UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

ING117172 AMENDMENT 1, 12-AUG-2013: A Phase IIIb, randomized, open-label study of the safety and efficacy of dolutegravir/abacavir/lamivudine once daily compared to atazanavir and ritonavir plus tenofovir/emtricitabine once daily in HIV-1 infected antiretroviral therapy naïve women

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

Your contacts for this study at the Hospital of the University of Pennsylvania [HUP] are:

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

Introduction

You have been asked to take part in this research study because you have HIV infection (the human immunodeficiency virus) and are receiving HIV-treatment for the first time (i.e., are therapy naïve). 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. Please ask the study doctor and/or the research team about this form. If you decide to participate, you will be asked to sign this form.

Financial Disclosure

This research study is supported by money from GlaxoSmithKline on behalf of ViiV Healthcare (the study sponsor).

Why Is This Study Being Done?

The purpose of this study is to compare dolutegravir (DTG) combined with abacavir (ABC) and lamivudine (3TC) (DTG/ABC/3TC) with atazanavir (ATV) plus ritonavir (RTV) and Truvada [tenofovir/emtricitabine (TDF/FTC)][ATV+RTV+TDF/FTC fixed dose combination (FDC)]. You have been asked to take part in the study because you have HIV infection (the human immunodeficiency virus). The study medication DTG/ABC/3TC is not yet approved for doctors to treat patients with HIV. About 475 women in 13 countries will take part in this study. New patients will no longer be put into the study once the target number has been reached. About 5-10 women are expected to enroll at the University of Pennsylvania.

This study will compare DTG/ABC/3TC to ATV+RTV+TDF/FTC FDC. One group of about 237 women will take DTG/ABC/3TC. Another group of about 237 women will take ATV+RTV+TDF/FTC FDC. Information about how the study drug that you get affects your body and your health will be collected through a number of tests, procedures and questions. The effects of the drugs will be compared after the study is complete.

A computer will put people into treatment groups by chance. Neither you nor the study doctor can choose a group. You have a 50% chance of being placed in either group. The study doctor and the

women who take part in the study will know which group is getting which treatment. If you are assigned to the group that receives DTG/ABC/3TC (50mg/600mg/300mg) you will take one pill once a day. If you are assigned to the group that receives ATV (300mg) +RTV (100mg) + TDF/FTC FDC (300mg/200mg) you will take 3 pills once a day.

After 48 weeks, the main study will end. If you are taking DTG/ABC/3TC, you may choose to stay on this drug and come in to the clinic for visits every 12 weeks until this drug becomes available from your pharmacist or the drug no longer works for you. If you are taking ATV+RTV+TDF/FTC, you will complete the study and no longer receive your HIV drugs as a part of the study. You and your doctor will need to make new arrangements for HIV drugs.

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

Your expected participation in this study will last at least 48 weeks (one year). During this time, you will need to get tests, visit the clinic on schedule, talk to the study staff periodically on the telephone, and tell the study staff about any changes to your health.

Please keep in mind how the study tests and visits described here will affect your work and family schedules. Consider if you need transportation to and from the clinic. You may find that these tests and visits need some planning. Some tests may be uncomfortable. Ask the study doctor if you have any questions about the tests and procedures for the study.

If you are in the group taking DTG/ABC/3TC you should not take the following medicines during the study:

- barbiturates
- carbamazepine (Tegretol)
- oxcarbazepine (Trileptal)
- phenobarbital
- phenytoin (Dilantin, Phenytek)
- St. John's wort
- dofetilide (Tikosyn)
- rifampin (Rifadin)

If you are in the group taking ATV+RTV+TDF/FTC FDC you should not take the following medicines during the study:

- alfuzosin (Uroxatral)
- rifampin (Rifadin)
- irinotecan (Camptosar)
- triazolam (Halcion)
- midazolam (oral)
- dihydroergotamine (Migranal)
- ergotamine
- ergonovine
- methylergonovine
- cisapride
- St John's wort
- lovastatin (Altoprev, Mevacor)
- simvastatin (Zocor)
- pimozide (Orap)
- sildenafil (Viagra, Revatio)

Talk with the study doctor before you start any new medications. Ask your doctor before taking calcium or iron supplements so they can tell you the best time to take them.
If you are assigned to the group taking DTG/ABC/3TC you may take your study drug with or without a meal. If you are assigned to the group taking ATV+RTV+TDF/FTC FDC you must take your study drug with a meal. Your study doctor will also advise you on the practice of safe/safer sex.

Women who can get pregnant will need to use birth control while in this study. Check with the study doctor about what kind of birth control methods to use and how long to use them. Some methods may not be approved for use during this study. If you do become pregnant while on study medication, you will stop taking the study medication and be withdrawn from the study, but we will follow up with you to collect information about your pregnancy and your baby.

