

Plain Language Summary: Gerke, D., Call, J., Kattari, S. K., Lacombe-Duncan, A., & Misiolek, B. A. (2025). Engagement in the HIV pre-exposure prophylaxis care cascade in a statewide sample of transgender and nonbinary individuals. *AIDS Patient Care and STDs*, 39(1), 12-20. doi: 10.1089/apc.2024.0221 – Summarized by Grey Weinstein

This study looks at data from the 2018 Michigan Trans Health Survey to ask why transgender people of all gender identities have lower rates of engagement in the PrEP “care cascade.” Pre-exposure prophylaxis (PrEP) is a drug which can prevent people from getting HIV, even if they have unprotected sex with people living with HIV. The PrEP care cascade is a multi-step process, where someone may (or may not) access information about PrEP, obtain referral to a prescriber, visit the prescriber, obtain a prescription, begin using PrEP, continue to use PrEP, and plan to use PrEP in the future. Only people who were sexually active or IV drug users (or both) were included in this study.

This study identified 318 transgender and nonbinary people who are eligible to use PrEP. Of that 318, approximately 20% (64 people) had heard information about PrEP. 26% of those who got information about PrEP also got a referral (17 people); 41% of these people actually visited a provider (7 people). Of those 7 people, 5 got a PrEP prescription. All five began and currently use the medication, but only 3 intend to continue using it in the future. Not trusting their doctors, having their names and pronouns not be respected, and being misgendered through language around “men who have sex with men” (MSM) were all reasons that trans people decided not to pursue PrEP. Additionally, all five people who got a PrEP prescription said that they highly trusted their doctors. Researchers used a chi-squared test to find that there are higher rates of PrEP use among transfeminine respondents and respondents who identified multiple genders, compared to transmasculine and nonbinary respondents. Of course, not all of these categories are mutually exclusive!

Researchers point out that most trans and nonbinary people who *could* take PrEP do not. Many do not even get information about PrEP or talk to a doctor about it. This is consistent with previous studies. Their finding that transmasculine patients receive PrEP at lower rates than transfeminine patients conflicts with existing studies. This may be because doctors often do not provide transmasculine patients with information about PrEP. Doctors often think that transmasculine people mostly have sex with cis women, even though this is not true. Transmasculine people have high rates of condomless and receptive penetrative sex with cis men and trans women. This study also finds that if someone goes to a doctor for PrEP, they tend to also follow through on taking PrEP. This suggests that we need to focus on helping people follow through on going to their doctor. The study proposes several solutions: putting PrEP services in the same clinics as gender affirming care services; not conflating trans women and MSM in future research; training medical students to be gender-affirming; and offering treatment options which do not require a lot of interaction with medical staff (such as daily pills rather than injections or implants). The study argues that these findings are important because they show how we can work to increase access to PrEP for trans people. This can help decrease HIV rates among trans people, and increase their quality of care.