



**HPTN**

HIV Prevention  
Trials Network

# **ENHANCING LAB PERFORMANCE**

## **HPTN Regional Meeting**

**Mark Marzinke**

**Danielle Heyl**

**HPTN Laboratory Center  
Johns Hopkins University**

# Introduction

- HPTN Lab QA/QC Core
- PALs
- CAPAs
- Network evaluation (083 specific)
  - New Shipping Requirements
  - Sample Completeness
  - LDMS Reconciliations
- Lab specific differences between HPTN 083 and AMP

**Laboratory Center (LC)**  
Susan Eshleman (PI)  
Mark Marzinke (Co-PI)  
Estelle Piwowar-Manning  
(Deputy Director)

**Protocol  
Specialists**

Vanessa Cummings  
Denni Lennon  
Paul Richardson  
Phil Sullivan

**Regulatory  
Compliance**

Barbara Debevec

**Sample  
Management  
and Testing**

Shahnaz Ahmed  
Abigail Porter  
Stephanie Veater  
Tammy Walsky  
Michelle Xing

**International  
Coordinators**

Yaw Agyei  
Lebah Lugalia  
Danielle Heyl

## QA/QC Core

- Certified Clinical Laboratory Scientists, each with between 10 to 40 years of experience in regulated laboratories
- Expertise in Hematology, Chemistry, Immunology, Flow Cytometry, Serology, Virology, HIV diagnostics, Blood Banking, Molecular Pathology, Microbiology
- Over 20 years of involvement in laboratory QA/QC activities at US and non-US CTU / CRS laboratories for HIV prevention trials



- Protocol team members-  
development, SSP, HIV algorithm,  
training
- Site support
- QA/QC testing
- Specialized HIV testing
- Specializing in lab specimen  
management, freezer  
management, international  
shipping
- Production of training videos in  
laboratory practices



# PAL – Protocol Analyte List

**CRS Number:** 30320, 30294, 30304, 30313, 30303  
**Protocol:** HPTN 084  
**LDMS Number:** 306  
**HPTN LC contact:** Estelle Piwovar-Manning  
 Yaw Agyei

Completed By: Allen Matubu  
 Date Completed: 6-Mar-17  
 Reviewed By: \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_  
 Revision: Allen Matubu  
 Updated date: 7-Sep-17  
 Date Reviewed: \_\_\_\_\_

