



HPTN Study Operations Report

December 2009

**PTN Executive Summary Report
9 December 2009
Enrollment Summary**

Protocol	Site	Date of First Enrollment	Target Number	Total Enrolled	% Target Enrollment	Months of Enrollment	Cumulative Enrollment Per Month	% Enrollment Period
027	Uganda – Mulago Hospital	12Oct2006	60	60	100%	7.1	8.5	completed
	Total		60	60	100%	7.1	8.5	
046 V2 (Mothers)	Uganda – Mulago Hospital	08Feb2007	190	190	100%	8.2	23.2	completed
	Zimbabwe – Harare/Chitungwiza	09Mar2007	157	157	100%	7.8	20.1	completed
	Total		347	347	100%	8.8	39.4	
046 V2 (Infants)	Uganda – Mulago Hospital	08Feb2007	190	193	102%	8.2	23.5	completed
	Zimbabwe – Harare/Chitungwiza	09Mar2007	157	157	100%	7.8	20.1	completed
	Total		347	350	101%	8.8	39.8	
046 V3 (Mothers)	South Africa – Durban – Prince Mshiyeni Hospital	22Jul2008	400	395	99%	16.8	23.5	78%
	Tanzania – Dar Es Salaam	28Jan2009	270	217	80%	10.5	20.7	69%
	Uganda – Mulago Hospital	23Jun2008	500	491	98%	17.8	27.6	79%
	Zimbabwe – Harare/Chitungwiza	14May2008	500	486	97%	19.1	25.4	80%
	Total		1670	1589	95%	19.1	83.2	
046 V3 (Infants)	South Africa – Durban – Prince Mshiyeni Hospital	22Jul2008	400	396	99%	16.8	23.6	78%
	Tanzania – Dar Es Salaam	28Jan2009	270	218	81%	10.5	20.8	69%
	Uganda – Mulago Hospital	23Jun2008	500	501	100%	17.8	28.1	79%
	Zimbabwe – Harare/Chitungwiza	14May2008	500	483	97%	19.1	25.3	80%
	Total		1670	1598	96%	19.1	83.7	
052 Run-in (Indexes)	US – Boston – Fenway Community Health Center	24Oct2005	6	2	33%	11.5	0.2	closed
	Brazil – Porto Alegre	30Jan2006	5	5	100%	3.3	1.5	completed
	Brazil – Rio de Janeiro	22Sep2005	15	15	100%	2.2	6.8	completed
	India – Chennai – YRGCare	10Nov2005	10	10	100%	1.3	7.7	completed
	India – Pune	01Jul2005	10	10	100%	2.2	4.5	completed
	Malawi – Blantyre – Queen Elizabeth Central	25Aug2005	10	10	100%	6.9	1.4	completed
	Malawi – Lilongwe – Lilongwe Central Hospital	12Apr2005	10	10	100%	1.2	8.3	completed
	Thailand – Chiang Mai	24Jun2005	10	10	100%	2.3	4.3	completed
	Zimbabwe – Harare – Parirenyatwa Hospital	09Jan2006	10	10	100%	2.4	4.2	completed
	Total		86	82	95%	18	4.6	
052 Run-in (Partners)	US – Boston – Fenway Community Health Center	24Oct2005	6	2	33%	11.5	0.2	closed
	Brazil – Porto Alegre	30Jan2006	5	5	100%	3.3	1.5	completed

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	Brazil – Rio de Janeiro	22Sep2005	15	15	100%	2.2	6.8	completed
	India – Chennai – YRGCare	10Nov2005	10	10	100%	1.3	7.7	completed
	India – Pune	01Jul2005	10	10	100%	2.2	4.5	completed
	Malawi – Blantyre – Queen Elizabeth Central	25Aug2005	10	11	110%	6.9	1.6	completed
	Malawi – Lilongwe – Lilongwe Central Hospital	12Apr2005	10	10	100%	1.2	8.3	completed
	Thailand – Chiang Mai	24Jun2005	10	10	100%	2.3	4.3	completed
	Zimbabwe – Harare – Parirenyatwa Hospital	09Jan2006	10	10	100%	2.4	4.2	completed
	Total		86	83	97%	18	4.6	
052 Full Study (Indexes)	Botswana – Gaborone	16Apr2009	65	45	69%	7.9	5.7	68%
	Brazil – Porto Alegre	26Nov2007	93	78	84%	24.8	3.1	87%
	Brazil – Rio de Janeiro	14Nov2007	185	158	85%	25.2	6.3	87%
	India – Chennai – YRGCare	05Jul2007	240	234	98%	29.6	7.9	89%
	India – Pune	28Jun2007	190	143	75%	29.8	4.8	89%
	Kenya – Kisumu	03Nov2009	45	8	18%	1.2	6.7	24%
	Malawi – Blantyre – Queen Elizabeth Central	16Jan2008	215	192	89%	23.1	8.3	86%
	Malawi – Lilongwe – Lilongwe Central Hospital	06Dec2007	240	215	90%	24.5	8.8	87%
	South Africa – Johannesburg – Witwatersrand	20May2008	55	39	71%	18.9	2.1	84%
	South Africa – Soweto	11Jun2009	30	10	33%	6	1.7	62%
	Thailand – Chiang Mai	11Oct2007	90	87	97%	26.3	3.3	88%
	Zimbabwe – Harare – Parirenyatwa Hospital	05Nov2007	220	186	85%	25.5	7.3	87%
	Total		1668	1395	84%	29.8	46.8	
052 Full Study (Partners)	Botswana – Gaborone	16Apr2009	65	45	69%	7.9	5.7	68%
	Brazil – Porto Alegre	26Nov2007	93	80	86%	24.8	3.2	87%
	Brazil – Rio de Janeiro	14Nov2007	185	158	85%	25.2	6.3	87%
	India – Chennai – YRGCare	05Jul2007	240	234	98%	29.6	7.9	89%
	India – Pune	28Jun2007	190	143	75%	29.8	4.8	89%
	Kenya – Kisumu	05Nov2009	45	7	16%	1.1	6.4	23%
	Malawi – Blantyre – Queen Elizabeth Central	16Jan2008	215	192	89%	23.1	8.3	86%
	Malawi – Lilongwe – Lilongwe Central Hospital	06Dec2007	240	220	92%	24.5	9	87%
	South Africa – Johannesburg – Witwatersrand	20May2008	55	39	71%	18.9	2.1	84%
	South Africa – Soweto	11Jun2009	30	10	33%	6	1.7	62%
	Thailand – Chiang Mai	11Oct2007	90	88	98%	26.3	3.3	88%

