Section 5. Participant Follow-up

This section provides information on requirements and procedures for conducting participant follow-up in MTN-015

5.1 Overview of Study Follow-up Plan

MTN-015 uses two follow-up visit schedules, one for participants who have not initiated use of antiretroviral therapy (ART) — referred to as the "non-ART" schedule — and one for participants who have initiated use of antiretroviral therapy — referred to as the "ART" schedule.

- The timing of follow-up visits conducted on the non-ART schedule is based on the date of identification of seroconversion in the parent microbicide study. On this schedule, follow-up visits take place one, three, and six months after the date of identification of seroconversion, and every six months thereafter.

- The timing of follow-up visits conducted on the ART schedule is based on the date of initiation of ART. On this schedule, follow-up visits take place two weeks, one month, three months, and six months after initiation of ART, and every six months thereafter.

Most MTN-015 participants are expected to begin follow-up on the non-ART schedule, and to later switch to the ART schedule. However, some participants may begin follow-up on the ART schedule. Once a participant initiates use of ART — other than single dose neviripine used for prevention of mother to child transmission (PMTCT) — she will stay on the ART schedule for the remainder of her participation in MTN-015. Regardless of her subsequent ART use, she will not switch to the non-ART schedule.

For each participant, follow-up is planned to continue for the duration of MTN funding, or as determined by MTN leadership. All study sites will target retention of at least 95 percent of study participants per year. See Section 5.8 below for more information on participant retention.

5.2 Types of Follow-up Visits

Two types of follow-up visits may be conducted:

- **Scheduled visits** are those visits required per protocol. Protocol Section 7.2.1 specifies the study visits and procedures to be performed on the non-ART follow-up schedule; protocol Section 7.2.2 specifies the study visits and procedures to be performed on the ART follow-up schedule. All scheduled visits are pre-assigned a visit code for purposes of data management, as described in Section 12.3.3 of this manual.

- **Interim visits** are those visits that take place between scheduled visits. There are a number of reasons why interim visits may take place, including administrative, clinical, or psychosocial reasons. Site staff may be required to assign visit codes to interim visits for purposes of data management as described in Section 12.3.3 of this manual.

5.3 Follow-up Visit Locations

All MTN-015 follow-up visits must take place on-site.

5.4 Follow-up Visit Scheduling

5.4.1 Target Visit Dates

MTN-015 uses two follow-up visit schedules, one for participants who have not initiated use of ART and one for participants who have initiated use of ART:

- On the non-ART follow-up visit schedule, follow-up visits are targeted to take place one, three, and six months after the date of identification of seroconversion in the parent microbicide study, and every six months thereafter.

- On the ART follow-up visit schedule, follow-up visits are targeted to take place two weeks, one month, three months, and six months after initiation of ART, and every six months thereafter.

The MTN Statistical and Data Management Center has provided each study site with a visit scheduling tool (developed in Microsoft Excel and posted on the MTN-015 Study Implementation Materials webpage) that should be used to generate follow-up visit schedules for each enrolled participant. Sample visit schedules generated from the scheduling tool are shown in Figures 5-1a (non-ART) and 5-1b (ART). In Figure 5-1a, a sample seroconversion date of 15 April 2008 is used for purposes of illustration. In Figure 5-1b, a sample ART initiation date of 15 June 2008 is used for purposes of illustration.

Depending on when participants enroll in MTN-015, relative to their dates of seroconversion and/or dates of ART initiation, questions may arise regarding the first follow-up visit that should be conducted with each participant. Please refer to the examples in Figure 5-2 for guidance on this topic.

Switching from the non-ART follow-up scheduled to the ART follow-up schedule also may raise visit scheduling questions. Please refer to the examples in Figure 5-3 for guidance on this topic.

5.4.2 Allowable Visit Windows

Acknowledging that it will not always be possible to complete follow-up visits on the targeted dates, visits may be completed within an allowable visit window. The allowable visit windows on both follow-up visit schedules are contiguous and extend from the midpoint of one visit interval to the midpoint of the next visit interval. For example, the Month 24 visit window begins mid-way between the Month 18 and Month 24 target dates and ends mid-way between the Month 24 and Month 30 target dates. Figures 5-1a and 5-1b provide examples of allowable visit windows on the non-ART and ART follow-up visit schedules.

