
HPTN 046 Data Communiqué #1

26 March 2007

This is official study documentation for the HPTN 046 trial. Please circulate it among relevant staff for their review, print it, and place in your HPTN046 SSP section for Data Communiqués. This document is considered part of the SSP manual.

CLARIFICATIONS

1. Initial dosing for infants

According to the protocol (Section 6.2.1), an infant may begin dosing after Day 28. If study staff learn that an infant has started breastfeeding but not study drug dosing, the Infant's Breastfeeding and Dosing Initiation (IDI) may be faxed in with item 1 completed only. When item 2 is completed, please refax the form. In most cases both items may be completed at the same time, but these instructions allow us to receive at least partial data in the rare situations where dosing begins after Day 28.

2. WHO staging criteria

As discussed on a protocol team conference call, we will collect data on the Mother's WHO Clinical Stage Assessment form (CS) according to the WHO staging criteria for 2006. There are slight differences between the current version of the CRFs and new criteria, for Stages III and IV, detailed below. The complete revised WHO criteria are listed in Section 9 of the SSP.

Stage III

There are two new criteria for Stage III:

- unexplained anemia, neutropenia, and/or chronic thrombocytopenia
- acute necrotizing ulcerative stomatitis, gingivitis, or periodontitis

If any of the new criteria for Stage III are noted, please write the criterion out in full in the white space of the form on page 2 (under item 4a).

Stage IV

There are five new criteria for Stage IV:

- invasive cervical carcinoma
- symptomatic HIV-associated nephropathy or symptomatic HIV-associated cardiomyopathy
- atypical disseminated leishmaniasis
- recurrent severe bacterial pneumonia
- chronic isosporiasis

If any of the new criteria for Stage IV are noted, please write the criterion out in full in the white space of the form on page 3. There is less white space available on this page, so please make sure you write the criterion clearly.

3. Infant Lab Results

There have been some changes to the Infant's Laboratory Results (ILR), and the current version is now version 3.0. For the short term, a pdf copy of the new form version has been sent to active sites to print and copy for immediate use. Multiple copies of the form will be sent to sites with the next shipment of materials from SCHARP.

Item 3--NEW item: Item 3 has been added to record storage of the cell pellet. If the specimen is not required at the visit, mark the "N/A" (not applicable) box. If the specimen was required but not stored, mark the "not stored" box and write the reason in the space provided.

Items 8a and 8b--HIV EIA and HIV Rapid test results: The boxes for an indeterminate or invalid result have been removed.

Rounding lab values: It may be necessary to round the result reported by the lab up or down to the level of precision allowed on the CRF. For example, a lab-reported hemoglobin value of 11.06 g/dL would be recorded as 11.1 g/dL. If the site lab does not produce test results in the units used on this form, *first* perform the conversion, *then* round the converted result if necessary.

AE Severity grade:

- If an infant abnormal lab value is a pre-existing condition (specimen collection before randomization), record the DAIDS severity grade in the "grade" box and line through the AE page number boxes. Record that the abnormal value was a pre-existing condition in the comments section.
- When lab values have been rounded, always compare the value that was recorded on the CRF (not the lab-reported value) to the severity grade range in the DAIDS toxicity table.
- When working with calculated severity grade ranges (e.g., 1.1–1.5 times the site lab upper limit of normal), the calculated range may have more significant digits than the lab result.
 - Treat all missing digits in the lab value as zeros.
 - If the lab value falls between two calculated severity grade ranges, assign it the higher grade.

4. Adverse Event log

There have been some minor changes to the items on Infant's Adverse Experience Log (AE), and the current version is now 3.0. For the short term, a pdf copy of the new form version has been sent to active sites to print and copy for immediate use. Multiple copies of the form will be sent to sites with the next shipment of materials from SCHARP. In addition, there are some changes to the forms instructions necessary to be consistent with the current version of the protocol.

