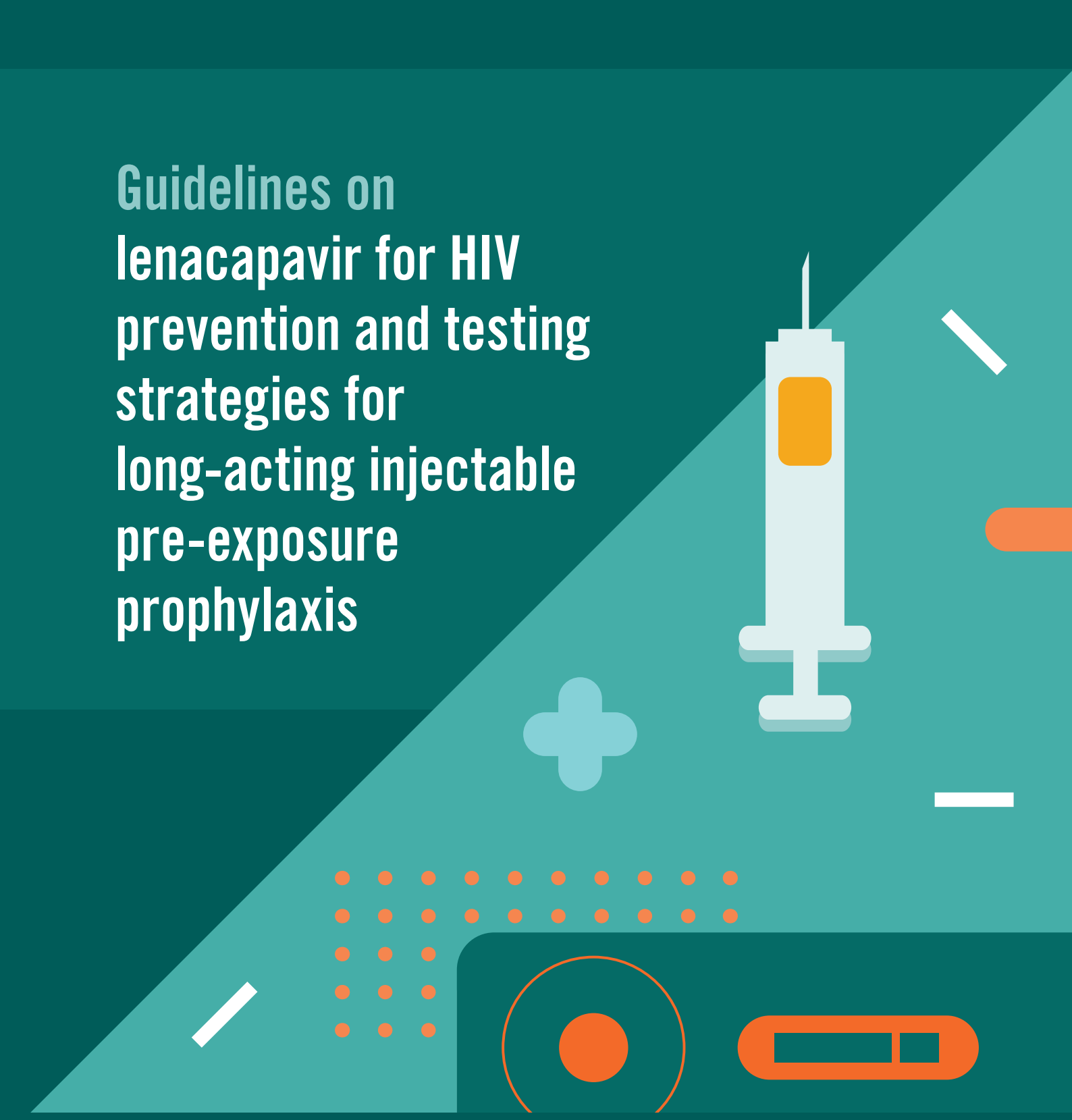
Guidelines on lenacapavir for HIV prevention and testing strategies for long-acting injectable pre-exposure prophylaxis



Web Annex C. Systematic review of values and preferences for lenacapavir as pre-exposure prophylaxis and other forms of long-acting injectable PrEP

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Systematic review of values and preferences for lenacapavir as pre-exposure prophylaxis and other forms of long-acting injectable PrEP

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Background: Pre-exposure prophylaxis (PrEP) is an important tool in preventing HIV transmission. Two randomized trials recently provided evidence of the efficacy of a new 6-monthly injectable formulation of PrEP, lenacapavir (LEN). A previous systematic review, in 2021, found high acceptability of injectable PrEP, albeit with variations across populations and regions. However, there are evidence gaps in terms of values and preferences of those with actual experience with injectable PrEP and related to the attributes of LEN that differ from those of other injectable PrEP formulations. Our objective was to evaluate the values, preferences and perceptions of acceptability related to LEN for PrEP among end-users and community members to inform clinical guidance and global policy on its use as PrEP.

Methods: We conducted a systematic review on values and preferences for injectable PrEP in accordance with Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) guidelines. This review is a companion to a separate review on the safety, efficacy and cost–effectiveness of LEN as PrEP (Annex B). To be included, studies must have been designed to understand values and preferences of injectable PrEP and also report on actual experiences of using or implementing injectable PrEP or report on relevant comparisons or assessments of various attributes of injectable PrEP products. A multi-phase screening strategy was used, involving two reviewers. Quality assessment was performed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools, and the assessment of certainty of evidence for qualitative studies was conducted using GRADE CERQual. Data from included studies was extracted and organized by acceptability constructs, using standard forms: affective attitude, burden, ethicality, intervention coherence, opportunity costs, perceived effectiveness and self-efficacy.

Results: We identified 26 studies that met our definition of eligibility, including six studies (nine records) that discuss actual experience of receiving/implementing injectable PrEP and 20 that describe/compare different attributes of injectable products (for example, comparing preferences for a 2-month or 6-month injection). Study designs included both qualitative and quantitative studies (cross-sectional surveys and discrete choice experiments (DCEs)). Most of these were conducted in the United States of America and involved gay and other men who have sex with men. As for studies related to experience with injectable PrEP among end-users, three studies found injectable PrEP to be highly acceptable across diverse populations. Users perceived a low burden, fit with lifestyle and perceived efficacy (high certainty of evidence). Concerns varied but were mostly related to burden, inaccurate perceptions and structural barriers. Among providers of injectable PrEP, implementation was perceived as appropriate, feasible and acceptable, although some identified internal and external barriers to implementation (low certainty of evidence). In studies comparing different attributes of injectable PrEP, there was a preference for longer duration between injections, with a clear preference for 6-month frequency over a 2-month dosing frequency. The preferences for the number and type of injections and location on the body varied. Self-administered injections were acceptable.

Conclusions: Despite some variation in preferences among individuals and among populations, injectable PrEP is a highly acceptable PrEP modality, as demonstrated in studies evaluating its acceptability among users and providers with actual experience. There is a clear preference for injectable PrEP options requiring infrequent dosing (for example, six months or more), such as LEN, due to the reduced burden on users. However, many aspects of using and providing LEN remain unexplored; future studies should explore the preferences of end-users using LEN and other PrEP products.

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