As part of the study you must:

- Follow directions from the study staff
- Make and keep all appointments
- Use reliable birth control while in this study if you are a woman who can become pregnant
- Take your study drugs every day exactly as your doctor prescribes because missing doses of HIV drugs can cause the HIV virus in your body to become resistant to the HIV drugs
- Give blood samples and urine samples
- Complete questionnaires/surveys at every scheduled clinic visit
- Not be part of any other medicine research study while participating in this study
- Not allow anyone else to use your study drugs
- Return all empty study drug bottles and all study drugs that you do not take

Before you can start the study (Screening):
You will need to have the following exams, tests or procedures to find out if you can be in the study. The information and samples collected as part of these screening activities will be kept and used like the rest of the study results. These tests are sometimes part of regular medical care. They may be done even if you do not join the study.

- Medical history: You will be asked about your health and any illnesses you may have or had in the past. You will be asked about medicines you are taking (including over-the-counter medicine, vitamins or herbal treatments).
- Physical examination: You will receive a physical examination.
- Electrocardiogram (ECG): This will record the electrical activity of your heart.
- Vital signs: Your weight and blood pressure will be checked.
- Blood tests: A small amount of your blood (about 60mL [12 teaspoons]) will be drawn from a vein for lab tests. These include tests to check your health, the amount of HIV virus and CD4+ cells, if there may be a reaction to ABC, and to see if the virus shows resistance (how well the virus responds to HIV drugs). The test to see if you may have a reaction to ABC is called an HLA-B5701 test, which is a genetic test. If you have this gene, there is a risk of a severe reaction when ABC is taken. This test is done whether you receive ABC from the study or from your doctor.
  We will also test you for hepatitis. If you test positive for hepatitis B or hepatitis C, this information will be reported to your health authorities. (See PRIVACY section on Page 14)
  Pregnancy test: If you are able to have children, a blood and urine pregnancy test will be done before your first dose of study medication to see if you are pregnant. The results of the pregnancy testing must be negative prior to receiving study drug.
- You will give a urine sample.
- You will complete a short survey by telephone about depression and suicide.

During the main study (up to Week 48):

The following table shows what things will occur at each visit up to Week 48.

Visits 1-6 (Day 1 – Week 48)

Study Test	Day 1	Week 4	Week 12	Week 24	Week 36	Week 48	Contact at Week 8, 18, 30, 42
Medical History	✓						
Vital Signs	✓						
ECG	✓						
Complete Questionnaire	✓	✓	✓	✓		✓	
Complete survey about depression and suicide	✓	✓	✓	✓	✓	✓	
Blood tests	✓	✓	✓	✓	✓	✓	
Pregnancy test	✓	✓	✓	✓	✓	✓	
Urine test	✓			✓		✓	
Fasting visit	✓		✓	✓	✓	✓	
Confirm you understand study requirements	✓	✓	✓	✓	✓	✓	✓

The contacts at Week 8, 18, 30 and 42 may be made by telephone, or be a clinic or other type of visit.
The questionnaires in this study are called the SF-12 (which has questions about your quality of life related to your health) and the HIV Treatment Satisfaction Questionnaire (HIVTSQ) which asks questions about how happy you are with your treatment; this will be a written questionnaire done on paper.
The survey is called the Columbia Suicidality Severity Rating Scale (C-SSRS) and asks about symptoms and any experience of depression and suicide; this will be done by telephone.
Blood tests are done to check your health, to test if you are pregnant, and to test the amount of HIV virus and CD4+ cells. The amount of blood needed will vary depending on what tests need to be done at each visit, but will be about 40 mL (8 teaspoons) to 60 mL (12 teaspoons) at each scheduled clinic visit. If after Week 24, lab tests find low amounts of HIV virus in your blood (50-400 copies/mL) you will be asked to return to the clinic to have this checked every 4 to 6 weeks instead of every 12 weeks. You will have to stop the study early if the amount of virus in your blood rises above 400 copies/mL, and your blood will be tested to see if there is resistance (how well the virus responds to HIV drugs).
If you have an abnormal blood test results due to liver inflammation, additional blood and other tests may be needed including a test for syphilis. If you test positive for syphilis, this information may be reported to your health authorities, if required by local laws.
Urine tests are done to check your health and how well your kidneys are working.
A fasting visit means that you must not eat for at least 6 hours before your visit to the clinic.

After Week 48:
After 48 weeks, the main study will end.

If you are taking DTG/ABC/3TC, you may choose to stay on this drug and come in to the clinic for visits every 12 weeks until this drug becomes available from your pharmacist or the drug no longer works for you.

If you are taking ATV+RTV+TDF/FTC, you will complete the study and no longer receive your HIV drugs as a part of the study. You and your doctor will need to make new arrangements for HIV drugs.

If you are assigned to the DTG/ABC/3TC arm and continue in the study past Week 48, the following things will occur at each visit.

Visits past Week 48

Study Test	**Visits after Week 48 Every 12 Weeks**
Complete survey about depression and suicide	✓
Blood tests	✓
Pregnancy test	✓
Urine test	✓
Confirm you understand study requirements	✓

Insurance Coverage
Before participating you should consider if this will affect any insurance you currently have, or may purchase in the future, and seek advice if necessary from your insurance company.

