NATIONAL LGBT HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Welcome to **PrEP Talks**

Kevin Ard, MD,
Massachusetts General Hospital, National LGBT Health Education Center

Session 1

This session will begin at 12:00pm ET

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- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated Primary Care Model, including HIV services

The Fenway Institute

- Research, Education, Policy

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✉ lgbthealtheducation@fenwayhealth.org

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Today's Faculty

Kevin Ard, MD, MPH


PrEPTALKS

A quick review of PrEP basics

- Indicated for persons with a high HIV risk
- Daily tenofovir-emtricitabine is the only FDA-approved medication
- **Baseline testing**
  - HIV antibody(-antigen)
  - HBsAg
  - Creatinine (to calculate creatinine clearance)
  - Pregnancy test
  - Ask about symptoms of acute HIV infection in the prior 4 weeks
- **Monitoring:**
  - **3 months:** HIV antibody, pregnancy test, creatinine
  - **6 months:** STI screening (syphilis, gonorrhea, chlamydia)

Questions

- What are the most common side effects of PrEp?
- Many rural physicians have NO idea what PrEP even is. What can we do to inform these doctors?
- Do you have many patients who have chosen to commit to event-based dosing, such as that described in IPERGAY? Are you recommending 4 days/week, regularly spaced dosing as an alternative?

Who is "high risk?"

MSM

Condomless anal sex

Recent sexually-transmitted infection

Heterosexual adults

Condomless sex with a partner who injects drugs or is a bisexual

Injection drug users

Use of shared injection equipment

Preexposure prophylaxis for the prevention of HIV infection in the United States – 2014. CDC. Available from: http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf

My talking points with a new patient

- PrEP efficacy and importance of adherence
- Periodic HIV testing and creatinine checks are mandatory.
- Side effects: GI, renal, bone
- PrEP does not protect against other sexually transmitted infections.

Case 1

- A 42-year-old transgender woman presents with rectal pain and discharge.
- She reports having multiple male sexual partners with whom she engages in receptive anal sex, often without condoms.
- Rectal NAAT testing is positive for gonorrhea; she receives ceftriaxone and azithromycin, and her symptoms resolve.
- At follow-up, you suggest she consider PrEP for HIV prevention.
- She has been using an estradiol patch for 5 years and is concerned that PrEP may interact with her hormonal therapy. She also asks if PrEP has been studied in transgender women.

Which is true about PrEP and hormonal therapy?

A. Estradiol lowers the concentrations of tenofovir-emtricitabine, so the dose of PrEP should be doubled.
B. PrEP lowers the concentrations of estrogen in the body, so her estradiol dose may need to be increased.
C. Use of PrEP along with hormonal therapies is contraindicated.
D. There are no known drug interactions between tenofovir-emtricitabine and cross-sex hormonal treatment.

Case 2

- A 22 year-old bisexual man presents 18 hours after condomless receptive anal sex with another man of unknown HIV status.
- His HIV antibody-antigen test is negative.
- He starts PEP with tenofovir-emtricitabine and dolutegravir.
- This is his third PEP course this year.
- He is interested in taking PrEP after finishing PEP.

Which is true about the transition between PEP and PrEP?

A. After completing 28 days of PEP, the patient should stop all antiretrovirals for 3 months; if HIV testing is negative after 3 months, he can start PrEP.

B. PrEP can be started as soon as the 28 days of PEP are finished.

Case 2, continued

- After completing 28 days of PEP, dolutegravir is stopped, and he continues tenofovir-emtricitabine alone for PrEP.
- HIV testing at 3 months remains negative.
- He calls the clinic 2 months later reporting a sexual exposure to HIV 5 hours prior. He has been taking PrEP as prescribed.

What would you recommend now?

A. Add back dolutegravir for 28 days for PEP; thereafter, continue tenofovir-emtricitabine alone for PrEP.

B. Continue tenofovir-emtricitabine for PrEP.