Item 9: This item previously asked if the AE was reported to the DAIDS safety office. It now asks "Has/will this AE be reported as an EAE?".

General reporting: Information on all non-serious and serious AEs in infants through 8 months of life - regardless of relatedness or whether the infant is still on study drug - will be recorded on the AE log CRF. After 8 months of life, information on all concurrent illnesses are recorded in the participant source records, but only SAEs and AEs that are reported to DAIDS as EAEs (including grade 3 and 4 skin rash and grade 3 and 4 ALT) are to be reported on DataFax AE Log CRFs. These reporting requirements are summarized in Appendix V to the protocol.

Remember that the following typical childhood illnesses are recorded in participant source records and captured in the study database as interim medical history or physical examination findings, but are not reported separately as adverse experiences: diaper rash, otitis media, and afebrile upper and lower respiratory tract infections including bronchiolitis. However, if one of these conditions is considered to be an SAE or reported as an EAE then it must also be recorded on an AE Log CRF and submitted to SCHARP DataFax.

Any conditions or illnesses in infants occurring before randomization, including congenital anomalies, are reported as pre-existing conditions.

Abnormal Lab Values reported as AEs: In general, report laboratory toxicities on the AE Log CRF as an abnormal lab value (e.g., decreased hemoglobin, increased ALT) unless the infant is to be treated for a specific diagnosis. For example, report a low hemoglobin value as “decreased hemoglobin” if the infant does not need to be treated for the condition, but report as “anemia” if the infant does require treatment.

5. Concomitant Medications log

The first sentence of the instructions for the Infant’s Concomitant Medications Log (CM) states that “All antibiotic, antifungal, and antimicrobial medication(s) that are given to the infant during the study must be documented on this form.” Please note that these are reported through the first 8 months of life only, not the entire duration of the study.

6. LDMS Specimen Tracking Sheet

Some minor changes were made to this non-DataFax form. For the short term, a pdf copy of the new form version has been sent to active sites to print and copy for immediate use. Multiple copies of the form will be sent to sites with the next shipment of materials from SCHARP.

Additives: LDMS codes for additives have been added as needed to the form.

Dried blood spots: If the dried blood spot card is made in the clinic, it is logged into LDMS as DWB, with no additive (NON) and derivative DBS. If the dried blood spot card is made in the lab from a tube of blood, it is logged into LDMS as BLD, with the indicated additive and derivative DBS.

HPTN046 Data Communiqué #2

28 June 2007

This is official study documentation for the HPTN046 trial. Please print it and circulate among relevant staff for their review, and file it in your HPTN046 SSP Manual behind the “Communiqués” tab. This document is considered part of the SSP manual.

UPDATES

1. QC of gaps in log page numbers

Beginning 1 July 2007, when gaps are identified in log page numbers (for example, AE Log page 01, 02, and 04 are present, but page 03 is not), you will be notified by an “overdue notice” on your QC Report.

For example, if AE Log page 01, 02, and 04 are received for PTID 999-99999-9, the overdue QC notice would appear on the QC Report as:

999-99999-9 Overdue Visit: AE Log page #03

This overdue notice should prompt you to review the AE Log pages completed and faxed for the participant. To remove the overdue notice, please fax AE Log page 03 (if already completed) or use page 03 for the next AE Log page completed for the participant.

Please do not renumber log page CRFs in response to this overdue notice. You should never renumber log page CRFs unless specifically instructed to do so by SCHARP staff.

2. Updated Infant’s Study Drug Dosing form (IDD-2)

The Protocol Pharmacist recently recalculated the amount of study drug that must be dispensed at each visit starting with the 8 week visit. The maximum number of bottles of study drug dispensed at any one visit is now six. Since there were only 5 spaces for study drug labels on page 2 of the Infant Study Drug Dosing form (IDD-2), we have updated the CRF to accept 6 labels. In the meantime, please continue to use your old version of this form and when dispensing 6 bottles of study drug stick the 6th label in the blank space next to the 5th label. The next time you reorder IDD CRFs, you will receive the new version with space for the 6th label printed on the form.

