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A Study to Prevent Infection with a Ring for Extended Use

Retention in MTN-020

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On behalf of the ASPIRE team

MTN Annual Meeting, Bethesda
22 February 2012

MTN microbicide trials network

Overview

- Definition in MTN 020
- Requirements
- Group discussion of lessons learned
- Site feedback on anticipated approaches

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Retention

- Refers to completion of required follow-up visit procedures at time points specified in the protocol

- Retention data will be routinely provided to Protocol Team in two ways;
  - a per-visit retention rate (%) as well as
  - an overall (cumulative) retention rate (%)

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Per-Visit Retention (PVR)

- PVR rate (%) for each required follow-up visit will be calculated and provided in a monthly Enrollment and Retention Report

Per-Visit Retention % =

No. of ppts expected for visit who complete visit within allowable time frame

No. of ppts expected for the visit.

- Note that for this calculation, a participant is not considered “expected” once she has seroconverted

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Overall Retention

- An overall (cumulative) retention rate (%) for each site will be provided in a monthly Data Summary Report

Overall retention % =

Total number of completed visits to-date within visit allowable time frame

Total number of expected study visits

- For this calculation, “expected Visits” is the number of visits expected to be completed assuming no missed visits or loss to follow-up

Retention Requirements

- MTN-020 will use a per-visit retention rate target of 95% for all required follow-up visits
- All study sites will target a retention rate of at least 95 %for each required follow-up visit

- Low retention rates impacts on HIV infection rates observed in participants
  - In each group, the observed HIV infection rate could be higher or lower than the true rate, but it is not possible to determine the direction of the error

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Retention Requirements

- Once enrolled, a participant will be calculated as “expected” for every visit thereafter, regardless of loss to follow-up or termination
- Retention begins at enrollment

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Retention Requirements

- To avoid bias in study results, high participant retention rates must be maintained throughout

- If 95% per-visit retention rate is not achieved from start of accrual period, protocol team may request that accrual be
  - slowed or
  - stopped altogether

until retention rates are brought to an acceptable level.

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Reasons: Adherence

- Full adherence is not possible when a women does not have product
  - Study Adherence
  - Product Adherence
- Even when maintaining a desired overall retention rate, intermittent LTFU can negatively impact the results of a trial
  - Loss of power
  - Underestimate potential effectiveness
    - Effectiveness is a population level measure
  - Inability to estimate efficacy
    - Efficacy is a person level measure (biomedical impact of the drug)
- Ensuring women return for visits or have other arrangements that allow them to stay on ring is **CRITICAL**

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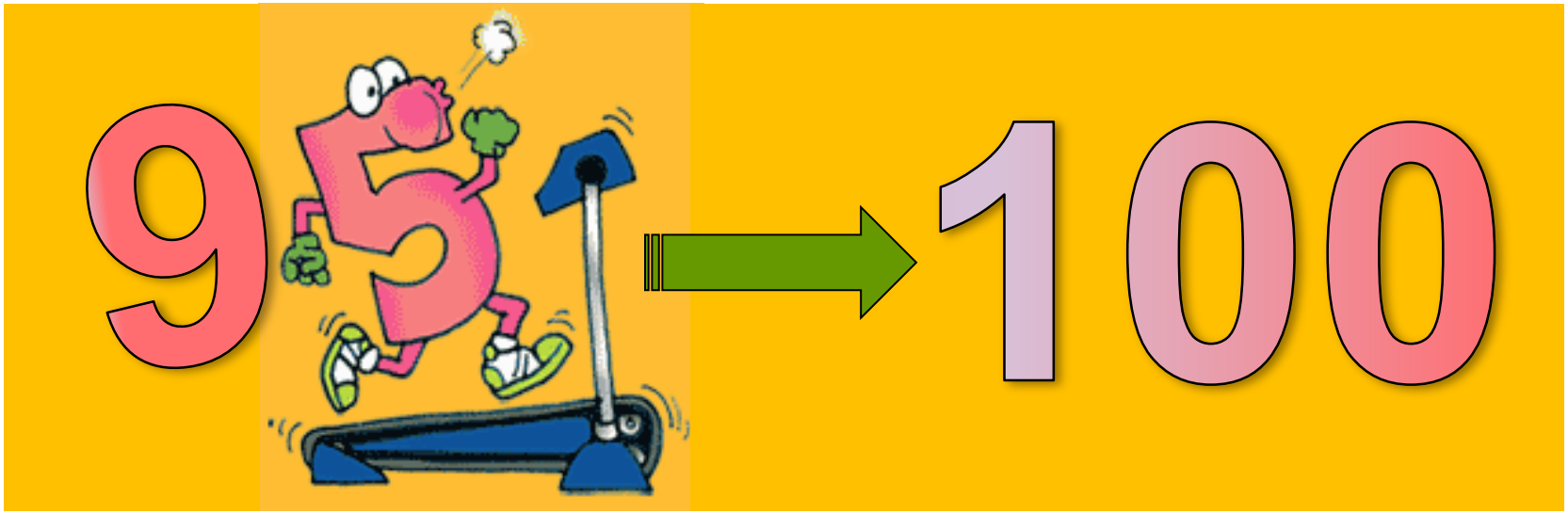
Let's ASPIRE for .....



