

HPTN 052 Study Monitoring Committee (SMC) Review
Review Date: 13 April 2010

Participating SMC Reviewers:

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Executive Summary:

The HPTN Study Monitoring Committee (SMC) conducted its eighth review of HPTN 052 via teleconference on 13 April 2010. Data and performance indicators available from study visits conducted on or before 15 March 2010 were considered during the review. The SMC also conducted a confidential review of data in a closed session prior to the full SMC review.

The SMC indicated that the HPTN 052 protocol team continues to do an excellent job with study conduct. The official SMC report, which includes data up to 15 March 2010, indicated that enrollment is almost complete; however, as of the date of the call, the total enrollment target of 1750 had been reached. The SMC commended the HPTN 052 protocol team on reaching this major milestone.

In addition to enrollment as noted above, the SMC's review focused mainly on retention of both index cases and partners, adherence to study drug for the index cases, and some concerns regarding data quality.

Summary and Recommendations:

- The following items were noted by the SMC:
 - 1) Table 1: The SMC congratulated the protocol team on completing enrollment. It was noted that, as of the data included in the SMC report, 17% of those enrolled were in Brazil, 31% in the Asian sites, and the remaining half in the African sites. To date, 21% of the person-years expected to be accumulated in the study overall have been accumulated.
 - 2) Tables 4a and 4b: The SMC is encouraged that 93% of the couples remain in follow-up.
 - 3) Table 6: It was noted that the HPTN Network Laboratory is continuing to conduct antiretroviral (ART) drug screening in participants in HPTN 052 in which the enrollment HIV-1 RNA is below 1000 copies/ml, and in those in the delayed arm who during follow-up have below 1000 copies/ml, and for QA purposes, in a random 10% of all enrollment samples.
 - 4) Table 9: This table indicated some higher rates of syphilis at some of the sites, and it was noted that sites report syphilis screen results, titer and confirmatory test results. From these results, it can be determined if the participant was positive for syphilis. Reviewing the sequential syphilis results could also potentially allow one to determine if the participant's treatment for the disease was effective, but it cannot be determined with certainty if the person was treated or not.
 - 5) Table 11: It was noted that overall retention for indexes was excellent with values of 95% at 12 and 24 months, and 93% at 36 months. Retention among partners was also good, with 90% at month 12, 89% at month 24, and 91% at 36 months. The SMC recommended that site investigators remain diligent regarding retention.
 - 6) Table 12 and 13: According to the tables, counseling attendance was very good.
 - 7) Table 14: It was noted that quarterly HIV testing in the partner was very good, except for some missing tests, particularly in Rio de Janeiro. The site investigator explained that there was a lapse in testing during a time when the test kits were unable to be imported into the country.
 - 8) Table 15: This table indicated a high rate of adherence to study medications.
 - 9) Data Management Quality Report: This report indicated higher QC rates at both sites in South Africa, Botswana, and Kenya, in addition to a long delay in faxing time noted for Kenya. It was noted that this may be due in part to the fact that these sites are relatively new, and/or have fewer number of couples enrolled, and therefore less experience working with a large volume of data over a long period of time. SCHARP has been working closely with the sites regarding any noted QC trends, and will continue to do so in order to try to reduce the QC rates.
 - 10) The HPTN Network Laboratory had no additional concerns to discuss from what was already included in the open report.
- It was noted that the SMC is satisfied that the protocol team is monitoring the impact of the recently revised WHO recommendations for initiation of antiretroviral therapy.