# MATRIX-007 Study-Specific Procedures (SSP) Manual Section 4 – Retention and Accrual

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## 4. Introduction

This section provides information on requirements and procedures for recruiting participants in MATRIX-007. Information on required screening and enrollment procedures are included in Section 5 of this manual. This section also presents information related to definitions, requirements, and procedures for participant retention.

### 4.1. Participant Accrual

#### 4.1.1. Study Accrual Plan

Up to 800 pregnant participants as well as their infants will be recruited across three countries at designated MATRIX-007 study sites. Ideally, accrual will remain open until the minimum target sample size of approximately 500 pregnant participants is reached; however, accrual may be stopped early to allow all participants the opportunity to complete 6 months of post-natal follow-up before the end of the MATRIX Cooperative Agreement award. All MATRIX-007 participants must meet study eligibility criteria to be enrolled. Per protocol, the study favors enrolling pregnant participants exposed to CAB PrEP compared to PrEP ring and oral PrEP, ideally with the ratio of 3:1:1, respectively. PrEP exposure categorization for the purposes of accrual monitoring will be based on exposure at the time of enrollment (intent-to-treat). Participants with multiple exposures to PrEP in pregnancy at time of enrollment will be categorized with the following prioritization: any CAB exposure = CAB exposure; ring and oral PrEP exposure = ring exposure.

Rather than having country-specific accrual targets, all country teams will work cooperatively to reach the overall accrual goal. While there are no country-specific targets or maximums, the minimum number of enrolled participants to enroll in each country is approximately 150 participants. While sites should strive to enroll a diverse cohort of PrEP exposure pregnancy participants, it is anticipated that national PrEP use guidelines for PrEP ring and CAB PrEP use during pregnancy will impact rate of exposures per country. For example, countries that permit ring use in pregnancy may enroll more pregnant participants with ring exposure then countries that prohibit ring use during pregnancy.

Country teams that have more than one study site are expected to manage accrual across sites to also meet the minimum accrual aims. Estimated accrual aims per exposure per site should be indicated in SOPs and be based on pregnancy volume at CATALYST sites, national PrEP use in pregnancy guidelines, and site staffing capacity.

Accrual and other quality indicators will be monitored closely by the MATRIX-007 LOG. Should key indicator targets not be met, country-specific or study-wide recommendations may be made to adjust the pace of accrual (e.g. to slow, pause, or discontinue) until improvement is demonstrated. Accrual will begin after all applicable approvals are obtained and a Site-Specific Study Activation Notice is issued by the Leadership and Operations Group (LOG).

### 4.1.2. Recruitment from CATALYST

All pregnant participants to be enrolled in MATRIX-007 are to be referred from the CATALYST study. No additional recruitment efforts are necessary.

CATALYST research staff working at CATALYST study sites linked to MATRIX-007 will be sensitized to identify participants who are pregnant when joining CATALYST or become pregnant while in follow-up and who receive a PrEP method.

Country teams are to determine acceptable approaches for CATALYST to refer participants to CARE PrEP depending on the IRB preference or logistical linkage between the two studies. The following are possible options and considerations:

