Low urine TFV at the index visit predicted future PrEP discontinuation (AOR 6.1; 95% CI: 1.4-11; p=0.005; 71% Sensitivity; 90% Specificity)

Self-reported low adherence (<4 pills weekly) was not associated with PrEP discontinuation (p=0.18; 47% Sensitivity; 83% Specificity)

RESULTS CONTINUED

- Many (41%) reported temporarily stopping PrEP for more than a week in the past, mostly within the last half year
- Most (61%) discontinued due to perceived lower HIV risk or lower sexual activity during COVID-19 (Table 2)
- At the index visit, 19% had low urine TFV
- 21% went on to discontinue PrEP after the index visit
- Of those with low TFV reported condomless anal sex with ≥2 partners of unknown status
- Assay showed 98-100% positive and negative predictive value vs. lab-based LC-MS/MS (Figure)
- Urine testing highly acceptable: 98% wanted to be able to use independently; 94% would if instead a clinician administered it
- 90% thought test could be useful to ensure protection before sex such as for 2-1-1 PrEP

CONCLUSIONS

- In a diverse sample of young MSM and transgender women using PrEP, urine TFV POC testing predicted future PrEP discontinuation more accurately than self-report; with very high positive and negative predictive value compared to LC-MS/MS
- Urine POC testing can be a powerful tool for objectively measuring PrEP adherence and targeting PrEP adherence interventions towards those most likely to discontinue PrEP in the future despite ongoing HIV risk

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