What side effects can I expect from this study?
You may have side effects while on this study. Ask the study doctor if you have any questions about the side effects described here.

Side effects may be mild or severe. The study staff/study doctor may give you medicine(s) to help lessen any side effects. Some side effects may go away as soon as you stop taking the study drug. In some cases, side effects can be serious, lasting or may never go away.

There may be other side effects that may happen that are not known now. For example, all drugs can cause an allergic reaction in some patients. Certain problems can become worse if not treated quickly.

Call the study doctor right away if:
- You feel very tired or faint
- You feel pain or sick in your stomach and you do not want to eat
- You bruise easily or develop itching
- You have yellow eyes or skin, or dark urine
- You become confused

If you experience certain other serious problems (such as an allergic reaction, swelling, difficulty breathing, a bad skin rash, liver or kidney damage, or changes in your heart rhythm), you may be asked to return to the clinic for more tests. This may include more blood tests. The study doctor will explain these tests to you if they are needed. You may also need to stop taking the study drug after talking with the study doctor.

The following side effects have been seen with the study medications that you will be taking depending on which of the treatment groups you will be assigned to. There may be other side effects for the study medications that may happen that are not known now.

Dolutegravir, Abacavir, Lamivudine (DTG/ABC/3TC)
DTG plus ABC/3TC has been given to about 730 HIV-infected subjects in other ongoing studies. The following side effects have been seen with the individual drugs DTG, ABC and 3TC, which are all in DTG/ABC/3TC tablets
:

Very Common (could affect 1 in every 10 people or more)	**Common** (could affect 1 to 10 in every 100 people)	**Uncommon** (could affect between 1 in 1,000 and 1 in 100 people)	**Rare** (could affect less than 1 in 1,000 people)	**Very rare** (could affect less than 1 in 10,000 people)
•Headache •Nausea or feeling sick •Diarrhea or loose stools	• Serious allergic reaction (see below for more details) • Skin rash. Itching • Pain in the stomach. Vomiting (being sick) • High temperature • Tiredness; lack of energy • Loss of appetite • Hair loss • Joint and muscle pain • Difficulty in sleeping. Abnormal dreams • Dizziness (or feeling light headed) • Wind (gas)	• Inflammation of the liver (hepatitis) • Changes in liver blood tests • An inflammatory condition which may develop as the immune system becomes stronger (immune reconstitution syndrome or 'IRIS') • Anemia (low red blood cell count) • Low white blood cells (blood cells that fight infection) • Decrease in the number of platelets (blood cells important for blood clotting)	• Breakdown of muscles • Inflammation or swelling of the pancreas (pancreatitis)	• Serious skin reactions • Very low red blood cell count (severe anemia)

Most of the side effects listed above have been mild or moderate, and have not generally stopped HIV-infected patients from getting on with their lives as normal. Some side effects, such as allergic reaction, liver inflammation and immune reconstitution syndrome (or 'IRIS') have been severe, but have not generally been a common problem for HIV-infected patients. More information is given on these side effects below.

Other side effects that may show up in blood tests have occurred in some people but their exact frequency is unknown:

- An increase in bilirubin (a substance produced by the liver) in the blood
- An increase in the level of enzymes produced in the muscles [creatine phosphokinase (CPK)] or the kidney (creatinine)

In one animal study for DTG, mild wearing away of the stomach lining was seen. We have not seen this in humans treated with DTG. However, if you feel heartburn or stomach pain or vomit, please contact your doctor.

ABC Hypersensitivity Reaction
Anyone taking ABC (like in DTG/ABC/3TC tablets) can develop a hypersensitivity reaction (serious allergic reaction). This reaction can be life threatening and in rare cases has been fatal.

The symptoms of this allergic reaction (see below) can happen at any time during treatment with ABC, but usually happens within the first 6 weeks of taking the drug. Symptoms get worse quickly, and the reaction may be fatal, if you keep taking DTG/ABC/3TC.

You are more likely to develop this reaction if you have a gene called HLA-B*5701, so only people who don't have this gene (or in other words are HLA-B*5701 negative) may receive DTG/ABC/3TC as part of this study. Although it is less likely, you can also get this reaction even if you are HLA-B*5701 negative. Therefore, you need to call your study doctor immediately for advice on whether you should stop taking study medication if you have symptoms from at least TWO of the following groups:

1. Fever
2. Skin rash
3. Shortness of breath, sore throat or cough
4. Nausea or vomiting or diarrhea or abdominal pain
5. Severe tiredness or aches or pains or generally ill feeling

Your study doctor will decide if you are experiencing a hypersensitivity reaction. All study participants receiving ABC will be provided with a warning card to remind you about ABC hypersensitivity and these symptoms. You should keep this card with you at all times.

There have been infrequent (rare or uncommon) reports of hypersensitivity reaction after restarting ABC where there was only a single symptom (e.g., rash, fever or gastrointestinal symptoms) that occurred before ABC was initially stopped. On very rare occasions, hypersensitivity reactions have been reported in patients who have stopped and restarted ABC therapy, and who had no obvious symptoms of a hypersensitivity reaction before initially stopping ABC treatment.

