



HPTN Study Operations Report

October 2009

PTN Executive Summary Report
14 October 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 Hospi	22Jul2008	400	354	89%	15	23.6	69%
	Tanzania – Dar Es Salaam	28Jan2009	270	196	73%	8.6	22.8	57%
	Uganda – Mulago Hospital	23Jun2008	500	446	89%	15.9	28.1	71%
	Zimbabwe – Harare/Chitungwiza	14May2008	500	428	86%	17.3	24.7	72%
	Total		1670	1424	85%	17.3	82.3	
046 V3 (Infants)	South Africa – Durban – Prince Mshiyeni Hospi	22Jul2008	400	355	89%	15	23.7	69%
	Tanzania – Dar Es Salaam	28Jan2009	270	200	74%	8.6	23.3	57%
	Uganda – Mulago Hospital	23Jun2008	500	462	92%	15.9	29.1	71%
	Zimbabwe – Harare/Chitungwiza	14May2008	500	431	86%	17.3	24.9	72%
	Total		1670	1448	87%	17.3	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	100	33	33%	6	5.5	70%
	Brazil – Porto Alegre	26Nov2007	93	73	78%	22.9	3.2	90%
	Brazil – Rio de Janeiro	14Nov2007	182	150	82%	23.3	6.4	90%
	India – Chennai – YRGCare	05Jul2007	240	212	88%	27.7	7.7	91%
	India – Pune	28Jun2007	190	136	72%	28	4.9	91%
	Malawi – Blantyre – Queen Elizabeth Central	16Jan2008	180	180	100%	21.2	8.5	89%
	Malawi – Lilongwe – Lilongwe Central Hospital	06Dec2007	240	199	83%	22.6	8.8	90%
	South Africa – Johannesburg – Witwatersrand	20May2008	75	36	48%	17.1	2.1	87%
	South Africa – Soweto	11Jun2009	90	4	4%	4.2	1	62%
	Thailand – Chiang Mai	11Oct2007	90	83	92%	24.5	3.4	90%
	Zimbabwe – Harare – Parirenyatwa Hospital	05Nov2007	190	172	91%	23.6	7.3	90%
	Total		1670	1278	77%	28	45.6	
052 Full Study (Partners)	Botswana – Gaborone	16Apr2009	100	32	32%	6	5.3	70%
	Brazil – Porto Alegre	26Nov2007	93	74	80%	22.9	3.2	90%
	Brazil – Rio de Janeiro	14Nov2007	182	150	82%	23.3	6.4	90%
	India – Chennai – YRGCare	05Jul2007	240	212	88%	27.7	7.7	91%
	India – Pune	28Jun2007	190	136	72%	28	4.9	91%
	Malawi – Blantyre – Queen Elizabeth Central	16Jan2008	180	181	101%	21.2	8.5	89%
	Malawi – Lilongwe – Lilongwe Central Hospital	06Dec2007	240	201	84%	22.6	8.9	90%
	South Africa – Johannesburg – Witwatersrand	20May2008	75	36	48%	17.1	2.1	87%
	South Africa – Soweto	11Jun2009	90	4	4%	4.2	1	62%
	Thailand – Chiang Mai	11Oct2007	90	83	92%	24.5	3.4	90%
	Zimbabwe – Harare – Parirenyatwa Hospital	05Nov2007	190	172	91%	23.6	7.3	90%
	Total		1670	1281	77%	28	45.8	

