

MTN-017

ENROLLMENT

Study Product Considerations

Cindy Jacobson

Microbicide Trials Network

Pittsburgh, PA

USA





Presentation Overview

- Randomization
- Prescriptions
- Study Product Supply and Labels
- Chain of Custody
- Additional Supplies



Reference Materials

- MTN-017 Protocol, Version 1.0, Section 6
- MTN-017 SSP, Section 7



Study Randomization

- Participants will receive three different study regimens:
 - Daily oral Truvada® (emtricitabine 200mg/tenofovir disoproxil fumarate 300mg) tablets
 - Daily rectal tenofovir RG 1% gel
 - RAI-associated rectal tenofovir RG 1% gel



Study Randomization

- The order in which participants use the three different study regimens can occur in six different sequences.
- Participants are randomized 1:1:1:1:1:1 to one of the six sequences (1-6)

Study Product Sequences and Regimens

Sequence	Period 1 (8 weeks)	Washout (~1 week)	Period 2 (8 weeks)	Washout (~1 week)	Period 3 (8 weeks)	Follow-up (~1 Week)
1	Oral (Daily FTC/TDF)		Rectal (Daily TFV RG 1% gel)		Rectal (RAI-associated TFV RG 1% gel)	
2	Rectal (RAI-associated TFV RG 1% gel)		Oral (Daily FTC/TDF)		Rectal (Daily TFV RG 1% gel)	
3	Rectal (Daily TFV RG 1% gel)		Rectal (RAI-associated TFV RG 1% gel)		Oral (Daily FTC/TDF)	
4	Rectal (Daily TFV RG 1% gel)		Oral (Daily FTC/TDF)		Rectal (RAI-associated TFV RG 1% gel)	
5	Oral (Daily FTC/TDF)		Rectal (RAI-associated TFV RG 1% gel)		Rectal (Daily TFV RG 1% gel)	
6	Rectal (RAI-associated TFV RG 1% gel)		Rectal (Daily TFV RG 1% gel)		Oral (Daily FTC/TDF)	



Study Randomization

- SCHARP will ship the randomization envelopes to each site
- Study regimen sequence 1-6 will be randomly assigned to 48 envelope numbers per site
- Envelopes will be numbered sequentially
- Envelopes will be stored and used in the study clinic



Randomization Envelope

- The randomization envelopes at each site will be filed **sequentially** and should be assigned and opened in that order
- The randomization envelope contains an MTN-017 participant randomization document and is assigned at ENROLLMENT
- Once an envelope is opened, clinic staff should record the assignment on the site's **MTN-017 Clinic Randomization Envelope Tracking Record**

MTN 017 Clinic Randomization Envelope Tracking Record

CRS Name:	<pre-printed>	DAIDS Site ID:	<pre-printed>
CRS Location:	<pre-printed>		

Instructions: Complete one row each time a clinic randomization envelope is assigned to an MTN-017 study participant. All entries must be made in blue or black ink. Corrections may be made by drawing a line through incorrect entries, entering correct information, and initialing and dating the correction.

Clinic Randomization Envelope #	Envelope Assigned to Participant ID #	Date Assigned (dd-MMM-yy)	Time Assigned (hh:mm) (24-hour clock)	Clinic Staff Initials
101				
102				
103				
104				
105				
106				
107				
108				
109				
110				
111				
112				
113				
114				
115				
116				
117				
118				
119				
120				
121				
122				
123				
124				



Participant Randomization Document

- This document assigns the participant to a specific study regimen sequence (1-6)
- Indicates the study regimen by periods 1-3
- Top original to pharmacy (white)
- Bottom copy (yellow) in participant binder

MTN-017 RANDOMIZATION

Instructions: All entries must be made in dark ink. Press firmly when completing this form. Corrections may be made by drawing a single line through incorrect entries, recording correct information, and initialing and dating the correction.