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	Zimbabwe – Harare – Parirenyatwa Hospital	05Nov2007	220	185	84%	25.5	7.3	87%
	Total		1668	1401	84%	29.8	47	
057 (Mothers)	Brazil – Belo Horizonte	08Aug2007	9	8	89%	28.5	0.3	completed
	Brazil – Porto Alegre – Conceicao	15Jun2008	4	5	125%	18.1	0.3	completed
	Brazil – Porto Alegre – Santa Casa	19Sep2007	11	13	118%	27.1	0.5	completed
	Brazil – Rio de Janeiro	17Apr2008	4	7	175%	20	0.4	completed
	Malawi – Blantyre – Queen Elizabeth Central	26Dec2006	56	56	100%	36	1.6	completed
	Total		80	89	111%	36	2.5	
057 (Infants)	Brazil – Belo Horizonte	08Aug2007	9	8	89%	28.5	0.3	completed
	Brazil – Porto Alegre – Conceicao	15Jun2008	4	5	125%	18.1	0.3	completed
	Brazil – Porto Alegre – Santa Casa	19Sep2007	11	13	118%	27.1	0.5	completed
	Brazil – Rio de Janeiro	17Apr2008	4	7	175%	20	0.4	completed
	Malawi – Blantyre – Queen Elizabeth Central	27Dec2006	56	56	100%	35.9	1.6	completed
	Total		80	89	111%	35.9	2.5	
058	China – Guangxi – Heng County	24Dec2008	400	180	45%	11.7	15.4	32%
	China – Xinjiang	23Dec2008	490	198	40%	11.7	16.9	32%
	Thailand – Chiang Mai University	30May2007	202	202	100%	28.7	7	completed
	Total		1500	580	39%	30.8	18.8	
061	US – Atlanta	–	202	–	–	0	–	
	US – Boston	17Jul2009	403	73	18%	4.8	15.2	27%
	US – Decatur	16Sep2009	201	26	13%	2.8	9.3	18%
	US – Los Angeles	30Sep2009	403	51	13%	2.3	22.2	15%
	US – NY – Harlem Prevention Center	–	202	–	–	0	–	pending
	US – NY – New York Blood Center	01Oct2009	201	28	14%	2.3	12.2	15%
	US – San Francisco	13Aug2009	403	76	19%	3.9	19.5	23%
	US – Washington DC	28Jul2009	403	54	13%	4.5	12	26%
	Total		2418	308	13%	4.8	64.2	
064 (Women)	US – Atlanta	22Oct2009	200	11	6%	1.6	6.9	26%
	US – Baltimore	05Aug2009	200	56	28%	4.2	13.3	68%
	US – Chapel Hill	26May2009	200	200	100%	4	50	completed
	US – Decatur	27Aug2009	200	24	12%	3.5	6.9	57%

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	US – NY – Bronx–Lebanon Hospital Center	16Jun2009	200	200	100%	4.4	45.5	completed
	US – NY – Harlem Prevention Center	26Oct2009	200	23	12%	1.5	15.3	
	US – Newark	05Jun2009	400	193	48%	6.2	31.1	102%
	US – Raleigh	11Aug2009	200	110	55%	4	27.5	65%
	US – Washington DC	17Jun2009	200	201	101%	4.9	41	completed
	Total		2000	1018	51%	6.6	154.2	
064 (Men)	US – Decatur	–	30	–	–	0	–	
	US – NY – Bronx–Lebanon Hospital Center	30Sep2009	30	27	90%	2.3	11.7	91%
	US – Raleigh	–	30	–	–	0	–	
	US – Washington DC	–	30	–	–	0	–	
	Total		120	27	23%	2.3	11.7	

