

**HPTN 083-02: FACTORS INFLUENCING ADHERENCE TO INJECTABLE  
PREP AND RETENTION IN AN INJECTABLE PREP RESEARCH STUDY  
(DAIDS-ES ID: 38645)**

**A QUALITATIVE SUB-STUDY OF  
HPTN 083: A Phase 2b/3 Double Blind Safety and Efficacy Study of Injectable  
Cabotegravir Compared to Daily Oral Tenofovir Disoproxil  
Fumarate/Emtricitabine (TDF/FTC), For Pre-Exposure Prophylaxis in HIV  
Uninfected Cisgender Men and Transgender Women who have Sex with Men  
(DAIDS-ES ID 20725; IND 122744)**

**A Study of the HIV Prevention Trials Network**

**Sponsored by:**

Division of AIDS, U.S. National Institute of Allergy and Infectious Diseases  
U.S. National Institutes of Health

**Funded by:**

U.S. National Institute of Mental Health  
U.S. National Institutes of Health

**Protocol Chairs:**

Steven A. Safren, Ph.D.  
University of Miami  
Miami, FL, USA

Christina Psaros, Ph.D.  
Massachusetts General Hospital  
Boston, MA, USA

**Final Version 1.0  
01 July 2019**

**HPTN 083-02**

**Factors Influencing Adherence to Injectable PrEP and Retention in an Injectable PrEP Research Study**

**TABLE OF CONTENTS**

**LIST OF ABBREVIATIONS AND ACRONYMS .....4**

**LIST OF FIGURES AND TABLES.....5**

**PROTOCOL TEAM ROSTER .....6**

**INVESTIGATOR OF RECORD PROTOCOL SIGNATURE PAGE.....9**

**SCHEMA.....10**

**1.0 INTRODUCTION.....13**

    1.1 Background and Prior Research.....13

    1.2 Rationale for a Qualitative Study.....13

**2.0 STUDY OBJECTIVES AND DESIGN.....14**

    2.1 Primary Objectives.....14

    2.2 Secondary Objectives.....15

    2.3 Study Design.....15

**3.0 STUDY POPULATION .....16**

    3.1 Inclusion Criteria .....17

    3.2 Exclusion Criteria .....18

    3.3 Recruitment.....18

    3.4 Participant Retention.....18

    3.5 Participant Withdrawal .....18

    3.6 Descriptive Data.....18

**4.0 STUDY PROCEDURES .....19**

    4.1 Qualitative Interviews.....19

**5.0 SAFETY MONITORING AND ADVERSE EVENT REPORTING .....20**

**6.0 ANALYTICAL CONSIDERATIONS.....20**

    6.1 Review of Study Design .....20

    6.2 Sample Size.....20

    6.3 Data Analysis .....20

**7.0 HUMAN SUBJECTS CONSIDERATIONS .....21**

    7.1 Ethical Review .....21

    7.2 Informed Consent.....22

    7.3 Risks.....22

    7.4 Benefits .....22

    7.5 Incentives .....23

    7.6 Confidentiality .....23

7.7	Study Discontinuation.....	23
<b>8.0</b>	<b>ADMINISTRATIVE PROCEDURES .....</b>	<b>23</b>
8.1	Protocol Registration and Study Activation .....	23
8.2	Study Coordination .....	24
8.3	Study Monitoring .....	24
8.4	Protocol Compliance.....	25
8.5	Investigator’s Records .....	25
8.6	Use of Information and Publications .....	26
<b>9.0</b>	<b>REFERENCES.....</b>	<b>27</b>
	<b>APPENDICES .....</b>	<b>28</b>
	<b>APPENDIX I: .....</b>	<b>29</b>
	<b>SCHEDULE OF STUDY PROCEDURES FOR QUALITATIVE INTERVIEWS</b>	<b>29</b>
	<b>APPENDIX II: .....</b>	<b>31</b>
	<b>SAMPLE INFORMED CONSENT FORM FOR QUALITATIVE</b>	
	<b>INTERVIEWS.....</b>	<b>31</b>

**HPTN 083-02**  
**Factors Influencing Adherence to Injectable PrEP and Retention in an Injectable PrEP Research Study**

**LIST OF ABBREVIATIONS AND ACRONYMS**

AE	Adverse Event
AIDS	Acquired immunodeficiency syndrome
DAIDS	Division of AIDS
DHHS	US Department of Health and Human Services
EC	Ethics Committee
FDA	(United States) Food and Drug Administration
FTC/TDF	Emtricitabine (FTC) and tenofovir disoproxil fumarate (TDF); Truvada®
GCP	Good Clinical Practices
HIV	Human Immunodeficiency Virus
HPTN	HIV Prevention Trials Network
ICF	Informed consent form
ICH E6 R2	International Conference on Harmonization Integrated Addendum To ICH E6(R1): Guideline For Good Clinical Practice E6(R2)
IRB	Institutional Review Board
NIAID	(United States) National Institute of Allergy and Infectious Diseases
NIH	(United States) National Institutes of Health
NIMH	(United States) National Institute of Mental Health
OHRP	(United States) Office for Human Research Protections
PRO	Protocol Registration Office
RE	Regulatory entity
RSC	Regulatory Support Center
US	United States

**HPTN 083-02**  
**Factors Influencing Adherence to Injectable PrEP and Retention in an Injectable PrEP Research Study**

**LIST OF FIGURES AND TABLES**

FIGURE 1. STUDY TIMELINE .....12

## HPTN 083-02

### Factors Influencing Adherence to Injectable PrEP and Retention in an Injectable PrEP Research Study

#### PROTOCOL TEAM ROSTER

**Steven A. Safren, PhD, ABPP**

Protocol Chair  
Professor of Psychology  
University of Miami  
5665 Ponce de Leon Blvd.  
P.O. Box 248185  
Coral Gables, FL 33124, USA  
Phone: 305-284-2818 (Coral Gables)  
Phone: 305-243-3471 (Medical School)  
Email: ssafren@miami.edu

**Adeola Adeyeye MD, MPA, CCFP.**

LCDR, U.S. Public Health Service  
Medical Officer, Clinical Prevention Research Branch,  
Prevention Science Program, DAIDS, NIAID, NIH  
Room 8B36 MSC 9831, 5601 Fishers Lane  
Rockville, MD 20852-9831, USA  
Phone: 240-669-5005; 240-619-9395 (Cell)  
Email: adeyeyeo@nih.gov

**Jesse Clark, MD, MSc**

Associate Professor-in-Residence  
Department of Medicine  
Division of Infectious Diseases  
Department of Family Medicine  
David Geffen School of Medicine  
University of California, Los Angeles  
10833 Leconte Avenue, CHS 37-121  
Los Angeles, CA 90095, USA  
Phone: 310-825-3543  
Fax: 310-825-3632  
Email: JLClark@mednet.ucla.edu

**Eileen F. Dunne, MD, MPH, FIDSA**

Director, HIV/STD Research Program  
Thailand MOPH US CDC Collaboration  
Bangkok, Thailand  
Phone: +66 81 848 0834  
Email: dde9@cdc.gov

**Christina Psaros, PhD**

Protocol Co-Chair  
Assistant Professor in Psychology, Harvard  
Medical School  
Associate Director, Behavioral Medicine  
Department of Psychiatry  
Massachusetts General Hospital  
One Bowdoin Square, 7th Floor  
Boston, MA 02114, USA  
Phone: 617-726-7458  
Fax: 617-726-7541  
Email: cpsaros@mgh.harvard.edu