Site Name:		[Pre-print]			DAIDS Site ID:		[Pre-print]	
Site Location:		[Pre-print]			Randomization Envelope #:		[Pre-print]	
Study Regimen Sequence:	[Pre-print]	Study Period 1:	[Pre-print]	Study Period 2:	[Pre-print]	Study Period 3:	[Pre-print]	

Participant ID: - -

Did the participant provide written informed consent for enrollment into MTN-017? *yes* *no*

Clinic Staff Initials: _____

Clinic Staff Instruction: Complete all items in this box. After initialing and dating, deliver white original (labeled "Pharmacy") to pharmacy. File yellow copy (labeled "Clinic") in participant's study notebook.

Clinic Staff Initials: _____

Date envelope opened:

- -
dd *MMM* *yy*



MTN-017 Prescriptions

- Prescriptions are sent by the MTN pharmacist to the clinic.
- Prescriptions remain in the clinic.
- At the time of randomization/enrollment (Initiate Period 1) and at Initiate Periods 2 & 3, clinic staff will select and complete the appropriate study prescription to match the participant's assigned study regimen.

MTN-017 Prescriptions

- Three prescriptions:
 - Emtricitabine 200mg/tenofovir disoproxil fumarate 300mg (FTC/TDF): daily oral use
 - Tenofovir reduced glycerin 1% gel: daily rectal use
 - Tenofovir reduced glycerin 1% gel: RAI-associated rectal use

MTN-017
EMTRICITABINE 200mg/TENOFOVIR DISOPROXIL FUMARTE 300mg
(FTC/TDF): DAILY ORAL USE

Instructions: All entries must be made in blue or black ink. Press firmly when completing this form. Corrections may be made by drawing a line through incorrect entries, recording correct information, and initialing and dating the correction.

Site Name:			
DAIDS Site ID:		Randomization Envelope #:	

Participant ID: --

Study Regimen Sequence: *(check one)*

- 1 – Oral; Daily Rectal; RAI Rectal
- 2 – RAI Rectal; Oral; Daily Rectal
- 3 – Daily Rectal; RAI Rectal; Oral
- 4 – Daily Rectal; Oral; RAI Rectal
- 5 – Oral; RAI Rectal; Daily Rectal
- 6 – RAI Rectal; Daily Rectal; Oral

Study Period: *(check one)*

- Study Period 1
- Study Period 2
- Study Period 3

Truvada (FTC/TDF) Oral Tablets

Sig: Take one (1) tablet by mouth once daily as directed.

Quantity: Sufficient to last until the next study visit (as requested by designated clinic staff). May be refilled as needed for the duration of participation in the study.

Authorized Prescriber Name *(please print)*: _____

Authorized Prescriber Signature: _____

Date: --
dd MMM yy

Clinic Staff Instruction: Once prescription is completed, deliver white original (labeled "Pharmacy") to pharmacy. File yellow copy (labeled "Clinic") in participant's study notebook.

Pharmacy: Dispense one (1) bottle (30 tablets/bottle) FTC/TDF tablets.

Pharmacy

MTN-017
TENOFOVIR REDUCED GLYCERIN 1% GEL: DAILY RECTAL USE

Instructions: All entries must be made in blue or black ink. Press firmly when completing this form. Corrections may be made by drawing a line through incorrect entries, recording correct information, and initialing and dating the correction.

Site Name:			
DAIDS Site ID:		Randomization Envelope #:	

Participant ID: --

Study Regimen Sequence: *(check one)*

- 1 – Oral; Daily Rectal; RAI Rectal
- 2 – RAI Rectal; Oral; Daily Rectal
- 3 – Daily Rectal; RAI Rectal; Oral
- 4 – Daily Rectal; Oral; RAI Rectal
- 5 – Oral; RAI Rectal; Daily Rectal
- 6 – RAI Rectal; Daily Rectal; Oral

Study Period: *(check one)*

- Study Period 1
- Study Period 2
- Study Period 3

Tenofovir Reduced Glycerin 1% Gel

Sig: Insert entire contents of one (1) applicator into rectum once daily as directed.

