Understanding participant experiences and preferences in an injectable PrEP trial: A qualitative substudy of barriers, facilitators, and preferences for PrEP use among MSM and TGW

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Disclosures

- Christina Psaros has served as a consultant for Brown University, UNC Chapel Hill, and The Fenway Institute.
Background: HPTN083

Landovitz et al. HPTN 083 final results: Pre-exposure Prophylaxis containing long-acting injectable cabotegravir is safe and highly effective for cisgender men and transgender women who have sex with men. Oral presentation at the 23rd International AIDS Conference (AIDS 2020: Virtual).
Original design

Objectives:
(1) Identify barriers and facilitators of adherence
(2) Gather explanatory qualitative data on study experiences to guide next steps for HIV prevention

Unplanned events

03/2020: Interviews halted due to COVID-19
05/2020: DSMB recommended unblinding

Revised design

5 sites enrolling participants who:
(1) Received injectable PrEP and wish to continue
(2) Received oral PrEP and wish to continue
(3) Received injectable PrEP and desire oral PrEP
(4) Received oral PrEP and desire injectable PrEP
Study Sites

- Atlanta, GA
- Rio de Janeiro, Brazil
- Cape Town, South Africa
- Bangkok, Thailand
- Chicago, IL
Method

- Codebook: inductive and deductive process
- NVivo 12
- Reliability: 15% of interviews double-coded
- Analysis: content analysis approach

Sample codes

Barriers to injection visits

i. Distance to clinic site / sites not accessible to all persons who would benefit
ii. Competing demands (e.g., other appointments)
iii. Financial barriers
iv. Homelessness
v. Variable work schedule / travel
vi. Long wait times at clinic (e.g., in pharmacy)
vii. Traffic en route to clinic
## Sociodemographic Characteristics

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<th></th>
<th>N=35</th>
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<tbody>
<tr>
<td><strong>Age (years), median (IQR)</strong></td>
<td>26 (24, 31)</td>
</tr>
<tr>
<td><strong>Age (years), mean (SD)</strong></td>
<td>27.6 (5.2)</td>
</tr>
<tr>
<td><strong>Age (years), range</strong></td>
<td>19, 39</td>
</tr>
<tr>
<td><strong>Region, n (%)</strong></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>31 (89%)</td>
</tr>
<tr>
<td>Latin America</td>
<td>4 (11%)</td>
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<tr>
<td><strong>Gender, n (%)</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>32 (91%)</td>
</tr>
<tr>
<td>Transgender Female</td>
<td>2 (6%)</td>
</tr>
<tr>
<td>Gender Queer</td>
<td>1 (3%)</td>
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<th>N=35</th>
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<tr>
<td><strong>Race, n (%)</strong></td>
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<tr>
<td>American Indian or Alaska Native</td>
<td>2 (6%)</td>
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<tr>
<td>Asian</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>23 (66%)</td>
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<tr>
<td>White</td>
<td>9 (26%)</td>
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<tr>
<td><strong>Ethnicity, n (%)</strong></td>
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<tr>
<td>Hispanic or Latino</td>
<td>8 (23%)</td>
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<tr>
<td>Not Hispanic or Latino</td>
<td>27 (77%)</td>
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Results Overview

Perceptions of study and study experiences
- Reasons for enrollment & PrEP use
- Study experience vs. clinical care

Injection experiences and perceptions

Facilitators and barriers of adherence to study product
Reasons for Enrollment & PrEP Use

- Desire to *prevent vs. treat* illness
- **Novelty** and **convenience** of injectable PrEP
- **Enhance health** and **contribute** to community
I take mine for that purpose ‘cause it’s a PrEP study to stay safe, so that’s my purpose. That keeps me motivated to keep taking it ‘cause I don’t wanna have [HIV]. There’s two choices you have. You either try to prevent it or you can be taking a pill for it.

– Adherent, MSM
The study also gave me this opportunity of hormonal therapy... I have been discovering many things regarding my transition, I believe that the study has made me think much more about my body than before. How it can affect my life.

– Discontinued product, TGW
Study Experience vs. Clinical Care

- Increased visit scheduling **flexibility**

- **Frequent and thorough** communication

- **Open, affirming** staff and environment
“Hey. I'm interested in getting on PrEP.” A doctor's first question is, "Why?" With the studies, that's not it.

– Adherent, MSM
Positive Overall Injection Experiences

- Easy to use, with minimal discomfort
- Some described initial injection anxiety
- Some concerns around efficacy and tolerability
The first two times I got the shot, it took me back to when I got raped. It was almost just like, okay, I’m bent over. The only difference is that I’m an adult. I can fight for myself now versus being younger, but that’s the experience that it jogged. Now, it became a little more normal, so I don’t feel that way.

– Imperfectly adherent / non-adherent, MSM
I'm generally a healthy person, so I never would wanna put myself in a way that would compromise my good health. I know, when it comes to a shot, that lasts longer in your body, too, and once it's in there, it's just kinda like, girl... It's in there. You can take a pill, and hopefully get your stomach pumped right away, or whatever. You get a shot, that's not gonna come out right away.

– Adherent, MSM
Facilitators

- Motivational factors (e.g., preserving health)
- Ensure study success
- Reminder strategies
- Social support
- Clinic factors

Barriers

- Structural factors (financial, travel-related)
- Competing demands (e.g., work schedule)
Recently, it was more complicated due to personal issues more than any other thing. I stayed away this time, three months… it is always a hurry to look after work, money and eating and many things, as difficulties of life indeed, that it ended up not being prioritized… Not that I was not caring, but if I would choose between assuring my life and my well-being or coming to the… appointment, I gave priority to this over coming here.

– Discontinued product, TGW
Limitations

- COVID and sampling
  - Interviews stopped prematurely (COVID), potentially impacting thematic saturation
  - More “adherent” participants, vs. “non-adherent” or “other”
  - 3 of the 5 sites were able to start before COVID, and majority from US
  - Analyses include only a small number of TGW
Conclusions

- Positive study experience
  - A means for participants to care for themselves
  - Contributions to their communities
  - Access for injectable (or oral) PrEP at no cost

- Implementation = challenge paradigms of standard delivery of medical care:
  - “Whole body” care and health screenings
  - Open and affirming staff
  - Build relationships over time
  - Flexible visit schedules
Conclusions (cont.)

- Provider awareness of:
  - Injection anxiety (and relevant trauma history)
  - Varying degrees of patient understanding about how injectable PrEP works
  - Anxiety decreased over time
- Accessing PrEP free of cost
  - Remuneration was important
  - Managing financial constraints of using PrEP
Acknowledgments

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Thank you!

Questions?

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