

Patterns and Correlates of PrEP Drug Detection among MSM and Transgender Women in the Global iPrEx Study

A Liu, D Glidden, P Anderson, K.R. Amico, V McMahan, M Mehrotra, J Lama, J MacRae, JC Hinojosa, O Montoya, V Veloso, M Schechter, E Kallas, S Chariyalerstak, LG Bekker, K Mayer, S Buchbinder and R Grant for the iPrEx Study Team



Disclosures

- Gilead Sciences donated study drug for this study.



Background

- Adherence to pre-exposure prophylaxis (PrEP) is critical for efficacy¹⁻⁶
- Antiretroviral drug concentrations are an objective measure of PrEP use and correlate with efficacy¹⁻⁴
- Understanding patterns and correlates of drug detection can identify populations at risk for non-adherence and inform design of PrEP adherence interventions
- We evaluated rates and correlates of PrEP drug detection in the Global iPrEx study¹

¹Grant NEJM 2010; ²Anderson Sci Transl Med 2012; ³Baeten NEJM 2012; ⁴Thigpen NEJM 2012; ⁵ Hendrix Cell 2013;

⁶Koenig American Journal of Preventive Medicine 2013;



iPrEx: Phase 3 PrEP efficacy trial among MSM and transgender women in 6 countries



Goals of analysis

- Perform a cross-sectional analysis of prevalence and correlates of drug detection at week 8
(drug initiation and early adherence)
- Conduct a longitudinal analysis of patterns of drug detection across multiple time-points through 72 weeks of participation
(persistence, consistency of use)



Methods: sample selection (active-arm only)

Cross-sectional analysis

- Random sample of serum specimens at week 8, stratified by site
- 25% of active arm samples or at least 40 specimens selected per site (whichever was larger)

Longitudinal analysis

- All available plasma (every 12 weeks) and peripheral blood mononuclear cells (PBMCs) (every 24 weeks) tested
 - DEXA substudy evaluating impact of FTC/TDF on bone (7 sites)
 - Matched active-arm controls in case-control study of seroconverters (9 sites)

Methods (cont'd)

Drug concentrations determined using LC-MS/MS

- Serum/plasma: lower limit of quantification (LLQ) for TFV and FTC: 10 ng/ml
- Lysed PBMCs: LLQ 2.5 fmol/sample for TFV-DP and 0.1 picomole/sample for FTC-TP

Correlates of drug detection variables

- Sociodemographics at screening (CASI)
- Sexual behaviors (interview) and drug use (CASI) at screening
- HIV risk perception at screening, perceived treatment assignment and PrEP efficacy at week 12 (CASI)
- Clinical symptoms at weeks 4 and 8 (symptom checklist)

