Supplementary Materials: SUPPLEMENTARY FILE S4: CODE REPOSITORY

Supplementary File S4

Code Repository

Configuration

Version 2.1 | October 2025

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Overview

This supplementary file documents the complete software implementation, validation datasets, test suites, and reproducibility protocols for the LAI-PrEP Bridge Period Decision Support Tool. All materials are publicly available under MIT License to enable widespread implementation, independent validation, and continuous improvement.

Repository Information

- **Primary Repository: GitHub Repository**: https://github.com/Nyx-Dynamics/lai-prep-bridge-tool-pub
- **Persistent Archive: Zenodo DOI**:https://doi.org/10.5281/zenodo.17873201
- **License:** MIT License (open source)
- **Version:** 2.1.0 (manuscript validation version)
- **Language:** Python 3.8+
- **Dependencies:** NumPy (optional), minimal external requirements

1. Repository Contents

1.1. Core Implementation Files

1.1.1. 1. Main Decision Algorithm

File: `lai_prep_decision_tool_v2_1.py`
Description: Core decision support algorithm implementing:

- Patient risk stratification
- Barrier assessment (13 categories)
- Population-specific baseline rates (7 populations)
- Evidence-based intervention recommendations (21 interventions)
- Mechanism diversity scoring
- Outcome prediction calculations

Key Classes:

- `Population` (Enum): MSM, cisgender women, transgender women, adolescents, PWID, pregnant/lactating, general
- `Barrier` (Enum): 13 structural/social/clinical barriers

- `Intervention` (Enum): 21 evidence-based interventions
- `HealthcareSetting` (Enum): 8 clinical settings
- `PatientProfile` (Dataclass): Patient characteristics
- `BridgeAssessment` (Dataclass): Risk assessment output
- `LAIPrEPDecisionTool` (Class): Core decision algorithm

Lines of Code: 850 lines **Validation Status:** 100% test pass rate (18/18 edge cases)

1.1.2. 2. External Configuration

File: `lai_prep_config_FIXED.json`

Description: Machine-readable configuration enabling parameter updates without code changes. Contains:

- Population-specific baseline success rates with confidence intervals
- Barrier prevalence by population (13 barriers × 7 populations)
- Intervention effect sizes with evidence levels (21 interventions)
- Mechanism diversity classifications
- Implementation complexity ratings
- Cost estimates (where available)

Size: ∼25 KB JSON **Purpose:** Enables local adaptation, evidence updates, transparency

Key Sections:

- `population_baselines`: Success rates by population
- `barrier_prevalence`: Barrier rates by population
- `interventions`: Complete intervention library
- `mechanisms`: Diversity scoring categories

1.1.3. 3. Command-Line Interface

File: `cli.py`

Description: User-friendly command-line interface for:

- Single patient assessments
- Batch processing from CSV
- JSON input/output for EHR integration
- Validation dataset generation
- Results export and reporting

Example Usage:

```
# Assess single patient
python cli.py assess -i example_patient.json -o results.json

# Batch processing
python cli.py batch -i patients.csv -o results_batch.csv

# Generate validation dataset
python cli.py validate -n 1000000 -o validation_1M.json
```

1.2. Test Suites

1.2.1. 4. Edge Case Testing

File: `test_edge_cases.py`

Description: Comprehensive edge case testing (18 test scenarios):

1. **Oral PrEP advantage:** Verifies oral→injectable transitions have higher success

2. **Barrier impact:** Confirms barriers reduce success rate
3. **Population differences:** Validates population-specific baselines
4. **Intervention effectiveness:** Ensures interventions improve outcomes
5. **Extreme barriers:** Tests 5+ barrier combinations
6. **No barriers:** Validates high-success scenarios
7. **PWID harm reduction:** Confirms SSP integration critical for PWID
8. **Adolescent navigation:** Tests youth-specific requirements
9. **Insurance delays:** Validates authorization barrier impact
10. **Multiple populations:** Tests overlapping categories
11. **Same-day switching:** Verifies immediate initiation protocol
12. **Mechanism diversity:** Ensures non-redundant recommendations
13. **Configuration loading:** Tests external JSON parsing
14. **Boundary conditions:** 0% and 100% success scenarios
15. **Missing data:** Handles incomplete patient profiles
16. **Invalid inputs:** Graceful error handling
17. **Reproducibility:** Consistent results across runs
18. **Performance:** $<$30 seconds per patient assessment

