HIV Prevention Trials Network

Acceptability of and Adherence to Injectable PrEP

PLANS FOR BEHAVIORAL ASSESSMENTS IN HPTN 076

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NIMH National Institute of Mental Health
NIH National Institutes of Health
U.S. Department of Health and Human Services
NATIONAL INSTITUTES OF HEALTH
NIDA NATIONAL INSTITUTE ON DRUG ABUSE

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Purpose

- To evaluate the safety and acceptability of the injectable product, TMC278 LA, in healthy, HIV-uninfected women.

Population

- 132 HIV-uninfected women, ages 18 to 45 years
  - 96 participants from Africa
  - 36 participants from US
- Randomized (2:1) to receive TMC278 LA or placebo injections respectively

Sites

- Africa
  - Emavundleni Centre in Cape Town, South Africa
  - Spilhaus CRS in Harare, Zimbabwe
- United States
  - Bronx Prevention Center CRS in Bronx, New York
  - New Jersey Medical School CRS in Newark, New Jersey

Acceptability versus Adherence

Overlapping but distinct concepts

Acceptability:

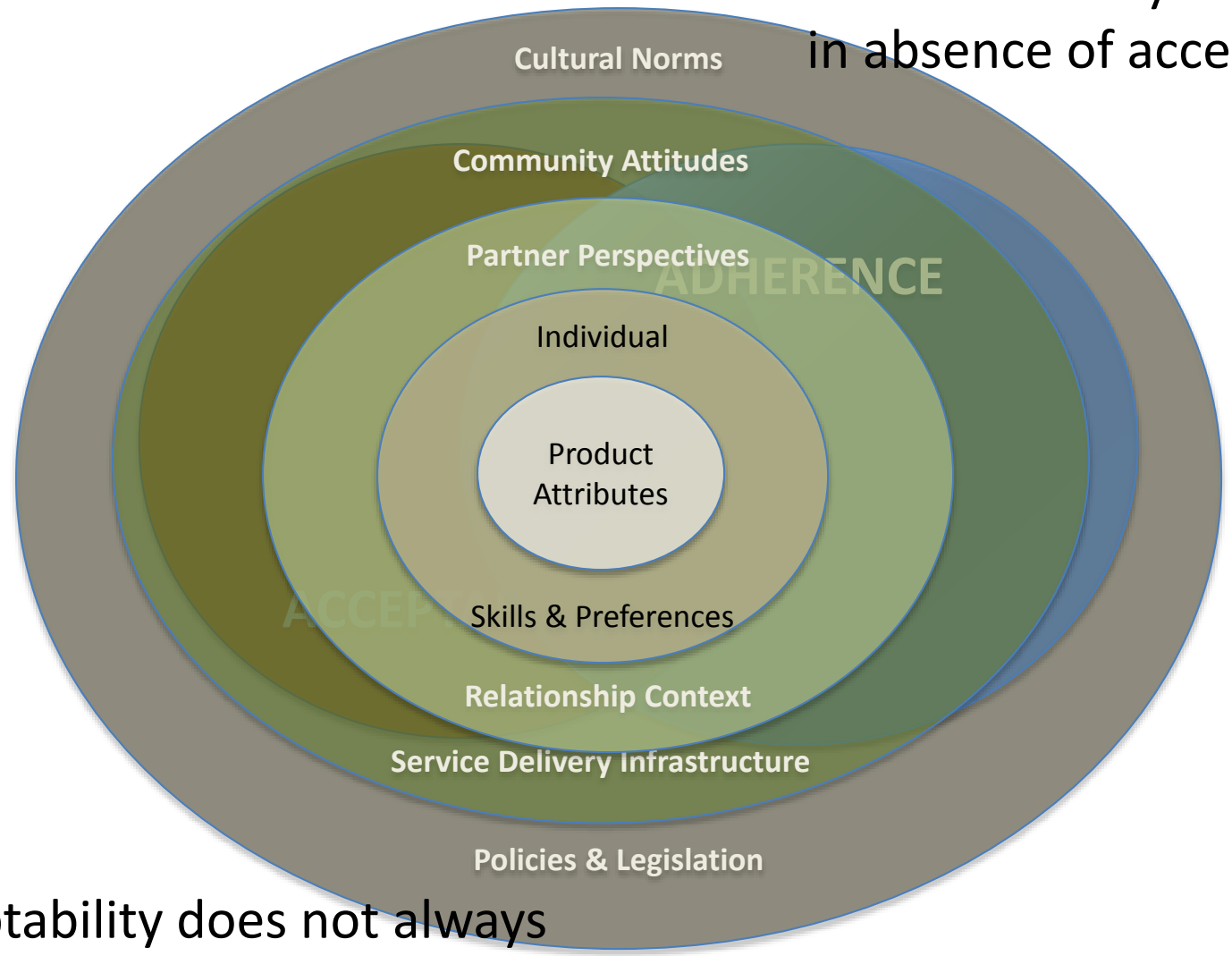
- Hypothetical willingness to use a product
- Choice of one product among different options
- Continued use of a product over time