Statistical analysis

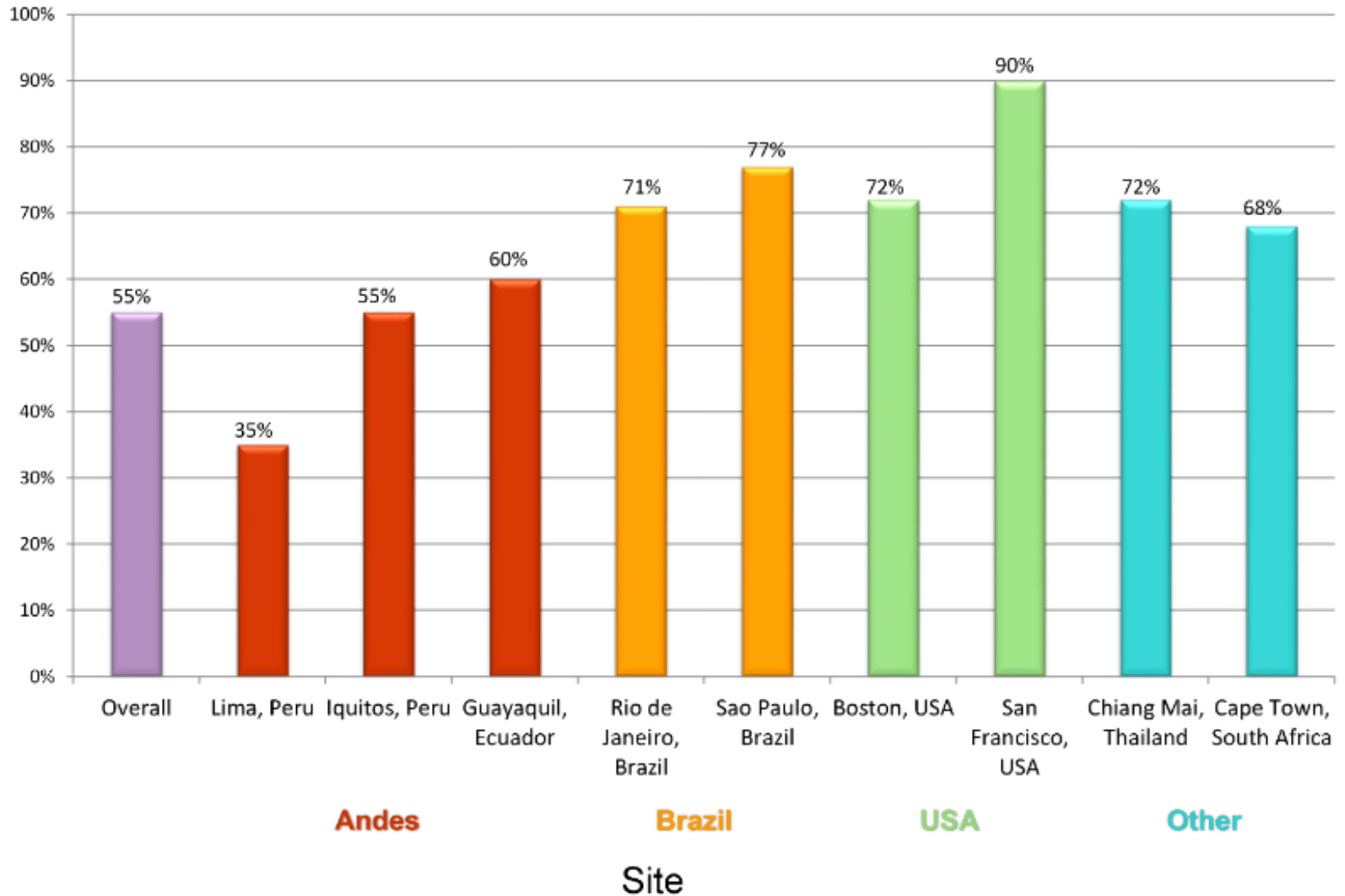
- Cross-sectional: any drug detection in serum (either TFV or FTC)
 - Logistic regression with site as fixed effect to assess correlates of detection
- Longitudinal: % drug detected in plasma or PBMCs at none, some, or all visits
 - Multinomial logistic regression to assess correlates of patterns of drug detection



Baseline characteristics of iPrEx participants with drug levels tested at week 8 or in longitudinal cohort

Characteristic (n %)	Active Arm (N=1,251)	Week 8 cohort (N=470)	Longitudinal cohort (N=303)
Age ≤25	51%	50%	52%
Some College or more education	23%	31%	18%
<u>Site Region</u>			
Andes (Peru, Ecuador)	68%	44%	56%
Brazil	15%	24%	10%
US	9%	17%	11%
Thailand	5%	9%	15%
South Africa	4%	8%	9%
Transgender	13%	13%	13%
Condomless receptive anal sex at baseline	58%	57%	60%
# drinks per day when drinking (prior mo.)	53%	51%	45%
Meth or cocaine use, at baseline (past mo)	7%	12%	8%
Sexually transmitted infection at baseline	27%	23%	28%
<u>Perceived likelihood of HIV at baseline</u>			
Probably/almost certain will happen	17%	11%	17%
<u>Competing priorities</u>			
Concern about a place to live	47%	49%	44%
Concern about having a job	68%	67%	71%