**Sheldon D. Fields, PhD, RN, FNP-BC,  
AACRN, FAANP, FNAP, FAAN**

Professor, School of Health Professions  
Department of Nursing, New York Institute of  
Technology  
Founder & CEO "The S.D.F Group, LLC "  
P.O. Box 333, Fairport, NY 14450, USA  
Phone: 917-301-6763  
Email: DrFields@thesdfgrp.com

**Vivian Go, PhD**

Professor, Department of Health Behavior  
The University of North Carolina at Chapel  
Hill, Gillings School of Global Public Health  
363 Rosenau Hall  
Chapel Hill, NC 27599-7440, USA  
Phone: 919-986-3908  
Email: vgo@unc.edu

**Christopher Gordon, PhD**

Branch Chief, Division of AIDS Research  
National Institute of Mental Health  
5601 Fishers Lane, Room 8G11 (MSC) - 9831  
Rockville, MD 20852, USA  
Phone: 240-627-3867  
Email: christopher.gordon@nih.gov

**Sam Griffith, MAT**

Senior Clinical Research Manager, FHI 360  
359 Blackwell St. Suite 200  
Durham, NC 27701, USA  
Phone: 919-544-7040 x11571  
Fax: 919-544-7261  
Email: sgriffith@fhi360.org

**Beatriz Grinsztejn, MD, PhD**

Principal Investigator  
NIH Clinical Trials Unit  
Instituto de Pesquisa Clinica Evandro Chagas-Fiocruz  
Avenida Brasil 4365  
Rio de Janeiro, Brasil  
Phone: 55-21-2270-7064 (Office)  
Phone: 55-21-981584631 (Mobile)  
Fax: 55-21-25644933  
Email: gbeatriz@ipecc.fiocruz.br

**Colleen F. Kelley MD, MPH**

Associate Professor of Medicine  
Emory University School of Medicine  
The Hope Clinic  
500 Irvin Ct., Ste. 200  
Decatur, GA 3003, USA  
Phone: 404-712-1823  
Fax: 404-499-9727  
Email: colleen.kelley@emory.edu

**Raphael J. Landovitz, MD, MSc**

Associate Professor of Medicine, UCLA Center for  
Clinical AIDS Research & Education  
11075 Santa Monica Blvd, Suite 100  
Los Angeles, CA 90025, USA  
Phone: 310 825-3782  
Fax: 310 477-7657  
Email: rlandovitz@mednet.ucla.edu

**Marybeth McCauley, MPH**

Clinical Research Project Manager, FHI 360  
1825 Connecticut Avenue, NW  
Washington, DC 20009, USA  
Phone: 202-884-8340  
Fax: 202-884-8400  
Email: mmccauley@fhi360.org

**Keren Middelkoop, MBChB, PhD, MPH**

Senior Investigator & Principal Medical Officer,  
Desmond Tutu HIV Centre  
University of Cape Town Medical School  
Werner Beit Building, N Lvl. 1, Rm. 1.21.2  
Anzio Road, Observatory  
Cape Town, South Africa 7925  
Phone: +27 21 650 6960  
Fax: +27 21 650 6255  
Email: Keren.middelkoop@hiv-research.org.za

**Temitope Oyedele, MD**

Attending Physician, Division of Infectious  
Diseases  
John H. Stroger Jr., Hospital of Cook County  
Assistant Professor, Rush University Medical  
Center  
1900 W. Polk Street, Room 1250  
Chicago, IL 60612, USA  
Phone: 312-864-4590  
Fax: 312-864-9496  
Email: toyedele@cookcountyhhs.org

**Nittaya Phanuphak, MD, PhD**

Chief of PREVENTION, Thai Red Cross AIDS  
Research Centre  
104 Rajdumri Road, Pathumwan,  
Bangkok 10330 Thailand  
Phone: +662 253 0996  
Fax: +662 253 0998  
Email: nittaya.p@prevention-trcarc.org

**Alex Rinehart, PhD**

Director, Global HIV Prevention Strategy  
ViiV Healthcare  
5 Moore Drive  
Durham, NC 27709, USA  
Phone: 919-483-2085  
Email: alex.r.rinehart@viiivhealthcare.com

**Jeremy Sugarman, MD, MPH, MA**

Harvey M. Meyerhoff Professor of Bioethics  
and Medicine  
Berman Institute of Bioethics  
Johns Hopkins University  
Deering Hall 203, 1809 Ashland Ave.  
Baltimore, MD 21205, USA  
Phone: 410-614-5634  
Fax: 410-614-5360  
Email: jsugarman@jhu.edu

**Nicolas Van de Velde PhD, MSc**  
Global Health Outcomes, Cabotegravir  
ViiV Healthcare  
980 Great West Road  
Brentford TW8 9GS, United Kingdom  
Phone: +44 74 68 35 38 41  
Email: nicolas.x.van-de-velde@gsk.com



**INVESTIGATOR OF RECORD PROTOCOL SIGNATURE PAGE**

**HPTN 083-02**

**Factors Influencing Adherence to Injectable PrEP and Retention in an Injectable PrEP Research Study**

DAIDS Document ID # 38645

Version 1.0

01 July 2019

**A Study of the HIV Prevention Trials Network**

**Sponsored by:**

Division of AIDS, U.S. National Institute of Allergy and Infectious Diseases  
U.S. National Institutes of Health

**Funded by:**

U.S. National Institute of Mental Health  
U.S. National Institutes of Health

I will conduct the study in accordance with the provisions of this protocol and all applicable protocol-related documents. I agree to conduct this study in compliance with United States (US) Health and Human Service regulations (45 CFR 46); applicable U.S. Food and Drug Administration regulations; standards of the International Conference on Harmonization Guideline for Good Clinical Practice (E6); Institutional Review Board/Ethics Committee determinations; all applicable in-country, state, and local laws and regulations; and other applicable requirements (e.g., US National Institutes of Health, Division of AIDS) and institutional policies.

---

Name of Site Principal Investigator

---

Signature of Site Principal Investigator

---

Date

## HPTN 083-02

### Factors Influencing Adherence to Injectable PrEP and Retention in an Injectable PrEP Research Study

#### SCHEMA

- Purpose:** To explore potential barriers, facilitators, and potentially modifiable issues related to adherence to clinic visits in the context of injectable PrEP; to learn about preferences and decision making regarding the use of oral versus injectable PrEP, or other biomedical prevention products; to gather explanatory qualitative data regarding participants' experiences in HPTN 083 to better interpret study results and guide next prevention strategies.
- Design:** In-depth, one-time qualitative interviews.
- Study Population:** Participants in Step 2 of the Main HPTN 083 Trial who are:
1. Adherent to injectable PrEP/placebo
  2. Imperfectly or nonadherent to injectable PrEP/placebo
- Or
3. Discontinue their injectable PrEP/placebo after getting at least one injection
- And participants from Step 3 of the parent study
- We will recruit from 2 U.S. sites (Chicago, IL; Decatur, GA) and 3 international sites (Rio de Janeiro, Brazil; Cape Town, South Africa; and Bangkok, Thailand).
- Study Size:** We expect a total N of 150-225 for participants interviewed in Step 2 and a total N of 50-75 participants for participants interviewed in Step 3.
- Study Duration:** Approximately three years total.
- Primary Objectives:**
- 1) To identify potential barriers, facilitators, and potentially modifiable issues related to adherence to clinic visits in the context of injectable PrEP, thus facilitating the achievement of study objectives and informing future delivery and implementation of injectable PrEP.
  - 2) To learn about preferences and decision making regarding the use of oral versus injectable PrEP, or other biomedical prevention products.
  - 3) To gather explanatory qualitative data regarding participants' experiences in HPTN 083 to better interpret study results and guide next step prevention strategies. Specifically, understanding potential consumers' preferences for product use and barriers and facilitators to product use will inform outreach and education efforts around biomedical HIV prevention, as well as inform the development of clinical platforms in which these services will be offered (e.g., adherence support).

