



Black Women’s Experiences on Long-Acting Cabotegravir for PrEP: Interim Patient Findings From the EBONI Study

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Introduction

- Black women account for ~50% of new HIV diagnoses among cisgender and transgender women in the United States (US);^{1,2} however, only 5.6% of pre-exposure prophylaxis (PrEP) users are women, of whom only 26% are Black.³
- Long-acting cabotegravir (CAB LA) administered every 2 months (Q2M) is the first approved LA agent for PrEP in adults and adolescents.^{4,5} PrEP regimens containing CAB LA have shown to be superior to daily oral tenofovir disoproxil fumarate/emtricitabine (TDF/FTC).⁶
- CAB LA has demonstrated consistent effectiveness for HIV prevention and has been well tolerated across numerous implementation studies and diverse real-world studies.^{7–12}
- Here, we present interim (Month 4/5) experiences with uptake, access to, delivery of, and satisfaction with CAB LA among Black cis- and transgender women receiving CAB LA.

Methods

- EBONI (NCT05514509) is a 12-month Phase 4 effectiveness–implementation hybrid study evaluating implementation strategies for the delivery of CAB LA for PrEP to adult Black cis- and transgender women across infectious disease, primary care, and women’s health clinics in “Ending the HIV Epidemic (EHE)” jurisdictions in the US.
- From April 2023 to February 2025, 130 women from 19 clinics completed Month 4 surveys.*
- This is the first industry-led implementation science study to take a gender-concordant approach to recruitment via its inclusion of participants based on female gender identification vs. sex assigned at birth.
- Quantitative data were collected via self-completed electronic surveys that assessed perceptions of and experiences with CAB LA at Month 4/5.
- Acceptability, feasibility, and appropriateness of CAB LA were assessed using the validated Acceptability of Intervention Measure (AIM), Feasibility of Intervention Measure (FIM), and Intervention Appropriateness Measure (IAM), respectively.
- Surveys were analyzed using descriptive statistics. **Table 1** depicts the demographics of the participants at Month 4.

*Twenty-three clinics located in the EHE jurisdictions were randomized 1:1:1 into standard implementation (SI; standard of care), enhanced implementation (EI; standard of care and provider support [e.g. PrEP communications tool], or enhanced collaborative implementation (ECI; standard of care and provider/patient support [e.g. PrEP materials for patients]).

Table 1. Demographic Characteristics at Month 4

Characteristic, n (%)	Participants (N=130)
Gender identity	
Cisgender woman	102 (79)
Transgender woman	28 (22)*
Median age, years (IQR)	37 (30, 43)
Race	
Black or African American	130 (100)
Ethnicity	
Hispanic or Latinx	2 (2)
Not Hispanic or Latinx	122 (94)
Prefer not to answer	6 (5)
Relationship status†	
Single (not dating)	86 (66)
Married/domestic partnership/civil union	13 (10)
Dating	30 (23)
Prefer not to answer	1 (1)
Highest level of education	
High school or less	38 (29)
Some college; no degree	30 (23)
Associate or technical degree/college degree	45 (35)
Postgraduate/professional school	15 (12)
Other	2 (2)

*Protocol-defined enrollment target of 20–23% transgender women was achieved.
†“Single” comprised the following choices: “Single, never married,” “Single, widowed,” and “Single, separated, or divorced.” “Dating” comprised the following choices: “Dating but not living with a partner” and “Dating but living with a partner.”
IQR, interquartile range.

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Key Takeaways

CAB LA increased PrEP uptake

➔ About half of women were newly using PrEP and most did not have partners on PrEP.

Figure 1. Proportion of Women Whose Sexual Partners Are Not Taking PrEP*

*Responses are among participants who described the HIV status of their sexual partner(s) as not having HIV or unknown in the last 6 months. PrEP, pre-exposure prophylaxis.

- Around half of the study participants (46%) had no prior experience with PrEP.
- Overall, 88% of Black women (n=114/130; transgender women, 82%; cisgender women, 90%) had sex in the last 6 months; of these, 62% (n=71/114) and 20% (n=23/114) described their partner’s HIV status as not having HIV and unknown, respectively.
- Most Black women (63% [n=50/80]) reported having no sexual partners who were taking PrEP, with high proportions observed for cisgender women (**Figure 1**).

CAB LA was accessible

➔ Over 80% of Black women in EBONI reported acceptability of and no difficulty in going to the clinic Q2M.

Figure 2. Access to CAB LA at Month 4

*Measured on a 5-point Likert scale. Responses are among the n=129 participants who have received an injection at the clinic; one participant had missing data and is not included. CAB, cabotegravir; LA, long-acting; Q2M, every 2 months.

- CAB LA was accessible to Black women, with 84% reporting convenient clinic hours, 85% reporting no difficulty getting to the clinic every two months, and 91% finding it acceptable to come to the clinic Q2M for injections (**Figure 2**).

CAB LA delivery experiences were positive

➔ Black women in EBONI found the frequency of HIV and sexually transmitted infection (STI) testing acceptable and reported low ratings of injection pain.

Figure 3. Experience of CAB LA Delivery at Month 4*

Experience of CAB LA delivery by gender: cisgender, n=96; transgender, n=93; cisgender, n=95; transgender, n=93; cisgender, n=91; transgender, n=86; cisgender, n=74; transgender, n=64.
*Measured on a 5-point Likert scale. “Very acceptable/acceptable” combined to present proportion “acceptable”; “always/often” combined to present proportion “often”; “Not at all/a little” combined to present proportion “little.” CAB, cabotegravir; LA, long-acting; STI, sexually transmitted infections.

- Overall, Black women reported a positive delivery experience for CAB LA, with 95% and 94% of women reporting that the frequency of HIV and STI testing was acceptable, respectively (**Figure 3**).
- Low ratings (mean [standard deviation (SD)]) of injection pain/discomfort were reported at the most recent CAB LA injection (3.2 out of 10, SD=2.65).†

CAB LA satisfaction was high

➔ Over 95% of Black women in EBONI had positive feelings and would recommend CAB LA.

Figure 4. Satisfaction With CAB LA at Month 4

*Excludes participants with missing data (n=4). CAB, cabotegravir; LA, long-acting.

- Black women were satisfied with CAB LA; 96% reported overall positive feelings about CAB LA and 97% agreed they would recommend CAB LA to other people who could benefit (**Figure 4**).
- Overall, Black women found CAB LA to be acceptable, feasible, and appropriate (mean: ≥4.5/5).
 - Mean AIM scores were 4.5/5 among cisgender participants (n=101) and 4.6/5 among transgender participants (n=28).
 - Mean FIM scores were 4.5/5 among cisgender participants (n=101) and 4.7/5 among transgender participants (n=28).
 - Mean IAM scores were 4.5/5 among cisgender participants (n=101) and 4.6/5 among transgender participants (n=28).

Tools Used to support Black Women’s CAB LA Journey

- Shared decision-making, wherein Black women discussed the pros and cons of different PrEP options with their doctors and decided together which one was right for them, was reported as useful (94%) during their CAB LA journey.
- Other useful tools (useful or very useful) included the patient website with information about CAB LA (96%), injection appointment reminders via text (90%), email (85%), or phone (88%), and a digital calendar made for CAB LA to help them plan their injection visits (61%).

Conclusions

- Black women found CAB LA for PrEP easy to access at their clinics and had positive experiences with CAB LA delivery.
- Collaborative discussions and shared decision-making with providers were highlighted as useful during the CAB LA journey.
- Black women were highly satisfied with CAB LA after 4 months and found it acceptable, feasible, and appropriate.

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