PrEP Choices Among Sexual and Gender Minorities in Brazil: the ImPrEP CAB-LA Study

1356

Beatriz Grinsztejn[1], Carolina Coutinho[1], Brenda Hoagland[1], Alessandro Farias[3], José Valdez Madruga[4], Josué Lima[5], Maria Paula Mourão[6], Ronaldo Zonta[7], Marcos R Benedetti[1], Cristina Pimenta[1], Pedro Leite[1], Gabrielle O'Malley[8], Thiago Silva Torres[1], Valdiléa G. Veloso[1], ImPrEP CAB Brasil Study Group

[1]Instituto Nacional de Infectologia Evandro Chagas, Fundação Oswaldo Cruz, Rio de Janeiro, RJ, Brazil. [2] Division of Public and Community Psychiatry, Massachusetts General Hospital, Boston, MA, USA. [3]Centro Especializado em Diagnóstico, Assistência e Pesquisa (CEDAP), Salvador, BA, Brazil. [4]Centro de Referência e Treinamento em DST/Aids de São Paulo, São Paulo, SP, Brazil. [5]Centro de Referência em IST/Aids de Campinas, Campinas, SP, Brazil. [6] Fundação de Medicina Tropical Heitor Vieira Dourado, Manaus, AM, Brazil. [7]Centro de Testagem Anônima/Policlínica Centro, Florianópolis, SC, Brazil. [8]Department of Global Health, Schools of Medicine and Public Health, University of Washington, Seattle, WA, United States.

BACKGROUND

- Oral pre-exposure prophylaxis (PrEP) with emtricitabine/tenofovir (F/TDF) is highly effective in preventing HIV-1 acquisition, but uptake and adherence remain suboptimal.
- Long-acting injectable cabotegravir (CAB-LA) has shown high efficacy in trials, though real-world effectiveness data remain limited.
- We evaluated initial PrEP choices, reasons for selection, and associated factors in ImPrEP CAB Brasil, the first study to evaluate CAB-LA PrEP implementation in Latin America.

METHODS

- ImPrEP CAB Brasil is an implementation study evaluating PrEP choice, feasibility, acceptability, and effectiveness of CAB-LA in sexual and gender minorities (ages 18-30) in public health PrEP services in 6 Brazilian cities.
- HIV-negative, PrEP-naive individuals chose between CAB-LA or F/TDF and received either a combination of mHealth education with a decision support tool plus standard of care (SOC) counseling, or SOC counseling alone to assist with PrEP choice.
- We compared characteristics by initial product choice and applied logistic regression to identify factors influencing CAB-LA choice. Decision-making was assessed using the Decisional Conflict Scale (DCS).

In this **first Latin American PrEP choice study**, most participants chose CAB-LA. **Personalized HIV prevention approaches are critical** to empower individuals to select a PrEP method that fits their values and lifestyle, improving **long-term adherence and effectiveness.**

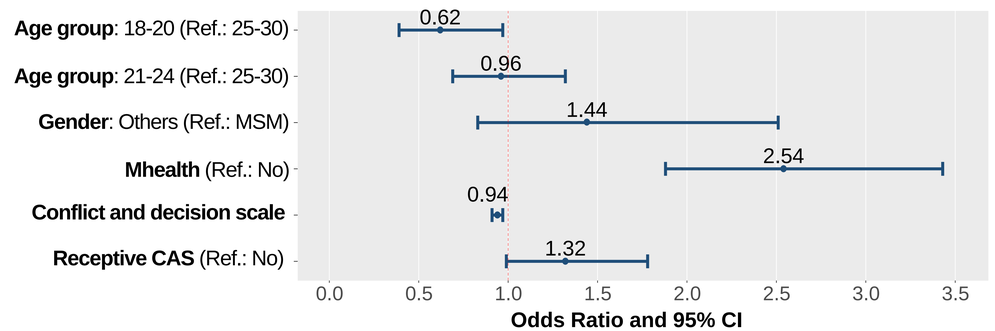
RESULTS

- A total of 1,447 participants were enrolled from October 2023-August 2024, with 1,200 (83%) choosing CAB-LA and 247 (17%) oral F/TDF. Most participants were cisgender MSM(91%), 42% aged 18-24, predominantly non-White (60%).
- Participants receiving the mHealth intervention were more likely to choose CAB-LA. Among those selecting oral PrEP, 46 % cited fear of injections, while 78% preferred CAB-LA due to difficulties with daily medication compliance.
- Most participants showed strong decision confidence (DCS mean: 1.9, SD: 4.8), with 82% believing they would continue their chosen method (Table). Among mHealth users, 65% found the intervention helpful, and 85% reported high satisfaction.
- Logistic regression indicated that mHealth exposure (OR=2.54; 95%CI:1.89-3.44; p < 0.0001) and CAS report (OR=1.32; 95%CI:0.98-1.77; p= 0.067) were associated with choosing CAB-LA.
- Younger participants (ages 18-20) and those with higher decision conflict were more likely to opt for oral PrEP (OR=0.94; 95%CI: 0.91-0.97; p< 0.0001).

Table. Demographic, behavioral, and clinical characteristics of participants by initial PrEP Choice (Oral vs. CAB-LA), ImPrEP CAB Brasil, 2023-2024.

	Oral PrEP (n=247)	CAB-LA PrEP (n=1,200)	P-value[1]
Age 18-20	31/247 (13%)	100/1,200 (8%)	
Age 21-24	72/247 (29%)	352/1,200 (29%)	0.11
Age 25-30	144/247 (58%)	747/1,200 (62%)	
Gender identity: Cisgender MSM	229/246 (93%)	1,089/1,198 (91%)	0.27
Race/color: Non-white	142/247 (57%)	726/1,200 (61%)	0.15
Educational level: Post Secondary	170/247 (69%)	864/1,200 (72%)	0.31
Transactional sex[2]	15/247 (6%)	70/1,199 (6%)	0.89
5 or more sex partners[2]	116/247 (47%)	634/1,200 (53%)	0.24
Receptive condomless anal sex (CAS)[2]	152/247 (62%)	813/1,200 (68%)	**0.059**
Binge drinking[2]	184/247 (75%)	917/1,200 (76%)	0.52
Chemsex[2]	31/247 (13%)	142/1,200 (12%)	0.75
History of any STI[3]	25/247 (10%)	154/1,200 (13%)	0.24
Any STI[3] at baseline	94/243 (39%)	372/1,158 (32%)	**0.049**
MHealth	74/247 (30%)	635/1,200 (53%)	**<0.0001**
Decisional Conflict Scale (DCS) – Mean (SD)	3.38 (8.70)	1.56 (3.35)	**<0.0013**

[1] In the last 6 months; models adjusted for age, gender, race, income and living in capital cities.



CONCLUSIONS

- In this pioneering PrEP choice implementation study in Latin America, the majority of participants chose CAB-LA. Personalized HIV prevention approaches are critical to empower individuals to select a PrEP method aligned with their values and lifestyles, enhancing the likelihood of long-term adherence and effectiveness.

✉ **beatriz.grinsztejn@gmail.com**