**CKD: Sam Ghanta, 10  
 March 2017**

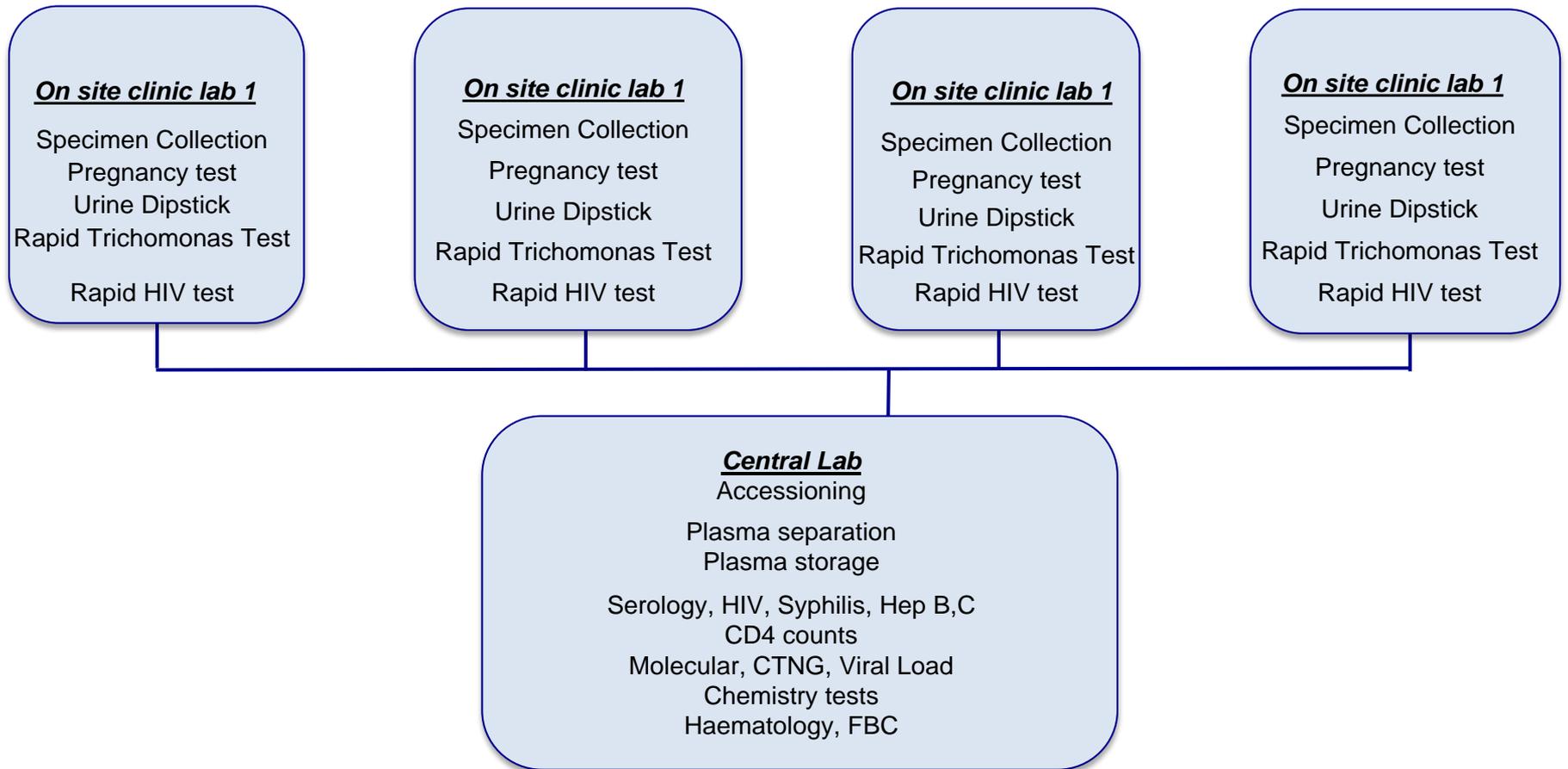
Please fill in as much detailed information as you can provide. Please add any assays that are missing.

Assay	Primary Instrument					Primary Method/Reagent Kit				Validated (Date or No)
	Primary Lab	Instrument Name	Instrument Manufacturer	Instrument Model Number	FDA Approved (Yes/No/Don't Know)	Method/Kit Name	Method/Kit Manufacturer	Method/Kit Product Number or Product Code	FDA Approval (Yes/No)	
<b>Chemistry</b>										
ALT	UZCHS-CTU	COBAS	ROCHE	C311	YES	ALT W/out pyridoxal phosphate activation	ROCHE	20764957 322	Yes	
AST	UZCHS-CTU	COBAS	ROCHE	C311	YES	AST W/out pyridoxal phosphate activation	ROCHE	20764949 322	Yes	20-Jul-15
ALP	UZCHS-CTU	COBAS	ROCHE	C311	YES	ALP IFCC LIQUID	ROCHE	10851132216	Yes	20-Jul-15
Creatinine	UZCHS-CTU	COBAS	ROCHE	C311	YES	Creatinine Jaffe' Method	ROCHE	11489291	Yes	20-Jul-15
BUN/Urea	UZCHS-CTU	COBAS	ROCHE	C311	YES	Dichlorophenyl diazonium salt (DPD)	ROCHE	11489364215	Yes	20-Jul-15
CPK	UZCHS-CTU	COBAS	ROCHE	C311	YES	Creatinine Kinase liquid acc to IFCC Method	ROCHE	12132524	Yes	20-Jul-15
Total Bilirubin	UZCHS-CTU	COBAS	ROCHE	C311	YES	Dichlorophenyl diazonium salt (DPD)	ROCHE	11489194 216	Yes	20-Jul-15
Phosphorous	UZCHS-CTU	COBAS	ROCHE	C311	YES	Phosphomolybdate	ROCHE	PHOS 11127993 216	Yes	20-Jul-15
Glucose		COBAS	ROCHE	C311	YES	Glucose Oxidase- Peroxidase Method	ROCHE	11448668216	Yes	20-Jul-15
Amylase	UZCHS-CTU	COBAS	ROCHE	C311	YES	Enzymatic colorimetric	ROCHE	3183742122	Yes	20-Jul-15
Lipase	UZCHS-CTU	COBAS	ROCHE	C311	YES	Enzymatic colorimetric	ROCHE	3029590322	Yes	20-Jul-15
Calcium	UZCHS-CTU	COBAS	ROCHE	C311	YES	Colorimetric End point Assay	ROCHE	5061482190	Yes	20-Jul-15
Total Cholesterol	UZCHS-CTU	COBAS	ROCHE	C311	YES	Enzymatic colorimetric	ROCHE	3039773190	Yes	20-Jul-15
HDL Cholesterol	UZCHS-CTU	COBAS	ROCHE	C311	YES	Enzymatic colorimetric	ROCHE	4399803190	Yes	20-Jul-15
Triglyceride	UZCHS-CTU	COBAS	ROCHE	C311	YES	Enzymatic colorimetric	ROCHE	20767107322	Yes	20-Jul-15