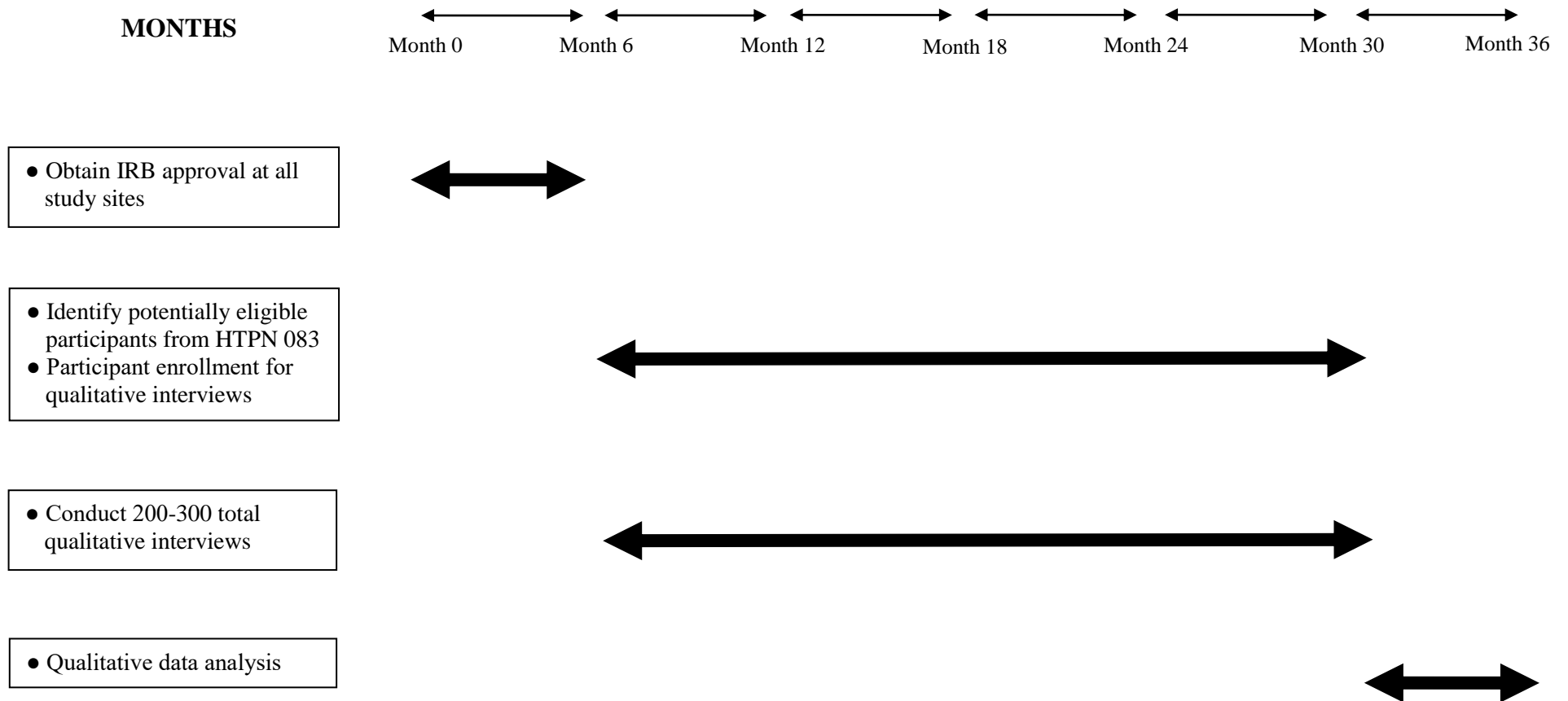
**Secondary Objectives:** To explore potential differences in the above by geographic location or person-level characteristics.

**Study Sites:** 2 U.S. sites (Chicago, IL; Decatur, GA) and 3 international sites (Rio de Janeiro, Brazil; Cape Town, South Africa; and Bangkok, Thailand).

## HPTN 083-02

### Factors Influencing Adherence to Injectable PrEP and Retention in an Injectable PrEP Research Study

Figure 1. Study Timeline



## **1.0 INTRODUCTION**

### **1.1 Background and Prior Research**

Any biomedical HIV prevention product will require behavior change in the form of uptake of and adherence to the product in order to be successful. This is true both in the context of trying to demonstrate efficacy in a trial (e.g., for newer agents and delivery systems, such as injectable pre-exposure prophylaxis (PrEP)), as well as in effectiveness or implementation trial settings. The efficacy outcomes of trials using both oral PrEP and microbicides conducted to date have been largely dependent on adherence, with efficacy and adherence being strongly associated across studies.<sup>1-4</sup>

Longer acting injectable PrEP has the potential to dramatically improve the delivery of biomedical HIV prevention, particularly among those individuals who prefer not to, or may struggle with taking oral medications on a daily basis. Because the injection is administered in a clinic setting, adherence, as traditionally conceptualized, is known to the clinic staff, study team, and other relevant parties. However, potential consumers of this product will need to first tolerate a run-in of oral product in order to rule out potential toxicities and return to the clinic at scheduled intervals for repeat injections. Upon discontinuation of injections, consumers of oral PrEP may be advised to initiate a course of oral PrEP to “cover the tail” and minimize the risk of acquisition of resistant virus. These steps may be particularly challenging to the individuals who are conceptualized as the “best” candidates for injectable administration of PrEP, based on the presence of psychiatric comorbidities, living in poverty, belonging to a socially marginalized group, and other factors.

HPTN 077 is a safety trial for cabotegravir conducted among low-risk men and women. Adherence in HPTN 077 was high, with 75% of the sample completing all injections<sup>5</sup>; attendance may vary in HPTN 083, a study of high risk individuals. While we might expect individuals identified as high risk for HIV to attend clinic visits, individuals at high risk for HIV are also known to experience higher rates of psychiatric comorbidities than the general population, are likely to belong to socially marginalized groups, and likely to be socioeconomically disadvantaged.<sup>5-7</sup> These factors may make effective use of injectable PrEP more difficult.

### **1.2 Rationale for a Qualitative Study**

HPTN 083 is the first large-scale efficacy study of injectable PrEP, and will be executed in diverse settings across the globe. Despite careful planning and formative research leading up to a trial of this kind, the degree to which participants will face barriers to adhering to study procedures, and whether other behavioral, contextual, or individual variables will affect study implementation or outcome remains unknown.

