MTN-026 Screening Procedures

SSP Manual References

- Protocol Section 7.2 and Table 7 (Screening Visit)
- Section 4: Informed Consent
- Section 5: Study Procedures
- Section 9: Laboratory Considerations
- Section 10: Counseling Considerations

Screening Considerations

- Conducted to determine participant eligibility
- Administration of Informed Consent must be done before any other procedure
- May only be re-screened a maximum of one time if
 - All screening and enrollment procedures are not completed within 45 days of providing informed consent or if screened out due to IoR/designee discretion (Consultation with the PSRT is required)
- Screening process will be discontinued when ineligibility is determined

Administrative Procedures

Locator Information Collection

Assessment

Informed Consent Administration

Comprehension

PTID Assignment

Demographic Information Collection

Next Visit Scheduling

Eligibility Assessment Reimbursement **Provision**

Counseling Procedures

- HIV Pre-and Post Test
- HIV/STI Risk Reduction
- Protocol Adherence
- Contraceptive Counseling •

Clinical Evaluations

Physical Exam (comprehensive) Pelvic Exam ♀ Rectal Exam Medical History Review Menstrual History Review ♀ **Medication History Review** Referrals/Rx for UTIs/RTIs/STIs

Laboratory Evaluations

Blood

CBC with diff./platelets

Chemistries (ALT/AST/Creatinine)

Syphilis Serology

HIV-1/2 Testing

HSV 1/2 Serology

Hepatitis B Surface Antigen

Hepatitis C Antibody

Coagulation (PT/INR)

Urine

hCG (pregnancy)

NAAT for GC/CT

Dipstick UA*

Urine Culture*

Rectal

HSV 1/2 detection*

NAAT for GC/CT

Vaginal

NAAT for GC/CT

Pap Test*

SCREENING VISIT TOOLS

Informed Consent Coversheet

[Sample] Informed Consent Coversheet for MTN-026

<u>+</u>	
Name or PTID:	
Name of study staff person completing informed consent process/discussion (and this coversheet):	
Date of informed consent process/discussion:	
Start time of informed consent process/discussion:	
Is the participant comfortable/fluent in other language(s) that are used at this CRS for MTN-026?	Yes: (List)
Participant choice of language for the IC process and written ICF:	
Is the participant of legal age to provide independent informed consent for research?	Yes No ⇒ STOP. Participant is not eligible for MTN-026.
Can the participant read?	Yes No ⇒ STOP. Participant is not eligible for MTN-026.
Version number/date of informed consent form used during informed consent process/discussion:	
Were all participant questions answered?	Yes No ⇒ Explain in Notes/Comments. NA (participant had no questions)
Did the participant comprehend all information required to make an informed decision?	Yes No ⇒ Explain in Notes/Comments.
Was the participant given adequate time and	

IC Comprehension Assessment

Question	Answers				
Please describe your	Assess if a gel of	ontaining	g a drug called dapivirine is safe when used rectally		
understanding of the purpose of this study.	To understand h	low the d	lrug in the gel enters and exits the body		
Please tell me about the	Participants will be randomly assigned to use one of two different gels, which				
different groups of	may or may not	contain t	he study drug		
participants in the study.	Neither participa	nts nor s	study staff will know which gel participants are		
	assigned to				
What are you being asked to	Insert a gel ir				
do in this study?	some visits w	No.			
	Have rectal, Provide sam cervical tissu If you are a fe				
		1	If I decide to join this research study, I v		
		Ľ.	in ruecide to join this research study, it		
	and agree to	2	The study will show whether the rectal gel		
	Abstain from		_		
	vaginal) and	_	If the study staff determines that I have an		
	certain times	3	available sources of medical care for those		
What are some possible risks	Pain or disco	1	available sources of friedical care for those		
of being in the study?	exams or blo	\vdash	The purpose of this study is to assess it		
	mention at le Gel may caus	4	,		
	Get may caus	I	dapivirine is safe		

