



Study Shows Encouraging Uptake and Adherence to Oral PrEP Among Transgender Women

Peer support and providing access to gender-affirming hormone therapy and other needed services likely led to an increase in PrEP use.

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Researchers from the HIV Prevention Trials Network (HPTN) presented results from [HPTN 091](#) ("I Am" study) at the HIVR4P 2024 conference in Lima, Peru. The study examined the acceptability and feasibility of an integrated multicomponent strategy to enhance daily oral HIV pre-exposure prophylaxis (PrEP) uptake and adherence among transgender women in a randomized immediate versus deferred design.

The integrated care strategy included the provision of gender-affirming hormone therapy (GAHT) and co-located structured peer health navigation sessions (PHN) along with oral PrEP. Participants in the deferred arm received case management and referral to GAHT. Once participants reached week 26, they all received the integrated care strategy.

The primary outcome measured at week 26 showed an increase in PrEP uptake and an encouraging level of PrEP adherence; however, PrEP uptake and adherence levels were the same between study arms.

"Overall peer support and providing access to GAHT and other needed services in both study arms likely led to an increase in PrEP engagement among study participants, highlighting the critical need for these supports in this population," said Dr. Tonia Poteat, HPTN 091 protocol chair, professor at the Duke University School of Nursing, and associate director of the Duke Center for AIDS Research in Durham, North Carolina.

The study enrolled 304 transgender women aged 18 and older at four U.S. HPTN research sites (Houston, New York, Philadelphia and San Francisco) and one Brazil site (Rio de Janeiro). Participants were randomized 1:1 to the immediate versus deferred intervention arm. U.S. participants in both study arms were offered Truvada (tenofovir disoproxil fumarate/emtricitabine) or Descovy (tenofovir alafenamide/emtricitabine) for HIV PrEP starting at enrollment. Participants in Brazil were offered Truvada, in keeping with the nationally approved and available PrEP product. Apretude (injectable cabotegravir) was unavailable at the time of the study's initiation and,

therefore, not included as one of the PrEP options.

At enrollment, participants in the immediate intervention arm received GAHT and co-located structured PHN. Participants in the deferred intervention arm received external GAHT and case management up to Week 26, then transitioned to the integrated strategy afterward. PrEP uptake and adherence were evaluated as the primary study outcome at week 26, with adherence defined as taking four or more pills per week based on tenofovir detection in dried blood spots.

“Transgender women have one of the highest HIV prevalence of any population yet continue to struggle to access and adhere to PrEP,” said Dr. Wafaa El-Sadr, HPTN co-principal investigator, director of ICAP, and professor of epidemiology and medicine at Columbia University in New York. “Tailoring strategies to address the unique needs of this population is critical to addressing this challenge.”

At enrollment, 11% of participants self-reported PrEP use, and 42% reported GAHT use. At Week 26, PrEP uptake was 85% and 87% in the immediate and deferred study arms, respectively. PrEP adherence based on dried blood spot results was confirmed for 50% and 51% of the participants, respectively. Retention was comparably high in both study arms (84% and 87%, respectively).

“Meaningful involvement of the transgender community through the provision of peer-delivered case management and access to needed services was important to increasing PrEP engagement among all study participants,” said Dr. Myron Cohen, HPTN co-principal investigator, and director of the Institute for Global Health at the University of North Carolina in Chapel Hill. “This approach offers a path to reducing HIV acquisition in this population.”

This [news release](#) was published by the HIV Prevention Trials Network on October 10, 2024. It has been lightly edited for style.

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