



HPTN

HIV Prevention
Trials Network

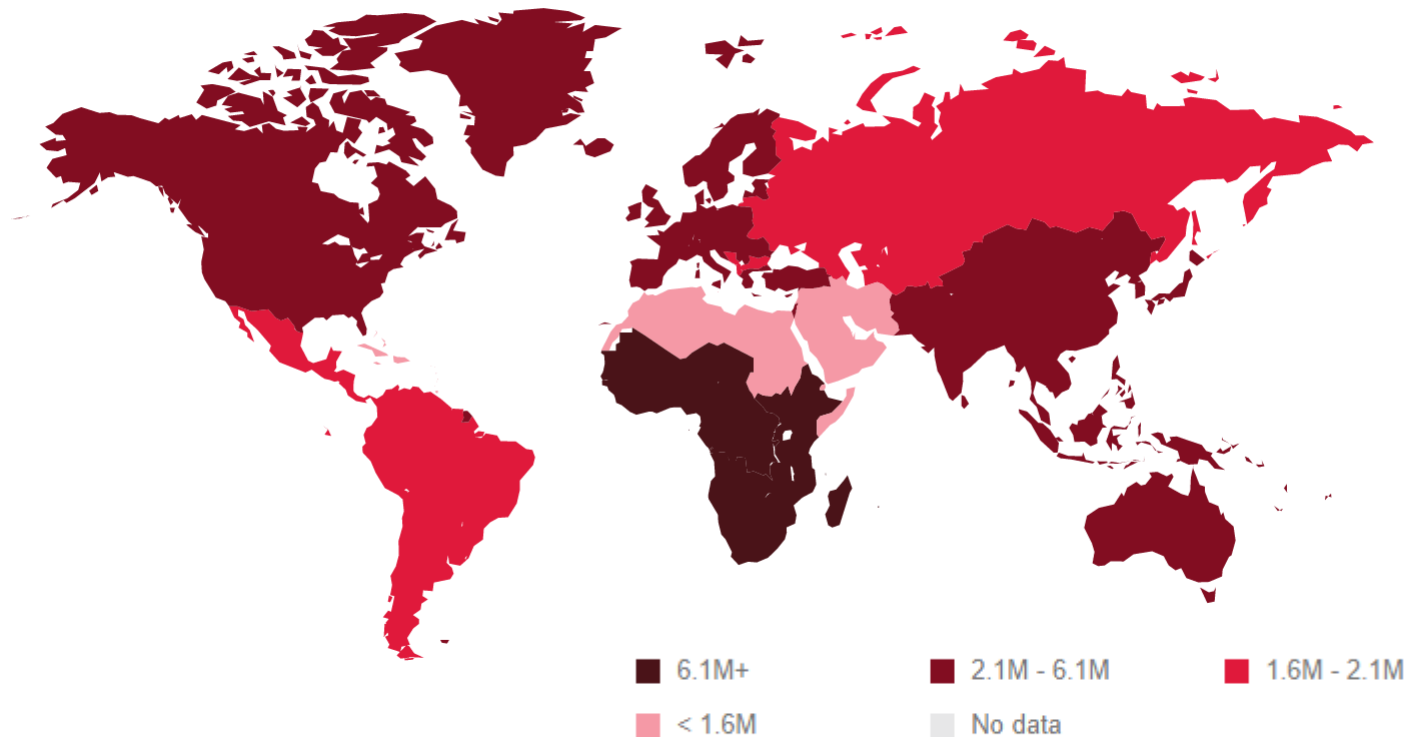
How best can Latin America prepare to engage in new HPTN studies? What are the gaps?

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Oswaldo Cruz Foundation (FIOCRUZ)
Rio de Janeiro, Brazil
March 2018**

