

# INITIAL CLINICAL CARE EXPERIENCES OF MEN WHO HAVE SEX WITH MEN AND TRANSGENDER MEN WHO CHOOSE INJECTABLE PREP IN THE UNITED STATES: RESULTS FROM THE PILLAR STUDY

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# Disclosures

- PILLAR was funded by ViiV Healthcare
- Heidi Swygard is an employee of ViiV Healthcare and holds GSK stocks

# Background

- In the US, large disparities in HIV acquisition rates and pre-exposure prophylaxis (PrEP) use exist between different demographics<sup>1</sup>
  - Most new HIV acquisitions occur in men who have sex with men (MSM), the majority of whom are Black or Latino<sup>2</sup>
  - Furthermore, 3.2% of transgender men (TGM) in the US are currently living with HIV,<sup>2</sup> a higher rate than the estimated overall US prevalence of ~0.5%<sup>3</sup>
- Long-acting cabotegravir (CAB LA) administered every 2 months (Q2M) via intramuscular injection is the first approved LA agent indicated for PrEP and has demonstrated superiority to daily oral PrEP with tenofovir disoproxil fumarate plus emtricitabine for the prevention of new HIV acquisitions<sup>4–6</sup>
- Positive clinical care experiences with healthcare providers (HCPs) are associated with maintaining appointments,<sup>7</sup> an important behavior to support adherence to CAB LA and the efficacy of PrEP
- Little is known about the quality of clinical care experienced by MSM and TGM using CAB LA
- Here, we report perceptions of quality of care from the perspective of MSM and TGM receiving CAB LA in PILLAR (NCT05374525), a Phase 4 implementation study

1. Prevention CfDCA. Information from the CDC's Division of HIV Prevention 2023. Available from: <https://www.cdc.gov/hiv/policies/dear-colleague/dcl/20231017.html>. Accessed June 2024;

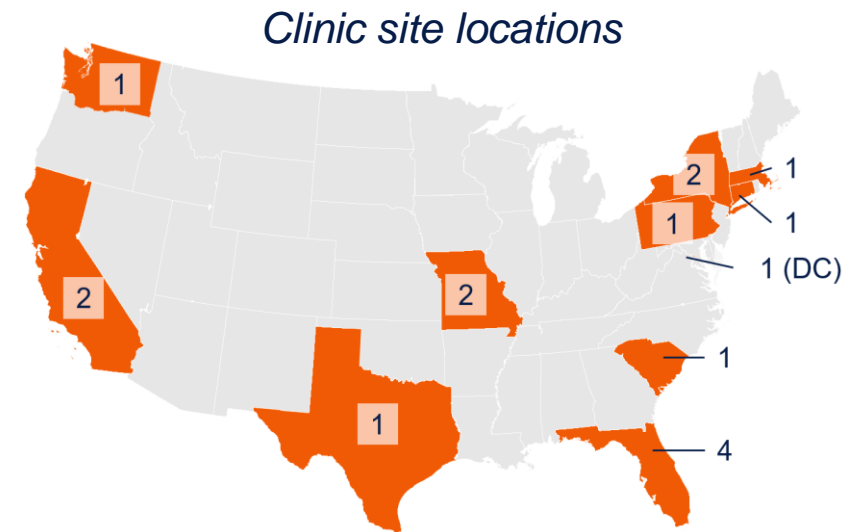
2. Becasen JS, et al. *Am J Public Health*. 2019;109(1):e1–e8; 3. Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2015–2019. *HIV Surveillance Supplemental Report* 2021;26(No. 1)

4. Apretude [package insert]. ViiV Healthcare; 2021; 5. Delany-Moretlwe S, et al. *Lancet*. 2022;399(10337):1779–1789; 6. Landovitz RJ, et al. *N Engl J Med*. 2021;385(7):595–608;

7. Flickinger TE, et al. *J Acquir Immune Defic Syndr*. 2013;63(3):362–366.

# Methods

- PILLAR is a 12-month, Phase 4, implementation science trial evaluating the feasibility and acceptability of different strategies for delivering CAB LA for PrEP in the US for MSM and TGM
  - To our knowledge, PILLAR is the first implementation science trial to include participants based on male gender identity, per community request
- From June 2022 to September 2023, interviews were conducted with one or more patient study participants (hereafter referred to as ‘participants’) from 17 US clinics (N=52)\*
  - To ensure that a range of experiences were captured, participants at each site were purposely sampled for qualitative interviews based on key demographic characteristics, including race, ethnicity, and prior PrEP use



\*Comprising federally qualified health centers (n=4), non-profit and community-based organizations (n=6), private clinics (n=3), and academic and research institutions (n=4). CAB, cabotegravir; LA, long-acting; MSM, men who have sex with men; PrEP, pre-exposure prophylaxis; TGM, transgender men; US, United States.

