Estradiol and spironolactone plasma pharmacokinetics among Brazilian transgender women using HIV pre-exposure prophylaxis: analysis of potential interactions

Journal: *Clinical Pharmacokinetics*

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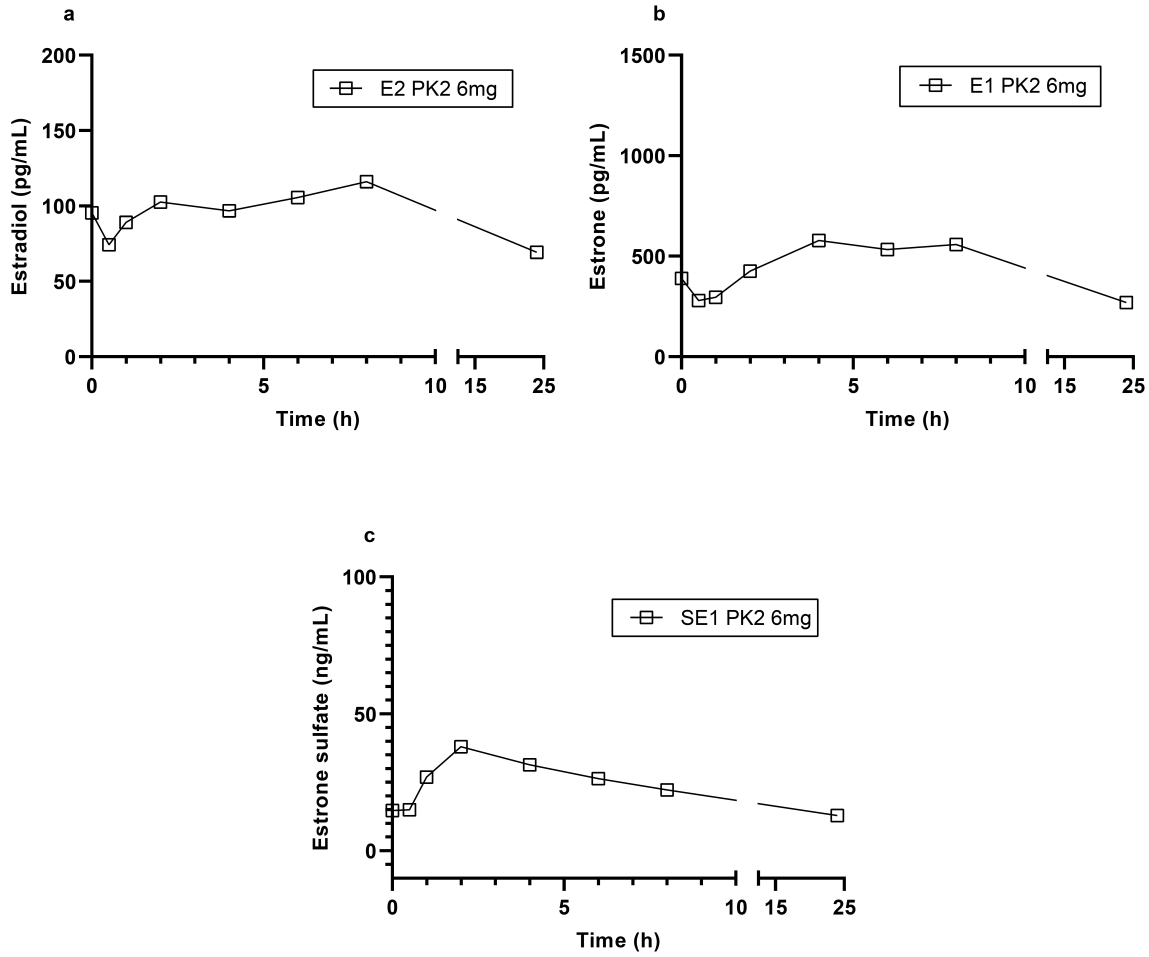
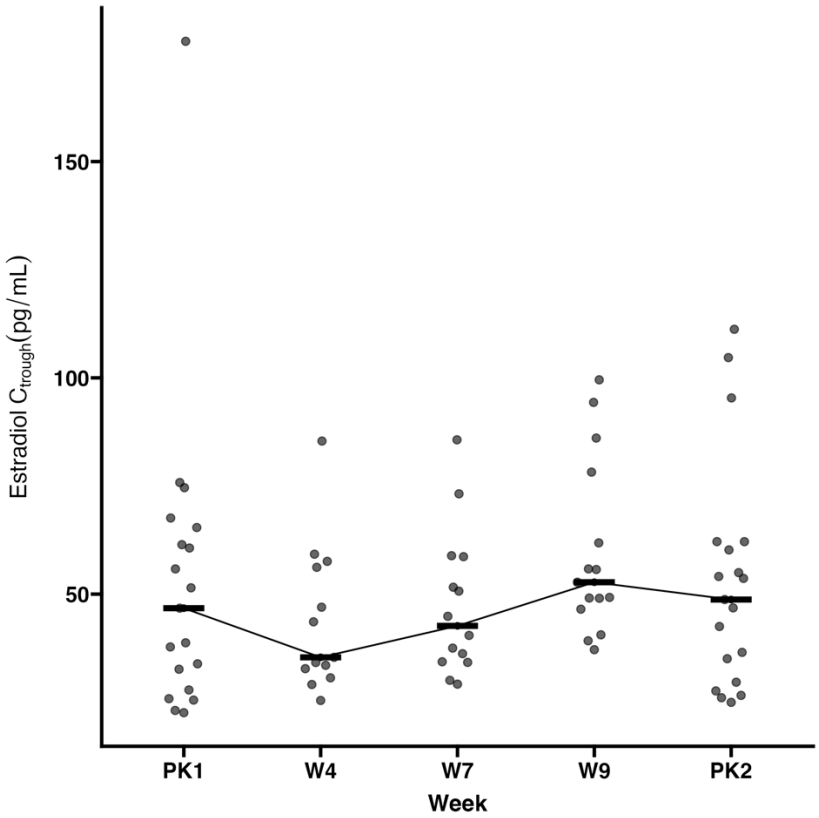


Suppl Fig.1 Plasma estradiol, estrone and estrone sulfate concentration over 24 hours in the transgender women study participant on 6 mg of estradiol valerate at PK2. Plasma estradiol (a), estrone (b), and estrone sulfate (c concentration versus time curves (sample times: pre-dose and 0.5, 1, 2, 4, 6, 8, and 24 hours) are shown for the 6mg dose at PK2 (n=1). E2: estradiol; E1: estrone; SE1: estrone sulfate; FHT: feminizing hormone therapy; PK: pharmacokinetics; PK2: second PK evaluation, participants on FHT plus PrEP (TDF/FTC)



Suppl Fig.2 Estradiol C_{trough} among study participants after feminizing hormone therapy initiation. No differences were observed in estradiol C_{trough} throughout the study time (study week) of PrEP use (p-value=0.54). FHT: feminizing hormone therapy; PK: pharmacokinetics; PK1: first PK evaluation (n=19), participants on FHT only (enrollment) and TDF/FTC initiated by the end of the PK1 visit; W4: week 4, participants on FHT plus PrEP (TDF/FTC) (n=13); W7: week 7, participants FHT plus PrEP (TDF/FTC) (n=14); W9: week 9, participants on FHT plus PrEP (TDF/FTC) (n=15); PK2: second PK evaluation, participants on FHT plus PrEP (TDF/FTC) (n=19)