Adherence:

- Extent to which a product is used according to instructions
- Includes timing, dosage, and duration of use
- Patterns of use may change over time

Relationship between Concepts

Adherence may be achieved in absence of acceptability



Acceptability does not always lead to high adherence

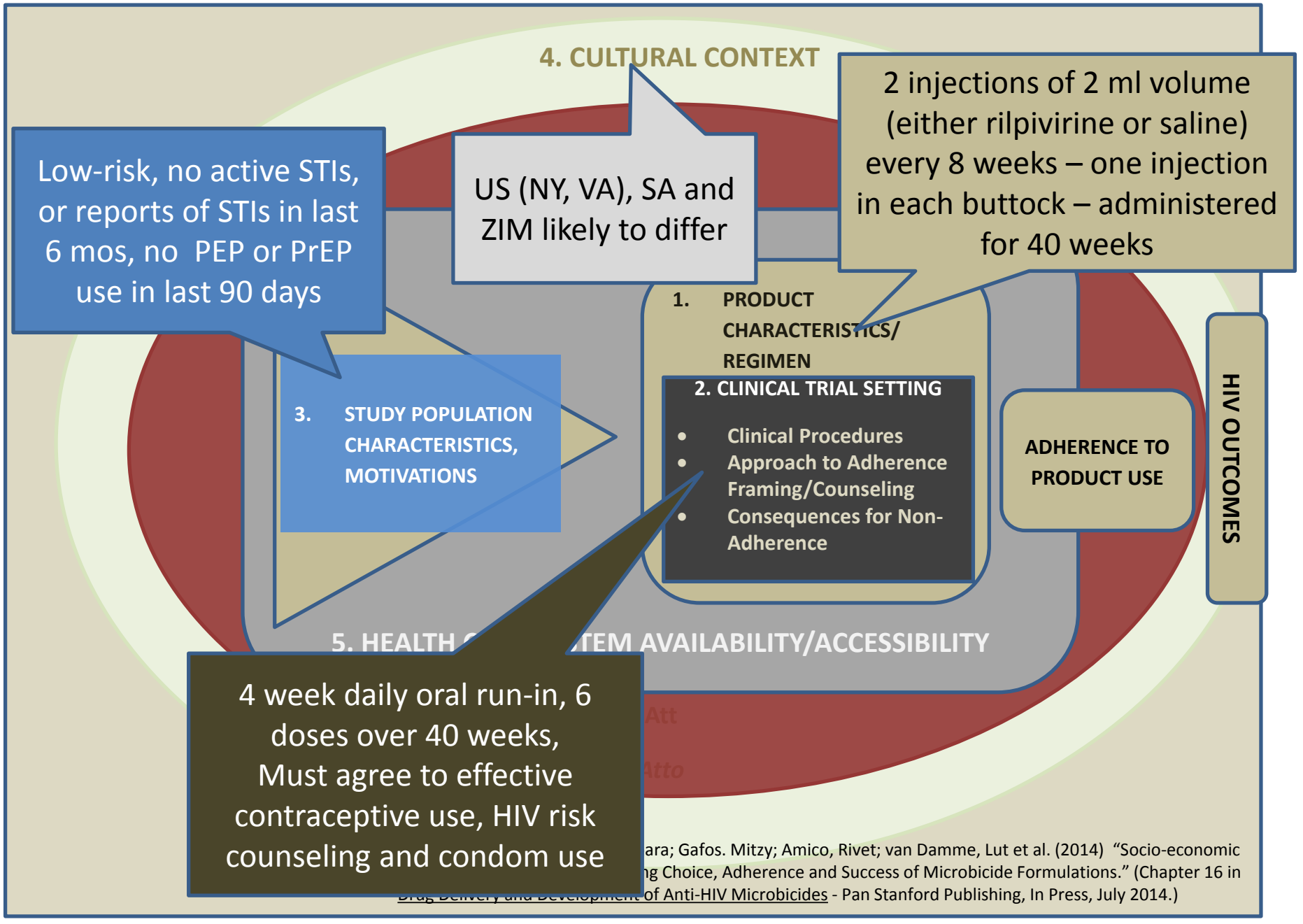
Injectable PrEP

Acceptability

- Product attributes: (i.e.,# and location of doses, perceived effectiveness, side effects) relative to other options
- Individual: Perceived need for product (i.e., risk perception)
- Partner's attitudes toward product, or potential for discreet use
- Structural factors related to access (i.e, where provided, cost)

