

Supplement 1. Bias assessment for included studies using JBI-MASTARI instruments (n=10).													
Study Title	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13
Adherence to Pre-exposure Prophylaxis in Black Men Who Have Sex with Men and Transgender Women in a Community Setting in Harlem, NY	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
A Pragmatic Randomized Controlled Trial to Increase PrEP Uptake for HIV Prevention: 55 Week Results From PrEP Chicago	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
A Randomized Controlled Pilot Study of a Culturally-Tailored Counseling Intervention to Increase Uptake of HIV Pre-exposure Prophylaxis Among Young BSMM in DC	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Embedding a Linkage to Preexposure Prophylaxis Care Intervention in Social Network Strategy and Partner Notification Services: Results from a Pilot RCT	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Sex, PrEP, and Stigma: Experiences with HIV Pre-exposure Prophylaxis Among New York City MSM Participating in the HPTN 067/ADAPT Study	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Small Randomized Controlled Trial of the New Passport to Wellness HIV Prevention Intervention for Black Men Who Have Sex with Men (BMSM)	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Integrated Next Step Counseling (iNSC) for Sexual Health and PrEP Use Among Young Men Who Have Sex with Men: Implementation and Observations from ATN110/113	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y
Study Title	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9				
Social network intervention to increase pre-exposure prophylaxis (PrEP) awareness, interest, and use among African American men who have sex with men	Y	Y	Y	Y	N	Y	Y	Y	Y				
Predictors of PrEP Uptake Among Patients with Equivalent Access	Y	Y	Y	N	Y	Y	Y	Y	Y				
Pre-exposure prophylaxis initiation and adherence among Black men who have sex with men (MSM) in three US cities: results from the HPTN 073 study	Y	Y	Y	N	N	Y	Y	Y	Y				
Integrated Next Step Counseling (iNSC) for Sexual Health and PrEP Use Among Young Men Who Have Sex with Men: Implementation and Observations from ATN110/113	Y	Y	Y	N	N	Y	Y	Y	Y				
R1: Was true randomization used for assignment of participants to treatment groups? R2: Was allocation to treatment groups concealed? R3: Were treatment groups similar at the baseline? R4: Were participants blind to treatment assignment? R5: Were those delivering treatment blind to treatment assignment? R6: Were outcomes assessors blind to treatment assignment? R7: Were treatment groups treated identically other than the intervention of interest? R8: Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed? R9: Were participants analyzed in the groups to which they were randomized? Q1: Is it clear in the study what is the ‘cause’ and what is the ‘effect’ (i.e. there is no confusion about which variable comes first)? Q2: Were the participants included in any comparisons similar? Q3: Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest? Q4: Was there a control group? Q5: Were there multiple measurements of the outcome both pre and post the intervention/exposure? Q6: Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed? R10/Q7: Were outcomes measured in the same way between groups/timepoints? R11/Q8: Were outcomes measured in a reliable way? R12/Q9: Was appropriate statistical analysis used? R13: Was the trial design appropriate, and any deviations from the standard RCT design (randomization, parallel groups) accounted for in the conduct and analysis of the trial?													