Figure 5-1a
Sample NON-ART Follow-Up Visit Schedule for MTN-015 Participant
With Date of Identification of Seroconversion = 15 April 2008

MTN-015 VISIT CALENDAR - NON-ART VISITS

015 PTID: _____ Staff Initials: _____

Parent Protocol: _____ Parent PTID: _____

Seroconversion Date: **15-Apr-2008** (dd-mmm-yyyy) **015 Enroll Date:** _____ (dd-mmm-yyyy)

Visit	Visit Code	Window Opens	Target Date	Window Closes	Actual Visit Date	Parent Protocol Visit Code
Month 1	2.0	30-Apr-2008	**15-May-2008**	14-Jun-2008		
Month 3	3.0	15-Jun-2008	**14-Jul-2008**	29-Aug-2008		
Month 6	4.0	30-Aug-2008	**14-Oct-2008**	13-Jan-2009		
Month 12	5.0	14-Jan-2009	**15-Apr-2009**	15-Jul-2009		
Month 18	6.0	16-Jul-2009	**15-Oct-2009**	14-Jan-2010		
Month 24	7.0	15-Jan-2010	**15-Apr-2010**	15-Jul-2010		
Month 30	8.0	16-Jul-2010	**15-Oct-2010**	14-Jan-2011		
Month 36	9.0	15-Jan-2011	**15-Apr-2011**	15-Jul-2011		
Month 42	10.0	16-Jul-2011	**15-Oct-2011**	14-Jan-2012		
Month 48	11.0	15-Jan-2012	**14-Apr-2012**	14-Jul-2012		
Month 54	12.0	15-Jul-2012	**14-Oct-2012**	12-Jan-2013		
Month 60	13.0	13-Jan-2013	**14-Apr-2013**	14-Jul-2013		
Month 66	14.0	15-Jul-2013	**14-Oct-2013**	12-Jan-2014		
Month 72	15.0	13-Jan-2014	**14-Apr-2014**	14-Jul-2014		

Figure 5-1b
Sample ART Follow-Up Visit Schedule for MTN-015 Participant
With Date of ART Initiation = 15 June 2008

MTN-015 VISIT CALENDAR - ART VISITS

015 PTID _____ _____

Parent Protocol: _____ _____

Date of ART Initiation: 15-Jun-2008
(dd-mmm-yyyy)

MTN 015 ART Enrollment Date: _____
(dd-mmm-yyyy)

Visit	Visit Code	Window Opens	Target Date	Window Closes	Actual Visit Date	Parent Protocol Visit Code
Week 2	30.0	15-Jun-2008	**29-Jun-2008**	7-Jul-2008		
Month 1	31.0	8-Jul-2008	**15-Jul-2008**	14-Aug-2008		
Month 3	32.0	15-Aug-2008	**13-Sep-2008**	29-Oct-2008		
Month 6	33.0	30-Oct-2008	**14-Dec-2008**	15-Mar-2009		
Month 12	34.0	16-Mar-2009	**15-Jun-2009**	14-Sep-2009		
Month 18	35.0	15-Sep-2009	**15-Dec-2009**	16-Mar-2010		
Month 24	36.0	17-Mar-2010	**15-Jun-2010**	14-Sep-2010		
Month 30	37.0	15-Sep-2010	**15-Dec-2010**	16-Mar-2011		
Month 36	38.0	17-Mar-2011	**15-Jun-2011**	14-Sep-2011		
Month 42	39.0	15-Sep-2011	**15-Dec-2011**	15-Mar-2012		
Month 48	40.0	16-Mar-2012	**14-Jun-2012**	13-Sep-2012		
Month 54	41.0	14-Sep-2012	**14-Dec-2012**	14-Mar-2013		
Month 60	42.0	15-Mar-2013	**14-Jun-2013**	13-Sep-2013		
Month 66	43.0	14-Sep-2013	**14-Dec-2013**	14-Mar-2014		
Month 72	44.0	15-Mar-2014	**14-Jun-2014**	13-Sep-2014		

Figure 5-2
Scenarios for Determining the First Follow-up Visit to be Conducted with MTN-015 Participants

Example 5-2a: Consider an MTN-015 participant with date of seroconversion = 15 April 2008. Assume the participant has not initiated use of ART. Refer to Figure 5-1a.

- If this participant were to enroll in MTN-015 before 30 April 2008, i.e., before her Month 1 visit window opens, the first follow-up visit that she should complete is the Month 1 Non-ART visit. The target date for this visit would be 15 May 2008; however, the visit could be conducted on any day between 30 April 2008 and 14 June 2008, inclusive.

