Adequate Contraception during HALT-C Trial

Screening Phase
Due to the potential toxic and teratogenic effects of interferon and ribavirin, all female patients of child bearing potential and male patients with sexual partners of child bearing potential, must use adequate contraception to prevent pregnancy.

Patient Exclusions
- Female patients are excluded from screening if they are pregnant.
- Male patients are excluded from the study if their partners are pregnant.

Lead-in Phase
Due to the potential toxic and teratogenic effects of interferon and ribavirin, all female patients of child bearing potential and male patients with sexual partners of child bearing potential, must use adequate contraception to prevent pregnancy. Male patients must also use contraception for six months following the Lead-in Phase.

Patient Exclusions
- Female patients must come off trial medication if they become pregnant during the Lead-in phase and are no longer eligible for randomization.

Randomized Phase
Due to the potential toxic and teratogenic effects of interferon all female patients of childbearing potential must use adequate contraception to prevent pregnancy. In order to ensure that appropriate comparisons can be made between the treatment and control groups, it is recommended that female patients of child-bearing potential randomized to receive no treatment also take measures to prevent pregnancy.

Patient Exclusions
- Female patients are excluded from randomization if they become pregnant.
- Female patients must come off trial medication if they become pregnant during the randomized phase of the trial, but may resume when they are three months post-partum.

Responder Phase
Because Responder Phase patients will continue on combination interferon/ribavirin therapy, all female patients of child bearing potential and male patients with sexual partners of child bearing potential, must use adequate contraception to prevent pregnancy for the entire Responder protocol or for six months following the discontinuation of combination therapy is also recommended.

Patient Exclusions
- Female patients who become pregnant during the follow up treatment period for week 20 responders must come off trial medication permanently.

Procedure
The patient should be asked at what method of contraception they are using (unless the patient or the patient's partner(s) is/are sterilized or no longer of child bearing potential) at the following intervals:

- Female patients: Every study visit, regardless of phase.
- Male patients: During Screening Phase, all Lead-in phase visits, M09, and at W30, W36, W42, W48, and W60.

The study coordinator/nurse should ensure that the method of contraception the patient or patient's partner(s) has/have chosen is one of the following acceptable methods:

- Male or female sterilization
- Oral contraceptives
- Nor-plant implant
- Depo-provera injections
- IUD
- Barrier method (diaphragm, cervical cap or condom) plus contraceptive jelly (both must be used).

Important considerations

- If the patient is not using adequate contraception, but is willing to use it, s/he should be referred to an appropriate health care provider OR the study personnel should prescribe an appropriate contraceptive, if possible.

- Abstinence is not an acceptable method of adequate contraception. If patients deny current sexual activity, they should be asked what method they will use when/if they become sexually active.

- Women who are no longer of childbearing potential are post-menopausal or have had a hysterectomy. Patients (or partners) with a diagnosis of infertility should not automatically be classified as no longer of childbearing potential.

- The patient should be counseled to consider the method of contraception they use with each partner.

- Patients should be counseled at each study visit of the potential risks of pregnancy.

Assessments

Urine dipstick pregnancy tests are recorded on Local Lab Forms #30 and #35 at the following visits:

- Screening Phase: A urine pregnancy test will be done on all female patients of childbearing potential at Screening visit 2 (S00).

- Lead-in Phase: A urine pregnancy test will be done on all female patients of child bearing potential at the W00, W04, W08, W12, W16, W20, and W24 study visits.

- Randomized Phase: A urine pregnancy test will be done on all female patients of childbearing potential at the M09 and M12 study visits.

- Responder Phase: A urine pregnancy test will be done on all female patients of child bearing potential at the W30, W36, W42, and W48 study visits.

Data Collection

- Form #3: Screening Medical History documents either that the patient or patient's partner(s) are unable to have children or are willing to use adequate contraception in order to be eligible for enrollment. The appropriate method(s) of contraception should be indicated in question C1.

- Form #7: Baseline Medications Interview documents oral contraceptives, Nor-plant implant, and Depo-provera injections under prescription medications.

- Form #10: Study Visit documents appropriate method(s) of contraception in question C1.

- Form #12: Medications Interview documents oral contraceptives, Nor-plant implant, and Depo-provera injections under prescription medications.

Source Documentation
The form of contraception being used should be documented in the patient's chart at each study visit (for female patients) or during the Lead-in phase and at M09 (for male patients) unless the following are indicated:

- The patient or the patient's partner has undergone sterilization (document one time only)
- The patient is no longer of childbearing potential (hysterectomy, post-menopausal). Document one time only.

Pregnancy Protocol
If a patient becomes pregnant during the Lead-in Phase, treatment will be stopped and she will not be eligible for the Randomized Phase of the trial.

If a patient becomes pregnant during the Randomized Phase, treatment will be discontinued for the duration of the pregnancy. Treatment may be resumed three months post-partum if the patient is not breast-feeding.

If a male patient's partner(s) becomes pregnant during the Lead-in Phase, ribavirin will be stopped, but not peginterferon alfa-2a. The male patient and his pregnant partner will be advised to use a barrier method of contraception for the remainder of the pregnancy, and post-partum if the male patient's partner is breast feeding.

Form #68: Pregnancy Report should be completed and faxed to the DCC when the pregnancy is first reported. When the pregnancy is over, a summary will be added and faxed to the DCC. This form provides information on what trial medications were being used during the pregnancy and a summary of the pregnancy outcome.