

## Implementing Good Participatory Practice (GPP) in HVTN505 – the HIV Vaccine Trials Network (HVTN) Experience

Gail B. Broder<sup>1,2</sup>, James P. Maynard<sup>1,3</sup>, Shelly T. Karuna<sup>1,4</sup>, Chuka Anude<sup>5</sup>, Magda E. Sobieszczyk<sup>6</sup>, Scott Hammer<sup>6</sup>, HVTN 505 Protocol Team of the NIAID-funded HIV Vaccine Trials Network

Institute(s): <sup>1</sup>Fred Hutchinson Cancer Research Center, Vaccine and Infectious Disease Division, Seattle, WA, United States, <sup>2</sup>HIV Vaccine Trials Network, Community Engagement Unit, Seattle, WA, United States, <sup>3</sup>HIV Vaccine Trials Network, Communications and Community Engagement Units, Seattle, WA, United States, <sup>4</sup>HIV Vaccine Trials Network, Clinical Development Unit, Seattle, WA, United States, <sup>5</sup>DAIDS/NIAID/NIH, Vaccine Clinical Research Program, Bethesda, MD, United States, <sup>6</sup>Columbia University College of Physicians and Surgeons, Division of Infectious Diseases, Department of Medicine, New York, NY, United States

### GOOD PARTICIPATORY PRACTICE (GPP) PRINCIPLES

(Excerpted from: *Good Participatory Practice: Guidelines for Biomedical HIV Prevention Trials*, revised: UNAIDS Guidance Document, 2011)

#### 2.4 Transparency

Open, honest, timely, and clear communication enables transparency and fosters collaborative, trusting, and constructive relationships. Transparency is relevant to the research process as well as to the roles of stakeholders.

Transparency about research includes ensuring that stakeholders receive open, honest, and understandable information about the objectives and processes of a trial. Transparency means ensuring that feedback from a broad range of stakeholders is acknowledged and addressed.

Transparency about the role of stakeholders includes ensuring that stakeholders are clear on their respective roles and responsibilities.

ties; the constituents, if any, they each represent; and the extent to which their input may influence trial-related decisions. Adherence to the principle of transparency means that stakeholders communicate about circumstances that may affect previously agreed levels of consultation, involvement, collaboration, and decision-making.

#### 3.10 Standard of HIV prevention

##### 3.10.A. Definition

The term “standard of HIV prevention” refers to the package of comprehensive counselling and state-of-the-art HIV risk reduction methods provided or made available to participants in biomedical HIV prevention trials.

##### 3.10.B. Relevance to good participatory practice

Helping trial participants reduce their risk of acquiring HIV is a key ethical obligation of research teams. Determining the components of the HIV prevention

package is a joint effort between research teams and relevant stakeholders. Trial sponsors and implementers must work with relevant stakeholders in establishing the type, scope, and process by which participants are provided with, or referred to, services to access the full HIV prevention package. How trial sites help participants prevent HIV acquisition is often at the forefront of community stakeholder concerns. Therefore, successful negotiation with stakeholders about the prevention package to be provided to trial participants is likely to have a significant influence on community stakeholder perceptions of a trial.

### TABLE OF INTERNAL & EXTERNAL STAKEHOLDERS INCLUDED IN OUR CONSULTATIONS

#### INTERNAL & EXTERNAL NETWORK STAKEHOLDERS

- Global Community Advisory Board and its Ethics Working Group
- Clinic Coordinators
- Site Investigators
- Community Educators & Recruiters
- Clinical Trial Sites’ local Community Advisory Board members
- HVTN 505 Operations Call participants
- HVTN 505 Community Affairs and Site Assistance call participants
- Funder: U.S. National Institute of Allergy and Infectious Disease, Division of AIDS
- Regulatory bodies
- Drug manufacturer: Gilead Sciences, Inc.
- Vaccine Manufacturer: Dale and Betty Bumpers Vaccine Research Center (NIAID, NIH)
- Independent Ethicists