CLARIFICATIONS

1. Target Visit Windows

Section 12.5.4 of the HPTN046 SSP describes the visit windows within which each visit must take place or it is considered missed - these are called the “Allowable” Visit Windows. In addition to these visit windows SCHARP also uses more restricted visit windows called “Target” Visit Windows. The Target Visit Windows are used by DataFax to query for an “overdue” visit and by the HPTN046 Retention Reports [posted at <http://www.scharp.org/HPTN/PTN046/046.html>] to determine whether a visit has been conducted “early” or “late.” For this study, the Target Visit Windows open on the same day as the Allowable Visit Windows, (6-14 days before the Target Visit Date), but close between 7 and 21 days after the Target Visit Date.

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The last column in the table below documents the Target Visit Windows used for both mother and infant study visits. Whenever possible study visits should be conducted as close as possible to the Target Visit Date and within the Target Visit Window.

Visit	Visit Code	Visit Target Day (post delivery/ birth)	Infant Allowable Visit Window	Mother Allowable Visit Window	Target Visit Window
2 Week	3.0	Day 14	Days 12 - 21	Days 12 - 35	Days 12 - 21
4 Week	4.0	Day 28	Days 22 - 35		Days 22 - 35
6 Week	5.0	Day 42	Days 36 - 49	Days 36 - 84	Days 36 - 49
8 Week	6.0	Day 56	Days 50 - 84		Days 50 - 70
3 Month	7.0	Day 91	Days 85 - 115	Days 85 - 167	Days 85 - 105
4 Month	8.0	Day 122	Days 116 - 145		Days 116 - 136
5 Month	9.0	Day 152	Days 146 - 167		Days 146 - 166
6 Month	10.0	Day 182	Days 168 - 259	Days 168 - 350	Days 168 - 203
9 Month	11.0	Day 274	Days 260 - 350		Days 260 - 295
12 Month	12.0	Day 365	Days 351 - 532	Days 351 - 532	Days 351 - 386
18 Month	13.0	Day 547	Days 533 - 637	Days 533 - 637	Days 533 - 568

2. Infant Laboratory Results and AE Log page numbers

The Infant Laboratory Results CRF has for some assays a box to the right of the results for recording the DAIDS severity grade and an AE Log form page number for any associated adverse experience that may have been reported. In general, only grade 3 and greater abnormal lab results are reported as AEs in not associated with another diagnosis. If such an abnormal laboratory value has been associated with an AE Log page, as the AE resolves that AE page number must be recorded on Infant Laboratory Results CRFs for all subsequent visits at which laboratory tests are run until the AE has completely resolved, even if the severity grade has dropped below grade 3.

This will assure that subsequent lab values will continue to appear in reports for the PSRT.

On the other hand, if the severity of an already reported laboratory AE increases in severity by at least one grade and a new AE Log CRF must be completed, please write the page number of the new AE next to the laboratory value that represents the increase in severity.

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Example, hemoglobin values and decreasing severity grades over time:

Visit	Hb value	Severity grade	AE Log page number
3.0	9.9g/dL	3	005
3.1	9.2g/dL	3	005
3.2	9.0g/dL	2	005
5.0	8.3g/dL	2	005
7.0	10.0g/dL	1	005
10.0	11.2g/dL	[blank]	[blank]

Example, increase in severity grade:

Visit	Hb value	Severity grade	AE Log page number
3.0	9.9g/dL	3	005
3.1	9.2g/dL	3	005
3.2	7.0g/dL	4	007

3. Mother's Screening Outcome (MSO-1) form

If the items "mother not eligible" or "infant not eligible" are marked on the Mother's Screening Outcome form, then at least one reason box beneath the item must be marked. For example, if "mother not eligible" is marked, then at least one of the items such as "not pregnant" or "did not sign informed consent" must also be marked. Please see attached sample form.

