Report on Third PROUD Participant Involvement meeting

Date: 9th September 2014 (in-person) and 11th September 2014 (teleconference)
Location: MRC CTU (Aviation House) and by phone
Facilitator: Mitzy Gafos
Topic: Study design and data collection tools for a larger PROUD trial.
Attendees: 12 study participants (10 in-person and 2 on teleconference) with representation from Barts, Dean St, John Hunter, Mortimer Marker, St Mary's, and St Thomas's.
NOTE: The teleconference failed to involved any participants from out of London.

Meeting format:

- In advance of the meeting, participants were provided with an introduction to the meeting and an overview of the topics to be discussed – see 'PROUD Participant Involvement Meeting Introduction_Sept2014_FINAL'
- At the in-person meeting, participants broke into three groups and were allocated questions for discussion. At the end of the breakout session, each group fed back their thoughts on the allocated questions. The whole group then discussed the comments.
    - Group 1 discussed questions 1 & 2
    - Group 2 discussed question 3
    - Group 3 discussed questions 4, 5 & 6
- At the teleconference meeting, the participants commented on all six questions.

1) Study Update

From November 2012 (enrolment opened) to April 2014 (enrolment closed), 545 men/transgender women joined the PROUD pilot study. The PROUD study team are currently negotiating funds to be able to offer all participants Truvada from the end of their follow up period (after 2 years in the study) until the very end of the study (when the last person completes the study in April 2016). We asked participants their thoughts on the implications of not getting access to Truvada at the end of the study.

Feedback:

- Some participants were under the assumption that access to Truvada at the end of study follow up had already been confirmed (this was mainly from participants who had attended a previous participant involvement meeting where this was discussed).
- Some participants thought it would be unethical to withdraw Truvada at the end of follow up and could result in emotional and psychological distress in terms of forcing people to adapt their behaviour.
- Some participants had no expectation of accessing Truvada from the study, but hoped that it would be available in the UK soon after.
- Overall, there was consensus that continued access to Truvada was a high priority for participants.

2) Study Design

The PROUD study team are in the process of applying for funding to expand to a larger clinical trial that would require enrolling an additional 1200 participants from mid-2015.

2a. We asked participants their thoughts on when it would stop being acceptable to randomise men to the deferred group.

Feedback:

- Some participants felt that based on the existing data, Truvada should be available in the UK and we should not need to be conducting a control trial with a deferred group.
- Some participants were unclear on the need for the deferred arm in the first place and some questioned why we could not use general GUM clinic data as a control. Other participants discussed the value of the deferred group in terms of being able to measure risk behaviours in the study – this was further discussed in the context of the particularly high rates of STIs and risk behaviours observed in the study.
- Other participants felt that the inclusion of a deferred group would remain acceptable until we had concrete evidence of effectiveness of Truvada in the UK. Some participants reemphasised the need for UK specific evidence of effectiveness before wider distribution.
- Overall views were polarised on this point although the sense of the room was a general understanding of the benefits of the deferred group in terms of being able to collect evidence to support future access to Truvada. However, quick access to Truvada was the priority.

2b. We also asked participants their thoughts on evaluating a second PrEP drug in the trial. As part of this discussion, we presented the proposed non-inferiority trial design which would randomise participants to Truvada, tenofovir or a deferred start – with a subsequent randomisation of the deferred group to Truvada or tenofovir after 12 months.

Feedback:

- There was little prioritisation for another form of PrEP as most people were satisfied with Truvada.
- There was some recognition of the need for a range of options to meet individuals needs i.e. 'different strokes for different folks'
- There was some interest in the idea of a longer acting method such as injectables.
- One participant raised concern about making a future trial too complicated by trying to evaluate two products.
- There were some comments that additional PrEP options should be comparable to the level of effectiveness of Truvada, although we did not have a detailed discussion about the evaluation of products that may be considered less potent or whose potency may be less well established than Truvada.
- Overall there was little prioritisation or resistance to adding a new PrEP drug to the trial.

3) Data collection

Two important aims of the study are to a) measure changes in sexual risk behaviour over the course of the study (to understand if Truvada use increases risk behaviour) and b) measure adherence to Truvada. As such participants are asked to report sexual behaviour and adherence on a number of questionnaires in the study (all questionnaires were available at the meeting). We presented data from the month 12 acceptability questionnaire showing participants views of the questionnaires and diary. We also showed that on average only 33% of participants complete the questionnaire each month, and 35% complete the diary. We asked participants about ways to improve data collection

and their thoughts on reducing the data collection tools we use i.e. drop the diary and/or monthly questionnaire.

