

**Randomized Trial to Prevent Vascular Events in HIV**– **REPRIEVE (A5332)**

**SITE SURVEY**

Dear Site:

REPRIEVE (see study schema below) is a trial supported by the National Heart, Lung, and Blood Institute and the National Institute of Allergy and Infectious Diseases to help us understand the role of statins to prevent major cardiovascular endpoints. The study is being performed in collaboration with the AIDS Clinical Trial Network (ACTG). We are looking for sites with interest and capacity to conduct this trial. This survey is intended to help us learn about your site and determine your ability to participate in the trial. The REPRIEVE Site Selection and Performance Committee (SSPC) is responsible for evaluating sites and recommending them for participation in the trial.

All sites require approval by the REPRIEVE SSPC and DAIDS prior to inclusion. If you need any assistance or clarification in completing the survey, or wish to discuss any of these issues, please contact Ms. Barbara Bastow, Clinical Trials Specialist for REPRIEVE, at bbastow@s-3.com or 301-628-3315; or Dr. Carl Fichtenbaum, Chair of the SSPC at carl.fichtenbaum@uc.edu or 513-584-6361.

**Study Summary: The REPRIEVE study is a multi-center, randomized, placebo-controlled trial of pitavastatin as primary preventive therapy on cardiovascular disease, using a standard definition of major cardiovascular endpoint (MACE), in person’s ≥40 and ≤ 75 years of age with HIV infection. Enrolled subjects will have no current indication for use of a statin (e.g., 2013 ACC/AHA Guideline Indication, Prior Coronary Heart Disease, Peripheral Vascular Disease, etc.). The trial will follow subjects for up to 6.75 years with average patient follow up of 50 months. Study visits will be every 4 months. The study opened in March 2015.**

**Please complete all fields below completely:**

1. Clinic/Practice/Site Name & Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Primary Site Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Site Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Site Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Site Local Principal Investigator for this Study:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Site PI contact information:

a. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e: Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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f. Years of Experience Conducting Clinical Research: \_\_\_\_\_\_\_ years

g. Number of Clinical Trials Conducted as PI in the last 5 years: \_\_\_\_\_\_\_\_\_

h. Number of Clinical Trials Conducted on Persons with HIV Infection in the last 5 years: \_\_\_\_\_\_\_

1. Site Classification Type (choose one category that best fits your site and answer any related questions, then proceed to remaining questions):
2. Active START Funded CRS
3. Active DAIDS Funded CRS in another network
4. Active Protocol-Specific Site linked to DAIDS CTU

>If yes, please give name of CTU site to which you are linked:

1. Prior ACTG Funded CRS (in phase-out or past 5 years)

>If yes, please give name(s) of CTU site to which you may be potentially linked:

1. Prior DAIDS Funded CRS in another network (in phase-out or past 5 years)

>If yes, please give name(s) of CTU/DAIDS site to which you may be potentially linked:

1. Active Protocol-Specific Site not linked to DAIDS CTU

>If yes, please give name of CTU/DAIDS site to which you may be potentially linked:

1. Independent Research Site

>Current Federal Funding or Prior Federally-Funded Research Experience

>Industry Expertise

1. Please list all performance locations that will participate in the trial at your site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Research Site Clinical Performance Information (If your site has more than one physical location, please complete for Each Performance Site):

a. Number of year’s site has conducted research on persons with HIV infection\_\_\_\_\_\_\_

c. Does your site(s) have an affiliation with a Medical Center that provides inpatient care? Yes / No

d. What is the Name(s) of your affiliated in patient Medical Center?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Does your site:

>Have access to a research pharmacy? Yes / No

>Have a local laboratory that can conduct safety labs? Yes / No

  **CLIA Certification Number of your local laboratory: \_\_\_\_\_\_\_\_\_\_\_\_\_**

>Have access to an ECG machine? Yes / No

>Have the ability to obtain complete medical records and transmit them to central group

 to adjudicate clinical endpoints (myocardial infarction, stroke, coronary vascular

 intervention, etc.)? Yes / No

>Have the capacity (if training were provided) to use a web based data entry program? Yes/No

