HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA

A5318, Version 1.0, 02/14/13

Long-Term Effects of Antiretroviral Therapy on Change in Bone Mineral Density in HIV-Infected Subjects (The LEACH Study)

CONSENT TO PARTICIPATE IN A RESEARCH STUDY AND RESEARCH SUBJECT HIPAA AUTHORIZATION

Your contacts for this study are:

Principal Investigator:	Pablo Tebas, MD	(215) 349-8092
Coordinator:	Joseph Quinn, RN, BSN	(215) 349-8092
Study Nurse:	Aleshia Thomas, RN, BSN	(215) 349-8092
Research Assistant:	Emily Stumm, BS	(215) 349-8092

24 Hour Emergency Number (215) 662-6059 Ask for the Immunodeficiency Program Doctor on call

Introduction:

You are being asked to take part in this research study because you are infected with the human immunodeficiency virus (HIV-1) and were previously enrolled in a study assessing bone health in HIV-1. This study is sponsored by the National Institutes of Health (NIH). The doctor in charge of this study at this site is: Dr. Pablo Tebas. Before you decide if you want to be a part of this study, the A5318 team wants you to know about the study.

This is a consent form. It gives you information about this study. The study staff will talk with you about this information. You are free to ask questions about this study at any time. Your participation is voluntary which means you can choose whether or not you want to participate. If you choose not to participate, there will be no loss of benefits to which you are otherwise entitled. Before you can make your decision, you will need to know what the study is about, the possible risks and benefits of being in this study, and what you will have to do in this study. The research team is going to talk to you about the research study, and they will give you this consent form to read. You may also decide to discuss it with your family, friends, or family doctor. You may find some of the medical language difficult to understand. If you agree to take part in this study, you will be asked to sign this consent form. You will get a copy to keep.

Why Is This Study Being Done?

The purpose of this study is to explore potential causes of changes in your bone resulting from 1) HIV-1 specific factors such as length of infection, CD4 counts and viral load; 2) antiretroviral medications, such as length and type of treatment overtime and 3) general risk factors such as age, gnder, race, BMI, medication use other than for HIV treatment, exercise and family history. The study will also compare findings of this study to other studies that have performed similar evaluations in HIV uninfected people.

What Do I Have To Do If I Am In This Study?

Screening

If you would like to be in this study, after you have read and signed this informed consent form, you will be screened for entry to make sure you meet the requirements for joining the study. This will take about one hour.

- The A5318 team will check to see if you participated in ACTG study A5224s and that you had a dual energy X-ray absorptiometry (DXA, sometimes also called DEXA) scan within the appropriate timeframe for A5224s.

- If you are a woman able to become pregnant, the A5318 team will ask you to give a urine sample or have an additional 1 teaspoon (5 mL) of blood drawn to check if you are pregnant. This test must show that you are not pregnant for you to enroll in the study. You will be told the result of the test when it becomes available.
- You will have a limited physical exam, including your height and weight (your weight must be less than 300 pounds).
- If study staff cannot confirm that your hemoglobin (cells that carry oxygen in your body) and platelet count (test that measures the amount of blood cells) has been determined within the past 180 days (either through routine clinical care or during A5001), you will have about 1/2 teaspoon (2 mL) of blood drawn to measure your hemoglobin and platelet count. You will be told the results of these tests when they become available if there are any abnormalities in the results.
- You will be asked questions about any medications you are currently taking or have taken.
- The A5318 team will also ask permission to review your medical records.

Entry

If you meet the requirements for joining the study, you may have your study visit on the same day that you do your screening. This visit will last about 2 hours. You will need to fast before this visit (fasting means that you have had nothing to eat or drink other than sips of water with your medication for at least 9 hours). If you are not able to fast before this visit, you will be asked to reschedule your visit or return for the blood draw within 14 days. The total amount of blood drawn for this study is 95 mls (about 5 tablespoons). However, if you are enrolled in ALLRT, many of the tests done for that study will be able to be used for this one. If this is the case, then only 65 mls (about 3 ½ tablespoons) will need to be drawn for A5318.

