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.

Section 2: Implementation

Except for modifications to the Protocol Team Roster, text to be deleted is noted by strikethrough 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:

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

2. 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.

<table>
<thead>
<tr>
<th>Pelvic Samples</th>
<th>Vaginal pH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Testing for bacterial vaginosis (BV), and Candida, and Trichomonas</td>
</tr>
<tr>
<td></td>
<td>Testing for Trichomonas</td>
</tr>
<tr>
<td></td>
<td>*Pap Smear at Selected Sites</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Pelvic Samples</th>
<th>Vaginal pH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Testing for BV, and Candida, and Trichomonas</td>
</tr>
<tr>
<td></td>
<td>Testing for Trichomonas</td>
</tr>
<tr>
<td></td>
<td>*Pap Smear at Selected Sites</td>
</tr>
</tbody>
</table>

*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

| Pelvic Samples | */**Vaginal pH
*Testing for BV, and Candida and Trichomonas
*/** Testing for Trichomonas
*/† Pap Smear at Selected Sites (annually) |

*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

| Pelvic Samples | *Vaginal pH
*Testing for BV, and Candida, and Trichomonas
*Testing for Trichomonas
*/† Pap Smear at Selected Sites |

*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

| Pelvic Samples | */**Vaginal pH
*Testing for BV, and Candida and Trichomonas
*/** Testing for Trichomonas
*/† Pap Smear at Selected Sites |

*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

| Pelvic Samples | Vaginal pH
*Testing for BV, and Candida and Trichomonas
Testing for Trichomonas
*/† Pap Smear at Selected Sites |

*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

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

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.