



PURPOSE

Prevention with PURPOSE



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Experiences With Twice-Yearly Lenacapavir for PrEP in the PURPOSE 1 Open-Label Extension Phase

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Acknowledgments and Presenter Disclosures

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Disclosures

- Thandeka Nkosi has no relevant financial relationships to disclose
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Summary

What is your main question?

- What were the experiences of using SC LEN during daily life among adolescent girls and young women in the PURPOSE 1 open-label extension phase?

What did you find?

- Twice-yearly LEN injections were the preferred PrEP option versus daily oral PrEP due to SC LEN's demonstrated high efficacy, convenience, and alignment with the active lifestyles of adolescent girls and young women

Why is it important?

- The attitudes and experiences described by participants during this study may be informative for future LEN implementation efforts

Approximately 95% of PURPOSE 1 Participants Chose to Continue or Switch to LEN in the Open-Label Extension (OLE) Phase¹



After PURPOSE 1 demonstrated robust efficacy of twice-yearly SC LEN in preventing HIV-1 infection among adolescent girls and young women,² they could choose to continue or switch to LEN in the OLE



In-depth interviews conducted during the randomized blinded phase of PURPOSE 1 showed that most participants preferred the convenience and lifestyle fit of twice-yearly SC LEN versus daily oral PrEP³



Building on the randomized blinded phase findings, this study is the first to explore participant-reported reasons behind their choice for LEN during the OLE

In this analysis, we captured the participant voice on the reasons underlying their PrEP administration choice, attitudes, and experiences during the PURPOSE 1 OLE phase