At this visit:

- The A5318 team will update your medical history since your involvement in other ACTG studies. You will be asked questions about your medical history and any medications you are currently taking or have taken.
- If you are a woman able to become pregnant, the A5318 team will ask you to give a urine sample or have an additional 1 teaspoon (5 mL) of blood drawn to check if you are pregnant if this visit is not on the same day as your screening visit. This test must show that you are not pregnant for you to enroll in the study. You will be told the result of the test when it becomes available.
- You will have about 2 teaspoons (10 mL) of blood drawn to measure the amount of vitamin D in your blood. You will not be given the results.
- If you are a man, you will have an additional 1 teaspoon (5 mL) of blood drawn to determine how much testosterone (male hormones) is in your blood. This blood will be drawn in the morning, if possible. You will not be given the results.
- If study staff cannot confirm that you had a comprehensive metabolic panel (a blood test that shows if your kidney and liver are okay) has been determined within the past 180 days (either through routine clinical care or during A5001), you will have about 1 teaspoon (5 mL) of blood drawn to measure the sugar and protein levels in your blood. You will be told the results of these tests when they become available.
- If study staff cannot confirm that your CD4+/CD8+ (cells that kill abnormal or infected body cells) cell count has been determined within the past 180 days (either through routine clinical care or during A5001), you will have about 1 teaspoon (5 mL) of blood drawn to measure your CD4+ /CD8+ cell count. You will be told the results of these tests when they become available.
- If study staff cannot confirm that your viral load (the amount of HIV-1 in your blood) has been determined within the past 180 days (either through routine clinical care or during A5001), you will have about 2 teaspoons (10 mL) of blood drawn to measure your viral load. You will be told the results of these tests when they become available.

- If study staff cannot confirm that your HCV antibody (hepatitis C) result has been determined within the past 24 months and was not positive previously, you will have blood (about 1 teaspoon) drawn to obtain your hepatitis C status at study entry. You will be told the results of these tests when they become available.
- You will have about 3 tablespoons (50 mL) of blood drawn and stored for future study-related bone tests (to show if you are gaining or losing bone). You will not be given the results.
- You will have a DXA scan. DXA is a special type of x-ray used to evaluate the density (thickness) of the bones. For the scan, you will have to lie still on a table for up to 15 minutes while a scanning machine passes over your body. You will not have this scan if you are pregnant. You will be given the results at the end of the study.
- You will be given questionnaires that will ask you about your physical activity, alcohol, tobacco, and opiate use (including non-prescribed or prescribed narcotic drugs), and fall history. These questionnaires should take about 1 hour to complete.

If you do not enroll into the study

If you decide not to take part in this study or if you do not meet the eligibility requirements, the A5318 team will still use some of your information. As part of this screening visit, some demographic (for example, age, gender, race), clinical (for example, disease condition, diagnosis), and laboratory (for example, CD4+ cell count, viral load) information is being collected from you so that ACTG researchers may help determine whether there are patterns or common reasons why people do not join a study.

Other

Some of your extra plasma (the liquid part of your blood) may be stored (with no information that will identify you) and used for future ACTG-approved HIV-related research (non-A5318 research). These samples may be stored for an indefinite period of time. Results of testing performed on these samples may not be given to you.

Please indicate now if you agree to have your extra plasma stored and used for future ACTG-approved HIV-related research. You may change your mind at any time and your samples will be destroyed. If you change your mind, you must notify the research team in writing to the Principal Investigator (Pablo Tebas) at Infectious Disease Division, 502 Johnson Pavilion Philadelphia PA 19104..

_____ YES _____ NO

How Many People Will Take Part in This Study?

136 to 150 people will take part in this study. Only 3 people are expected to enroll at the University of Pennsylvania.

How Long Will I Be In This Study?