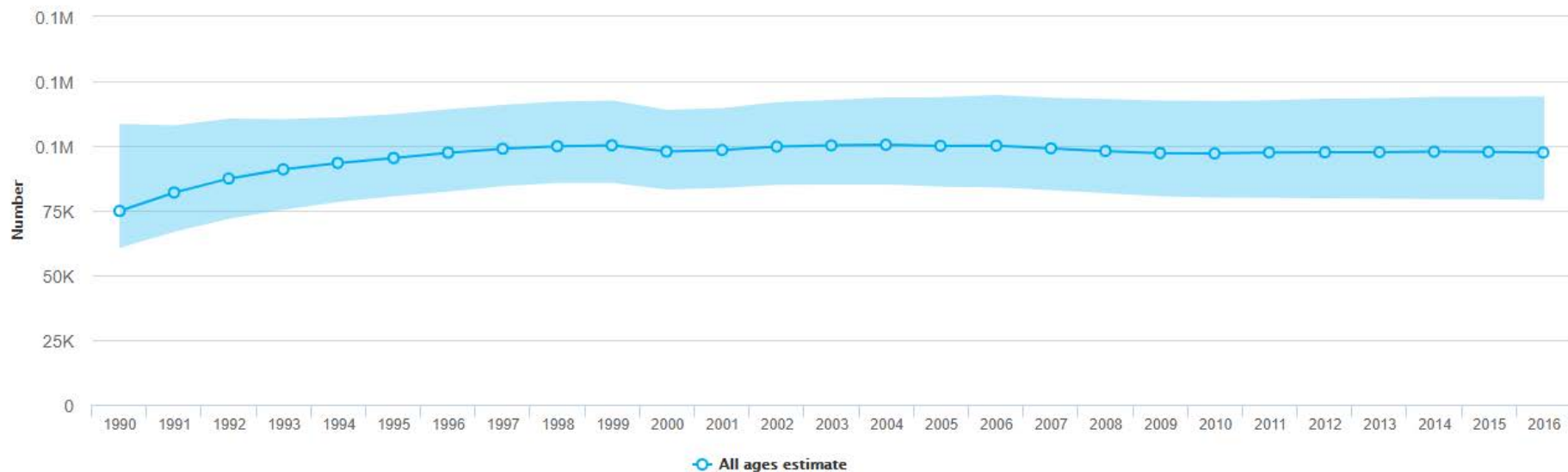
HIV epidemic in Latin America

In 2016,
1.8 mi
people living
with HIV.

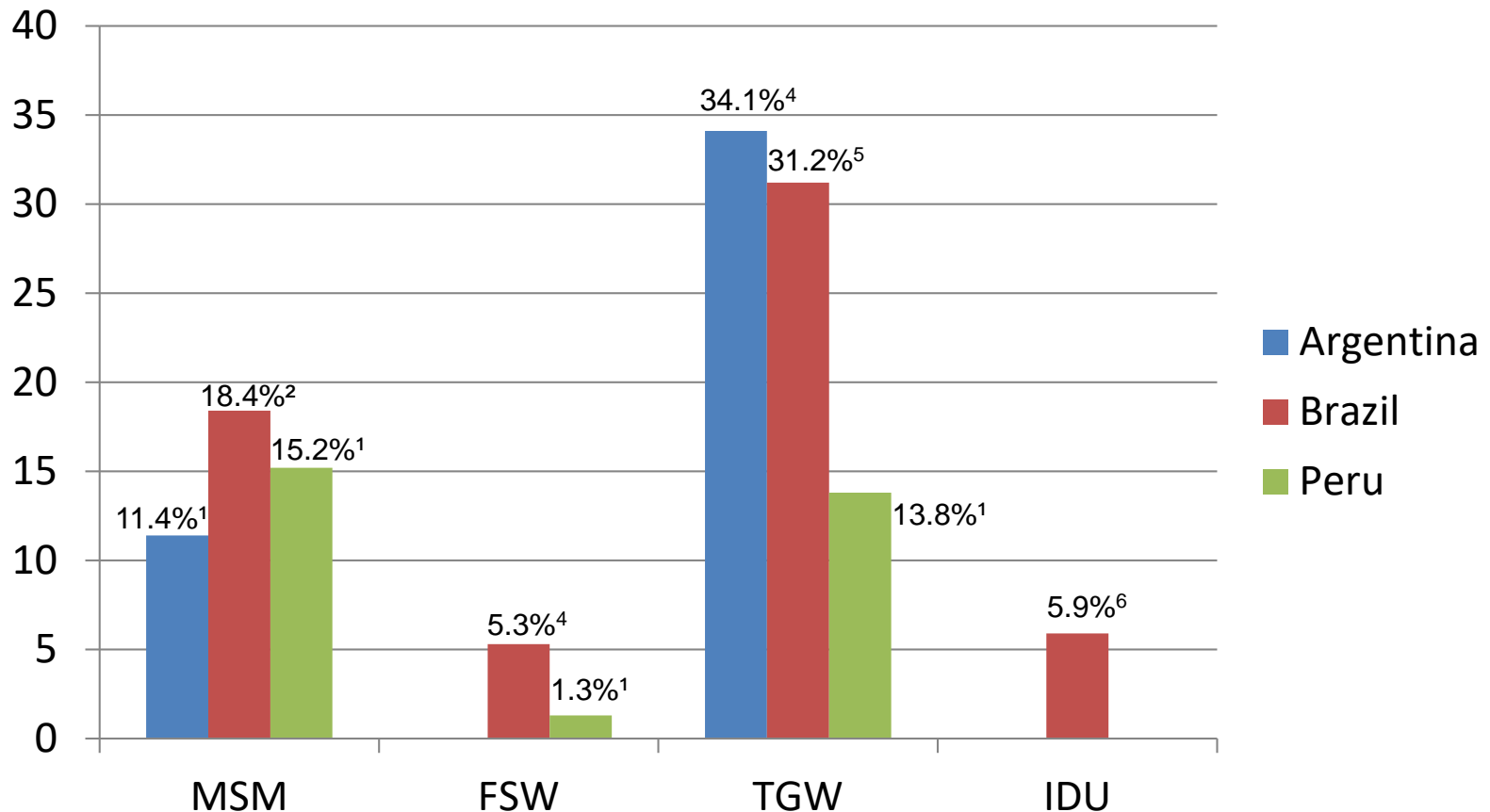
97,000
new infections
per year.