#### EXTERNAL COMMUNITY STAKEHOLDERS

- National Black Gay Men’s Advocacy Network
- Black AIDS Institute
- AVAC
- Project Inform
- CHAMP
- Treatment Action Group
- HPTN 061 Black Caucus members
- Latino Commission on AIDS
- Black Gay Research Group
- Gay and Lesbian Medical Association
- Project Inform
- HIV Prevention Justice
- Treatment Action Group
- International Rectal Microbicides Advocates

#### NIAID HIV Vaccine Research Education Initiative (NHVREI) and Be The Generation (BTG) partner organizations:

- AIDS Alabama
- AIDS Foundation of Chicago
- AIDS Project of the East Bay
- AIDS Project Los Angeles
- The DC Center
- Entre Hermanos
- Gay City Health Project
- Gay Men of African Descent
- Latino Health Institute
- MOCHA Center
- Multicultural AIDS Coalition
- Planned Parenthood of Middle & East Tennessee
- SafeGuards Project LGBT Health Resource Center
- San Francisco AIDS Foundation
- SisterLove, Inc.
- Us Helping Us
- AIDS Action Foundation
- AIDS Alliance for Children, Youth and Families
- National AIDS Education Services for Minorities
- National Alliance of State and Territorial AIDS Directors
- National Minority AIDS Council
- AIDS Task Force of Greater Cleveland
- Nashville CARES
- AIDS United
- REACH LA

#### Background:

HVTN has valued community involvement in its operations since it began, and continued this practice with HVTN505, a Phase 2B trial in MSM and transwomen. During HVTN505 implementation, results from the iPrEx trial and subsequent FDA approval of Truvada® for pre-exposure prophylaxis (PrEP) led the HVTN to consider changes to HIV prevention services offered to participants (ppts). Several community consultations informed our actions that addressed the GPP principles of transparency and the standard of HIV prevention.

#### Methods:

Community members were part of the protocol team from the outset, contributing to study design, informed consent materials, engagement and recruitment efforts, and communications planning. Post-iPrEx, HVTN505 ppts were surveyed about their intent to use PrEP. Consultations were held with Global Community Advisory Board members representing all network sites and with a wider group of community stakeholders to discuss the iPrEx results and standards of HIV prevention. Community input was sought on the advisability of providing PrEP for trial ppts interested in using it, and on the mechanisms of that provision. Post-FDA approval, a second consultation was held regarding implementation of such a plan.

#### Results:

Stakeholders felt strongly that ppts should be educated about PrEP and counseled about how to access it. The study was amended and incorporated the potential for 20% uptake in PrEP use among ppts. As discussions in the field continue about the changing standard of HIV prevention, HVTN has worked with Gilead to make Truvada® available free of charge to interested HVTN505 ppts. This evolving discussion will continue to inform future trial designs.

#### Conclusions:

The HVTN embraces the GPP guidelines and continues its efforts to fully implement them. Involving the community at all levels is key in the HVTN’s structure and all of its trials. HVTN505 provided a unique opportunity to engage the community at a time when the conversation about HIV prevention was evolving particularly rapidly.

#### Acknowledgements:

The HVTN 505 team and authors gratefully acknowledge support from Gilead Sciences for the Truvada® used in the Referral Program, and thank Jim Rooney, Keith Rawlings, Alena Pechonkina, Rebecca Guzman, and Kimberly Natividad and Gilead Sciences for their commitment to and help with the development and implementation of the HVTN 505 Referral Program.

### MILESTONE EVENTS REFLECTING OUR PROCESS OF CONSULTATIONS:

- “THE JOURNEY BEGINS” – HVTN 505, a Phase 2B randomized, placebo-controlled preventive HIV vaccine trial enrolling 1350 HIV-uninfected men and transwomen who have sex with men (study opened May 2009), conducted at US clinical trial sites. Multi-disciplinary protocol team, including 2 Community Educator/Recruiter site staff members and 2 Community Advisory Board members.
- In parallel, the iPrEx study of daily Truvada® for use as PrEP was ongoing, enrolling a similar study population of at-risk MSM and transwomen (study opened July 2007), conducted in Brazil, Ecuador, Peru, South Africa, Thailand and the United States.
- iPrEx primary results announced – Nov. 23, 2010 – in a study looking at daily dosing of Truvada®, used with condoms and regular HIV and STI testing. Truvada® is effective in reducing new HIV infections by >44%; adherence is key.
- Nov. 30, 2010 – talking points and a slide set for HVTN site staff to share with HVTN 505 participants are completed and distributed to sites. Slides were also available on a public web-site.
- Nov. 30, 2010 – plan for soliciting community stakeholder input regarding the impact of the iPrEx results on HVTN 505 is completed, and consultations begin to seek comments from internal and external Network stakeholders and Community stakeholders (see table at right):