# Methods

- Participants were interviewed within a 2-week window of their first CAB LA injection using an interview guide informed by the Consolidated Framework for Implementation Research (CFIR) and Proctor's Outcomes framework
- Themes from interviews were grouped based on quality-of-care domains (communication/information, respectful staff interactions, and patient-centered care) and summarized using descriptive statistics
- Qualitative analysis of participant interviews was guided by the Framework Analysis Approach
- Due to the nature of this method of data capture, participants did not necessarily discuss each theme, and instead discussed the themes most relevant to them
  - The absence of a participant discussing a specific topic cannot be interpreted as an indication as to whether they agreed or disagreed with certain aspects of care

# Characteristics of Interviewed Participants

Characteristic, n (%)	Participants (N=52)
<b>Age, years</b>	
20–29	12 (23.0)
30–39	21 (40.3)
40–49	10 (19.2)
50+	9 (17.5)
<b>Gender identity</b>	
MSM	44 (84.6)
TGM	8 (15.4)
<b>Race</b>	
Black	14 (27.0)
Not Black	38 (73.0)
<b>Ethnicity</b>	
Hispanic or Latino	17 (32.7)
Not Hispanic or Latino	35 (67.3)
<b>Partnered</b>	
Yes	22 (42.2)
No	30 (57.7)
<b>Oral lead-in</b>	10 (19.2)
<b>Direct to inject</b>	42 (80.8)

MSM, men who have sex with men; TGM, transgender men.

# Interview Questions for Participants

- Participants were asked the following questions about their quality of care:

- *“Now we would like to hear about your experiences interacting with clinic/practice staff and learning about CAB LA. Please describe what has been your overall experience interacting with the clinic/practice staff.”*

## Communication and Information

- *“How involved did you feel in the decision-making about your health and CAB LA?”*

## Respectful Client and Staff Interactions

- *“What do you think about how you were treated by the clinic/practice staff (e.g. doctor, nurse, front desk staff)?”*
- *“Did you feel respected by the clinic/practice staff? Have you worried about being judged?”*

## Patient-Centered Care

- *“What are your thoughts on the quality of care you have received?”*
- *“What did you like about the interactions with clinic/practice staff and the counselling provided?”*
- *“Was there anything difficult or uncomfortable about the discussion? If yes, what was difficult or uncomfortable about the discussion?”*

CAB, cabotegravir; LA, long-acting.

# Differences in Quality-Of-Care Themes Discussed by MSM and TGM Participants

## Communication and Information

Discussed useful information provided



HIV prevention options discussed

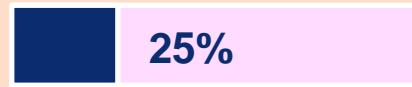


Discussed trusting HCP information



## Respectful Client and Staff Interactions

Discussed feeling respected



Discussed not feeling judged

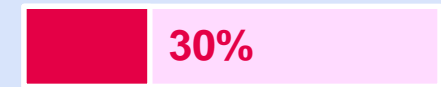


## Patient-Centered Care

Discussed being involved in the decision-making



Discussed feeling supported



“Well, the people, the clinic staff [...] they give me all the information. They verbalize and write information. I mean, written information [...] the clinic staff, so everything was clear and helpful. They helped me a lot.”

**MSM, 39, Non-Black, Hispanic**

“I felt really good about that, in the decision-making process. I felt like they let me have a minute or they asked, if you want to take a moment to think about it first, that’s fine.”

**TGM, 28, Non-Black, Non-Hispanic**



MSM (n=44)



TGM (n=8)

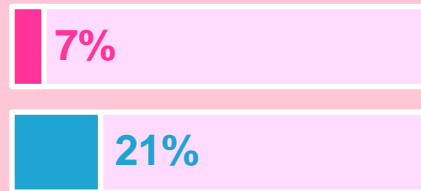
HCP, healthcare professional; MSM, men who have sex with men; TGM, transgender men.



