HIV VACCINE
TRIALS NETWORK

April 4, 2018

Clarification Memo 1

Version 2.0

HVTN 127/HPTN 087

A multicenter, randomized, partially blinded phase 1 clinical trial to evaluate the safety and serum concentrations of a human monoclonal antibody, VRC-HIVMAB075-00-AB (VRC07-523LS), administered in multiple doses and routes to healthy, HIV-uninfected adults

DAIDS-ES ID 38458

[IND #137719—HELD BY DAIDS]

HIV Vaccine Trials Network (HVTN) Clinical Research Site (CRS) filing instructions

Please distribute this clarification memo to all appropriate staff members, and file with your protocol documents. Consult your local Institutional Review Board (IRB)/Ethics Committee (EC) regarding submission requirements for clarification memos.

List of changes

The changes described herein will be incorporated in the next version of Protocol HVTN 127/HPTN 087 if it undergoes full protocol amendment at a later time.

Item 1 Corrected in Appendix G, *Procedures at CRS*: Visit 20 day

The Day number for Visit 20 in Appendix G in Version 2.0 of protocol HVTN 127/HPTN 087 has been corrected as shown below (deletion shown by ~~strikethrough~~; added text in **bold underline**). The corrected Appendix G, *Procedures at CRS* is attached.

Revised:

Visit	01[1]	02[2]	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	Post
Day:		D0	D3	D6	D28	D56	D84	D112	D168	D224	D280	D336	D392	D448	D504	D560	D616	D672	D728	D~~784~~**924**	

Appendix G Procedures at CRS

Visit	01[1]	02[2]	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	Post
Day:		D0	D3	D6	D28	D56	D84	D112	D168	D224	D280	D336	D392	D448	D504	D560	D616	D672	D728	D784	
Week:		W0			W4	W8	W12	W16	W24	W32	W40	W48	W56	W64	W72	W80	W88	W96	W104	W112	
Procedure	Scr.	Inf/ Inj1						Inf/ Inj2		Inf/ Inj3		Inf/ Inj4		Inf/ Inj5							
Study procedures[3]																					
Signed screening consent (if used)	X	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Assessment of understanding	X	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Signed protocol consent	X	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Medical history	X	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Complete physical exam	X	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	X	—
Confirm eligibility, obtain demographics, randomize	X	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Abbreviated physical exam	—	X	—	—	—	X	—	X	X	X	X	X	X	X	—	—	—	—	—	—	—
Risk reduction counseling	X	X	—	—	—	X	—	X	X	X	X	X	X	X	—	—	—	—	—	X	—
Contraception assessment[4]	X	X	—	—	—	X	—	X	X	X	X	X	X	X	—	—	—	—	—	X	—
Behavioral risk assessment questionnaire	X	—	—	—	—	—	—	—	X	—	—	X	—	—	X	—	—	—	—	X	—
Social impact assessment	—	X	—	—	—	X	—	X	X	X	X	X	X	X	X	—	—	X	—	X	—
Social impact assessment questionnaire	—	—	—	—	—	—	—	—	X	—	—	X	—	—	X	—	—	—	—	X	—
Acceptability questionnaire	—	X	—	—	—	—	—	X	—	X	—	X	—	X	—	—	—	—	—	—	—
Belief questionnaire[5]	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	X	—
Concomitant medications	X	X	—	—	—	X	—	X	X	X	X	X	X	X	—	—	—	—	—	X	—
Intercurrent illness/Unsolicited adverse experience	—	X	—	—	—	X	—	X	X	X	X	X	X	X	X	X	—	—	—	—	—
AESI	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	X	X	X	X	—
HIV infection assessment[6]	X	—	—	—	—	—	X	—	X	—	X	—	X	—	X	—	X	—	X	X	—
Confirm HIV test results provided to participant	—	X	—	—	—	—	—	X	—	X	—	X	—	X	—	X	—	X	—	X	X
Study product administration																					
Infusion/Injection[7]	—	X	—	—	—	—	—	X	—	X	—	X	—	X	—	—	—	—	—	—	—
Solicited AE assessment[8]	—	X	—	—	—	—	—	X	—	X	—	X	—	X	—	—	—	—	—	—	—
Local lab assessments																					
Screening HIV test	X	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hepatitis B, Hepatitis C	X	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis	X	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
CBC, differential	X	X	—	—	—	X	—	X	X	X	X	X	X	X	X	—	—	—	—	—	—
Chemistry panel[9]	X	X	—	—	—	X	—	X	X	X	X	X	X	X	X	—	—	—	—	—	—
Urine dipstick[10]	X	—	—	—	—	X	—	—	—	—	—	—	—	—	X	—	—	—	—	—	—
Pregnancy (urine or serum HCG)[11]	X	X	—	—	—	—	—	X	—	X	—	X	—	X	—	—	—	—	—	—	—
Poststudy																					
Unblind participant	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	X