As described above, this study can be done over two visits (screening and entry) or in one visit. The screening visit will take about 1 hour and the entry/combination visit about 2 hours. You will come to the CTRC to have your blood drawn and to see the research staff for clinical assessments; the nurse will then escort you to radiology in Penn Tower for the DXA scan.

Why Would The Doctor Take Me Off This Study Early?

This study is expected to end after all participants have completed all visits, and all information has been collected. This study may also be stopped at any time by your physician, the study Sponsor, or the Food and Drug Administration (FDA) without your consent because:

- The Primary Investigator feels it is necessary for your health or safety. Such an action would not require your consent, but you will be informed if such a decision is made and the reason for this decision.
- You have not followed study instructions.
- The Sponsor, the study Principal Investigator, or the Food and Drug Administration (FDA) has decided to stop the study.

If you decide to participate, you are free to leave the study at anytime. Withdrawal will not interfere with your future care.

What Are The Risks Of The Study?

DXA

Decreases in bone mineral density have been observed in HIV-infected patients. An X-Ray called dual energy X-ray absorptiometry, or a DXA scan, will be performed to determine total and regional body fat content and bone mineral density of the lumbar spine and left hip to measure changes in bone mineral density.

DXA scan will be performed once for this study at then enrollment visit.

DXA scans involve exposure to radiation. Therefore, you will receive a radiation dose. This radiation dose is not necessary for your medical care and will occur only as a result of your participation in the study. At doses much higher than you will receive, radiation is known to increase the risk of developing cancer after many years. At the doses you will receive, it is very likely that you will see no effects at all.

Risks of Drawing Blood

Taking blood may cause some discomfort, lightheadedness, bleeding, swelling, or bruising where the needle enters the body, and in rare cases, fainting, or infection.

Risks of Social Harm

Although the study site will make every effort to protect your privacy and confidentiality, it is possible that your involvement in the study as a participant could become known to others if it is not already and that social harms may result (because you could become labeled as being infected with HIV-1). For example, you could be treated unfairly or discriminated against by family members, friends, and/or the community.

Are There Risks Related To Pregnancy?

The use of DXA in this study may be unsafe for unborn babies. If you can become pregnant, you must have a pregnancy test before you enter this study. The test must show that you are not pregnant.

Breastfeeding

It is unknown whether the radiation from the DXA can pass through the breast milk and may cause harm to your infant. You may not enroll if you are breastfeeding an infant.

Are There Benefits to Taking Part in This Study?

If you take part in this study, you will be given the results of the DEXA scan, which may be of direct benefit to you. It is also possible that you may receive no benefit from being in this study. Information learned from this study may help others who have HIV-1.

What Other Choices Do I Have Besides This Study?
Instead of being in this study, you have the choice of not participating. Your doctor will explain the risks and benefits of this choice.

What if new information becomes available about the study?
During the course of this study, we may find more information that could be important to you. This includes information that, once learned, might cause you to change your mind about being in the study. We will notify you as soon as possible if such information becomes available.

What About Confidentiality?
The A5318 team will do everything we can to protect your privacy. In addition to the efforts of the study staff to help keep your personal information private, the A5318 team has obtained a Certificate of Confidentiality from the U.S. Federal Government. This certificate means that researchers cannot be forced to tell people who are not connected with this study, such as the court system, about your participation. Also, any publication of this study will not use your name or identify you personally.

People who may review your records include the University of Pennsylvania institutional review board (IRB), National Institutes of Health (NIH), Office for Human Research Protections (OHRP), AIDS Clinical Trials Group (ACTG), other government agencies as part of their duties, study staff, and study monitors. Having a Certificate of Confidentiality does not prevent you from releasing information about yourself and your participation in the study.

Even with the Certificate of Confidentiality, if the study staff learns of possible child abuse and/or neglect or a risk of harm to yourself or others, the A5318 team will be required to tell the proper authorities.