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Retention Summary

Protocol	Site	Total Enrolled	Expected Visits	Completed Visits	Protocol Expectations	Retention Rate	Protocol Expected Standard
027	Uganda – Mulago Hospital	60	900	885	836	98%	93%
	Total	60	900	885	836	98%	93%
046 V2 (Mothers)	Uganda – Mulago Hospital	190	1140	1057	1071	93%	94%
	Zimbabwe – Harare/Chitungwiza	157	942	821	885	87%	94%
	Total	347	2082	1878	1956	90%	94%
046 V2 (Infants)	Uganda – Mulago Hospital	193	2123	1997	2015	94%	95%
	Zimbabwe – Harare/Chitungwiza	157	1727	1611	1639	93%	95%
	Total	350	3850	3608	3654	94%	95%
046 V3 (Mothers)	South Africa – Durban – Prince Mshiyeni Hospital	395	1372	1240	1332	90%	97%
	Tanzania – Dar Es Salaam	217	637	591	625	93%	98%
	Uganda – Mulago Hospital	491	1700	1621	1651	95%	97%
	Zimbabwe – Harare/Chitungwiza	486	1704	1607	1652	94%	97%
	Total	1589	5413	5059	5260	93%	97%
046 V3 (Infants)	South Africa – Durban – Prince Mshiyeni Hospital	396	2814	2638	2725	94%	97%
	Tanzania – Dar Es Salaam	218	1293	1192	1265	92%	98%
	Uganda – Mulago Hospital	501	3596	3495	3485	97%	97%
	Zimbabwe – Harare/Chitungwiza	483	3477	3294	3365	95%	97%
	Total	1598	11180	10619	10840	95%	97%
052 Combined (Indexes)	Botswana – Gabarone	45	113	110	112	97%	100%
	Brazil – Porto Alegre	83	504	494	497	98%	99%
	Brazil – Rio de Janeiro	171	1271	1254	1249	99%	98%
	India – Chennai – YRGCare	244	1585	1479	1559	93%	98%
	India – Pune	153	1105	1097	1085	99%	98%
	Kenya – Kisumu	8	0	0	0	–	–
	Malawi – Blantyre – Queen Elizabeth Central	202	1004	957	990	95%	99%
	Malawi – Lilongwe – Lilongwe Central Hospital	225	1208	1139	1190	94%	99%
	South Africa – Johannesburg – Witwatersrand	39	168	161	167	96%	99%
	South Africa – Soweto	10	9	9	9	100%	100%
	Thailand – Chiang Mai	97	685	676	671	99%	98%
	Zimbabwe – Harare – Parirenyatwa Hospital	196	1054	1005	1039	95%	99%
	Total	1473	8706	8381	8569	96%	98%

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Protocol	Site	Total Enrolled	Expected Visits	Completed Visits	Protocol Expectations	Retention Rate	Protocol Expected Standard
052 Combined (Partners)	Botswana – Gabarone	45	113	109	112	96%	100%
	Brazil – Porto Alegre	85	504	475	497	94%	99%
	Brazil – Rio de Janeiro	171	1271	1108	1249	87%	98%
	India – Chennai – YRGCare	244	1585	1395	1559	88%	98%
	India – Pune	153	1105	1077	1085	97%	98%
	Kenya – Kisumu	7	0	0	0	–	–
	Malawi – Blantyre – Queen Elizabeth Central	203	1006	851	992	85%	99%
	Malawi – Lilongwe – Lilongwe Central Hospital	230	1208	1047	1190	87%	99%
	South Africa – Johannesburg – Witwatersrand	39	168	155	167	92%	99%
	South Africa – Soweto	10	9	8	9	89%	100%
	Thailand – Chiang Mai	98	685	628	671	92%	98%
	Zimbabwe – Harare – Parirenyatwa Hospital	195	1053	916	1038	87%	99%
	Total		1480	8707	7769	8570	89%
057 (Mothers)	Brazil – Belo Horizonte	8	48	48	46	100%	97%
	Brazil – Porto Alegre – Conceicao	5	30	30	29	100%	97%
	Brazil – Porto Alegre – Santa Casa	13	78	75	75	96%	97%
	Brazil – Rio de Janeiro	7	42	42	41	100%	97%
	Malawi – Blantyre – Queen Elizabeth Central	56	336	325	325	97%	97%
	Total		89	534	520	516	97%
057 (Infants)	Brazil – Belo Horizonte	8	56	56	54	100%	96%
	Brazil – Porto Alegre – Conceicao	5	35	35	34	100%	96%
	Brazil – Porto Alegre – Santa Casa	13	91	89	87	98%	96%
	Brazil – Rio de Janeiro	7	49	49	47	100%	96%
	Malawi – Blantyre – Queen Elizabeth Central	56	392	376	376	96%	96%
	Total		89	623	605	598	97%
058	China – Guangxi – Heng County	180	63	52	59	83%	94%
	China – Xinjiang	198	102	88	96	86%	94%
	Thailand – Chiang Mai University	202	321	289	291	90%	91%
	Total		580	486	429	446	88%

MEMORANDUM

DATE:	19 APR 2006
TO:	Study Operations Group
FROM:	Deborah Donnell
RE:	Summary of HPTN and MTN Enrollment and Recruitment
CC:	

These tables are based on the same data as the protocol specific enrollment and retention reports routinely sent out by SCHARP to each of the protocol teams.

Enrollment Summary

The Enrollment Summary describes the number of participants enrolled in each study based on the data received and entered at SCHARP. The report lists the date of **First Enrollment**, the **Target Number** of participants, and the **Total Number** enrolled to date for each site in each study. The percentage of target already enrolled is:

$$\text{Target Enrollment} = \frac{\text{Total Enrolled}}{\text{Target Number}}$$

As a guide to the sites' progress in enrollment, the percentage **Enrollment Period** elapsed is calculated - this is the elapsed proportion of the accrual period specified in the protocol.

Retention Summary

The Retention Summary is based on study visits. The table reports the number of **Expected Visits** for each site on each protocol - this is a calculation of all visits that should have occurred to date assuming no missed visits or loss to followup. **Completed Visits** are the number of these expected visits that have actually occurred (based on data received and entered at SCHARP). **Protocol Expectations** calculates the number of visits that should have occurred to date assuming the protocol specified acceptable loss to followup rate. Currently the report uses a retention standard of 10% annual loss to followup for HPTN035, HPTN037, and HPTN039 (i.e., Phase IIb and III trials), and 0% for the safety run-in phase of HPTN052.