#### Internal and external Network stakeholders and Community Stakeholders (see table at right)

- What do these results mean to the individual stakeholders and/or to the community/organization they represent?
- Based on iPrEx results, how likely are stakeholders to consider taking PrEP (or others in their community/social network)?
- What do you think the iPrEx results mean for HVTN 505?

**Outcomes:** Communities need more information about PrEP broadly and Truvada® specifically. They also need help understanding the results of iPrEx and other PrEP trials. Materials are created for sites to use with participants and during community engagement activities.

- Jan. – April 2011 – Online anonymous survey for enrolled HVTN 505 participants regarding their intent to use PrEP is open.
  - Key conclusions:**
    - Intent to use PrEP was modest among survey respondents enrolled in HVTN 505.
    - Concerns that access to the medication may limit PrEP use, but commitment to continued participation in 505 in the setting of PrEP is high.
    - Overall, responses to open-ended questions revealed positive perceptions of iPrEx results, concerns about access and affordability, and their continued commitment to vaccine trial participation.
  - Poster of survey data presented at the AIDS Vaccine 2011 conference<sup>1</sup>**
  - Manuscript published<sup>2</sup>**

- May - July 2012 – Second round of consultations held in advance of FDA meeting. (FDA announced licensure on July 16, 2012, during our process, so the tone of the last few consultations shifted as licensure became a reality rather than just possibility.)
  - Same stakeholders consulted, plus a few additional groups
  - Consultations included seeking comments on:
    - what this upcoming decision means to you?
    - what this upcoming decision means to your communities?
    - which course of action the HVTN 505 protocol team should take if the FDA approves Truvada® for use as PrEP:
      - Option A:** Continue to provide information to enrolled participants on PrEP, as we do now
      - Option B:** Provide information and referrals for PrEP for enrolled participants who are interested in using it
      - Option C:** Provide information and provide PrEP at the HVTN trial sites as part of 505 for enrolled participants who are interested in using it.
  - Overwhelming consensus from all stakeholders is Option B.
- Sept. 2012 – Protocol team agrees with consensus for Option B. HVTN 505 revised accordingly with an increase in enrollment to 2200, and the statistical analysis plan was changed to allow for a potential increase in PrEP uptake (up to 20% of participants using PrEP). Work begins to identify appropriate providers in each site’s locale for PrEP referrals and medical management.
- Sept. 2012 – Study leadership begins working with Gilead to develop plans for offering PrEP at no charge to enrolled participants interested in using it, utilizing a mail-order pharmacy.
- Spring 2014 – rollout of plan for Gilead to provide Truvada® through mail-order pharmacy.

<sup>1</sup>Madenwald, Tamra; Fuchs, Jonathan; Sobieszczyk, Magdalena; Karuna, Shelly; Sherwat, Adam; Koblin, Beryl; Broder, Gail; Eaton, Niles; Andrasik, Michele; Hammer, Scott; and the NIAID HIV Vaccine Trials Network (HVTN). *Attitudes and intent to use PrEP among current phase II preventative HIV-1 vaccine trial participants*.

<sup>2</sup>Jonathan D. Fuchs, MD, MPH; Magdalena E. Sobieszczyk, MD, MPH; Tamra Madenwald, MA, MPH; Doug Grove, MS; Shelly T. Karuna, MD; Michele Andrasik, PhD; Adam Sherwat, MD; Gail Broder, MHS; Kenneth Mayer, MD; Beryl Koblin, PhD; and Scott Hammer, MD, for the HVTN 505 Protocol Team. *Intentions to Use Preexposure Prophylaxis Among Current Phase 2B Preventive HIV-1 Vaccine Efficacy Trial Participants*. JAIDS, Volume 63, Number 3, July 1, 2013