4. Stratum determined at the time of randomization

According to the HPTN046 protocol section 8.4, the randomization stratum is determined by maternal antiretroviral exposure at the time of randomization. Item11 on the Mother's Enrollment page 1 (ENR-1) is a little misleading because asks about antiretroviral exposure during the pregnancy. In the rare event that a mother goes on antiretroviral therapy after delivery but before randomization the correct randomization stratum is A.

REMINDERS

1. Adverse Experience Log and Study Product Administration

- Item 5 of the Infant's Adverse Experience Log should only be marked as "Held" or "Permanently discontinued" on the AE Log page that documents the condition that caused

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the study drug to be held or discontinued. All other AEs reported during the period of time study drug is held or after study drug has been permanently discontinued should be marked "N/A."

- All AEs reported after study drug dosing is discontinued or completed should have item 5 marked as "N/A"
- All AEs reported while the infant is still on study drug should have item 5 marked as "No change"

2. Randomization Reminders

- Please remember that the assignment of study drug to an infant randomizes that infant.
- If an infant is accidentally assigned study drug from the incorrect randomization stratum (for example, assigned a stratum A study drug kit when the mother was in stratum B) do not try to correct the problem by "re-randomizing." Instead,
 - leave the infant assigned to the initially assigned study drug kit
 - document the situation
 - send an e-mail to **046SiteQueries@HPTN.org** and copy the protocol pharmacist
 - write it up as a Protocol Deviation per the HPTN MOP
 - Complete the Infant Randomization CRF by marking the stratum of the study drug kit actually assigned to the infant and add comments to explain the incorrect assignment to stratum
- Similarly, if a study drug kit number is accidentally skipped, do not try and fix the problem by re-randomizing. Instead,
 - assign the skipped kit to the next eligible infant within the correct stratum,
 - document the situation
 - send an e-mail to **046SiteQueries@HPTN.org**
 - write it up as a Protocol Deviation
 - Add a comment to the Infant Randomization CRF to explain that the study drug kit was assigned out of order

SAMPLE: DO NOT FAX TO DATAFAX



HPTN 046 Ext NVP Mother (089) MSO-1 (005)

Participant ID

Participant ID form with boxes for Site Number, Participant Number, Chk, and Cohort (0)

Mother's Screening Outcome

Form Completion Date

Form Completion Date form with boxes for dd, MMM, and yy

1. Date mother provided informed consent: [dd] [MMM] [yy]

2. Was this mother's infant randomized? [yes] [no] (no is checked)

If yes, end of form. Submit all mother and infant forms for screening, enrollment, birth, and randomization.

3. Reason infant(s) not randomized:

[X] mother not eligible: Mark all that apply.

- checkboxes for: less than 14 weeks gestation, did not sign consent, not pregnant, not HIV-infected, serious illness or condition that prohibits participation in the study, does not intend to breastfeed, does not intend to deliver at study site

If "mother not eligible" marked then at least one of these items must also be marked.

[X] infant(s) not eligible: Mark all that apply.

- checkboxes for: blood for HIV-1 testing not collected, birthweight less than 2500g, mother/infant unable to breastfeed, mother decided against breastfeeding, Grade 2b, 3, or 4 rash, confirmed or suspected hepatitis, serious illness or condition that prohibits participation in the study, known ALT Grade 2 or above, known hemoglobin, absolute neutrophil count, or platelet count Grade 2 or above

If "infant(s) not eligible" marked then at least one of these items must also be marked.

- checkboxes for: stillbirth/infant death, mother did not deliver at site and did not return within 3 days, mother/infant did not return for randomization, mother refused, infant on rifampin or oral ketaconazole, other, specify:

These items are independent of mother or infant eligibility and could be the only item marked, for example if an infant is stillborn or the mother delivered at home and did not return to the site within 3 days

Comments: _____

HPTN046 Data Communiqué #3

13 August 2007

This is official study documentation for the HPTN046 trial. Please print it and circulate among relevant staff for their review, and file it in your HPTN046 SSP Manual behind the “Communiqués” tab. This document is considered part of the SSP manual.