Retention is simply the proportion of expected visits that have been completed:

$$\text{Retention} = \frac{\text{Completed}}{\text{Expected}}$$

As a guide for performance, the **Protocol Expected Standard** is calculated as the percentage of **Protocol Expected** visits that have occurred:

$$\text{Protocol Expected Standard} = \frac{\text{Protocol Expected}}{\text{Expected}}$$

The network evaluation committee has defined adequate performance as within 90% of the protocol expected standard.

Questions about this report may be directed to Deborah Donnell (deborah@scharp.org; (206) 667-5661).

HPTN Network Laboratory Update November 2009

HPTN 027 (Uganda only)

Specimens for antibody testing are being tested at the Johns Hopkins Medical Institute.

HPTN 046

A. General Comments - Version 3.0 dated 26 Sept, 2007

B. Site Specific

1. Harare - No new updates
2. Kampala - No new updates
3. Durban - No new updates
4. Dar es Salaam - No new updates

HPTN 052

A. General Comments

The NL is working on the hepatitis substudy. This is pending due to some IRB revisions needed at some sites to allow for the shipment of samples for hepatitis testing. The NL is working on QAing the viral loads from enrollment samples (<1000 copies/mL) and working with SCHARP to write up a joint communiqué about the RNA testing at enrollment. The NL is also working on testing ARV levels for participants with low viral loads.

Site Specific

1. Pune/NARI – The site has proposed a new site and new timeline has been submitted to DCLOT. The site is preparing the validation documents for the NL to review.
2. Harare - The site completed the validation of a new hematology instrument. The site has had a recent issue with their VQA RNA panel. The site has decided to recertify.
3. Chennai - No new updates
4. Blantyre - The site has had a recent issue with their VQA RNA panel. The site is repeating the B panel from September. The NL is working with the site on updates to their action plan from the previous NL visit.
5. Porto Alegre - No new updates
6. Rio sites – No new updates
7. Lilongwe – Inventory has not been received.
8. Chiang Ma – No new updates
9. Johannesburg – WITs – No New updates
10. Soweto –No new updates.
11. Botswana –No new updates
12. Kenya – No new updates

HPTN 057

A. General Information - Cohort 4 has been added to the protocol.

B. Site Specific

1. Blantyre - No outstanding issues.
2. Santa Casa. Porto Alegre.- No outstanding issues.
3. UFMG. Belo Horizonte.- No outstanding issues.
4. HSE Rio.- No outstanding issues
5. HNSC. Porto Alegre - No outstanding issues.

HPTN 058

A. Site Specific

1. Thailand - No new updates
2. China sites.
 - a. **Xinjiang Site.**
Clinic has been moved to a new location while renovations are being made. All relevant validations have been performed.
 - b. **Guangxi.**
An additional clinic will be added in Nanning. All relevant validations have been performed.
3. Paul travelled to both sites in November 2009.
4. An additional site in Vietnam is being considered.

HPTN 061 and 064

A. General Information

Team protocol trainings for 061 and 064 have been completed. DCLOT has agreed with the Network Lab proposals for rapid HIV testing which allows sites to follow local state regulations.

B. 061 Site Specific

1. Fenway: Site activated - As of Nov 20th approximately 72 enrolled.
2. George Washington University - Site activated. As of Nov 20th approximately 51 enrolled
3. San Francisco - Site activated. As of Nov 20th approximately 68 enrolled.
4. Harlem - Site recently activated. No participants enrolled as of Nov 20th.
5. Atlanta - Hope and Ponce CRS have been activated by NL. As of Nov 20th approximately 26 enrolled
6. New York Blood Center - Site activated. Brady and LDMS update issues resolved. Site reminded that samples needed to be relabeled with the LDMS labels. As of Nov 20th approximately 23 enrolled
7. UCLA - Site activated. As of Nov 20th approximately 48 enrolled.

C. 064 Site Specific

1. North Carolina - The Durham site has enrolled 200 participants. The Wake site is currently enrolling participants.
2. New Jersey - Site activated and enrolling participants.
3. Washington DC - Site has enrolled 201 participants.
4. Bronx - Site has enrolled 200 participants.
5. Baltimore - Site activated and enrolling participants.
6. Harlem - Site activated and enrolling participants.
7. Atlanta - Hope and Ponce sites are activated and enrolling participants.

QC update

The following sites have been submitting their monthly QC reports:

- MUJHU
- RIHES
- Guangxi
- Xinjiang
- Lilongwe
- NARI
- YRG Care
- Blantyre

NL updates

The NL is working on the incidence testing for both HPTN 043 and the domestic trials.

Travel Updates

- Estelle will be visiting the India sites in December.
- Estelle and Vanessa will be at the upcoming 063 training in January for Thailand and will visit the Bangkok 067 site.
- Estelle will accompany the DAIDS group on a site visit to Dar.
- Vanessa will visit the Blantyre site this winter to prepare for 062

Implementations Issues and Problems Summary December 2009

HPTN 052

Enrollment is expected to be completed by March/April 2010. The target enrollment of each site is listed below. Some target numbers have been amended since Blantyre and Zimbabwe have agreed to increase their enrollment targets.