- If this participant were to enroll in MTN-015 on 2 May 2008, her Screening and Enrollment Visit would take place during her Month 1 visit window. Therefore, the first follow-up visit that she should complete is the Month 3 Non-ART visit. The target date for this visit would be 14 July 2008; however, the visit could be conducted on any day between 15 June 2008 and 29 August 2008, inclusive.

- If this participant were to enroll in MTN-015 on 7 April 2009, her Screening and Enrollment Visit would take place during her Month 12 visit window. Therefore, the first follow-up visit that she should complete is the Month 18 Non-ART visit. The target date for this visit would be 15 October 2009; however, the visit could be conducted on any day between 16 July 2008 and 14 January 2009, inclusive.

Example 5-2b: Consider an MTN-015 participant who initiates use of ART before enrollment in MTN-015. Date of ART initiation = 15 June 2008. Refer to Figure 5-1b.

- If this participant were to enroll in MTN-015 on or before 7 July 2008, her Screening and Enrollment Visit would take place during her Week 2 visit window. Therefore, the first follow-up visit that she should complete is the Month 1 ART visit. The target date for this visit would be 15 July 2008; however, the visit could be conducted on any day between 8 July 2008 and 14 August 2008, inclusive.

- If this participant were to enroll in MTN-015 on 13 July 2008, her Screening and Enrollment Visit would take place during her Month 1 visit window. Therefore, the first follow-up visit that she should complete is the Month 3 ART visit. The target date for this visit would be 13 September 2008; however, the visit could be conducted on any day between 15 August 2008 and 29 October 2008, inclusive.

- If this participant were to enroll in MTN-015 on 18 June 2009, her Screening and Enrollment Visit would take place during her Month 12 visit window. Therefore, the first follow-up visit that she should complete is the Month 18 ART visit. The target date for this visit would be 15 December 2009; however, the visit could be conducted on any day between 15 September 2009 and 16 March 2010, inclusive.

Figure 5-3
Visit Scheduling Scenarios with SWITCHING
from the Non-ART Follow-Up Visit Schedule to the ART Follow-Up Visit Schedule

Consider an MTN-015 participant with date of seroconversion = 5 June 2005. She enrolls in MTN-015 on 15 April 2008. She has not initiated use of ART as of her study enrollment date. She completes her Month 42 non-ART follow-up visit in December 2008 and her Month 48 non-ART follow-up visit in June 2009. Thereafter:

- If this participant were to return to the clinic on 15 October 2009 to report that she initiated use of ART two days previously, on 13 October 2009, she would be in her Week 2 ART visit window and ideally the Week 2 ART visit would be conducted on 15 October 2009. Alternatively, the participant could be scheduled to return to the clinic to complete her Week 2 ART visit on any day up to and including 4 November 2009 (see Figure 5-3a).

- If this participant were to return to the clinic on 15 October 2009 to report that she initiated use of ART six weeks previously, on 1 September 2009, she would be in her Month 1 ART visit window and ideally the Month 1 ART visit would be conducted on 15 October 2009. Alternatively, the participant could be scheduled to return to the clinic to complete her Month 1 ART visit on any day up to and including 31 October 2009 (see Figure 5-3b).

- If this participant were to return to the clinic on 15 October 2009 and report on that day that she initiated use of ART two months previously, on 15 August 2009, she would be in her Month 3 ART visit window and ideally the Month 3 ART visit would be conducted on 15 October 2009. Alternatively, the participant could be scheduled to return to the clinic to complete her Month 3 ART visit on any day up to and including 29 December 2009 (see Figure 5-3c).

Figure 5-3a
ART Follow-Up Visit Schedule for MTN-015 Participant
With Date of ART Initiation = 13 October 2009

MTN-015 VISIT CALENDAR - ART VISITS

015 PTID _____ _____

Parent Protocol: _____ _____

Date of ART Initiation: **13-Oct-2009**
(dd-mmm-yyyy)

MTN 015 ART Enrollment Date: _____
(dd-mmm-yyyy)

