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## The UK PROUD PrEP Pilot study: a baseline analysis

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**Background:** The public health benefit of pre-exposure prophylaxis (PrEP) will depend on effective targeting. In the UK, delivery of free PrEP through the open access NHS sexual health clinic network is being evaluated through the PROUD pilot study.

**Methods:** In PROUD, eligible HIV negative gay and other men who have sex with men (MSM), aged 18 or above, who report condomless anal sex in the past 90 days, are randomized to receive Truvada as PrEP immediately or after 12 months in 13 sexual health clinics in England. Data on demographics, sexual behavior and STIs are collected at enrolment.

**Results:** By 30Jan14, 438 participants had enrolled; baseline data were available on 381. The median age was 36 (IQR 30-42). The majority (80%) were of white ethnicity. 59% were educated at university degree level or above. 73% were in full-time and 10% in part-time employment, 8% were unemployed, 9% other or no answer. 47% of participants reported being in an ongoing relationship and 32% were living with a partner. In the 90 days before enrolment, the median number of total anal sex partners was 10 (IQR 5-20), and the median condomless receptive and insertive anal sex partners were 2 (IQR 1-5) and 3 (IQR 1-7) respectively. 39% used post-exposure prophylaxis (PEPSE) in the past 12 months, 17% more than once. Participants had a median of 3 HIV tests in the previous year. Of those answering the STI questions, rectal Gonorrhoea was reported by 25%, rectal Chlamydia by 22% and syphilis by 10% in the past year. Of those tested at baseline, 4% were infected with rectal Gonorrhoea, 4% with Chlamydia, and 4% with syphilis.

**Conclusions:** The study is recruiting highly-educated MSM at high-risk of HIV infection according to the number of condomless sex partners, higher rates of STIs and PEPSE use reported compared to the general MSM population who attend sexual health clinics in England (<http://www.hpa.org.uk/stiannualdatatables>). This makes the planned main PROUD trial highly relevant for public health policy as high-risk MSM would be the most appropriate candidates for PrEP if the trial demonstrates it to be an effective intervention.