Boston, MA (Fenway)	2
Lilongwe, Malawi (UNCP):	250
Blantyre, Malawi (JHP):	225
Harare, Zimbabwe (UZ-UCSF):	230
Rio de Janeiro, Brazil (IPEC and HGNI):	200
Porto Alegre, Brazil (HNSC):	98
Pune, India (NARI):	200
Chennai, India (YRG CARE):	250
Chiang Mai, Thailand (RIHES):	100
Johannesburg, South Africa (WITS):	55
Gaborone, Botswana:	65
Soweto, South Africa	30
<u>Kenya</u>	<u>45</u>
Total:	1750

Refer to the Network Laboratory report for any issues and problems related to the clinical site laboratories.

HPTN 058:

The civil unrest in Urumqi has caused continued loss of all international communication lines in Xinjiang province. However, Dr. Yiming Shao's team in Beijing remains in close contact with the site in Urumqi. This problem is anticipated to last indefinitely.

Study drug cannot be shipped to the new site in Nanning until the site is officially approved within China for study drug dispensation, and until the site is registered with RCC. There is some discussion ongoing about which number to assign to this site. The study drug supply for this first shipment has an August 2010 expiry date.

HPTN 062

Additional funding for the Blantyre site for the lab work to screen potential participants for AHI has not been confirmed by DAIDS.

HPTN 063

The ACASI and CRFs took longer than anticipated to finalize. There is a long turn-around time for completing the ACASI translations and audio recordings so the anticipated date for completion is 6 weeks after the Thailand training.

Additionally, Zambia has indicated that they are having administrative challenges with hiring at the moment and may not have some critical staff in place for the agreed upon training dates. We will receive an update from the site in 2-4 weeks and decide them if the training will need to be delayed until March.

HPTN 064

Accrual is currently being monitored very closely at all sites to ensure study targets are met.

Report for HPTN Study Operations Group

HPTN 027

A PHASE I STUDY TO EVALUATE THE SAFETY AND IMMUNOGENICITY OF ALVAC-HIV vCP1521 IN INFANTS BORN TO HIV-1 INFECTED WOMEN IN UGANDA

Based on available data through: 7 December 2009

Participating Study Site:

Makerere University-Johns Hopkins University Research Collaboration/Mulago Hospital
Kampala, Uganda

Study Implementation Status:

24-month study follow-up is complete. Site has de-registered.

CRF Database was locked from any further submissions on 29 October.

Study samples are en route from the site to JHU for analysis. Some of the lab data assay data has been received from the Richmond Lab.

Accrual Status:

60 of 60 have been enrolled. Accrual is complete.

Status of Intervention Delivery:

N/A

Retention Status:

N/A

Report for HPTN Study Operations Group

HPTN 046

A phase III trial to determine the efficacy and safety of an extended regimen of nevirapine in infants born to HIV-infected women to prevent vertical transmission during breastfeeding

Based on available data through: 7 December 2009

Participating Study Sites:

CAPRISA Umlazi; Durban, South Africa
Muhimbili Hospital; Dar es Salaam, Tanzania
Mulago Hospital; Kampala, Uganda
Chitungwiza Clinics; Chitungwiza, Zimbabwe

Study Implementation Status:

As of 5 December there have been 1614 enrollments; 480 in Zimbabwe, 517 in Uganda, 399 in South Africa and 218 in Tanzania. There have been 1341 infants randomized; 397 in Zimbabwe, 441 in Uganda, 308 in South Africa and 195 in Tanzania. The target number of randomizations is 1500. HPTN 046 is anticipated to be fully enrolled by late 4th quarter 2009 or early 1st quarter 2010.

Tanzania has been placed on Clinical Pause for non-compliance with DAIDS safety reporting and laboratory compliance issues. Official notice went to the site on 28 August. The site may continue to enroll and randomize based on mothers that have already signed consents, but further screening is suspended until the site meets the terms of lifting of the clinical pause.

The DSMB met on 4 December. Enrollment is to continue through December with randomization to be completed 6 weeks later. The 046 Team is to inform the DSMB of their plans for continuing the study in light of the new WHO recommendations released a week prior to this report.

Accrual Status:

1614 infants have been enrolled under version 3.0 of the protocol. 1341 infants have been randomized.

Status of Intervention Delivery:

Retention Status:

There have been no retention issues identified at this time.

Implementation Issues and Problems:

No issues at this time.

Report for HPTN Study Operations Group

HPTN 052

A Randomized Trial to Evaluate the Effectiveness of Antiretroviral Therapy plus HIV Primary Care versus HIV Primary Care Alone to Prevent the Sexual Transmission of HIV-1 In Serodiscordant Couples *Based on available data through: 10 December 2009*

Participating Study Sites:

Gaborone, Botswana
Porto Alegre and Rio de Janeiro, Brazil
Chennai, India
Pune, India
Blantyre, Malawi
Lilongwe, Malawi
Johannesburg, South Africa
Soweto, South Africa
Chiang Mai, Thailand
Harare, Zimbabwe
Kisumu, Kenya

Study Implementation Status:

All sites activated to the protocol are screening and enrolling under Version 3.0 of the protocol.

Accrual Status:

Below is site-reported screening and enrollment data; refer also to the SCHARP enrollment summary.