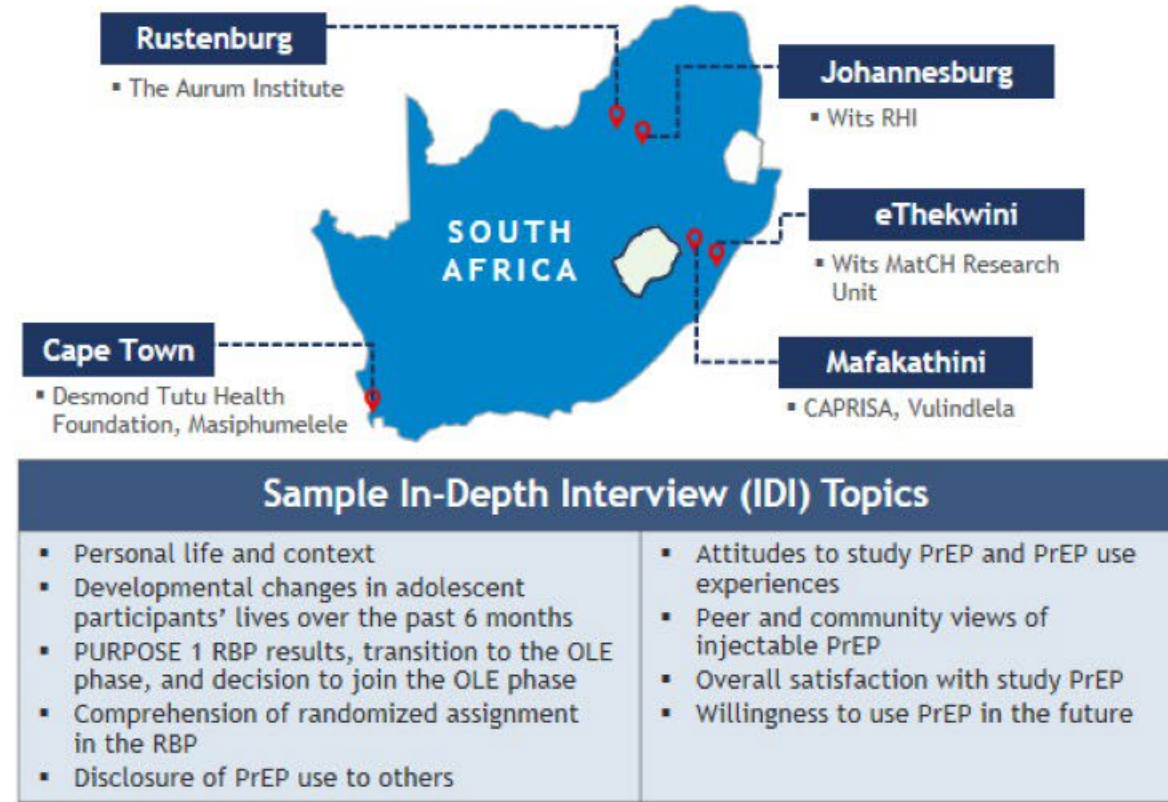
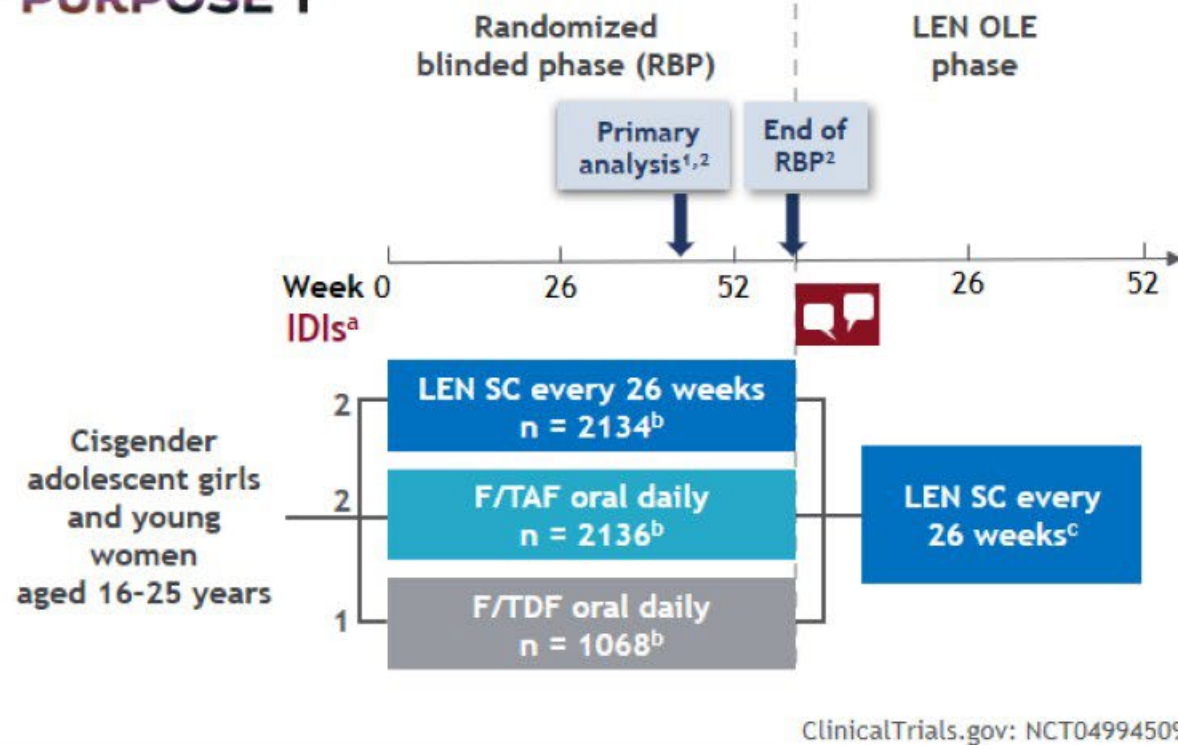
LEN, lenacapavir; OLE, open-label extension; PrEP, pre-exposure prophylaxis; SC, subcutaneous.

1. Aidsmap. <https://www.aidsmap.com/news/jul-2025/lenacapavir-prep-special-cases-young-people-missed-doses-and-drug-interactions> (accessed July 2, 2026); 2. Bekker LG, et al. *N Engl J Med.* 2024;391:1179-92;

3. Montgomery ET, et al. Poster 1234 presented at: CROI; March 9-12, 2025; San Francisco, CA, USA.

Qualitative Sub-Study in OLE Participants

PURPOSE 1



IDs^a were conducted at OLE Day 1 (n = 35) or by OLE Month 3 (n = 50)^d with randomly^e or purposively^f selected participants from five South African PURPOSE 1 study sites

