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Title: HIV pre-exposure prophylaxis use among urban Canadian gay, bisexual and other men who have sex with men: a cross-sectional analysis of the Engage cohort study	
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Reviewers' comments	**Author response**
Reviewer 1: Rufaro Asefa	
1. You mention including trans-men as study participants but there is no mention of the inclusion (or choice to exclude) trans-women. This may have excluded a group of potentially at-risk individuals who may also benefit from PrEP. Can the choice/reason for excluding this group be included in the methods section or conversely can this be added to your study limitations or discussion section?	The Engage Cohort study began as a cross-sectional study as part of Boys and Men's Team Grant from the Institute of Gender and Health, CIHR. The funding program targeted boys and men's health broadly and our team obtained funding to evaluate sexual health outcomes among gay, bisexual and other men who have sex with men. As such, recruitment was limited to participants identifying as men, in this case, either cis or trans- men. We have now noted this as a limitation in the Interpretation section of the manuscript.
2. The study lengths differ in all three cities, but it can be assumed this was due to participant recruitment. Can this be mentioned in more detail in the methods section as a point of clarification.	Yes, study lengths vary across the cities because of differing periods of recruitment. Indeed, the rate of recruitment was greatest in Montreal and took more time in Toronto and Vancouver. The reason is now provided in the methods section.
Reviewer 2: Bruno Spire **Affiliation:** INSERM U912 (SESSTIM), Marseille, France; Université Aix Marseille, IRD, UMR-S912, Marseille, France; ORS PACA, Observatoire Régional de la Santé Provence Alpes Côte d'Azur, Marseille, France MARSEILLE, France, France, sesstim	**Author response**
1) The authors are not considering PrEP on demand or intermittent PreP as an issue to document among MSM. Could this knowledge be associated with different PrEP perceptions?	Yes, the reviewer is correct that overall PrEP use, regardless of whether continuous or demand, was ascertained. Indeed, PrEP-related perceptions could vary based on the dosing regimen. Of the PrEP users across the cities, the majority (greater than 75%) reported using it continuously. This limitation in the consideration of potential correlates of use is now noted in the Interpretation section of the manuscript.

2) What is the justification of using the RDS methodology in this paper? This methodology is interesting for hard-to-reach populations, especially in hostile contexts. Why use it here and not internet-based surveys or community-based organisation networks?	The RDS method was used so as to approximate a reference population for which it a sampling frame is not available/probabilistic sampling is not possible. Yes, it is clearly a very useful sampling approach for 'hidden' or hard-to-reach populations. While this may not fully reflect the experiences of GBM in large Canadian cities, RDS was nonetheless considered of additional benefit by targeting recruitment beyond those men who visit physical venues (e.g., time-location sampling), are connected to community-based organizations, and/or have access to internet. As such the RDS method was considered inclusive and of benefit in securing a diversity of representation. Additional details regarding the utility of RDS methods have been added to the Methods section of the manuscript.
3) Why not investigate MSM who were not eligible for PreP? More specifically, it would have been interesting to determine whether they express any PrEP needs. In some countries, all MSM who ask for PreP are eligible.	We did consider participants who received PrEP and for whom it was not clinically indicated based on the criteria we used. This represented very few of the total group of GBM reporting PrEP use in the past 6 months (n=31 of 350), which limits our capacity to better understand this group.