Adherence

- Prior experience with similar product use
- Perceived self-efficacy
- Partner support (or lack)
- Experiences with past doses – product, provider and clinic-related
- Structural barriers to re-injection (i.e., time, transport, confidentiality or other)



ara; Gafos. Mitzy; Amico, Rivet; van Damme, Lut et al. (2014) "Socio-economic
g Choice, Adherence and Success of Microbicide Formulations." (Chapter 16 in
Drug Delivery and Development of Anti-HIV Microbicides - Pan Stanford Publishing, In Press, July 2014.)

Overview of Acceptability Assessments

- Primary endpoint: Acceptability
  - % of participants interested in future injectable use for HIV prevention
- Secondary endpoint: Tolerability
  - % of participants who did not complete injections due to lack of tolerability, AE
- Schedule of assessments:
  - Baseline (week 0 prior to oral run-in)
  - Follow-up (week 4, 28 and 44)
  - Focus group discussion (1 per site between weeks 44 and 76)

  - Request to keep assessments short!

Baseline

- Prior experience with injections
  - to treat or prevent illness, as contraceptive method
- HIV prevention experience
  - Worry about HIV, current risk reduction behavior, including condoms
- Injectable prevention attitudes
  - Likes, concerns re. injectable PrEP
- Motivations for clinical trial participation
  - Recommendation, science, access, personal/family concern re HIV
- Beliefs about clinical trial research
  - Necessary to ensure drug safety, trust in researchers, concerns about being a guinea pig

Follow-Up

- Study-related injectable experience
  - Degree of acceptability for 8 injectable characteristics (dosing, quantity, inject site, pain, rash, side effects, privacy, schedule)
- Interest in Future Injectable Use
  - 6 items with variations in commitment to use (modeled from earlier microbicide scale work)
- Preferences for Injectable Characteristics
  - Any recommended changes, preference for oral, injectable, ring, gel or other prevention option

FGDs

- Community-level interest
  - HIV concern, interest in injectable PrEP
- Injectable PrEP concerns & challenges
  - Cost, access, partner attitudes
- Injectable experiences
  - Towards injectable characteristics, change over time
- Likelihood of future use
- Trial-related experiences
  - Motivations, concerns about randomization, difficult or enjoyable experiences
- Perspectives on importance of CT research, and recommendations

HPTN 077: Overview

- Phase 2a randomized placebo controlled trial of GSK1265744 ("744") or cabotegravir

- Will determine whether 744LA is safe and tolerable in 176 low-risk HIV-uninfected men and women
  - Randomized 3:1 active: placebo

- Differs from HPTN 076 in a few ways: first and foremost, less experience with the product (TMC278 approved for HIV treatment, robust safety database – GSK1265744 not FDA approved, limited clinical experience)

- Planned FSFV August 2014 (US), February 2015 (non-US, estimated)

Who can participate?

- HIV-uninfected men and women, ages 18-65 (60% women)
- At low risk for acquiring HIV*
  - No recent STI diagnoses
  - **No condomless intercourse with partner of HIV+ or unknown HIV status; fewer than 5 partners regardless of use of condoms**
- No stimulant or injection drug use
- Participants must also meet other eligibility criteria to ensure they are in general good health
  - Normal kidney and liver function and blood counts
  - Hepatitis B and C negative
  - ECG WNL, no significant cardiovascular disease

*Individual sites make these criteria MORE restrictive (i.e. lower risk) but not less restrictive

Acceptability Assessments

- Still in developement
- Harmonizing with two studies
  - HPTN 076
  - Éclair (parallel Phase 2a study of 744LA in MSM in US – 10 sites, enrolling)
- Using validated assessments from other pharma-sponsored studies adapted for 077
- Using model based assessments from 076
- Short/parsimonious considering questions of applicability to at-risk Phase 3 population

Summary

- Acceptability and adherence are two distinct, but overlapping concepts
- Within CTs, acceptability will be influenced by characteristics of the study population an CT setting
- Accounting for these differences may help us better predict eventual acceptability and adherence outside of CTs

Questions?

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