^aIDIs were conducted after participant unblinding at the start of the OLE phase or within ~1-3 months of OLE initiation. Interviews were translated, transcribed, coded, and analyzed thematically. ^bEfficacy population. ^cParticipants who declined open-label LEN were offered up to 78 weeks of open-label F/TDF if they were on blinded LEN in the RBP. ^dOne participant was interviewed twice (once while pregnant and again while breastfeeding), hence the total number of participants interviewed was 84. ^eAged 18-25 years. ^fIf they were aged 16-17 years, acquired HIV, became pregnant, started breastfeeding, or prematurely discontinued the study or study drug. F/TAF, emtricitabine/tenofovir alafenamide; F/TDF, emtricitabine/tenofovir disoproxil fumarate; IDI, in-depth interview; LEN, lenacapavir; OLE, open-label extension; PrEP, pre-exposure prophylaxis; RBP, randomized blinded phase; SC, subcutaneous. 1. Bekker LG, et al. *N Engl J Med*. 2024;391:1179-92. 2. Montgomery ET, et al. Poster 1234 presented at: CROI; March 9-12, 2025; San Francisco, CA, USA.

Participants in this Sample Were Representative of the Broader PURPOSE 1 South Africa Cohort

	Participants who were interviewed at five South African sites (n = 84)	Participants at the five South African sites who were not interviewed (n = 855)	PURPOSE 1 participants in South Africa who were not interviewed (n = 3569)
Age, years, median (range)	20 (16-25)	21 (16-26)	21 (16-25)
Highest education level, n (%)			
Did not attend primary school	0 (0)	0 (0)	6 (0.2)
Primary school	3 (3.6) ^a	21 (2.5) ^a	73 (2.0) ^a
Secondary school	73 (86.9) ^a	736 (86.1) ^a	3103 (86.9) ^a
Some college or university degree	8 (9.5)	98 (11.5)	381 (10.7)
Never married, n (%)	83 (98.8)	854 (99.9)	3557 (99.8)
Living with husband/partner, n (%)	1 (1.2)	45 (5.3)	202 (5.7)
Any STI, n (%) ^b	25 (29.8)	303 (35.4)	1192 (33.4)
Any previous PrEP use, n (%)	11 (13.1)	106 (12.4)	202 (5.7)

Participants were young, mostly secondary-school educated, nearly all never married, and had high rates of STIs at baseline

^aSum of "some primary (or secondary) school education" and "primary (or secondary) school complete" responses.

^bLaboratory results based on central laboratory or local laboratories for gonorrhea, chlamydia, and trichomonas vaginalis, and local laboratories only for syphilis.
STI, sexually transmitted infection.

Twice-Yearly LEN Was Highly Favored for Convenience and Lifestyle Fit

“The **injection fits into my lifestyle** because ... I forget [to take the PrEP pills] a lot ... [so] I think that the injection is the best way”

“... if you are busy [or moving around], you won't have [to] stress that you need to go back home, or you must keep the pills here... So, **you become stress free** because you know you got the injection for 6 months. So, you're sorted”

“It is **very easy** for me.... I am happy and relieved because... **injection is my priority, and it is good**”



“...most people at my age are partying... [and] will **forget [to take the PrEP pill]** anyway [so] it is **better with the injection**”



Participants highlighted the long-acting **protection and practicality** of LEN, noting that it **integrated smoothly into their routines**



Participants described LEN as **dependable, discreet, and trustworthy**



The high efficacy of LEN **strengthened participants' confidence** in its use

LEN offered discreet, continuous protection and aligned with participants' active lifestyles

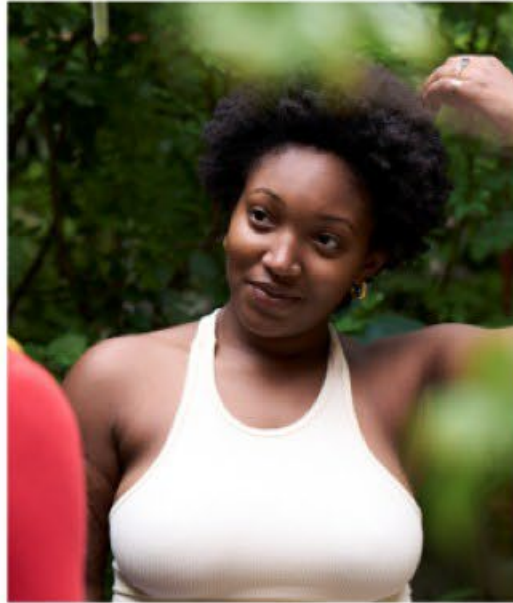
Protection Provided By Twice-Yearly LEN Injections Outweighed Concerns about Injections