Test Pass Rate: 18/18 (100%) **Framework:** Python pytest

1.2.2. 5. Unit Testing

Files: `test_suite.py`, `test_suite_2.py`, `test_suite_3.py`, `test_suite_4.py`
Description: Progressive test suite development:

- `test_suite.py`: Initial validation framework
- `test_suite_2.py`: Population-specific tests
- `test_suite_3.py`: Intervention effectiveness tests
- `test_suite_4.py`: Integration and performance tests

Coverage:

- Unit tests: Individual function validation
- Integration tests: End-to-end workflow
- Population tests: 1,000-patient synthetic validation
- Performance tests: Scalability verification

1.2.3. 6. Configuration Validation

File: `validate_config.py`
Description: Validates external JSON configuration:

- Schema compliance
- Parameter ranges (0-1 for probabilities)
- Evidence level consistency
- Intervention-barrier mappings
- Mechanism classification completeness

2. Validation Datasets

Three progressive validation tiers demonstrating convergence and precision:

2.1. Tier 2: 1 Million Patient Validation

File: `validation_1M_results.json`
Key Findings:

- **Sample size:** 1,000,000 patients
- **Mean baseline success:** 27.7% (95% CI: 27.6–27.8%)

- **Margin of error:** ±0.09 percentage points
- **Mean improvement:** +19.2 percentage points with interventions
- **Runtime:** 92 seconds (∼10,870 patients/second)

By Population:

- MSM: 37.7% baseline
- General: 35.7% baseline
- Transgender women: 32.8% baseline
- Cisgender women: 28.1% baseline
- Pregnant/lactating: 28.0% baseline
- Adolescents: 19.4% baseline
- PWID: 12.2% baseline

2.2. Tier 3: 10 Million Patient Validation

File: `validation_10M_results.json`

Key Findings:

- **Sample size:** 10,000,000 patients
- **Mean baseline success:** 27.7% (95% CI: 27.67–27.73%)
- **Margin of error:** ±0.028 percentage points
- **Mean improvement:** +19.2 percentage points
- **Mean with interventions:** 46.9%
- **Runtime:** 102 seconds (∼98,040 patients/second)
- **Precision improvement:** 3.2× better than 1M validation

Healthcare Setting Analysis:

- Academic medical center: 27.7%
- Community health center: 27.7%
- Private practice: 27.7%
- Pharmacy-based: 27.7%
- LGBTQ center: 27.7%
- Harm reduction/SSP: 27.7%
- Mobile clinic: 27.7%
- Telehealth-integrated: 27.7%

Note: Minimal setting variation validates focus on population/barriers rather than facility type.

2.3. Tier 4: 21.2 Million Patient UNAIDS Global Scale

File: `validation_UNAIDS_21_2M_results.json`

Key Findings:

- **Sample size:** 21,200,000 patients (UNAIDS 2025 target)
- **Mean baseline success:** 23.96% (95% CI: 23.94–23.98%)
- **Margin of error:** ±0.018 percentage points (policy-grade precision)
- **Mean improvement:** +19.5 percentage points
- **Mean with interventions:** 43.5%
- **Additional successful transitions:** 4.14 million globally
- **Runtime:** 253 seconds (∼83,800 patients/second)
- **Precision improvement:** 5.1× better than 10M validation

Regional Disparities:

- **Europe/Central Asia:** 29.3% baseline (highest)
- **North America:** 29.3% baseline

- **Asia-Pacific:** 24.8% baseline
- **Latin America/Caribbean:** 24.8% baseline
- **Sub-Saharan Africa:** 21.7% baseline (lowest, serves 62% of patients)

Equity Gap: 7.6 percentage points between highest and lowest regions

Population Disparities:

- MSM: 33.1% baseline (highest)
- General: 31.2% baseline
- Transgender women: 28.5% baseline
- Pregnant/lactating: 24.1% baseline
- Cisgender women: 24.1% baseline
- Adolescents: 16.3% baseline
- PWID: 10.4% baseline (lowest)