UPDATES

- 1. Completion of CRFs for randomized infants < 43 days of age (as of 10 August) switched to active study drug - initial visit**
 - Complete an **Infant’s Interim Visit (IV-1)** CRF marking both “study drug resupply” and “other, specify” as reasons for the visit. The text for the “other, specify” should state that the visit was done to put the infant on active study drug.
 - Complete a **Infant’s Study Drug Dosing form (IDD-1, IDD-2)** with the same visit code, documenting adherence and last doses of original study drug and the dispensing of the new study drug. Enter number of bottle dispensed and affix study drug labels as before. Item 7b, “Was the infant switched to extra study drug at this visit?” is marked “yes.”
 - Add a note next to item 7b indicating the infant was switched to active study drug.
- 2. Completion of CRFs for randomized infants < 43 days of age (as of 10 August) switched to active study drug - follow-up visits**
 - For visits up to the 6 Week Visit, complete all CRFs as before
 - For the 6 Week Visit also complete the **Infant’s Permanent Study Drug Discontinuation form (IPD-1)** marking item 3 as “other, specify”. The text for the “other, specify” should state that it is the “6 Week Visit.”
 - For visits after the 6 Week Visit, all CRFs except the Infant’s Study Drug Dosing form are completed as before per protocol and SSP.
- 3. Completion of CRFs for mothers consented by 10 August and their infant is enrolled**
 - **Mother’s Screening Outcome form (MSO-1)** - complete all items as before, marking item 2 “yes” if the infant was enrolled, even though the infant was not randomized.
 - All other CRFs are completed as before per protocol and SSP
- 4. Completion of CRFs for infants born to mothers consented by 10 August (enrolled but not randomized)**
 - **Infant’s Randomization form (IR-1)** - complete all items as before (infants must still be eligible for the study according to the current protocol criteria) except
 - for item 10, enter the date of enrollment (date infant was determined to be eligible and study drug assigned)
 - for item 11, line out and note that the item is “NA” or “not applicable”
 - Complete all other CRFs as described in #2 above

HPTN046 Data Communiqué #4

10 March 2008

This is official study documentation for the HPTN046 trial. Please print it and circulate among relevant staff for their review, and file it in your HPTN046 SSP Manual behind the “Communiqués” tab. This document is considered part of the SSP manual.

UPDATES

Updates to CRF Instructions for version 3.0: The following changes to instructions on the CRFs were not made before the printing and shipment of new forms for version 3.0 but will be included in the next printing.

- **DM-1:** Instruction in the second sentence under “Description and Purpose” will read "Do not submit this form to SCHARP DataFax until after the infant and mother have been enrolled."
- **ILR-1 and ILR-2:** Under AE Log Page #: "At the Delivery/Birth/Randomization visit (02.0)", “randomization” will be changed to “enrollment”.
- **IR-1:** Under “Description and Purpose” in the second statement that says "Do not submit this form to SCHARP DataFax until after the infant has been randomized and enrolled..." the phrase "and enrolled" will be deleted.

CLARIFICATIONS

1. **IDD-1:** When permanently discontinuing open-label nevirapine or study-drug, if dosing is being permanently discontinued, rather than held, item #2 should be marked “no”; the permanent discontinuation will be documented in #4. Item #2 and item #4 should never both be marked “yes”.
2. **Documenting Breastfeeding Cessation:**
 - a. The IBL form should only be sent in conjunction with an IFU-2 form with item 9 marked 'yes' (documenting that breastfeeding was discontinued for at least 30 days) and should refer to the visit code on that IFU-2
 - b. Any time an IFU-2 form is sent in with #9 marked 'yes', we expect an IBL form (referring to that visit code) to be submitted at the same time.
 - c. The IFU-1,2 forms are only completed at scheduled study visits (not interim visits); therefore the IBL form is also only to be submitted for scheduled visits
 - d. The IPD-1 form may be filled out at an interim visit, and 'breastfeeding discontinued early' may be the reason for permanent discontinuation, however, the IFU and IBL forms would not be completed until the change in breastfeeding status is documented at a scheduled visit.

