

Engaging Black Women on Cabotegravir LA for PrEP by Optimizing Novel Implementation Strategies (EBONI) Study: Provider Perceptions of Appropriateness of Cabotegravir LA for PrEP for Cis-and-Trans Black Women

Teriya Richmond,¹ Michael Dunn,² Marye Bernard,³ Rimgaile Urbaityte,⁴ Kenneth Sutton,⁵ Denise Sutherland-Philips,⁵ Alftan Dyson,⁵ Deanna Merrill,⁵ Samantha Chang,⁶ Nicole Mack,⁶ Amber Haley,⁵ Tammeka Evans⁵

¹Next Innovative Clinical Research, Houston, TX, USA; ²Midway Specialty Care Center, Tampa, FL, USA; ³Spirit Health, Memphis, TN, USA; ⁴GSK, London, UK; ⁵ViiV Healthcare, Durham, NC, USA; ⁶RTI International, Research Triangle Park, NC, USA

Presenting author: Teriya Richmond
Next Innovative Clinical Research
12401 S Post Oak Rd
Houston, TX 77045
teriya.richmond@nexticr.com
832-215-5985
713-714-8933



Key Takeaways

- EBONI is the first HIV trial to focus 100% on Black Women in the United States
- Healthcare staff perceived long-acting cabotegravir (CAB LA) for PrEP to be suitable, applicable, and a good match for Black women, transgender women, and individuals who had a sexual partner living with HIV
- Better tools are needed to support staff study participants (SSPs) in identifying Black women and transgender women who could benefit from receiving CAB LA

Introduction

- In 2019, Black women comprised 54% and 46% of new HIV diagnoses among cisgender and transgender women in the United States, respectively¹
- Two phase III clinical trials demonstrated the superiority of CAB LA for PrEP to TDF/FTC in reducing the risk of sexually acquired HIV-1 infection^{2,3}
- CAB LA may overcome some of the barriers to PrEP use among Black women, such as PrEP efficacy and stigma^{4,5}; however, Black women from the US are under-represented in clinical studies⁶
- EBONI is a phase IV effectiveness-implementation hybrid study focused on evaluating implementation of CAB LA delivery to Black cisgender and transgender women in US Ending the HIV Epidemic jurisdictions
 - Efforts were made to reach sites to specifically enroll Black cisgender and transgender women
- Results from the baseline survey of SSPs are presented here

Methods

- SSPs are members of the clinic staff that support (eg, administrator) or directly provide PrEP and other medical care (eg, physician)
- 117 SSPs from 23 clinics completed surveys with questions pertaining to their clinic characteristics, perceptions of populations appropriate for CAB LA, and their perceived appropriateness of CAB LA for Black women as measured by the Intervention Appropriateness Measure (IAM)
- The IAM uses a 5-point rating scale (1=completely disagree to 5=completely agree) to measure if CAB LA is suitable, fitting, applicable, and a good match for Black women in their setting
- SSPs were included from a variety of healthcare provider (HCP) and non-HCP populations; the survey was completed before training on and implementation of CAB LA under the study, reflecting SSPs' perceptions of their current clinical status and not of the study nor allowing influence from the trainings
- One designated SSP for each clinic completed a questionnaire, separate from the survey, to assess use of PrEP at the clinic level

Results

Participants and Clinics

- SSPs and clinic characteristics are presented in Table 1 and Table 2, respectively
- A total of 535 Black women across all clinics used any kind of PrEP, and 83 (16%) Black women received their first injection of CAB LA within 3 months of baseline
- Most SSPs (74.4%) reported patients asking about CAB LA in their clinic

Table 1. SSP Characteristics

Role, n (%)	N=117 ^a
Role type	
Physician	20 (17.1)
Nurse practitioner	18 (15.4)
Medical assistant	14 (12.0)
Administrator (office/clinic)	12 (10.3)
Nurse	12 (10.3)
Other role ^b	41 (35.0)
Administers any type of injection	
Yes	53 (45.3)
No	64 (54.7)
Prescribes medication	
Yes	40 (34.2)
No	77 (65.8)
Medical specialty ^{c,d}	
HIV specialist	20 (50.0)
Internal medicine/primary care/general doctor/family practitioner	19 (47.5)
Infectious disease specialist	12 (30.0)

SSP, staff study participant. ^aData for 1 participant have yet to be transferred and analyzed. ^bPhysician assistant (n=2), pharmacist (n=5), social worker/case manager (n=8), lab tech (n=1), PrEP educator/navigator (n=6), and other (n=19). ^cResponses are among the n=40 participants who responded "yes" to prescribing medications as part of their role. Participants could select ≥1 specialty. ^dOther reported specialties included immunologist (n=1), women's health/obstetrician and gynecologist (n=3), and other (n=1).