A strength of qualitative work lies in its ability to generate hypotheses where there is a dearth of data. As we currently do not have data about adherence to

injectable PrEP in general, and in the context of this study in particular, qualitative research can both identify novel factors influencing adherence to injectable PrEP, as well as provide a more nuanced understanding of factors that may influence adherence to injectable PrEP than can be provided with quantitative data alone. Qualitative research conducted concurrently with trial implementation can assist the study team with interpretation of outcome data and may also assist with study implementation (e.g., recruitment and retention), should data be collected and analyzed in real-time. A similar qualitative study is currently funded and underway in the AMP trial (PI: Andrasik). Furthermore, qualitative data was particularly useful in explaining findings from other biomedical prevention studies, in particularly the FEM-PrEP and VOICE trials.<sup>8,9</sup>

While the availability of injectable PrEP has the potential to offer effective HIV prevention without daily pill burden, the scientific community knows little about factors that may influence adherence to injection visits. The timing of these visits is critical to the success of injectable PrEP as an HIV prevention strategy, as late visits or termination of injections without medical oversight can result in insufficient coverage and protection from HIV, and the potential for acquiring resistant virus due to the long pharmacokinetic tail for injectable agents. While study staff will be aware of participants' adherence to the injectable study product by virtue of attendance at injection visits, qualitative data collected from participants will help us understand and contextualize specific facilitators and barriers to effective study participation. At this time, neither do we have an understanding of how individuals may think about making decisions between oral PrEP, injectable PrEP, or other biomedical prevention products. These qualitative data have the potential to ensure successful recruitment and retention of trial participants in HPTN 083 (therefore facilitating successful achievement of study aims), would aid in the interpretation of trial results, and inform eventual efforts to implement injectable PrEP as an HIV prevention strategy.

## **2.0 STUDY OBJECTIVES AND DESIGN**

### **2.1 Primary Objectives**

The primary objectives of this study are:

- To identify potential barriers, facilitators, and potentially modifiable issues related to adherence to clinic visits in the context of injectable PrEP, thus facilitating the achievement of study objectives and informing future delivery and implementation of injectable PrEP.
- To learn about preferences and decision making regarding the use of oral versus injectable PrEP, or other biomedical prevention products.
- To gather explanatory qualitative data regarding participants' experiences in HPTN 083 to better interpret study results and guide next step prevention strategies. Specifically, understanding potential consumers' preferences for product use and barriers and facilitators to product use will inform outreach and education efforts around biomedical HIV prevention,

as well as inform the development of clinical platforms in which these services will be offered (e.g., adherence support).

## **2.2 Secondary Objectives**

The secondary objective of this study is to:

Explore potential differences in the above by geographic location or person-level characteristics.

## **2.3 Study Design**

### **2.3.1 Study Type**

This will be a three-year qualitative study of individuals who have enrolled in HPTN 083 (and therefore met HTPN 083 study inclusion and exclusion criteria) across both domestic and international study sites. We will collect qualitative data from three groups of HTPN 083 participants in Step 2 (blinded, randomized, after oral lead-in) and from participants in Step 3 (open label phase) of the parent study. The main study participants who will be enrolled for this sub-study are described in 3.0 STUDY POPULATION.

Participants will complete one individual semi-structured qualitative interview, lasting 30-60 minutes. Participants who complete a qualitative interview in Step 2 will not be excluded from completing an interview in Step 3. Qualitative data will be collected around factors influencing HPTN 083 participants' adherence to injectable PrEP and retention in the study.

The total anticipated N is 150-225 for participants interviewed in Step 2, and 50-75 for participants interviewed in Step 3. The study will begin when IRB approval is received and continue until the end of the trial. We expect that data analysis will occur for up to 6 months after the conclusion of data collection.

### **2.3.2 Study Location**

Study locations will include 2 U.S. sites (Chicago, IL and Decatur, GA) and 3 international sites (Rio de Janeiro, Brazil; Cape Town, South Africa; and Bangkok, Thailand). Data analyses will be led by a team at Massachusetts General Hospital (Psaros), with additional leadership from University of Miami (Safren) and site participation whenever possible.

### **2.3.3 Qualitative Interview Development**

*Qualitative interview guide development:* The semi-structured interview guide will be refined in a multi-step fashion adapting to the emerging data. The initial interview guide has been developed through a review of existing literature, informal interviews with study staff, and input from study team members. After relevant translations and back-translations have been conducted (in the case of the international sites), the guide will be used on the first several participants with rapid

feedback from the protocol chairs. The initial guide will be revised as needed (for content, phrasing, and coverage of novel ideas) as the study progresses.

*Qualitative interviewer training and supervision:* The qualitative interviewers will be trained by the behavioral science investigators (Drs. Safren and Psaros). Training modules will include probing, asking open-ended questions, non-judgmentality, and grounded theory. The first set of interviews will be transcribed and translated (if necessary) immediately and will be reviewed by the behavioral science investigators. After review, a supervision meeting with the interviewer and Dr. Safren or Dr. Psaros will be scheduled to provide feedback on performance and adherence to principles of qualitative interviewing. Supervision will be provided as needed to the interviewers throughout the study by Drs. Psaros and Safren.

### **3.0 STUDY POPULATION**

Three groups of HTPN 083 participants from Step 2 (blinded, randomized, after oral lead-in; see group descriptions below) and participants from Step 3 (open label phase) of the parent study, will participate in this qualitative sub-study. In Step 2 of the trial, we will collect qualitative data from three groups of participants across 2 U.S. sites and 3 international sites: (1) those who are adherent, (2) those who are imperfectly or non-adherent, and (3) those who discontinue their randomized blinded study product after getting at least 1 injection. Definitions for the three groups are as follows:

- 1) The “adherent” group will be comprised of individuals who receive at least two consecutive injections within 10 weeks of their prior injection (the timeline of which will begin once injections are scheduled every eight weeks), at any point in Step 2.
- 2) The “imperfectly adherent” or “non-adherent” group will consist of individuals who receive any injection outside of the aforementioned window of 10 weeks for the adherent group at any point in Step 2, but have not been lost to follow-up or prematurely left the trial.
- 3) Those who may not be actively engaged in the study or are engaged in a way other than described above i.e.) will comprise the third group. This includes those who have declined additional injections but agree to additional follow-up and those lost to follow-up. Those who wish to withdraw from the main trial may be invited to participate in this group as well, if participation in the sub-study can be offered at the time the participant expresses their desire to withdraw from the main study. Participants who wish to withdraw from the main study will be asked to remain in the main study until their participation in the qualitative study (a one-time interview) is complete. We will not attempt to re-contact participants who have previously withdrawn their consent or who leave the study before the qualitative sub-study is activated at that site.



Participants who move from “adherent” to “non-adherent” or vice versa will not be excluded from participation in interviews for the other group if they are selected for participation upon the change in classification. However, participants who are classified as part of group three will be excluded from participating in the Step 3 interviews to avoid duplication of data. Participants will be selected for participation during years 1-3 of the qualitative study. In order to sample across the study population, we will aim to recruit approximately 12-13 participants per month for qualitative interviews. Our total N will be determined by achieving thematic saturation of data by site, or the point at which new information is unlikely to be obtained by completing additional interviews.<sup>10</sup> We anticipate interviewing approximately 10-15 individuals in each category at each of the 5 sites for a total N of 150-225 for Step 2.

For Step 3 (open label phase), we anticipate interviewing approximately 10-15 individuals at each of the 5 study sites to explore opinions and preferences about the two study products. This is a total N of 50-75 participants for Step 3.

Participants will be selected via purposive sampling, whereby study staff members attempt to find representative participants from the various groups we are sampling. We will aim to have TGW comprise approximately 25% of the total sample for the qualitative study.

