Familiarity with and Preferences for Oral versus Long-acting Injectable PrEP in a US National Sample of Gay and Bisexual Men

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The continuing epidemic...

- The prevalence of HIV for gay and bisexual men (GBM) continues to grow. GBM accounted for 65% of new diagnoses in 2013, a 12% increase since 2008.

- GBM are among the only groups to see increased incidence in recent years. Particularly among young GBM of color.
Biomedical prevention strategies

- One of the most promising biomedical prevention tools currently available (i.e., FDA approved) is once-daily Truvada.

- However, uptake has been slow for a multitude of possible reasons.

- Bottom line: PrEP only works when you take it.
Forms of oral PrEP

- Once-daily Truvada (Emtricitabine and Tenofovir). When daily adherence is met, it has been shown to be 95% effective in the prevention of HIV. Demonstration studies have shown daily adherence to be suboptimal.

- Alternate Dosing Strategies:
  - Intermittent Truvada - Because of the half-life of the drug, it is taken 2-3 days a week. On-going trials are assessing the efficacy and adherence.
  - On-Demand Truvada – Taken preceding and following sex events
A pill may not be for everyone

- Forgetting to take
- Not having it on you
- Rx runs out and not renewing
- Lapse in visiting Dr. to renew Rx
- Stigma of carrying a bottle
- Dealing w/ insurance coverage on a monthly basis
- Swallowing a large pill
- Traveling for a long period of time
- Accidental overdose
Long-Acting Injectable (LAI) PrEP

- Long-acting injectable (LAI) PrEP is currently being studied as an alternative to daily and intermittent PrEP. It consists of a single dose ~ every 90 days.
  - 100% efficacy has been produced with monkeys. Efficacy in HIV-negative men is currently underway.
- One study (Meyers et al, *PLoS One*) found 80% would be LAI willing, 79.2% preferred injection every 3 months vs. daily pill/neither.
Then again... needles!!!!

- Fear of needles
- Site reaction from a needle
- Decisions ...
  - Finding a Dr. who has the drug in office
  - Being administered the drug by a pharmacist
  - Going to a pharmacy to pick up drug and then return to Dr. for administration.

- Although not for everyone, it may be an acceptable alternate for those who cannot/will not take oral PrEP
Question:

Should LAI-PrEP prove effective in humans, it is necessary to explore acceptability.

Is there a difference in the preference for LAI vs. once-daily PrEP among GBM?
Hypothesis

1. GBM will be largely unaware of the existence of PrEP in the form of a LAI.

2. Once informed of LAI PrEP, GBM will report a preference to LAI vs. both once-daily and intermittent PrEP.
One Thousand Strong:
Syndemics & Resilience for HIV Transmission in a National Sample of Vulnerable Men

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Methods

- Recruited by Community Marketing and Insights (CMI)
- Eligibility
  - Live in U.S. with a permanent U.S. mailing address
  - 18 years and older
  - Biologically male and identify as male
  - Self-identify as gay/bi
  - English comprehension
  - Internet access
  - Device for taking digital pictures
  - Self-identify as HIV-negative and willing to complete at-home self-administered rapid HIV antibody, chlamydia, and gonorrhea testing
  - Report having sex with another man in the past year
Data Collection

- At baseline, completed an at-home CASI, followed by at-home HIV and STI testing.
  - Final baseline sample for One Thousand Strong consisted of 1,071 HIV-negative GBM.
- Data for this study are taken from a 6 month “check in” survey ($n = 948$, 88% retention). $n = 2$ dx HIV+
- Data were collected from Jan – April 2015.
Are you an appropriate candidate for PrEP?

- Yes, 41.1%
- No, 34%
- I’m not sure, 24.9%
Familiarity with LAI PrEP

- 84.1% ($n = 797$) indicated “I’ve never heard of it before today”.
- 12.8% ($n = 112$) indicated “I’ve heard about it, but I don’t really know what it is” or “I know a little about it”.
- 3.2% ($n = 30$) indicated “I know a fair amount about it” or “I know a lot about it”.

![Bar chart showing the percentage of respondents indicating different levels of familiarity with LAI PrEP. The majority indicated they had never heard of it before today.](chart.png)
If LAI was at least 90% effective in preventing HIV when injected every 90 days...

<table>
<thead>
<tr>
<th></th>
<th>Definitely Take It</th>
<th>Probably Take It</th>
<th>Might Take It</th>
<th>Probably NOT Take it</th>
<th>Definitely NOT Take It</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>30.5</td>
<td>23</td>
<td>27.8</td>
<td>11.8</td>
<td>6.9</td>
</tr>
</tbody>
</table>

(CHEST Center for HIV Educational Studies & Training)
How important are the following in making the decision to use..... [Once Daily] [LAI]

Long-term effects in health: 3.1 (Daily), 3.11 (LAI)
Side effects: 3.11 (Daily), 3.1 (LAI)
May not provide complete protection: 2.89 (Daily), 2.89 (LAI)
Medical check-ups: 2.15 (Daily), 2.04 (LAI)

4 Very Concerned
3 Concerned
2 Little Concern
1 Not Concerned
Given a choice between LAI and once-daily PrEP

- LAI: 46.1%
- Once-Daily: 14.2%
- Whichever most effective: 31.8%
- Neither: 7.9%
In general, are you the type of person who would rather...

- Take a pill every day: 22.2%
- Take a pill 2-3 times per week: 13.9%
- Receive an Injection every 3 months: 63.9%
What does this mean?

- Not surprisingly, most GBM are largely unaware of LAI PrEP.

- High interest in LAI PrEP compared to both once-daily, and intermittent PrEP.
  - However, a quarter of our sample was most interested in whichever form of PrEP is most effective.

- “Adding” LAI PrEP to the array of biomedical options will improve HIV prevention.
Limitations

- We asked about LAI PrEP under the context of the drug being offered for free.

- We also speculated about its effectiveness

- U.S. national sample of men—overall well educated, majority White, M age = 40

- Intentions are a good predictor of behavior, yet there is a “cascade”
Remaining Questions

- Although our sample reported interest in LAI PrEP when it is offered for free, we do not know how much that would change based on price.
- Insurance coverage? Co-pay coverage?
- Risk compensation has been shown to be very low w/ Oral PrEP. Unclear what will happen with those on LAI-PrEP (will men become “safer” toward the end of the 90 days?)
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Thank you

For a copy of these slides or further questions, please email Jeffrey Parsons:

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