Visit	Visit Code	Window Opens	Target Date	Window Closes	Actual Visit Date	Parent Protocol Visit Code
Week 2	30.0	13-Oct-2009	**27-Oct-2009**	4-Nov-2009		
Month 1	31.0	5-Nov-2009	**12-Nov-2009**	12-Dec-2009		
Month 3	32.0	13-Dec-2009	**11-Jan-2010**	26-Feb-2010		
Month 6	33.0	27-Feb-2010	**13-Apr-2010**	13-Jul-2010		
Month 12	34.0	14-Jul-2010	**13-Oct-2010**	12-Jan-2011		
Month 18	35.0	13-Jan-2011	**14-Apr-2011**	14-Jul-2011		
Month 24	36.0	15-Jul-2011	**13-Oct-2011**	12-Jan-2012		
Month 30	37.0	13-Jan-2012	**13-Apr-2012**	13-Jul-2012		
Month 36	38.0	14-Jul-2012	**12-Oct-2012**	11-Jan-2013		
Month 42	39.0	12-Jan-2013	**13-Apr-2013**	13-Jul-2013		
Month 48	40.0	14-Jul-2013	**12-Oct-2013**	11-Jan-2014		
Month 54	41.0	12-Jan-2014	**13-Apr-2014**	12-Jul-2014		
Month 60	42.0	13-Jul-2014	**12-Oct-2014**	11-Jan-2015		
Month 66	43.0	12-Jan-2015	**13-Apr-2015**	12-Jul-2015		
Month 72	44.0	13-Jul-2015	**12-Oct-2015**	11-Jan-2016		

Figure 5-3b
ART Follow-Up Visit Schedule for MTN-015 Participant
With Date of ART Initiation = 1 September 2009

MTN-015 VISIT CALENDAR - ART VISITS

015 PTID _____ _____

Parent Protocol: _____ _____

Date of ART Initiation: **1-Sep-2009**
(dd-mmm-yyyy)

MTN 015 ART Enrollment Date: _____
(dd-mmm-yyyy)

Visit	Visit Code	Window Opens	Target Date	Window Closes	Actual Visit Date	Parent Protocol Visit Code
Week 2	30.0	1-Sep-2009	**15-Sep-2009**	23-Sep-2009		
Month 1	31.0	24-Sep-2009	**1-Oct-2009**	31-Oct-2009		
Month 3	32.0	1-Nov-2009	**30-Nov-2009**	15-Jan-2010		
Month 6	33.0	16-Jan-2010	**2-Mar-2010**	1-Jun-2010		
Month 12	34.0	2-Jun-2010	**1-Sep-2010**	1-Dec-2010		
Month 18	35.0	2-Dec-2010	**3-Mar-2011**	2-Jun-2011		
Month 24	36.0	3-Jun-2011	**1-Sep-2011**	1-Dec-2011		
Month 30	37.0	2-Dec-2011	**2-Mar-2012**	1-Jun-2012		
Month 36	38.0	2-Jun-2012	**31-Aug-2012**	30-Nov-2012		
Month 42	39.0	1-Dec-2012	**2-Mar-2013**	1-Jun-2013		
Month 48	40.0	2-Jun-2013	**31-Aug-2013**	30-Nov-2013		
Month 54	41.0	1-Dec-2013	**2-Mar-2014**	31-May-2014		
Month 60	42.0	1-Jun-2014	**31-Aug-2014**	30-Nov-2014		
Month 66	43.0	1-Dec-2014	**2-Mar-2015**	31-May-2015		
Month 72	44.0	1-Jun-2015	**31-Aug-2015**	30-Nov-2015		

Figure 5-3c
ART Follow-Up Visit Schedule for MTN-015 Participant
With Date of ART Initiation = 15 August 2009

MTN-015 VISIT CALENDAR - ART VISITS

015 PTID _____ _____

Parent Protocol: _____ _____

Date of ART Initiation: **15-Aug-2009**
(dd-mmm-yyyy)

MTN 015 ART Enrollment Date: _____
(dd-mmm-yyyy)

Visit	Visit Code	Window Opens	Target Date	Window Closes	Actual Visit Date	Parent Protocol Visit Code
Week 2	30.0	15-Aug-2009	**29-Aug-2009**	6-Sep-2009		
Month 1	31.0	7-Sep-2009	**14-Sep-2009**	14-Oct-2009		
Month 3	32.0	15-Oct-2009	**13-Nov-2009**	29-Dec-2009		
Month 6	33.0	30-Dec-2009	**13-Feb-2010**	15-May-2010		
Month 12	34.0	16-May-2010	**15-Aug-2010**	14-Nov-2010		
Month 18	35.0	15-Nov-2010	**14-Feb-2011**	16-May-2011		
Month 24	36.0	17-May-2011	**15-Aug-2011**	14-Nov-2011		
Month 30	37.0	15-Nov-2011	**14-Feb-2012**	15-May-2012		
Month 36	38.0	16-May-2012	**14-Aug-2012**	13-Nov-2012		
Month 42	39.0	14-Nov-2012	**13-Feb-2013**	15-May-2013		
Month 48	40.0	16-May-2013	**14-Aug-2013**	13-Nov-2013		
Month 54	41.0	14-Nov-2013	**13-Feb-2014**	14-May-2014		
Month 60	42.0	15-May-2014	**14-Aug-2014**	13-Nov-2014		
Month 66	43.0	14-Nov-2014	**13-Feb-2015**	14-May-2015		
Month 72	44.0	15-May-2015	**14-Aug-2015**	13-Nov-2015		

