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## MTN-003 Data Communiqué #2

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December 16, 2009

This communiqué is official study documentation for MTN-003. It is considered part of the MTN-003 Study-Specific Procedures (SSP) Manual. Please circulate this communiqué among relevant staff for their review, and print and file a copy in Section 15 of each MTN-003 SSP Manual maintained at your site.

### UPDATES

#### 1. Audio Computer Assisted Self Interview (ACASI) Questionnaire Completion for Participants Unable to Correctly Use ACASI

If a participant is willing to use ACASI but cannot because she lacks numerical literacy or is otherwise unable to correctly use ACASI after several attempts with the practice questions, do not have her complete the ACASI Enrollment Questionnaire. Document in the participant's chart notes that she is unable to complete the questionnaire, and specify the reason(s). On the Enrollment CRF, mark the "no" box for item 4 and record the reason the questionnaire was not completed on the Comments line. At the participant's first quarterly visit, attempt once more with the practice questions to teach the participant how to use ACASI. If she is still unable to use ACASI correctly, document the attempt in her chart notes and specify the reason(s) why the required questionnaire was not completed. On the Follow-up Visit CRF, mark the "no" box for item 4 and record the reason the questionnaire was not completed in the Comments section. Refrain from further attempts to have the participant use ACASI in VOICE. For each subsequent visit in which completion of an ACASI questionnaire is required, complete the Follow-up Visit CRF item 4 in the same way, by marking the "no" box and recording the reason(s) in the Comments section.

### CLARIFICATIONS

#### 1. Missing Page QCs

SCHARP asks each site to fax completed CRFs to SCHARP DataFax ideally within 1-2 days and up to 5 days after the visit date. This is documented in each site's Data Management Standard Operating Procedures (SOP). (Exceptions are made for laboratory forms, log forms, and screening forms). If no CRFs are faxed to SCHARP DataFax for a given follow-up visit, SCHARP will not QC for missing forms for that visit until the visit window has passed. However, if one or more forms are faxed to SCHARP DataFax for a given visit, then DataFax will immediately QC for any forms that are still missing for that visit. For example, if a site pharmacy faxes the Pharmacy Randomization form to SCHARP and the site clinic has not yet faxed any forms for the participant, then DataFax will QC for the missing Screening and Enrollment Visit CRFs. This is expected and is simply a function of the DataFax technology. While it is important that sites follow up on these missing pages by completing the forms and faxing them to SCHARP, please note that these "missing page" QCs do not count against sites in the Data Management Quality Reports. These QCs will only raise concern and prompt SCHARP to follow-up with sites if they indicate that CRFs are not being faxed within the specified time frame.

## 2. Completing Enrollment Form Item 5 for Participants Considering or Deferring Hepatitis B Vaccination

Item 5 on the Enrollment form asks if a participant received a Hepatitis B vaccination *at the Enrollment Visit*. If a Hepatitis B vaccination is indicated at a participant's Enrollment Visit, and the participant states that she either wants more time to consider vaccination or wants to defer vaccination, mark the "no, participant refused" box.

## 3. Completion and Faxing of the HIV Western Blot Test Results Form During Follow-up

Typically, SCHARP instructs sites to wait until all test results are received and recorded on a lab results CRF before the CRF is faxed to SCHARP. However, since HIV infection is a primary endpoint in VOICE, fax expectations differ for the HIV Western Blot Test Results form. If HIV Western Blot (WB) testing is required during study follow-up, please complete item 1 on the HIV Western Blot Test Results form as soon as the Sample 1 WB result is received, and fax the completed form to SCHARP. Update the form and refax it to SCHARP each time a new test result is received, and when item 4 is completed. This process allows SCHARP to track a site's progress in following the HIV testing algorithm, and to identify cases where further site support or guidance is needed.

## 4. Clarification to Item 1c Instruction on the HIV Western Blot Test Results Form

Mark the "positive" box if the participant's HIV RNA PCR result is **equal to or** greater than the lower limit of detection as recorded in item 1b."

## 5. Recording Topical Medication Use on the Concomitant Medications (CM) Log

When recording topical medication use on the CM Log, record the generic name of the medication in the "Medication" field, and include the percentage of active ingredient(s) if known. For example, "miconazole nitrate 2% cream". For "Dose/Units", record the dose in cubic-centimeters (cc) or milligrams (mg), if known. If the exact quantity is unknown, record the number of applications instead, for example, "1 application".