1. Use of a Permission to Contact Form: CARE PrEP uses a **Permission to Contact Form** that would be given to CATALYST study staff for them to complete with participants they want to refer to CARE PrEP. CATALYST study staff would have the participant sign the form and save a copy in their files. Contact Information can be included on the copy of the Permission Form provided to CARE PrEP staff or through another secure manner as outlined in SOPs
    a. Note: The Permission to Contact Form must be IRB approved for MATRIX-007 and/or through CATALYST, if necessary. A sample is available on the MATRIX-007 website. Teams should work with their CATALYST counterparts to agree on the form and determine if the form must be IRB approved through the CATALYST and/or CARE PrEP IRB.
2. Setup of a CARE PrEP study contact hotline: A more passive approach that does not require direct sharing of contact information from CATALYST to CARE PrEP is to setup a hotline. CATALYST study staff can assist participants who are interested to talk to a CARE PrEP staff person about the study to call the number or provide them a card with the CARE PrEP contact information. A voicemail should be available for potential participants to leave their contact information if CARE PrEP staff are not available to answer the phone.
3. Warm referrals: CATALYST staff can escort potential participants who are interested to talk to a CARE PrEP staff person if both studies are working out of the same location and the CARE PrEP staff member is available to receive the participant.
4. Targeted contacts at CARE PrEP study start: When a CARE PrEP site opens to accrual, CARE PrEP can ask the CATALYST staff at the linked site to contact participants known to be pregnant and exposed to PrEP per study criteria and refer them to the CARE PrEP study. This would be a one-time request to boost referrals at study start. CARE PrEP study staff will need to work with CATALYST staff to see if they are willing to generate appropriate contact lists and make the contacts. CATALYST may not provide CARE PrEP staff with participant contact information without permission from the participant.

CATALYST staff can be provided a job aid (See the Permission to Contact Form) with basic eligibility criteria (i.e. pregnant and PrEP exposure) and talking points introducing MATRIX-007 to the

participants, instruction for obtaining permission to contact and/or providing referral information to potential participants.

Each site's referral process should be outlined in SOPs.

### 4.1.3. Pre-Screening

Sites are encouraged to implement pre-screening procedures for MATRIX-007 as part of their recruitment strategy. Pre-screening approaches and materials used during the pre-screening process should be IRB approved. Pre-screening procedures should be outlines in SOPs. A sample **Pre-screening tool** is available on the MATRIX-007 website.

During pre-screening, staff may explain CARE PrEP to potential study participants and ascertain elements of presumptive eligibility, to be confirmed at an on-site enrollment visit. Pre-screening may occur at the time of referral from CATALYST either in person or over the phone depending on the referral approach and potential participant's preference. No information collected from participants during pre-screening may be used for publication purposes.

Note: PID assignment should not occur until after the participant provides written informed consent at the enrollment visit. Study teams may choose to create a pre-screening ID and name-linkage system similar to the main study PID name-linkage system in effort to not write names on the pre-screening tool. This system should be described in the SOPs and approved by the MATRIX CRM.

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

- Age or emancipated status
- Current estimated gestational age or due date (if known)
- CATALYST participation status
- Relevant PrEP use
- Currently/planning to attend ANC
- Willing to enroll their baby in the study
- Planning to remain in study area through the pregnancy and postpartum period

Participants found to be presumptively eligible may also be provided with the study informed consent or other IRB approved IC materials for review prior to their enrollment visit as part of the pre-screening procedures. Study staff should accommodate participants who want to involve their partners or other loved ones in their enrollment decision by offering group information sessions or individual information sessions for partners or couples.

When scheduling participants for enrollment, study staff should ask them to bring any handheld ANC and ultrasound records they have available.

Each site must maintain a Recruitment Tracker to document the outcomes of participant referred from CATALYST. This will help the study team understand the pool of potential participants and reasons formal screening was not pursued. The tracking sheet should not include individual information but instead tally the outcomes by the following categories, ideally on a weekly basis:

- Referred from CATALYST
- Prescreened, not eligible/interested
- Prescreened, scheduled for enrollment (passed screening)
- Consent, not obtained
- Consent, obtained
- Screened, failed/not interested
- Screened, enrolled

A template Referral Tracking log is available within the **Participant Tracking Log** on the MATRIX-007 website. This tracker is cumulative and can be kept in paper format or electronic

depending on the preference of site team. See Appendix 1 Recruitment Tracker for sample and SSP section 5 Study Procedures for Participant Tracker information.

### 4.1.4. Accrual Tips and Reminders

The potential pool of participants for CARE PrEP is limited to CATALYST. Therefore, it is critical to have effective referral processes and recruitment/pre-screening processes that can swiftly move potential participants through recruitment steps. It will also be prudent to effectively convey the purpose and benefits of joining CARE PrEP in addition to CATALYST.