5.4.3 Visits Conducted Over Multiple Days: "Split Visits"

All procedures specified by the protocol to be performed at a particular follow-up visit ideally will be completed at a single visit on a single day. In the event that all required procedures cannot be completed on a single day (e.g., because the participant must leave the study site before all required procedures are performed), the remaining procedures may be completed on subsequent day(s) within the allowable visit window. As described in Section 12.3.3 of this manual, all case report forms completed for a split visit are assigned the same visit code.

5.4.4 Missed Visits

For participants who do not complete scheduled visits within the allowable window, the visit will be considered missed and relevant case report forms will be completed to document the missed visit. Missed visits will not be considered protocol violations.

5.5 Follow-up Visit Procedures

The administrative, clinical, behavioral, and laboratory procedures required to be performed at each scheduled follow-up visit are specified in Section 7.2 of the MTN-015 protocol. These procedures also are listed on the follow-up visit checklists posted on the MTN-015 Study Implementation Materials webpage (http://www.mtnstopshiv.org/node/468).

Certain clinical procedures and documented laboratory results from the parent MTN study may be used for MTN-015 if the procedure/sample was collected within 30 days of the MTN-015 visit; however CD4+ T-Cell Count and Plasma HIV-1 RNA may only be used if collected within 7 days of the MTN-015 visit. Further guidance on utilizing results from the parent study is provided in Section 7 of this manual. Additional clinical, counseling, and laboratory procedures are provided in Sections 8-10 of this manual.

Because laboratory testing will be performed at all scheduled follow-up visits, a post-visit contact is required after each visit to provide participants with their test results, clinically relevant post-test counseling, and/or clinically indicated treatment. Study staff may complete these contacts at the study site or at community-based locations, depending on site capacities and site and participant preferences. Like all visits, all contacts should be documented in participant study records.

5.6 Follow-up Procedures for Participants Who Become Pregnant

Participants who are found to be pregnant while taking part in MTN-015 will be maintained in follow-up per their current follow-up visit schedule (non-ART or ART). Sections 9.3 and 13.6.1 of the MTN-015 protocol provides the following additional guidance for management of pregnant participants:

- Section 9.3: Study sites will refer pregnant participants to providers of obstetric and gynecologic care for counseling and further related care. Every effort will be made to facilitate access to PMTCT. Any PMTCT medication received by the participant will be documented as a concomitant medication. Protocol-defined gynecologic exams and pelvic specimen collection will not be performed on pregnant participants if the following symptoms are reported: vaginal bleeding or spotting, suspected or documented rupture of membranes, or active labor; these participants will be referred to an obstetric/gynecologic care provider.

- Section 13.6.1: Participants who are pregnant at enrollment or at any time during the study follow up will be referred to local obstetric/gynecologic providers for pregnancy options and counseling, including treatment for PMTCT of HIV-1. Pelvic exams, the collection of pelvic specimens, and blood draws may be deferred or reduced during pregnancy at the discretion of the site investigator.

If per the above-listed specifications any study procedures are modified or omitted for pregnant participants, the Investigator of Record or designee will document the reason(s) for this in participant study records and on case report forms when applicable.

Per the protocol specifications noted above, pregnant participants should be counseled on available options for PMTCT and provided active referrals to antenatal care and PMTCT programs. World Health Organization (WHO) guidance on PMTCT are available at: http://www.who.int/hiv/pub/en/. Pregnant participants also should be counseled on infant feeding in accordance with WHO/UNAIDS/UNICEF guidelines, which are available at: http://www.unicef.org/nutrition/index_24811.html

For all participants found to be pregnant, a Pregnancy Report and History case report form will be completed to report the pregnancy and a Pregnancy Outcome case report form will be completed to document the outcome of the pregnancy. Whenever possible, pregnancy outcomes will be ascertained based on medical records or other written documentation from a licensed health care practitioner. When medical records cannot be obtained, however, outcomes may be documented based on participant report. If a participant is pregnant at the time of her termination from MTN-015, sites are not required to follow her to obtain the pregnancy's outcome. Complete a Pregnancy Outcome CRF at her study exit/termination visit by recording the PTID and the Visit Code matching the Pregnancy Report CRF, and mark the "Outcome unavailable at end of study" box.