Table 2. Clinic Characteristics

Characteristics, n (%)	N=23
Clinic affiliation	
Private practice	4 (19.0)
Federally Qualified Health Center	3 (14.3)
Community-based organization/provider	3 (14.3)
Non-profit/Not-for-profit organization	3 (14.3)
Hospital—general, community, district general	3 (14.3)
Other affiliation ^a	7 (30.4)
Region ^b	
South	16 (76.2)
Northeast	3 (14.3)
West	1 (4.8)
Midwest	1 (4.8)

Mean estimated percentage >10% of patients with the following types of insurance/health coverage^b

Private/commercial insurance	33.7
Medicaid	22.9
Medicare	19.7
Uninsured	15.3

Mean estimated percentage of providers who are:^b

Cisgender Female	66.4
Cisgender Male	32.3
Transgender	1.1

Mean estimated percentage of providers who are:^b

Black/African American	39.5
White	33.8
Latinx/Latino	16.7
Other Race/Ethnicity	10.0

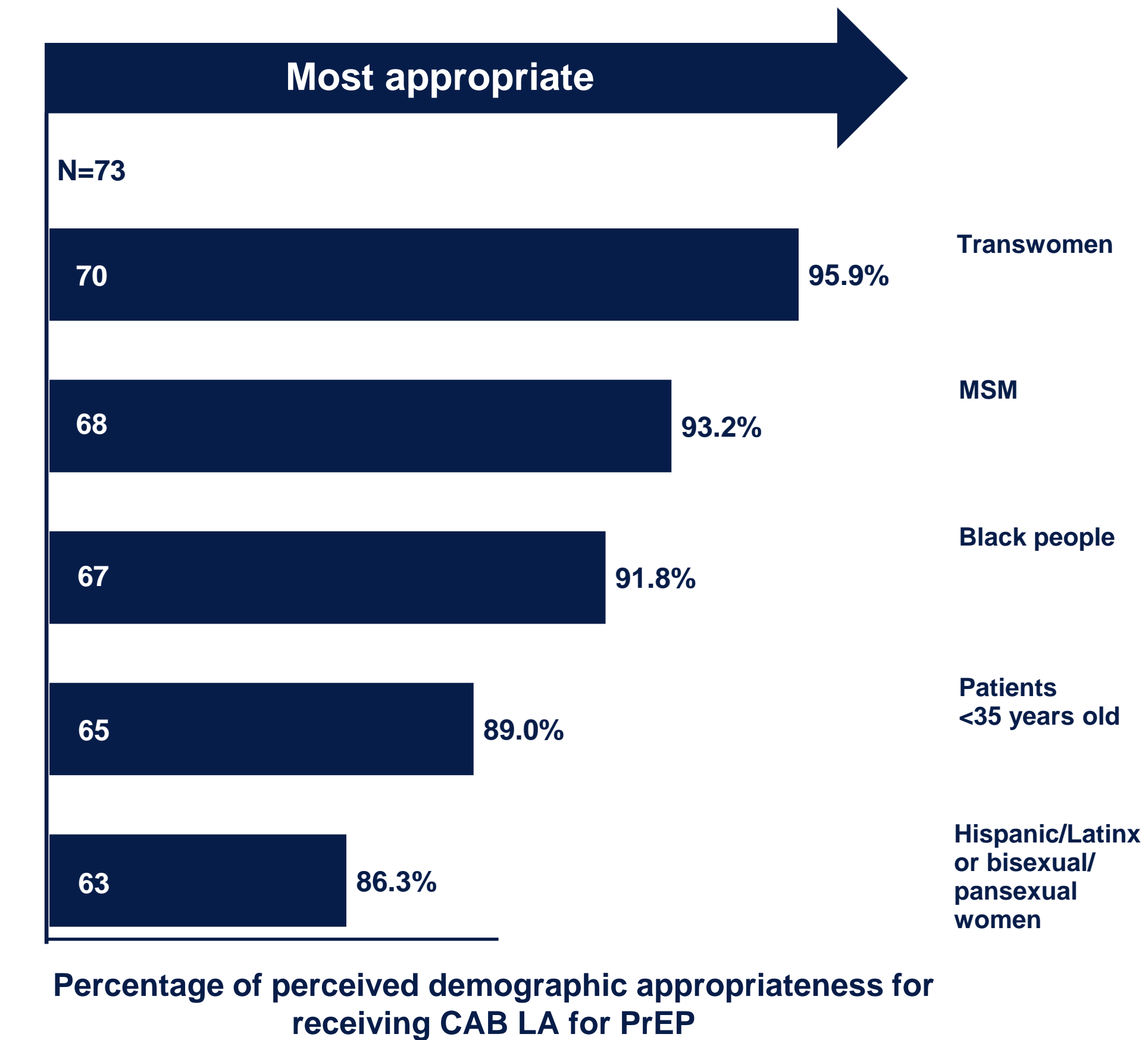
^aUniversity- or medical school-based hospital/university academic setting (n=1), community health center (n=2), research institution—not university-based (n=2), missing (n=2). ^b2 clinics did not provide a response.