Week 8 Drug Detection, by site

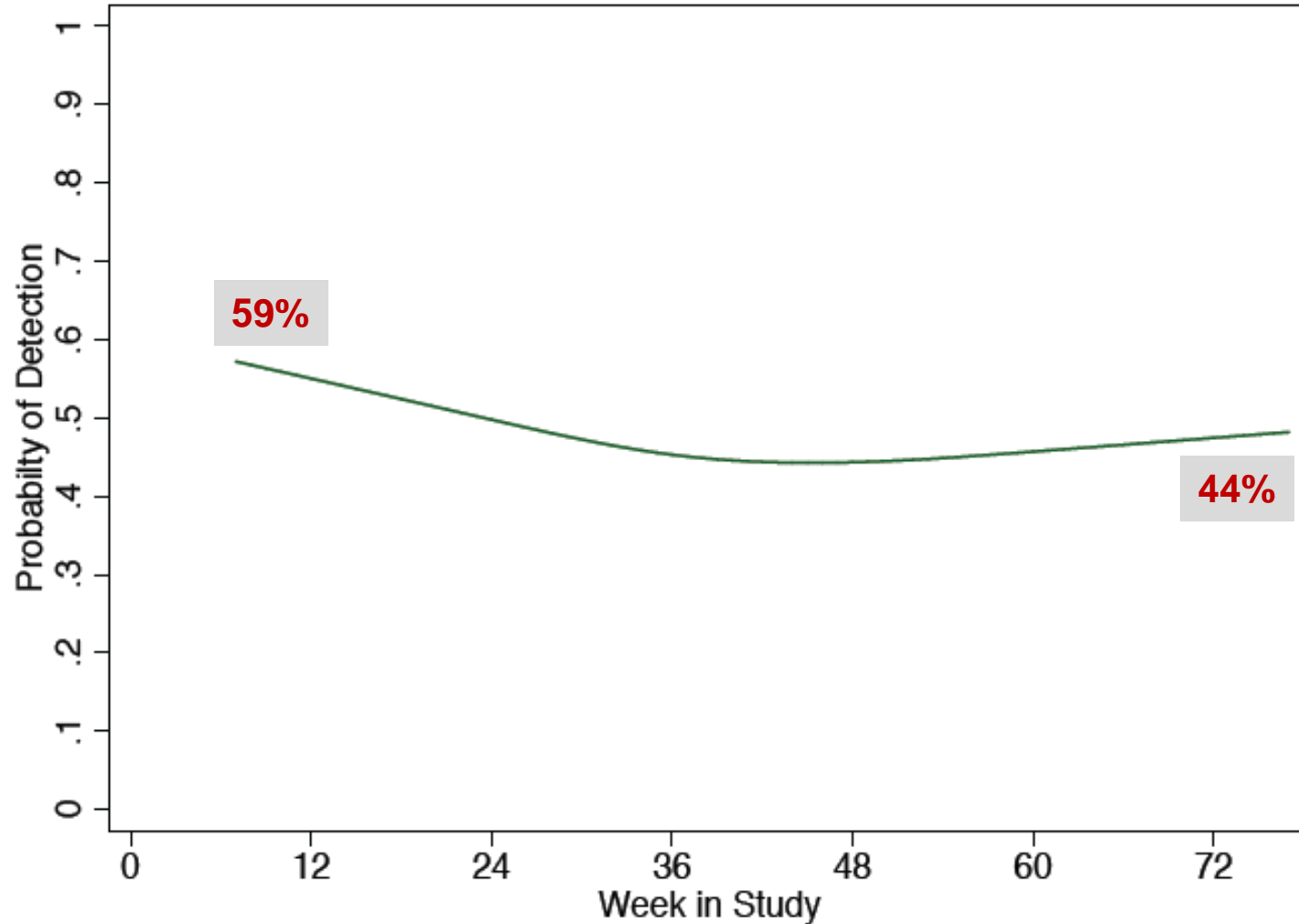




Results: correlates of drug detection (week 8)