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Protocol	Site	Date of First Enrollment	Target Number	Total Enrolled	% Target Enrollment	Months of Enrollment	Cumulative Enrollment Per Month	% Enrollment Period
057 (Mothers)	Brazil – Belo Horizonte	08Aug2007	9	8	89%	26.6	0.3	completed
	Brazil – Porto Alegre – Conceicao	15Jun2008	4	5	125%	16.2	0.3	completed
	Brazil – Porto Alegre – Santa Casa	19Sep2007	11	13	118%	25.2	0.5	completed
	Brazil – Rio de Janeiro	17Apr2008	4	7	175%	18.2	0.4	completed
	Malawi – Blantyre – Queen Elizabeth Central	26Dec2006	56	56	100%	34.1	1.6	completed
	Total			80	89	111%	34.1	2.6
057 (Infants)	Brazil – Belo Horizonte	08Aug2007	9	8	89%	26.6	0.3	completed
	Brazil – Porto Alegre – Conceicao	15Jun2008	4	5	125%	16.2	0.3	completed
	Brazil – Porto Alegre – Santa Casa	19Sep2007	11	13	118%	25.2	0.5	completed
	Brazil – Rio de Janeiro	17Apr2008	4	7	175%	18.2	0.4	completed
	Malawi – Blantyre – Queen Elizabeth Central	27Dec2006	56	56	100%	34.1	1.6	completed
	Total			80	89	111%	34.1	2.6
058	China – Guangxi	24Dec2008	400	139	35%	9.8	14.2	27%
	China – Xinjiang	23Dec2008	490	176	36%	9.8	18	27%
	Thailand – Chiang Mai University	30May2007	305	202	66%	28.9	7	52%
	Total		1500	517	34%	28.9	17.9	
061	US – Atlanta	–	202	–	–	0	–	
	US – Boston	17Jul2009	403	31	8%	3	10.3	17%
	US – Decatur	16Sep2009	201	10	5%	0.9	11.1	6%
	US – Los Angeles	–	403	–	–	0	–	
	US – NY – Harlem Prevention Center	–	202	–	–	0	–	pending
	US – NY – New York Blood Center	01Oct2009	201	3	1%	0.4	7.5	3%
	US – San Francisco	13Aug2009	403	35	9%	2.1	16.7	12%
	US – Washington DC	28Jul2009	403	20	5%	2.6	7.7	15%
	Total		2418	99	4%	3	33	
064	US – Atlanta	–	200	–	–	0	–	pending
	US – Baltimore	05Aug2009	200	23	12%	2.3	10	38%
	US – Chapel Hill	26May2009	200	200	100%	4	50	completed
	US – Decatur	27Aug2009	200	19	10%	1.6	11.9	26%
	US – NY – Bronx–Lebanon Hospital Center	16Jun2009	200	189	95%	4	47.3	66%
	US – NY – Harlem Prevention Center	–	200	–	–	0	–	pending

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Protocol	Site	Date of First Enrollment	Target Number	Total Enrolled	% Target Enrollment	Months of Enrollment	Cumulative Enrollment Per Month	% Enrollment Period
	US – Newark	05Jun2009	400	130	33%	4.4	29.5	72%
	US – Raleigh	11Aug2009	200	7	4%	2.1	3.3	35%
	US – Washington DC	17Jun2009	200	139	70%	4	34.8	65%
	Total		2000	707	35%	4.7	150.4	

