Acceptability of and Adherence to Injectable PrEP

PLANS FOR BEHAVIORAL ASSESSMENTS IN HPTN 076

ELIZABETH TOLLEY, SENIOR SCIENTIST
SOCIAL & BEHAVIORAL HEALTH SCIENCES, FHI 360
ACKNOWLEDGEMENTS

• Sponsored by NIAID, NIDA, NIMH under Cooperative Agreement # UM1 AI068619
• Janssen Pharmaceuticals
• PDS
• Bill & Melinda Gates Foundation
Purpose

• To evaluate the safety and acceptability of the injectable product, TMC278 LA, in healthy, HIV-uninfected women.
Population

• 132 HIV-uninfected women, ages 18 to 45 years
  – 96 participants from Africa
  – 36 participants from US

• Randomized (2:1) to receive TMC278 LA or placebo injections respectively
Sites

- **Africa**
  - Emavundleni Centre in Cape Town, South Africa
  - Spilhaus CRS in Harare, Zimbabwe

- **United States**
  - Bronx Prevention Center CRS in Bronx, New York
  - New Jersey Medical School CRS in Newark, New Jersey
Acceptability versus Adherence

Overlapping but distinct concepts

Acceptability:
• Hypothetical willingness to use a product
• Choice of one product among different options
• Continued use of a product over time

Adherence:
• Extent to which a product is used according to instructions
• Includes timing, dosage, and duration of use
• Patterns of use may change over time
Acceptability does not always lead to high adherence
Injectable PrEP

Acceptability

- Product attributes: (i.e., # and location of doses, perceived effectiveness, side effects) relative to other options
- Individual: Perceived need for product (i.e., risk perception)
- Partner’s attitudes toward product, or potential for discreet use
- Structural factors related to access (i.e., where provided, cost)

Adherence

- Prior experience with similar product use
- Perceived self-efficacy
- Partner support (or lack)
- Experiences with past doses – product, provider and clinic-related
- Structural barriers to re-injection (i.e., time, transport, confidentiality or other)
3. STUDY POPULATION CHARACTERISTICS, MOTIVATIONS

- Low-risk, no active STIs, or reports of STIs in last 6 mos, no PEP or PrEP use in last 90 days

4. CULTURAL CONTEXT

- US (NY, VA), SA and ZIM likely to differ

5. HEALTH CARE SYSTEM AVAILABILITY/ACCESSIBILITY

2 injections of 2 ml volume (either rilpivirine or saline) every 8 weeks – one injection in each buttock – administered for 40 weeks

- 4 week daily oral run-in, 6 doses over 40 weeks, Must agree to effective contraceptive use, HIV risk counseling and condom use

2. CLINICAL TRIAL SETTING

- Clinical Procedures
- Approach to Adherence Framing/Counseling
- Consequences for Non-Adherence

3. PRODUCT CHARACTERISTICS/REGIMEN

- Clinical Procedures
- Approach to Adherence Framing/Counseling
- Consequences for Non-Adherence

1. ADHERENCE TO PRODUCT USE

Tolley, Elizabeth; Friedland, Barbara; Gafos, Mitzy; Amico, Rivet; van Damme, Lut et al. (2014) “Socio-economic and Behavioral Factors Influencing Choice, Adherence and Success of Microbicide Formulations.” (Chapter 16 in Drug Delivery and Development of Anti-HIV Microbicides - Pan Stanford Publishing, In Press, July 2014.)
Overview of Acceptability Assessments

• Primary endpoint: Acceptability
  – % of participants interested in future injectable use for HIV prevention

• Secondary endpoint: Tolerability
  – % of participants who did not complete injections due to lack of tolerability, AE

• Schedule of assessments:
  – Baseline (week 0 prior to oral run-in)
  – Follow-up (week 4, 28 and 44)
  – Focus group discussion (1 per site between weeks 44 and 76)

  – Request to keep assessments short!
Baseline

- Prior experience with injections
  - to treat or prevent illness, as contraceptive method
- HIV prevention experience
  - Worry about HIV, current risk reduction behavior, including condoms
- Injectable prevention attitudes
  - Likes, concerns re. injectable PrEP
- Motivations for clinical trial participation
  - Recommendation, science, access, personal/family concern re HIV
- Beliefs about clinical trial research
  - Necessary to ensure drug safety, trust in researchers, concerns about being a guinea pig
Follow-Up

• **Study-related injectable experience**
  – Degree of acceptability for 8 injectable characteristics (dosing, quantity, inject site, pain, rash, side effects, privacy, schedule)

• **Interest in Future Injectable Use**
  – 6 items with variations in commitment to use (modeled from earlier microbicide scale work)

• **Preferences for Injectable Characteristics**
  – Any recommended changes, preference for oral, injectable, ring, gel or other prevention option
FGDs

• Community-level interest
  – HIV concern, interest in injectable PrEP

• Injectable PrEP concerns & challenges
  – Cost, access, partner attitudes

• Injectable experiences
  – Towards injectable characteristics, change over time

• Likelihood of future use

• Trial-related experiences
  – Motivations, concerns about randomization, difficult or enjoyable experiences

• Perspectives on importance of CT research, and recommendations
HPTN 077: Overview

- Phase 2a randomized placebo controlled trial of GSK1265744 ("744") or cabotegravir

- Will determine whether 744LA is safe and tolerable in 176 low-risk HIV-uninfected men and women
  - Randomized 3:1 active: placebo

- Differs from HPTN 076 in a few ways: first and foremost, less experience with the product (TMC278 approved for HIV treatment, robust safety database – GSK1265744 not FDA approved, limited clinical experience)

- Planned FSFV August 2014 (US), February 2015 (non-US, estimated)
Who can participate?

- HIV-uninfected men and women, ages 18-65 (60% women)
- At low risk for acquiring HIV*
  - No recent STI diagnoses
  - No condomless intercourse with partner of HIV+ or unknown HIV status; fewer than 5 partners regardless of use of condoms
- No stimulant or injection drug use
- Participants must also meet other eligibility criteria to ensure they are in general good health
  - Normal kidney and liver function and blood counts
  - Hepatitis B and C negative
  - ECG WNL, no significant cardiovascular disease

*Individual sites make these criteria MORE restrictive (i.e. lower risk) but not less restrictive
Acceptability Assessments

- Still in development
- Harmonizing with two studies
  - HPTN 076
  - Éclair (parallel Phase 2a study of 744LA in MSM in US
    - 10 sites, enrolling)
- Using validated assessments from other pharma-sponsored studies adapted for 077
- Using model based assessments from 076
- Short/parsimonious considering questions of applicability to at-risk Phase 3 population
Summary

• Acceptability and adherence are two distinct, but overlapping concepts
• Within CTs, acceptability will be influenced by characteristics of the study population an CT setting
• Accounting for these differences may help us better predict eventual acceptability and adherence outside of CTs
Questions?

Elizabeth (Betsy) Tolley
FHI 360/Social & Behavioral Health Sciences
btolley@fhi360.org