HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA

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

Protocol Title:	**A5321, Version 1.0, 04/30/13** Decay of HIV-1 Reservoirs in Subjects on Long-Term Antiretroviral Therapy: The ACTG HIV Reservoirs Cohort (AHRC) Study **(Step 2)**
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Introduction:

Because your viral load has remained low over several years (including time before you joined this study), you are being asked to have two extra procedures as part of A5321. One of these procedures is a 2-3 hour blood collection, called leukapheresis. The other procedure is a collection of tissue from your large intestine, called a rectal biopsy.

Why Are These Procedures Being Done?

These procedures are being done to:

- measure HIV viral load in body tissues other than blood
- compare HIV viral load in blood and body tissue.
- help researchers understand the best way to measure how much HIV is left in the blood of people who have a low HIV viral load
- help researchers understand the best way to measure how much HIV is left in body tissues of people who have a low HIV viral load
- help researches measure the amount of anti-HIV drugs that are in blood and tissues of people who have a low HIV viral load

How Many People Will Have These Extra Procedures?

About 57 people are expected to have these extra procedures.

What Do I Have To Do If I Agree To Undergo These Procedures?

If you agree to have these procedures, you will have up to six extra visits in a 2-year period (see description of these below). The study staff will give you more information about some instructions you will need to follow before the procedures (for example, avoiding certain medicines or activities, drinking extra fluids, cleaning out your bowel).

Extra Visits

The extra visits will be scheduled about 2 and 4 years after you enter the study. At each time point, there will be up to three extra visits. The study staff will discuss your schedule with you closer to the time of the first procedure.

At the first visit, you will have a physical exam, and some blood will be collected for safety tests and an HIV viral load test and, for women who can become pregnant, a pregnancy test. You will not have either procedure at this visit if you are found to be pregnant; the site staff will talk with you about whether you would be interested in having the procedures later, when you are no longer pregnant.

You will be tested for sexually transmitted infections by having a small swab placed briefly in your rectum. If any infections are found, you will see your own doctor to get the right treatment before you have the rectal biopsy. You will be asked to answer questions about your health and any medications you are or have been taking. This visit might be part of an already scheduled study visit.

The other visits will be for the procedures (leukapheresis and rectal biopsy). The procedures will be done on different days (2-6 weeks apart). If possible, the rectal biopsy will be scheduled first. The study staff will tell you where the procedures will be performed and will take care of all the scheduling for you. If you are a woman who is able to become pregnant, you will have a pregnancy test before each procedure.

Leukapheresis

The leukapheresis procedure will be performed at Apheresis/Infusion Clinic on 3rd floor Ravdin as an outpatient. You will sign an additional consent form for this procedure; this is the consent that is used for all persons having leukapheresis. The time required for this visit is approximately 3 hours. You will have to remain in a semi-reclining position for the entire time.

Leukapheresis involves taking some of your blood, processing it, and giving most of it back to you. This will be done by inserting a needle attached to sterile tubing in one arm, and first sending your blood through a machine. This machine spins your blood to separate the red blood cells (cells that carry oxygen), the white blood cells (cells that fight infection), the platelets (cells that help form clots), and the plasma (the fluid left after all the cells have been taken out). The white blood cells will be kept for testing. All the rest of your blood (except for about 3 ½ tablespoons of plasma) will be returned to your body through another needle and tube in your other arm. The total amount of blood taken from you during this procedure will be 2 or 3 tablespoons. Your body will make more white cells within a few days. Losing the amount of blood and the number of white blood cells that are collected does not pose a danger to you or to your health.

Rectal Biopsy

The rectal biopsy procedure will be performed at Gastroenterology, 4th floor South, Perelman Center as an outpatient. The procedure will take about 1 hour**,** and the full visit should last about 2 hours. You will sign an additional consent form for this procedure; this is the consent that is used for all persons having a rectal biopsy.

A rectal biopsy is a procedure to remove a small piece of rectal tissue for examination. Just before the rectal biopsy, you will have an enema (a salt water rinse that will flush out your lower bowel). A rectal exam will be done, followed by collection of a fluid sample from your anal area using a small sponge. Next, a lubricated instrument will be placed into your rectum. Using this instrument, the doctor will examine the inside of your lower large intestine and will collect samples of tissue for testing.

You should not have anal sexual intercourse or insert anything into your rectum (including medications of any kind) for 72 hours before and for 7 days after the procedure. The study or clinic staff will call you within 1 week after the procedure to check on how you are feeling.

The study staff can answer any questions you have about the special study visits or about the evaluations that will occur or about how long each visit will be. The table below can be used as a quick reference.

