Section 11. Safety Monitoring and Reporting

MTN-015 is an observational study involving no investigational products or procedures associated with significant risk to participants. Therefore, few safety concerns are expected as a result of study participation. Nonetheless, the site Investigator of Record (IoR) or designee is responsible for continuous close safety monitoring of all study participants and for alerting the management team if any unexpected concerns arise.

11.1 Unanticipated Problems Related to Study Participation

The IoR or designee must identify any unanticipated problems considered related to study procedures and/or participation. In the event that any such problems are identified, the IoR will report the problem to the DAIDS Medical Officer (via email or fax) at the same time that he/she reports the problem to the site institutional review boards and/or ethics committees (IRBs/ECs), per IRB/EC policies and the requirements of 45 CFR 46. For purposes of determining reportability to the DAIDS Medical Officer, the following definitions should be applied at all sites:

Unanticipated:	Not listed as a possible risk in the study informed consent form.
Related:	Event/problem and study participation/procedures are reasonably related in time
Not related:	Event/problem and study participation/procedures are not reasonably related in time, and the problem is more likely explained by other causes.

Current contact details for the DAIDS Medical Officer can be found in the directory on the MTN web page:

http://www.mtnstopshiv.org/people/directory

11.2 Social Harms Related to Study Participation

As MTN-015 will enroll only HIV-infected participants, participants may experience social harms — non-medical adverse consequences — as a result of their participation in the study. For example, participants could experience difficulties in their personal relationships with partners, family members, and friends. They also could experience stigma or discrimination from family members and members of their community. In the event that any social harms resulting from study participation occur, study staff should fully document the issues or problems and make every effort to facilitate their resolution, as described below.

The MTN-015 Social Harms Assessment form actively ascertains whether study participants have had "any problems with the following people [list] as a result of being in the study." For purposes of monitoring any trends within and across sites, the MTN Statistical and Data Management Center will provide listings of social harms reported via the Social Harms Assessment form to the management team.

Social harms that are judged by the IoR to be serious and/or unexpected will be reported to responsible site IRB/ECs at least annually. Should IRB/EC policies require more expedited reporting, the IoR will comply with IRB/EC requirements. For purposes of determining reportability, the following definitions should be applied at all sites:

Unexpected: Not listed as a possible risk in the study informed consent form.

Serious: Results in death, is life-threatening, requires inpatient hospitalization or prolongs an existing hospitalization, results in persistent or significant disability/incapacity, or is a congenital anomaly/birth defect.

Prior to study initiation, study staff teams at each site should discuss as a group, and with community representatives, what issues and problems are most likely to be encountered by participants at their site, and should agree upon how these issues and problems should be handled if reported. Roles and responsibilities should be defined for all staff members, such that each staff member is aware of what actions he/she can appropriately take, and what actions should be referred to other members of the team. During study implementation, staff teams at each site should continue to discuss actual participant experiences, successful and unsuccessful response strategies, and other lessons learned among themselves and with community representatives. Based on these discussions and lessons learned, procedures for responding to issues and problems should be reassessed and updated as needed throughout the study.

The following are suggested strategies for responding to social harms that may be adapted and tailored to best meet participant needs at each site:

- When first responding to an issue or problem, actively listen to the participant's description of the problem and ask questions to elicit as much detail as possible about the problem, including the participant's perception of the severity of the problem. Record all pertinent details in signed and dated chart notes.

- Ask the participant to articulate her thoughts on what can/should be done to address the problem, including what she would like study staff to do in response to the problem (if anything).

- Discuss with the participant any additional or alternative strategies that you might suggest to address the problem and collaborate with her to develop a plan to try to address the problem. Document the plan in signed and dated chart notes.

- Take all possible action to try to address the problem, per the plan agreed upon with the participant. Document all action taken, and outcomes thereof, in signed and dated chart notes.

- Follow all problems to resolution or stabilization. Document all re-assessments and associated follow-up action.

- Provide referrals as needed/appropriate to other organizations, agencies, and service providers that may be able to help address the problem.

- Consult the MTN-015 Management Team for further input and guidance as needed.

11.3 Safety Monitoring, Review, and Oversight

Refer to Section 8 of the MTN-015 protocol and the MTN Manual of Operations for a complete description of the participant safety monitoring procedures in place for MTN-015. Also refer to Section 14 of this manual for a description of the reports prepared by the MTN SDMC in support of MTN-015 safety monitoring procedures.

Participant safety is of paramount importance in MTN-015. Primary safety monitoring and safeguarding of individual study participants is the responsibility of study staff, under the direction of the IoR. When a participant is co-enrolled in the parent MTN study, the IoR and designated study staff are responsible for managing and reporting AEs/EAEs/SAEs as defined by the MTN parent study (see Section 7 of this manual). The IoR and designated study staff also are responsible for alerting the MTN-015 DAIDS Medical Officer and/or IRB of unanticipated problems related to MTN-015 study participation.

An Interim Study Review (ISR) committee is planned to periodically review MTN-015 study data with a focus on participant safety, disease progression, and study conduct. The ISR committee will initially review MTN-015 data from participants that enrolled from a particular MTN parent study once results from that parent study are unblinded and analyzed. These reviews will occur approximately annually following the first review.

In addition, the MTN-015 Protocol Chair, DAIDS Medical Officer, MTN-015 Management team, and other team members as needed, will routinely monitor study conduct and progress on an annual basis; utilizing reports prepared by the MTN SDMC (see Section 14 of this manual).