

## MTN-025 (HOPE) Operational Guidance #1: Used Ring Residual Drug Reports and Counseling

The purpose of this guidance document is to summarize used ring residual drug (RD) testing, reporting and counseling and updates being made to these processes. This guidance document applies to all HOPE staff involved in accessing RD reports or providing counseling regarding RD results to participants. Updates contained within this operational guidance supersede information in the current SSP manual, and will be incorporated into applicable SSP sections the next time the SSP is updated. All Operational Guidance documents must be printed and filed with HOPE essential documents.

**Implementation Date:** Sites will be notified of the implementation date for updated residual drug results and counseling once all translated materials and reports are finalized. Estimated to be mid-February 2017.

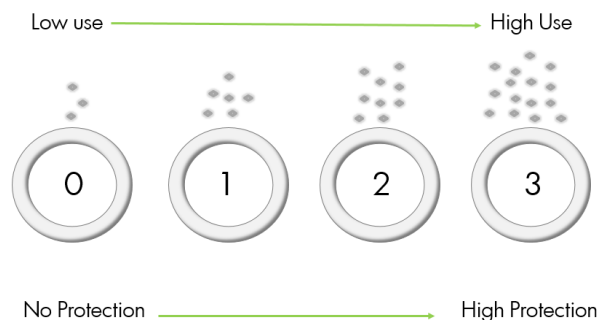
### Residual Drug Testing & Reporting

#### - What does residual drug testing measure?

- All used rings in HOPE are collected from participants. During the quarterly use period, information on the order of ring use, to the best of a participant's ability, is also captured.
- Used rings are sent to a lab in South Africa (called Parexel). Rings are sent for testing soon after collection so that results can be provided back to participants throughout the duration of the study.
- We know that each dapivirine ring contains approximately 25mg of drug when manufactured. Over the duration of use, drug is released from the ring—the more a ring is used, the more drug that is released. The lab tests the used rings for the amount of drug *remaining* in the ring, which is called the residual drug level. Measuring the amount of drug left in the ring allows us to *estimate the amount of drug that was released* and relate this to a participant's level of HIV protection.

#### - How are residual drug results reported to sites?

- Using an algorithm based on ASPIRE data that adjusts for the actual or estimated length of time the participant had access to the ring, the residual drug levels are categorized into groups that represent the participant's estimated HIV protection from the ring. Note that during the quarterly use period or when a participant returns multiple rings at a monthly visit, individual ring data is adjusted based on an assumed duration of 28 days of use.
  - To date, results have been provided in 3 categories: "No Protection", "Unclear Protection", and "Protection"
  - Moving forward, results will be provided in 4 categories represented by a number on a scale: 0, 1, 2, 3; where "0" reflects low use and no HIV protection and "3" reflects high use and high HIV protection



- **Format of RD reports and how results will be issued/accessed:**

- SCHARP will provide residual drug level results to sites in per-participant reports that will include the HOPE PTID and results for any rings that are available at that time. Reports will be updated to include any new RD data throughout the duration of HOPE.
- During the quarterly use period, reports will include results for individual rings as well as an average level of protection for the 3-month period as follows:
  - Ring protection level (0-3) for each individual ring.
  - Ring protection level (0-3) for the quarter.
    - For example:
      - Ring Code 4.0: 3
      - Ring Code 5.0: 2
      - Ring Code 6.0: 3
      - 1st Quarterly Use: 3
- Residual drug data will be posted for sites to retrieve and download on a site-specific secure MTN-025 ATLAS webpage (<https://atlas.scharp.org/cpas/project/MTN/025/Sites/begin.view?>). Reports will be posted as individual PDFs for each PTID. SCHARP will notify sites when the initial reports have been posted to ATLAS. Sites will have the option to sign up for real time notifications when subsequent reports are posted or updated for their participants.
- Reports are accessible to study IoRs and study coordinators. Should additional access be required, sites should request this from SCHARP.
- In order to ensure all currently available RD data is provided to participants during Options counseling, it is recommended that sites check for new RD data in advance of all quarterly visits (Month 3, 6, 9, 12, etc.) as part of preparing the binder for the visit. If results are not available on Atlas within one week of the participant’s anticipated visit, please notify SCHARP.