Screening outcomes will be monitored by the LOG through routine reporting and any trends in screen fails will be addressed with study teams. Study staff should ensure CARE PrEP-linked CATALYST staff are sensitized to the study to support referrals for recruitment.

In addition to tracking accrual and recruitment methods, sites should also monitor early enrollment visits for flow, participant comfort and visit length. Accrual pacing should allow for enough time to adjust techniques as necessary to maximize participant retention and buy-in.

## 4.2. Retention

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 experienced pregnancy or post-partum complications.

Site staff members are responsible for establishing retention strategies in SOPs to meet the study retention goal of 95% per visit. This plan should be re-evaluated and modified in response to lower than anticipated retention rates, or at any other time when retention strategies are modified. It is recommended that this SOP contain the following elements:

- Site-specific retention goals
- Methods for tracking actual retention versus retention goals
- Procedures for completing and updating participant locator information (See SSP section 5 Study Procedures for more detail on obtaining adequate 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 (e.g. what outreach/locator efforts are taken within 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)

### 4.2.1. Retention Strategies

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 a participant completes scheduled visits, acknowledge and compliment their commitment, time, and effort devoted to the study.

- 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.
- Create and maintain a mother/baby friendly clinic space to ensure a comfortable space for participants while attending clinic visits. For example, having a cushioned bench or portable baby cot.
- 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 Participant Information Form. Even if a locator source is not useful/successful on one occasion, try it again later.
- Schedule all antenatal quarterly visits up to the planned delivery date at the participant's Enrollment Visit. As applicable, schedule all post-partum visits at the pregnancy outcome visit. 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. When the participant is getting close to the delivery date, make a plan to check in often with the participant. See SSP Section 4 Study Procedures for scheduling tools.
- Try to schedule study visits in conjunction with PrEP follow-up visits or ANC/well baby visits if those services occur within or near the facility that CARE PrEP operates from and the visit schedules can coincide.
- If feasible and the participant agrees, offer to conduct home visits.
- To encourage completion of the pregnancy outcome visits within 5 days of the outcome, offer additional incentive (per IRB permission) for visits completed within this window. If feasible, the pregnancy outcome visit could occur at the delivery ward before the participant is discharged or study staff could meet the participant at the delivery ward immediately following discharge and escort her and her infant to the study space.
- Offer nominal tokens of appreciate for milestones met, such as new baby care package at the pregnancy outcome visit.
- Prepare a calendar of scheduled visits for each enrolled participant, 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.
- Strategize ways within the site to ensure efficiency of study visits; keeping visits short and at a time that is convenient. Formal visit flow assessments should be used periodically to identify inefficiencies.
- Provide snacks to keep the participants satisfied while waiting for visit procedures.
- Be able to assist with infants during maternal procedures, if feasible.
- For participants who demonstrate a pattern of late or missed appointments, schedule follow-up visits earlier in the allowable visit window 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.
- 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.
- 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, such as SMS messages or phone calls.

- Follow-up on missed appointments with an attempt to re-contact/re-schedule within, ideally, 24 hours (preferably on the same day). Continue these efforts per the SOP until contact is made.

## Appendix 1: Recruitment Tracker

| | | | Pre-Screening Attempted | | Consent Attempted | | Screening Attempted (at ENR Visit) | | |
|---|---|---|---|---|---|---|---|---|---|
| Date start | Date end | Referrals received | not eligible/ interested | Scheduled for Enrollment | Not obtained | Obtained | failed/not enrolled | enrolled | Commments |
| | Total | 12 | 1 | 6 | 1 | 4 | 2 | 2 | |
| 1-Jun-14 | 6-Jun-24 | 5 | 0 | 1 | 0 | 1 | 1 | 0 | |
| 7-Jun-24 | 13-Jun-24 | 3 | 0 | 3 | 1 | 0 | 0 | 0 | |
| 14-Jun-24 | 20-Jun-24 | 4 | 1 | 2 | 0 | 3 | 1 | 2 | |