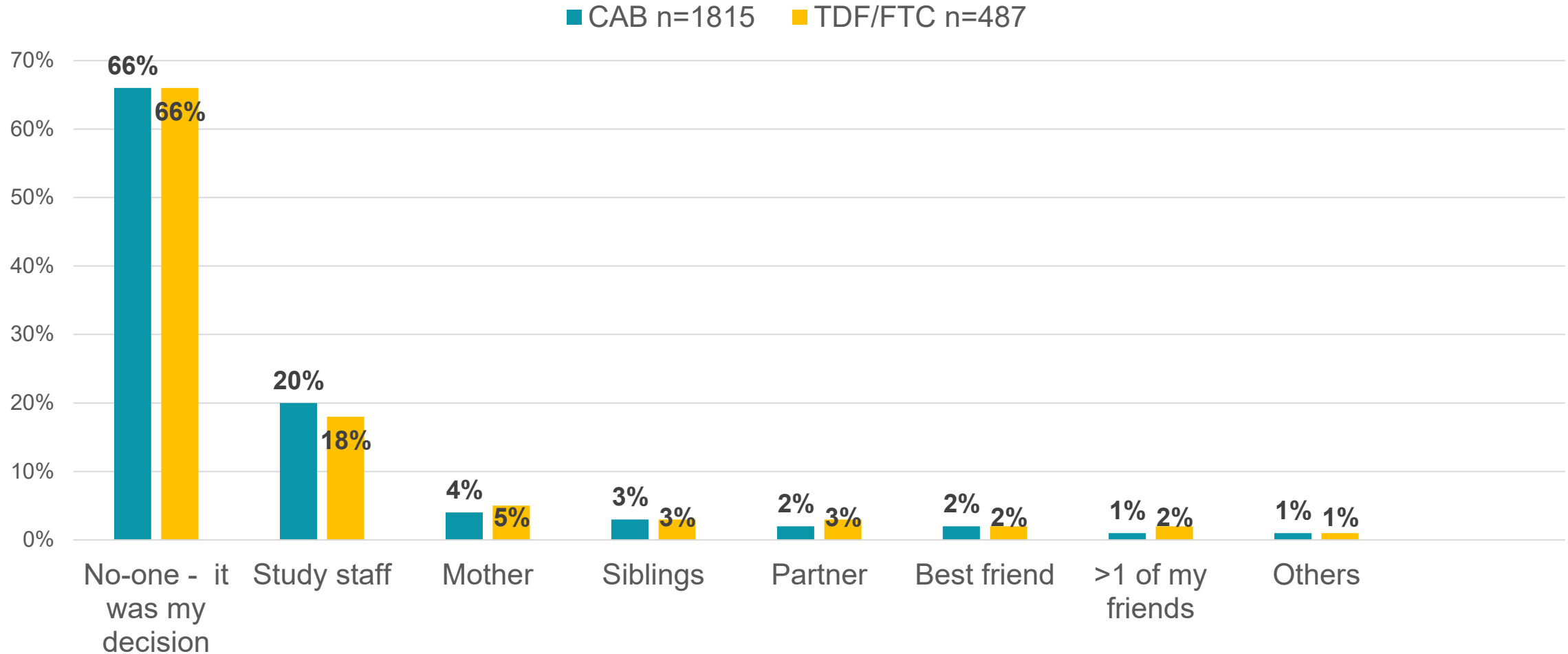
Product choice, pregnancy (n=233)

■ CAB ■ TDF/FTC ■ No product



See also e-poster AS-IAS-2023-05743

Decision-making support



Decisional conflict

	CAB n=1931 Median (IQR)	TDF/FTC n= 536 Median (IQR)	p-value
Overall score	14 (0, 25)	17 (0, 25)	0.113
Informed sub-scale <i>e.g. I know the benefits of each options</i>	17 (0, 25)	17 (0, 25)	0.315
Values clarity sub-scale <i>e.g. I am clear about which benefits matter most to me</i>	17 (0, 25)	25 (0, 25)	0.443
Support sub-scale <i>e.g. I am choosing without pressure from others</i>	17 (0, 25)	17 (0, 25)	0.390
Uncertainty sub-scale <i>e.g. I feel sure about what to choose</i>	8 (0, 25)	8 (0, 25)	0.086
Effective decision sub-scale <i>e.g. I expect to stick with my decision</i>	6 (0, 25)	13 (0, 25)	0.015

Conclusions

- The majority (78%) of HPTN 084 participants chose CAB for PrEP.
 - Among those starting CAB, only 15% chose the oral lead-in.
- Product choice was influenced by personal preference for product attributes, participant risk behaviours and social and geographic context.
 - Those who chose CAB appeared at higher risk for HIV and more likely to not live with partners, have experienced recent physical IPV, and to have been paid for sex
- Participants expressed very little decisional conflict
 - CAB participants perceived more strongly that they had made a good decision that they would stick to.
- Future PrEP programs will need to adopt approaches to support PrEP choices that align with user values and preferences to ensure effective PrEP continuation

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- ViiV Healthcare

HIV Prevention Trials Network

- Leadership and Operations Centre, FHI360
- Laboratory Centre (Johns Hopkins)
- Statistical Center for HIV/AIDS Research and Prevention, Fred Hutchison Cancer Research Center
- HPTN Leadership

HPTN 084 Study team

- 20 sites in 7 countries in sub-Saharan Africa
- Community advisory boards and partners

... and our study participants!