

## **CORRESPONDENCE**

- Moatti JP, Spire B, Kazatchkine M. Drug resistance and adherence to HIV/AIDS antiretroviral treatment: against a double standard between the north and the south. AIDS 2004; 18 (suppl 3): S55-61.
- 2. Check E. Staying the course. Nature 2006; 442: 617-619.
- Mills EJ, Nachega JB, Buchan I, et al. Adherence to antiretroviral therapy in sub-Saharan Africa and North America. JAMA 2006; 296: 679-690.
- Bangsberg DR, Ware N, Simoni JM. Adherence without access to antiretroviral therapy in sub-Saharan Africa? AIDS 2006; 20: 140-141.
- Speech by the Minister of Health Ms Barbara Hogan at the HIV Vaccine Research Conference (http://www.doh.gov.za/docs/sp/sp1013-f.html). In: Vaccine Research Conference; Cape Town 13 - 16 October 2008. Pretoria, Department of Health.
- National HIV and Syphilis Antenatal Sero-Prevalence Survey in South Africa 2006. Pretoria: Department of Health, 2007.
- ART crisis Free State province, Dec. 2008. http://www.sahivsoc.org. (accessed 18 March 2009).
- Thom A. 30 dying every day in the Free State HIV Clinicians (http://www.health-e.org za/news/article.php?uid=20032192). Health-e (accessed 19 February 2009).
- Campero L, Herrera C, Kendall T, Caballero M. Bridging the gap between antiretroviral access and adherence in Mexico. *Qualitative Health Research* 2007; 17: 599-611.
- Bangsberg DR. Preventing HIV antiretroviral resistance through better monitoring of treatment adherence. J Infect Dis 2008; 197: S272-S278.
- Bangsberg DR, Acosta EP, Gupta R, et al. Adherence-resistance relationships for protease and non-nucleoside reverse transcriptase inhibitors explained by virological fitness. AIDS 2006; 20: 223-231
- Boulle A, Ford N. Scaling up antiretroviral therapy in developing countries: what are the benefits and challenges? Sex Transm Inf 2007; 83: 503-505.
- Gardner EM, Sharma S, Peng G, et al. Differential adherence to combination antiretroviral therapy is associated with virological failure with resistance. AIDS 2008; 22: 75-82.
- Dahab M, Charalambous S, Hamilton R, et al. 'That is why I stopped the ART'. Patients' & providers' perspectives on barriers to and enablers of HIV treatment adherence in a South African workplace programme. BMC Public Health 2008; 8:doi:10.1186/471-2458-8-63.
- Murray LK, Semrau K, McCurley E, et al. Barriers to acceptance and adherence of antiretroviral therapy in urban Zambian women: a qualitative study. AIDS Care 2009; 21: 78-86.
- Tuller DM, Bangsberg DR, Senkungu J, Ware NC, Emenyonu N, Weiser SD. Transportation
  costs impede sustained adherence and access to HAART in a clinic population in
  southwestern Uganda: A qualitative study. AIDS Behav 2009; 13 March [Epub ahead of print].
- Chigwedere P, Seage GR 3rd, Gruskin S, Lee TH, Essex M. Estimating the lost benefits of antiretroviral drug use in South Africa. J Acquir Immune Defic Syndr 2008; 49(4): 410-415.

# Are investigators satisfied with contract clinical research in South Africa?

**To the Editor:** In October 2008, I surveyed 75 principal investigators in South Africa with whom I had worked since 2004. I emailed to each a covering letter, a survey sheet with tick boxes for answers to 13 questions, and a comment sheet. I received completed surveys from 35 investigators. I could find no similar surveys in the literature.

The respondents are experienced investigators, of whom 66% had more than 5 years' experience in clinical trials, and a further 24% 2 - 5 years' experience; 37% had taken part in more than 5 trials in the previous 12 months, and a further 49% had taken part in 2 - 5 trials in the same period.

Investigator meetings were rated as 'good' by 51% of the investigators, and as 'average' by 43%; the supply of study materials to the site was rated as 'good' by 37% and 'average'

by 57%. Most respondents felt that the general conduct of the study was 'good' (71%), with nobody rating the conduct as 'bad'. The conduct of monitors was rated as 'good' by 63% of investigators, with nobody rating them as 'bad'.

Only 14% of investigators rated recruitment at their site as 'bad', while 6% described the sponsor's expectations of their site as 'bad'. The process of closing a study at the site was rated as 'good' by 74%.

A preference for electronic case report forms was stated by 59%, the rest preferring paper forms. Investigator fees were described as 'good' by 26% of investigators, and 'average' by 57%.

Only 3% of investigators felt that the time to Medicines Control Council (MCC) approval was 'good', with 80% rating the time as 'bad'.

Contract clinical research in South Africa has grown steadily in the last 5 years. This is the only survey that has been conducted to determine investigator satisfaction with the clinical trial industry. Investigators are generally satisfied with the process of conducting clinical research in South Africa, and are willing to utilise enhanced technology to stay abreast of the rest of the developing world in clinical trials. The time to MCC approval remains a concern but, with steps that are under way, I am certain that the dissatisfaction will change in the near future.

#### E Mitha

Newtown Clinical Research Johannesburg emitha@iburst.co.za

## Kebble or quibble?

#### Dear Aunt Ethel,

To those skilled at matters surgical, a lost orchid is the euphemism for an ectopic testis or undescended testicle. Makes Tretchikoff's originals/collectors' pieces sound like priceless balderdash, perhaps?

Yours affectionately

### Robert-Ian Caldwell

Hilton, KwaZulu-Natal ric@caldwells.co.za

414