As noted above, any PMTCT medication received by the participant will be documented as a concomitant medication. If a regimen of single dose neviripine is used, this will be recorded on the Non-ART Concomitant Medications Log case report form. Use of single dose neviripine for PMTCT does not constitute initiation of ART for purposes of MTN-015. However, use of other short course PMTCT regimens does constitute initiation of ART for purposes of MTN-015. Use of such regimens should be recorded on the Antiretroviral Treatment Regimen Log case report form. For participants who had not initiated ART prior to use of a short course PMTCT regimen, initiation of the short course regimen requires switching from the non-ART follow-up schedule to the ART follow-up schedule.

5.7 Participant Transfers

During the course of the study, participants may leave the area in which they enrolled in the study and re-locate to another area where the study is taking place. To maximize participant retention, participants who re-locate from one study location to another should be encouraged to continue their study participation at their new location. To accomplish this, study staff at both the original site (called the "transferring" site) and the new site (called the "receiving" site) will complete the process of a participant transfer.

Upon identifying the need for a participant transfer to another site, the transferring site will notify the receiving site as well as the MTN Coordinating and Operations Center (CORE), MTN Statistical and Data Management Center (SDMC), and MTN Network Laboratory (NL). After the logistical details of the transfer have been discussed and agreed upon by the two sites, the following steps will be completed:

- The MTN SDMC will notify the transferring site of all outstanding data QC notes for the transferring participant; the transferring site will resolve these QCs.

- The transferring site will explain the transfer arrangements to the participant and obtain her written permission to provide copies of her study records to the receiving site.

- The transferring site will deliver copies of all of the participant's study records to the receiving site via courier or overnight mail service.

- The transferring site will complete and fax a Participant Transfer case report form to the MTN SDMC.

- The receiving site will establish contact with the participant, obtain her written informed consent to continue in the study at the receiving site, and complete and fax a Participant Receipt case report form to the MTN SDMC.

- Upon receipt of the Participant Transfer and Participant Receipt forms, the MTN SDMC will re-map the participant's study ID number (PTID) to reflect the change in site follow-up responsibility. The participant's original PTID and follow-up visit schedule will remain unchanged.

- The transferring site will retain responsibility for storage, and shipment to the MTN NL if applicable, of all specimens collected from the participant prior to her transfer, unless otherwise instructed by the MTN NL.

5.8 Participant Retention

To minimize bias and ensure the accuracy of study results, each study site will make every effort to retain enrolled study participants for the duration of study implementation. The remainder of this section provides additional information related to participant retention.

5.8.1 Retention Definitions

The term "retention" generally refers to completion of follow-up visits and procedures as specified in a study protocol. This definition must be operationalized for any study, and operational definitions usually reflect the primary objectives and endpoints of a study. For MTN 015, two retention measures are planned to be used, one during the study and one at the end of the study. Additional retention measures may be defined and used during the study if desired by the Protocol Chair and/or Protocol Statisticians.

- During the study, retention for scheduled follow-up visits will be defined based on whether participants complete scheduled visits within the allowable visit window. Participants who complete their scheduled visits within the allowable visit window will be considered "retained" for those visits.

- At the end of the study, retention will be defined based on whether participants complete a final study visit (per protocol Section 7.2.3).

Participants who do not complete a particular scheduled visit within the allowable window, but then complete the next scheduled visit, will not be considered retained for the missed visit, but will be considered retained for the next scheduled visit. Thus, retention rates can fluctuate over time and across visits. Importantly, retention shortfalls can be made up by ensuring that participants return for their next scheduled visit after missing a visit.

The MTN SDMC will generate reports during the study presenting retention rates for key study visits designated by the Protocol Team. The SDMC also will generate a final end-of-study retention rate for each site after the study is completed.

5.8.2 Retention Targets

Each study site will target retention of at least 95 percent of enrolled participants per year.

5.8.3 Retention SOPs

To facilitate achieving the targeted retention rate, each study site will establish a standard operating procedure (SOP) for participant retention. This SOP should minimally contain the following elements:

- Site-specific retention goals
- Methods for tracking actual retention versus retention goals
- Procedures for obtaining and updating participant locator information
- Visit reminder methods and timeframes
- Type and frequency of between-visit retention contacts (per protocol Section 5.1)
- Methods and timeframes for identifying when a visit has been missed
- Planned retention methods, including what outreach/locator efforts are taken after a missed visit
- Methods for timely evaluation of the utility of retention methods
- Ethical and human subjects considerations (paying particular attention to the HIV-status of MTN-015 participants)
- Staff responsibilities for all of the above

5.8.4 Obtaining and Updating Locator Information

Successful retention begins with collection of exhaustive locator information from each study participant. All study participants will be asked to provide locator information upon enrollment and to continually review/update this information during follow-up.