- Older age associated with drug detection (OR 2.86 for age>30 vs. age≤ 20)
- Level of education, number of sex partners, ncRAI*, substance use, creatinine clearance, being transgender, living situation, and concern about having a job or place to live were not associated with drug detection
- Reporting GI symptoms (nausea, vomiting, diarrhea, flatulence, or abdominal pain) or headache at week 4 or 8 was not associated with drug detection at week 8 or 24

Longitudinal cohort: Drug detection over time

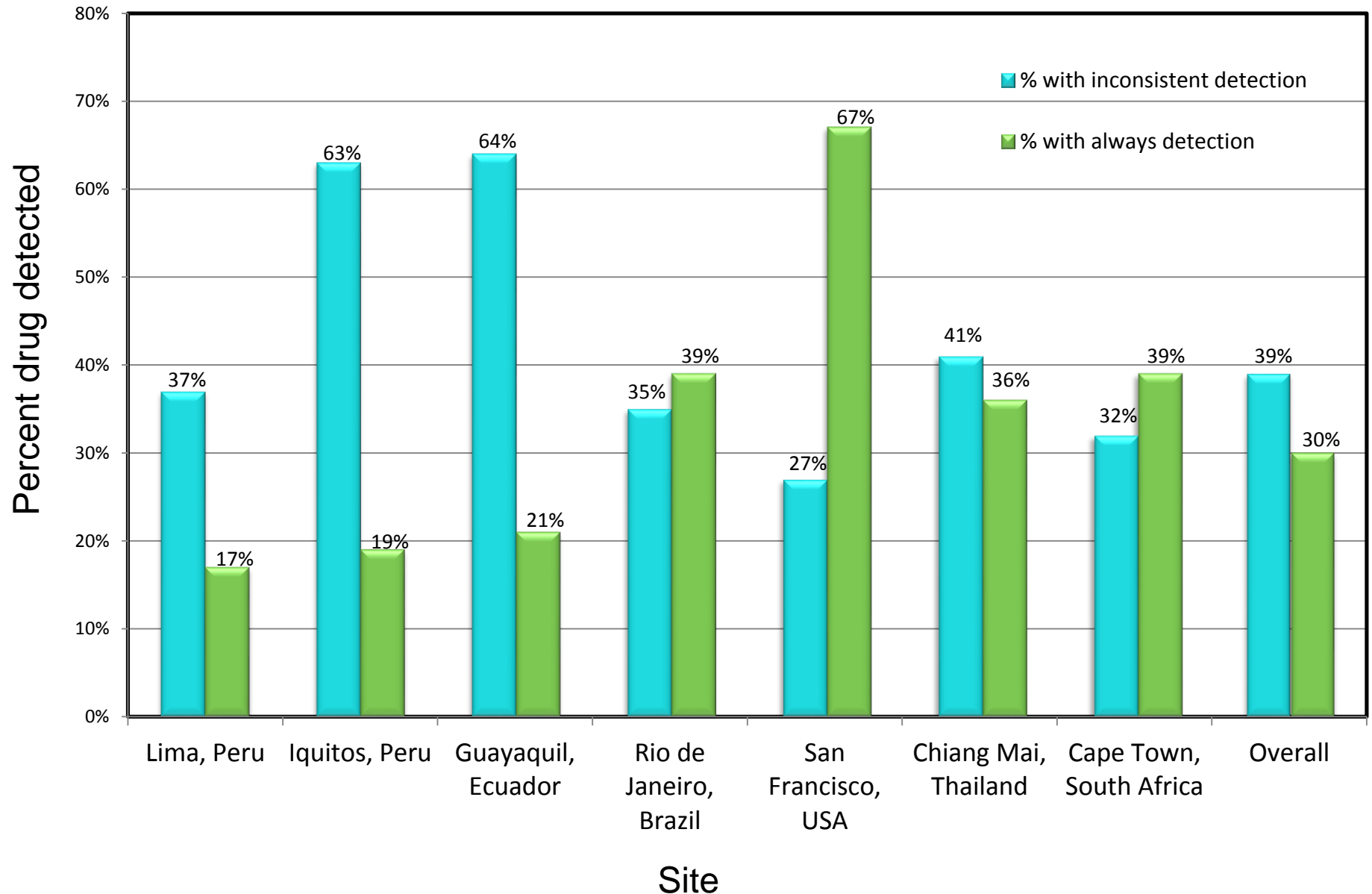




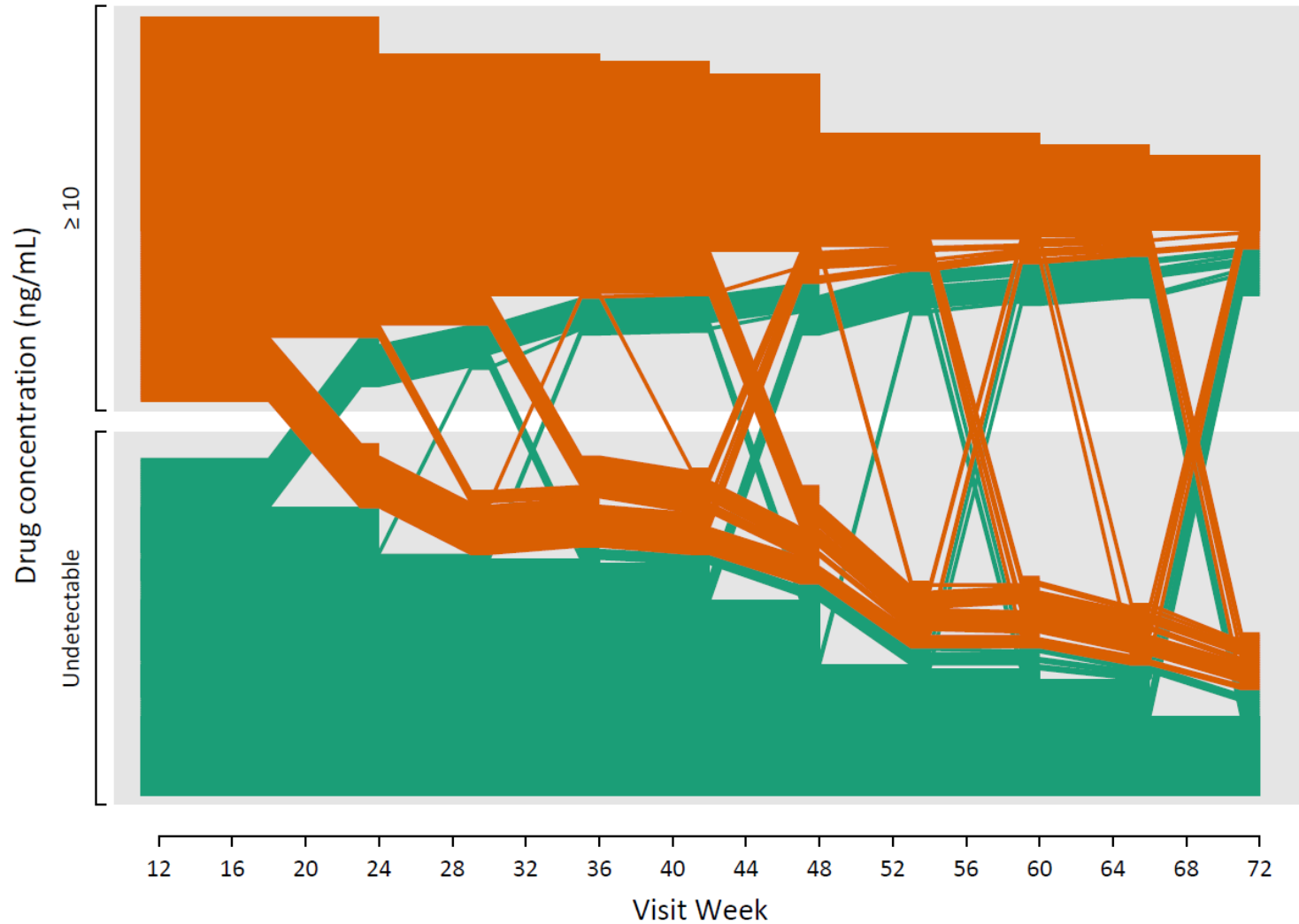
Longitudinal cohort: patterns of detection

