

# Section 3. Participant Accrual and Retention

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This section provides information on requirements and procedures for recruiting participants in MTN-017. This section also presents information related to definitions, requirements, and procedures for participant retention.

### **3.1 Pre-Screening Procedures**

It is encouraged that sites implement pre-screening procedures for MTN-017 as part of their outreach and recruitment strategy. Like all outreach and recruitment strategies, pre-screening approaches and materials used during the pre-screening process must be IRB approved.

During pre-screening, staff may explain MTN-017 to potential study participants and ascertain elements of presumptive eligibility, to be confirmed at an on-site screening visit. The information obtained during pre-screening activities cannot be considered for eligibility determination. No information collected from participants may be used for publication purposes unless written informed consent is provided from potential participants.

**Note:** SCHARP-provided PTIDs should not be assigned until after participants provide informed consent at the screening visit.

It is recommended that pre-screening cover behavioral and basic demographic eligibility criteria, such as (but not limited to):

- Age
- Willingness to comply with other protocol requirements, such as:
  - Study visit schedule for 27 weeks (~ 7 months) and associated HIV testing
  - Use of study products
  - Non-participation in other research studies
  - Assessment of known allergies
- Potential willingness to participate in the Rectal Biopsy/Fluid Subset (only applicable at participating sites)

Participants found to be presumptively eligible may also be provided the study informed consent or other IRB approved IC materials for review prior to their screening visit as part of the pre-screening procedures.

### 3.2 Participant Accrual

#### 3.2.1 Study Accrual Plan and Site-Specific Accrual Targets

Approximately 186 males and transgender females who have sex with men will be recruited across eight US and International sites. The study-wide accrual period is 6-9 months. Each site-specific accrual period may vary as this period is considered to begin on the first day of participant enrollment at each site. Site staff should make every effort to complete accrual at a rate of about 2-4 participants per month per site.

Table 3-1 presents the accrual targets for each site. A site's total accrual target may change in the event that enrollment slots need to be transferred from one site to another, as authorized by the study leadership.

**Table 3-1**  
**MTN-017 Accrual Plan - Site Accrual Targets**

	International Sites				U.S. Sites			
	Bangkok	Cape Town	Chiang Mai	Peru	Fenway	Puerto Rico	Pittsburgh	San Francisco
Target	24	18	30	36	6	7	30	36
Maximum	24	18	30	36	6	7	30	36

Note: Replacement participants were approved by the SMC thus total site accrual targets differ from the above-listed targets.

For each site, accrual will begin after all applicable approvals are obtained and a Site-Specific Study Activation Notice is issued by the MTN Leadership and Operations Center (LOC) at FHI 360.

Screening and enrollment data will be captured on case report forms (CRFs) and submitted to MTN Statistical and Data Management Center (SDMC). The Eligibility Criteria CRF will be completed and faxed for all participants once they are enrolled or have screened out.

The SDMC will provide information on the number of participants screened and enrolled based on data received and entered into the study database. Please see Section 13 of this manual for more details on SCHARP Enrollment Reports.

#### 3.2.2 In-Depth Phone Interview Accrual Targets

All study participants will be asked to provide informed consent to participate in an optional In-depth Phone Interview (IDPI). A subset of about 40 participants will be selected, by the BRWG, based on their willingness to participate and product adherence rates as reported via SMS. The BRWG will inform site staff via email if the participant has been selected for the IDPI.

#### 3.2.3 Rectal Biopsy/Fluid Subset Accrual Targets

At the Bangkok and Pittsburgh sites, participants will be asked to participate in the intensive PK, PD and Mucosal Immunology (Rectal Biopsy/Fluid Subset) group. The first 15-18 participants (based on site-specific targets) who provide informed consent to take part and meet additional study eligibility criteria, as specified in Sections 5.2 (inclusion criterion 11) and 5.3 (exclusion criteria 3.i) of the protocol, will be enrolled in the subset group. Accrual into the subset group will continue until site-specific targets have been met. If one of the participants terminates the study early and/or misses a subset sample collection, site staff should consult with the MTN-017 management team regarding the need and process for enrolling a replacement participant.

Sites should develop a tool to easily identify participants who provide consent to participate in the subset and meet eligibility to ensure site-specific accrual targets are met.

### **3.2.4 Accrual Tips and Reminders:**

Sites should develop methods for tracking actual versus targeted accrual, including monitoring the expected screening to enrollment ratios and how these change over time.