Your personal information may be given out if required by law. If you test positive for HIV, by law we have to report the infection to the City of Philadelphia Health Department/PA Department of Health. We would report your name, gender, racial/ethnic background, and the month and year you were born. This is to keep track of how many people in the U.S. have HIV infection. It is also to make sure that states get enough money from the federal government to support the medical care of people living with HIV. The Health Department does not share the names of HIV infected people with anyone else. It removes all personal identifiers, such as your name, before giving information on the number of HIV infections to the federal government. Please note that it is likely that this information has been already reported to the PA Health Department as the HIV test being done for this study is not the first test for you.

HIPAA AUTHORIZATION
The authorization part of the consent gives more detailed information about how your personal health information may be used and disclosed by the University of Pennsylvania Health System (UPHS), the School of Medicine and the individual Principal Investigator, subject to University of Pennsylvania procedures.

What personal health information is collected and used in this study and might also be disclosed?
The following personal health information will be collected, used for research, and may be disclosed during your involvement with this research study:

- Name, address, telephone number, email, date of birth
- Personal and family medical history
- Current and past medications or therapies
- Information from questionnaires administered in the study and from the other HIV studies in which you have participated.
- Results of tests and procedures you will undergo during this research study and from the other HIV studies in which you have participated.
- Social Security Number, Medical record number

Why is your personal contact and health information being used?
Your personal contact information is important for the research team to contact you during the study. Your personal health information and results of tests and procedures are being collected as part of this research study. In some situations, your personal health information might be used to help guide your medical treatment.

Which of our personnel may use or disclose your personal health information?
The following individuals may use or disclose your personal health information for this research study:

- The Principal Investigator and the Investigator's study team
- Authorized members of the workforce of the UPHS and the School of Medicine, and University of Pennsylvania support offices, who may need to access your information in the performance of their duties (for example: for research oversight and monitoring, to provide treatment, to manage accounting or billing matters, etc.).

Who, outside of UPHS and the School of Medicine, might receive your personal health information?
As part of the study, the Principal Investigator, the study team and others listed above, may disclose your personal health information, including the results of the research study tests and procedures. This information may be disclosed to those listed below:

Individuals or organizations responsible for administering the study:

- ACTG Data Coordinating Center, Frontier Science Technology Research Foundation (FSTRF): Data for this study will be recorded on case report forms, keyed into a central database and electronically submitted to the Data Coordinating Center. The data will be cleaned and stored at this facility until it is ready to be analyzed.
- Statistical Data Analysis Center (SDAC): Approved data will be downloaded from FSTRF to the statistical data center for the AACTG at the Harvard School of Public Health. Specific study reports will be periodically provided to the study team and data safety review board to monitor if the trial is safe.
- Contract Research Organization (PPD, Inc): Monitors from PPD will visit the AACTG on a quarterly basis to review data and correct mistakes before the data are sent to SDAC for analysis.
- Government Agencies: Data from this study will be made available to the Food and Drug Administration and to the National Institutes of Health/Division of AIDS (DAIDS)/National Institute for Allergy and Infectious Disease (NIAID), for them to evaluate the safety and efficacy of the treatments being used in this study.

Regulatory and safety oversight organizations

- The Food and Drug Administration
- The Office of Human Research Protections
- The Study Monitoring Committee

Once your personal health information is disclosed to others outside of UPHS or the School of Medicine, it may no longer be covered by federal privacy protection regulations. Data are reported to the sponsor on Case Report Forms that identify you by your unique study number and not your name, date of birth or medical record number. Information regarding your health, such as side effects of the study drug you experience will be reported only by code number. All samples collected for analysis will be labeled with your study number, visit number and date of your visit.

The Principal Investigator or study staff will inform you if there are any additions to the list above during your active participation in the trial. Any additions will be subject to University of Pennsylvania procedures developed to protect your privacy.

How long may UPHS and the School of Medicine be able to use or disclose your personal health information?
Your authorization for use of your personal health information for this specific study does not expire.