Retention SOP Content-SSP

- *Site-specific retention goals*
- *Methods for tracking actual retention versus retention goals*
- *Procedures for completing and updating participant locator information*
- *Site-specific definition of "adequate" locator information (for purposes of determining participant eligibility)*
- *Visit reminder methods and timeframes*
- *Methods and timeframes for identifying when a visit has been missed*
- *Planned retention methods, including what outreach/locator efforts are taken within various time intervals after a visit has been missed*
- *Definition of "chronic defaulter"*
- *Strategies for recovering participants considered to be chronic defaulters*
- *Methods for timely evaluation of the utility of retention methods*
- *Ethical and human subjects considerations*
- *Staff responsibilities for all of the above (direct and supervisory)*
- *QC/QA procedures related to the above (if not specified elsewhere)*

Design efficiencies

- Accrual
  - Large number of sites, modest sample size = achievable number of recruitments
  - Focus will be on protocol adherence during screening and enrollment – i.e., really trying to enroll only those who will return as scheduled for follow-up

BE SELECTIVE

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Design efficiencies

- Follow-up
  - Streamlined data collection and study procedures = reduced time spent in clinic
  - Allowances for efficiencies for individual women – protocol provisions for extra ring dispensing and off-site visits
- Retention
  - Focus from day one from participant one: resource and attention allocation will be critical
  - *No retention = no adherence*
- Provision of services on-site
  - Contraception: expanding method mix and convenience
  - Partner HIV testing, STI evaluation/referral

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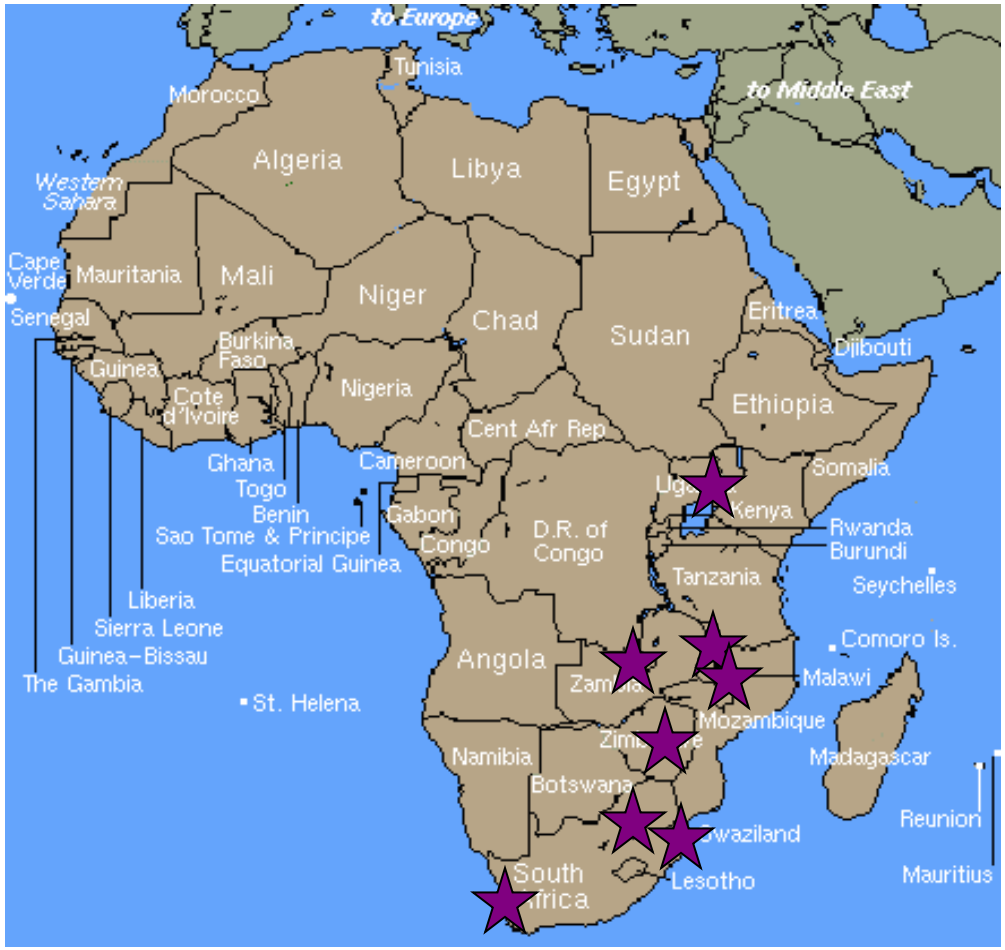
Multisite Strategy Sharing Session



- **Lessons learned**
- **Anticipated approaches**

Blantyre, Lilongwe, **Malawi**

Cape Town, Durban (8 sites) Klerksdorp, Johannesburg **South Africa**

Kampala, **Uganda**

Lusaka, **Zambia**

Harare (3 sites), **Zimbabwe**

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ASPIRE TEAM

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National Institutes of Health

Statistical Center for HIV/AIDS Research & Prevention
SCHARP

fhi360

Malawi College of Medicine – JHU Research Project

WRHI

MRC SOUTH AFRICA

CIDRZ

UNC Project - Malawi

International Partnership for Microbicides

DESMOND TUTU HIV FOUNDATION

THE AURUM INSTITUTE

University of Zimbabwe, School of Medicine

CAPRISA
CENTRE FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA

Acknowledgements

MTN is funded by NIAID (5U01AI068633), NICHD and NIMH, all of the U.S. National Institutes of Health

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