3. **Documenting HIV Infection:** Once a positive HIV test result is reported on the ILR, DataFax expects to receive an IHU or IHO form documenting confirmatory testing. The confirmatory test(s) should only be documented on the IHU or IHO, not on the ILR.

Once an infant is confirmed positive, HIV testing and drug adherence assessments are to be discontinued. However, per the HPTN Network Laboratory Communiqué dated 20 July 2007, viral load testing may be done for patient management. In these cases RNA PCR results should be recorded on the ILR for the visit (with no IHU/IHO page number - instead a line should be drawn through it and marked as NA) when the specimen was drawn, as it is no longer a confirmation of infection.

REMINDERS:

1. **IDD-2:** Please note that Item 6 documents the last 3 doses **since the last visit**. Do not report the same doses on more than one IDD form. Only report those doses since the last visit, even in cases where the last visit was the previous day and there may only be 1 dose to report.
2. **Interim Visit Codes:** Interim visit codes are only to be assigned if required data is to be reported on CRFs for that interim visit and submitted to SCHARP. For example, if an infant comes in for an interim visit due to a new AE, you would assign an interim visit code and apply it to all CRFs completed for that visit (e.g., AE-1, IV-1). However, if the infant returns for follow-up for the same AE and no **new** CRFs will be completed to document that visit, you would not assign an interim visit code or complete an IV-1 or any other CRFs (though of course you would document this visit in the participant's source documents). Following these guidelines will help you avoid running out of interim visit codes between scheduled visits.
3. **Termination:** Once a participant terminates from the study and the Termination form is submitted, DataFax no longer expects any new CRFs for that participant (unless there are still outstanding CRFs from previous visits). Any AEs that are continuing as of the termination visit are not followed to resolution on DataFax CRFs (though you may continue to follow them up in clinic and in the source documentation). For all AEs that have not resolved by the time of the participant's termination, mark as "continuing at end of study participation", initial, date and resubmit.
4. **Destroy Outdated CRFs:** Once Version 3.0 opens at your site, the following Version 2.0 CRFs must be rounded up and destroyed and replaced with the 3.0 version:
 - **Infant CRFs:**
 - IB-1-3
 - IDI-1
 - IDD-1-2
 - IR-1
 - IV-1
 - TM-1 (if not already)
 - IHU-1
 - **Mother CRFs:**
 - ENR-1-4
 - TM-1 (if not already)
 - MSO-1
 - CS-1-3
5. **New IOD-1 CRF:** In addition to the above revised forms, use of the new Infant's Open Label NVP Permanent Discontinuation form will start with Version 3.0 of the protocol.

HPTN046 Data Communiqué #5

14 May 2008

This is official study documentation for the HPTN046 trial. Please print it and circulate among relevant staff for their review, and file it in your HPTN046 SSP Manual behind the “Communiqués” tab. This document is considered part of the SSP manual.

UPDATES

Version 2.0 Mothers Wishing to Enroll New Infant (Uganda and Zimbabwe Sites Only):

There may be some mothers with infants who were enrolled in version 2.0 of the protocol, who become pregnant again and wish to enroll a new infant in version 3.0. This is acceptable IF the first infant has completed follow-up. It is not acceptable for mothers to terminate the follow-up of the first infant in order to enroll a new infant. Version 2.0 mothers meeting these criteria will be issued a new participant ID and be re-consented. Additional instructions regarding this process will be issued to version 2.0 sites as needed.

Multiple Pregnancies - All Sites: Mothers who enroll an infant(s) in version 3.0 of the protocol may NOT enroll subsequent infant(s) if they should become pregnant again.