**NOTE:** Previously issued RD results will be refreshed and categorized using the new groups (0, 1, 2, 3). While it is not necessary to call participants back in to provide these updated results, levels of protection over time should be discussed in future visits using the “Residual Drug Feedback Over Time” worksheet, which tracks the trajectory of results (available on the MTN website and updated to reflect the new reporting categories).

**Residual Drug Counseling**

- **Residual Drug Counseling Schedule:**

- Residual drug counseling occurs as part of the Options Counseling starting at a participant’s Month 3 visit.
- It is anticipated that residual drug results will be available on the schedule in SSP table 12-5:

Counseling Session	Residual Drug Data Available
Month 3	First Month of Use (i.e., ring dispensed at enrollment and collected at Month 1 visit)
Month 6	Rings from Months 2-3
Month 9	Rings from Months 4-6
Month 12 (PUEV)	Rings from Months 7-9

- In the event that results are not available, the visit should proceed as originally scheduled and the participant should be counseled that she will be contacted when this information is available. She should be offered the opportunity to come in and receive her results as part of an interim visit, or to receive during her next scheduled visit depending on her preference.

- In some cases, residual drug data may be available earlier than listed (e.g., rings returned at Months 1 and 2 may sometimes be available by the Month 3 counseling session). All available results at the time of the visit should be provided to participants during their Options counseling session.
- **Updates to Counseling Resources and Tools:**
  - The Options counseling Flipchart has been updated to include new slides about the residual drug results, which reflect the updated categories (0, 1, 2, 3) and interpretation of these results on a scale of low use/no protection to high use/high protection. A slide on interpretation and the purpose of providing RD results has also been added.
  - The Residual Drug Feedback Over Time worksheet has been updated to reflect the 4-category reporting system and should be printed and completed with all available RD results for each participant.
  - The Options Counseling Manual has also been updated to include details and examples of counseling on RD results (pg 20-23, Follow-up Visit Counseling steps 2-4)). *These updates are copied below for ease of reference:*

## 2. Present information on Drug Level Results (DO THIS SECTION STARTING AT MONTH 3 ONLY FOR PARTICIPANTS WHO CHOSE THE RING)

**Goal:** To provide the participant with information about what the Drug Levels mean and how they related to HIV prevention.

**Approach:** The counselor provides clear information about how the Ring releases drug into the system and how the amount of drug released affects the level of protection that the participant receives from HIV infection.

NOTE: The information is provided in a completely neutral manner. Note that the example below speaks in generalities and does *not* say “if you use the Ring...” This is important because it makes it clear to the participant that this is not about her use of the Ring. This information can be reviewed more quickly in subsequent sessions.

**Example:** *Before I share with you the level of protection you are receiving from the Ring, let me explain how this works. Starting at the top we see that usually, with low use of the Ring, little drug is released into the body (counselor points to the purple dots above the Ring on the left) and that results in very little or no protection from HIV (counselor points under the Ring). As we move from left to right, we see that with higher use of the Ring, there is more and more drug released into the body, and down here we see that there is higher and higher protection from HIV. So, when I share with you the results, I will share with you a number, like these 0,1,2, and 3 that will give us an indication of how much drug was released into your body and, more importantly, how much protection you are getting from HIV.*

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*Results of 0 or 3 are pretty clear in terms of protection, 0 is no protection and 3 is high protection. For levels 1 and 2, the level of protection can vary depending on how the Ring was used. For example, if a woman removes the ring during menses, the level on this report will probably drop to a 2. However, she may still have high protection if she ALWAYS used the ring during the remainder of the month and NEVER had sex while the ring was out. So, if the level is 1 or 2, it is very helpful for us to talk about how you used the ring in order to give you a better idea of the level of protection you would receive from the Ring.*

*“What do you think about this?”*

*“What questions do you have about this?”*

### **3. Remind participant about the purpose of sharing the residual drug levels**

**Goal:** To decrease the possibility that the participant will feel confronted or judged by the drug level results.

**Approach:** The counselor highlights the key points included on Page 24 of the flipchart, especially that it is the participant’s choice what to do with this information.

