

Minutes from Investigator meeting in Vienna Monday 19th July 2010.

Participants: Prof. Pietro Vernazza, Dr. Nicca Dunja, Dr. Elias Phiri, Research Manager Nicky Perry, Nurse Maarit Maliniemi, Gulio Corbelli, Prof. Andrew Phillips, Prof. Jens Lundgren and Coordinator Tina Bruun

Agenda

Andrew Phillips presented the study organisation and the details on the design.

Questions were raised about the use of HIV quick test as the only test used to test the HIV negative partner? It is necessary that, if a raped test is used, then this test needs to be confirmed with a standard HIV antibody test. Quote from protocol: "Sites must use a standard HIV anti-body test and may also choose to use a rapid HIV test as this can minimise the amount of visits for the HIV- partner. Where possible, a 4th generation test which also picks up HIV antigen should be used."

Prof. Pietro Vernazza gave a presentation on the latest data on transmission risk and the legal response in Switzerland after the Swiss statement. You can find the presentation on the CHIP web site

http://www.cphiv.dk/PARTNER/Meetings/Conferences/tabid/428/Default.aspx

Several interesting discussion points were raised. It was generally felt that the PARTNER as set up should add substantially to the existing evidence base and, in particular, provide more precise estimates of the transmission risk, particularly in MSM in whom the evidence is extremely limited.

Announcement strategies

The ethical approval processes do not run simultaneously in the 14 countries and it would be preferably that the announcement is done after the approval. As such, the timing of the announcement within a country/region will depend on the local situation and when they are ready to start the study. We would like the announcement strategy to be uniform including using the same press release for all countries. We propose that National Co-ordinators are the named first point of contact for queries from the media.

Enrolment strategies

The role of the research/study nurse as one of the key personnel in the recruitment process partly to separate the partner study from the regular visit (in case some patients feel uncomfortable discussing their unprotected sex behaviour) and also an entry person, if partnership refer them themselves to the clinic.

The leaflet describing the study was circulated and it was agreed that this and the accompanying poster will be useful for promoting the study in clinics and community venues, and will hopefully lead to some partnerships self-presentation for inclusion in the study.