If you stop taking your study medications for any reason, and particularly due to possible side effects or illness, you must contact your study doctor immediately and NOT restart your study medications before you speak with your study doctor.

If your doctor tells you to stop taking study medications because of a possible hypersensitivity reaction, you must never take any medicine that has ABC in it again (such as DTG/ABC/3TC, Epzicom, Kivexa, Ziagen, or Trizivir), because the reaction can return within hours and be much worse and even fatal.

If you become hypersensitive to ABC, you should return all of your unused study medications, including DTG/ABC/3TC, to the study site for proper disposal.

DTG Hypersensitivity Reaction
Hypersensitivity reactions have also been reported with integrase inhibitors, including DTG, with signs and symptoms including general feeling of being sick, skin rash, a high temperature (fever), lack of energy (fatigue), swelling sometimes of the face or mouth (angioedema) causing difficulty in breathing, blisters, mouth ulcers, conjunctivitis (sore eyes), and muscle or joint aches. If you

develop any of these signs and symptoms during the study then you must call your study doctor immediately, who may decide to carry out tests on your liver, kidneys or blood, and may tell you to stop taking DTG/ABC/3TC. If your doctor tells you to stop taking study medications because of a possible hypersensitivity reaction then you must do this immediately.

HIV- infected HLA_B*5701 negative patients taking DTG and ABC at the same time are thought not to be at any additional risk of having an allergic reaction than if they were taking ABC without DTG.
Inflammation of the liver (hepatitis)

HIV-infected patients taking part in other studies with DTG (in DTG/ABC/3TC) have developed significant liver inflammation in the first few weeks or months of taking study medications including DTG. These have included some HIV-infected patients receiving HIV treatment for the first time, some who have previously received HIV treatment before and some who have limited HIV treatment options left. These patients were also generally either taking other medications (both HIV treatment and non-HIV treatment) that are also known to cause significant liver inflammation, or already had liver problems (such as hepatitis B or hepatitis C), or drank too much alcohol or had a combination of all of these.

Risk of Heart Attack
It is not clear if ABC (in DTG/ABC/3TC tablets) and other anti-HIV medications may increase the risk of having a heart attack. Your study doctor will discuss with you any steps that may be needed to decrease your risk of heart disease, including stopping smoking or treating conditions like high blood cholesterol, diabetes or high blood pressure.

Atazanavir and Ritonavir (ATV+RTV)
The following side effects have been seen with ATV and RTV in HIV-infected patients:

Very Common (could affect 1 in every 10 people or more)	**Common** (could affect more than 1 to 10 in every 100 people)	**Uncommon** (could affect between 1 in 1,000 and 1 in 100 people)	**Rare** (could affect less than in 1,000 people)
• Stomach pain, vomiting (being sick), diarrhea, nausea (feeling sick) • Headache • Dizziness • Bad taste in mouth • Tingling feeling or numbness in hands or feet or around the lips • Damage to the nerves which can cause weakness or pain • Feeling weak or tired • Rash	• Fever • Allergic reactions • Yellowing of the skin or eyes (jaundice) • Inability to sleep • Anxiety • Inflammation of the liver • Reduced kidney function or increase in urination • Loss of appetite • Increase in fat (triglycerides) or cholesterol in the blood	• Diabetes mellitus • Depression, dizziness, • Gallbladder disorders (gallstones and gallbladder inflammation)	Swelling (edema)

Kidney stones and gallstones have been reported in patients taking atazanavir. If you develop signs or symptoms of kidney (pain in lower back often with blood in the urine) or gallstones (upper stomach pain, usually on the right side after eating) tell your health care provider promptly.

Sometimes allergic reactions can become severe and require treatment in a hospital. You should call your doctor right away if you develop a rash. Stop taking RTV and get medical help right away if you

have any of the following symptoms of a severe allergic reaction: trouble breathing, wheezing, dizziness or fainting, throat tightness or hoarseness, fast heartbeat or pounding in your chest (tachycardia), sweating, swelling of your face, lips or tongue, muscle or joint pain, blisters or skin lesions, mouth sores or ulcers.

Ritonavir may produce changes in the way your heart beats (heart rhythm change), this has been noted at doses higher than are taken in this study, you should contact your study doctor if you experience: dizziness, lightheadedness, feeling faint or passing out, or an abnormal heart beat.