**Example:** *Just one more thing before I share with you your results. Keep a few things in mind. First, these results may not be 100% accurate, since occasionally errors occur. Also, remember that the purpose of sharing these results with you is to give you an idea of the level of protection you received from the Ring during that period of time. Based on the results, you can decide if you want to use the Ring differently so that gives you more protection. But remember, what you decide to do with this information is always your choice.*

**Slide 24**

### **4. Share residual drug level results (DO THIS SECTION BEGINNING AT MONTH 3 ONLY FOR PARTICIPANTS WHO CHOSE THE RING)**

**Goal:** To share with the participant the residual drug results in order to give her a general idea of her level of protection against HIV being provided by the Ring

**Approach:** The counselor proceeds to share the results in a collaborative and neutral manner. **The results should not be presented in a way that it is even slightly confrontational or judgmental.** Then, the counselor asks the participant for her thoughts about the results and what they mean to their HIV prevention potential.

The counselor should carefully listen for the participant’s reaction to the results. If the participant gets defensive, the counselor should remind her that the results are not meant to be confrontational, but helpful to her, and that in this study CHOICE is key, so it is the participant’s choice to use the Ring and whether to use the drug level information provided, that her decision will be respected (see example below).

Lastly, the counselor uses Appendix 1 to mark the level of protection for the Ring discussed. During the study, the counselor will mark the level of protection for each Ring so that the participant can see her progression during the course of the study. Appendix 2 provides a color description of when the drug levels for a specific Ring will be discussed during the study.

**Example:** *Okay, so here is the report from the laboratory and it says that the level of protection you had from the Ring during that period of use was 2 (point to 2 on page).*

*What do you think about this?*

*How do you feel about the level of protection you received from the Ring?*

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*What does this mean for your HIV prevention plan?*

**Example of defensive participant:** *I am sorry, it sounds like these results have bothered you and that was certainly not the intent. As I have mentioned to you during our sessions, this study is really about choice and I fully respect the choices that you make for yourself. If this low level of protection leads you to decide not to use the Ring, I will respect that choice and we can discuss other ways of protecting yourself from HIV. On the other hand, if this low level of protection leads you to decide that you want to figure out how to use the Ring more regularly, I will respect that decision also and we can discuss ways of helping you achieve that. Really, it is your choice.*

*So, how do you feel about the level of protection you received from the Ring?*

### **GUIDANCE FOR MONTH 6 and MONTH 9 DRUG LEVEL DISCUSSION**

Beginning with Month 6, participants will receive results for multiple Rings. On the Month 6 visit, she will receive results for two Rings. In this case, the counselor should provide the level of protection for each individual Ring and use the questions below to explore the participants' reaction to the results.

In Month 9, participants will receive residual drug levels from 3 Rings. Results will be provided individually for each Ring and there will be an overall average level of protection provided for the 3-month period. The counselors should first present the Overall level of protection, then present the level of protection for the individual rings.

**Example:** *For this Month 9 visit, we are going to share with you the results of the level of protection you received from three Rings. First I will share with you the level of protection you had during the entire 3-month period and then the level of protection from each individual Ring.*

*The overall level of protection for the entire 3-month period was 3.*

- *What do you think about this?*
- *How do you feel about the level of protection you received from the Ring during this 3-month period?*

*Now, let me show you the level of protection you got from each Ring. The level of protection was 3 for the Ring you used this month, 2 for the Ring you used this next month, and 3 for the Ring you used this following month.*

- *What do you think about this?*
- *How do you feel about the level of protection you received from the Ring?*
- *(If applicable) What do you think about the different levels of protection across the three months? What might that be due to?*
- *What does this mean for your HIV prevention plan?*