#1022

# High PrEP Adherence And Persistence in a Naturalistic Cohort of Transgender Women

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## BACKGROUND

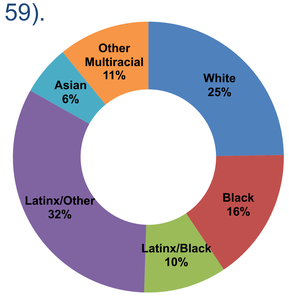
Transgender women (TGW) are a highest priority population for HIV prevention intervention, but there are limited data on PrEP uptake and adherence among TGW in naturalistic, real-world settings.

**FIRED-UP is an NIH-funded cohort study of 150 TGW (100 on PrEP; 50 not on PrEP) designed to examine rates and correlates of PrEP uptake, adherence, and persistence among TGW receiving gender-affirming care at a community-based health center.**

## METHODS

From November 2018 to November 2019, we enrolled 150 transgender women at regular visits at an LGBTQIA+ focused community-based health center. We stratified sampling to recruit two cohorts: transgender women in the PrEP cohort (n = 100) had been taking PrEP for at least 3 months; women in the non-PrEP cohort (n = 50) had never taken PrEP. We collected survey and EMR data at enrollment and 3-months, and measured PrEP adherence with a urine TFV assay at 3-months (n = 59).

The sample ranged in age from 19-53 (median = 27; IQR: 22-33). Almost 87% identified as a woman, transgender woman, or woman of transgender experience; the remainder of participants identified as non-binary, gender non-conforming, two spirit, or transfeminine.




**Race/Ethnicity (N = 150)**

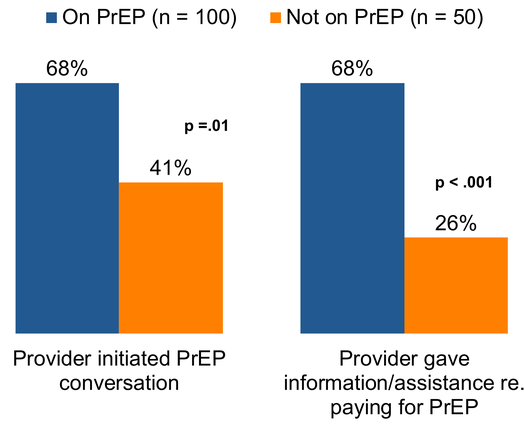
Over 68% of the sample were publicly insured, 24% were privately insured, and 8% had no insurance coverage. Across both arms, 94% were taking feminizing hormones (49% injection, 38% pill; 5% patch, 8% combination), 70% were taking spironolactone, and 36% had received one or more gender-affirming surgery.

## RESULTS

A higher percentage of TGW in the PrEP cohort had a CDC indication for PrEP (81%) compared to those in the non-PrEP cohort (47%, p < .001). However, **almost half of the TGW in the Non-PrEP Cohort had one or more PrEP indications**. The PrEP and non-PrEP cohorts did not differ by demographics, medical mistrust or PrEP-related attitudes (e.g., beliefs about hormone interactions). **Among transgender women not on PrEP, 51% reported never having spoken with a doctor about PrEP**, and these participants were significantly less likely to have had a provider initiate a conversation about PrEP or talk to them about paying for PrEP, compared to TGW in the PrEP cohort.

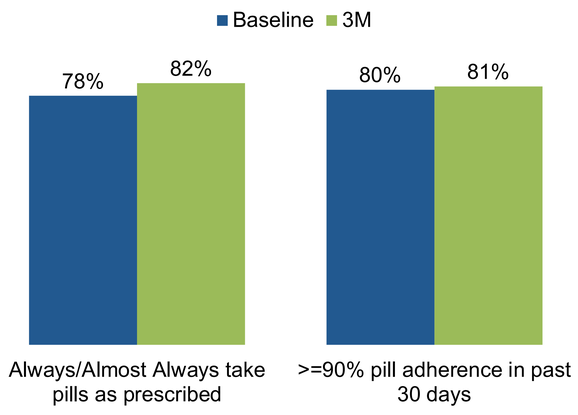
**60% of Transgender Women in the non-PrEP cohort said that an "important" reason they were not taking PrEP was because their doctor never offered it to them.**

**Fig 1. Provider interaction by cohort**




Participants in the PrEP cohort had been taking PrEP for an average of 21 months (median = 17 months, IQRL 8.5-29). Among participants in the PrEP cohort, **self-reported adherence was extremely high**, with 70% and 73% of participants reporting 2 or fewer missed pills in the past 30 days at baseline and 3-months, respectively. PrEP adherence did not differ by hormone use, PrEP-related attitudes, substance use, housing insecurity, or insurance status.

**Fig 2. Self-reported adherence**




**Self-reported adherence was consistent with urine TFV levels, with 79% of samples registering >1000ng/mL**

**Table 1. PrEP Indications by Cohort (N = 150)**

| | PrEP Cohort (n = 100) | Non-PrEP Cohort (N = 50) | Total |
|---|---|---|---|
| | *n (%)* | *n (%)* | *n (%)* |
| Recent Diagnosis of STI | 37 (37%) | 6 (12%) | **43 (29%)** |
| Receptive anal sex with cisgender man or transgender woman | 68 (68%) | 16 (32%) | **84 (56%)** |
| Insertive anal sex with cisgender man or transgender woman | 31 (31%) | 8 (16%) | **39 (26%)** |
| Exchanged sex for money or needs | 29 (30%) | 5 (10%) | **34 (23%)** |
| **Any of the above** | **81 (81%)** | **24 (47%)** | **105 (70%)** |

## CONCLUSIONS

**Transgender women who are engaged in care can successfully uptake and adhere to PrEP. Research should focus on interventions to enhance patient-provider communication about PrEP as a critical component of engagement for this high-priority population.**

Adherence support for TGW should be provided consistent with findings on adherence across priority populations and medications.

## ACKNOWLEDGEMENTS

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