### **3.1 Inclusion Criteria**

Inclusion criteria will mirror those of the parent study, but for specific enrollment purposes they are:

- Properly enrolled and consenting participant in the HPTN 083 parent study and at one of the study sites for this qualitative sub-study
- From Step 2 of the trial, meets one of the three criteria:
  1. The “adherent” group will be comprised of individuals who receive at least two consecutive injections within 10 weeks of their prior injection (the timeline of which will begin once injections are scheduled every eight weeks), at any point in Step 2.
  2. The “imperfectly” adherent or “non-adherent” group will consist of individuals who receive any injection outside of the aforementioned window of 10 weeks for the adherent group at any point in Step 2, but have not been lost to follow-up or prematurely left the trial.
  3. Those who have discontinued their randomized blinded study product after getting at least 1 injection.
- From Step 3 of the trial: any participant in Step 3 of the trial may be selected to participate except those participants who are classified as part of group three in Step 2 (those who may not be active participants or otherwise as described above) who will be excluded to avoid duplication of data.

### **3.2 Exclusion Criteria**

Exclusion criteria will mirror those of the parent study; participants who seroconvert will not be excluded from participation.

### **3.3 Recruitment**

Study research assistants or other trained study staff will identify potentially eligible participants from the HTPN 083 participant sample. Study clinicians may also refer participants to the ancillary study directly.

### **3.4 Participant Retention**

Participation in the sub-study includes a one-time qualitative interview, and thus, no additional retention procedures will be implemented.

### **3.5 Participant Withdrawal**

Participants may voluntarily withdraw from the sub-study for any reason and at any time. While this is a qualitative interview, and it would be unlikely, the Investigator also may withdraw participants from the study in order to protect their safety and/or if they are unwilling or unable to comply with required study.

Participants also may be withdrawn if NIAID (the study sponsor), NIMH (the study funder), the HPTN, government or regulatory authorities, the US Food and Drug Administration (FDA) or site IRBs / ethics committees (ECs) terminate the study prior to its planned end date.

Participants will be informed that withdrawal from the study will not affect their continued receipt of HIV care at the clinic in any way or their continued participation in the parent trial.

### **3.6 Descriptive Data**

Descriptive data on each participant will be obtained from the parent study to facilitate grouping of qualitative data by sociodemographic variables, such as age, education, and poverty level. Differences in baseline characteristics between those who complete a qualitative interview and those who decline (or cannot be reached to complete a qualitative interview) will be examined, as well as potential differences between groups (i.e., those who were non-adherent versus imperfectly adherent, and MSM and TGW).

## 4.0 STUDY PROCEDURES

Information on the procedures of the single study visit is presented below and in APPENDIX I. Detailed instructions to guide and standardize all study procedures across sites will be provided in the study-specific procedures manual.

### 4.1 Qualitative Interviews

Interviews will last approximately 30-60 minutes and will be conducted in a private setting by interviewers trained by the behavioral science investigators (Drs. Safren and Psaros). Interviews will follow a semi-structured interview guide, with flexibility to explore probes and content that is related to the study objectives but may not specifically be in the guide to begin with. In order to increase the likelihood of reaching all participants, interviews will be conducted in person or via phone (i.e. to invite a participant who had been lost to attrition to come to the interview). Questions will be open-ended to most effectively elicit information without biasing participants' responses. The guide will begin with potentially less sensitive topics and end with more sensitive topics in order to facilitate rapport. Open-ended questions will be followed by probes to facilitate discussion and to ensure the completeness of qualitative data. Sample topics (though not a complete list) included in the semi-structured interview include:

- 1) Reasons for participating in the (main) study;
- 2) Facilitators of adherence / attendance at study visits (e.g., types and sources of support, and how various types and sources of support facilitated attendance at visits);
- 3) Barriers to adherence / attendance at study visits (e.g., perceived social harm, concerns around efficacy / study design, clinic environment, competing demands, medicalization of HIV prevention; changes in perceived risk of HIV; nature of barriers [i.e., short-term versus long-term barriers]);
- 4) Preferences for product use (e.g., oral versus injectable PrEP);
- 5) Perceptions of study product use outside the context of a clinical trial and perceptions around key issues related to injectable PrEP implementation, as applicable.

Additional topics may be added or explored during the interview. All interviews will be digitally recorded and transcribed (and translated, if necessary) by a trained research assistant, other trained study staff, or HIPAA-compliant transcription company. We will conduct interviews until thematic saturation is reached<sup>10</sup>; investigators will maintain close contact with qualitative staff to ensure thematic saturation is reached. If thematic saturation is not reached after the proposed number of interviews, the investigators will have a call with HTPN 083 study leadership to discuss the possibility of additional interviews. All participants will be reimbursed an amount that is consistent with IRB standards for a given site/context (usually the equivalent of \$15-25 USD).

## **5.0 SAFETY MONITORING AND ADVERSE EVENT REPORTING**

All participants in this sub-study will also be participants in the main study at the time of their participation in their qualitative interview. If the interviewer becomes aware of an adverse event (AE) or social impact experienced by the participant, this will be reported to main study staff for investigation and reporting as established for the main study. We do not expect any AEs to occur as a result of participation in the qualitative interviews. If an AE or social impact does occur that is or may be related to participation in the qualitative sub-study, this will be reported following the requirements and procedures for the main study, and will also be reported to and reviewed by the sub-study investigators to determine if any changes are warranted to sub-study design or procedures.

## **6.0 ANALYTICAL CONSIDERATIONS**

### **6.1 Review of Study Design**

This sub-study consists of a series of one-time qualitative interviews among participants enrolled in the parent study.

### **6.2 Sample Size**

This sample size will be refined by achieving thematic saturation of data by site, or the point at which new information is unlikely to be obtained by completing additional interviews.<sup>10</sup> We anticipate interviewing approximately 150-225 participants for Step 2, and 50-75 participants for Step 3, for a total N of 200-300 participants for this sub-study.

### **6.3 Data Analysis**

#### **6.3.1 Qualitative Interview Analysis**

All qualitative data will be analyzed using standard qualitative methodologies described by the Office of Behavioral and Social Sciences Research at the National Institutes of Health. Specifically, data will be analyzed using content analysis, an iterative, multi-step process as described by Miles & Huberman<sup>11</sup> and Strauss and Corbin.<sup>12</sup> After transcripts are translated to English by local bilingual study staff (if needed), they will be reviewed for errors and omissions, and sent to the behavioral science investigators, both of whom have extensive experience in qualitative data analysis. The investigators will use qualitative analysis software to organize data and to facilitate analyses. The investigators will independently review the transcripts in order to generate an overarching thematic framework for data interpretation, in which major and minor themes are identified. Using multiple coders enhances the validity of the analysis.<sup>13</sup> The investigators will compare their thematic frameworks for consistency, and any discrepancies will be discussed until there is agreement on the thematic framework. Data will be reexamined, messages will be extracted and highlighted, and ongoing discussion between coders will allow for further theorizing and making interconnections

between research questions, coding categories, and raw data.<sup>11</sup> While the study team will partially rely on existing literature to inform development of the qualitative interview guide, no codes, categories, or themes will be specified *a priori* with respect to analyses in order to reduce investigator bias.

Site participation in the analysis phase will be encouraged. The investigators will hold training workshops on coding and other aspects of data analysis as appropriate to ensure capacity building at the sites.

### **6.3.2 Descriptive Data Analysis**

Descriptive data on each participant will also be collected (from the parent study) to facilitate grouping of data by sociodemographic variables, such as age, education, and poverty level. Differences in baseline characteristics between those who complete a qualitative interview and those who decline (or cannot be reached to complete a qualitative interview) will be examined, as well as potential differences between groups (i.e., those who were non-adherent versus imperfectly adherent, and MSM and TGW).