New HIV infections in Latin America

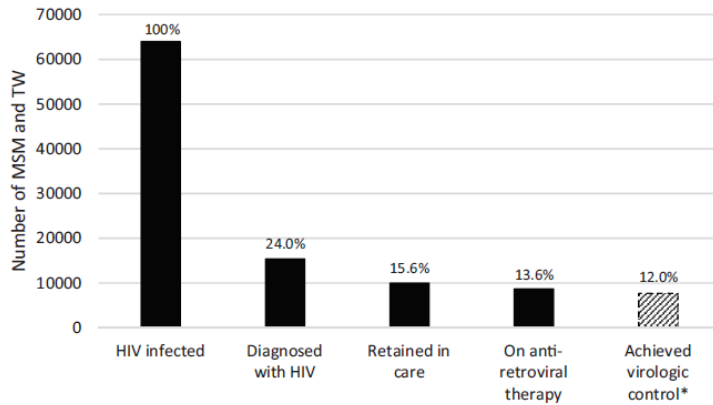


HIV epidemic in Latin America

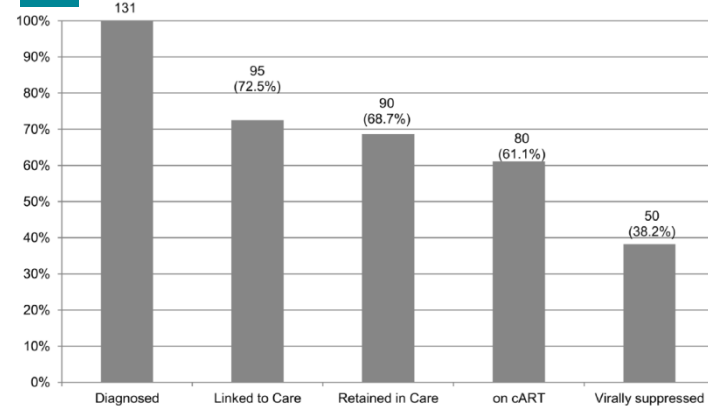


Treatment cascade in key populations

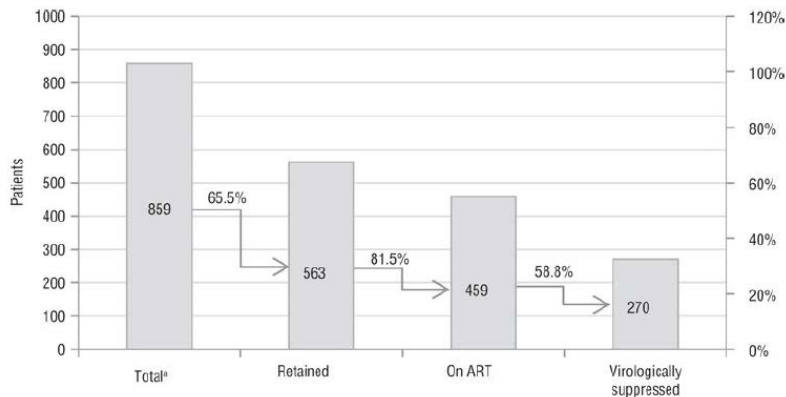
1 MSM and TGW in Peru



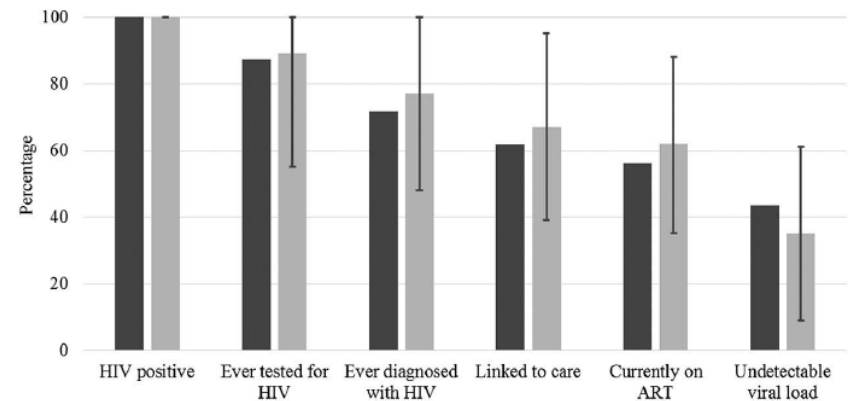
2 MSM in Brazil



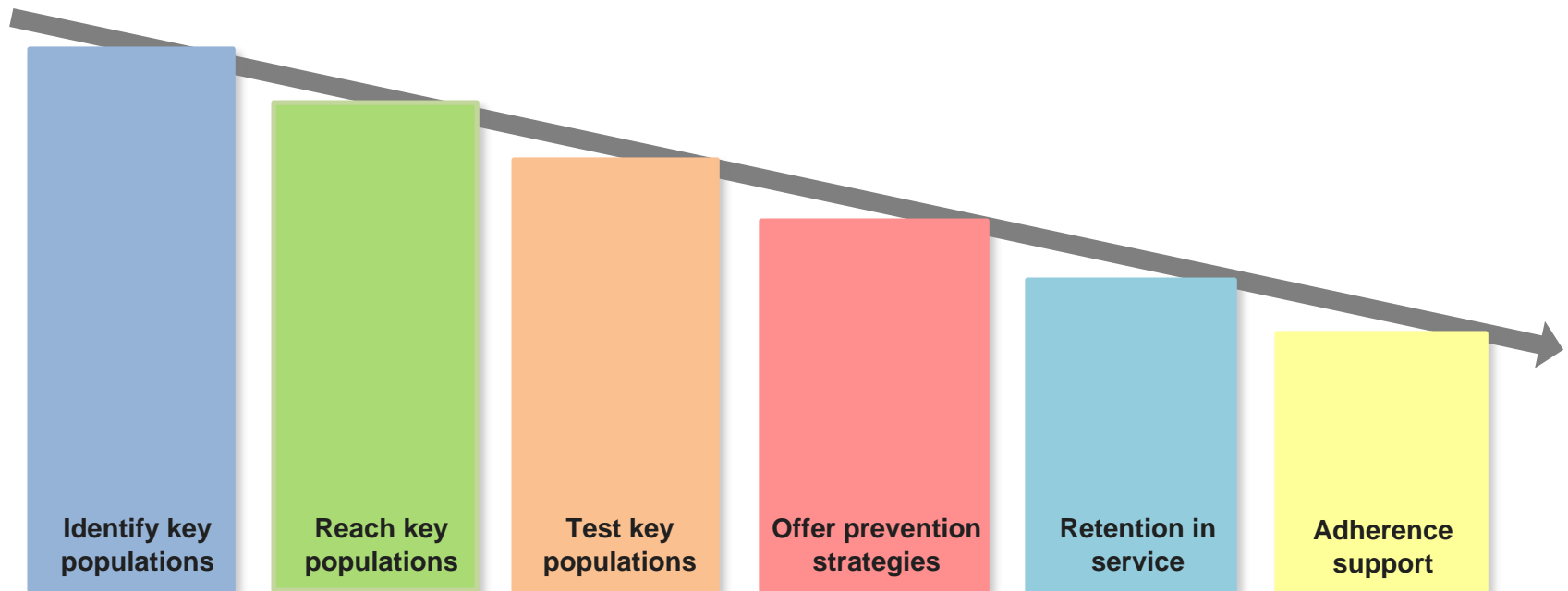
3 MSM and TGW in Argentina



4 TGW in Brazil



Prevention for key populations



Recruitment strategies

- Opportunity to meet people “where they are at” including via social and sexual networking apps
- Apps (Grindr, Hornet, others) and other social media use - what data can best guide us
- But...not as straightforward and easy as it looks
- What about the to the most vulnerable hardest to reach among hard-to-reach populations?
- Ist it useful for TGW?

