CAPRISA 004 CO-ENROLLMENT

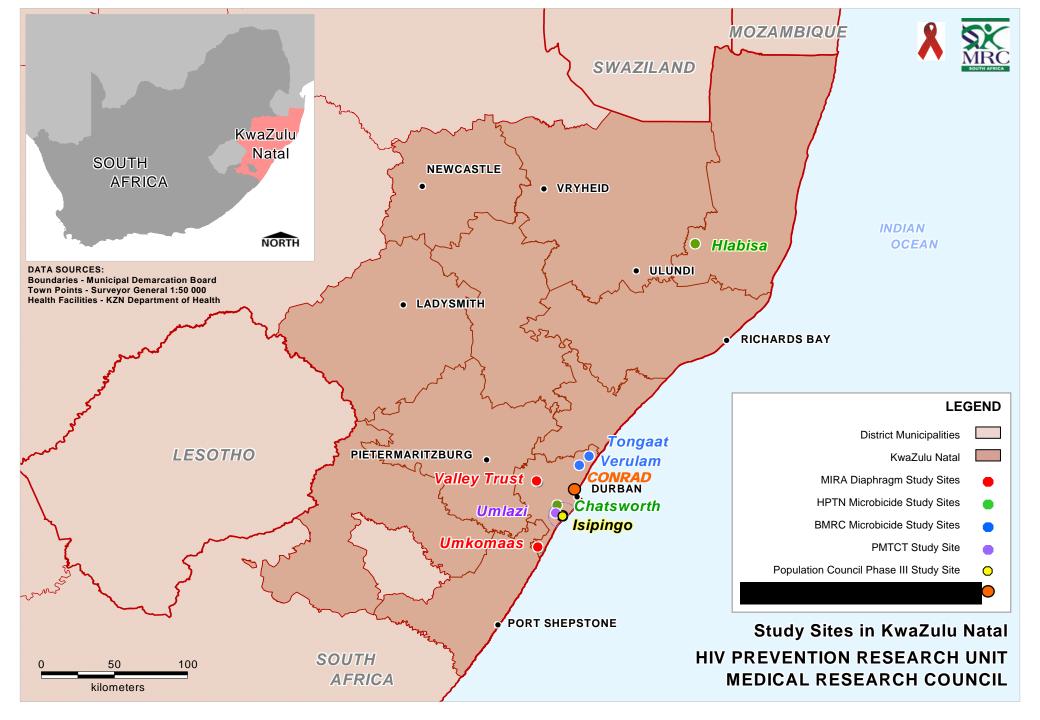
Gita Ramjee

HIV Prevention Research Unit

MTN Regional Meeting
Cape Town International Convention
Centre, South Africa
7 to 12 September 2008









CO-ENROLLMENT DATABASE

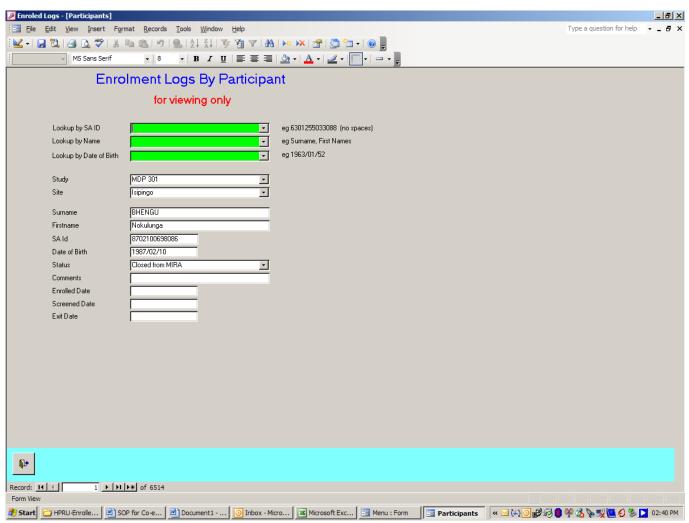


- In 2005 an excel database was used: HPRUspecific trials and sites
- X 1 Workbook with 7 worksheets (1 per site) in the Durban area
- X 1 Workbook with 2 worksheets (1 per institution: MRC and Africa Centre) in Hlabisa
- Very successful: 10 co-enrollments out of > 6000 participants across 9 sites and 5 trials (MIRA, HPTN 035, MDP301, Pop Council-Carraguard, CONRAD-Cellulose Sulphate)