Each study site is encouraged to develop an exhaustive locator form to maximize contact effectiveness and participant retention. Sites also may wish to consider having outreach workers accompany participants to their homes or other community based locations to verify or further clarify their locator details. Potential locator items include:

- Participant's full name, alias, and/or nickname; government-issued identification number; home address; home phone number; mobile phone number; pager number; work address; work phone number; e-mail address.

- Walking/driving/public transport directions and/or pictorial map to the participant's home, workplace, etc.

- Name, address, telephone number, and/or other contact information for stable community contacts (i.e., participant family members and friends) who typically know the whereabouts of the participant.

- Name, address, telephone number, and/or other contact information for the participant's health care provider; school or training program; church or other place of worship; social service case worker; counselor, rehabilitation provider, etc; participant's child's school and health care provider.

- Name, address, telephone number, and/or other contact information for support groups, shelters, food pantries, and other social service organizations used by the participant.

During the informed consent process and when collecting locator information, study participants must be informed that their locator sources will be contacted if study staff are unable to locate the participant directly. Study staff will negotiate with the participant how they will identify themselves when locator sources are contacted. Arrangements agreed upon with the participant should be documented on the locator form.

Study staff should view every participant contact as an opportunity to update the participant's locator information. When updating locator information, actively review each item on the locator form to determine whether the information is still current (i.e., rather than simply asking "Has any of your information changed since your last visit?"). Also probe for additional information that the participant was not able or willing to provide at previous visits.

5.8.5 Retention Tips

Some general strategies for maximizing participant retention are presented below.

- Dedicate adequate staff time and effort to retention procedures/activities.

- Work with community members to identify the most applicable contact and retention strategies for the local study population, including the type and amount of participant incentives.

- Keep participants up-to-date on study progress to foster a sense of partnership and ownership of the study.
- Inform local service providers who interact with study participants about the study, so they also can express their support for the study.
- Emphasize the value of the participant's involvement in the study during the study informed consent process and subsequently at follow-up visits. When participants complete scheduled visits, acknowledge and commend their commitment, time, and effort devoted to the study.
- Host support groups for participants.
- Host gatherings, parties and/or other social events for participants.
- Counsel participants on disclosure of study participation to partners and other persons who are influential in their lives; host social, educational, and/or other events for partners and other influential persons.
- Use tracking systems to identify when participants' scheduled visits are due and/or overdue. Establish routine mechanisms to remind both study staff and participants of upcoming scheduled visits.
- At each study visit, confirm the scheduling of the next visit and give the participant an appointment card with the scheduled visit date noted.
- Prepare a calendar of scheduled visits for each enrolled participant or offer a planner/calendar as an incentive and note all study appointments in the planner/calendar.
- Note the dates of all scheduled visits in the participant's file for easy reference (using the visit scheduling tool provided by the MTN SDMC).
- For participants who demonstrate a pattern of late or missed appointments, schedule follow-up visits toward the beginning of the allowable visit window to allow maximum time for re-contact and re-scheduling if needed.
- Pay close attention to the allowable visit window and prioritize retention efforts for participants nearing the end of the window. Organize daily caseloads and work assignments based on these priorities.
- Follow-up on missed appointments with an attempt to re-contact/re-schedule within 24 hours (preferably on the same day). Continue these efforts per the local retention SOP until contact is made.
- Keep locator information up-to-date and maintain thorough documentation of all efforts to contact the participant. Keep this information in an organized manner, so that different staff members can easily review the information and contribute to re-contact efforts when necessary.
- Make use of all information collected on the participant's locator form. Even if a locator source is not useful/successful on one occasion, try it again later.

- Make use of all available contact methods (e.g., phone, mail, home visits, community outreach). Also make use of other available locator information sources, such as phone and postal directories and other public registries.
- Post outreach workers at other local service organizations commonly utilized by study participants.
- Attempt contact with the participant at different times during the day and the week, including evenings and week-ends.

5.9 Final Visit: Study Exit Considerations

Participants will remain in the study for a minimum of 12 months after HIV seroconversion is identified in the parent study. Study follow-up will continue as funding permits, or as determined by MTN leadership. Sites will be notified by the MTN-015 Management Team when study exit visits should be scheduled for MTN-015 participants, along with a listing of PTIDs and additional guidance as needed.

