# MTN-003 VOICE Protocol Overview

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#### **MTN-003**

 Phase 2B Safety and Effectiveness Study of Tenofovir 1% Gel, Tenofovir Disoproxil Fumarate Tablet, and Emtricitabine/ Tenofovir Disoproxil Fumarate Tablet for the Prevention of HIV Infection in Women

#### **VOICE**

Vaginal and Oral Interventions to
 Control the Epidemic



# **Study Products**

## **Study Products**

- Vaginal
  - Tenofovir 1% gel
  - Placebo gel



- Oral
  - Tenofovir disoproxil fumarate (TDF) 300 mg tablet
  - TDF placebo tablet
  - Emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) 200 mg/300 mg tablet (Truvada)
  - FTC/TDF placebo tablet



30 tablets per bottle



# Study Objectives

## **Primary Objectives**

- To estimate the effectiveness of daily Tenofovir gel, daily Tenofovir tablet, and daily Truvada tablet in preventing HIV infection among women at risk for sexually transmitted infection
- To evaluate the extended safety of daily Tenofovir gel, daily Tenofovir tablet, and daily Truvada tablet in women at risk for sexually transmitted HIV infection

#### **Secondary Objectives**

- Adherence/Behavioral
  - To evaluate adherence to daily regimens of vaginal gel and oral tablets
  - To evaluate whether key behaviors (sexual activity, condom use, intravaginal practices)
     change over time in women who use either daily vaginal gel or daily oral tablets

#### Secondary Objectives

- HIV Drug Resistance
  - To assess the frequency of HIV drug resistance in women who acquire HIV while using study product

## Secondary Objectives

#### Pharmacokinetic

 To evaluate the pharmacodynamic relationship between plasma drug concentrations and study outcomes (HIV seroconversion, toxicity, resistance)

#### Delayed Seroconversion

To assess incidence of HIV seroconversion during the approximate 8 weeks of follow-up off study product between the Product Use End Visit and the Termination Visit (to identify potential delayed seroconversions due to masked infection)

## **Exploratory Objectives**

- Vaginal Microenvironment
  - To correlate **biomarkers** in the cervicovaginal environment with HIV seroconversion, reported product adherence, stage of menstrual cycle, contraceptive use, intercurrent sexually transmitted infections, and reported adverse events
  - To measure the association between abnormal vaginal flora and HIV seroincidence

## **Exploratory Objectives**

- Method of Contraception
  - To explore the potential relationship between method of contraception and HIV seroconversion, reported product adherence, and reported adverse events

# Study Design

## Study Design

- □ VOICE is a:
  - Multi-site
  - Five-arm
  - Double-blinded
  - Placebo-controlled
  - Randomized trial

#### **Multi-Site**

- Blantyre, Malawi (1 clinic)
- Durban, South Africa (4 clinic)
- Harare, Zimbabwe (2 clinic)
- Johannesburg, South Africa (1 clinic)
- Kampala, Uganda (1 clinic)
- Lilongwe, Malawi (1 clinic)
- Lusaka, Zambia (1 clinic)

#### **Multi-Site**



Data will be combined across sites for primary analyses

Multiple sites allow for secondary analyses of product safety and effectiveness in diverse geographical, ethnic, and cultural contexts

#### **Five Arms**

 Participants in all five arms receive risk reduction counseling, condoms, and diagnosis and treatment of sexually transmitted infections

#### **Five Arms**

- Participants in each arm use one product, either vaginal or oral
  - Arm 1 = Tenofovir gel
  - Arm 2 = Placebo gel
  - Arm 3 = Tenofovir tablet
  - Arm 4 = Truvada tablet
  - Arm 5 = Placebo tablet

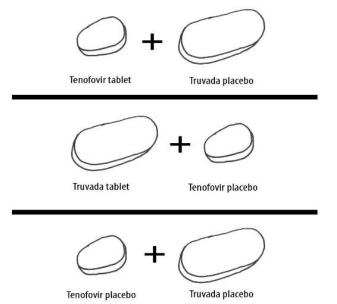






#### **Five Arms**

- But things are more complicated in the oral arms
- Participants in the oral arms use one product, but take two tablets daily
  - Arm 3 = Tenofovir tablet + Truvada placebo
  - Arm 4 = Truvada tablet + Tenofovir placebo
  - Arm 5 = Tenofovir placebo+Truvada placebo