Your information may be held in a research database. However, the School of Medicine may not re-use or re-disclose information collected in this study for a purpose other than this study unless:

- You have given written authorization
- The University of Pennsylvania's Institutional Review Board grants permission
- As permitted by law

Can I change my mind about giving permission for use of my information?
Yes. You may withdraw or take away your permission to use and disclose your health information at any time. You must do so in writing to the Principal Investigator at Infectious Disease Division, 502 Johnson Pavilion Philadelphia PA 19104.. Even if you withdraw your permission, your personal health information that was collected before we received your written request may still be used and disclosed, as necessary for the study. If you withdraw your permission, you will not be able to stay in this study.

What if I decide not to give permission to use and give out my health information?
Then you will not be able to be in this research study.

You will be given a copy of this Research Subject HIPAA Authorization describing your confidentiality and privacy rights for this study. You will also be given the UPHS and School of Medicine's Notice of Privacy Practices that contains more information about the privacy of your personal health information.

What is an Electronic Medical Record?
An Electronic Medical Record (EMR) is an electronic version of the record of your care within a health system. An EMR is simply a computerized version of a paper medical record.

If you are receiving care or have received care within the University of Pennsylvania Health System (UPHS) (outpatient or inpatient) and are participating in a University of Pennsylvania research study, results of research-related procedures (i.e. laboratory tests, imaging studies and clinical procedures) may be placed in your existing EMR maintained by UPHS.

Once placed in your EMR, these results are accessible to appropriate UPHS workforce members that are not part of the research team. Information within your EMR may also be shared with others who are determined by UPHS to be appropriate to have access to your EMR (e.g. health insurance company, disability provider, etc).

What Are the Costs To Me?

Research study-related exams, lab tests and the DXA scan will be provided without charge. Taking part in this study may lead to added costs to you and your insurance company. In some cases, it is possible that your insurance company will not pay for these costs because you are taking part in a research study.

Will I Receive Any Payment?

You will be compensated $50 for the study (either as one payment of $50 for combination screen/enroll or $25 each day if the study is done over two days). Compensation will be given as cash. The total amount of compensation for the study is $50. There is no other form of compensation available such as reimbursements for parking, tokens or child care.

Please note that if you receive more than $600.00 compensation in one year for participation in research studies at the University of Pennsylvania, you must provide a Individual Tax Identification number or Social Security Number for tax purposes.

What Happens If I Am Injured?

If you are injured as a result of being in this study, you will be given immediate treatment for your injuries. We may bill your insurance company or other third parties, if appropriate, for the costs of the care you get for the injury, but you may also be responsible for some of them.There is no program for compensation either through this institution or the NIH. You will not be giving up any of your legal rights by signing this consent form.

If you think you have been injured as a result of taking part in this research study, tell the person in charge of the research study as soon as possible. The researcher's name and phone number are listed in the consent form.

What Are My Rights As a Research Subject?

Taking part in this study is completely voluntary. You may choose not to take part in this study or leave this study at any time. Your healthcare provider will treat you the same no matter what you decide.

We will tell you about new information from this or other studies that may affect your health, welfare, or willingness to stay in this study. If you want the results of the study, let the study staff know.

What Do I Do If I Have Questions Or Problems?

If you have questions about this study or a research-related injury, please contact the research team listed on page 1 of this consent form.

For questions about your rights as a research subject, contact:

- Director of Regulatory Affairs at the University of Pennsylvania by phoning (215) 898-2614

CONSENT

When you sign this form, you are agreeing to take part in this research study. This means that you have read the consent form, your questions have been answered, and you have decided to volunteer. Your signature also means that you are permitting the University of Pennsylvania Health System and the School of Medicine to use your personal health information collected about you for research purposes within our institution. You are also allowing the University of Pennsylvania Health System and the School of Medicine to disclose that personal health information to outside organizations or people involved with the operations of this study.

A copy of this consent form will be given to you. You will also be given the University of Pennsylvania Health System and School of Medicine's Notice of Privacy Practices that contains more information about the privacy of your health information.

Name of Subject (Please Print)	Signature of Subject	Date

Name of Person Obtaining Consent (Please Print)	Signature	Date