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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)	South Africa – Durban – Prince Mshiyeni Hospi	–	0	0	0	–	–
	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 Hospi	354	1163	1049	1132	90%	97%
	Tanzania – Dar Es Salaam	196	449	394	442	88%	98%
	Uganda – Mulago Hospital	446	1422	1360	1385	96%	97%
	Zimbabwe – Harare/Chitungwiza	428	1438	1364	1397	95%	97%
	Total	1424	4472	4167	4356	93%	97%
046 V3 (Infants)	South Africa – Durban – Prince Mshiyeni Hospi	355	2373	2224	2303	94%	97%
	Tanzania – Dar Es Salaam	200	852	734	837	86%	98%
	Uganda – Mulago Hospital	462	3000	2922	2913	97%	97%
	Zimbabwe – Harare/Chitungwiza	431	2963	2816	2872	95%	97%
	Total	1448	9188	8696	8925	95%	97%
052 Combined (Indexes)	Botswana – Gabarone	33	79	79	79	100%	100%
	Brazil – Porto Alegre	78	445	436	439	98%	99%
	Brazil – Rio de Janeiro	163	1160	1146	1141	99%	98%
	India – Chennai – YRGCare	222	1420	1324	1398	93%	98%
	India – Pune	146	1009	1003	991	99%	98%
	Malawi – Blantyre – Queen Elizabeth Central	190	839	800	828	95%	99%
	Malawi – Lilongwe – Lilongwe Central Hospital	209	1056	997	1041	94%	99%
	South Africa – Johannesburg – Witwatersrand	36	129	122	128	95%	99%
	South Africa – Soweto	4	6	5	6	83%	100%
	Thailand – Chiang Mai	93	618	610	606	99%	98%
	Zimbabwe – Harare – Parirenyatwa Hospital	182	904	868	892	96%	99%
	Total	1356	7665	7390	7548	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	32	79	78	79	99%	100%
	Brazil – Porto Alegre	79	445	422	439	95%	99%
	Brazil – Rio de Janeiro	163	1160	1013	1141	87%	98%
	India – Chennai – YRGCare	222	1420	1257	1398	89%	98%
	India – Pune	146	1009	985	991	98%	98%
	Malawi – Blantyre – Queen Elizabeth Central	192	839	710	828	85%	99%
	Malawi – Lilongwe – Lilongwe Central Hospital	211	1056	915	1041	87%	99%
	South Africa – Johannesburg – Witwatersrand	36	129	118	128	91%	99%
	South Africa – Soweto	4	6	4	6	67%	100%
	Thailand – Chiang Mai	93	618	565	606	91%	98%
	Zimbabwe – Harare – Parirenyatwa Hospital	182	904	791	892	88%	99%
	Total		1360	7665	6858	7548	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	88	87	97%	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	604	598	97%
058	China – Guangxi	139	31	28	29	90%	94%
	China – Xinjiang	176	55	46	52	84%	94%
	Thailand – Chiang Mai University	202	265	238	240	90%	91%
	Total		517	351	312	321	89%

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 October 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

The Network Lab completed the relabeling process of over 7000 aliquots. Due to some labeling problems with the DBS, the NL was unable to correctly identify and re-label these. The site has been asked to send the DBS to the NL for further review. The NL visited the site October 12-13th for HPTN 043 and is preparing an update to the corrective action table.

HPTN 052

A. General Comments

The NL is working on the hepatitis sub-study. The PI has been talking with the sites regarding the testing they will perform on site and the testing that will be done at the NL.

B. 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 is validating a new hematology instrument. The site has had a recent issue with their VQA RNA panel.
3. Chennai - The site did not have LN2 storage available and was not storing PBMCs from August 1 to September 22nd. Protocol deviation form has been completed.
4. Blantyre - The site has had a recent issue with their VQA RNA panel.
5. Porto Alegre - No new updates
6. Rio sites - No new updates
7. Lilongwe - No new updates
8. Chiang Ma - No new updates
9. Johannesburg - WITs - Their contract lab has used a non FDA HIV test. The contract lab has retested the partner samples with a FDA EIA kit. The site has the FDA Unigold test kits in place. The NL visited the site on October 9th.
10. Soweto - No new updates. The NL visited the site on October 6th.
11. Botswana - The site has submitted a protocol deviation form on the use of non-FDA kits. The NL is planning a visit to the site in November.
12. Kenya - Site has met the laboratory activation requirements for the protocol.

HPTN 057

A. General Information

Plans to add an additional Cohort are under discussion.

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.
Current clinic space will be moving temporarily while renovations are being made.
 - b. Guangxi.
An additional clinic will be added in Nanning
3. 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. 064 Site Specific

1. North Carolina - Site activated and enrolling participants.
2. New Jersey - Site activated and enrolling participants.
3. Washington - Site activated and enrolling participants.
4. Bronx - Site activated and enrolling participants.
5. Baltimore - Site activated and is currently on pause.
6. Harlem - Site recently met activation requirements for the laboratory.
7. Atlanta - Hope site was activated and enrolling participants. Ponce site has been activated