Truvada (Tenofovir and Emtricitabine; TDF/FTC)
The following side effects have been seen with TDF/FTC in HIV-infected patients:

Common (could affect more than 1 to 10 in every 100 people)	**Uncommon** (could affect between 1 in 1,000 and 1 in 100 people)	**Rare** (could affect less than 1 in 1,000 people)
• Dizziness; headache • Diarrhea; stomach pain, nausea (feeling sick); vomiting • Muscle pain and weakness • Difficulty sleeping; abnormal dreams • Digestion problems and excessive gas in the stomach or bowel • Rashes, which may be allergic reactions; changes in skin colour including darkening of the skin in patches • Other allergic reactions, such as wheezing, swelling of the face, lips, tongue or throat • Blood test may show: decreases in phosphate; low white blood cell count (blood cells that fight infection); increased fatty acids or sugar; changes in liver and pancreas tests	Anemia (low red blood cell count)	• Pain in the stomach area caused by inflammation of the pancreas • Protein in the urine, passing large amounts of urine and more often, feeling thirsty and back pain caused by kidney problems, including kidney failure; changes in kidney blood tests

The breakdown of muscle and softening of bones (with bone pain and sometimes resulting in fractures) have also reported in a few patients who had been prescribed TDF (in TDF/FTC) with other anti-HIV drugs.

Nucleoside or Nucleotide Reverse Transcriptase Inhibitors
In rare cases, a life threatening condition called lactic acidosis (caused by a buildup of lactic acid in the blood and tissues) with an enlarged, fatty liver have been seen in patients receiving drugs like TDF and FTC (medications in TDF/FTC) or ABC and 3TC (medications in DTG/ABC/3TC). Pancreatitis (inflammation of the pancreas) has been seen in some patients receiving these drugs although it is unknown whether this was caused by the drugs or the HIV disease.

Combination Anti-HIV Therapy with or without Protease Inhibitors (i.e., ATV and RTV)
Within the first few weeks of treatment with anti-HIV medicines, some people, particularly those that have been HIV positive for a long time, may develop inflammatory reactions (e.g. pain, redness, swelling, high temperature) which may look and feel like an infection and may be severe. It is thought that these reactions are caused by an improvement in the body's ability to fight infections due to a reduction in the HIV. These reactions may also be due to the immune system attacking healthy body tissue (autoimmune disorders). The symptoms of autoimmune disorders may develop many months after you start taking medicine to treat your HIV infection. Symptoms may include: muscle weakness; weakness beginning in the hands and feet and moving up towards the trunk of the body; palpitations or tremor; hyperactivity (excessive restlessness and movement). If you become concerned about any new symptoms or any changes in your health after starting HIV treatment, please discuss with your doctor.

Changes in fat distribution have been reported with anti-HIV medicines. These changes may include loss of fat from legs, arms and face, increased fat in the abdomen (belly) and other internal organs, breast enlargement and fatty lumps on the back of the neck ('buffalo hump'). Changes in the amounts of fatty substances and glucose in the blood have also been reported.

Some patients taking combination anti-HIV therapy may develop a bone disease called osteonecrosis (death of bone tissue caused by loss of blood supply to the bone). The length of combination anti-HIV therapy, corticosteroid use, drinking alcohol, severe reduction in ability to fight off infection, higher body weight, among others, may be risk factors for developing this disease. Signs of osteonecrosis are joint stiffness, aches and pains (especially of the hip, knee and shoulder) and difficulty in movement. If you notice any of these symptoms please inform your doctor.

What other possible risks are there to being in this study?
When giving blood you may feel faint, or experience mild pain, bruising, irritation or redness at the site. In rare cases, you may get an infection.

When you have an electrocardiogram, you may have itching or get irritation of the skin where the machine patches are placed.

With any drug for HIV, there is a risk that the virus in your body will become resistant, which means that the drug will be less effective or not effective against your HIV. The risk that taking part in this study will cause your HIV to develop resistance to the study drug is unknown and will depend on how well the study drugs you will take work against your virus and how well you take all the drugs.

Are there risks if I get pregnant during the study?
You should not take part in this study if you are pregnant or intend to become pregnant. Mothers should not breastfeed a baby while on this study.

Because the drugs in this study may affect an unborn baby, you should not become pregnant while you are in this study. If you are a woman who can get pregnant, you must talk to your study doctor about birth control. You will need to agree to use one of methods to prevent pregnancy listed below.

- Complete abstinence (avoidance) from sexual intercourse or sex from 2 weeks before taking study drug, throughout the study, and for at least 2 weeks after stopping all study drugs
- Two barrier methods (male condom plus spermicide for your partner, male condom for your partner plus diaphragm for you, diaphragm plus spermicide for you).

- Any intrauterine device (IUD) approved by your study doctor because it has a low chance of failing to prevent pregnancy.
- Your partner is sterilized and is your only partner.
- If you are in the DTG/ABC/3TC group, you can use hormonal methods to prevent pregnancy, like birth control pills.
- If you are in the ATV+RTV+TDF/3TC group, you can use hormonal methods to prevent pregnancy, like birth control pills, but this must be used with a barrier method too.
- Any other method with a low enough chance of failing to prevent pregnancy approved by your study doctor.

Any method of preventing pregnancy must be used in the correct way and in the same way every time you have sex, as instructed by your study doctor.

Call the study doctor right away if you get pregnant during this study. You may be asked questions later about the pregnancy and the baby.

