

# 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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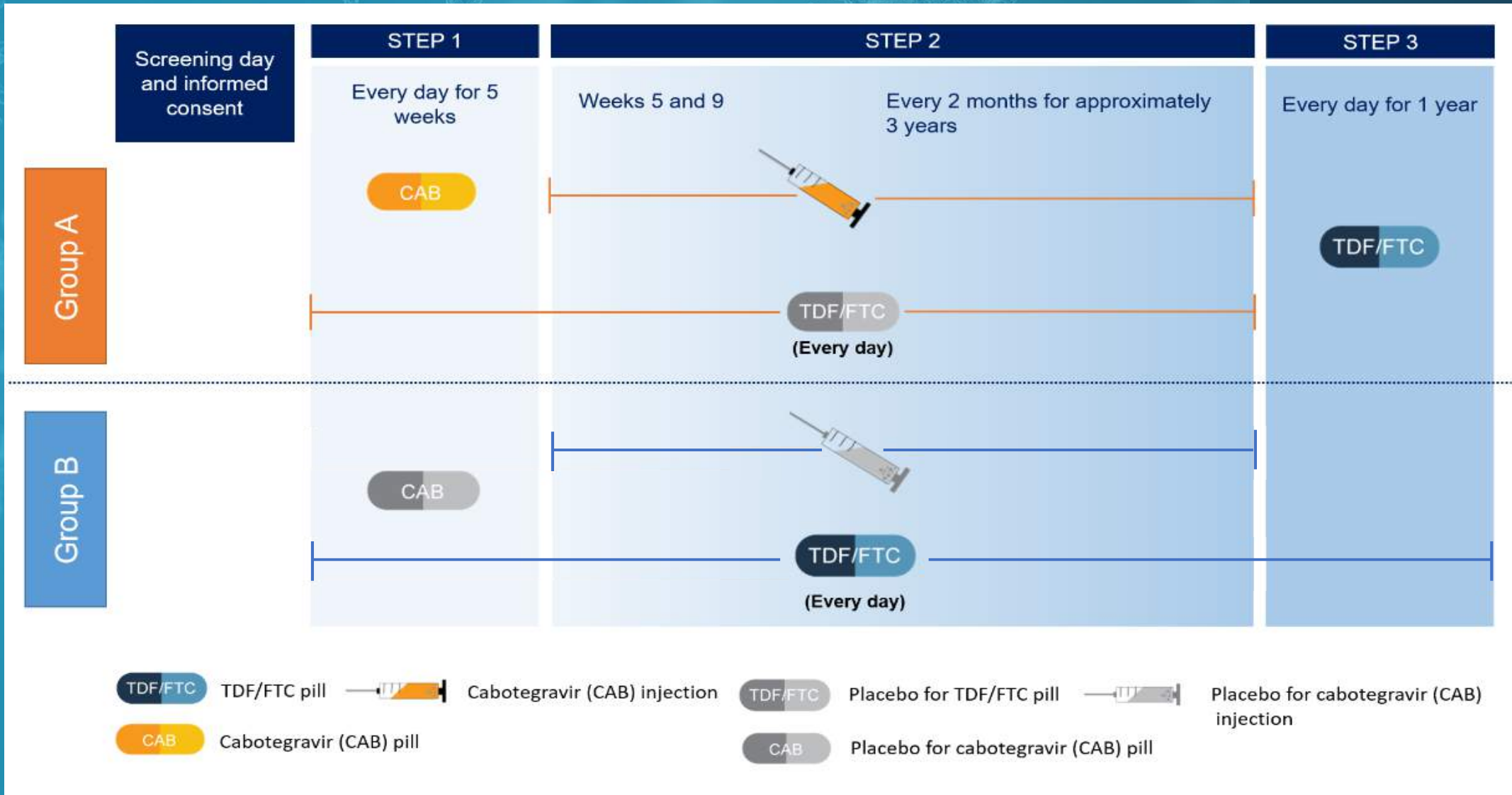
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# Disclosures

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

# Background: HPTN083



## 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

Chicago, IL

Atlanta, GA

Rio de Janeiro, Brazil

Cape Town, South Africa

Bangkok, Thailand



# 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

	N=35
<b>Age (years), median (IQR)</b>	26 (24, 31)
<b>Age (years), mean (SD)</b>	27.6 (5.2)
<b>Age (years), range</b>	19, 39
<b>Region, n (%)</b>	
United States	31 (89%)
Latin America	4 (11%)
<b>Gender, n (%)</b>	
Male	32 (91%)
Transgender Female	2 (6%)
Gender Queer	1 (3%)

	N=35
<b>Race, n (%)</b>	
American Indian or Alaska Native	2 (6%)
Asian	1 (3%)
Black or African American	23 (66%)
White	9 (26%)
<b>Ethnicity, n (%)</b>	
Hispanic or Latino	8 (23%)
Not Hispanic or Latino	27 (77%)

# 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

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# Thank you!

Questions?

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