## **7.0 HUMAN SUBJECTS CONSIDERATIONS**

All study procedures will be approved by local and appropriate IRBs before implementation. All study staff will receive the appropriate human subjects and good clinical practice (GCP) training before they participate in any of the human subjects research aspects of the project.

### **7.1 Ethical Review**

This protocol and the template informed consent forms contained in APPENDIX II: — and any subsequent modifications — will be reviewed and approved by the HPTN Scientific Review Committee with respect to scientific content and compliance with applicable research and human subjects regulations.

The protocol, site-specific informed consent forms, participant education and recruitment materials, and other requested documents — and any subsequent modifications — also will be reviewed and approved by the ethical review bodies responsible for oversight of research conducted at the study site.

Subsequent to initial review and approval, the responsible IRBs/ECs will review the protocol at least annually. The Investigator will make safety and progress reports to the IRBs/ECs at least annually, and within three months of study termination or completion. These reports will include the total number of participants enrolled in the study, the number of participants who completed the study, all changes in the research activity, and all unanticipated problems involving risks to human subjects or others. Study sites will submit documentation of continuing review to the DAIDS Protocol Registration Office, via the HPTN CORE, in accordance with the current DAIDS Protocol Registration Policy and Procedure Manual.

## **7.2 Informed Consent**

Written informed consent for this sub-study will be obtained from each study participant. Each study site is responsible for developing a study ICF for local use, based on the template in APPENDIX II: which describes the purpose of the study, the procedures to be followed, and the risks and benefits of participation. The study site also is responsible for translating the template form into local languages, and verifying the accuracy of the translation by performing an independent back-translation. Literate participants will document their provision of informed consent by signing their informed consent forms. Non-literate participants will be asked to document their informed consent by marking their ICFs (e.g., with an X, thumbprint, or other mark) in the presence of a literate third party witness. (Further details regarding DAIDS requirements for documenting the informed consent process with both literate and non-literate participants are provided in the DAIDS Standard Operating Procedure for Source Documentation.) Any other local IRB/EC requirements for obtaining informed consent from non-literate persons also will be followed.

Participants will be provided with a copy of their ICFs if they are willing to receive them. All measures taken to protect confidentiality for the parent study will be followed

## **7.3 Risks**

The anticipated risk to participants in this sub-study is low, and is related to confidentiality. All interviews will be conducted in a private setting, and names/identifying information will be removed from transcriptions to protect confidentiality. Although study sites will make every effort to protect participant privacy and confidentiality, it is possible that participants' involvement in the study could become known to others, and that social harms may result (e.g., because participants could become known as at "high risk" for HIV infection). For example, participants could be treated unfairly or discriminated against, or could have problems being accepted by their families and/or communities. Other potential risks include psychological discomfort resulting from questions asked during the interview. Participants will be informed that they may skip questions that make them uncomfortable and may also stop answering the questions at any time. Participants will be provided with contact and referral information if any of the questions raise issues that they would like to address at a later date.

## **7.4 Benefits**

Information learned in this study will enhance the understanding of the findings from the existing quantitative studies in HPTN 083, and inform effective rollout of the various biomedical HIV prevention options, particularly to target and ensure effective use of these products among populations at high risk for HIV.

## **7.5 Incentives**

Pending IRB/EC approval, participants will be compensated for their time and effort in this study, in an amount that is consistent with IRB standards for a given site/context (usually the equivalent of \$15-25 USD). Site-specific reimbursement amounts will be specified in the study informed consent forms.

## **7.6 Confidentiality**

Any study-related information stored at the study site will be stored securely. All participant information will be stored in locked file cabinets and/or on secure network drives in areas with access limited only to study staff. All reports, study data collection, process, and administrative forms will be identified by a coded number only to maintain participant confidentiality. The use of participant identifiers on study records will comply with the DAIDS policies for Source Documentation and Essential Documents. All local databases will be secured with password-protected access systems. Forms, lists, logbooks, appointment books, and any other listings that link participant ID numbers to other identifying information will be stored in secured files in an area with limited access.

Participant information collected as part of this research study, even if identifiers are removed, will not be used or distributed for future research studies. Participants' study information will not be released without the written permission of the participant, except as necessary for monitoring by NIAID and/or its authorized representatives, the FDA, Office for Human Research Protections (OHRP), site IRBs and other local, US or international regulatory entities. Qualitative data will be sent securely to the MGH site for analysis.

## **7.7 Study Discontinuation**

The study also may be discontinued at any time by NIAID (the study sponsor), NIMH (the study funder), the HPTN, government or regulatory authorities, the US FDA and/or site IRBs/ECs. If the main study were discontinued for any reason, NIH and respective oversight bodies would be consulted to determine whether this sub-study should also be discontinued.

## **8.0 ADMINISTRATIVE PROCEDURES**

### **8.1 Protocol Registration and Study Activation**

Initial Registration of the protocol by the DAIDS Protocol Registration Office (PRO) is required prior to implementation of this protocol. As part of this process, each site must have the protocol and protocol ICF(s) approved, as appropriate, by their local institutional review board (IRB)/ethics committee (EC) and any other applicable regulatory entity (RE). Upon receiving final approval, sites will submit all required protocol registration documents to the DAIDS PRO at the Regulatory Support Center (RSC). The DAIDS PRO will review the submitted protocol registration packet to ensure that all of the required documents have been received. In the case of Initial Registration, site-specific ICFs WILL

be reviewed and approved by the DAIDS PRO. Sites will receive an Initial Registration Notification from the DAIDS PRO that indicates successful completion of the protocol registration process. A copy of the Initial Registration Notification should be retained in the site's regulatory files.

Following Initial Registration, any full protocol amendments require submission of a protocol registration packet to the DAIDS PRO as described above; however, the DAIDS PRO **WILL NOT** review and approve site-specific ICFs. Sites will receive a Registration Notification when the DAIDS PRO receives a complete registration packet. Upon receiving final IRB/EC and any other applicable regulatory entity approval(s) for an amendment, sites should implement the amendment immediately.

For additional information on the protocol registration process and specific documents required for initial and amendment registrations, refer to the current version of the DAIDS Protocol Registration Manual, which can be found at <https://rsc.niaid.nih.gov/clinical-research-sites/daids-protocol-registration-policy-and-procedures-manual>.

Once a site has been registered to the protocol at DAIDS PRO, the study chairs will assess whether all other requirements for study activation/readiness have been met by the site. These requirements will be listed in the study specific procedures manual. If the site has met all the requirements, the study chairs will issue a notice of site activation. The site may begin enrollment of participants and conduct of qualitative interviews only after receiving notice of site activation from the study chairs.

## **8.2 Study Coordination**

Study implementation will be directed by this protocol as well as the SSP manual. The SSP manual will outline procedures for conducting study visits, data and forms processing, SAE reporting, and other study operations. It will also include probe questions to be added / removed from the qualitative interview as we discover themes in the interview process.

Qualitative data gained through in-depth interviews will be managed and analyzed by members of the protocol team at Massachusetts General Hospital and the University of Miami, with site participation whenever possible.

## **8.3 Study Monitoring**

It will be at the discretion of the study sponsor, DAIDS, whether monitoring will be conducted for this qualitative sub-study. If monitoring is undertaken, on-site study monitoring will be performed in accordance with DAIDS policies. Study monitors may visit the site to:

- verify compliance with human participants and other research regulations and guidelines.



- assess adherence to the study protocol, study-specific procedures manual, and local counseling practices.
- confirm the quality and accuracy of information collected at the study site and entered into the study database.