Quantity: Sufficient to last until the next study visit (as requested by designated clinic staff). May be refilled as needed for the duration of participation in the study.

Authorized Prescriber Name *(please print)*: _____

Authorized Prescriber Signature: _____

Date: *dd* - *MMMM* - *yy*

Clinic Staff Instruction: Once prescription is completed, deliver white original (labeled "Pharmacy") to pharmacy. File yellow copy (labeled "Clinic") in participant's study notebook.

Pharmacy: Dispense 30 pre-filled TFV RG 1% gel applicators.

Pharmacy

MTN-017
TENOFOVIR REDUCED GLYCERIN 1% GEL: RAI-ASSOCIATED RECTAL USE

Instructions: All entries must be made in blue or black ink. Press firmly when completing this form. Corrections may be made by drawing a line through incorrect entries, recording correct information, and initialing and dating the correction.

Site Name:			
DAIDS Site ID:		Randomization Envelope #:	

Participant ID: - -

Study Regimen Sequence: *(check one)*

- 1 – Oral; Daily Rectal; RAI Rectal
- 2 – RAI Rectal; Oral; Daily Rectal
- 3 – Daily Rectal; RAI Rectal; Oral
- 4 – Daily Rectal; Oral; RAI Rectal
- 5 – Oral; RAI Rectal; Daily Rectal
- 6 – RAI Rectal; Daily Rectal; Oral

Study Period: *(check one)*

- Study Period 1
- Study Period 2
- Study Period 3

Tenofovir Reduced Glycerin 1% Gel

Sig: Insert entire contents of one (1) applicator into rectum as directed.

Quantity: Sufficient to last until the next study visit (as requested by designated clinic staff). May be refilled as needed for the duration of participation in the study.

Authorized Prescriber Name *(please print)*: _____

Authorized Prescriber Signature: _____

Date: - -
dd MMM yy

Clinic Staff Instruction: Once prescription is completed, deliver white original (labeled "Pharmacy") to pharmacy. File yellow copy (labeled "Clinic") in participant's study notebook.

Pharmacy: Dispense 30 pre-filled TFV RG 1% gel applicators.

Pharmacy



Prescription Form Completion

- ❑ Double check the accuracy of all entries
- ❑ Errors may be corrected in blue or black ink by putting a line through and initialing
- ❑ Retain the yellow copy for the participant study notebook in the clinic
- ❑ Deliver white copy to pharmacy



MTN-017 Prescriptions

- The PoR or back-up pharmacist will review the prescription.
- If an error is noted, the white and yellow copies must be individually corrected with identical information on both copies.
- If no problems are noted, the pharmacist will dispense the product.

How is Study Product Supplied – TFV RG 1% Gel Applicators

- Each applicator is a pre-filled single dose and individually wrapped (overwrap).
- One prefilled applicator contain approximately 4 mL of tenofovir reduced glycerin 1% gel
- One plastic bag contains 30 applicators
- Store at room temperature, 20-25C (68-77F)
- Temperature excursion between 15-30C (59-86F) are permitted



How is Study Product Supplied – Truvada Tablets

- One bottle of tablets contains 30 tablets
- Product is dispensed in the original container
- One Truvada tablet contains 200mg of emtricitabine and 300mg of tenofovir disoproxil fumarate

How is Study Product Supplied – Truvada Tablets

- The product expires 30 days after the seal is opened
- The bottle contains a small plastic desiccant which should not be removed (advise participants)
- Store at room temperature, 20-25° C (68-77° F)
- Temperature excursion between 15-30° C (59-86 ° F) are permitted



Study Product Labels

- All products have labels in English, Spanish, and Thai.
- Each applicator and bottle of tablets will have an additional label added by the pharmacist prior to dispensing.
 - The additional label will include the PTID and date dispensed.
- There will be a label on the outside of the bag of applicators.