HIV testing in key populations

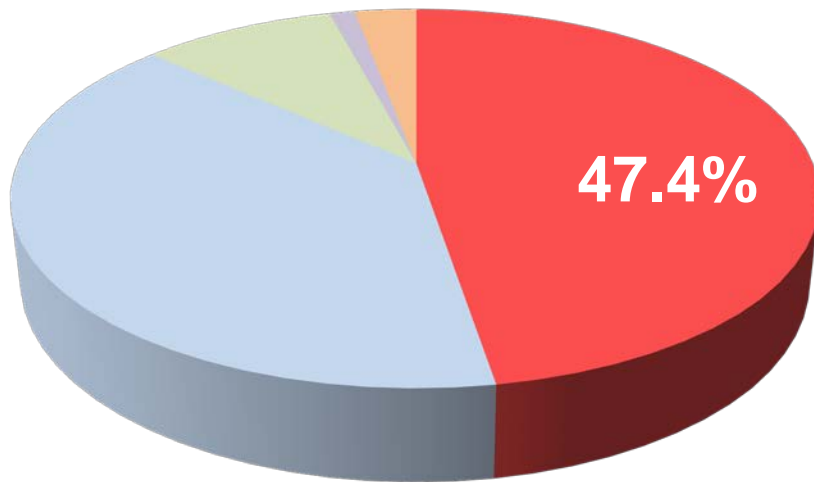
- Low uptake of HIV testing
 - Never tested for HIV:
 - 20% of Peruvian MSM
 - 29% of Brazilian TGW
 - Repeated testing: only 39% in Peruvian MSM and TGW
- Late diagnosis continues to be an issue in the region
- Unknown HIV status
- Stigma and descrimination
- High acceptability of self-testing among MSM and TGW in Peru, Argentina and Brazil.
- Can peer delivered self testing play a role in recruiting high risk individuals to PrEP studies?

Lee et al, 2015; Grinsztejn et al, 2017

Bustamante et al, 2017; Pando et al, 2017; Volk 2016, Torres et al, 2018

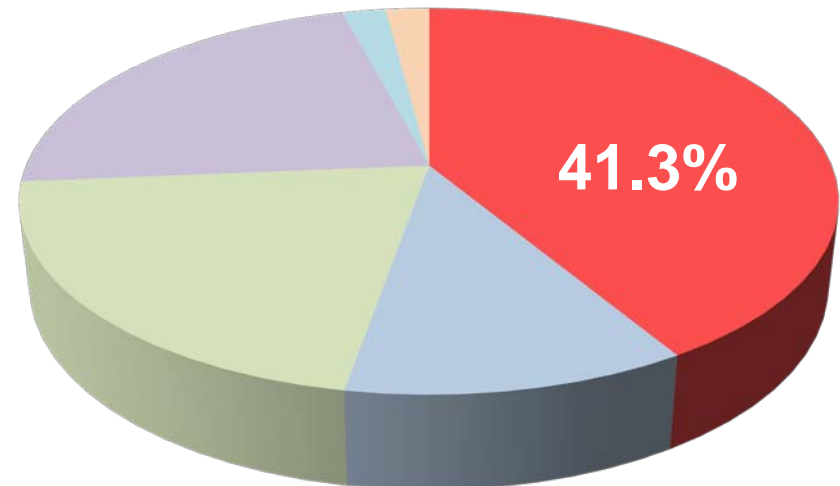
HIV testing in key populations

Best place for testing



■ At home
 ■ Health care provider
 ■ Pharmacy
 ■ Community center
 ■ Other

Best way to obtain self-test



■ Internet (home delivery)
 ■ Internet (pick somewhere)
 ■ Pick up at a pharmacy
 ■ Pick up at a health care provider
 ■ Pick up at NGO
 ■ Other

HIV risk perception in key populations

- Low self-perceived risk for HIV as a barrier to HIV testing. (Lee et al, 2015)
- Similarly, low rate of self-perception of high HIV risk was observed among Peruvian MSM that attended STI clinics.
- Peruvian MSM: 23.0% considered themselves at high HIV risk. (Vargas et al, 2018)
- An online questionnaire evaluated Brazilian MSM that used social apps to sexual encounters. Although most of the MSM of the study scored as high HIV risk in the *The HIV Incidence Risk for MSM Scale*, only 21.4% had high HIV risk perception (Torres et al, 2018)