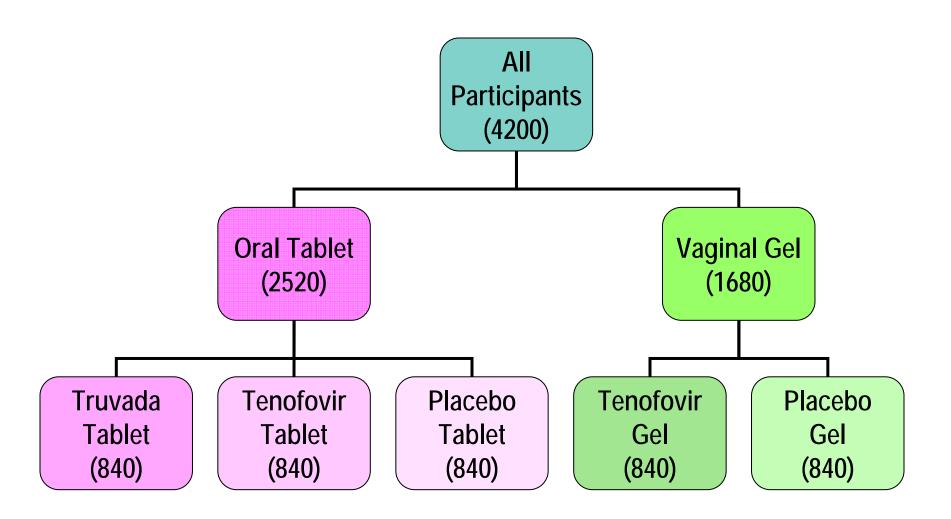
#### **Double-Blinded & Placebo-Controlled**

- Study participants and study staff will know whether participants are using oral product or a vaginal product
- Neither participants nor study staff will know whether participants are using a candidate active product or a placebo
- The oral arms are further blinded such that neither participants nor study staff will know whether participants are receiving Tenofovir (or placebo) or Truvada (or placebo)

#### Randomized

- Participants are assigned at random to each of the five study arms
- Participants are assigned in equal numbers to each arm at each site
- Random assignment ensures equal distribution of participant characteristics across arms (e.g., age, sexual activity, condom use, STI history)

## Random Assignment



# Study Population

## Participant Accrual

- □ 4200 women
- Enrolled across sites
- Over approximately 21 months

## **Key Eligibility Criteria**

- Able and willing to provide informed consent
- Able and willing to provide adequate locator information
- Sexually active
- HIV-uninfected
- In general good health, with normal liver and kidney function
- Not pregnant, planning to become pregnant, or breastfeeding
- Using effective contraception and intending to continue using an effective method for the next 24 months
- Not planning to re-locate for the next 24 months
- Agrees not to participate in other studies involving drugs, medical devices, or vaginal products for the next 24 months

## **Eligibility Criteria**

- Rationale is to select participants who are
  - At risk for HIV infection
  - Likely to be retained
  - Likely to be adherent to product use
  - At low risk for safety problems potentially associated with product use
- Specific inclusion and exclusion criteria will be reviewed in detail on Day 2

## Participant Follow-up

- Participants will complete monthly followup visits, with target dates every 28 days
- Follow-up visit procedures will be reviewed in detail on Day 3

## Participant Follow-up

- Follow-up in the study overall will continue until 217
   HIV seroconversions are identified
- Each participant will be followed for 14-35 months
  - 12-33 months of product use
  - Followed by approximately 8 weeks off product
- Based on sample size assumptions and calculations, follow-up should end about 14 months after the last participant is enrolled
- Assumptions and calculations will be monitored closely during the study, and adjusted if needed

## Study Outcomes

## **Primary Outcomes**

- Effectiveness: HIV infection, as measured by seroconversion, per the algorithm in protocol Appendix III, at the end of the study product use period
- Safety: Grades 2, 3, and 4 clinical and laboratory adverse events

#### **Secondary Outcomes**

- Adherence/Behavioral: Self-reported use of study product, sexual activity, condom use, and intravaginal practices, study product counts
- HIV Drug Resistance: HIV drug resistance mutations among participants who acquire HIV, as measured by genotypic methods

#### **Secondary Outcomes**

- Pharmacokinetic: Area under the curve, maximum serum concentrations, and minimum serum concentrations
- Delayed Seroconversion: HIV infection, as measured by seroconversion, according to the algorithm in protocol Appendix III, during the approximate 8 weeks off-product between the Product Use End Visit and the Termination Visit

## **Exploratory Objectives**

#### □ Vaginal Microenvironment:

- Biomarkers, including measures of intrinsic immunity and functional immunity against HIV, STIs, and cervicovaginal inflammation
- Abnormal vaginal flora as assessed by Gram stain and bacterium-specific PCR testing applied to vaginal fluid

#### **Exploratory Outcomes**

- □ Method of Contraception:
  - Methods of contraception used by participants

# **Expected Study Results**

## **Primary Safety Results**

- Safety data analyses will compare each candidate product group with its own control group with respect to rates of Grade 2, 3, and 4 adverse events
- Candidate products will be considered "safe" if rates of adverse events in the candidate product groups are similar to rates in the respective control groups

#### **Primary Effectiveness Results**

- Primary effectiveness data analyses will compare each candidate product group with its own control group with respect to rates of HIV seroconversion
- Candidate products will be considered "effective" if rates of HIV seroconversion are lower in the candidate product groups than in the respective control groups

#### Secondary & Exploratory Analyses

- Will assess each of the secondary and exploratory outcomes
- Will explore the safety and effectiveness of the candidate products compared to each other, e.g., Tenofovir gel compared to Tenofovir tablet, Tenofovir tablet compared to Truvada tablet

# Let's Discuss Your Questions