MTN-017 TFV RG 1% Gel Label

HINGE

MTN-017
Sponsor: CONRAD
1911 North Fort Myer Drive
Suite 900
Arlington, VA 22209

① XXXXX
② MM/YYYY

SEAL AREA

HINGE

MTN-017
Contenido: un aplicador prellenado con reducción de glicerina en gel de tenofovir 1%.
① Número de lote ② Vencimiento
Únicamente para uso RECTAL. Usar según las indicaciones. Mantener fuera del alcance de los niños.
Guardar a 20-25 °C (68-77 °F), oscilaciones permitidas de 15 a 30 °C (59 a 86 °F).
Precaución: nuevo medicamento. Limitado por la ley de Estados Unidos a uso en investigación.
Fabricado por DPT Laboratories, Ltd., San Antonio, TX 78215 USA
(1)

SEAL AREA

MTN-017

Spanish (PE)	1
Thai (TH)	2
English (US)	3

HINGE

HINGE

MTN-017
บรรจุภัณฑ์: เซลล์เม็ดยาทีโนโฟวีร์ขนาดลดจำนวนเกล็ดเลือด 1% หนึ่งเซม
① หมายเลขกำกับ ② หมดอายุ
ใช้ทางทวารหนัก ใช้ตามที่กำกับ **เก็บให้พ้นจากเด็ก**
เก็บในอุณหภูมิ 20°-25° C (68°-77° F), เบี่ยงเบนได้ที่ 15°-30° C (59°-86° F).
คำเตือน: ยาใหม่ ใช้สำหรับตรวจสอบตามกฎหมายสหรัฐอเมริกา
ผลิตโดยบริษัท DPT Laboratories, Ltd., San Antonio, TX 78215 USA
(DPT Laboratories จำกัด, ซามันโตนโ, เท็กซัส 78215, สหรัฐอเมริกา)
(2)

HINGE

MTN-017
Contents: One prefilled applicator of Tenofovir Reduced Glycerin 1% Gel.
① Lot No. ② Exp.
For RECTAL use only. Use as directed. Keep out of reach of children.
Store at 20°-25° C (68°-77° F), excursions permitted 15°-30° C (59°-86° F).
Caution: New Drug. Limited by United States law to Investigational use.
Manufactured by DPT Laboratories, Ltd., San Antonio, TX 78215 USA
(3)

MTN-017 TFV RG 1% Gel Bag Label

HINGE

MTN-017
Tenofovir Reduced Glycerin 1% Gel.

① XXXXX
② MM/YYYY

Sponsor: CONRAD
1911 North Fort Myer Drive
Suite 900
Arlington, VA 22209

SEAL AREA

HINGE

MTN-017

Contenido: treinta (30) aplicadores prellenados con reducción de glicerina en gel de tenofovir 1%.

① Número de lote ② Vencimiento

Únicamente para uso RECTAL. Usar según las indicaciones. **Mantener fuera del alcance de los niños.**

Guardar a 20-25 °C (68-77 °F), oscilaciones permitidas de 15 a 30 °C (59 a 86 °F).

Precaución: nuevo medicamento. Limitado por la ley de Estados Unidos a uso en investigación.

Fabricado por DPT Laboratories, Ltd.,
San Antonio, TX 78215 USA

(1)

SEAL AREA

MTN-017

Spanish (PE) 1

Thai (TH) 2

English (US) 3

HINGE

MTN-017

บรรจุภัณฑ์: เซมิคยาทีโนไฟเวียร์ขนาดลดจำนวน
เจลกรีเซอร์ลิน 1% สามสิบ (30) เซมิ

① หมายเลขกำกับ ② หมดอายุ

ใช้ทางทวารหนัก ใช้ตามที่กำกับ **เก็บให้พ้นจากเด็ก**

เก็บในอุณหภูมิ 20°-25° C (68°-77° F),
เบี่ยงเบนได้ที่ 15°-30° C (59°-86° F).

