Randomized Trial to Prevent Vascular Events in HIV

ANCILLARY STUDY POLICY REGARDING ANALYSES, TIMING AND CONTENT OF PUBLICATIONS

MARCH 12, 2015

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This document represents the REPRIEVE Ancillary Study Policy regarding data sharing and analyses, timing and content of publications, and related budgetary issues.

Introduction:

The REPRIEVE leadership welcomes ancillary studies and the richness they will provide in terms of new data and novel hypotheses. These studies will leverage an important study of CVD prevention in HIV and will assess important questions regarding statin effects in the HIV population. Of primary importance to all REPRIEVE investigators is the integrity and conduct of the main trial. To ensure the success of the study and also to ensure that all ancillary studies are conducted in a manner consistent with good scientific practices and NIH policy, the following policy was developed by the REPRIEVE Executive Committee. This policy sets forth the principles for the appropriate timing of analyses and publication of approved baseline and longitudinal ancillary studies, while maintaining the integrity of main REPRIEVE trial and substudy.

Budgetary and Design Considerations:

Ancillary study teams should consider and budget the cost of these analyses into their projects, as well as the cost of aliquot storage and shipping. Ancillary study teams are at liberty to fund a local statistician for help with study design and interpretation, but sufficient funds should be directed to FSTRF for data management activities, CBAR for study implementation and ongoing monitoring oversight and analyses and to sites for performance of the study. Subject to approval from ACTG leadership, storage and shipping of aliquots from ACTG sites may be paid for by ACTG, but all storage and shipping of samples not derived from ACTG sites will need to be funded by the Ancillary study. We encourage investigators to focus on adequate funding for patient remuneration and site costs for any additional burden placed on patients or the site by the ancillary study. Investigators should also budget increased patient remuneration and site costs for any additional burden placed on patients or the site by the ancillary study. Study teams should also discuss and budget with MITC, any costs of additional CT data management and analyses. Budgeting issues should be discussed with the REPRIEVE team prior to submitting a final ancillary proposal for review.

Guiding Principles:

1. Final grant submissions for external funding for REPRIEVE ancillary studies, including final budgets must be approved by the REPRIEVE ancillary study committee prior to submission.

2. The REPRIEVE DSMB will be made aware of all ancillary studies prior to submission for external peer review, and successfully peer reviewed ancillary studies will receive a full review by the REPRIEVE DSMB prior to implementation.

3. Prior to completion and publication of the primary study analyses, all patient level data will be stored and managed centrally at FSTRF and analyzed centrally at CBAR under the oversight of Heather Ribaudo, PhD. During this time, data released to Ancillary Study teams and investigators will be limited to summary level data related to ongoing monitoring and pre-approved analyses.

4. No analyses will be performed which have the potential to change the natural history of the REPRIEVE cohort or affect equipoise for the trial's hypotheses and aims. To this end, no analyses of baseline data will be performed until the end of enrollment. For those studies leveraging only the mechanistic substudy, end of enrollment will reference to the end of substudy enrollment.

5. Post baseline data for pre-approved ancillary study analyses will be analyzed (or released for analysis) following completion of the primary analysis and publication of REPRIEVE.

6. All data derived from ancillary studies will be submitted to the central REPRIEVE database at FSTRF and be subject to data sharing consistent with NHLBI policy on this.

7. All proposed research, final abstract and publications, including figures and tables, must be approved by the REPRIEVE Publications Committee, and ultimately by the REPRIEVE Executive Committee. This includes concept proposals for manuscripts and final draft manuscripts, including figures and tables.

8. Approved publications will cite the REPRIEVE grant numbers in the support, section as well as any other relevant grants.

9. All aliquots of blood obtained for future analysis will be shipped from the sites to BRI for initial storage and will be released to perform pre-specified analyses outlined in the approved ancillary study proposal. For baseline data, this can take place only after enrollment is complete. Data analysis and reporting will be as outlined in 3 above.

10. The only image repository will be held by MGH and all CT image analysis will be performed at the MITC at MGH under Dr. Udo Hoffman's direct supervision. Investigators planning new non CT imaging studies with expertise not available at MITC may choose a qualified lab to host, perform, and analyze imaging studies independently but this lab will be eventually required to send a copy of any imaging data to the MITC so that a complete and final imaging repository can be established. Per 6 above, all patient level data from imaging study analyses will be submitted to FSTRF in accordance with a mutually agreed upon template. The same rules that apply to blood and other data as outlined above, apply to image data in terms of timing of analyses, limited availability of patient level data, and publication.

11. After the main trial results have been completed and published, use of stored specimens (blood, imaging or other data) generated from a given ancillary study is at the discretion of the ancillary study investigators, but proposals for such analyses and all publications should be approved by the REPRIEVE Publications Committee. Upon completion of such analyses, any data generated in this regard should be shared and stored with FSTRF.

12. Monitoring of approved ancillary studies for data collection, tracking, shipping and storage will be conducted through the REPRIEVE monitoring process. Ancillary study investigators should ensure appropriate budget considerations to support these activities.