Study Schedule for Extra Visits Portion of the Study
(Note that main study visits will continue as described in the main consent form)

Evaluation or procedure	First pre-procedure health check	First Rectal Biopsy Visit	First Leuka-pheresis Visit	Second pre-procedure health check	Second Rectal Biopsy Visit	Second Leuka-pheresis Visit
Timeframe	About 2 years after entering the main study	Within 6 weeks after health check; the procedures will be 2-4 weeks apart from each other		About 2 years later	Within 6 weeks after health check; the procedures will be 2-4 weeks apart from each other	
Physical exam	√			√		
Tests for sexually transmitted diseases	√			√		
Questions about medications, alcohol and tobacco	√	√	√	√	√	√
Blood and hair collected	√	√	√	√		
Pregnancy test (serum)		√	√	√		
Rectal Biopsy		√			√	
Leukapheresis			√			√

No more than 15 tablespoons of blood will be collected from you at any single visit and no more than 30 tablespoons will be collected between each set of three visits: health check, rectal biopsy, and leukapheresis.

WHAT ARE THE RISKS OF THE PROCEDURES?

Leukapheresis
The potential risks include nausea, vomiting, fainting or dizziness, bruising or swelling where the needles are put in, low blood pressure, increased pulse rate, seizures, blood loss and infection. About one half of the people who have leukapheresis feel weak or tired for the rest of the day.
Rarely, people may have an allergic reaction to some of the material used during the leukapheresis. The leukapheresis procedure might have to be stopped early and could result in the loss of as much as 1/2 pint of blood.

During the procedure you will receive a compound called ACD-A (citrate), which prevents blood from clotting. Citrate is approved by the Food and Drug Administration for use in this procedure. Citrate leaves the body within 15-30 minutes after the procedure is complete. Citrate may cause seizures (although this is rare) and commonly may cause muscle cramping, numbness or tingling of the lips and/or fingers, chills, a feeling that the body is vibrating, and/or feelings of anxiety. If you notice any symptoms while undergoing leukapheresis please let the nurse know immediately since the symptoms can usually be treated.

Insertion of the needles at the beginning of leukapheresis may cause temporary pain and a bruise may form.

You will be monitored during and after this procedure and instructed to inform the medical staff immediately of any possible discomfort.

Rectal Biopsy
There may be some discomfort during the collection of tissue samples. You may feel an urge to have a bowel movement. Cramping sometimes occurs as the instrument is placed into the rectal area. You may have the feeling of a "bloated stomach". On extremely rare occasions, you may have pain, infection, bleeding or perforation (a cut or a hole) of the gastrointestinal tract (this occurs about once out of every 1000 procedures and may require hospitalization and surgical management).

Are There Risks Related To Pregnancy?
You will not be asked to take part in the extra procedures while you are pregnant.

Will I Receive Any Payment?
You will receive $150 for each leukapheresis procedure, whether or not you are able to complete the procedure.

You will receive $150 for each rectal biopsy procedure, whether or not you are able to complete the procedure

What If I Am Injured?
We will offer you the care needed to treat injuries directly resulting from taking part in this research. 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 are no plans for the University of Pennsylvania or the NIH to pay you or give you other compensation for the injury. You do not give up your legal rights by signing this 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.

Use of Your Samples for this Study
Some of your blood and tissues that are collected during these procedures will be stored and used for testing that is required for this study. No one will know just from looking at the labels of your stored samples that they came from you.

Use of Your Stored Samples
Some of your blood and tissue that are left over after all required study testing is done may be stored and used for ACTG-approved HIV-related research. No one will know just from looking at the labels of your stored samples that they came from you. Although researchers will not be given your name or any other personally identifying information about you, some information about your medical condition, your race, ethnicity, gender, and age may be shared.

These samples may be held for an indefinite length of time. We cannot ensure that you will be told of the results of the research done on these samples.

Allowing your samples to be stored for this use is optional. Please indicate below if you agree to this storage for later use. No matter what you decide, it will not affect your participation in the study.

_____ (initials) YES, I agree _____ (initials) NO, I do not agree

If you decide now that your samples can be stored for research to be done at a later date, you may change your mind at any time. If you change your mind, you must contact your study doctor or nurse and let them know that you do not want your samples used for research to be done at a later date. Every effort will then be made to destroy your left-over samples.

Why Would The Doctor Tell Me Not To Have The Second Set Of Extra Procedures?

The study doctor may need to take you off this portion of the study early without your permission if:

- you stop taking anti-HIV drugs
- the study is stopped or cancelled
- you are not able to attend the study visits as required by the study
- at the request of the site investigator
- you are pregnant
- you were not treated for your sexually transmitted infection after it was found

Are There Benefits to Taking Part in These Procedures?

If you take part in these procedures, there may be no direct benefit to you. Information learned from these procedures may help others who have HIV.

What Other Choices Do I Have?

Taking part in these procedures is optional. You may choose not to participate.

What About Confidentiality?

We will do everything we can to protect your privacy but cannot guarantee absolute protection. In addition to the efforts of the study staff to help keep your personal information private, we have gotten a Certificate of Confidentiality from the US 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, no publication of this study will 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, we will be required to tell the proper authorities.

Your personal information may be given out if required by law. If you test positive for sexually transmitted diseases (Chlamydia & Gonorrhea), 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. In addition, if you have Hepatitis B or C, this will also be reported to the health department.

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 (step 2):

- Results of procedures you will undergo during this part research study (rectal biopsy and leukapheresis); tests for sexually transmitted diseases

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?

There will be no cost to you for study-related visits, physical examinations, laboratory tests or other procedures. 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.

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