

EARLY STAGE INVESTIGATOR ABSTRACT

Early stage investigators (ESIs) who have been nominated by their CFARs are asked to submit an abstract using the below form (maximum 350 words in 11-point font). From these, four early stage investigators will be invited to give oral presentations during the following sessions at the Scientific Symposium: *HIV Cure Research*, *The Urban Epidemic*, *Health Inequities* and *Aging and Co-Morbidities*. The other ESIs will be invited to present posters at the CFAR Leadership Dinner. If you have any questions, please contact Patti Simon, DC CFAR Administrative Director, at psimon@gwu.edu.

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Background: Pre-Exposure Prophylaxis (PrEP) has been tested in multiple studies, and when used consistently, significantly decreases HIV infection rates. Several studies have found PrEP to be efficacious in preventing the transmission of HIV, and this is particularly relevant to young Black MSM where one in two individuals are estimated to develop HIV in their lifetime. Yet, while there is evidence for the efficacy of PrEP, there are potential issues with its effectiveness that have likely contributed to poor uptake. Thus, our aim was to uncover current, evidence-based training protocols towards the end of improving PrEP effectiveness and uptake.

Methods: As a part of a NIH/HRSA academic units grant our team conducted a systematic review of articles retrieved from four databases. We utilized search terms including: pre-exposure prophylaxis, medical education, homosexuality, transgender, men that have sex with men, MSM, and bisexual. After reviewing the titles and abstracts to determine relevance to the research question, and eliminate duplicates, we realized there were no empirical articles evaluating PrEP training protocols, leading us to revise our approach, focusing on physician practices and attitudes regarding PrEP delivery. We found a total of 1470 articles and reduced these to 20 after title and abstract review. The remaining articles' full text were reviewed.

Results: All the studies at this stage were either qualitative or cross-sectional studies, and as such we used the COREQ and the STROBE checklist to determine study quality reducing the number of articles from 20 to 9 based on study rigor. We identified themes regarding clarity of prescribing guidelines, lack of clarity regarding the appropriate PrEP delivery venue, and physician concerns regarding patient behavior.

Conclusions: We describe potential best practices in PrEP delivery and describe a proposed curriculum to be delivered in medical schools. We arrange our recommendations using the PrEP cascade as an organizing principal, and link these findings to AAMC standards as well as the structure and methods employed in medical education to streamline implementation in schools of medicine.