C. 061 Site Specific

1. Fenway - Site activated. FSTRF will be performing on site LDMS retraining.
2. George Washington University - Site activated
San Francisco - Site activated
Received Note to File - sample mix up.
3. Harlem - Site recently activated.
4. Atlanta - Hope and Ponce CRS have been activated by NL New York Blood Center:
Site activated .Site has had an issue with their Brady printer and was unable to print LDMS labels.
5. UCLA - Site activated

QC update

The following sites have been submitting their monthly QC reports:

MUJHU
RIHES
Guangxi
Xinjiang
Lilongwe
NARI
YRG Care

NL updates

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

Travel Updates

1. Estelle and Letanya will be visiting the Zimbabwe site in November.
2. Estelle will be visiting the Botswana site in November and the India sites in December.
3. Estelle will be at the upcoming 063 training in January for Thailand.
4. Paul will be attending a training trip to the new clinic in Nanning and will visit the new Xinjiang clinic in November 09.
5. Vanessa will visit the Blantyre site in November.
6. Someone from the NL will visit the Dar es Salaam in December

Implementations Issues and Problems Summary October 2009

HPTN 052:

The study's enrollment timeline had been extended to December 2009 for all sites; however, with the current rate of enrollment at approximately 70 couples per month across all sites, enrollment is expected to be completed by the end of March 2010. The expected enrollment targets listed below were adjusted with a December 2009 completion date planned, and still remain as a target for March 2010. Some sites (e.g. Blantyre is at 191 as of mid-October 2009) have already or will go beyond their target. In such cases, these sites will continue to enroll until the study is fully enrolled.

Boston, MA (Fenway)	2
Lilongwe, Malawi (UNCP):	250
Blantyre, Malawi (JHP):	190
Harare, Zimbabwe (UZ-UCSF):	200
Rio de Janeiro, Brazil (IPEC and HGNI):	197
Porto Alegre, Brazil (HNSC):	98
Pune, India (NARI):	200
Chennai, India (YRG CARE):	250
Chiang Mai, Thailand (RIHES):	100
Johannesburg, South Africa (WITS):	75
Gaborone, Botswana:	82
Soweto, South Africa	68
<u>Kenya</u>	<u>38</u>
Total:	1750

Given these adjustments, the expected enrollment as of September 30, 2009 is 1474 and the actual enrollment is 1345 (91.2%).

HPTN 057:

The team is preparing an amendment to the protocol to include a fourth cohort looking at daily dosing to the infant for 1 week after birth. The expiry date of the TDF oral suspension is July 2010. The plan is to complete enrollment into Cohort 4 by July 2010

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. The site set up a relay between their DataFax and that in Nanning in order to transmit all backlogged and ongoing CRFs to SCHARP although the province remains closed to international communication. EAEs or SAEs are being reported by the site to the Beijing team to the US.

HPTN 061:

Some of the sites have had slow uptake of the health navigation component of the study and are developing materials and strategies to improve uptake. The most common reason that potential participants are ineligible is no unprotected anal intercourse in the last six months.

HPTN 062:

DataFax development and training schedules will prohibit starting the study in 2009. Blantyre funding continues to be in question.

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: 13 October 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.

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. Database is process of locked from the CRFs.

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: 13 October 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 10 October there have been 1460 enrollments; 427 in Zimbabwe, 461 in Uganda, 357 in South Africa and 215 in Tanzania. There have been 1190 infants randomized; 354 in Zimbabwe, 390 in Uganda, 274 in South Africa and 172 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.

Accrual Status:

1460 infants have been enrolled under version 3.0 of the protocol. 1190 infants have been randomized.

Status of Intervention Delivery:

All sites have made the blinded study product exchange and should be using the "B" kits.

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: 14 October 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

Study Implementation Status:

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

Pre-study implementation activities are continuing for the new site in Kisumu, Kenya; and a protocol-specific training was conducted August 12-14, 2009. Site activation is anticipated for mid to end of October 2009.

The HPTN 052 SMC conference call is scheduled for 15 October 2009.