HPTN 052 Cumulative Screening and Enrollment Data															
Week Ending: 30 November 2009															
	Lilongwe	RIHES	NARI	Blantyre	Brazil - FIOCRUZ	Brazil - HGNI	Brazil - HNSC	YRG CARE	Zimbabwe	WITS SA	Botswana	Soweto	Kenya	Individuals	Couples
Date First Screened	04-Apr-05	13-Jun-05	22-Jun-05	16-Aug-05	13-Sep-05	03-Oct-05	04-Jan-06	08-Nov-05	07-Dec-05	07-Apr-08	11-Mar-09	21-May-09	21-Oct-09		
Date First Enrolled	12-Apr-05	24-Jun-05	01-Jul-05	25-Aug-05	14-Sep-05	13-Oct-05	30-Jan-06	10-Nov-05	09-Jan-06	20-May-08	16-Apr-09	11-Jun-09	03-Nov-09		
# Screened*	1392	524	638	1700	360	322	260	1094	2022	176	338	122	92	8986	n/a
# Enrolled - Individuals	446	196	306	406	198	136	166	480	388	78	84	18	16	2916	n/a
# Enrolled - Couples	223	98	153	203	99	68	83	240	194	39	42	9	8	n/a	1458
Eligible	454	198	326	404	200	136	166	550	436	78	112	28	16	3110	n/a
Ineligible	796	322	296	1254	154	174	94	484	1537	90	218	78	52	5350	2757
Eligibility Unknown	142	4	16	42	6	12	0	60	49	8	8	16	24	387	n/a
Individuals # Screened/Individuals # Enrolled	3.1	2.7	2.1	4.2	1.8	2.4	1.6	2.3	5.2	2.3	4.0	6.8	5.8	3.1	n/a

- *One participant may have multiple screening attempts.
- ** Fenway and HSE have been phased out of participation in HPTN 052 and will no longer screen and enroll participants.
- ***Total enrollment numbers in above chart account for couples enrolled at both Fenway and HSE, though not shown.

Termination/Transfer Status of Couples at Fenway and HSE:

	HSE	Fenway
# Couples enrolled during run-in period	5	2
# Terminated couples	2	2
# Transferred couples to IPEC	3	N/A
Date of last terminated/transferred couple	26 July 2007	9 May 2007

Retention Status:

Refer to the SCHARP retention summary.

Implementation Issues and Problems:

Enrollment is expected to be completed by March/April 2010. The target enrollment of each site is listed below. Some target numbers have been amended since Blantyre and Zimbabwe have agreed to increase their enrollment targets.

Boston, MA (Fenway)	2
Lilongwe, Malawi (UNCP):	250
Blantyre, Malawi (JHP):	225
Harare, Zimbabwe (UZ-UCSF):	230
Rio de Janeiro, Brazil (IPEC and HGNI):	200
Porto Alegre, Brazil (HNSC):	98
Pune, India (NARI):	200
Chennai, India (YRG CARE):	250
Chiang Mai, Thailand (RIHES):	100
Johannesburg, South Africa (WITS):	55
Gaborone, Botswana:	65
Soweto, South Africa	30
<u>Kenya</u>	<u>45</u>
Total:	1750

Refer to the Network Laboratory report for any issues and problems related to the clinical site laboratories.

Report for HPTN Study Operations Group

HPTN 057

A Phase I Open Label Trial of the Safety and Pharmacokinetics of Tenofovir Disoproxil Fumarate in HIV-1 Infected Pregnant Women and their Infants

Based on available data through: 10 Dec

Participating Study Sites:

Malawi - Queen Elizabeth Central Hospital, Malawi College of Medicine-JHU Research Project, Blantyre (QECH)

Brazil - Federal University of Minas Gerais, Belo Horizonte (UFMG)

- Irmandade Santa Casa de Misericordia de Porto Alegre, Porto Alegre (Santa Casa)
- Hospital dos Servidores do Estado – Servico de Doencas Infecciosas, Rio de Janeiro (HSD)
- Hospital Nossa Senhora da Conceicao Servico de Infectologia, Porto Alegre (Conceicao)

Study Implementation Status: Enrollment into Cohorts 1, 2 and 3 was completed on Sept 16, 2008. A total of 81 evaluable mother/infant pairs were enrolled. Follow-up of participants in Cohorts 1, 2, and 3 is complete.

Accrual at all sites is temporarily closed pending protocol registration and site activation of protocol amendment Version 2.0, which will add a fourth cohort looking at maternal dosing and infant daily dosing for 1 week.

The protocol amendment is final. Cohort 4 is anticipated to begin enrollment in early Q1 2010.

Study Drug will be available at the end of Nov 2009.

Accrual Status:

Below is the site reported enrollment summary for Cohorts 1, 2 and 3; refer also to the SHARP enrollment summary.

Site	# Evaluable Mother/Infant Pairs Enrolled (# c-section deliveries)		
	Cohort 1	Cohort 2	Cohort 3
Queen Elizabeth Central Hospital, Blantyre Malawi	24 (3)	16	15 (2)
Santa Casa, Porte Alegre Brazil	3 (2)	4	4 (2)
University of Minas Gerais, Belo Horizonte Brazil	3 (2)	1	2 (1)
Conceicao, Porte Alegre Brazil	-	-	4 (1)
Hospital do Servidores, Rio de Janeiro Brazil	-	-	5 (5)
Total	30	21	30

Status of Intervention Delivery:

TDF dispensing is complete. There were no reported significant problems with the dispensing of tenofovir to the mothers or infants.

Retention Status:

Two mother/infant pairs have been lost to follow-up.

