Clinical Trials and Statistics

Recommendations-

1. Do not recommend offering the RV144 vaccine regimen to placebo recipients at this time. Given the uncertain infection protection result and lack of effect on peri-infection viral burden, information on other endpoints (such as disease progression) that may influence this recommendation is awaited. We should be mindful of the potential for post-vaccination risk behavior increases and other potential safety concerns.

Separately, additional trials of risk behavior increases after vaccination would be valuable and consideration could be given to inclusion of the placebo group participants in such trials.

2. Given the uncertain infection protection result and lack of effect on peri-infection viral burden, future studies with a placebo-control group are warranted.

3. Future Phase 2b or later stage trials should maintain observation of infection control for at least 2 years and 1 year after the last vaccination. Design should anticipate and explicitly state benchmarks and strategy for unblinding and vaccination of the control group.

4. Multi-arm studies must be designed with incidence rates in mind, and are probably not applicable in low incidence general-risk populations in Thailand.

5. Future trials should have improved and standardized methods for characterizing transmission route in infected participants.

6. Efforts to understand and improve accuracy of behavioral risk assessments are needed. This could include direct comparison of alternative methods in preliminary studies to prepare for streamlined performance in large trials.