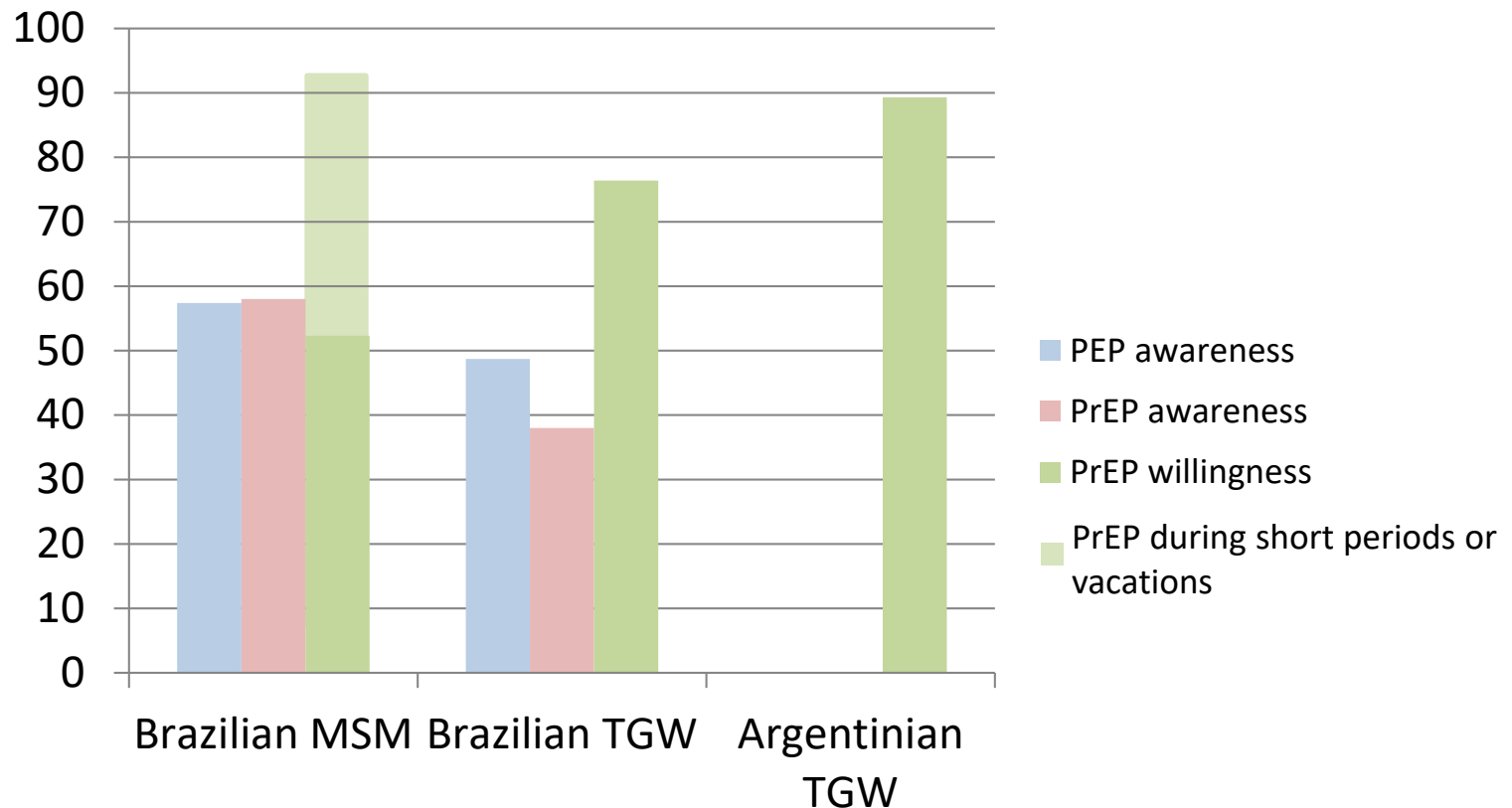
Assisting with accurate HIV risk assessment



- Interactive, online HIV risk assessment tool for MSM using data from several large cohorts of MSM.
- Calculates HIV personalized risk score (scale 1-20, with positive frame).

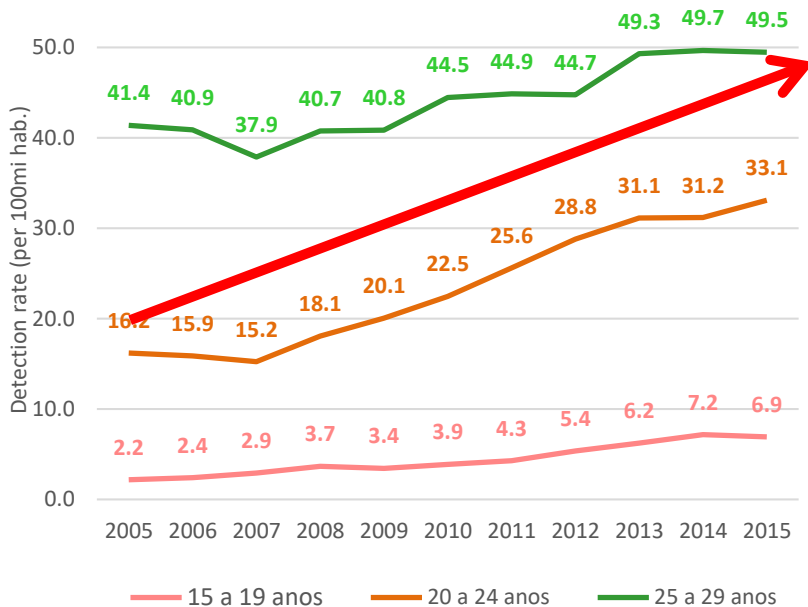
- Piloted in 240 MSM in SF, NY, Lima, Rio de Janeiro
- Found to be easy to use and desirable, esp. young MSM
- Included to be validated for LA 083 sites