[1] Screening may occur over the course of several contacts/visits up to and including day 0 prior to study product administration.
[2] Specimens collected at Day 0 may be obtained within the 14 days prior to study product administration, except for a pregnancy test which must be performed on urine or blood specimens within 24 hours prior to study product administration with negative results received prior to study product administration.
[3] For specimen collection requirements, see Appendix F.
[4] Pregnancy prevention (contraception) assessment is required only for participants who were assigned female at birth and who are capable of becoming pregnant. For such participants, use of effective contraception is required from 21 days prior to the first study product administration until the last scheduled clinic visit.
[5] Group 6 participants only.
[6] Includes pre-test counseling and HIV testing. A subsequent follow-up contact is conducted to provide post-test counseling and to report results to participant.
[7] Blood draws required at study product administration visit must be performed prior to administration of study product; however, it is not necessary to have results prior to administration, except for results of a serum pregnancy test, if indicated. Lab tests may be drawn with the 3 days prior to study product administration.
[8] Solicited AE assessments performed daily for at least 3 days following study product administration (see Section 9.8).
[9] Chemistry panels are defined in Section 9.2.
[10] And microscopy if needed.
[11] For a participant who was assigned female sex at birth, pregnancy test must be performed on urine or blood specimens within 24 hours prior to study product infusion/injection with negative results received prior to infusion/injection. Persons who have undergone total hysterectomy or bilateral oophorectomy (verified by medical records), are not required to undergo pregnancy testing.

Protocol modification history

Protocol modifications are made to HVTN protocols via clarification memos, letters of amendment, or full protocol amendments. HVTN protocols are modified and distributed according to the standard HVTN procedures as described in the HVTN Manual of Operations (MOP).

The version history of, and modifications to, Protocol HVTN 127/HPTN 087 are described below.

Date: April 4, 2018

Protocol version: Version 2.0
Protocol modification: Clarification Memo 1

Item 1 Corrected in Appendix G, *Procedures at CRS*: Visit 20 day

Date: March 8, 2018

Protocol version: Version 2.0
Protocol modification: Full Protocol Amendment 1

Item 1 Added on Title page: IND number

Item 2 Revised on Title page and in Section 3, Appendices A, C, and J: Study title

Item 3 Added: Intramuscular injection (IM) study arm

Item 4 Revised: Product administration and follow-up visit schedules

Item 5 Updated in Section 4.9.3: *Clinical studies of VRC07-523LS; VRC 605*

Item 6 "Pharmacokinetics" removed in Section 6.1.2, *Sample size calculations for serum levels of VRC07-523LS*

Item 7 Updated in Section 6.4.6: *Analyses and data sharing prior to end of scheduled follow-up visits*

Item 8 Updated in Sections 7, Appendix B, and Appendix D: Use of "sex assigned at birth"

Item 9 Removed in Section 9.1.2, *Protocol-specific consent forms*: Instruction to follow protocol-specific memo regarding when to start using site-specific consent forms

Item 10 Clarified in Sections 9.3 and 9.4: HIV assessment procedure includes HIV diagnostic testing

Item 11 Clarified in Section 9.8 *Assessments of Solicited AEs*: CRS clinician assessment

Item 12 Clarified in Section 9.8.1, *Assessment of systemic and local symptoms*: Thermometry

Item 13 Clarified in Section 9.8.2, *Assessment of infusion/injection site*: Infusion/injection site reaction measurements

Item 14 Updated in Section 10.1, *CRS laboratory procedures*: Special instructions and research assays

Item 15 Clarified in Section 11.2.1, *Submission of safety forms to SDMC*: Submittal deadlines

Item 16 Revised in Section 11.2.2, *AE reporting*: Unsolicited AE reporting period

Item 17 Clarified in Section 11.2.3, *Expedited reporting of AEs to DAIDS*: Unblinding procedures

Item 18 Added in Section 11.3, *Safety pause and prompt PSRT AE review*: Submission of unanticipated problems to IRB/EC

Item 19 Clarified in Section 12.2, *Emergency communication with study participants*: Circumstances under which communication is allowed prior to IRB/EC approval

Item 20 Clarified in Appendix A, Item 8: Visit intervals

Item 21 Clarified in Appendix A, Item 14: Sample testing

Item 22 Clarified in Appendix A Item 16 and Appendix C: Other research on stored samples

Item 23 Added in Appendix A and in Appendix C: Participants may change their minds regarding use of samples and data in other studies

Item 24 Clarified in footnote to Appendix A and Appendix C signature blocks: Witness requirement

Item 25 Clarified in Appendix B, *Approved birth control methods (for sample informed consent form)*: Condom use for HIV and STI prevention

Item 26 Revised in Appendix D: Table of procedures (for sample informed consent form)

Item 27 Revised in Appendix E: Product administration schedule graphic

Item 28 Revised in Appendix F: *Laboratory procedures* table

Item 29 Revised in Appendix G: *Procedures at CRS* table

Item 30 Clarified in Appendix H, *Adverse events of special interest (AESI)*: Update provisions

Item 31 Added as Appendix I: *Low risk guidelines for the US and Switzerland*

Item 32 Updated and corrected in Section 3.1: Protocol team

Item 33 Updated: Section and appendix numbers and cross-references

Item 34 Corrected: Acronyms, spelling and grammatical errors, page layout, and stylistic inconsistencies

Date: November 28, 2017

Protocol version: Version 1.0
Protocol modification: Original protocol