 >Have access to lab processing / shipping facilities to conduct study? Yes / No

 >Have IATA Training Certification in place? Yes/No

 >Have a local IRB? Yes/No

If no, please list any restrictions on central IRB use (eg, can only use certain central IRBs):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Research site specimen storage
2. What is the freezing temperature of your freezer? (i.e. -20C, -80C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If your freezer is a -20C freezer, what is the defrost method?  Manual /Automatic
4. Do you have a temperature monitoring plan in place for your freezer(s)? Yes/No
5. Do you have a back-up plan for freezer failure? Yes/No
6. Do you have a mechanism to be notified of freezer failure during off hours? Yes/No
7. Site Personnel Description (If your site has more than one physical location, please complete for Each Performance Site):
	1. Access to Research pharmacist who can prepare and dispense the product, and keep all records stored in the pharmacy: Yes / No
	2. Number Full time Equivalent Research Coordinators \_\_\_\_\_\_\_\_\_
	3. Access to designated Data Entry Personnel: Yes / No
	4. Access to designated Regulatory Support Personnel: Yes / No
	5. Number of Co-investigators/Sub-investigators available to site: \_\_\_\_\_\_\_\_
	6. Access to cardiologist as co-investigator? If so, please give name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Number of Currently Open HIV related Clinical Trials at Site: \_\_\_\_\_\_\_\_\_\_\_\_
9. Number of Currently Open and Accruing HIV related Clinical Trials at Site: \_\_\_\_\_\_\_\_\_\_
10. Do you have any open studies that would compete with proposed population? Yes / No
11. Has your PI or Site been suspended from conducting research by any organization, company, or IRB in the past 10 years? Yes / No
12. How many persons do you estimate to have available at your site as research subjects who are HIV-infected and Age ≥ 40 and ≤ 75 years:

Total: \_\_\_\_\_\_\_\_\_\_\_

1. How many persons do you estimate to have available at your site who are HIV-infected, age ≥ 40 and ≤ 75 years, without clinical atherosclerotic CVD (history of MI, acute coronary syndrome, stable or unstable angina, coronary or other arterial revascularization, stroke, TIA or atherosclerotic peripheral arterial disease)?

Total: \_\_\_\_\_\_\_\_\_\_\_

Note subjects within this age range and with an ASCVD risk <10.0% will be enrolled--Please go to <https://my.americanheart.org/professional/StatementsGuidelines/PreventionGuidelines/Prevention-Guidelines_UCM_457698_SubHomePage.jsp> to calculate scores and to learn about the new ACC/AHA risk calculator.

1. How many persons do you estimate to have available at your site who are HIV-infected, age ≥ 40 and ≤ 75 years, without clinical atherosclerotic CVD (history of MI, acute coronary syndrome, stable or unstable angina, coronary or other arterial revascularization, stroke, TIA or atherosclerotic peripheral arterial disease) and are NOT TAKING A STATIN?

Total: \_\_\_\_\_\_\_\_\_\_\_

1. Given appropriate resources, how many subjects are you able and willing to enroll in this trial over a 30 month period?
2. < 50
3. 50-80
4. 81-100
5. >100
6. What is your best estimate as to the specific number of patients you can enroll: \_\_\_\_\_\_\_\_

**REPRIEVE EXECUTIVE SUMMARY**

|  |  |
| --- | --- |
| Title | Randomized Trial to Prevent Vascular Events in HIV – REPRIEVE (A5332) |
| Indication | To study the efficacy of statins to reduce the risk of cardiovascular disease in HIV-infected patients. |
| Location | Multicenter trial conducted primarily at US trial sites. |
| Brief Rationale | HIV-infected persons face an increased risk of CVD morbidity and mortality, yet no preventive strategies for CVD risk reduction have been proven for this population. Among HIV-infected individuals, immune activation may contribute in unique ways to atherosclerosis and ensuing cardiovascular events. Statins affect both traditional CVD risk factors (LDL cholesterol) and have pleiotropic effects to reduce inflammation and immune activation. Thus, statins may target the unique mechanisms of cardiovascular disease in HIV. |
| Study Design and Duration | Prospective, double-blind, randomized, placebo-controlled, multicenter efficacy study in 6500 subjects, with individual subjects to be followed for up to 72 months. |
| Treatment | Pitavastatin 4 mg PO daily or placebo for pitavastatin. |
| Primary Objective | To determine the effects of pitavastatin as a primary prevention strategy for major adverse cardiovascular events (MACE) in HIV. |
| Key Secondary Objectives | 1. The effects of pitavastatin on the components of MACE and all-cause mortality.2. The effects of pitavastatin on LDL and non-HDL in relationship to MACE.3. Whether baseline traditional risk factors and time updated HIV-specific immunological risk factors are predictive of MACE and pitavastatin effects on MACE.4. The effects of pitavastatin on the incidence of serious non-CVD events. 5. The safety of pitavastatin in the HIV population. |
| Primary Endpoint | Major adverse cardiovascular events (MACE) |
| Secondary and Safety Endpoints  | Primary components of MACE, all-cause mortality, LDL cholesterol, immune function, non-CVD events (malignancy, end stage liver and kidney disease, AIDS-defining events), and safety endpoints, including diabetes mellitus |
| Abbreviated Study Flow |  |

Thank you.