Feedback

- About a fifth of participants were not aware of the monthly questionnaire despite logging on to complete the diary. Some deferred participants were not aware that they needed to complete the diary and/or the questionnaire before starting PrEP.
- Most participants thought that reminders from the clinic staff at visits or by text could be helpful and did not think that it was a problem for the clinic staff to have access to this data.
- Most of the participants had attempted to complete the data and there was resistance to dropping the diary or reducing the data collection. This was partly as some participants felt that behaviours can change so frequently that monthly or quarterly questionnaires would not adequately capture behaviour (especially in the context of frequent drug use).
- However, a few participants described the diary and questionnaire as of low priority, noted that the diary and on-line interface were not user friendly and that it was difficult to remember to complete them regularly.
- Most participants agreed that the ideal recall period for behaviour was no more than a week as it was very difficult to recall behaviour over one month. Most agreed that reports over three months were guestimates or general averages. There was a suggestion of weekly questionnaires.
- Some participants suggested the use of incentives to motivate data completion, such as payments, while others suggested punitive measures for failure to complete the data such as study suspension or even delayed access to Truvada. The underlying sentiment was that participants had 'signed up' to participate in all aspects of the study and therefore had a responsibility to complete the data.
- Participants supported the idea of being able to complete data on a mobile application and felt that it was worth investing in advancing technological options.
- Most participants were not aware that they could now access the participant database via smart phones, although some participants who had used this system commented that it was not an efficient option as you still need to be logged onto the internet – a limitation that a mobile application would overcome.
- While there was little discussion about how we could improve the questionnaires, it was agreed that they could be made easier to complete accurately.
    - One suggestion was to provide comment boxes so participants could add notes to the questionnaires if they wanted to, even if the information would not be used in analysing the data.
- Overall, there was a commitment to finding ways to improve the data collection tools and rates of data collection instead of reducing data collection.

4) Study visits

To reduce study costs for the clinical trial, the PROUD study team have discussed reducing the study visits to every 6 months instead of every 3 months. However, in previous participant involvement meetings participants have told us they like the quarterly visits and find them useful in managing their risk. In the month 12 acceptability questionnaires, 91% of men said it was not a problem to visit

the clinic every 3 months, 93% liked having regular HIV tests, and 89% liked having regular STI tests. In addition, approximately a quarter of men reported regular check-ups as the thing they 'most liked' about the study. We asked participants their thoughts on reducing the frequency of study visits.

Feedback

- All participants liked quarterly clinic visits.
- One participant commented that the new HIV testing guidelines for gay men recommend quarterly testing for men reporting condomless sex with a new partner.
- It was noted that participants could still attend clinics for quarterly STI screening even if study visits were six monthly.
- Some participants did not like the suggestion of six monthly visits on the basis that it could increase the risk of missing safety reports and resistance developing.
- Other participants thought that the study could start with quarterly visits to help participants settle into PrEP use and then reduce to six monthly.
- Overall, there was consensus that participants liked the quarterly visits and felt that their risk behaviours justified such frequent visits, even if they were not in PROUD.

5) Patient and Public Involvement (PPI)

UK research funding bodies, such as the National Institute for Health Research (NIHR), recommend the involvement of patients and the public in the design and conduct of research studies. The PROUD study team involve participants in the study oversight, such as at these meetings. To date participants and representatives of community organisations have volunteered their time for free. The NIHR guidelines recommend that volunteers be paid for their time. We asked participants what they thought would be a fair payment for attendance at study meetings such as the participant involvement meetings.

Feedback

- Most participants felt that payment was not required but there was not a strong opposition to a payment.
- Some thought that a nominal amount towards travel costs would be appreciated (£5 was mentioned).
- There was agreement that payment should not be so high to encourage participants to attend without contributing to the discussion.
- A rate of £20 per hour was thought to be enough to encourage participants to come who may not be able to attend without reimbursement, but not too much to encourage participants to attend who would not want to contribute to a discussion.
- The highest rate suggested was £60 per hour, which is comparable to payment in market research focus groups.

PROUD

6) Reimbursing participants for visits during the period of deferment

In order to answer the key study questions, the PROUD study team need complete data which means at least 85% of men returning regularly for clinic visits. At the moment about 77% return and this is mainly due to lower return among men in the deferred group (70% in deferred compared to 84% in immediate). We asked participants what they thought about paying participants in the deferred group to attend their month 3, 6, and 9 visits (i.e. when they are not receiving Truvada).

Feedback

- There was neither strong support or resistance to this proposal
- The figures suggested were within the same range as the PPI reimbursement ranging from £20 to £60.

Closing note:

The discussion was very fruitful and of great assistance to the PROUD study team. We would like to thank all participants who contributed to this discussion. We would welcome advice on how to facilitate the engage of participants enrolled at clinics outside of London.