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SSPs' Perception of Populations Appropriate for Receiving CAB LA PrEP

- 62.4% (73/117) of SSPs reported there were individuals from specific demographics more appropriate for receiving CAB LA
- Of these, individuals rated most appropriate are presented in Figure 1; SSPs rated lesbian women (46.6%, n=34), individuals >50 years of age (58.9%, n=43), non-binary individuals (69.9%, n=51), White people (71.2%, n=52), and individuals aged 35-50 years (72.6%, n=53) relatively lower than other demographics as appropriate for receiving CAB LA for PrEP

Figure 1. Summary of the 5 Most Frequently Chosen Individual Characteristics SSPs Perceived as the Most Appropriate for Receiving CAB LA



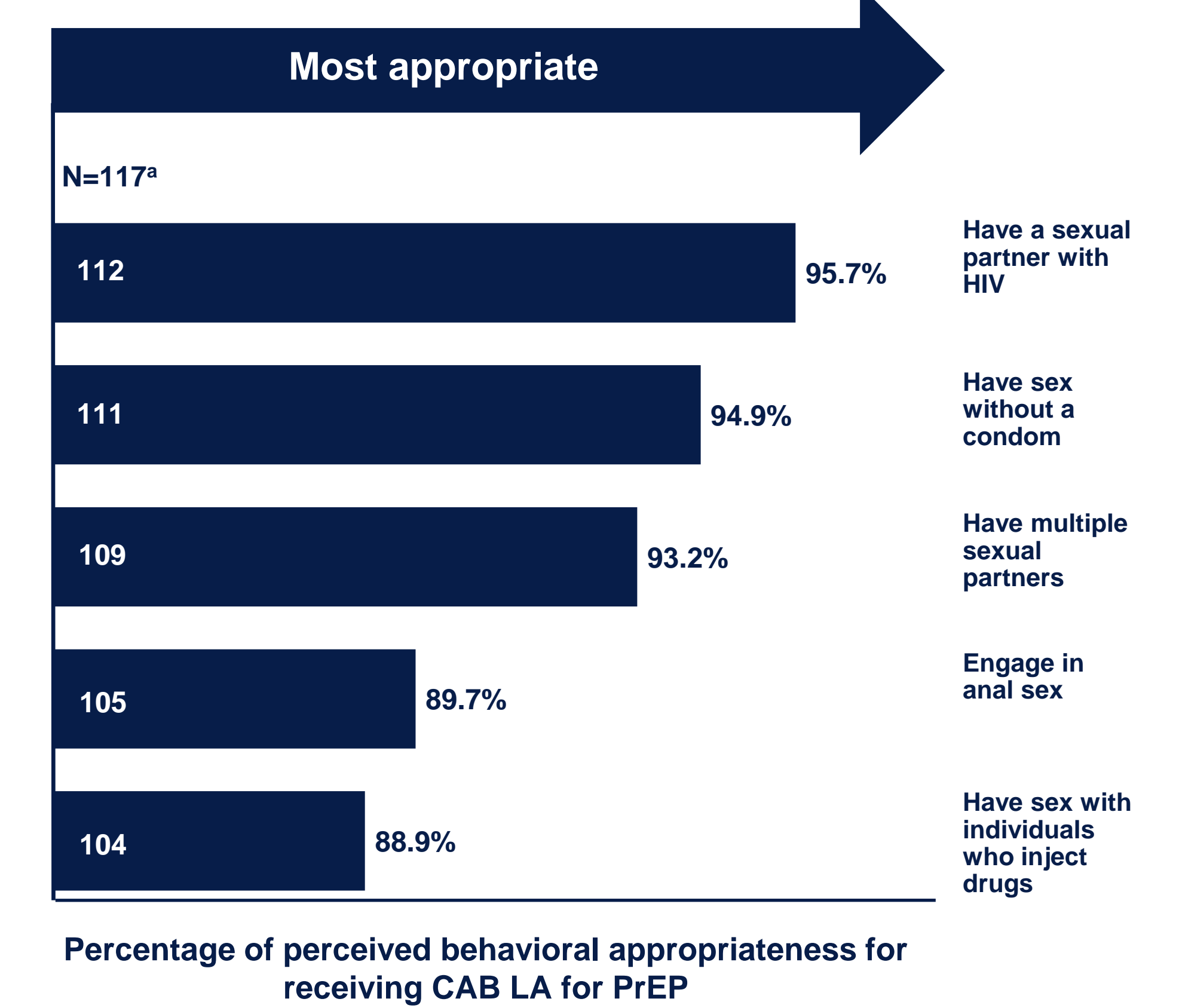
This questionnaire item followed a skip pattern—only participants who reported that there are individuals from specific demographics who are more appropriate for receiving CAB LA were required to provide a response (N=73). Other demographics identified by SSPs as more appropriate for receiving CAB LA included cisgender women (n=61; 84%), cisgender men (n=59; 81%), patients of other races/ethnicities (n=56; 77%), transgender men (n=56; 77%), heterosexual men (n=54; 74%), and heterosexual women (n=54; 74%), none of the above (n=1; 1%). LA, long-acting; MSM, men who have sex with men; SSP, staff study participant.

