## Clarification Memo # 1 to:

## 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 Version 3.0, November 20, 2006

Final Version: 26 August 2009

## **Summary of Revisions and Rationale**

 In their meeting of 13 July 2009, the NIAID Multinational DSMB recommended that once an Index case in the delay arm has a CD4+ cell count measurement between 200 and 250 cells/mm<sup>3</sup>, the time period between the first and the repeat CD4+ cell count measurement should be as short as possible. This clarification memo revises Section 2.3.1 to provide clarification relative to the NIAID Multinational DSMB recommendation.

## Implementation

The procedures clarified in this memorandum have been approved by the NIAID Medical Officer and are to be implemented immediately upon issuance. IRB approval of HPTN 052 Protocol Clarification Memorandum #1 to HPTN 052 V. 3.0 is not required by the sponsor; however, sites may submit the clarification memo to the responsible IRBs/ECs for their information.

No change in the informed consent forms is necessitated by or included in this Clarification Memo.

The modifications included in this Clarification Memo will be incorporated into the next full protocol amendment. Text noted below by strikethrough will be deleted; text appearing below in **bold** will be added.

Revision 1 Section 2.3.1 Initiating ART in the Delay Arm (Arm 2)

As indicated in the primary objective, ART will be initiated in Index cases in Arm 2 (the delay arm) when they have two consecutive measurements of CD4+ cell count within or below the range of 200-250 cells/mm<sup>3</sup> or they develop an AIDS-defining illness. In accordance with current WHO guidelines, it is the intent of the protocol to initiate ART in Arm 2 (the delay arm) before CD4+ cell count falls below 200 cells/mm<sup>3</sup>. Once an Index case in the delay arm has a CD4+ cell count measurement within or below the range of 200 and 250 cells/mm<sup>3</sup>, the next a repeat CD4+ cell count measurement should be done within 6 weeks be performed as soon as possible within the next 2 weeks, but no later than 4 weeks from the time of the initial CD4 cell count measurement. It is recognized that there may be participants who cannot be located or who are not available for a repeat blood draw within this timeframe; in such cases, sites should document all efforts made to locate and schedule the repeat test within the timeframe outlined above, and schedule the repeat test as soon as possible. Refer to Section 9 of the SSP for additional instructions.