Reviewer’s report

Title: Prepping for PrEP: Community member perspectives from men who have sex with men and transgender women on the uptake and implementation of pre-exposure prophylaxis as an HIV prevention strategy

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Reviewer: Stephanie Cohen

Reviewer’s report:

Re.: “Prepping for PrEP: Community member perspectives from men who have sex with men and transgender women on the uptake and implementation of pre-exposure prophylaxis as an HIV prevention strategy.”

This paper used a qualitative approach to assess the acceptability of PrEP among an ethnoracially diverse sample of HIV negative and unknown status MSM and transgender women. The authors conducted semi-structured interviews with 30 participants. The interviews addressed PrEP knowledge and assessed factors associated with PrEP acceptability. Understanding community perspectives on PrEP, particularly among African American and Latino MSM and transgender females, is essential for preparing for PrEP implementation. This paper identifies important knowledge gaps among this population and highlights perceptions, misperceptions, expectations and fears about PrEP that will be useful for guiding social marketing and community mobilization campaigns. The narratives of the participants in this study highlight why adherence and risk reduction counseling will be important components of PrEP implementation. The paper is novel and brings an important perspective to the PrEP literature. The paper could benefit from some revisions to clarify key concepts.

Major Compulsory Revisions:

1) The background needs some revisions. There is unnecessary detail about iPrEx and the other PrEP trials. I would make this more concise and expand the section at the end which discussed briefly prior research on PrEP acceptability as this is more relevant to the objectives of this study. While you state that all studies on PrEP acceptability were conducted prior to the release of iPrEx, I know of at least two that assessed post-iPrEx knowledge and acceptability that may be worth referencing: Krawkower DS, PLoS ONE 2012 and Holt M, STI 2012. The first sentence of the “study goal” section of the background seems out of place and does not logically connect to the second sentence which describes the study design. Lastly, was it the goal of the study to “promote the uptake of research evidence into practice?” Exploring community members perspectives is important for guiding the PrEP implementation research agenda and for planning for PrEP implementation, as opposed to for promoting PrEP uptake.

2) Two of the participant quotes that you include highlight the fact that people often interpret statistics incorrectly. For instance one participant said, “We’re
talking a little less than 50%, or a little more than 50% getting HIV.” Another said, “this particular drug seems like it will do, if only for the 44%.” I think these quotes and perhaps others not included in the paper illustrate that communicating trial results is difficult and that explaining what a 44% reduction in risk is can be very complex. This is an important message for people who are trying to create educational materials about what’s known about PrEP and I think it deserves highlighting. (you already mention that people who focused on 70% vs. 44% had different willingness to use PrEP – perhaps you could flesh out this point in that section.

3) Table 3: The column “considerations/implications for policy and practice” is confusing. The content of this column does not necessarily seem to stem from the “finding” or the examples in columns 1 and 2. Some of the items in that column, for instance “misleading consumer information surrounding PrEP” are not supported by evidence presented in the paper. Others, for instance “increased population-level education activities” seem like they’re in the wrong row: why is this not listed in the row on knowledge? I would consider what information is important to include in this table and revise it to focus in on the key conclusions you can draw from your participant narratives.

Minor Essential Revisions:

1) Minor editorial issues:

1. Abstract: Background, second sentence: “their perspectives on evidenced-based biomedical research remains..”

2. Abstract: The methodology of this study was not designed to address the “feasibility” of individual daily use of PrEP. “Feasibility” should be removed or a different word used.

3. Background: The iPrEx study assessed the efficacy of pre-exposure for prophylaxis (PrEP) for HIV prevention when given as part of a comprehensive package of prevention services. (it did not use a “comprehensive package of prevention services to assess...”)


2) Some of the information about the iPrEx study is not accurate:

1. The study is usually referred to as iPrEx (not iPrex)

2. Background, 2nd sentence: the iPrEx study was conducted among HIV-negative MSM and TG MTFs, not unknown status. They may have been unknown status at screening but had to be confirmed HIV-negative to enroll in the study.

3. Background, “the potential of PrEP as an HIV prevention tool”: “The study design consisted of….“STI evaluations were conducted “when warranted and every 24 weeks” not monthly. HIV testing was done monthly, but STD testing was not.
4. I would suggest including the confidence intervals for the iPrEx results: 44% (95% CI 15-63) and 73% (95% CI 41-88).