Conclusions

- This is the first study to gender align participants per participant request; transgender men were included in the sister study, PILLAR (See Poster 1559)⁷
- Healthcare staff reported high levels of appropriateness of CAB LA for Black women, which indicates that they perceived CAB LA to be suitable, fitting, applicable, and a good match for Black women in their setting
- Following the CDC guidelines, all individuals should be asked about CAB LA⁸; however, healthcare staff ranked behaviors traditionally associated with PrEP (having a sexual partner living with HIV, having condomless sex, having ≥1 sexual partners, having sex with a person who injects drugs, engaging in anal sex) based on their appropriateness for receiving CAB LA
 - Tools and strategies to change perceptions of appropriateness and support healthcare staff in identifying additional individuals who could benefit from CAB LA are needed
- Qualitative data are needed to better understand the reasons behind the perceptions captured in this quantitative survey

- Behaviors rated by SSPs as most appropriate for receiving CAB LA are presented in Figure 2; being in monogamous relationships (36.8%, n=43), having more structured lifestyles (51.3%, n=60), having stable income and housing (51.3%, n=60), having psychiatric comorbidities (54.7%, n=64), and using oral PrEP on demand (54.7%, n=64) were behaviors that SSPs rated as least appropriate for receiving CAB LA

Figure 2. Summary of the 5 Most Frequently Chosen Behaviors Exhibited by Individuals SSPs Perceived as the Most Appropriate for Receiving CAB LA



Participants were allowed to select more than 1 response. SSPs also perceived the behavior of individuals who currently or recently (≤6 months) have had an STI other than HIV (n=103, 88%), live in areas with high HIV prevalence (n=101, 86%), could benefit from PrEP but do not want to use daily oral PrEP (n=98, 84%), are concerned about taking pills every day (n=97, 83%), experience stress or anxiety over adherence of a daily pill regimen (n=97, 83%), have sex with someone who has recently been in jail/prison (n=96, 82%), feel stigmatized about taking oral PrEP (n=96, 82%), are currently adherent to daily oral PrEP but express a preference for the LA option (n=94, 80%), inject drugs (n=94, 80%), experience stigma around using HIV prevention (n=87, 74%), have previously used and discontinued oral PrEP (n=85, 73%), are non-adherent to daily oral PrEP (n=80, 68%), experience homelessness or are unstably housed (n=78, 67%), have more chaotic lifestyles (n=73, 62%), are incarcerated or recently released from incarceration (n=72, 62%), request CAB LA spontaneously (n=71, 61%), are currently adherent to daily oral PrEP (n=69, 59%), have difficulty planning or organizing (n=68, 58%), other behaviors (n=3, 3%) as appropriate for receiving CAB LA. ^aData for 1 participant have yet to be transferred and analyzed. LA, long-acting; SSP, staff study participant.

- Overall, SSPs perceived Black women in their clinic as appropriate for receiving CAB LA (IAM Mean Score=4.5)

References: 1. CDC. *HIV Surveillance Report*. 2021. 2. Delany-Moretlwe et al. *Lancet*. 2022;399:1779-1789. 3. Landovitz et al. *N Engl J Med*. 2021;385:595-608. 4. Crooks et al. *Prev Med Rep*. 2022;31:102062. 5. Ojikutu et al. *AIDS Behav*. 2020;24:2927-2934. 6. Bierer et al. *Cell Rep Med*. 2022;3:100553. 7. Torres et al. *IDWeek* 2023; Boston, MA. Poster 1559. 8. CDC. *2021 Update: A Clinical Practice Guideline*. 2021.

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