demographic, behavioral, social, and clinical characteristics and outcomes.

Results Of the 50 participants, 25 were TW, 6 TM and 19 MSM. ~75% were African American, ~10% white and ~5% Hispanic/Latino; average age 24.18. Results to date shows 27% adherence and 55% persistence. Taking hormones at baseline was inversely related to PrEP persistence. Relative Risk=0.67 (0.39–1.15) p=0.14. The trend is similar for adherence, RR=0.65 (0.20–2.1), p=0.48.

Conclusion Combining gender affirming hormones and PrEP in community spaces for LGBTQ youth is a novel approach to engage a traditionally hard-to-reach population. While initial data shows low PrEP outcomes, the relatively high number of patients remaining in care (84%) demonstrates an opportunity to improve adherence and clinical outcomes. We observed that integrating hormone therapy with PrEP administration did not positively impact outcomes, suggesting that other factors (e.g. homelessness, trauma) are important. These findings indicate the need to develop interventions designed to address these factors while continuing to integrate PrEP with gender affirming services.

Disclosure No significant relationships.