If you get pregnant, information regarding the pregnancy will be reported to the study sponsor within 2 weeks of the study staff learning of the pregnancy.

The study sponsor takes part in a Pregnancy Registry for Antiretroviral Therapies, which is an international registry sponsored by manufacturers or licensees of products including the study drug. The purpose of the ART pregnancy registry is to look at pregnancy outcomes after an unborn baby is exposed to certain HIV drugs. The study sponsor will forward this information to the ART Pregnancy Registry. This registry is strictly voluntary, all information is strictly confidential, and there is no way to link the report to you.

All information goes to the registry through the study sponsor, so the registry will never contact you nor will they contact your study doctor.

What benefits can I expect from this study?

Taking part in this study may or may not make your health/condition better, and may or may not have direct benefit to you.

Knowledge from this study may help doctors better understand HIV, treatment for HIV, or help determine who is more likely to benefit or who is more likely to have side effects from DTG/ABC/3TC. It may also help future patients, especially women.

What Other Choices Do I Have Besides This Study?

You may choose to continue to get regular care from your own doctor. This may include receiving other HIV drugs that are approved in your country. Alternately you might to decide to:

- Take part in another study
- Get no treatment at this time.

Talk with the study doctor, or your family doctor, about your treatment choices.

What Are the Costs To Me?

The study drugs will be made available to you at no charge and you will not be required to pay for any study tests or procedures. You or your insurance company may be billed for any standard medical care that is not required for the research study.

Will I Receive Any Payment?

You will be compensated $50 for the screening visit and then $50 for each of the study required visits (6 total visits). Compensation will be given as a debit card. The total amount of compensation for the main study if all study visits are attended is $350. If you have to come in for an unscheduled visit as requested by the study team, you will be compensated $25. If you qualify and continue on the extension phase past week 48, you will continue to receive $50 for each visit attended until DTG/ABC/3TC is commercially available or you come off the study.

Transportation support may be provided through MMG, a company hired by the sponsor to help manage patient support activities. Support may be provided, but is not limited to, the form of taxis, bus passes or medical transport. If you provide your own transportation by car, you may be reimbursed with a debit card in monetary amounts based on the national gas prices and the distance you have to travel to come to your study-related clinic appointments. For certain types of transportation support, MMG may collect your personal information such as name, phone number and address. This information will remain confidential and will only be shared if necessary to arrange your travel. Your condition will remain confidential and will not be shared with anyone outside of MMG. Please discuss your transportation needs with the study staff at your site.

You may also be compensated with study-related family care expenses up to $50 a visit. Please discuss your family care needs with the study staff at your site.

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 an Individual Tax Identification number or Social Security Number for tax purposes.

What happens to my blood/tissue samples?

If you take part in this study, you will be asked to give blood samples for studying how well DTG/ABC/3TC works compared to ATV+RTV+TDF/FTC FDC. All samples collected by the study are tested and stored using a CODE NUMBER, and not your name or other personal information. The same code number is used to key information collected from the study and therefore, the samples and data can be linked. The list that links your name and your code number is kept here at Penn in locked cabinets in locked offices.

Similar to information collected in the study, your samples may also be used by ViiV Healthcare or GSK or shared by ViiV Healthcare or GSK with other companies or universities to better understand HIV infection, other diseases or conditions, or to further develop the study drug or other drugs. Your blood will also be tested to measure the amount of vitamin D and other substances that give an indication of bone health since studies have shown that HIV has an effect on bones. By signing this consent you are agreeing to have your blood tested in this manner.

Your blood samples will be given the same code as your other study information. Samples for future testing are kept at PENN and then shipped in batches to GSK, where they are kept in locked storage. Anyone who works with your samples will hold the information and results in confidence and only share it with those authorized to see it as described elsewhere in this consent document.
ViiV Healthcare and GSK may store your tissue samples for up to 15 years after the end of the study after which time your samples will be destroyed.

What Happens If I Am Injured?

GSK will pay your costs for reasonable and necessary care if you are hurt by the study drug or a procedure that is done to you only because you are part of this study. To pay these medical expenses, GSK will need to know some information about you like your name, date of birth, and

social security number. This is because GSK has to check to see if you receive Medicare, and, if you do, report the payment it makes to Medicare. GSK will not use this information for any other purpose.

No other payment is available from the sponsor or the study doctor in the event of injury. You are not waiving any legal rights by signing this form, accepting medical care or accepting payment for medical expenses.

There are no plans for the University of Pennsylvania 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.

What If There Is New Information About The Study Drugs?

New information may become available or known that might affect your choice to stay in the study. Such information will be shared and discussed with you.
This new information might include:

- Safety issues with the study drug
- Evidence that the study drug may not work
- Another drug becomes available (that may help treat your condition/your disease better.)

A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by US Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

What Are My Rights As a Research Subject?