Accrual Status:

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

HPTN 052 Cumulative Screening and Enrollment Data

Date Ending: 30 September 2009													Total Enroll
	Lilongwe	RIHES	NARI	Blantyre	Brazil - FIOCRUZ	Brazil - HGNI	Brazil - HNSC	YRG CARE	Zimbabwe	South Africa	Botswana	Soweto	Individuals
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	
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	
# Screened*	1276	498	594	1610	352	304	244	985	1843	158	270	82	8254
# Enrolled – Individuals	414	190	290	372	190	128	156	438	354	72	64	8	2690
# Enrolled - Couples	207	95	145	186	95	64	78	219	177	36	32	4	n/a
Eligible	422	184	312	376	192	128	156	516	404	70	80	24	2872
Ineligible	752	310	266	1188	146	152	88	464	1424	78	182	48	5127
Eligibility Unknown	102	4	16	46	14	24	0	5	15	10	8	10	255
Individuals # Screened/Individuals # Enrolled	3.1	2.6	2.0	4.3	1.9	2.4	1.6	2.2	5.2	2.2	4.2	10.3	3.1

- *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:

The study's enrollment timeline had been extended to December 2009 for all sites; however, with the current rate of enrollment at approximately 70 couples per month across all sites, enrollment is expected to be completed by the end of March 2010. The expected enrollment targets listed below were adjusted with a December 2009 completion date planned, and still remain as a target for March 2010. Some sites (e.g. Blantyre is at 191 as of mid-October 2009) have already or will go beyond their target. In such cases, these sites will continue to enroll until the study is fully enrolled.

Boston, MA (Fenway)	2
Lilongwe, Malawi (UNCP):	250
Blantyre, Malawi (JHP):	190
Harare, Zimbabwe (UZ-UCSF):	200
Rio de Janeiro, Brazil (IPEC and HGNI):	197
Porto Alegre, Brazil (HNSC):	98
Pune, India (NARI):	200
Chennai, India (YRG CARE):	250
Chiang Mai, Thailand (RIHES):	100
Johannesburg, South Africa (WITS):	75
Gaborone, Botswana:	82
Soweto, South Africa	68
<u>Kenya</u>	<u>38</u>
Total:	1750

Given these adjustments, the expected enrollment as of September 30, 2009 is 1474 and the actual enrollment is 1345 (91.2%).

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: 19 Oct 09

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 Misericórdia de Porto Alegre, Porto Alegre (Santa Casa)
- Hospital dos Servidores do Estado – Serviço de Doenças Infecciosas, Rio de Janeiro (HSD)

- Hospital Nossa Senhora da Conceição Serviço 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 in Blantyre is complete. Follow-up of participants in Cohorts 1, 2 and 3 in Brazil will be completed in September 2009.

Accrual at both sites is temporarily closed pending approval of a protocol amendment which will add a fourth cohort looking at daily dosing in the infant.

The protocol amendment was reviewed by the CSRC on October 1, 2009; comments from the CSRC were received on October 17th. There were no major concerns. The protocol amendment will be sent for regulatory review this week. The protocol amendment should be final by the end of October 2009. Cohort 4 is anticipated to begin enrollment in early Q1 2010.

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, Porto Alegre Brazil	3 (2)	4	4 (2)
University of Minas Gerais, Belo Horizonte Brazil	3 (2)	1	2 (1)
Conceicao, Porto 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: The team is preparing an amendment to the protocol to include a fourth cohort looking at daily dosing to the infant for 1 week after birth. The expiry date of the TDF oral suspension is July 2010. The plan is to complete enrollment into Cohort 4 by July 2010.

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 5 October 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 174 participants and Guangxi has enrolled 137 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 is scheduled for late-November depending on the availability of study drug.

Enrollment at the site in Thailand has now been halted based on a recommendation by the Study Monitoring Committee (SMC). The SMC determined that due to low HIV incidence in Thailand overall the site was unlikely to contribute any endpoints (HIV incidence and death) to the study.

