# Bridge HIV at the SFDPH: Update for MTN-017

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## **Study Progress**

Milestone	Date
Site Activation	24 September 2013
First Enrollment	29 October 2013

Screening, Enrollment, and Retention Figures	
Number of participants screened	32
Number of participants enrolled	9
Screen to enroll ratio	3.6:1
Retention figures	Mid-Period 1: 100% (6/6) End-Period 1: 67% (2/3) Initiate Period 2: 100% (1/1) Mid-Period 2: 100% (1/1)



## **Best Study Practices**

- "Dress-rehearsing": visit walk-throughs
- Increasing frequency, number, and variety of community education presentations

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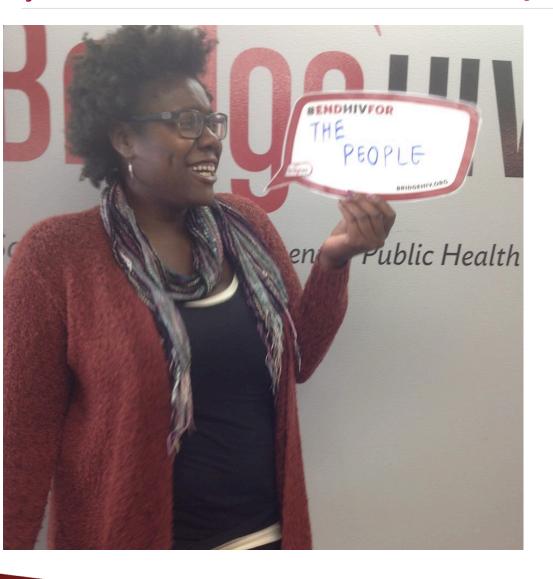
- Implementing 3-visit screening approach
- **Ensuring multiple points of staff contact**
- Utilizing "demo kits" during study education process
- Additional screening questions on clinical forms
- Discussion at weekly team meetings
- Recruiting roll-over participants/capitalizing on pre-existing relationships
- Innovative social media





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Roses are red,
Truvada is blue.
Our volunteers are sweet,
And you can be too...!

-JoinPrEP

#weheartvolunteers

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## **Challenges implementing MTN-017**

- PrEP awareness and availability in San Francisco
- Longer study visits = need for more staff time
- Ruling out "suspected" acute infection
  - Symptoms common during flu season, population with background risk
  - Local standard for HIV testing includes HIV RNA



## **Strategies to Address Identified Challenges**

- PrEP awareness and availability in San Francisco
  - Discussion of PrEP early in pre-screening/screening
- Longer study visits = need for more staff time
  - Cross-training additional staff
- Ruling out "suspected" acute infection
  - > Discuss with protocol team possibility of using HIV RNA to rule out acute HIV infection



## **Unresolved Challenges**

- Ruling out "suspected" acute infection
- Interpreting "low risk": additional guidance/criteria across sites may be helpful
- Encountering stool during ARE
- More resources for participants and staff to "troubleshoot" the RAI gel regimen

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#### **Lessons Learned**

- Study product descriptors: microbicide vs. lube or gel
- "Rectally-specific" language in media campaigns and printed materials
- Need for ongoing training, review of complex protocol procedures
- PrEP referrals for interested participants
- Discuss specifics on how study participation might fit into people's lives?















## **Pharmacy Update**

- 2 applicators missing plungers (one retained by participant to be returned at next visit, one not)
- No temperature excursions or dispensation errors
- Timely deliveries by courier service
- Area for improvement: reconciling product preparation time with time product dispensed from clinic to study site
- Participant feedback: strong smell of GCL lube



## **Behavioral Update**

#### **CASI**

 2 participants enrolled on 2<sup>nd</sup> attempt, but had previously taken CASI and were unable to repeat: FIXED

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#### **SMS**

- 2 days ppts reported not receiving SMS: KNOWN OUTAGES
- SMS arriving as multiple messages: REFERRED TO RG
- 2 ppts continued receiving SMS during break: RESOLVED
- 1 ppt did not reply for >2 days: CARE CALL, PPT RETAINED
- Overall SMS response rate: 97% (457 of 470)



## Behavioral Update, continued

#### DCI & PK DCI

 Format of SMS calendar can cause discrepancy with actual use and product count (off by 1)

PK is challenging because qualitative (need to be recorded?)

#### <u>IDI</u>

- No one selected yet!
- Has this started yet?



## **Laboratory Update**

- LDMS learning curve, but on track now after troubleshooting and retraining
- PK results have all been received within adequate time
- Continue to ship PK specimens regularly minor issue with return of specimen boxes
- Recently shipped first batch of HPV specimens
- Turn-around time for safety and STI labs adequate



## **Counseling Update**

#### **Protocol Adherence**

Feels repetitive – guidance on how to keep fresh?

#### **HIV/STI Risk Reduction**

- Participants prefer other (premium) condoms
- Study condom use as top or bottom? "penetrative" sex in protocol
- Product use/study participation viewed as a form of risk reduction

#### **Product Use/Adherence**

- Participants continue to express confusion around RAI gel use
  - Would like to be able to format FHI-provided guidance for ppt use
  - "How do I figure out when to use it?" → puts burden and frustration on participants...is this really "user-friendly"?

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- Confusion around the 6<sup>th</sup> day rule (if haven't used it that week)
- Product use instructions sheets have really small font and images



## **Questions?**

