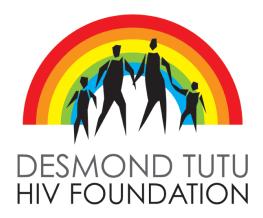
UCT Clinical Trial Unit Groote Schuur Hospital CRS Update for MTN-017



Ben Brown

Programme Manager

MTN Annual Meeting 15 March 2015



Overview

Study Progress

Best Study Practices

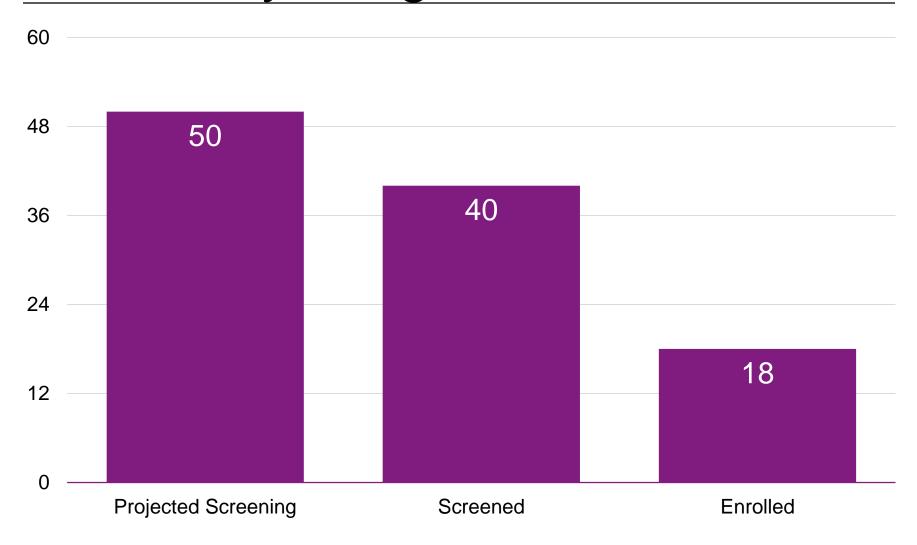
Study Challenges

Lessons Learned

Study Progress: Milestones

20 Oct 2014 11 March 2014 Screening 10 April 2014 30 Oct 2014 **Enrollment** Final Follow Up 30 April 2015

Study Progress: Accrual



Study Progress: Accrual and Retention

7 Months

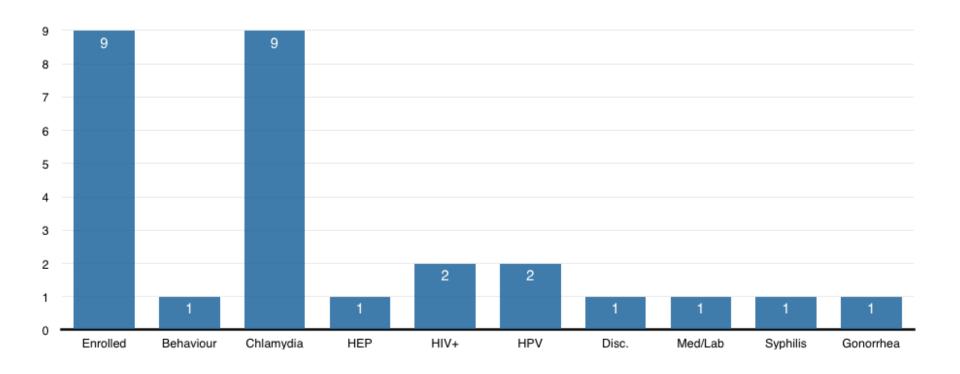
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9

Total Duration of Accural

Enrollment Ratio Total Missed Visits

Best Practices



Initial Screening Results

All HIV/STI + participants were referred to care

Best Practices

We developed an anal STI pre-screening protocol to address the prevalent asymptomatic STIs that were increasing our screening to enrollment ratio.