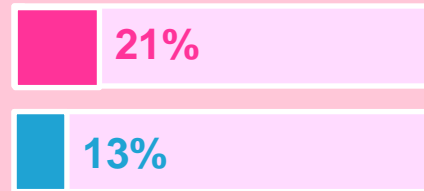
# Differences in Quality-Of-Care Themes Discussed by Black and Non-Black Participants

## Communication and Information

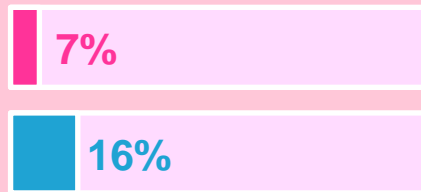
Discussed useful information provided



HIV prevention options discussed

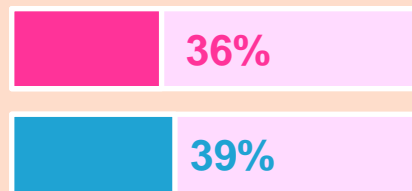


Discussed trusting HCP information

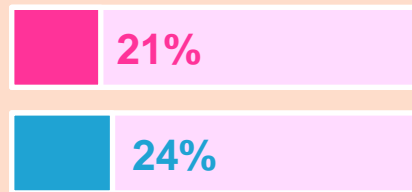


## Respectful Client and Staff Interactions

Discussed feeling respected

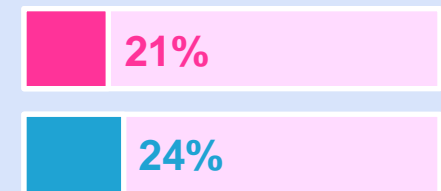


Discussed not feeling judged

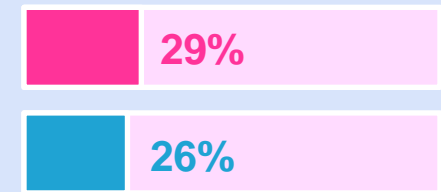


## Patient-Centered Care

Discussed being involved in the decision-making



Discussed feeling supported



“[...] I would expect my primary care physician to ask me more about my sexual health and all that good stuff. But if I'm being honest, I don't think any of my primary care physicians, except for one has ever mentioned anything along the lines of, do you want to have safer sex?”  
**MSM, 34, Black, Non-Hispanic**

Black (n=14) Non-Black (n=38)

“No, that's where I go, they make everything comfortable for you there. If I was with my primary care physician, I probably would feel some, but at that clinic that I go to, they're very friendly and that's what they center around.”  
**MSM, 38, Black, Non-Hispanic**

HCP, healthcare professional; MSM, men who have sex with men; PrEP, pre-exposure prophylaxis; TGM, transgender men.

# Differences in Quality-Of-Care Themes Discussed by Hispanic/Latino and Non-Hispanic/Latino Participants

## Communication and Information

Discussed useful information provided



HIV prevention options discussed

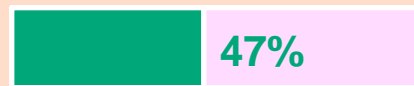


Discussed trusting HCP information



## Respectful Client and Staff Interactions

Discussed feeling respected

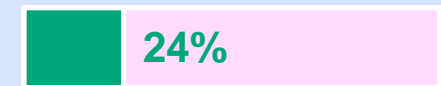


Discussed not feeling judged

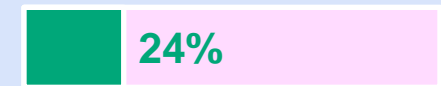


## Patient-Centered Care

Discussed being involved in the decision-making



Discussed feeling supported



“They’re respectful because [...] it’s a clinic, they’re not giving your name out – just date of birth when you get there. So, if you don’t want anybody to know your name, nobody says your name [...] nobody disrespects you there.”

**MSM, 52, Non-Black, Hispanic**

“That entire team is wonderful. The office manager, [...] who schedules all of this, she’s wonderful. [...] Everybody at my physician’s office is wonderful. It’s not just the doctor, but the team that makes sense. Wonderful. I hope that’s the case for everybody.”

**MSM, 50, Non-Black, Non-Hispanic**

Hispanic/Latino (n=17)

Non-Hispanic/Latino (n=35)

HCP, healthcare professional; MSM, men who have sex with men.

# Conclusions

- Overall, participants were very positive about the care they had received, with few negative or poor experiences of care reported
- More participants discussed respectful client/staff interactions and patient-centered care than communication/information
  - Due to the nature of this method of data capture, some participants may not have discussed or elaborated on specific concepts during the interview
- Fewer Black men and TGM discussed quality-of-care themes compared to non-Black men and cisgender MSM
- Engaging HCPs and providers on how to deliver an individually tailored, yet high-quality clinical experience is critical to supporting equitable patient access, uptake, and adherence for HIV prevention options, like CAB LA

CAB, cabotegravir; HCP, healthcare professional; LA, long-acting.

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