Recruitment methods and venues should be assessed on an ongoing basis. The usefulness or “yield” of various recruitment sources should be tracked over time. Team meetings should be held to identify recruitment sources of participants who screen and enroll and methods for timely evaluation of the usefulness of recruitment methods and venues. Discussion points should include the following:

- Of all participants contacted through a particular method or at a particular venue, how many eventually enroll in the study?
- If this number (percentage) is high, keep using that method or venue
- If not, move on to different methods or venues

Staff responsibilities include the following:

- Designate a Recruitment Coordinator who is responsible for tracking accrual rates and managing recruitment efforts over time.
- Hold weekly or biweekly meetings among staff involved in accrual activities – community educators, recruiters, outreach workers, peer educators, others – to discuss current and ongoing strategies
- Engage community representatives on accrual issues and strategies throughout the accrual period

Continue to discuss as a team, over time, the following characteristics of “good candidates” for study participation:

- Likely to be retained for the duration of the study
- Likely to use study product as indicated for the duration of the study

### **3.2.5 Participant Accrual SOP**

Site staff are responsible for establishing a study-specific participant accrual plan in the form of a SOP on Participant Accrual; and updating the SOP and recruitment efforts undertaken if needed to meet site-specific accrual goals. The accrual SOP should contain, at minimum, the following elements:

- Site-specific accrual targets
- Methods for tracking actual accrual versus accrual targets
- Recruitment methods and venues
- Methods for identifying the recruitment source of participants who present to the site for screening
- Methods for timely evaluation of the utility of recruitment methods and venues
- Pre-screening procedures
- Ethical and human subjects considerations
- Staff responsibilities for all of the above (direct and supervisory)
- QC/QA procedures related to the above (if not specified elsewhere)

### **3.3 Participant Retention**

#### **3.3.1 Retention Definitions**

The term “retention” generally refers to completion of follow-up visits and procedures as specified in a study protocol. This definition must be operationalized for any study, and operational definitions usually reflect the primary objectives and endpoints of a study. For MTN-017, two retention measures are planned to be used. Additional retention measures may be defined and used during the study if desired by the Protocol Chair and/or Protocol Statisticians.

- During the study, retention for each regularly scheduled follow-up visit will be defined based on whether participants complete the visit within the visit window. Participants who complete a regularly scheduled visit within the visit window will be considered ‘retained’ for that visit.
- Overall study retention is calculated as the percentage of the total number of visits completed by all participants (within their allowable visit window) divided by the number of visits expected for all participants. A visit is considered expected for a participant once the allowable window closes, regardless of whether or not a participant is lost to follow-up or terminated early from the study.

As indicated above, participants who do not complete a particular scheduled visit within the allowable window, but then complete the next scheduled visit (including any required make-up procedures that were missed), will not be considered retained for the missed visit. However, they will be considered retained for the next scheduled visit. Thus retention rates can fluctuate over time and across visits. Importantly, retention shortfalls can be made up by ensuring that participants return for their next scheduled visit after missing a visit.

The MTN SDMC will post reports on their ATLAS portal presenting retention rates for key study visits designated by the Protocol Team. The SDMC also will generate a final end-of-study retention rate after the study is completed.

#### **3.3.2 Retention Requirements**

Each study site will target retention of at least 95% of enrolled study participants for each scheduled follow up visit. The purpose of the 95% retention target is to ensure the accuracy of study results by minimizing bias that can be caused by missing data.

Low retention rates can have serious impacts on the accuracy of the study results because it is unknown whether participants who do not return for scheduled study visits used the study product, liked the product or had adverse effects resulting from use of the product. To avoid these problems, and thereby avoid bias in the study results, high participant retention rates must be maintained throughout the study.

#### **3.3.3 Retention SOPs**

Site staff are responsible for establishing a standard operating procedure (SOP) for Participant Retention to meet the study retention goal of 95%. This SOP should be re-evaluated and modified in response to lower than anticipated retention rates, or at any other time when retention strategies are modified. The SOP should minimally contain the following elements:

- Site-specific retention goals
- Methods for tracking actual retention versus retention goals
- Procedures for completing and updating participant locator information
- Site-specific definition of “adequate” locator information (for purposes of determining participant eligibility)
- Visit reminder methods and timeframes
- Methods and timeframes for identifying when a visit has been missed

- Planned retention methods (including what outreach/locator efforts are taken within 24 hours, 1-3 days, 1 week, or 2 weeks after a missed visit)
- Methods for timely evaluation of the utility of retention methods
- Ethical and human subjects considerations
- Staff responsibilities for all of the above (direct and supervisory)
- QC/QA procedures related to the above (if not specified elsewhere)

### 3.3.4 Obtaining and Updating Locator Information

Successful retention begins with collection of locator information from each study participant. All study participants will be asked to provide locator information during the study screening process, and to continually review/update this information during follow-up. Provision of "adequate" locator information during screening is a study eligibility requirement and each site must specify its definition of adequate locator information in its retention SOP.