# PAL Completion

- PALs must
  - Reflect all assays defined in the protocol.
  - Reflect FDA approval of assays.
  - Reflect current primary and secondary labs/methods.
  - Reflect EQA enrolment.
- Changes in PAL information or reference intervals must be communicated to HPTN LC *immediately*.
- Provides an overview of testing methodologies for LC and safety / CMC reference

# EXAMPLE FLOW CHART FOR COC



## Corrective Action / Preventive Action

- Tools to improve site lab performance
  - Timely completion of CAPAs for EQA failures, referred to as Investigation Reports
  - Submission of corrective actions for DAIDS audit findings.
  - Submission of corrective actions for HPTN LC visit findings
  - Training available on the DAIDS Learning portal

# Network Evaluation – Laboratory Component

***NEW!! NEW!! NEW!!***

Monitor	Description	Requirement	Data Source
Quality of specimen handling/shipment	Number of shipments received within the specified timeframe	90% received within timeframe	LC reports
Specimen storage completeness	Number of aliquots stored/ number of aliquots anticipated per specimen type per visit per protocol	95% storage completeness	SDMC report to LC for interpretation
LDMS Reconciliation	Number of LDMS reports	90% response received within 1 week	LC reports

## HPTN 083

- Storage and Shipping
- Sample completeness
- LDMS reconciliations



## Shipping Requirements – HPTN 083

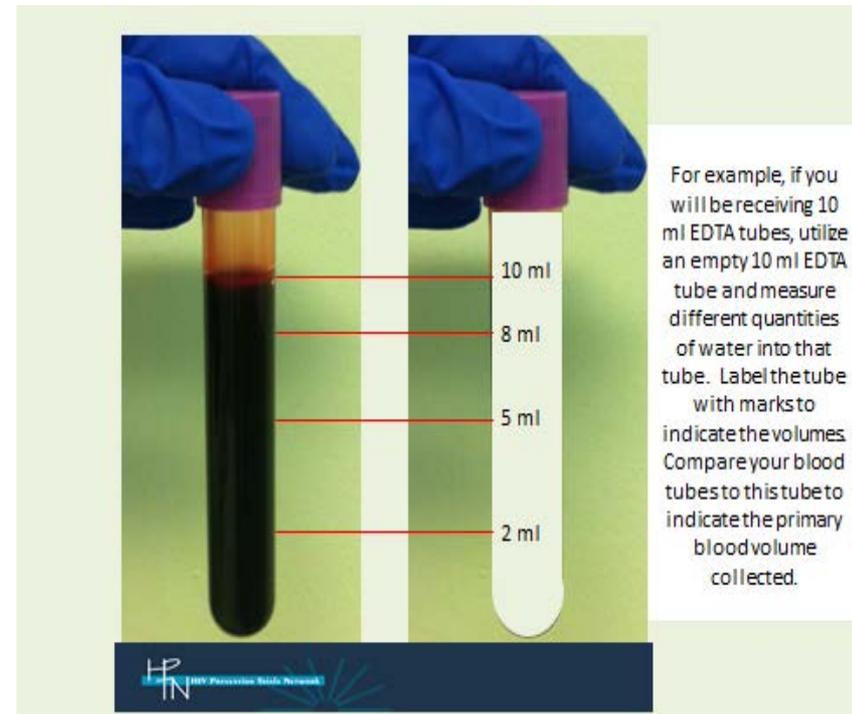
Samples to be shipped quarterly.