PrEP awareness and willingness in key populations



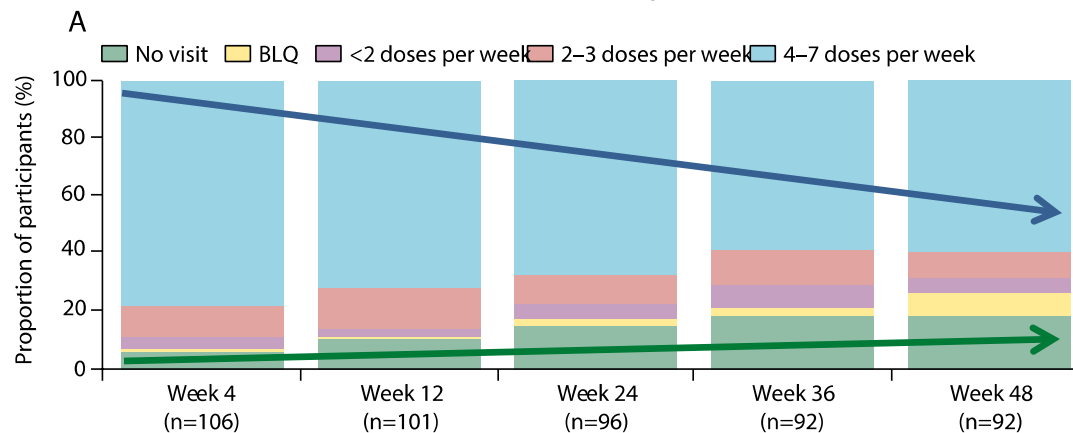
HIV prevention among young men

HIV detection rate among young men



Source: Brazil, 2016.

PrEP engagement by visit among young men aged 18-24 years, PrEP Brasil Project



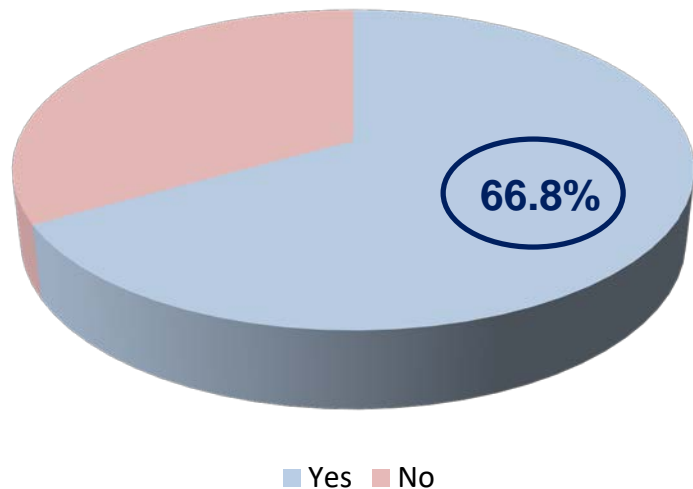
Source: Grinsztejn et al. Lancet HIV 2018.

PrEP challenges in transgender women

- Medical and research mistrust emerged as key, multidimensional and interrelated barriers to PrEP acceptability including:
 - Mistrust of health care systems and providers
 - Wariness of research focused on TGW
 - Suspicions of PrEP efficacy and
 - Fear of potential adverse effects.
- Disillusionment with:
 - Experimental trial designs (blinded allocation to placebo versus study drug)
 - Perceived drug effects (questions of Truvada efficacy), and
 - Study staff (mistrust of reported results, lack of information on side effects or potential interactions with hormone therapy)