A Letter of Amendment was approved on 30 September 2009 resulting in minor changes to Informed Consent Forms for all sites. The Suboxone Treatment Manual was also updated to Version 5.0. All sites are working to update their Informed Consent Forms and will implement the changes in the Amendment after they receive approval from their IRBs.

Adding a site in Vietnam remains a possibility. Higher level communications between NIH and the Vietnamese Ministry of Health are ongoing. The HPTN 058 Protocol version 2.0 and Letter of Amendment dated 22 September 2009 have both been translated into Vietnamese to facilitate this process.

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	298	313
# Individuals Enrolled	202	137	174

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. The site set up a relay between their DataFax and that in Nanning in order to transmit all backlogged and ongoing CRFs to SCHARP although the province remains closed to international communication. EAEs or SAEs are being reported by the site to the Beijing team to the US.

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: 9 October 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 Ponce de Leon CRS is a contingent activation for the Ponce clinic only; the Grady Hospital clinic will not begin study activities until receipt of an outstanding CLIA waiver. The Harlem site is expected to activate by late October or early November.

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

The Letter of Amendment to Protocol Version 2.0 to address a small number of protocol items was approved 22 September 2009 and included a few minor changes to the site-specific Informed Consent Forms. All sites are working on resubmitting their ICFs for approval.

The Study Team will have a face-to-face operations meeting in Washington D.C. on the 14-15 October 2009.

Accrual Status (participants enrolled at each site):

Fenway	GWU	Emory - Ponce	Emory - Hope	San Fran	UCLA	NYBC	Harlem	TOTAL
38	19	N/A	8	38	8	6	N/A	117

Status of Intervention Delivery:

Some of the sites have had slow uptake of the health navigation component of the study and are developing materials and strategies to improve uptake. The most common reason that potential participants are ineligible is no unprotected anal intercourse in the last six months.

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: 06 October 2009

Participating Study Sites:

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

Study Implementation Status:

Version 1.0 of the protocol was approved and distributed to sites in May 2009. Lilongwe and Blantyre IRBs have approved version 1.0. The UNC and FHI IRBs have reviewed the protocol also; UNC will not approve the study until they have the final translated CRFs.

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 are now preparing the submissions for IRBs.

The DataFax forms are ready for translation. Final forms, translations and back-translations are expected to be completed by December. Training will be in two parts; protocol-specific training is scheduled for 5-9 December 2009. The counselor training, which will be conducted by Carol Golin and Michele Demers, is scheduled for the week of 18 January 2010. Activation should occur shortly after the counselor training takes place.

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:

DataFax development and training schedules will prohibit starting the study in 2009. Blantyre funding continues to be in question.

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: 12 October 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. A pilot version of the ACASI was sent to sites for review in August 2009. Comments were returned from each site and revisions are underway. The CRFs are also being revised and finalized. 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 re-submitted responses in August 2009. Chiang Mai submitted to their IRB on 02 September 2009. 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 specific training is planned for January through March of 2010 (trainings will happen at each site individually).

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:

None.

Report for HPTN Study Operations Group
HPTN 064
Women's Seroprevalence Study (ISIS)

Based on data available through: 19 October 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:

Eight of the nine clinical research sites have activated (9 study communities).

The following clinical research sites have been activated to screen and enroll for HPTN 064:

- Emory University, Atlanta, Georgia (Hope Clinic CRS and Ponce de Leon Center CRS, Ponce IDP only)
- 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)
- New Jersey Medical School Adult Clinical Trials Center, Newark, New Jersey
- George Washington University School of Public Health and Health Services, Washington D.C.

Since the last report, the Emory Ponce de Leon Center CRS has been activated to begin screening and enrollment activities at the Ponce IDP location. The Grady Hospital location activation is pending the receipt of the CLIA waiver (obtained, but awaiting receipt of the certificate). The Harlem Prevention Center CRS hopes to activate this week.

Accrual Status:

Please see SCHARP Screening and Enrollment Report.

Status of Intervention Delivery:

N/A

Retention Status:

Please see SCHARP Screening and Enrollment Report. Study participants have not yet reached the 6 month visit mark.

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