Section 3. Accrual and Retention

3. Introduction

This section provides information on requirements and procedures for recruiting participants in MTN-035. It also presents information related to definitions, requirements, and procedures for participant retention.

3.1 Pre-Screening Procedures

Sites are encouraged to implement pre-screening procedures for MTN-035 as part of their outreach and recruitment strategies. Like all outreach and recruitment approaches, strategies and materials intended for use during the pre-screening process must be submitted and approved by local IRBs/ECs.

During pre-screening, staff may explain MTN-035 to potential study participants and ascertain elements of presumptive eligibility, which should be confirmed at an on-site screening visit. The information obtained during pre-screening activities cannot be considered for study eligibility determination. Participants found to be presumptively eligible may also be provided the study informed consent or other IRB-approved informed consent materials for review prior to their screening visit as part of the pre-screening procedures. No information collected from participants during pre-screening activities may be used for publication purposes unless written informed consent is provided from potential participants.

PTID assignment should not occur until after the participant provides written informed consent at the screening visit.

3.2 Participant Accrual

Approximately 210 cisgender men and transgender men and women aged 18-35 years who engage in receptive anal intercourse (RAI) will be recruited across seven sites. The accrual target for each site is approximately 30 participants. Each site is expected to complete accrual in 9-12 months. Site-specific accrual periods may vary, as this period begins upon site activation. For each site, accrual will begin after all applicable approvals are obtained and a Site-Specific Study Activation Notice is issued by the MTN Leadership and Operations Center (LOC) at FHI 360.

To meet the target accrual time, each site is expected to enroll at a rate of approximately 3-4 participants per month.

Screening and enrollment data will be captured on case report forms (CRFs) and entered in Medidata Rave. The MTN SDMC (SCHARP) will provide information on the number of participants screened and enrolled based on data entered in the study database. See SSP Section 14 for more details on SCHARP Screening and Enrollment Reports.

3.2.1 Accrual Tips and Reminders

Sites should develop methods for tracking actual versus targeted accrual, including monitoring expected screening-to-enrollment ratios and how they change over time. Recruitment methods and venues should be assessed on an ongoing basis. The usefulness or "yield" of various recruitment sources should be tracked over time.

Routine team meetings should be held to identify recruitment sources of participants who screen and enroll and methods for timely evaluation of the usefulness of recruitment methods and venues. Discussion points should include the following:

- Of all participants contacted through a particular method or venue, how many eventually enroll in the study?
- If this number (percentage) is high, keep using that method or venue
- If not, move on to different methods or venues

Continue to discuss as a team, over time, the following characteristics of "good candidates" for study participation:

- Likely to be retained for the duration of the study
- Likely to use study product as indicated for the duration of the study
- Likely to attend all study visits and adhere to protocol requirements, including those pertaining to abstinence from rectal products/practices

Staff responsibilities include the following:

- Designate a Recruitment Coordinator who is responsible for tracking accrual rates and managing recruitment efforts over time.
- Hold weekly or biweekly meetings among staff involved in accrual activities – community educators, recruiters, outreach workers, peer educators, others – to discuss current and ongoing strategies
- Engage community representatives on accrual issues and strategies throughout the accrual period

In addition to tracking accrual and recruitment methods, sites should also monitor early screening and enrollment visits for flow, participant comfort and visit length. Accrual pacing should allow for enough time to adjust techniques as necessary to maximize participant retention.

3.2.2 Participant Accrual SOP

Site staff are responsible for establishing a study-specific participant accrual plan in the form of a standard operating procedure (SOP) on participant accrual. The SOP, and recruitment efforts undertaken to meet site-specific accrual goals, should be updated if needed.

The Accrual SOP should contain, at minimum, the following elements:

- Site-specific accrual targets
- Pre-screening procedures

- Recruitment methods/venues and approaches for timely evaluation of the utility of recruitment methods/venues
- Methods for identifying the recruitment source of participants who present to the site for screening
- Methods for tracking actual versus targeted accrual
- 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)

3.3 Participant Retention

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-035, two retention measures are planned for use. 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 each regularly scheduled follow-up visit will be defined based on whether participants complete the visit within the visit window. Participants who complete a regularly scheduled visit within the visit window will be considered ‘retained’ for that visit.
- Overall study retention is calculated as the percentage of the total number of visits completed by all participants (within their allowable visit window) divided by the number of visits expected for all participants. A visit is considered expected for a participant once the allowable window closes, regardless of whether a participant is lost to follow-up or terminated early from the study.

As indicated above, participants who do not complete a particular scheduled visit within the allowable window, but then complete the next scheduled visit (including any required make-up procedures that were missed), will not be considered retained for the missed visit. However, they 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 post reports on the ATLAS portal presenting retention rates for key study visits designated by the Protocol Team. The MTN SDMC will also generate a final end-of-study retention rate after the study is completed.