- Plasma- starting from enrollment store (-01) aliquots in a box marked “To be shipped”.
- Shipment quarterly



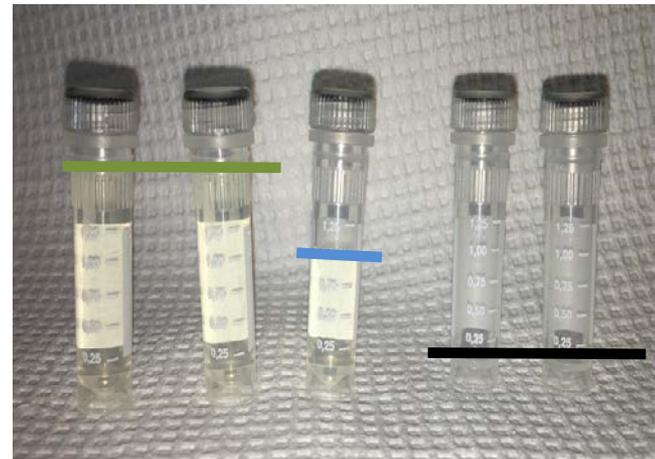
# Sample Completeness

- Ensure all study required samples are collected.
  - Collect volumes indicated in the SSP
  - Enter exact volumes in LDMS (insert volumes collected).



## Sample Completeness cont.

- Process and store aliquots as per SSP (HPTN 083 – PL2)
- Inform HPTN LC of any short storage
  - 3 or less aliquots of plasma (e.g. HPTN 083)



**1.8**  
**mL**

**1.0**  
**mL**

**0.0 mL**  
(0.01mL,  
QNS)

Number of aliquots stored/ number of aliquots anticipated per specimen type per visit per protocol

# LDMS Reconciliation

## Stored specimens and LDMS exportation are key!

- Minimize problems with LDMS
- Ensure that all samples are appropriately collected, labeled and stored
- Discrepancies, errors, and missing storage information must be investigated and responded to within 1 week

The Laboratory Manager, QA/QC coordinator or designee, and clinic/site personnel must review on a weekly basis (meeting or via email):

Lab requisition (LDMS tracking sheet) vs.  
LDMS entry (Spec Log/Storage Reports) vs.  
Clinic collection and eCRFs

## Differences between HPTN 083 and HVTN704/HPTN085 - AMP

- HIV Diagnostics
- Storage
- Shipping
- LDMS Reconciliation versus SDQC

# HIV testing

- AMP – samples go to a regional testing lab for HIV diagnostics
- HPTN 083 – testing is done at the local sites using the HIV algorithm in the protocol:
  - Rapid HIV test(s), FDA cleared
  - 4<sup>th</sup> or 5<sup>th</sup> Gen EIA or CMIA
  - RNA at screening within 14 days of enrollment

# Storage

- AMP – PL1 (single spun plasma)  
All samples stored  $-80^{\circ}\text{C}$  until shipped  
minimum weekly/biweekly
- HPTN 083 – PL2 (double spun plasma)  
Samples stored on site at  $-80^{\circ}\text{C}$  until  
requested/quarterly

# Shipping

- AMP - Samples shipped a minimum of biweekly to a repository and weekly to HIV regional testing lab
  - ✓ Repository disperses samples to testing labs
- 083 - Samples stored on site until requested
  - ✓ 1 aliquot per visit per participant shipped quarterly to LC
  - ✓ DBS shipped quarterly on a request basis
  - ✓ Testing contained within the LC

## LDMS reconciliations versus SDQC

- AMP utilizes on-line tool for both clinic and lab, need reliable internet
- HPTN 083 utilizes excel sheets for tracking of clinic LDMS lab related issues, required response within 1 week

# Summary

---

HPTN LC are available for lab consultations.

- Keep PAL updated
- Collaborate with HPTN LC on EQA performance
- Meet with clinic on LDMS issues and blood volumes
- Track shipments

# Acknowledgements

The HIV Prevention Trials Network is funded by the National Institute of Allergy and Infectious Diseases (UM1AI068619, UM1AI068613, UM1AI1068617), with co-funding from the National Institute of Mental Health, and the National Institute on Drug Abuse, all components of the U.S. National Institutes of Health.