

Microbicide Trials Network

Clarification Memo #01 to:

MTN-015

An Observational Cohort Study of Women following HIV-1 Seroconversion in Microbicide Trials, 19 June 2007

DAIDS Protocol #: 10529

Date of Clarification Memorandum: 03 April 2008

Section 1: Summary of Clarifications and Rationale

The procedures clarified in this Clarification Memorandum (CM) have been approved by the NIAID Medical Officers and are to be implemented immediately upon issuance. IRB approval of this CM not required by the sponsor; however, investigators may submit the CM to the IRB overseeing the study at their site for information. This CM is official MTN-015 documentation. It is effective immediately. A copy of this CM must be retained in each study site's Essential Documents file for MTN-015. No change in informed consent is necessitated or included in this CM.

The primary goals for this CM are to clarify the schedule of visits in Section 7.2 Follow-Up Visits, modify the laboratory procedures listed in Section 7, Study Procedures and to clarify the approach to the informed consent process and confidential storage of study documents outlined in Sections 13.4 and 13.5. Modifications to the Protocol Team Roster, Appendix II and Appendix III are also noted here. Further detail can be found in the section below.

Section 2: Implementation

Text to be deleted is noted by ~~strikethrough~~ and text to be added is noted below in **bold**.

1. The following new listings have been added to the Protocol Team Roster:

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2. The following listing has been updated in the Protocol Team Roster:

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3. In Section 7.2 Follow-Up Visits, the 1st and 2nd bullets and the last paragraph have been modified to further clarify the schedule of follow-up visits.

1st Bullet, last sentence: Following the **Screening and eEnrollment** visit, the subsequent **follow-up** visits will be scheduled according to the seroconversion date. ~~(For example, a participant who enrolls 4–3 months after seroconversion would miss her Month 1 and Month 3 Post-Seroconversion Visits, and would complete her Month 6 Post-Seroconversion Visit as her first follow-up visit. She would have a second visit at 6 months after seroconversion (2 months after enrollment) and then complete follow-up visits every 6 months) thereafter.~~

2nd Bullet, end of paragraph: **For example, a participant who enrolls 3 months after initiation of ART would miss her Week 2, Month 1, Month 3 post-ART follow-up visits and would complete her Month 6 post-ART visit as her first follow-up visit. She would then complete follow-up visits every 6 months thereafter.**

Last paragraph, 3rd sentence: For example, the Month 24 visit window ~~extends from Month 21 through Month 27~~ **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.**

4. Throughout the protocol, all references to PBMC have been modified to indicate that these will be collected at sites with capacity.

5. In Section 7.5.1 Local Laboratory Specimens, the section on Blood Samples now includes further guidance on HSV-2 serology.

~~Study site staff will collect blood samples for the following testing at the local laboratory:~~
The following blood tests will be performed locally: CD4+ T-cell counts, plasma HIV-1 RNA, complete blood count (see Appendix VI), liver and renal function tests (see Appendix VI), and syphilis serology. Blood also will be processed for plasma archive. PBMCs will also be archived at sites with capacity.

At sites designated and certified by the MTN NL, HSV-2 serology may be performed locally. If the participant has a documented positive result from a parent study, testing does not need to be repeated for MTN-015. If the participant

has a documented negative result from the parent study which is performed after the participant is enrolled in MTN-015, this result will be used for MTN-015.

6. Section 13.4, last paragraph is omitted to permit site specific approaches to the informed consent process.

~~In addition to the informed consent forms, Protocol Team members have worked with study staff and community representatives to develop locally appropriate information materials about the study and a standardized approach to the informed consent process to be implemented at all study sites, which is detailed in the study specific procedures manual. The process and materials were tested prior to study start-up to ensure cultural appropriateness at each site. The informed consent process covers all elements of informed consent required by research regulations. In addition, the process specifically addresses the following topics of import to this study:~~

- ~~• The importance of adherence to the study visit and procedures schedule.~~
- ~~• The potential risks of study participation (and what to do if such risks are experienced).~~
- ~~• The potential social harms associated with study participation (and what to do if such harms are experienced).~~
- ~~• The real yet limited benefits of study participation.~~
- ~~• The distinction between research and clinical care.~~
- ~~• The right to withdraw from the study at any time.~~

7. Section 13.5 Participant Confidentiality, second paragraph is modified to permit site-specific approaches to confidential storage of study documents.

~~All study-related information will be stored securely at the study site. All participant information will be stored in locked file cabinets in areas with access limited to study staff. Data collection, process, and administrative forms, laboratory specimens, and other reports will be identified by a coded number only to maintain participant confidentiality. All records that contain names or other personal identifiers, such as locator forms and informed consent forms, will be stored separately from study records identified by code number. All local databases will be secured with password-protected access systems. Forms, lists, logbooks, appointment books, and any other listings that link participant ID numbers to other identifying information will be stored in a separate, locked file in an area with limited access. Participants' study information will not be released without their written permission, except as necessary for monitoring (see Section 12).~~

8. Appendix II: Sites and Site Investigators and Appendix III: Site Laboratories have been updated to accurately reflect the current list of sites, site investigators, and site laboratories. The following has been added to each appendix:

A current list of sites, site investigators, and site laboratories will be available on the MTN website: www.mtnstopshiv.org.