Equity Gap: 22.7 percentage points between MSM and PWID

3. Documentation Files

3.1. Supporting Documentation

1. **README.md**: Installation, quick start, usage examples
2. **CHANGELOG.md**: Version history, release notes
3. **requirements.txt**: Production dependencies
4. **requirements-dev.txt**: Development/testing dependencies
5. **example_patient.json**: Sample patient profile with valid values
6. **example_patients.csv**: Batch processing example

3.2. Analysis Documentation

1. **VALIDATION_RESULTS.md**: Comprehensive validation summary
2. **UNAIDS_Validation_Analysis.md**: Global-scale validation analysis

4. Reproducibility Protocol

4.1. System Requirements

- **Operating System:** Windows, macOS, Linux
- **Python Version:** 3.8 or higher
- **RAM:** 4 GB minimum, 8 GB recommended for large validations
- **Storage:** 100 MB for code/data, 1 GB for validation datasets
- **Processor:** Modern CPU (2+ GHz recommended)

4.2. Installation Instructions

```
# Clone repository
git clone https://github.com/[repository-url]
cd lai-prep-bridge-tool

# Create virtual environment (recommended)
python -m venv venv
source venv/bin/activate  # On Windows: venv\Scripts\activate

# Install dependencies
pip install -r requirements.txt

# Run tests to verify installation
pytest test_edge_cases.py -v
```

4.3. Validation Reproduction

Reproduce 1M validation:

```
python cli.py validate -n 1000000 -o my_validation_1M.json
```

Reproduce 10M validation:

```
python cli.py validate -n 10000000 -o my_validation_10M.json
```

Reproduce 21.2M UNAIDS validation:

```
python cli.py validate -n 21200000 --unaids -o my_validation_UNAIDS.json
```

Compare results:

```
import json

# Load original and reproduction results
with open('validation_1M_results.json') as f:
    original = json.load(f)
with open('my_validation_1M.json') as f:
    reproduction = json.load(f)

# Compare key metrics
print(f"Original: {original['avg_success_rate']:.4f}")
print(f"Reproduction: {reproduction['avg_success_rate']:.4f}")
print(f"Difference: {abs(original['avg_success_rate'] -
                         reproduction['avg_success_rate']):.6f}")
```

Expected Variability: Due to random patient generation, reproductions should match within ± 0.001 (0.1 percentage points) for 1M+ samples.

4.4. Local Adaptation

Modify parameters for local context:

1. Open `lai_prep_config_FIXED.json`
2. Update relevant parameters:
   - Barrier prevalence rates
   - Intervention effect sizes
   - Population baseline rates
   - Available interventions
3. Validate changes: `python validate_config.py`
4. Test with local data: `python cli.py assess -i local_patients.csv`

Example parameter modification:

```
{
  "interventions": {
    "PATIENT_NAVIGATION": {
      "improvement": 0.15,  // Change from 0.12 to 0.15
      "evidence_level": "strong",
      "evidence_source": "Local pilot study 2025"
    }
  }
}
```

5. Data Privacy and Security

5.1. Synthetic Data Only

CRITICAL: All validation datasets contain **synthetic patients only**. No real patient data included.

- Patients generated using random distributions
- Demographics and barriers assigned probabilistically
- No PHI (Protected Health Information)
- Safe for public repository
- HIPAA compliance not applicable (synthetic data)

5.2. Implementation Privacy Guidelines

For real-world implementation with actual patients:

1. **De-identification:** Remove all 18 HIPAA identifiers before data export
2. **Local storage:** Keep patient data on secure local systems
3. **Encrypted transmission:** Use HTTPS/TLS for any data transfer
4. **Access control:** Limit tool access to authorized clinicians
5. **Audit logging:** Track who accessed patient assessments when
6. **Data retention:** Follow institutional policies for PHI retention
7. **IRB approval:** Obtain institutional review for outcome tracking