ENROLLMENT LOGS BY PARTICIPANT MENU

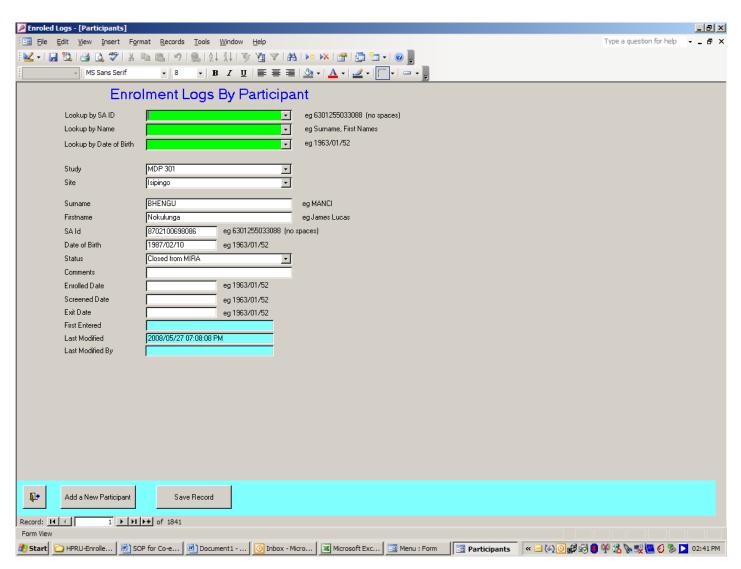






ENROLLMENT LOGS BY PARTICIPANT MENU







THE PROBLEM



- February 2008: 1st indication that there may be coenrollments
- CAPRISA sent e-list of South African I.D. nos. to perform a retrospective check
- April 2008: full extent of problem uncovered
- Reported to DAIDS, Ethics, MCC and Department of Health.
- Representation of the property of the prope
- Safety exams performed
- Elicited reasons for co-enrollment and daily reports sent to the DAIDS Medical Officer



REASONS FOR CO-ENROLMENT



REASONS
Money: Did not use the CAPRISA gel; concerned about safety
Influences by other co-enrollers
Money: Wanted to secure place in CAPRISA trial – didn't use CAPRISA gel
Money: Did use the CAPRISA gel, wasn't concerned about safety
Didn't realise that you couldn't co-enrol
Wanted to make sure her HIV results were really negative
Money: Using the reimbursement to pay for college
Had no apparent reason for co-enrolling
Knew of the dangers of co-enrolling



NEW DATABASE



- Resigned and implemented in May 2008
- **X** Access database with wireless connection
- X Uses South African Identity numbers and names (QC check to avoid mistyping of digits in identity number)
- X Linked to scanner to completely eliminate typing errors.
- X Targeted for use by all research institutions in the Durban area
- **Report of the Control of the Cappaigner Report of the Cappaigner Report of the Cappaigner Report of the Cappaigner Report of the Cappaigner Cappaigner**
- In discussions to include RHRU and IPM Investigators who will begin studies in mid 2009
- Investigations into linking a fingerprint scanner to the database (to avoid I.D. fraud)

Building a healthy nation through research

CONCLUSION

- The issue potential of co-enrollment identified in the Unit 2005- set up database system.
- Underestimated participant reasons to enroll in multiple trials.
- Need for collaborations across all organizations involved in clinical trials – including treatment trials.
- Sharing of common participant database –approved by ethics- across all sites
- High reimbursement rate is an issue recent communication with MRA- "we do NOT stipulate R150 for trial participation"-????????



Building a healthy nation through research

Conclusion

WAY FORWARD

- 1. Include information and concerns with co-enrollment in counseling scripts of all future trials.
- 2. Counsel participants on co-enrollment at each follow-up visit and inform them that mechanisms are put in place for identifying co-enrollment
- 3. Emphasize discussions on co-enrollment between recruitment staff and potential participants.
- 4. Discuss co-enrollment at community entry and feed-back sessions.