Site investigators will allow study monitors to inspect study facilities and documentation (e.g., informed consent forms and interview transcripts), as well as observe the performance of study procedures. Investigators also will allow inspection of all study-related documentation by the NIAID and/or its authorized representatives, the FDA, OHRP, site IRBs and other local, U.S. or international regulatory authorities. A site visit log will be maintained at the study site to document all visits.

#### **8.4 Protocol Compliance**

The study will be conducted in full compliance with the protocol. The protocol will not be amended without prior written approval by the Protocol Chair and NIAID Medical Officer. All protocol amendments must be submitted to and approved by the relevant IRB(s)/EC(s) and the RSC prior to implementing the amendment.

#### **8.5 Investigator's Records**

The study site investigator will maintain, and store in a secure manner, complete, accurate and current study records throughout the study. In accordance with Federal regulations, the Investigator will retain all study records for at least two years following the date of marketing approval for the study product for the indication in which it was studied. If no marketing application is filed, or if the application is not approved, the records must be retained for two years after the US FDA is notified that the IND is discontinued. Investigator records (including audio recordings) must be kept until the investigator is informed by the sponsor that they no longer need to be retained, or longer if required by local regulatory requirements.

Completion of a clinical research study occurs when the following activities have been completed:

- All research-related interventions or interactions with human subjects (e.g. when all subjects are off study);
- All protocol-required data collection of identifiable private information described in the IRB/EC-approved research plan;
- All analysis of identifiable private information described in the IRB/EC-approved research plan;
- Primary analysis of either identifiable private or de-identified information.

Study records include administrative documentation — including protocol registration documents and all reports and correspondence relating to the study — as well as documentation related to each participant screened and/or enrolled in

the study — including ICFs, locator forms, CRFs, notations of all contacts with the participant, and all other source documents.

## **8.6 Use of Information and Publications**

Publication of the results of this study will be governed by the HPTN Manual of Operations. Any presentation, abstract, or manuscript will be submitted by the Investigator to the HPTN Manuscript Review Committee, and DAIDS for review prior to submission.

## 9.0 REFERENCES

1. Baeten JM, Donnell D, Ndase P, et al. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. *N Engl J Med.* 2012;367(5):399-410. doi:10.1056/NEJMoa1108524
2. Marrazzo JM, Ramjee G, Richardson BA, et al. Tenofovir-based preexposure prophylaxis for HIV infection among African women. *N Engl J Med.* 2015;372(6):509-518. doi:10.1056/NEJMoa1402269
3. Rees H, Delany-Moretlwe SA, Lombard C, et al. FACTS 001 Phase III Trial of Pericoital Tenofovir 1% Gel for HIV Prevention in Women. Presented at the: Conference on Retroviruses and Opportunistic Infections; February 2015; Seattle. <http://www.croiconference.org/sessions/facts-001-phase-iii-trial-pericoital-tenofovir-1-gel-hiv-prevention-women>. Accessed October 3, 2016.
4. Van Damme L, Corneli A, Ahmed K, et al. Preexposure prophylaxis for HIV infection among African women. *N Engl J Med.* 2012;367(5):411-422. doi:10.1056/NEJMoa1202614
5. Adewuya AO, Afolabi MO, Ola BA, Ogundele OA, Ajibare AO, Oladipo BF. Psychiatric disorders among the HIV-positive population in Nigeria: a control study. *J Psychosom Res.* 2007;63(2):203-206. doi:10.1016/j.jpsychores.2007.03.006
6. Bing EG, Burnam MA, Longshore D, et al. Psychiatric disorders and drug use among human immunodeficiency virus-infected adults in the United States. *Arch Gen Psychiatry.* 2001;58(8):721-728.
7. Pence BW, Miller WC, Whetten K, Eron JJ, Gaynes BN. Prevalence of DSM-IV-defined mood, anxiety, and substance use disorders in an HIV clinic in the Southeastern United States. *J Acquir Immune Defic Syndr.* 2006;42(3):298-306. doi:10.1097/01.qai.0000219773.82055.aa
8. Straten A van der, Stadler J, Montgomery E, et al. Women's Experiences with Oral and Vaginal Pre-Exposure Prophylaxis: The VOICE-C Qualitative Study in Johannesburg, South Africa. *PLOS ONE.* 2014;9(2):e89118. doi:10.1371/journal.pone.0089118
9. Corneli AL, McKenna K, Perry B, et al. The science of being a study participant: FEM-PrEP participants' explanations for overreporting adherence to the study pills and for the whereabouts of unused pills. *J Acquir Immune Defic Syndr.* 2015;68(5):578-584. doi:10.1097/QAI.0000000000000525
10. Guest G, Bunce A, Johnson L. How Many Interviews Are Enough? An Experiment with Data Saturation and Variability. *Field Methods.* 2006;18(1):59-82. doi:10.1177/1525822X05279903
11. Miles MB, Huberman AM. *Qualitative Data Analysis: A Sourcebook of New Methods.* Beverly Hills: SAGE Publications, Inc; 1984.
12. Strauss A, Corbin JM. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques.* Second Edition edition. Newbury Park, Calif.: SAGE Publications, Inc; 1990.
13. Frankel R, Devers K. Qualitative research: a consumer's guide. *Education for Health: Change in Learning & Practice (Taylor & Francis Ltd).* 2000;13(1):113-123.

## **APPENDICES**

**APPENDIX I:**  
**SCHEDULE OF STUDY PROCEDURES FOR QUALITATIVE INTERVIEWS**

**APPENDIX I: Schedule of Study Visits and Procedures for Qualitative Interviews**

<b><u>IN-DEPTH INTERVIEW</u></b>	<b>Session 1</b>
Target Day	Day 0
<b>Administrative and Behavioral Procedures to be Performed at the Clinical Site</b>	
Participation consent	X
Participation in semi-structured qualitative interview	X

**APPENDIX II:**  
**SAMPLE INFORMED CONSENT FORM FOR QUALITATIVE INTERVIEWS**

## **APPENDIX II: Sample Informed Consent Form**

### **HPTN 083-02: Qualitative Sub-Study**

#### **FACTORS INFLUENCING ADHERENCE TO INJECTABLE PREP AND RETENTION IN AN INJECTABLE PREP RESEARCH STUDY**

**Final Version 1.0**

**01 July 2019**

**DAIDS Document ID: 38645**

**Sponsored by:** Division of AIDS, US National Institute of Allergy and Infectious Diseases; US National Institute of Mental Health; US National Institutes of Health.

**PRINCIPAL INVESTIGATORS:** Steven A. Safren, Ph.D. and Christina Psaros, Ph.D.

**PHONE:** +1-305-243-3471 // +1-617-726-7458

#### **KEY INFORMATION**

- Participation in this research study is entirely voluntary.
- This research study will involve conducting interviews with 200-300 people in order to better understand the preferences and experiences of those participating in the HPTN 083 study, taking PrEP in pill form, and taking it as an injection. Your participation will consist of a one-time, audio-recorded interview, conducted in-person or via phone, lasting 30-60 minutes.
- Risks or discomforts associated with participating in this research study include potential feelings of discomfort due to the interview questions, as well as potential breaches of confidentiality and privacy.
- It is unlikely that you will receive any direct benefit from participating in this research study. We hope that the information gathered from these interviews will help to offer people better options for taking PrEP in the future, and therefore improve effective HIV prevention.