Your participation in the study is voluntary. You may choose to stop taking part in the study at any time, without giving a reason. Tell the study staff if you want to stop being in the study. Your decision will not affect your medical care now or in the future. It will not affect other benefits you receive outside of the study.
You may be asked to leave the study if:

- The results of certain tests show that you are not right for this study or for the study drug.
- You do not follow study instructions for treatment or follow-up visits.
- You get new health problems during the study that might not work well with the study set-up.
- You get pregnant or decide that you want to become pregnant.
- The study doctor thinks it is best for you to stop.

GSK, ViiV (the study sponsor), the regulatory authority, or the study doctor may choose to stop the study at any time. We will give you the reason at that time.

What can I do if I do not want to be in the study anymore?

If you decide to leave the study, you and the study doctor will discuss the best way to do this.

We will ask you to return any leftover study drug.

It is not possible to stop taking study drug and still stay in the study.

We will ask you for the names and contact information of some of your family members, friends and other doctors. We may contact these people if we are not able to contact you during the study.

All the data and samples collected before you left the study will still be used for the study.

STATEMENT ABOUT PRIVACY

Records identifying you will be kept confidential and, to the extent permitted by applicable laws and/or regulations, will not be made publicly available. Your personal information may be given out if required by law. If you test positive for HIV, Hepatitis B or Hepatitis C, 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. In the event of any publication regarding this study, your identity will remain confidential.

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, date of birth
- Personal and family medical history
- Current and past medications or therapies
- Information from questionnaires administered in the study
- Results of tests and procedures you will undergo during this research study
- Social Security 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:

- ViiV Healthcare : The sponsor of the study will be able to view all study data.
- Staff of Contract Research Organization: an agency hired by GlaxoSmithKline/ViiV Healthcare to review study procedures and data and correct mistakes before the results are given to the sponsor and government agencies funding and/or monitoring study safety.
- MMG: A company hired by GSK/ViiV to assist in the Visit Reminder Program
- Government Agencies: Data from this study will be made available to the Food and Drug Administration 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

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.

Also, the study data may be transferred to other countries for processing, including countries not covered by Data Protection legislation.

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 access my study records?
While the study is in progress, your access to your study records will be temporarily suspended. You will be able to access your information when the research study is completed. You have the right to see and copy the medical information collected from you in the course of the study for as long as that information is maintained by the study personnel and other entities subject to federal privacy regulation.

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 the address on the first page. 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 do ViiV Healthcare and GSK do with the study information?
Study information will be labeled with a code number, and will not include your name or other information that directly identifies you.

ViiV Healthcare and GSK will keep the study data and may:
- Analyze it by computer to find out what this study is telling us.
- Share it with officials who approve new drugs, or with groups that check that studies are done properly.
- Share it with other companies or universities to better understand HIV or to further develop the study drug or other drugs.
- Use it to plan new studies to further develop the study drug or learn more about HIV and/or other diseases or conditions.
- Share it, and other information from the study, with other ViiV Healthcare and GSK offices here and in other countries worldwide. If the information is sent to another country anywhere in the world, ViiV Healthcare and GSK will apply the same level of protection to your information, to the extent permitted by local law.

ViiV Healthcare intends to:
- Post a study summary on a publicly available study register on the internet.
- Post the study results on a publicly available study results register on the internet.
- Write up the results for medical journals.

Your name will not appear in any of these reports.

ViiV Healthcare will be the owner of the study results and plans to use the results, and may get patents, or sell the drug in the future, or make profits other ways. You will not be paid any part of this

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.

If you have never received care within UPHS and are participating in a University of Pennsylvania research study that uses UPHS services, an EMR will be created for you for the purpose of maintaining any results of procedures performed as part of this research study. The creation of this EMR is required for your participation in this study. In order to create your EMR, the study team will need to obtain basic information about you that would be similar to the information you would provide the first time you visit a hospital or medical facility (i.e. your name, the name of your primary doctor, the type of insurance you have). Results of research procedures performed as part of your participation in the study (i.e. laboratory tests, imaging studies and clinical procedures) may be placed in this EMR.

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 is the "pharmacogenetics" part of this study and why is it being done?

This section describes a type of research called "pharmacogenetics". Joining this part of the study is optional. You can choose not to join the pharmacogenetics study and still take part in the main study.

The purpose of the pharmacogenetics part of this study is to see why different people may react differently to medicines. We get our genes (DNA) from our parents, and different genes may affect who gets HIV or how a body reacts to a drug. This part of the study is different than the HLAB5701 testing done as part of the main study. This sample may be used to research additional gene connections; the HLA B5701 connection to Abacavir is already established.

Scientists will look for differences in people's genes (DNA) that might explain this. This may include genes involved in the way the drug works (both good and bad) or how it is processed in the body. It may also include genes linked to HIV and thus linked to drug response.

If you choose to take part in the pharmacogenetics study, we will draw about 1 teaspoon of your blood at a visit after the enrollment visit, most likely the Day 1 visit. If there is a problem looking at your blood sample, we may ask to take the sample again.

The risks associated with giving a pharmacogenetics blood sample are the same as the risks for giving any blood sample in this study.

Your blood sample will be given the same code as your other study information and kept in locked storage. Anyone who works with your sample will hold your sample and results in confidence.

