

Overview of Microbicide Development Programme

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Microbicide Development Programme (MDP)



- Partnership for development of vaginal microbicides
- Collaboration between African and European Partners
- 6 clinical Sites in 4 African Countries.
- Funded by Dept for international development (Dfid).
- Managed by UK Medical research Council clinical trials unit.





Laboratoire de Santé Hygiène MobileCameoon Red Cross Yaoundé, Cameroon

Nsambya Hospital, Kampala MRC UK, Masaka/Entebbe, Uganda

AMREF/NIMR/LSHTM Mwanza, Tanzania

UNZA, Lusaka, Illovo Sugar, Mazabuka Zambia

MRC SSHPU

Glasgow

York/Hull University

York

Oxford University

Oxford

Imperial College*

LSHTM

MRC CTU*

St George's Hospital

London, UK

University of Southampton

Southampton, UK

University of Barcelona

Barcelona, Spain

RHRU

Johannesburg, SA

Population Services International

Europe

The Africa Centre Mtubatuba, SA

MRC SA Durban, SA

How was mutual respect/support achieved within MDP?



- Input to scientific decision making
 - Protocol development
 - ·Representation in programme management board.
- Input to financial and performance decisions

Site PIs managed their own budgets from outset.

How was mutual respect/support achieved with communities?



During Feasibility:

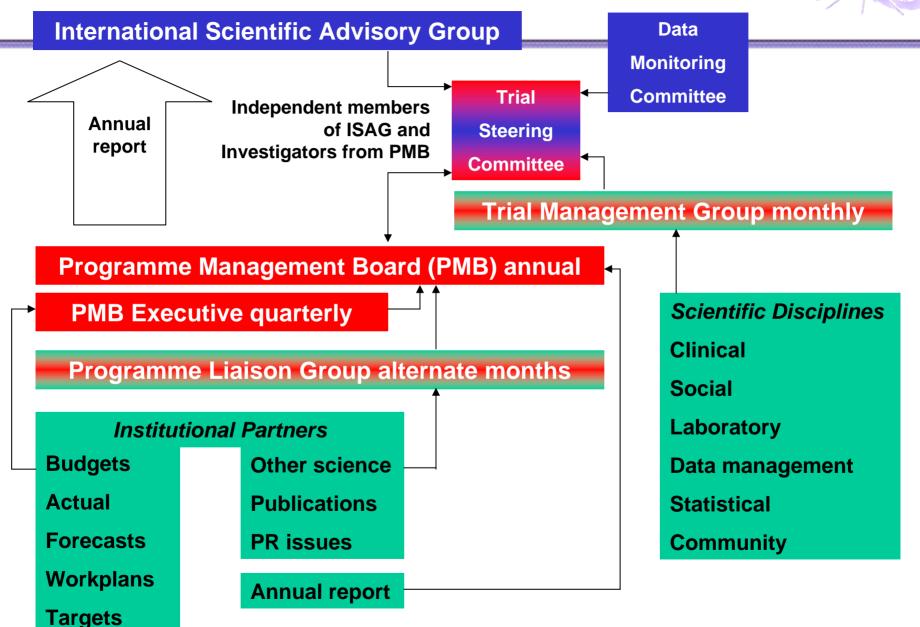
- o Mapping to define community and identify key stakeholders
- o Formation of CAB/CAG with terms of reference
- o Consultation on key messages and dissemination

CLO workshop at start of trial:

- o Community representatives from 4 sites as well as MDP community and social science staff
- o Worked together across sites to solve scenarios that may arise during the trial
- o Specific communication skill training

DfID and MRC





Objectives of MDP



Overall goal is to complete phase III effectiveness trials of candidate microbicides in Africa.

- Determine scientific mechanisms of action for microbicide agents.
- Conduct pre-clinical evaluation (in vitro models)
- Site assessment and preparation for phase III trials through feasibility and pilot studies.

MDP Objectives (cont)



- Social science research into acceptability of products
- Capacity building of African scientists and researchers.
- Facilitate marketing and access to a successful microbicide.



MDP301 pre-trial activities

2001-04 in 6 sites (aim ~770 pyrs):

- * Feasibility study to assess
 - o HIV incidence and prevalence
 - o retention of women in follow-up when having repeated genital examinations
 - o behavioural characteristics <u>including condom uptake</u> <u>with counselling</u>

2004-05 in 6 sites (n=~50 per site):

- * Pilot Study using placebo gel to assess
 - o barriers to gel use
 - o the tools and procedures planned for the trial including informed consent