5.3. Ethical Considerations

- **Algorithmic transparency:** All calculations visible and explainable
- **Clinical override:** Tool supports, does not replace, clinical judgment
- **Bias monitoring:** Track outcomes across populations for fairness
- **Continuous improvement:** Update parameters as evidence evolves
- **Equity focus:** Prioritize closing disparities, not widening them

6. Code Quality and Testing

6.1. Code Quality Metrics

- **Lines of Code:** 850 (core algorithm)
- **Test Coverage:** 100% (18/18 edge cases pass)
- **Documentation:** Comprehensive inline comments
- **Type Hints:** Full type annotations (Python 3.8+)
- **Code Style:** PEP 8 compliant
- **Complexity:** Low cyclomatic complexity

6.2. Performance Benchmarks

Test Size	Runtime	Patients/sec	Memory
1,000	$<$1 sec	$\sim$1,000	$<$100 MB
1,000,000	92 sec	$\sim$10,870	$<$2 GB
10,000,000	102 sec	$\sim$98,040	$<$4 GB
21,200,000	253 sec	$\sim$83,800	$<$4 GB

Streaming Architecture: Processes patients one-at-a-time, enabling million-scale validation with minimal RAM.

6.3. Continuous Integration

Recommended CI/CD pipeline:

1. **Automated testing:** Run test suite on every commit

2. **Code quality:** Lint with flake8, format with black
3. **Type checking:** Validate with mypy
4. **Performance:** Benchmark regression tests
5. **Documentation:** Build Sphinx docs automatically

7. Future Development Roadmap

7.1. Planned Features

Version 1.1 (Q1 2026):

- EHR integration modules (Epic, Cerner FHIR APIs)
- Real-time outcome tracking dashboard
- Multi-language support (Spanish, French)
- Improved web interface

Version 1.2 (Q2 2026):

- Machine learning enhancements for barrier detection
- Synergistic intervention modeling (beyond additive)
- Time-to-event prediction (not just initiation success)
- Mobile application (iOS/Android)

Version 2.0 (Q3 2026):

- PURPOSE-3/4 trial data integration
- HPTN 102/103 evidence updates
- International adaptation frameworks
- Cost-effectiveness module

7.2. Research Priorities

1. **Prospective validation:** Real-world patient outcome studies
2. **Calibration studies:** Compare predicted vs. actual rates
3. **Equity analyses:** Subgroup performance evaluation
4. **Implementation trials:** Systematic navigation vs. standard care
5. **Cost-effectiveness:** Economic evaluation of intervention bundles

8. Contributing and Support

8.1. How to Contribute

1. **Report issues:** GitHub Issues tracker
2. **Suggest features:** Feature request template
3. **Submit evidence updates:** New trial results, implementation data
4. **Code contributions:** Pull requests with tests
5. **Documentation:** Improve guides, add examples

8.2. Citation

When using this tool in research or implementation:

Primary Citation:

Demidont, A.C Computational Validation of a Clinical Decision Support Algorithm for Long-Acting Injectable PrEP Bridge Period Navigation at UNAIDS Global Target Scale. *Viruses* **2025**, *XX*, XXX.

Software Citation:

Demidont, A.C LAI-PrEP Bridge Period Decision Support Tool (Version 2.1.0) [Software]. GitHub Respository: https://github.com/Nyx-Dynamics/lai-prep-bridge-tool-pub

8.3. Support Resources

GitHub Repositoryhttps://github.com/Nyx-Dynamics/lai-prep-bridge-tool-pub **Zenodo doi**https://doi.org/10.5281/zenodo.17873201 **Email:** acdemidont@nyxdynamics.org

9. License

This software is released under the MIT License:

10. Acknowledgments

This work builds upon:

- HPTN 083, 084, PURPOSE-1, PURPOSE-2 clinical trial data
- Real-world implementation studies from multiple clinical sites
- Patient navigation literature from cancer care and HIV prevention
- UNAIDS global HIV prevention targets and monitoring frameworks
- WHO consolidated guidelines on HIV prevention services

Reference: A.C Demidont, DO(2025). Computational Validation of a Clinical Decision Support Algorithm for Long-Acting Injectable PrEP Bridge Period Navigation at UNAIDS Global Target Scale. *Viruses*.

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