Your sample will be used by ViiV Healthcare and GSK or shared by ViiV Healthcare and GSK with other companies or universities to better understand treatment of HIV, other diseases or conditions,

and to further develop the study drug or other drugs.

ViiV Healthcare and GSK may store and use your sample for up to 15 years after the end of the study. After 15 years, your sample will be destroyed.

If you choose to stop the pharmacogenetics part of the study after giving a sample, we will not conduct any new tests on the sample. We will destroy the sample. ViiV Healthcare and GSK will keep and use any results generated before you stopped participating in the pharmacogenetics study.

What benefits can I expect from the pharmacogenetics part of the study?

You will not receive any direct benefit from taking part in the pharmacogenetics part of the study. If you agree to give a sample, you may help scientists understand why some people get HIV or react to or handle DTG/ABC/3TC differently. This may help identify better ways to treat HIV and who is more likely to benefit from DTG/ABC/3TC and who may have side effects.

What Do I Do If I Have Questions Or Problems?

For questions about this study or a research-related injury, contact:

- Pablo Tebas, MD (215-349-8092)
- Clinical Trials Unit (215 349-8092)

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.

I have read and understand the statements in this informed consent form. I have had the opportunity to ask questions and I am satisfied with the explanations provided by the consent process. I voluntarily consent to participate in the study and I authorize the use and disclosure of my information in connection with the study. I will receive a signed and dated copy of this consent and authorization form.

By signing below, I show that:

- I have read this form. The study has been explained to me in a language I understand.
- I have discussed the study with the study doctor or study nurse and have asked questions. I am satisfied with the answers.
- I have had enough time to make my decision.
- I freely agree to take part in the study described in this form.
- I have been given names of study staff who I can call if I have any questions about the study.
- I agree that GSK, ViiV Healthcare, study staff, and others may have access to my medical and personal information for use as described in this form.
- I know what will happen to my blood samples collected for this study.
- I know I can leave the study at any time without giving a reason.
- I know that the study doctor can ask me to stop taking part in the study at any time and he/she will tell me the reasons why.
- I know that I cannot be in another study while I am taking part in this study.
- I agree that my information may be shared with people who are not healthcare providers and that the information would no longer be protected by US federal privacy rules (such as "HIPAA").
- I agree that the study doctor may tell my doctor that I am taking part in a study.
- It has been explained to me that I have not waived my legal rights by signing this document. I will receive a copy of this signed document to take with me.

SUBJECT

_____

Printed Name of Subject

Signature of Subject	Date of Signature Handwritten by Subject

LEGALLY AUTHORIZED REPRESENTATIVE

Printed Name of Legally Authorized Representative	
Signature of Legally Authorized Representative	Date of Signature Handwritten by Legally Authorized Representative

Describe the Representative's authority to act for the subject or relationship to Subject:

PERSON CONDUCTING INFORMED CONSENT DISCUSSION

Printed Name of Investigator/Delegate	
Signature of Investigator/Delegate	Date of Signature Handwritten by Investigator/Delegate

SUBJECT'S STATEMENT OF CONSENT AND AUTHORIZATION FOR THE **PHARMACOGENETICS PART OF THE STUDY**

By signing below, I show that:

1. I have read this form, and the pharmacogenetics part of the study has been explained to me in a language I understand.
2. I have discussed the study and have asked questions. I am satisfied with the answers.
3. I have had enough time to make my decision.
4. I freely agree to give a pharmacogenetics sample as described in this form.
5. I agree that GSK, ViiV Healthcare, study staff, and others may have access to my sample, medical and personal information, as described in this form.

SUBJECT

Printed Name of Subject	
Signature of Subject	Date of Signature Handwritten by Subject

LEGALLY AUTHORIZED REPRESENTATIVE

Printed Name of Legally Authorized Representative	
Signature of Legally Authorized Representative	Date of Signature Handwritten by Legally Authorized Representative
Describe the Representative's authority to act for the subject or relationship to Subject:	

PERSON CONDUCTING INFORMED CONSENT DISCUSSION

Printed Name of Investigator/Delegate	
Signature of Investigator/Delegate	Date of Signature Handwritten by Investigator/Delegate

Visit Reminder Program

Since the study is 48 weeks long, it is important for us to be able to contact you with important study information and reminders. This may include appointment reminders, study specific visit information or health related reminders. MMG, a company hired by the sponsor to help manage patient support activities will manage a service to help get this information to you. To do this, MMG will collect personal information such as name, phone number and/or email address. This information will remain confidential and will not be shared with anyone outside of MMG and the company providing the messaging service for MMG. You can sign up below to receive these reminders via email or text message. You may be reimbursed for standard text messaging rates if you are charged for these visit reminders.

Check as many as apply.

☐ Email ☐ Text to Cell Phone

☐ I give my permission to have a third party text message provider contact me with appointment reminders

Email address (if applicable): _____

Cell phone number (if applicable): _____

Signature Date

Printed name

Printed name of legal representative