Insight from Feasibility: incidence

Populations	Clini	ics & comi	Bar/food Facilities	Discor ^{dnt} Couples		
	Dbn	Jhb	ACS	Mz/Za	Mw/Tz	Ms/Ug
Recruitment period	(m) 14	15	12	18	14	2
Person yrs FU	499.2	531.4	158.1	356.4	717.4	31.2
Sero-conversions	37	21	20	13	25	4
HIV incidence	7.4	3.9	12.6	3.6	3.5	12.6
95% <i>C</i> I	5.4, 10.2	2.6, 6.1	8.2, 19.6	2.1, 6.3	2.4, 5.2	4.8, 34.1

...hence decision to use 4% in sample size calculation



Insight from Feasibility: retention

Populations	Clinics & communities				Bar/food	Discor ^{dnt}
					Facilities	Couples
	Dbn	Jhb	ACS	Mz/Za	Mw/Tz	Ms/Ug
Start date	Aug02	Oct02	Jul03	Mar03	Mar02	Oct03
N screened	1263	1088	755	1974	1573	1370
HIV+ baselind	e 47%	20%	50%	30%	25%	(7%)
pregnan	t 1%	4%	1%	4%	10%	-
N enrolled	608	757	373	590	716	50
FU (% of enrolled)						
3n	n 94%	84%	76%	87%	83%	90%
6n	n 88%	79%	61%	79%	79%	84%
9n	n 82%	83%	47%	70%	70%	86%
12m	67%	87%	-	63%	71%	86%

...hence decision that primary efficacy endpoint be 9m

Insight from Feasibility: condom uptake

% last sex acts protected by condom

Populations	Clir	nics & con	nmunities	Bar/food Discordnt		
					Facilities	Couples
	Dbn	Jhb	ACS	Mz/Za	Mw/Tz	Ms /Ug
At baseline	57%	58%	11%	15%	16%	18%
At 6m	72%	76%	17%	16%	17%	29%
Difference	+15%	+18%	+6%	+1%	+1%	+11%

...this could increase further in trial





%

Clinics & communities					
6 1	T 1 (4.00	AA /7		Couples
Dbn	Jhb	ACS	Mz/∠a	MW/IZ	Ms/Ug
10%	4%	6%	2%	4%	1%
4%	2%	3%	1%	4%	2%
61%	55%	69%	61%	73%	84%
3%	7%	23%	5%	10%	55%
3%	4%	7%	3%	8%	5%
7%	6%	11%	2%	7%	7%
	Dbn 10% 4% 61% 3% 3%	Dbn Jhb 10% 4% 4% 2% 61% 55% 3% 7% 3% 4%	Dbn Jhb ACS 10% 4% 6% 4% 2% 3% 61% 55% 69% 3% 7% 23% 3% 4% 7%	Dbn Jhb ACS Mz/Za 10% 4% 6% 2% 4% 2% 3% 1% 61% 55% 69% 61% 3% 7% 23% 5% 3% 4% 7% 3%	Dbn Jhb ACS Mz/Za Mw/Tz 10% 4% 6% 2% 4% 4% 2% 3% 1% 4% 61% 55% 69% 61% 73% 3% 7% 23% 5% 10% 3% 4% 7% 3% 8%



MDP301 Phase III Trial design

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9,673 HIV negative women randomised to
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0.5% PRO2000/5

2% PRO2000/5

or placebo in ratio of 1:1:1

each followed for 12m (-24m in Masaka)

Primary endpoint = HIV infection (modified ITT) and safety

Secondary endpoints = HSV2, NG, CT

(Also syphilis, TV, BV and candida)



Progress of MDP 301

- Enrollment started in October 2005.
- Total recruitment is 6000
- The DSMC has met 3 times to review safety data and with about half the expect endpoints achieved there are no safety concerns
- Enrolment complete by July 2008
- Trial results by end 2009

How is MDP doing i.t.o objectives



- Site participation in protocol development
- Site development and Training
- Cross site monitoring
- · 5 Investigators meeting
- EDCTP involvement

MDP EDCTP involvement



- Undertake a microbicide feasibility study in Mozambique
- Improve clinical site infrastructure at the RHRU Orange Farm site
- Capacity building in conduct of clinical trials in a south to south collaboration (RHRU and Mozambique)

EDCTP grant progress to date: Site set up



- Mozambique site set up, and recruitment to start by November 2007
- RHRU clinicians, data managers and social scientist conducted site visit
- Mozambique site staff visited RHRU clinical site

EDCTP grant progress to date: Capacity Building



- · 2 epidemiology writing courses
- GCP courses
- · Community Advisory Group training
- Clinical trials course
- · Cross site clinical monitoring training
- · Community Radio talk shows

Summary



- Comprehensive research programme to develop, test and integrate effective microbicides into public health programmes
- Sustainable capacity transferred through genuine partnership
- Feasibility Studies kick-started VCT, gave women care for STIs, contraception, PAP smears and accelerated access to ARVs
- Social science and marketing data will build the economic and epidemiological models that inform & accelerate access



Thank You

- MDP participants
- MDP Partners
- Organizers of the Fourth EDCTP Annual Forum.