คำเตือน: ยาใหม่ ใช้สำหรับตรวจสอบตามกฎหมายสหรัฐอเมริกา

ผลิตโดยบริษัท DPT Laboratories, Ltd.,
San Antonio, TX 78215 USA
(DPT Laboratories จำกัด, ซานแอนโตนิโอ, เทกซัส 78215, สหรัฐอเมริกา)

(2)

HINGE

HINGE

MTN-017

Contents: Thirty (30) Prefilled applicators of Tenofovir Reduced Glycerin 1% Gel.

① Lot No. ② Exp.

For RECTAL use only. Use as directed.
Keep out of reach of children.


Store at 20°-25° C (68°-77° F), excursions permitted 15°-30° C (59°-86° F).

Caution: New Drug. Limited by United States law to Investigational use.

Manufactured by DPT Laboratories, Ltd.,
San Antonio, TX 78215 USA

(3)

MTN-017 Truvada® Label

HINGE	<p>MTN-017 Truvada® (emtricitabine and tenofovir disoproxil fumarate).</p> <p>Spanish (PE)1 Thai (TH)2 English (US).....3</p> <p>Sponsor: CONRAD 1911 North Fort Myer Drive, Suite 900 Arlington, VA 22209</p>	SEAL AREA
		

SEAL AREA	<p>MTN-017 Truvada® (emtricitabina y tenofovir disoproxil fumarato). Usar según las indicaciones. Únicamente para uso ORAL. Mantener fuera del alcance de los niños. Conservar a 20-25 °C (68-77 °F). Precaución: únicamente para (1) uso en investigación.</p>	HINGE

HINGE	<p>MTN-017 Truvada® (เอมตริซิตามีนและเทโนโฟเวียร์ โดโซพโรคซิล ฟูมาเรต) ใช้ตามที่กำกับ ใช้กินเท่านั้น เก็บไว้พ้นจากเด็ก เก็บในอุณหภูมิ 20°-25° C (68°-77° F) คำเตือน: สำหรับใช้ตรวจสอบเท่านั้น (2)</p>


<p>MTN-017 Truvada® (emtricitabine and tenofovir disoproxil fumarate). Use as directed. For ORAL use only. Keep out of reach of children. Store at 20°-25° C (68°-77° F). (3) Caution: For Investigational Use.</p>	HINGE

Additional Label from Pharmacy

- PoR or back-up pharmacist will place an additional label on the study product on the day of dispensation


PTID: _____

Date Disp: _____



Chain Of Custody

- The study product must be tracked with documentation, from the pharmacy to the participant and all steps in between.
- Study product may be prepared by the pharmacist based on either original documents or faxed copies, but will not be dispensed until the original prescription is received.



Chain Of Custody

- Upon receipt of a completed and signed prescription, the PoR will prepare one bottle of Truvada tablets (30 tablets) or a bag containing 30 prefilled TFV RG 1% gel applicators.
- Study Product is dispensed by pharmacy staff to:
 - Clinic staff who will then provide the study product to the participant
 - Directly to the participant
 - Courier/runner who delivers product to the clinic staff
 - Depends on pharmacy site specific study product Chain of Custody SOP
 - Documented on **Record of Receipt**



Chain of Custody

Clinic Staff Responsibilities

- Control access to the study product in their custody.
- Clinic staff must document delivery of the study product to designated participants in the participants' study charts (chart notes, visit checklists, or on other source documents designated for this purpose by clinic staff).



Chain of Custody

Clinic Staff Responsibilities

- If study product dispensed for a participant is not delivered to the participant, clinic staff must document this in the participant's study chart and return remaining product to the pharmacy.



Other Items Supplied to Clinic

These additional study supplies were sent to each site

- Let the us know if/when additional items are needed

- Male Condoms
- Empty Applicators
- Lubricant
 - 4 mL packets for applicator insertion
 - 4 oz tubes for clinic procedures



Contact Information

- If you have any questions, please do not hesitate to contact us at:

Cindy Jacobson
(412) 641-8913
cjacobson@upmc.edu

Lindsay Kramzer
(412) 641-3865
fergusonlm@upmc.edu

Thank You!

