

**Microbicide Trials Network**

**CLARIFICATION MEMO #05 TO:**

**MTN-015**

**An Observational Cohort Study of Women following HIV-1 Seroconversion in Microbicide Trials, Version 1.0, 19 June 2007**

**DAIDS Document ID 10529**

**Date of Clarification Memorandum: 02 March 2010**

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*Section 1: Summary of Clarifications and Rationale*

The procedures clarified in this Clarification Memorandum (CM) have been approved by the NIAID Medical Officer and are to be implemented immediately upon issuance. IRB approval of this CM is not required by the sponsor; however, investigators may submit the CM to the IRB overseeing the study at their site for information. This CM is official MTN-015 documentation and is effective immediately. A copy of this CM must be retained in each study site's Essential Documents file for MTN-015. No change in informed consent is necessitated by or included in this CM.

The primary goal for this CM is to clarify that testing for bacterial vaginosis (BV) and Candida will only be done if clinically indicated throughout the study. This change creates greater consistency in BV testing procedures between MTN-015 and parent protocol MTN-003. The change is supported by recent data on sensitivity of the OSOM BV rapid test among symptomatic and asymptomatic women. Updates to the Protocol Team Roster are also included in this CM.

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*Section 2: Implementation*

Except for modifications to the Protocol Team Roster, text to be deleted is noted by ~~striketrough~~ and text to be added is noted below in **bold**.

1. The following updates are made to the Protocol Team Roster:

The following individuals have been added to the Protocol Team Roster:

**Baningi Mkhize, MBChB**

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The following individual is removed from the Protocol Team Roster: Nancy Connolly

- The following updates to testing for BV and Candida are included in the following tables. Note that changes to these tables were originally included in MTN-015, CM #03, dated 20 February 2009, and are currently in this section to facilitate comprehension of new modifications:

Table 1: Screening and Enrollment Visit, Pelvic Samples.

<b>Pelvic Samples</b>	Vaginal pH *Testing for bacterial vaginosis (BV), <del>and Candida,</del> <del>and Trichomonas</del> <b>Testing for Trichomonas</b> †Pap Smear at Selected Sites
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\*If indicated, \*\*If not previously confirmed in a Network Laboratory, † PAP smears should be done at 6 month intervals in the first year after seroconversion, and then annually if the initial tests are negative.

Table 2: Month 1 and Month 3 Post-Seroconversion Visits

<b>Pelvic Samples</b>	*Vaginal pH *Testing for BV, <del>and Candida,</del> <del>and Trichomonas</del> <b>*Testing for Trichomonas</b> */† Pap Smear at Selected Sites
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\*If indicated; †PAP smears should be done at 6 month intervals in the first year after seroconversion, and then annually if the initial tests are negative.

Table 3: Month 6 and Q6 Months Post-Seroconversion Visits

<b>Pelvic Samples</b>	**/***Vaginal pH **/***Testing for BV, <del>and Candida and Trichomonas</del> **/*** <b>Testing for Trichomonas</b> */† Pap Smear at Selected Sites (annually)
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\*If indicated; \*\*/\*\*\*Urine SDA for Chlamydia and Gonorrhea, Syphilis Serology, Vaginal pH, and testing for ~~BV, Candida, and Trichomonas~~ should be performed at visits annually, with performance of these measures at additional scheduled visits as clinically indicated; †PAP smears should be done at 6 month intervals in the first year after seroconversion, and then annually if the initial tests are negative.

Table 4: Week 2, Month 1, and Month 3 after Initiation of ART

<b>Pelvic Samples</b>	*Vaginal pH *Testing for BV, <del>and Candida, and Trichomonas</del> * <b>Testing for Trichomonas</b> */† Pap Smear at Selected Sites
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\*If indicated; †PAP smears should be done at 6 month intervals in the first year after seroconversion, and then annually if the initial tests are negative.

Table 5: Month 6 and Q6 Months Visits After Initiation of ART

<b>Pelvic Samples</b>	**/***Vaginal pH **/***Testing for BV, <del>and Candida and Trichomonas</del> **/*** <b>Testing for Trichomonas</b> */† Pap Smear at Selected Sites
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\*If indicated; \*\*/\*\*\*Urine SDA for Chlamydia and Gonorrhea, Syphilis Serology, Vaginal pH, and testing for ~~BV, Candida, and Trichomonas~~ should be performed at visits annually, with performance of these measures at other scheduled visits as clinically indicated; †PAP smears should be done at 6 month intervals in the first year after seroconversion, and then annually if the initial tests are negative.

Table 6: Final Visit

<b>Pelvic Samples</b>	Vaginal pH *Testing for BV, <del>and Candida and Trichomonas</del> <b>Testing for Trichomonas</b> */† Pap Smear at Selected Sites
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\*If indicated; †PAP smears should be done at 6 month intervals in the first year after seroconversion, and then annually if the initial tests are negative.

Appendix I: Schedule of Study Visits and Evaluations

	Screening and Enrollment	Month 1 Post-Seroconversion	Month 3 Post-Seroconversion	Mo. 6/Q6 Mo. Post-Seroconversion	Week 2, Month 1, Month 3 Post-ART Initiation	Month 6 and Q6 Months Visits After Initiation of ART	Final Visit
Testing for <del>BV, Candida, Trichomonas</del>	X	▲	▲	▲ (Annual)	▲	▲ (Annual)	X
<b>Testing for BV and Candida</b>	▲	▲	▲	▲	▲	▲	▲

X=protocol-defined procedure; ▲=performed as indicated; \*If ART is begun more than 24 months after identification of seroconversion, then the Follow-Up Behavioral Questionnaire is omitted at post-ART visits.

The above information will be incorporated into the next version of the protocol at a later time if it is amended.