Letter of Amendment # 1 to:

HPTN 058: A Phase III randomized controlled trial to evaluate the efficacy of drug treatment in prevention of HIV infection among opiate dependent injectors,
Version 1.0, dated 7 October 2005

Final Version: 6 December 2006

The following information impacts the HPTN 058 study and must be forwarded to your institutional review board (IRB)/Ethics Committee (EC) as soon as possible for their information and review. This must be approved by your IRB/EC before implementation.

The following information will impact the informed consents used at your site.

Please file this Letter of Amendment and any IRB/EC correspondence in your regulatory file and other pertinent files. You are NOT required to submit these documents to the Protocol Registration Office through the HPTN CORE unless the changes result in a change to the informed consent for your site.

If the HPTN 058 protocol is amended in the future, this Letter of Amendment will be incorporated into the next version.

Summary of Revisions and Rationale

1. The screening and follow-up HIV testing algorithms have been revised. This impacts the text of the protocol and Appendices II-A and B, and III-A-D. When performing HIV testing at screening and follow-up, sites will be required to perform two rapid HIV tests and confirm all positive or discordant results. Changes to the algorithms will result in greater confidence in screening and endpoint determination.

Following approval of this Letter of Amendment, sites will complete retrospective testing with additional rapid tests on stored specimens from participants who were enrolled from the beginning of the trial through LoA implementation. Any participants who are confirmed by this retrospective testing to have actually been HIV-infected at the time they were enrolled will continue study participation but will not be included in the primary analysis.

Implementation

The following specific changes will be incorporated into the body of the protocol document with the next full amendment. Deleted text is noted by strike-through; added text is in bold.

1) Section 3.1, Inclusion Criteria, third bullet:

- HIV-uninfected as evidenced by two different rapid tests on specimen obtained within 28 days of enrollment
2) Section 3.4, Screening and Enrollment Process, third paragraph:

Participants will be given their rapid HIV test results and post-test counseling the same day if possible. Individuals with positive HIV test results who test positive with one or both rapid tests will have their sample sent for confirmation. These individuals are not eligible for enrollment but will be offered confirmatory testing and referral to support services as described in Section 1.2.1…

3) Section 5.1 Screening Visit, beginning after second paragraph:

- Pre-test HIV counseling
- Blood draw for the following laboratory tests:
  o Rapid-HIV testing
  o Hematology (CBC and platelet count)
  o Hepatitis B surface antigen and hepatitis C antibody testing
  o Blood chemistry (creatinine)
  o Liver function tests (ALT, bilirubin)

Sites will follow the HIV testing algorithm for screening included in Appendix II-A. Rapid tests will be performed on venous blood. Sites will confirm all positive or discordant rapid tests. If a positive result is obtained for one or both of the initial rapid tests are positive, a Western blot (WB) or Immunofluorescent Assay (IFA) will be performed using the same sample for confirmation.

Note: Sites will complete retrospective testing using additional rapid tests on stored specimens from participants enrolled prior to the implementation of two rapid tests at screening. Any participants who are confirmed by this retrospective testing to have actually been HIV-infected at the time they were enrolled will continue study participation but will not be included in the primary analysis.

When results of the HIV rapid tests are available (approximately 20-40 minutes later for most volunteers), participants will receive HIV post-test counseling. Individuals who require confirmatory testing are not eligible for the study, but whose initial rapid test is positive will be asked to return to the clinic in about a week to receive their results of the WB or IFA and other lab tests. Individuals who test positive on the second test are confirmed to be positive HIV-infected will be counseled in ways to prevent the spread of the virus and will be provided with appropriate referrals.

4) Appendix II-A and II-B, HIV testing algorithms have been replaced entirely with the algorithms included on pages 3 and 4 below.

5) Appendix III-A and III-C, Screening consents, What will happen if you agree to the study screening, 2nd paragraph, 5th sentence:

We will use a rapid HIV tests, so your results should be ready in about 20 to 40 minutes…

6) Appendix III-B and D, What will happen if you agree to take part in this study, Follow-up Visits, 2nd paragraph:

You will receive HIV counseling and testing at every follow-up visit. We will use a rapid HIV tests, so your results should be ready in about 20 to 40 minutes…
APPENDIX II-A: HIV Antibody Testing Algorithm – Screening

START
Sample 1
rapid test 1 &
r rapid test 2

- / -

Eligible for
enrollment

- /+ (discordant) or + / +

STOP
Do not enroll

(Subject is considered to be uninfected, but is
not enrolled because discordant rapid tests
may complicate assessment of HIV infection
status at follow-up visits)

Sample 1
WB or IFA

- or indeterminant

STOP
Do not enroll
Additional testing is required to
determine HIV infection status
APPENDIX II-B: HIV Antibody Testing Algorithm – Follow-up

START
Sample 1
rapid test 1 & rapid test 2

- / -
HIV uninfected

-/+ (discordant) or +/+

Sample 1
WB or IFA

-
HIV uninfected

+ or indeterminant

Sample 2
WB or IFA

+
HIV infected

- or indeterminant

Consult Network Laboratory