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PRIMP PrEP Cascade Results: Only a minority of healthcare encounters among PrEP-eligible gbMSM lead to PrEP initiation

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Background

- The PrFP cascade is a useful tool for evaluating the health system's ability to link individuals to PrEP
- PRIMP is a multi-part implementation science study of the PrEP cascade among gay, bisexual and other men who have sex with men (GBM) in urban British Columbia & Ontario

Methods

- We documented the number/ proportion of healthcare encounters meeting each step in a 7-step cascade
- Used electronic and paper records at 17 sites in Toronto, Ottawa, Hamilton, Vancouver, Victoria
 - ON: 8 referral sites, 6 delivery sites
 - BC: 3 combined referral/delivery sites •



Figure 1. PrEP Cascade



Methods – continued

- PrEP eligibility (step 1) was based on Canadian guidelines (Fig. 2)
- For each cascade step, we
 - assessed for differences between BC & ON over five 6-month periods (P1-P5) using Spearman's rank correlation coefficients
 - compared overall results between provinces using Chi-square tests

Period 1: Dec 2018 – May 2019 Period 2: Jun 2019 – Nov 2019 Period 3: Dec 2019 – May 2020 Period 4: Jun 2020 – Nov 2020 Period 5: Dec 2020 – May 2021

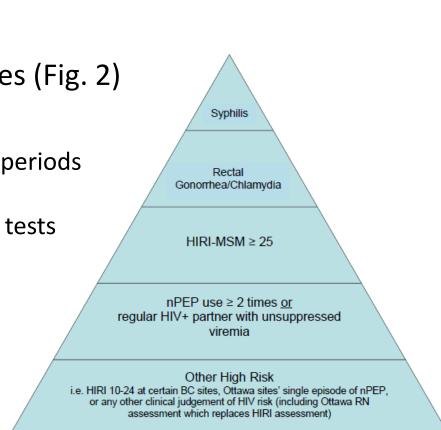
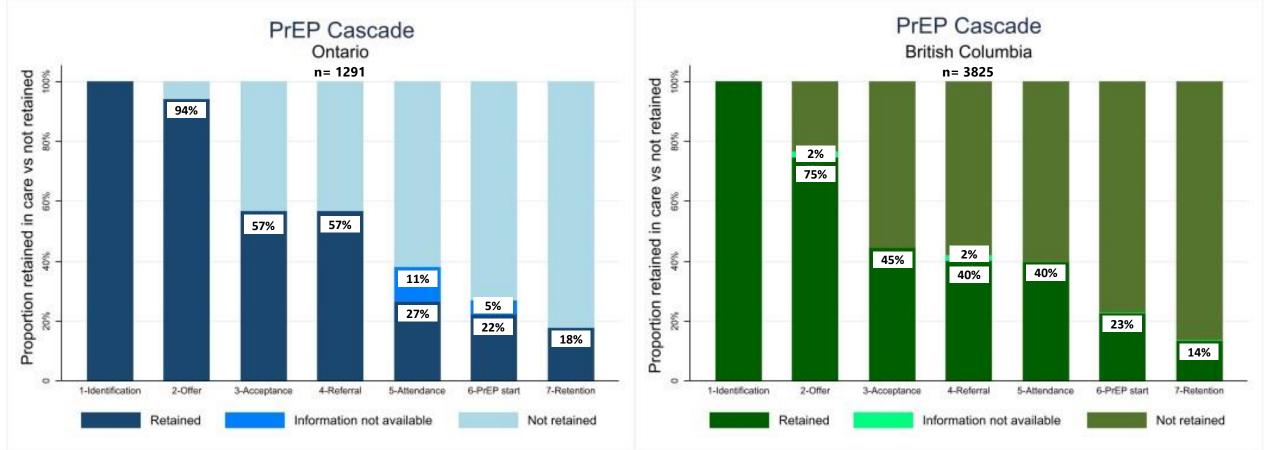


Figure 2. Hierarchy of PrEP Criteria



Results: Comparison of overall results by period



Largest gaps:

Eligible individuals declining PrEP > Failure to attend PrEP clinic (ON) and Recommending PrEP to eligible GBM (BC)



Results

Province	Overall (ON and BC)						ON	BC	
Cascade step\Period	P1	P2	Р3	P4	Р5	p- value ^a	Overall	Overall	p- value ^b
Identified	1	1	1	1	1	-	1.00	1.00	-
PrEP recommended	.68	.86	.83	.95	.89	0.104	0.94	0.75	<0.001
Accepted referral	.51	.43	.43	.45	.44	0.805	0.57	0.45	0.090
Referred for PrEP	.51	.38	.36	.45	.44	0.747	0.57	0.40	.016
Attended PrEP clinic	.46	.32	.28	.35	-	0.600	0.27	0.40	0.051
PrEP initiated	.25	.23	.17	.29	-	0.800	0.22	0.23	0.886
Retained on PrEP	.14	.15	.12	.13	-	0.400	0.18	0.14	0.440

^a p-value for Spearman test for trend across periods

^bp-value for Chi-square test for differences between provinces.

Conclusions

- The large majority of healthcare encounters with GBM meeting evidence-based criteria for PrEP did not result in PrEP initiation
- New interventions to optimize the PrEP cascade are urgently needed.

Funding