3) Table 2:
   1. What is “other non-heterosexual identity”? Perhaps you could explain with a footnote what’s included in this category?
   2. I would suggest including a row for PrEP knowledge

4) Results:
   1. Finding 1, last paragraph: You state that “as all participants received information during the interview…a minority of participants noted that they believed PrEP would be ineffective.” This suggests that you think it was because you gave the participants info about PrEP that only a “minority” believed it would be ineffective. However I don’t think you can assert this since you don’t know what they have thought if you had not given them info during the interview. I suggest you describe the result (that x% though it would be ineffective) and just state in the limitations (as you already do) that the script about PrEP may have affected the results.
   2. Finding 3, 1st paragraph: The sentence “however, perceived fears of disinhibition among their peers…” is not a complete sentence.
   3. Finding 3, 4th paragraph: "These individuals attributed to their sentiments…”
   4. Finding 3, 6th paragraph: “Along with suspicions of disinhibition occurring..” This sentence is a run-on; the two concepts aren’t clearly linked.
   5. Finding 3, 10th paragraph: “Individuals stated that those with multiple partners…” You do not provide any quotes to back up this sentence. Perhaps including at least one quote with a “for example…” would be helpful.

5) Discussion,
   1. Discussion, Recommendations, 1st paragraph: “true and accurate” is redundant. What do you mean by “transparent” PrEP information? This is an important point (how to frame PrEP and how to educate people about it) and should be fleshed out.
   2. Discussion, Recommendations, 2nd paragraph: “Second, that the way in which…”
   3. Discussion, recommendations, 3rd paragraph: The discussion of cost-effectiveness seems somewhat unrelated to the scope and results of the paper. Consider focusing on cost and the implications for health disparities, since this was a concern raised by the participants. If you do discuss cost-effectiveness, consider citing more recent work including: Juusola JL Ann Int Med 2012. The US Affordable healthcare act is a complex topic and its difficult to
predict how its passage might affect PrEP implementation and access – consider removing this since none of the participants mentioned this specifically.

4. Discussion, Limitations, sentence 2: Would change California to “Alameda, Los Angeles and San Francisco” so that it matches up with “cities” in the next sentence. In the following sentence consider changing “counties” to “urban areas” to match cities in the prior sentence. (I recognize that Alameda is not a city – so you could use county throughout here if you prefer).

Discretionary Revisions:

1) Consider rewording the title as follows: “Community member perspectives from men who have sex with men and transgender women on pre-exposure prophylaxis as an HIV prevention strategy: Implications for PrEP uptake and implementation.”

2) Methods: Why did you exclude people who reported “never” condom use? This is not intuitive to me- consider explaining this decision.

3) Methods: Consider including the verbatim script of the “standardized statement regarding PrEP.” It would be informative to know what the participants were told about PrEP.

4) Results: 2nd paragraph – the sentence that starts “finally, participants worried that…” contains two important but unrelated themes. I would separate these into two different sentences to better distinguish between these.

5) The grouping of participant quotes into the 3 overarching findings that you describe (knowledge, mixed interest, and concerns about rollout) were not always clear. For instance why was the last paragraph in the knowledge section (about participants not thinking PrEP would be effective or thinking that PrEP could be a back-up plan) included in the knowledge section instead of mixed interest? The info in the mixed interest section on cost concerns could be moved to concerns about uptake. Also in the section on mixed interest – it would be helpful to delineate for the reader things that contributed or detracted from interest in PrEP, and/or to group them by subject. For instance you could group comments on adherence (why some thought it wouldn’t be an issue and some thought it would), risk perception (some thought risk reduction was worth it and some didn’t), etc.

6) Finding 3, 6th paragraph: What are “stable care services”? Do you mean primary care? This is unclear.

7) Discussion, 2nd paragraph: “Advances to answer questions…” “Advances” does not seem like the right word to use here. Do you mean that: “Additional studies are underway to answer questions…”?

8) Discussion, limitations: The sentence “however, the extent to which providers have the capacity and infrastructure…” seems unnecessary to me. You could just say that you did not include medical providers in your study sample.

9) Discussion, limitations: The phrase “as it sometimes seemed as though participants had more questions for the interviewer…” is a bit casual for a scientific paper and doesn’t really support the prior point that the interview format
may have introduced bias. Consider removing this phrase.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I am the protocol co-chair of the PrEP demonstration project that is referenced in this paper. I otherwise have no competing interests to report.