and discomfo

No.	Question	True	False
1	If I decide to join this research study, I will be in the study for about 40 days (6 weeks)		
2	The study will show whether the rectal gel will protect me from getting HIV		
3	If the study staff determines that I have any medical problems, they will treat me or refer me to available sources of medical care for those problems		
4	The purpose of this study is to assess if a gel containing an experimental drug called dapivirine is safe		
5	If I do not agree to specimen storage for future testing, I cannot be in this research study		
6	I may contact the study staff at any time if I have any questions or problems		
7	During clinic visits, I will receive a gel in the rectum 8 times over the course of the study		
8	If I decide not to join this research study, I can still come to the clinic for routine services		
	If I take nart in the research study. I will have physical and rectal exams and testing for HIV and	T	_

Comments

Visit Checklist

	Screening Visit Checklist							
Proce	edures:	Staff Initials	Comments:					
1.	Confirm identity and age per site SOPs. Yes ==> CONTINUE. No ==> STOP. NOT ELIGIBLE. Note: [If female and on menses, reschedule screening visit within the window.]							
2.	Check for co-enrollment in other studies: ☐ NOT enrolled in another study ⇒ CONTINUE. ☐ Enrolled in another study ⇒ STOP. ASSESS ELIGIBILITY. CONSULT PSRT as needed.							
3.	Determine screening attempt (Verify if MTN-026/IPM 038 PTID has previously been assigned) First attempt ==>CONTINUE. Second attempt ==> CONTINUE.							
4.	Explain, conduct, and document the informed consent process for potential participant. Review and provide information booklet to participant. Complete Informed Consent Coversheet and Comprehension Assessment, per site SOP: ☐ Willing and able to provide written informed consent ⇒ CONTINUE. ☐ NOT willing and able to provide written informed consent ⇒ STOP. NOT ELIGIBLE.							
5.	Assign a PTID (if not done during a previous screening attempt). Complete Screening and Enrollment Log and PTID Name Linkage Log.							

ELIGIBILITY ASSESSMENT

Eligibility Determination

- All eligibility criteria are initially assessed at Screening.
- All eligibility criteria are confirmed on the day of Enrollment.
- It is the responsibility of the site Investigator of Record (IoR) and other designated staff to ensure that only participants who meet the study eligibility criteria be enrolled in the study.

Screening Behavioral Eligibility Worksheet

Recommended source document for assessing eligibility criteria which are based on self-report

MTN-026 Screening Behavioral Eligibility Worksheet (Page 1 of 2)

VISIT CODE: <u>1</u>. <u>0</u>
VISIT DATE: ___ _ _ _ _ _ _ _

	To confirm eligibility for the study, ask the participant the following questions and mark responses accordingly.					
	All Participants					
1	If you were to join this research study, are you able and willing to return for all study visits and comply with study participation requirements?	Yes 🗆	No □			
2	If you were to join this research study, are you willing to not take part in other research studies involving drugs, medical devices, genital or rectal products, or vaccines for the duration of study participation?	Yes 🗆	No 🗆			
3	Have you had consensual receptive anal intercourse at least one in the past year?	Yes 🗆	No 🗆			
4	If you were to join this research study, would you be willing to be sexually abstinent for 72 hours prior to each study visit, during the study product use periods and for 72 hours after biopsy collection?	Yes 🗆	No 🗆			
5	If you were to join this research study, would you be willing to abstain from inserting any non-study products into the rectum for 72 hours prior to each study visit, for 72 hours after biopsy collection, and during the study product use periods?	Yes 🗆	No 🗆			

Screening and Enrollment Log

No.	Screening Date DD-MMM-YY	Screening Attempt (1 or 2)	PTID	Date Enrollment window closes DD-MMM-YY	Staff Initials / Date DD-MMM-YY	Enrollment Screen Failure Date Failure Date Codes (not enrolled: NA) (enrolled: NA) DD-MMM-YY DD-MMM-YY DD-MMM-YY		Date (not enrolled: NA)	Failure Codes (enrolled: NA)	S:aff Initials / Date DD-MMM-YY
	List ALL reasons the participant fails screening, especially if there is more than one reason. Codes on the lower part of the log will help abbreviate documentation.									