#### **INTRODUCTION**

You are being asked to participate in an interview about your experiences in HPTN 083. We want to know what has made it easier or harder for you to attend your study visits. We also want to understand your feelings about receiving PrEP by injection compared to taking pills.

#### **VOLUNTARY PARTICIPATION**

Your participation in this study is voluntary. You may refuse to join, or you may withdraw your consent to be in the study, at any time, for any reason. If you decide not to take part in this study, or if you join the study and then decide to leave, it will not alter the medical care you are eligible



to receive. It also will not affect your ability to participate in the main study. Although we hope that you will be comfortable answering all of the questions openly and honestly, please remember that you may refuse to answer any of the questions, or stop participating in the interview completely, at any time.

Before you decide whether to join the study, we would like to explain the purpose of the study, the risks and benefits to you, and what is expected of you. A description of this study will be available on [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov). This Web site will not include information that can identify you. At most, it will include a summary of the results. You can search this Web site at any time.

This consent form gives information about the study that will be discussed with you. We will help you understand the form and answer your questions before you sign this form. Once you understand the study, and if you agree to take part, you will be asked to sign your name or make your mark on this form. You will be offered a copy of this form to keep.

## **PURPOSE OF THE STUDY**

The purpose of this study is to conduct research in order to learn about the experiences of people who are participating in HPTN 083 with the study, taking PrEP in pill form, and taking it as an injection. The information you give in this interview will be combined with the rest of the information collected during the main research study. We will interview approximately 200-300 people total.

We will use this information to learn more about people's preferences surrounding the use of oral versus injectable PrEP, as well as the barriers and facilitators to using of each of these products. We hope to use this information in the future to inform injectable PrEP delivery and implementation.

## **STUDY PROCEDURES**

If you decide to participate in this study, you will have one interview. The interview will be conducted by a member of the research team and will be conducted either in person or via phone. They will ask you where you live and how to contact you. The interview questions will cover many issues related to your overall experience as a participant in the HPTN 083 injectable PrEP trial. For example, we are interested in things that make it difficult and things that make it easier to take oral PrEP or get PrEP injections. We also want to know your thoughts about HIV prevention and your perceptions of PrEP adherence support in the study.

To help make sure that we fully understand your answers, the interviews will be audio-recorded. The information on the audio-recording will then turned into a transcript (a written record of the conversation) by an individual who works with the research team. Your name will not be included in that written record.

- The interview requires only one study visit and **will take 30-60 minutes** to complete.
- There will be **no cost to you** to participate in the interview.
- **You will receive [site to fill-in]** for your time and effort.

## **RISKS AND/OR DISCOMFORTS**

The risk to you in participating in this interview is that some of the questions may be uncomfortable or make you feel uneasy. However, you do not have to answer any question that you do not want to and you can stop answering the questions at any time. You will also be provided with contact and referral information if any of the questions raise issues that you would like to address at this or some later time. Other possible risks associated with this study may include breaches of confidentiality. Although study sites will make every effort to protect your privacy and confidentiality, it is possible that your involvement in the study could become known to others, and that social harms (e.g., unfair or discriminatory treatment) may result. To reduce the likelihood of these risks, all interviews will be conducted in a private setting, and names/identifying information will be removed from transcriptions to protect confidentiality.

## **BENEFITS**

It is unlikely that you will receive any direct benefit from being in this study; however, information gathered during this study may help find ways to offer PrEP that people like better and are therefore more effective in preventing HIV.

## **STUDY RESULTS**

You will be told when the results of the study may be available, and how to learn about them.

## **WHY YOU MAY BE WITHDRAWN FROM THE STUDY WITHOUT YOUR CONSENT**

You may be withdrawn from the study without your consent if any of the following occur:

- You are unable or unwilling to follow all of the study procedures or instructions.
- The study is stopped or canceled.
- The study staff feels that staying in the study would be harmful to you.
- You are not able to complete all study procedures.
- Other reasons, as decided by the study staff.

## **CONFIDENTIALITY**

The research team will protect your confidentiality by not putting your name on any audio files or interview transcripts. These items will be labeled with a code that can only be traced back to your study clinic and these items will be kept in a secure location that can only be accessed by the study staff. Your name, where you live, and other personal information will be protected by the study clinic. Your information collected as part of this research study will not be used or distributed for future studies even if identifiers are removed.

Efforts will be made to keep your study records and test results confidential to the extent permitted by law. However, we cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. You will be identified by a code, and personal information from your records will not be released without your written permission. Any publication of this study will not use your name or identify you personally. However, your records may be reviewed, under guidelines of the US Federal Privacy Act, by the US Food and Drug Administration (FDA); the sponsor of the study (US National Institutes of Health [NIH]) and/or its authorized representatives, the [*insert name of site*] Institutional Review Board (IRB), study staff, study monitors, [*insert applicable local authorities*] and other local, US or international regulatory authorities.

[US sites only must add this section] In addition to the efforts made by the study staff to help keep your personal information confidential, we have obtained a Certificate of Confidentiality from the U.S. Federal Government. This Certificate protects researchers from being forced to tell people who are not connected with this study, such as the court system, about your participation. The Certificate of Confidentiality does not prevent you from releasing information about yourself and your participation in the study. The Certificate cannot be used to resist a demand for information from personnel of the US Government that is used for auditing or evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the US FDA. Even with the Certificate of Confidentiality, if the study staff learns of possible child abuse and/or neglect or a risk of harm to you or others, we will tell the proper authorities.

Your records may be reviewed by:

- the US FDA
- the US NIH
- the US Department of Health and Human Services (DHHS), Office for Human Research Protection (OHRP)
- [insert names of applicable IRBs ]
- U.S., local or international regulatory authorities/entities
- study staff
- study monitors
- Other regulatory agencies

## **RESEARCH-RELATED INJURY**

[Sites to specify institutional policy:] It is unlikely that you will be injured as a result of study participation. If you are injured, the [institution] will give you immediate necessary treatment for your injuries. You [will/will not] have to pay for this treatment. You will be told where you can get additional treatment for your injuries. There is no program to pay money or give other forms of compensation for such injuries either through this institution or the US NIH. [In South Africa replace the preceding sentence with “There is no program to pay money or give other forms of compensation for such injuries through the US NIH, however (name of institution) has insurance cover for compensation of serious research-related injury,” or similar language as appropriate.] You do not give up any legal rights by signing this consent form.

## **PROBLEMS OR QUESTIONS**

If you have any questions about the study, or if you have a research-related injury, you should contact [insert name of the investigator or other study staff] at [insert telephone number and/or physical address].

If you have questions about your rights as a research participant, you should contact [insert name or title of person on the IRB or other organization appropriate for the site] at [insert physical address and telephone number].

If you have questions about who to contact at the research site, you should contact [insert name of the investigator or community educator or CAB member] at [insert physical address and telephone number].

**SIGNATURE PAGE**

**HPTN 083-02: Qualitative Sub-Study**

**FACTORS INFLUENCING ADHERENCE TO INJECTABLE PREP AND  
RETENTION IN AN INJECTABLE PREP RESEARCH STUDY**

**Version 1.0  
01 July 2019**

If you have read this consent form, or had it read and explained to you, and you understand the information, and you voluntarily agree to join the study, please sign your name or make your mark below.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Participant Signature and Date

\_\_\_\_\_  
Study Staff Conducting  
Consent Discussion (print)

\_\_\_\_\_  
Study Staff Signature and Date

\_\_\_\_\_  
Witness Name (print)  
*(As appropriate for illiterate participants)*

\_\_\_\_\_  
Witness Signature and Date