Anal Pre-Screening Protocol

Complete basic demographic form and contact information



Receives HIV test from study counselor



Visual and Digital Anal Exam

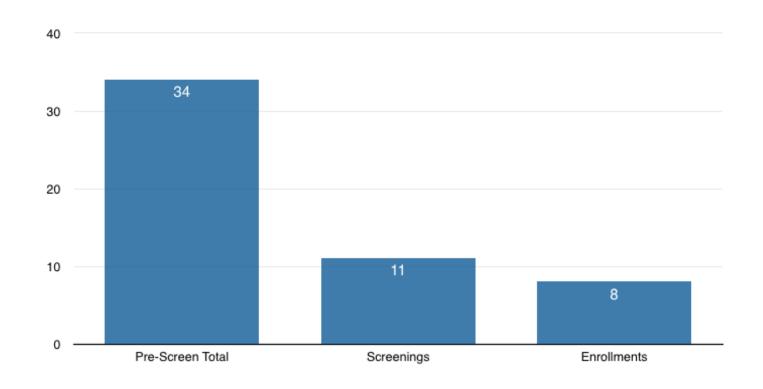


Anoscopy and Sample Collection



Return in +/- 1 week for results

Anal Pre-Screening Protocol

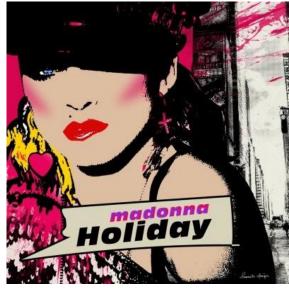


Pre-Screening, Screening, and Enrollments
August - October 2014

Retention Challenges

- Extended holidays to the Eastern Cape during the Dec - Jan Festive Season.
- Our team coordinated visits around these expected travel dates.
- Still resulted in missed visits due to participants unable to organize transport back to Cape Town





Retention Strategies

Bi-weekly/Weeking Meetings in each community group

Dissemination of HIV prevention information and supplies

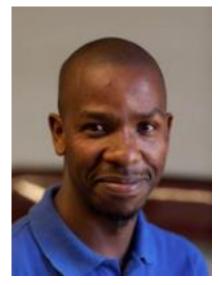
Events across different communities

Monthly activities in each community including sports and debate

Full community programme events

Adherence

- Challenges: using and storing product in family settings when disclosure has not occurred.
- Strategies: client centered approaches developed with experienced counselors. Participants valued alarms and visual reminders including the study SMS message.







Research Assistants in charge of adherence counseling, Daniel Ndzuzo and Lindsay Gcwabe

Lessons Learned

Additional Pre-Screening Procedures were required

Extensive Education was needed to introduce microbicides

Recruitment benefited from having strong community-led strategies in place

Comprehensive education about microbicides and phase II studies was required to successfully reach participants.

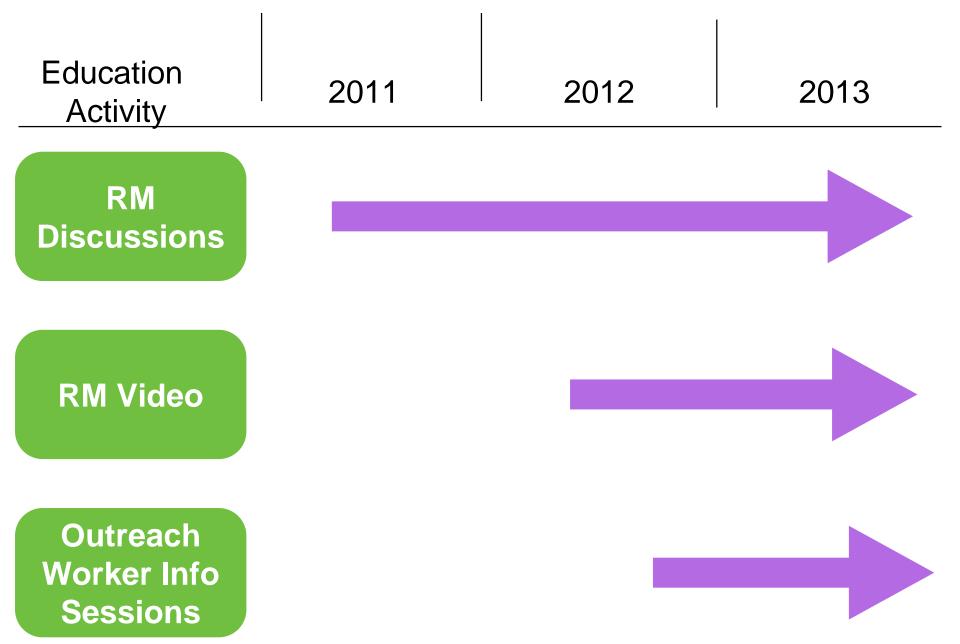
Barriers to engagement

 Participants had not been exposed to microbicides previously.

