

# Persistence of transgender women in oral PrEP in Buenos Aires, Argentina: Survival analysis of the first 2 years of the program

TUPEC204

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## BACKGROUND

In 2021, oral PrEP with TDF/FTC was implemented in a non-governmental organization in Buenos Aires with access to key populations including transgender women (TGW), according to national guidelines.

We aimed to analyze PrEP program persistence (PPP) for TGW and explore its correlates in a real-world setting.

## METHODS

PPP was defined as time to first PrEP discontinuation (TFD): medical or client decision. For clients without a specific date of complete discontinuation, we calculated the end date as the date the prescribed supply of pills would be depleted if taken daily. TFD was assessed using survival analysis. Cox proportional hazard models examined associations between PrEP discontinuation and baseline demographics, sex practices, substance use and gender affirming hormone therapy GAHT).

In a cohort of transgender women in PrEP, **use of gender-affirming hormone therapy (GAHT) in the same facility was significantly associated with higher persistence** (79.9% vs 67.6% by month 6; 71.1% vs 47.4% by month 12; 42.5% vs 18.5% by month 24,  $p=0.005$ ). **Probability of discontinuation decreased with age** [4% per year (0.4%-7%)] **and GAHT** [51% (23%-69%)]

Figure B. Cox regression model

Variable	N	Hazard ratio	p
Age	176	0.96 (0.93, 1.00)	0.026
<b>Education</b>			
• Incomplete secondary school or less	84	Reference	
• Secondary school (completed or more)	92	1.04 (0.67, 1.62)	0.848
<b>GAHT</b>			
• No	69	Reference	
• Yes	107	0.49 (0.31, 0.77)	0.002

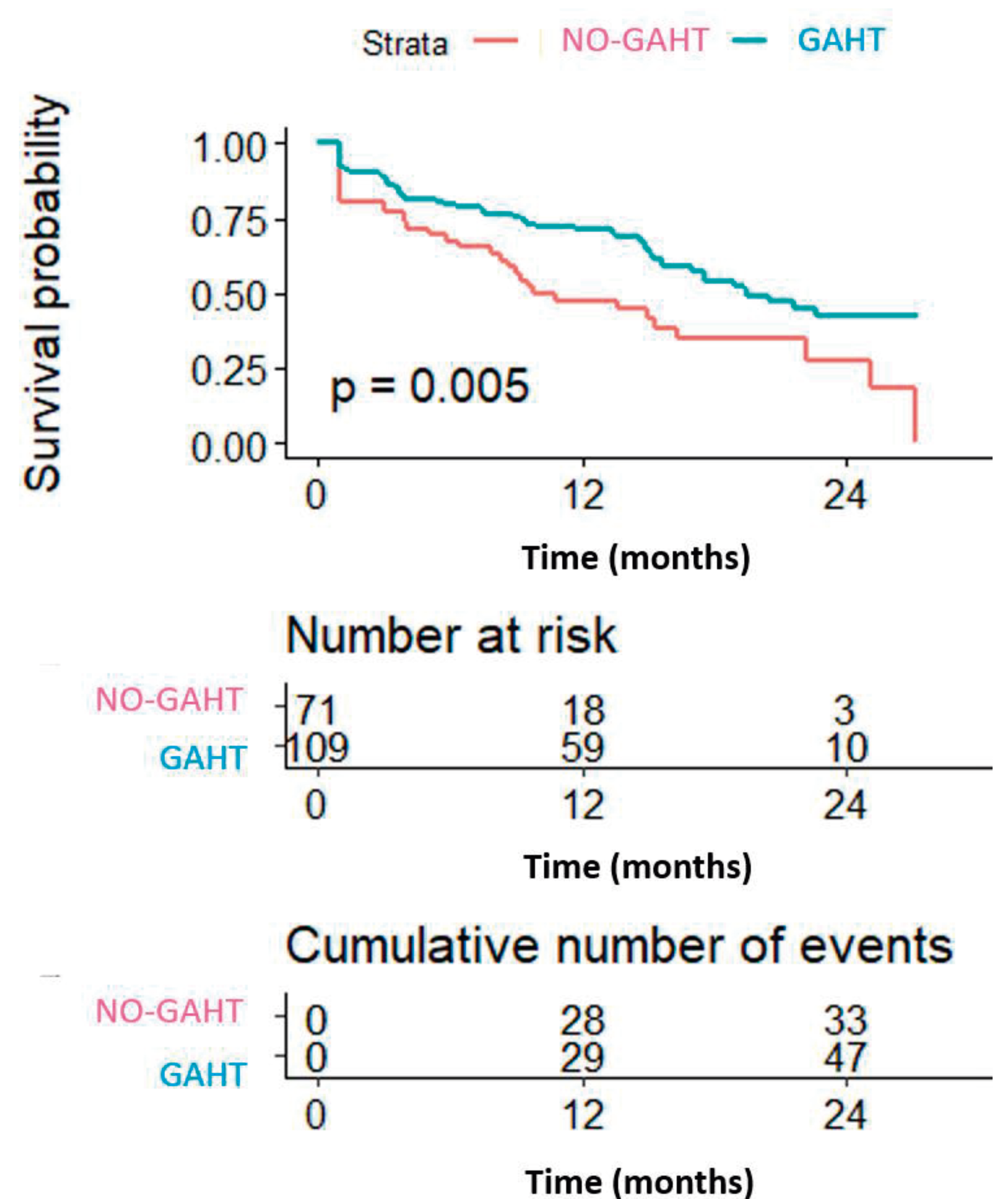


Figure A. Persistence on PrEP among transgender women according to gender affirming hormone therapy (GAHT)

## RESULTS

From September 2021-December 2023 191 TGW started PrEP: median age 28 years (IQR:24-34); 87(47%) had incomplete high school or lower; 50(33%) reported cocaine use in the last month and 163(86%) were currently engaged in sex work. After a median follow-up time of 9 months(3-17), 86(45%) discontinued.

PrEP program persistence at months 1, 6, 12, 18 and 24 was 87.7%, 74.4%, 62.6%, 47.3% and 36.9%, respectively. Use of gender-affirming hormone therapy (GAHT) in the same facility was significantly associated with higher persistence (79.9% vs 67.6% by month 6; 71.1% vs 47.4% by month 12; 42.5% vs 18.5% by month 24,  $p=0.005$ ) (Figure A).

In a Cox regression model controlling for age, education level, and GAHT, probability of discontinuation decreased with age [4% per year (0.4%-7%)] and GAHT [51% (23%-69%)] (Figure B).

There were 4 HIV seroconversions, all after PrEP discontinuation.

## CONCLUSIONS

Maximizing efforts to support younger transgender women is needed to expand PrEP benefits and retention. Integration of services, such as the provision of GAHT, favors the retention of TGW in PrEP programs. Future qualitative studies should dig deeper into aspects leading to PrEP discontinuation to design comprehensive and tailored implementation strategies.