Each study site is encouraged to develop an exhaustive locator form to maximize contact effectiveness and participant retention. Sites also may wish to consider having outreach workers accompany participants to their homes or other community based locations to verify or further clarify their locator details, if appropriate.

Potential locator items include:

- Participant's full name, alias, and/or nickname; government-issued identification number; home address; home phone number; mobile phone number; work address; work phone number; fax number; or e-mail address; daytime and nighttime locations, meeting places and hangouts.
- Name, address, telephone number, and/or other contact information for stable community contacts (i.e., participant family members and friends) who typically know the whereabouts of the participant.

**Note:** Although contact information for a participant's current primary partner will likely be useful, contact information for other contacts also should be collected, since the participant's relationship with this partner could change during the course of the study.

During the informed consent process and when collecting locator information, study participants must be informed that their locator sources will be contacted if study staff are unable to locate the participant directly. Study staff will negotiate with the participant how they will identify themselves when locator sources are contacted. Arrangements agreed upon with the participant should be documented on the locator form.

Study staff should view every participant contact as an opportunity to update the participant's locator information. When updating locator information, actively review each item on the locator form to determine whether the information is still current (i.e., rather than simply asking "Has any of your information changed since your last visit?"). Site staff should also probe for additional information that the participant was not able or willing to provide at previous visits.

Study staff should document in chart notes that they reviewed the locator information with the participant at every visit. Any updates to the locator form should use standard GCP corrections with initials and date of the staff member making the changes.

### 3.3.5 Retention Tips

Some general strategies for maximizing participant retention are as follows:

- Emphasize the value of the participant's involvement in the study during the study informed consent process and subsequently at follow-up visits. When participants

complete scheduled visits, acknowledge and compliment their commitment, time, and effort devoted to the study.

- Keep locator information up-to-date and maintain thorough documentation of all efforts to contact the participant. Keep all this information in an organized manner, so that different staff members can easily review the information and contribute to re-contact efforts when necessary. Make use of all information collected on the participant's locator form. Even if a locator source is not useful/successful on one occasion, try it again later.
- Schedule all follow-up visits at the participant's Enrollment Visit. Thereafter, at each follow-up visit, confirm the scheduling of the next visit and give the participant an appointment card with the scheduled visit date and time noted.
- Prepare a calendar of scheduled visits for each enrolled participant, based on his/her enrollment date, or offer a planner/calendar as an incentive and note all study appointments in the planner/calendar. Note the dates of all scheduled visits in the participant's file for easy reference.
- For participants who demonstrate a pattern of late or missed appointments, schedule follow-up visits for the beginning of the allowable visit window (i.e., up to one week before the actual target date) to allow maximum time for re-contact and re-scheduling if needed.
- Pay close attention to the allowable visit window and prioritize retention efforts for participants nearing the end of the window. Organize daily caseloads and work assignments based on these priorities.
- Make use of all available contact methods (e.g. phone, mail, home visits, street outreach, newspapers, e-mail/internet). Also make use of other available locator information sources, such as phone and postal directories and other public registries.
- Dedicate adequate staff time and effort to retention efforts.
- Work with community members to identify the most applicable contact and retention strategies for the local study population, including the type and amount of participant incentives.
- Keep participants and community members up-to-date on study progress to foster a sense of partnership and ownership of the study (through the use of participant newsletters, for example).
- Inform local service providers who interact with the local study population about the study, so that they also can express their support for the study.
- Host gatherings, parties and/or other social events for participants. Host social, educational, and/or other events for participants' partners.
- Use tracking systems to identify when participants' scheduled visits are due and/or overdue. Establish routine mechanisms to remind both study staff and participants of upcoming scheduled visits.
- Follow-up on missed appointments with an attempt to re-contact/re-schedule within 24 hours (preferably on the same day). Continue these efforts per the local retention SOP until contact is made.

### **3.3.6 Participants Who Voluntarily Discontinue Study Participation**

If a participant wishes to discontinue participation in the study, his/her wishes must be respected. Participants should be advised that s/he is always welcome to come back if s/he wishes. Refer to SSP section 5.7.7 (Voluntary Withdrawal of Study Participation) for procedures to be followed for all participants who prematurely discontinue study participation.