## 6. Recording Injections on the Concomitant Medications (CM) Log or the Contraceptives Log (CL)

Record each injection (e.g., Hepatitis B vaccination, Depo-Provera injection) as its own separate entry, so that the "Date Started" and "Date Stopped" are the same date. Mark the "once" box for "Frequency" and the appropriate box for "Route" (e.g., "IM", or "Other" for subcutaneous injections).

## 7. Recording Participant Age on the Demographics Form

When recording a participant's age in years, do *not* round. Record only the number of completed years. For example, if a participant's age is 34 years and 9 months, record her age as "34".

## REMINDERS

### 1. Fax Times for Enrollment and AE Log Forms

To ensure that SCHARP reports reflect accurate and current data, please fax Enrollment forms to SCHARP DataFax within 1-2 working days after the visit date, and fax AE Log forms to SCHARP within 1 working day after the visit date.

### 2. Documenting AEs of Urinary Tract Infection (UTI)

Per SSP Section 10.9, UTIs are diagnosed in MTN-003 based on the presence of one or more symptoms indicative of a possible UTI (frequent urge to urinate, passage of only a small volume of urine, pain and burning during urination, lower abdominal pain and/or uncomfortable pressure above the pubic bone, and milky/cloudy, reddish, or bloody urine), as well as positive dipstick urinalysis

results for *both* nitrites and leukocyte esterase (LE). If a participant develops a UTI during study follow-up that meets all three criteria (presence of symptom(s), positive nitrites, positive LE), report the UTI as an AE on an AE Log form using the term “Urinary Tract Infection”. If a participant develops a presumed UTI during study follow-up but does not meet all of these protocol-specific diagnostic criteria, record each symptom as its own separate AE on a separate AE Log form. For example, a participant reports symptoms of dysuria and pelvic pressure, and her urinalysis is positive for LE, negative for nitrites. The clinician opts to treat the participant for a presumed UTI. Report two separate AEs and complete two separate AE Log forms: one for “dysuria” and one for “pelvic pressure”. In the Comments section of each AE Log form, write a note stating that the protocol-specific UTI diagnostic criteria were not met.

### **3. Documenting Last Dose Recall on the Specimen Storage/PK Form**

Documentation of a participant's last dose of study product (date/time) is required at the quarterly, semiannual, annual, and Product Use End Visits (unless product use is being held or was previously discontinued). This information is recorded in items 6-8 on the Specimen Storage/PK form. Ideally, participants will have recorded this information on an appointment card, given to her at her previous study visit, which serves as source documentation. Each time a participant returns an appointment card with last dose date/time recorded on it, file the appointment card in the participant's study file as appropriate. This used appointment card must be kept and filed on-site at the time it is returned by the participant, as it is source documentation. The used card should *not* be given back to the participant for future documentation of last dose date/time. Instead, give the participant a new appointment card at each study visit to record this information.

### **4. Assigning Severity Grade to Phosphate Values**

All study phosphate values must be graded according to the Division of AIDS Table for Grading the Severity of Adult and Pediatric Adverse Events (Version 1.0, December 2004; Clarification August 2009). Depending on a site's local laboratory reference ranges, it is possible for a participant's phosphate value to fall within a site's normal range, but still be gradable according to the DAIDS Table.

Per the DAIDS Table, the grade 1 range for serum phosphate is 2.50 mg/dL to < LLN. If a site's lower limit of normal (LLN) is less than or equal to 2.50 mg/dL, then the grade 1 range for that site is simply the value 2.50 mg/dL.

### **5. Completing Items 5-6 (First/Last Date of Last Menstrual Period) on the Screening and Enrollment Pelvic Exam Form (SPE)**

The source documentation for items 5-6 on the SPE form is the non-DataFax Participant-reported Baseline Medical and Menstrual History form, or other local baseline medical and menstrual history form if used instead. When recording the source data on the first and last date of the participant's last menstrual period, document the participant's best estimate. If the participant is amenorrheic, try to capture at least the month and year. Line through the “dd” (day) boxes if she cannot recall the exact days of the month, and initial and date to confirm that the “dd” data is missing. If the participant is unable to recall the month, document the year, at minimum. Then, line through the “MMM” (month) and “dd” (day) boxes, and initial and date to confirm that this data is missing.