- Mean # samples tested: 3.8 (range 2-6)
- 31% did not have drug detected in any sample
- 30% had drug detected in all samples
- 39% had inconsistent drug detection pattern
- Among 163 ppts who had drug detected at the first visit:
 - 68% had drug detection at some or all follow-up visits
 - 32% “discontinued” drug: median stop time 24 weeks
- Among 139 ppts who had no drug detected at first visit:
 - 68% did not have drug detected at subsequent time points

Longitudinal drug detection at some or all visits, by site



Different patterns of drug detection: Always, sometimes, and never users



Factors associated with sometimes and always (vs. never) drug detection over time

Characteristic	OR (some vs. never)	P Value	OR (always vs. never 95% CI)	P Value
Age				
≤20	Ref		Ref	
21-25	4.04	0.002	6.32	0.001
26-30	3.42	0.02	4.74	0.021
>30	5.13	0.001	33.24	<0.001
# sex partners at baseline (prior 3 mo)				
≤1 male partner	Ref	Ref	Ref	Ref
>1-5 partners	1.54	0.462	3.41	0.05
>5-10 partners	1.08	0.908	2.16	0.259
>10 partners	1.54	0.508	2.70	0.155
Non-condom RAI	4.29	<0.001	3.25	0.002
Perception of PrEP Efficacy (week 12)				
<50% effective	Ref		Ref	
50-99% effective	1.44	0.489	3.17	0.068
100 effective	1.12	0.855	2.49	0.197
Don't know	2.51	0.058	4.40	0.014
Perceived likelihood of HIV infection (lifetime)				
Not likely	Ref		Ref	
Could happen	1.21	0.688	2.45	0.07
Probably/almost certain will happen	1.60	0.417	3.01	0.093



Limitations

- Serum and plasma TFV/FTC represent relatively short windows of drug exposure (dosing over last 2-3 days)
 - But high concordance between plasma and PBMC drug detection
 - Future studies needed to validate quantitative biomarkers reflecting longer periods of PrEP use (dried blood spots, hair)
- Drug levels only available in a random sample at week 8 and among DEXA and case-control longitudinal cohorts
 - May not be fully representative of overall iPrEX cohort
- Drug detection in a placebo-controlled trial may not reflect PrEP use in open-label contexts



Conclusions

- Drug detection seen in approximately half of iPrEX ppts at week 8
 - Higher with older age, varied by site
 - High adherence achievable in PrEP clinical trials (90% in SF)
- Distinct patterns of study product use identified
 - ~1/3 had no evidence of starting study product (or early discontinuation)
 - ~1/3 consistently used study product
- Drug use, being transgender, and having housing/employment concerns were not associated with lower drug detection – should not exclude these potential PrEP users
- Research literacy may explain greater drug detection among populations with greater research experience (older MSM in the US, those reporting “don’t know” to efficacy of a drug under study)
- Greater drug detection among those reporting highest risk sexual practices is expected to increase the impact and cost-effectiveness of PrEP



Gladstone Institute
of Virology and
Immunology

Robert Grant
Vanessa McMahan
Pedro Goicochea
K Rivet Amico

Megha Mehrotra
Patricia Derechereux
Robert Hance
Jeanny Lee
Jeff McConnell



David Glidden
Furong Wang
Kathy Mulligan



Sybil Hosek
Jaime Martinez



Juan Guanira
Carlos Mosquera
Lorena Vargas



Suwat Chariyalertsak



Ken Mayer



Orlando Montoya
Telmo Fernández



Martin Casapía



San Francisco Department of Public Health



Esper Kallás



Mauro Schechter



Valdilea Veloso

Desmond Tutu HIV Foundation
Masibambane Ngezandla



Linda-Gail Bekker



Peter Anderson
Lane Bushman



Brian Postle



Howard Jaffe Jim Rooney

BILL & MELINDA
GATES foundation

Stephen Becker



David Burns Grace Chow
Ana Martinez



The iPrEX Study: Safety, Efficacy, Behavior, and Biology