CLARIFICATIONS

- 1. Reporting/Confirming HIV infection:** When an infant first tests positive for HIV infection, send in Infant Laboratory Results forms (ILR-1, -2) right away and include the Infant IHU/IHO log page number; however, don't submit the Infant's Confirmatory HIV Results—15 Months and Under (IHU-1) or Infant's Confirmatory HIV Results—Over 15 Months (IHO-1) until confirmatory test results are received (DataFax does not expect the IHU/IHO until 2 weeks after the specimen collection date of the ILR with the first positive results).
- 2. Concomitant Medications:** Concomitant medications (only antibiotic, antifungal and antimicrobial medications) are recorded on the Infant 's Concomitant Medications CRF (CM-1) through 8 months of life; the CM-1 is faxed to SCHARP by the 9 month visit. Before faxing, each medication recorded on the CRF should have a stop date or be marked “continuing at end of study.”. SCHARP will change the wording/instructions on the next versions of the Concomitant Medications and Interim Visit forms, to clarify that the Concomitant Medications are only updated through 8 months of life.
- 3. Definition of 15 months of age:** For purposes of determining whether to use the HIV testing algorithm (See SSP Section 10, pages 10-13 and 10-14) for infants 15 months of age or younger or the HIV testing algorithm for infants over 15 months of age, 15 months of age is defined as **Day 456** of life. The IHU is completed to document the

testing algorithm for infants who are 456 days or younger at the time of the first positive HIV PCR test. The IHO is completed for infants who are 457 days and older at the time of the first positive HIV EIA or rapid test.

REMINDERS:

1. **Termination Form:** As of October 12, 2007 all sites should be using the new version of the termination CRF.
2. **HIV Infection Confirmation at Interim Visit:** If an infant is brought in for an interim visit to confirm HIV infection, mark confirmatory HIV testing on the Interim Visit form and record confirmatory results on the IHU or IHO (not on the Infant's Laboratory Results form).
3. **Open Label NVP/Study Drug Stop Date:** If the infant started open label NVP/study drug and then discontinued early for any reason and site staff do not know the exact date the study drug use stopped, please record the BEST ESTIMATE as to when the drug use stopped on the form (for example, the last visit date, or when the study drug dispensed was due to run out). A comment may be added to the CRF to indicate that the date is an estimate. SCHARP needs a date in order to properly report whether the participant is still on study drug to the DAIDS Enterprise tracking database.
4. **IDD-1 and IDD-2:** When correcting items on the Infant Study Drug Dosing CRF as the result of QCs, please remember to check consistency of all answers on both pages before faxing to SCHARP. This will help cut down on new QCs being generated as the result of corrections. For example if items 6a-6c are changed from dates to 'n/a' on the IDD-2, but on the IDD-1 item 1 still says 'yes' (has the infant been given any study drug since the last visit), this creates an inconsistency. In this case, if no doses are being reported in items 6a-6c, then item 1 should be updated to 'no'.

HPTN046 Data Communiqué #6

30 May 2008

This is official study documentation for the HPTN046 trial. Please print it and circulate among relevant staff for their review, and file it in your HPTN046 SSP Manual behind the “Communiqués” tab. This document is considered part of the SSP manual.

UPDATES

MSO-1: It has been brought to our attention that the MSO-1 (Mother’s Screening Outcome) CRF has an error. In the section documenting reasons for infant ineligibility, the item that states “hemoglobin, absolute neutrophil count, or platelet count Grade 2 or above” is currently in conflict with the protocol (section 6.2.1 of Version 2.0 protocol; section 4.2 of Version 3.0), which states “hemoglobin, absolute neutrophil count, or platelet count Grade 3 or higher.”

The MSO-1 CRF will be corrected and future orders will include the corrected version. Please continue to mark this item on the current version of the CRF if an infant is ineligible for the study due to hemoglobin, neutrophils or platelets per protocol (grade 3 or higher).