

# ONE-THIRD OF AUSTRALIAN GAY AND BISEXUAL MEN PREFER LONG-ACTING INJECTABLE CABOTEGRAVIR OVER ORAL PRE-EXPOSURE PROPHYLAXIS (PrEP): RESULTS FROM A CROSS-SECTIONAL SURVEY

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## Background:

Alternatives to daily and event-driven oral HIV pre-exposure prophylaxis (PrEP) are emerging and could improve uptake and adherence. Long-acting injectable cabotegravir (CAB-LA) was recently approved in Australia. This analysis aimed to determine factors associated with preference for CAB-LA.

## Methods:

From Nov-2022 to Feb-2023, we conducted a survey of gay and bisexual men (GBM) recruited from two sexual health clinics and online. We measured factors associated with preferring CAB-LA over oral PrEP using multivariable logistic regression. Agreement with various statements (range=1-5) were analysed using t-tests.

## Results:

Among 713 HIV-negative participants, mean age was 36 years (SD=11.7) and 70.4% identified as gay. Half (49.6%) currently used PrEP while 41.5% had never used it. Overall, 34.1% preferred CAB-LA over oral PrEP. Preference for CAB-LA was associated with being aged 30-39 (compared to being younger; aOR=1.68, 95%CI=1.11-2.53, p<0.014), higher social engagement with gay men (aOR=1.17, 95%CI=1.06-1.29, p<0.002), and preferring HIV self-testing (aOR=1.65, 95%CI=1.16-2.35, p<0.005), while earning \$50-100,000 annually (compared to <\$50,000) was negatively associated (aOR=0.57, 95%CI=0.39-0.84, p<0.005). Top reasons for preferring pills were self-administration (58.3%) and travel convenience (44.0%); and for preferring CAB-LA were not needing to remember pills (80.7%) and longer-term protection (67.0%). Those preferring oral PrEP found it easier to remember to take pills (mean=3.71 vs mean=3.22, p<0.001). Those who preferred CAB-LA thought they would worry less about HIV, that it would be suitable for periods of travel, and that they would try it if recommended by a doctor (all p<0.001).

## Conclusion:

An expansion of available PrEP modalities may improve its acceptability, uptake, and adherence. We found that one-third of participants would prefer CAB-LA if it was available. Preferring CAB-LA was associated with age, social engagement with gay men, income, and perceptions of HIV self-testing. Future research should be conducted to understand how healthcare-seeking patterns predict PrEP modality preferences.

## Disclosure of Interest Statement:

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