 Some participants were skeptical of the microbicide application.

 Other participants were nervous or afraid of the anoscopy procedure





Opportunities for Education

Community Outreach

Pre Screening

Screening and Enrollment

Meet with Outreach worker at event

Meet with senior outreach worker one on one

Discussion with Counselor

Discussion with **Doctor**

Discussion with Counselor

Discussion with SCO

Discussion with Doctor



Recruitment had to be a comprehensive community-driven process lead by MSM peers

Community Engagement Structure

Outreach Staff

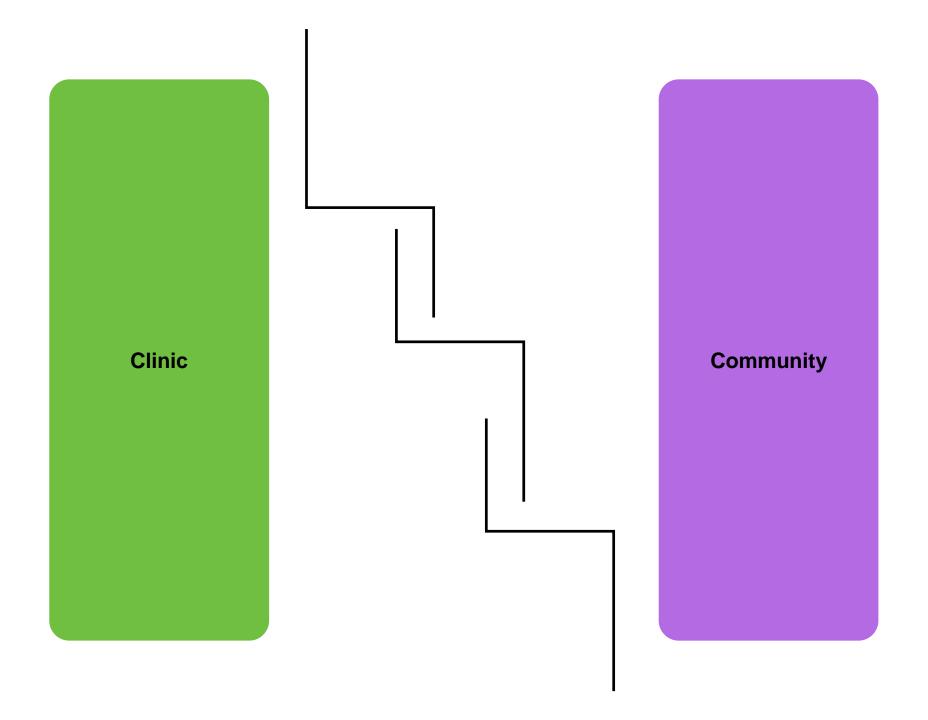
Community Interns

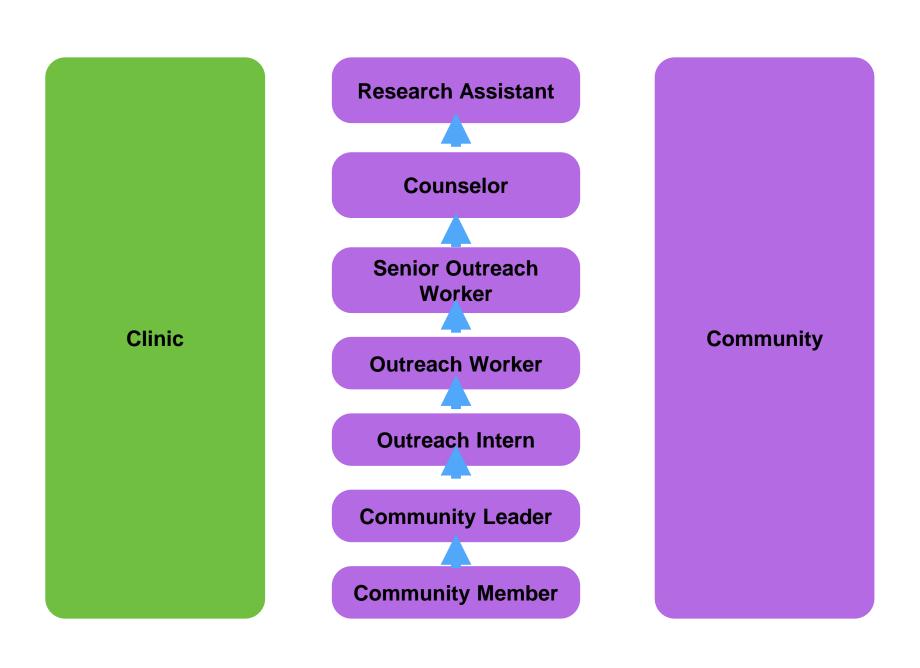


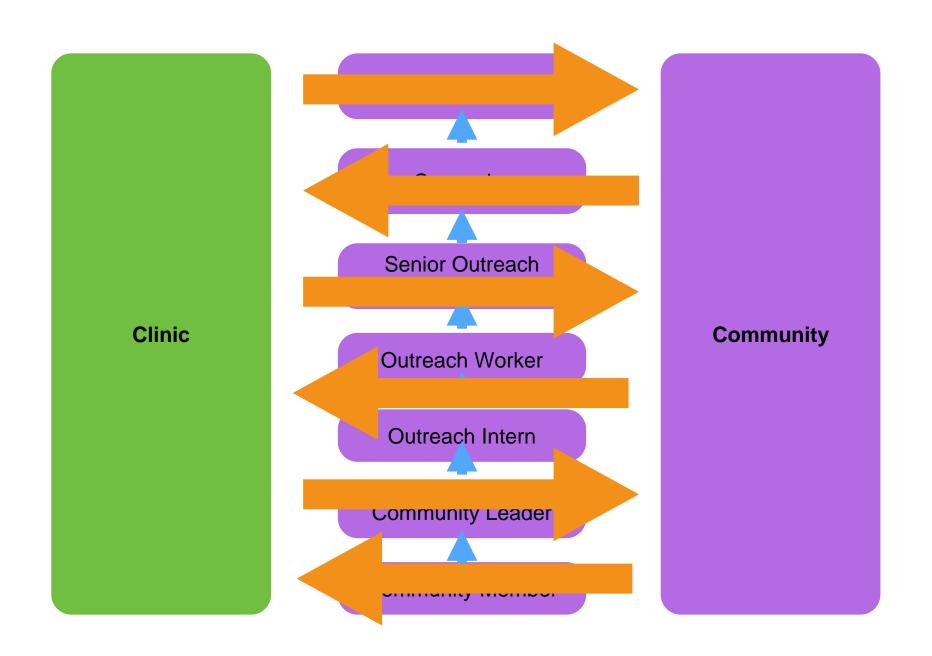


Team Structure and Capacity Building









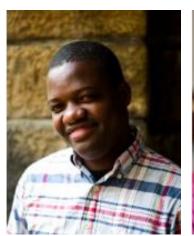
Going Forward

- Ensuring high data quality and strong retention is is an important goal for our site.
- Driven by a strong integrated team approach.
- Each file is reviewed for QA
- Monitor for trends from data queries and address through staff refresher trainings.











Senior outreach worker, Xolani Mvula; Research Assistant, Daniel Ndzuzo; SCO Karen Dominguez; Research Assistant Brian Kanyemba; Research Nurse, Jo Sage

Going Forward

- Everyone on our team is involved in participant retention.
- Clinic team build meaningful relationships with participants and outreach team implement regular visits to sustain contact between visits
- Adherence is driven by counseling team and enforced outside of the clinic with retention officers.











Senior outreach worker, Xolani Mvula; Research Assistant, Daniel Ndzuzo; SCO Karen Dominguez; Research Assistant Brian Kanyemba; Research Nurse, Jo Sage

Any Questions?