1. During a screening visit on May 19th, 2015, a participant reports burning with urination. A urine culture is sent but in the meantime, the site elects to treat presumptively with Bactrim. Per site SOP a urine dipstick is collected. It is significant for 1+ protein, negative glucose,1+ leukocyte esterase, and negative nitrates. Three days later, the urine culture is resulted as >100,000 E. Coli. She is otherwise healthy with no findings on exam.
2. How are these results/conditions/medications documented at screening? Is this participant eligible for enrollment at this time?
3. The participant returns for her enrollment visit on June 2nd, 2015. What procedures and documentation relating to her condition diagnosed at screening would need to occur prior to randomization?
4. If instead the participant was diagnosed with chlamydia infection at screening, how would your approach to clinical management and eligibility determination change?
5. A participant completes her screening visit on June 22nd, 2015 and is eligible thus far. She presents for her scheduled enrollment visit on July 14th 2015. When she is checking in for her visit, she confirms that she is not on her menses currently. The RA completes registration and proceeds to start enrollment visit procedures (confirms IC, updates locator, administers baseline behavioral questionnaire, and CASI). During medical/menstrual history taking, the clinician finds on further probing that the participant *anticipates* starting her menses in the next day or two.
6. Given this information, should enrollment proceed at this time? What things do you need to consider?
7. The participant is rescheduled for enrollment on July 27th 2015. Considering the procedures she already completed on July 14th, what procedures need to occur when she presents to clinic on this day? Should you document procedures on blank forms/tools, or update those previously completed?
8. A participant reports not experiencing menses at enrollment and not anticipating menses during her first week of participation, and is enrolled. If during her Day 3 visit she presents to clinic on her menses, how do you proceed?
9. After a participants Day 7 visit, she calls the clinic to report that she was experiencing mild pelvic discomfort she felt was related to the ring. In trying to reposition the ring, she accidentally dropped it on the bathroom floor of a public restroom.
   1. What do you advise the participant to do?
   2. The participant is available to come to clinic the next day. What type of visit is this, what procedures are required, and what documentation/CRFs are completed?
   3. Should an AE be reported?
   4. How and when is the Ring Adherence CRF completed?
   5. How would this scenario change if the participant had dropped the ring somewhere ‘clean’?
   6. How would this scenario change if the ring had been accidentally expelled instead of removed?
   7. If this ring removal/reinsertion had occurred within 8 hours of the participant’s next scheduled visit, would you still collect PK samples during this visit?
10. During a participant’s pelvic exam at her Day 21 visit, the clinician notes superficial epithelial disruption (abrasion) on the left vaginal wall exactly where the ring is resting. The ring is partially obscuring the view of the clinician, so the ring is removed to make a more clear assessment of the finding.
    1. How should this pelvic finding and ring removal be documented? Should the ring have been removed? What factors might be considered when making the relatedness assessment?
    2. What is your plan for clinical management/follow-up? Can ring use continue at this time?
    3. On follow-up, the condition has worsened. What is your plan for clinical management/follow-up? Can ring use continue at this time? How should this be documented at this interim visit?
    4. When the participant returns for her next scheduled visit on Day 28, how should study procedures be modified?
11. A participant presents to her Day 14 visit. As the clinician is explaining what exams and tests will be done today, including a pregnancy test, the participant becomes noticeably uncomfortable. On further probing, she admits that she knows she was asked to remain abstinent during study participation but her partner who had been living abroad came back unexpectedly (surprised her for her birthday!) and they ended up having sex shortly after she enrolled.
    1. What additional information would you want to gather from the participant at this point? How would you approach her about this?
    2. How would you document this situation?
    3. Can product use continue for this participant? Should she be terminated from the study?
12. A participant’s Day 28 visit is scheduled for July 13th 2015. This is the first Day 28/Visit 9 for your site.
    1. What will you do to prepare for this visit?
    2. The ‘hour 0’ Blood for PK is drawn at 9:28am; ‘hour 0’ vaginal swab for PK is collected shortly after at 9:32am. The clinician then comes in to conduct the pelvic exam, and removes the ring at 9:45am. Where should these times be documented? What should be done with the ring that is removed and what documentation is required?
    3. The clinician continues with the exam. Toward the end of the exam, they collect the ‘hour 0’ cervical biopsy sample for PK at 9:52am and the rectal fluid sample at 9:58am. *But wait, they think, these ‘hour 0’ samples were taken after ring removal! Did I do something wrong??* Should they have done anything differently?
    4. During collection of the cervical biopsy, there was some bleeding that could not be stopped direct pressure. The clinician decides to use monsels solution to stop the bleeding. Is this acceptable?
    5. When should the ‘hour 1’ samples for blood and vaginal swabs be drawn?
    6. The serial PK sample collection is going well, up until the point of hour 4 collection when the nurse has difficulty with the blood collection and it is drawn 30 minutes late, at 2:15pm. Given this, at what time should the final blood PK sample at hour 6 be drawn?
13. When a participant is called to remind them of their Day 28/Visit 9.0 scheduled on their target date of June 30th, they report that something has come up at work and they can no longer come in on that date. They ask if it’s possible to reschedule to the following day on July 1st.
    1. How do you respond?
    2. On July 1st, it is 10am and the participant has still not arrived for her visit. After several phone calls, you reach her and she reports that she is very sorry but it turns out she cannot make it today. She is very apologetic and asks if she can be rescheduled for tomorrow. How do you respond?
    3. What documentation needs to be completed for missing Day 28/Visit 9?
    4. When should her next visit be, and what visit would this be considered?
    5. What visit procedures should be done the next time she comes to clinic?
14. A participant contacts the clinic and needs to reschedule her Final Clinic Visit/Day 35. You are able to schedule her within this visit window on Day 36 on September 2nd 2015. You notify relevant study staff that this visit has been rescheduled.
    1. Who else do you need to inform?
    2. The participant comes to clinic the next day and completes her Final Clinic Visit/Day 35 procedures. What procedures are unique to this follow-up visit?
    3. After the participant leaves, you are contacted by the behavioral team who reports that the participant mentioned she noticed an increase in vaginal discharge during the first few days of ring use. What are your next steps?
    4. Three days later, the participant’s final lab results come back and her AST/ALT are both Grade 3. Are these reportable as AEs, and if so, what do you document as the onset dates, dates reported to site, and status/outcomes of the AEs? How do you handle clinical management?