Implementation Issues and Problems: N/A

Report for HPTN Study Operations Group

HPTN 058

A Phase III randomized controlled trial to evaluate the efficacy of drug treatment in prevention of HIV infection and death among opiate dependent injectors

Based on data available through 4 December 2009

Participating Study Sites:

- Xinjiang Uighur Autonomous Region, Centers for Disease Control and Prevention, Xinjiang, China
- Heng County, Guangxi Zhuang Autonomous Region, Centers for Disease Control and Prevention, Guangxi, China
- Guangxi Zhuang Autonomous Region, Centers for Disease Control and Prevention, Nanning, Guangxi, China
- Research Institute for Health Sciences, Chiang Mai, Thailand

Study Implementation Status:

Chiang Mai has enrolled 202 participants, Xinjiang has enrolled 195 participants and Guangxi has enrolled 178 participants. The clinic in Urumqi has relocated into their proposed satellite site due to orders from the Chinese authorities. DAIDS has issued an approval for this temporary relocation.

The Nanning site (also in Guangxi Province as is the Heng County site) has been approved and the site is working towards site activation which will not occur until study drug is on site. It is anticipated that this will not take place prior to late January.

All sites have submitted LoA #1 to their local IRBs. The Heng County and Xinjiang sites have submitted LoA #1 approvals to the RCC.

Adding a site in Vietnam still remains a possibility. Discussions between NIH and the Vietnamese MOH continue.

Marek Chawarski is in the process of revising the Counseling Manual.

Accrual Status:

	Chiang Mai	Guangxi	Xinjiang
Date First Screened	11-Apr-07	19-Dec-08	19-Dec-08
Date First Enrolled	30-May-07	24-Dec-08	21-Dec-08
# Individuals Screened	281	377	335
# Individuals Enrolled	202	178	195

Status of Intervention Delivery:

Study drug has been generally well tolerated.

Retention Status:

All Sites	
Week 26	91%
Week 52	90%
Week 78	80%
Week 104	80%

Implementation Issues and Problems:

The civil unrest in Urumqi has caused continued loss of all international communication lines in Xinjiang province. However, Dr. Yiming Shao's team in Beijing remains in close contact with the site in Urumqi. This problem is anticipated to last indefinitely.

Study drug cannot be shipped to the new site in Nanning until the site is officially approved within China for study drug dispensation, and until the site is registered with RCC. There is some discussion ongoing about which number to assign to this site. The study drug supply for this first shipment has an August 2010 expiry date.

Report for HPTN Study Operations Group

HPTN 061

Feasibility study of a community-level, multi-component intervention for Black men who have sex with men in preparation for a community-level randomized trial to test the efficacy of the intervention in reducing HIV incidence among Black men who have sex with men

Based on data available through: 11 December 2009

Participating Study Sites:

- Ponce de Leon Center CRS (site 5802) and Hope Clinic CRS (site 31440) in Atlanta and Decatur, Georgia, respectively
- San Francisco Vaccine and Prevention CRS in San Francisco, California (site 30305)
- New York Blood Center (NYBC)/Union Square CRS (site 31605) and Harlem Prevention Center CRS (site 30276) in New York City, New York
- University of California at Los Angeles (UCLA) Vine Street CRS (site 31607) in Los Angeles, California
- The Fenway Institute CRS (site 31602) in Boston, Massachusetts
- George Washington University CRS (site 31608) in Washington, D.C.

Study Implementation Status:

All but one site for the HPTN 061 protocol have been activated to the protocol. The Harlem site is expected to activate in December 2009 or January 2010.

Site	Date of Activation	Date of First Enrollment
The Fenway Institute	06 July 2009	17 July 2009
George Washington University	20 July 2009	28 July 2009
San Francisco Vaccine and Prevention CRS	11 August 2009	13 August 2009
New York Blood Center	24 August 2009	01 October 2009
Hope Clinic CRS	04 September 2009	16 September 2009
UCLA	25 September 2009	29 September 2009
Ponce de Leon CRS	09 October 2009	N/A
Harlem Prevention Center	N/A	N/A

Accrual Status (participants enrolled at each site):

Fenway	GWU	Emory - Ponce	Emory - Hope	San Fran	UCLA	NYBC	Harlem	TOTAL
76	54	N/A	27	76	54	29	N/A	316

Status of Intervention Delivery:

Site reports and enrollment numbers show that the rate of acceptance of peer health navigation and success rate at having participants refer their sexual partners to the study is varying markedly between sites. Initial speculation seems to be that the degree of services and support already available in the community influence how appealing these study components are to participants. At all sites, many more men “agree” to peer health navigation than actually complete their intake appointment with the peer health navigator.

Retention Status:

N/A: Retention will not be assessed until the first follow-up visits are due, in January 2010.

Implementation Issues and Problems:

See above in “Status of Intervention Delivery”

Report for HPTN Study Operations Group

HPTN 062

Feasibility and Acceptability Study of an Individual-Level Behavioral Intervention for Individuals with Acute and Early HIV-Infection

Based on data available through: 10 December 2009

Participating Study Sites:

- Tidziwe Centre, Kamuzu Central Hospital, Lilongwe, Malawi
- Queen Elizabeth Hospital, Blantyre, Malawi

Study Implementation Status:

Version 2.0 of the protocol, dated 10 September 2009, was approved by DAIDS and distributed to the sites on 16 September 2009. The Amendment includes: replacement of South Africa with Blantyre as a site; addition of observation of counseling intervention; new assessments added at each visit, and other minor changes to correct inconsistencies within the protocol and consent forms. Sites have submitted to their respective IRBs but responses have been received.

The team has begun to discuss how the protocol might be revised again now that Blantyre has ended screening for CHAVI 001. This revision is pending final approval from DAIDS for the additional funds that will be needed if the screening lab work is shifted from CHAVI to HPTN.