3.3.1 Retention Requirements

Sites should target a 95% retention rate of enrolled participants over the follow-up period. The purpose of the 95% retention target is to ensure the accuracy of study results by minimizing bias that can be caused by missing data.

Low retention rates can have serious impacts on the accuracy of the study results because it is unknown whether participants who do not return for scheduled study visits used the study product, liked the product or had adverse effects resulting from using the product. This will result in missing laboratory evaluations (safety) at specified study time points. To avoid these problems, and thereby avoid bias in the study results associated with loss-to-follow-up, high participant retention rates must be maintained throughout the study.

3.3.2 Participant Retention SOP

Site staff are responsible for establishing an SOP for participant retention to meet study retention goals. This SOP should be re-evaluated and modified in response to lower-than-anticipated retention rates, or at any other time when retention strategies are modified.

The Retention SOP should contain, at minimum, the following elements:

- Site-specific retention goals
- Methods for tracking actual versus targeted retention
- Procedures for completing and updating participant locator information
- A 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 24 hours, 1-3 days, 1 week, or 2 weeks after a missed visit)
- 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)

3.3.3 Locator Information

Successful retention begins with the collection of locator information from each study participant. All study participants will be asked to provide locator information during the study screening process, and to continually review/update this information during follow-up. Provision of "adequate" locator information during screening is a study eligibility requirement, and each site must specify its definition of adequate locator information in its Retention SOP. This information should be maintained in an organized manner so that different staff members can easily review the information and contribute to re-contacting the participant when necessary. Each study site is encouraged to develop an exhaustive locator form to maximize contact effectiveness and participant retention.

Potential locator items include:

- Participant's full name, alias, and/or nickname; government-issued identification number; home address; home phone number; mobile phone number; work address; work phone number; e-mail address; daytime and nighttime locations, meeting places and hangouts.
- Name, address, telephone number, and/or other contact information for stable community contacts (e.g., participant family members and friends) who typically know the whereabouts of the participant. *Note: Although contact information for a participant's current primary partner will likely be useful, contact information for other contacts also should be collected, since the participant’s relationship with this partner could change during the study. Locator forms that include partner contact information should also include an indication of whether the participant gives permission to contact the partner.*

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 site-specific 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. Site staff should also probe for additional information that the participant was not able or willing to provide at previous visits.

Study staff should document in chart notes and/or the visit checklist that they reviewed the locator information with the participant at every visit. Any updates to the locator form should use standard GCP corrections with initials and date of the staff member making the changes.

3.3.4 Participant Tracking System

Implementation of a participant tracking system will assist sites in accurately assessing participant retention in the study. This system may be paper-based, or an electronic database. The system chosen must be able to provide the site with a listing of all participants who have missed scheduled study visits. It is expected that each site will have specific staff members designated to retention efforts and the maintenance of this system to track participant visits from the day that accrual starts.

The participant tracking system should be able to inform the site team of the following:

- Number of participants who are expected in the next week/day (to allow for visit reminders to be made in the timeframe specified in site Retention SOP).
- Participants who have missed their scheduled visit and are still within the visit window (ideally so that participants whose window is about to close can be prioritized for tracing).
- Participants who have missed their scheduled visit and need study product(s) to be replaced.
- Participants who have missed their scheduled visit and the window has closed (and a missed visit CRF is needed).

3.3.5 Retention Tips

Some additional strategies for maximizing participant retention are to:

- Dedicate adequate staff time and effort to retention efforts; consider comfort of the waiting area and clinic rooms, and develop rapport and ensure participants feel welcome and comfortable during their visits.
- Emphasize the value of the participants' involvement in the study during the study informed consent process and subsequently at follow-up visits. When participants complete scheduled visits, acknowledge and compliment their commitment, time, and effort devoted to the study.
- Make use of all available contact methods (e.g. phone, mail, e-mail, etc.) as well as other available locator information sources, such as phone and postal directories and other public registries.
- 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.
- Prepare a calendar of scheduled visits for each enrolled participant, based on his/her enrollment date, 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. Confirm the scheduling of the next visit at each follow-up visit and give the participant an appointment card with the scheduled visit date and time noted.

- 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. For participants who demonstrate a pattern of late or missed appointments, schedule follow-up visits for the beginning of the allowable visit window (if applicable) to allow maximum time for re-contact and re-scheduling if needed.
- 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 Retention SOP until contact is made.
- Keep participants and community members up-to-date on study progress to foster a sense of partnership and ownership of the study; for example, a site may choose to use participant newsletters or other IRB-approved methods of communication with participants.
- Inform local service providers who interact with the local study population about the study, so that they also can express their support for the study.