	Screen Failure Codes									
11	Not 18-45 (inclusive)	110	Unwilling to abstain from use of non-study products	E1iii	WBC grade 2 or higher	E4	PEP within 6 months	E12	Diagnosed RTI/STI/UTI at	
			in rectum (72 hrs)						Enrollment	
12	Not able to provide IC			E1iv	Serum creatinine >1.3x site lab ULN	E5	PrEP within 6 months or anticipated use	E13	Any other condition (IoR/designee)	
13	HIV positive	111	Females: Unsatisfactory Pap, ≥21 years of age	E1v	INR >1.5x site lab ULN	E6	Systemic Immunomodulatory Meds within 6			
14	Inadequate locator info.	112	Females: Unwilling to be abstinent (72hrs/7days)	E1vi	AST or ALT grade 1 or higher		months or anticipated use	E14	Females: Pregnant or Breastfeeding	
15	Noncompliance w/ study	113	Females: Unwilling to abstain from use of non-study	E1vii	Hepatitis C positive	E7	Unprotected sex with known HIV+ partner	E15	Females: Last pregnancy within 90	
	requirements		products in vagina (72hrs/7days)				within 6 months		days	
16	Not in good general health			E1viii	Hepatitis B Surface Antigen positive	E8	IV drug use within 12 months	E16	Females: Had hysterectomy	
17	No history of RAI within past year	114	Females: No contraception	E1ix	History of inflammatory bowel disease	E9	Participation in a study within 45 days	E17	Females: Pelvic finding grade 1 or	
									higher	
18	May participate in other studies	E1i	Hemoglobin grade 1 or higher	E2	Anticipated/use of prohibited medication	E10	Treated for anogenital STI within 3 months			
19	Unwilling to be abstinent (72hrs)	E1ii	Platelet count grade 1 or higher	E3	Known allergy to study product	E11	Diagnosed RTI/STI/UTI at Screening			

Required Documentation for Screen Failures

- Completed ICF
- All source documentation complete up until the time that ineligibility was determined indicating what procedures were or were not completed and/or screen failure reasons and date of ineligibility determination noted.
 - Visit Checklist
 - Eligibility Checklist
 - Chart notes
 - Completed Screening and Enrollment Log
 - Completed Eligibility Criteria CRF with screen failure reason(s) noted
- Necessary referrals on file (as appropriate) and documentation that any clinically significant abnormalities (labs, etc.) were communicated to the participant (even if referral is not necessary)

Trivia

Name at least 3 "visual aids" that may be used during the informed consent discussion?

- Calendar with study visit schedule
- Sample gel applicator
- Gel Use Instructions
- Blood collection tubes
- Study Information Booklet

All screening procedures must take place within how many days before Enrollment?

- 1. 15
- 2. 30
- 3. 45
- 4. 56

Schedule Next Visit Considerations

Negotiate visit date with participant keeping in mind:

- 45-day screening and enrollment period
- Time required to receive lab test results
- Current genital symptoms / time to resolution following treatment

How long are participants required to abstain from receptive sexual activity?

- a) 5 days prior to enrollment and throughout study participation
- b) 24 hours prior to each study visit and during study product use periods
- c) 72 hours prior to each study visit, during the study product use period and 72 hours after biopsy collection

What is the timeframe in which a participant cannot participate in any other research study prior to Enrollment?

- 1. 90 days
- 2. 60 days
- 3. 45 days

Name 2 products that are prohibited?

- Hormone replacement therapy
- Anticoagulants

Questions? Comments?