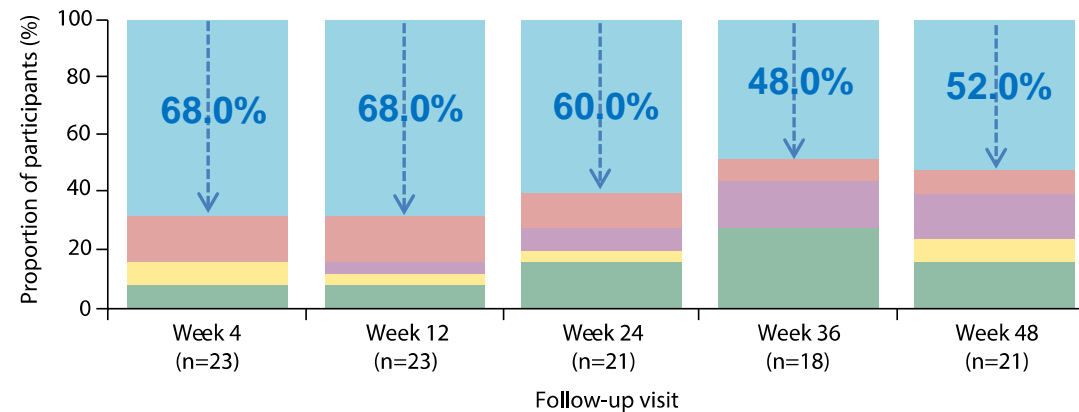
HIV prevention among transgender women

PrEP eligibility among transgender women in the Transcender Study in Rio de Janeiro, Brazil



Source: Jalil et al, 2018. Data not published.

PrEP engagement by visit among transgender women, PrEP Brasil Project



Source: Grinsztejn et al. Lancet HIV 2018.



TransPrEP: Social Network-Based PrEP Adherence for Transgender Women in Peru

UCLA



 THE FENWAY INSTITUTE



Ministério da Saúde

FIOCRUZ

Fundação Oswaldo Cruz

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TECNOLOGIAS DISPONÍVEIS E EM DESENVOLVIMENTO

Preservativo
feminino



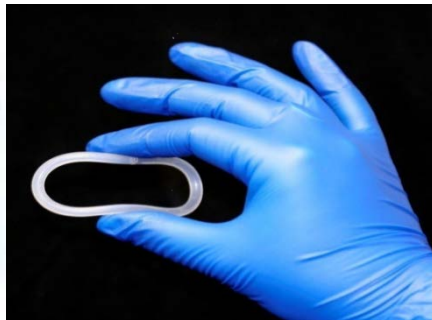
Preservativo
masculino

Baixas taxas de uso consistente e dificuldade de negociação

Drug
combinations



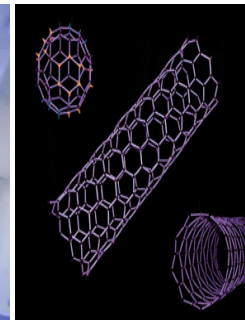
Drug/device
combinations



Injetáveis
ART, mAbs , HC



Electrospun
Nanofibers/Films

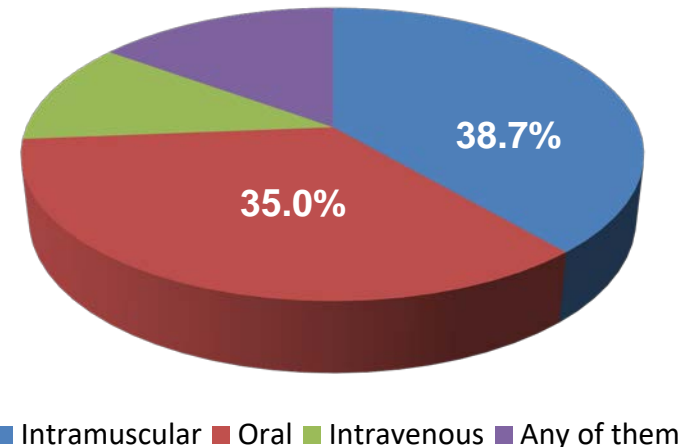


The future of MPTs...protection from HIV, other STDs, +/- pregnancy

PrEP preferences in LA

- Long acting-extended release technology is changing rapidly, with new approaches likely to be available for clinical testing soon:
 - Implants, transdermal microneedle patches, long-acting oral formulations
- Long-acting injectable PrEP as the preferable option. (Meyers et al, 2014; Parsons et al, 2016)
- One third of MSM taking oral PrEP would change for long-acting injectable PrEP (John et al, 2017)
- Scarce Latin-american published data.
- Benefit from the large studies to better understand preferences

Preferences on route of PrEP administration among transgender women in *Transcender* study, Rio de Janeiro, Brazil



Gaps and Opportunities

- How to reach the unreachable and most vulnerable to make study results valuable for the region?
- Formative research (including modalities of PrEP and social media)
- Adolescents (in adult clinical trials or adolescent-specific trials?)
- LA Transgender women deserve dedicated PreP studies
- Alcohol and stimulants use in the HPTN research agenda for LA
- Can we take advantage of the opportunity to also evaluate strategies for STI prevention in the region?



OBRIGADA!