Procedural requirements for conducting the Final Visit are specified in protocol Section 7.2.3; further procedural guidance is incorporated in the Final Visit checklist located on the following webpage: http://www.mtnstopshiv.org/node/468. Provided in the remainder of this section is additional information related to key aspects of Final Visits.

5.9.1 Participant Locator Information

Accurate participant locator information will be needed for post-study contact with study participants. As such, locator information should be actively reviewed and updated at all study exit visits and all participants should be counseled to contact the study site should their locator information change after study exit.

5.9.2 Clinical Management and Documentation

All Medical History Log forms completed for each participant should be reviewed at the final visit and updated as needed. For on-going medical conditions, the IoR or designee should establish a clinically appropriate follow-up plan for the participant. The MTN-015 Clinical Management Team (mtn015clinmgt@mtnstopshiv.org) is available to advise on whether any additional site follow-up is indicated on a case by case basis. Clinical management and follow-up after the participant exits the study should be documented in chart notes only.

5.9.3 Final Study Contact

Although the Final Visit is the last scheduled study visit, a final contact will be required after the Final Visit to provide the participant with her final study test results, counseling, and treatment, if needed. Additional contacts also are required for participants with medical conditions that may require follow up by site investigators.

For each participant, a final contact should be scheduled based on the participant's overall clinical picture at study exit, as well as the time required to obtain all final study test results. Study staff may complete final contacts at the study site, by telephone, or at community-based locations, depending on site capacities and site and participant preferences. All final contacts must be documented in participant study records, but no case report forms are completed for these contacts.

5.9.4 Referral to Non-Study Service Providers

After completing their final study contacts, participants will no longer have routine access to services provided through the study, such as reproductive health care, HIV/STI counseling, and routine CD4 and Viral Load testing. Participants should be counseled about this —ideally before and during their final visits — and provided information on where they can access such services after study exit. It is strongly recommended that all study sites develop a sample script which can be used when discussing this issue with exiting participants, as well as written referral sheets that can be given to participants at their final visits (after obtaining IRB/EC approval of the written information). A sample script which may be tailored for use at each site is provided in Appendix 5-1, and also available on the MTN-015 website under *Study Implementation Materials*.

5.9.5 Post-Study Contact

Depending on the MTN parent study that the participant was originally enrolled in, all study results from MTN-015 may or may not be relevant to the individual participant. Relevant study results for each participant's particular parent study group, should be provided once analysis of primary endpoints is complete. To facilitate post-study contact with participants, locator information should be updated at the Final Visit, and participants should be counseled to contact the study site should their locator information change after study exit. In addition, participant preferences for methods to be used for contacting them when study results are available should be documented in participant study records.

Section Appendix 5-1
Sample Script for Study Exit Visits

Before we finish your visit today, I would like to take some time to sincerely thank you for taking part in this study. By taking part, you have made an important contribution to the fight against HIV/AIDS. In recognition of this contribution, I would like to present you with this certificate of completion which you can take with you today.

I also would like to review a few more details with you:

- Your appointment to receive your final test results is scheduled for [date]. This appointment will take place [here at the clinic / other specify]. If you need to change this appointment for any reason, please contact us to let us know.

- Although your study exit visit is taking place today, the study will continue for participants who were previously enrolled in different MTN studies. Depending on what MTN study you were originally enrolled in, for example [specify parent study], all study results from MTN-015 may or may not be relevant to you. The most important results for your health care are the measurements of immune cells and HIV level in your blood. These test results can be given to you or to your doctor with your permission. Additional relevant study results for your particular group [specify parent study], will be provided as we learn them. In order for us to share the results, we need to be able to keep in touch with you. Therefore we ask you to please inform us if you move to a new home, change your phone number, or have any other new details that would help us keep in touch with you. [Give contact card.]

- *If applicable, reinforce plans for clinical care follow-up.*

- Lastly, we would like to give you some information on places where you can go for different types of services now that you will not be coming here for regular study visits [give referral sheet]:

    - For HIV wellness care and counseling
    - For antiretroviral treatment
    - For PMTCT
    - For counseling related to infant feeding
    - For contraception and other reproductive health care
    - For other types of health care
    - Other

- Please feel free to contact us if you have any questions about the study that we have not answered today, or if you have any problems related to your participation in the study. Once again, we sincerely thank you for your contributions to the study.