“*I was in pain while I was receiving the injection but now it's **better because they have introduced the ice pack***”

“*At the **beginning** it was very painful, it was burning inside ... **now [getting the injection] is better**, or we are used to it now. **It is not the same as before***”

“*[People] might be scared to get injected on the stomach. You can **[avoid that] by injecting it on the bum or the [arm]***”

“*The nurses always call us to check how we are doing ... and **[if] the side effects are affecting [us]**.*”



Injection-site reactions were **common but generally short-lived** and viewed as an **acceptable trade-off** for long-acting protection



Pain mitigation measures like **ice packs** and **analgesics** helped to **alleviate** post-injection discomfort



Some expressed a **preference for more familiar anatomic injection sites** (thigh, upper arm, or upper buttocks) offered during the OLE¹



Clinic staff provided **adherence support** such as follow-up calls and reassurance regarding side effects

Subsequent LEN injections were less painful and the use of pain-management measures improved the injection experience

Participants Felt Empowered to Make Autonomous Decisions About Choosing LEN and Disclosing its Use

“It was *my decision to make alone*, [...] I told him [...] I am now getting the PrEP injection from [site name] and he said “wow”, and I said “yes”

“I didn’t discuss with anyone, *it was my choice because it is for my safety*”

“He [partner] doesn’t have a problem. *He supports me.*”

“Yes, *I told my mom...She was fine as long I continue taking PrEP*”



“[Talking about partner’s feelings regarding participant’s decision to use LEN] Wow, I don’t know, and I don’t care. [laughs] *I am doing it for myself*”



Participants who chose LEN emphasized **autonomy** and **personal choice**



Participants **received encouragement** from partners and support from family members

Most participants made the choice to continue open-label LEN independently; others received and valued support from partners or family members

Participant Views on Future LEN Use Varied Based on Relationship Status and Life Circumstances

“
...when I am married, I will have less stress about getting HIV. At least it is a life partner. Maybe I might just [stop taking PrEP]
”

“
He [partner] ... even asks me how the injection works, and I tell him. [...] He says that if it can be available at the clinics he can take it too
”

“
Oh no, I would continue to take... the injection, because even when we are married, it's the same. ... It doesn't mean that now that we will be married, my husband will only have eyes for me alone
”



Participants shared varied attitudes about using LEN in the future, depending on their relationship status and life stage



Participants had differing attitudes toward LEN use after marriage due to differing perceptions of HIV risk during marriage

Interest in future LEN use varied by life stage,
with most participants expecting consistent interest while dating

Conclusions



In the context of known efficacy in the OLE phase of PURPOSE 1, twice-yearly SC LEN was widely appreciated for its **long-acting protection** and **convenience** compared with daily oral PrEP



Receiving protection from twice-yearly LEN **outweighed concerns** about injections



Participants who chose SC LEN described it as easy, long-acting, and practical, **fitting smoothly into daily life**

Twice-yearly SC LEN was the preferred PrEP option due to its demonstrated high efficacy, convenience, and alignment with the active lifestyles of adolescent girls and young women

A Growing PURPOSE Portfolio



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PURPOSE 1: NCT04994509; PURPOSE 2: NCT04925752; PURPOSE 3: NCT06101329; PURPOSE 4: NCT06101342; PURPOSE 5: NCT06513312; PURPOSE 365: NCT07047716.

LEN, lenacapavir; PrEP, pre-exposure prophylaxis.

PURPOSE studies. <https://www.purposestudies.com> (accessed July 24, 2026).

QR Code

To download this presentation, the infographic summary, other Gilead lenacapavir for PrEP presentations, and consult Gilead access strategy for lenacapavir for PrEP in low- and middle-income countries, scan the QR code^a

