

HIV PrEP for Adolescent Men who Have Sex with Men
ATN 113

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ATN 113: Background

- **Background:** Open-label, phase 2, single-arm demonstration project in six US cities to assess the safety, tolerability, and acceptability of tenofovir DF-emtricitabine daily oral PrEP among adolescent men who have sex with men (MSM)
- **Inclusion Criteria**
 - Born male, age 15 to 17 years, HIV-seronegative
 - Self-reported sexual risk for HIV within past 6 months
 - No history of bone fractures
 - Creatinine clearance >75 mL/min
 - Negative hepatitis B surface antigen
- **Intervention**
 - Tenofovir DF-emtricitabine: 1 pill daily
 - All received an individualized behavioral health intervention plus regular counseling, condoms, and STI screening
 - Adherence estimates with dried blood spot tenofovir levels

Tenofovir DF-Emtricitabine

(n = 78)

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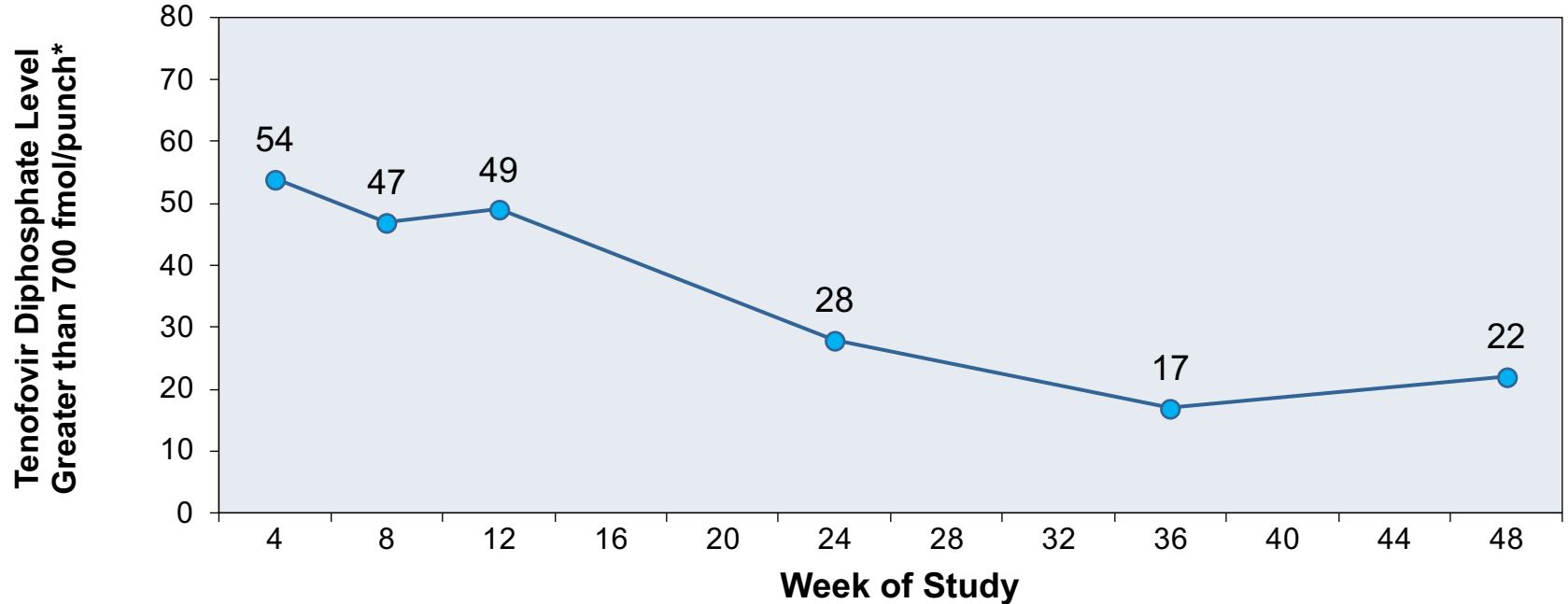
ATN 113: Baseline Characteristics

ATN 113: Baseline Characteristics	Overall (n = 78)	Completed Study (n = 47)	Lost to Follow Up (n = 31)
Age, mean (SD), years	16.5 (0.73)	17.0 (0.73)	17.2 (0.69)
Black/African American, n (%)	23 (29)	15 (32)	8 (26)
White, n (%)	11 (14)	4 (9)	7 (23)
Asian/Pacific Islander, n (%)	2 (3)	0	2 (6)
Other/mixed race/ethnicity, n (%)	26 (33)	18 (38)	8 (26)
Kicked out of home due to sexual orientation, n (%)	12 (15)	7 (15)	5 (16)
Been paid for sex, n (%)	13 (17)	10 (21)	3 (10)
Exchanged sex for a place to stay, n (%)	2 (3)	1 (2)	1 (3)
History of high-risk sex acts for men with men, n (%)	52 (87)	34 (89)	18 (82)
Condomless receptive anal sex with partner, n (%)	24 (60)	15 (54)	9 (75)

Source: Hosek SG, et al. JAMA Pediatr. 2017;171:1063-71.

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ATN 113: Adherence Based on Dried Blood Spot Drug Levels



*This tenofosvir diphosphate level is equivalent to taking 4 pills per week.

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ATN 113: Conclusions

Conclusions: “Adolescent Medicine Trials Network for HIV/AIDS Interventions 113 enrolled a diverse sample of adolescent MSM at risk for HIV who consented to study participation. Approximately half achieved protective drug levels during the monthly visits, but adherence decreased with quarterly visits. Youth may need additional contact with clinical staff members to maintain high adherence.”

Acknowledgments

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