Protocol-specific training occurred 5-9 December 2009, with both sites in attendance. The first two days was a thorough protocol overview with the full teams from each site attending. The last three days included only the interviewers. The second part of the training is scheduled for the week of 18 January 2010 when study counselors will be trained by two consultants from UNC, Michele Demers and Carol Golin.

Accrual Status (completed at all sites):

No sites have begun enrollment to date.

Status of Intervention Delivery:

N/A

Retention Status:

N/A

Implementation Issues and Problems:

Additional funding for the Blantyre site for the lab work to screen potential participants for AHI has not been confirmed by DAIDS.

Report for HPTN Study Operations Group

HPTN 063

Preparing for International Prevention Trials Involving HIV-Infected Individuals in Care Settings

Based on data available through: 11 December 2009

Participating Study Sites:

- Matero Clinic CRS; Lusaka, Zambia
- Chiang Mai University AIDS Prevention CRS; Chiang Mai, Thailand
- Instituto de Pesquisa Clinica Evandro Chagas (IPEC) CRS; Rio de Janeiro, Brazil

Study Implementation Status:

Version 1.0 of the protocol was granted final approval on 15 September 2008 and distributed to sites on the same day. The English version of the CRFs and ACASI scripts are final. The content of the ACASI has been translated into Thai. The remaining 3 languages are expected within the next few days.

Brazil submitted to their local IRB on 20 February 2009 and received approval on 17 April 2009. They are now waiting for Central IRB approval. Zambia originally submitted to their IRB on 17 April 2009 and received approval on 25 August 2009. They have just submitted an update to the ICFs because of a change in investigator. Chiang Mai submitted to their IRB on 02 September 2009 and submitted to the JHU IRB for November review. They require the final ACASI documents for final approval.

The qualitative assessments for HPTN 063 are final as of 26 March 2009 and have been distributed to the sites for translation.

Site activation activities are underway at each site and site. The site training schedule is as follows: Thailand (25-29 January, 2010), Zambia (8-12 March, 2010), and Brazil (1-5 March, 2010).

Accrual Status:

Pending, no sites have been activated.

Status of Intervention Delivery:

N/A

Retention Status:

Pending, no sites have been activated.

Implementation Issues and Problems:

The ACASI and CRFs took longer than anticipated to finalize. There is a long turn-around time for completing the ACASI translations and audio recordings so the anticipated date for completion is 6 weeks after the Thailand training.

Additionally, Zambia has indicated that they are having administrative challenges with hiring at the moment and may not have some critical staff in place for the agreed upon training dates. We will receive an update from the site in 2-4 weeks and decide them if the training will need to be delayed until March.

Report for HPTN Study Operations Group
HPTN 064
Women's Seroprevalence Study (ISIS)
Based on data available through: 10 December 09

Participating Study Sites:

- Emory University, Atlanta, Georgia (Ponce de Leon Center CRS and Hope Clinic CRS)
- Johns Hopkins Adult AIDS CRS, Baltimore, Maryland
- University of North Carolina-Chapel Hill, North Carolina (UNC AIDS CRS and Wake County Health and Human Services CRS)
- Columbia University, New York, New York (Bronx-Lebanon Hospital Center CRS and Harlem Prevention Center CRS)
- New Jersey Medical School Adult Clinical Trials Center, Newark, New Jersey
- George Washington University School of Public Health and Health Services, Washington D.C.

Study Implementation Status:

All HPTN 064 study sites have been activated and screening and enrollment is well underway.

Three of the ten study communities have enrolled 200 women: the UNC AIDS CRS (Durham site), the Bronx-Lebanon Hospital Center (BLHC) CRS and the George Washington University School of Public Health and Health Services (GWU) CRS. However, these sites have agreed to re-open enrollment activities and enroll a total of 210 women (per the HPTN MOP policy that sites may enroll up to 5% beyond accrual targets).

Per Clarification Memo #3, released 12 November 2009, all sites will follow the first 110 women enrolled for 12 months. The remaining women will be followed for 6 months.

Accrual Status:

Please see SCHARP Enrollment Report.

Status of Intervention Delivery:

N/A

Retention Status:

Please see SCHARP Retention Report.

Implementation Issues and Problems:

Accrual is currently being monitored very closely at all sites to ensure study targets are met.

Appendix: HPTN Protocols and INDs

Protocol #		IND	IND Sponsor	Study Status
HPTN 027	A Phase I Study to Evaluate the Safety and Immunogenicity of ALVAC-HIV vCP1521 in Infants Born to HIV-1 Infected Women in Uganda	BB-IND 12023	DAIDS	Closed to Accrual
HPTN 046	Phase III Trial to Determine the Efficacy and Safety of an Extended Regimen of Nevirapine in Infants Born to HIV Infected Women to Prevent Vertical HIV Transmission During Breastfeeding	72,592	DAIDS	Enrolling
HPTN 052	A Randomized Trial to Evaluate the Effectiveness of Antiretroviral Therapy Plus HIV Primary Care versus HIV Primary Care Alone to Prevent the Sexual Transmission of HIV-1 in Serodiscordant Couples	68,535	DAIDS	Enrolling
HPTN 057	A Phase I Open Label Trial of the Safety and Pharmacokinetics of Tenofovir Disoproxil Fumarate in HIV-1 Infected Pregnant Women and their Infants	72,531	DAIDS	Enrolling
HPTN 058	A Phase III randomized controlled trial to evaluate the efficacy of drug treatment in prevention of HIV infection and death among opiate dependent injectors	73,797	DAIDS	Enrolling