NEW INFORMATION
This is to provide updated information on one of the possible risks, disease reporting and electronic medical records on this study.

One of the risks stated in the consent form that you have signed is Immune Reconstitution Syndrome. Autoimmune disorders such as Grave’s disease (an autoimmune disease in which the thyroid is overactive, producing an excessive amount of thyroid hormones), polymyositis (a persistent inflammatory muscle disease that causes weakness of the skeletal muscles, which control movement) and Guillain-Barre syndrome (a serious disorder that occurs when the body’s immune system mistakenly attacks part of the nervous system, leading to nerve inflammation that causes muscle weakness) have also been reported to occur in the setting of immune reconstitution, however, the time to onset is more variable, and can occur many months after initiation of treatment. This information is inserted on page 11 in the Immune Reconstitution section.

The Institutional Review Board of the University of Pennsylvania has made revisions to the consent template, please refer to page 13 Statement of Privacy for information regarding mandatory reporting of disease to the Health Department and the new section on Electronic Medical Records on page 17.

You will be asked to sign the last page of this consent form to indicate that you have been told about the above information and agree to continue to participate in this study.

INTRODUCTION
When the study started, you were asked to volunteer for a clinical research study involving an experimental combination medication, i.e. one pill containing one experimental medication [Rilpivirine (RPV)] and two medications that are approved by the United States Food and Drug Administration (FDA) for the treatment of HIV-1 infection. The experimental combination medication will be referred to as FTC/RPV/TDF fixed-dose regimen (FDR). On August 10, 2011 the United States Food and Drug Administration (FDA) approved the FTC/RPV/TDF fixed-dose regimen (FDR) under the brand name of...
Complera™ for use in the United States by patients with HIV-1 who have never taken HIV therapies, and are starting HIV therapy for the first time. This means that there are no longer experimental medications used in this study.

This research study is supported by money from Gilead Sciences. In addition, the person leading this research study receives extra money from other pharmaceutical companies for work that is not a part of this study. These activities may include consulting, advisory boards, giving speeches or writing reports. If you would like more information, please ask the researchers or the study coordinator.

This consent form may contain words you do not understand. Please ask the study doctor or study staff to explain any words or information you do not clearly understand before agreeing to volunteer for this clinical research study.

YOUR RIGHTS
This consent form tells you about the study. Your study doctor or study staff will go over this with you and answer any questions you may have regarding this study. If you agree to volunteer, you will be asked to sign and date this consent form. You will be given a copy of the signed and dated consent form to keep.

No one can force you to take part in this study. Even if you agree to participate now, you are free to change your mind. You may stop at any time without penalty or loss of benefits which you would otherwise have.

Before you agree to volunteer, you will need to know the purpose of the study, the potential risks and benefits to you, and what is expected of you during the study.

PURPOSE OF THE STUDY
With an estimated 33.2 million people in the world infected with the virus, HIV is a major medical problem.

The purpose of this study is to see if HIV-infected subjects currently taking an antiretroviral (ARV) regimen consisting of a ritonavir-boosted protease inhibitor and two Nucleoside Reverse Transcriptase Inhibitors (NRTIs) can safely switch to combination pill FTC/RPV/TDF without increasing the amount of virus in their blood.

The safety and effectiveness of combination pill FTC/RPV/TDF will also be compared to an antiretroviral regimen consisting of a ritonavir-boosted protease inhibitor and two Nucleoside Reverse Transcriptase Inhibitors (NRTIs).

The safety and how well these drug combinations are tolerated will be determined based on vital signs, physical exams, laboratory tests and questionnaires about your HIV symptoms, HIV treatment, and any problems you might experience during the study.

DESIGN OF THE STUDY
If you agree to participate, you will be one of 420 subjects recruited from about 115 study sites in North America and Europe.
This is an open-label study, which means that you and your study doctor will know whether you are receiving FTC/RPV/TDF or an antiretroviral regimen consisting of a ritonavir-boosted protease inhibitor and two Nucleoside Reverse Transcriptase Inhibitors (NRTIs). This is a randomized (by chance, like a flip of a coin) study and you will be selected to receive one of the two treatments listed below:

**Treatment Arm 1**: Approximately, 280 subjects will switch to fixed-dose regimen of emtricitabine 200 mg/rilpivirine 25 mg/tenofovir disoproxil fumarate 300 mg tablet.

**Treatment Arm 2**: Approximately, 140 subjects will have a delayed switch to fixed-dose regimen consisting of emtricitabine 200 mg/rilpivirine 25 mg/tenofovir disoproxil fumarate 300 mg tablet after remaining on current antiretroviral regimen consisting of a ritonavir-boosted protease inhibitor and two nucleoside reverse transcriptase inhibitors for the first 24 weeks after Baseline.

Once you are confirmed to be eligible to participate in the study, and you state that you want to take part in the study, you will be assigned a subject number.

The randomization for this study is in a 2:1 ratio, which means that your chance of being assigned to Treatment Arm 1 is two times greater than your chance of being assigned to Treatment Arm 2. You and your study doctor will know which treatment arm you are assigned to.

FTC/RPV/TDF combination tablets will be supplied by Gilead Sciences, Inc., the Sponsor of this study. If you are assigned to Treatment Arm 2, and you are taking Truvada® as part of your current antiretroviral regimen, Truvada® may also be supplied to you by Gilead Sciences, Inc. through the first 24 weeks of the study. FTC/RPV/TDF combination tablets and Truvada® must be stored at room temperature. Your study doctor or study nurse will review the proper storage of all study drugs used in this study with you. FTC/RPV/TDF combination tablets must be taken once a day at the same time every day with a meal, consisting of approximately 500 kcal. If you are in Treatment Arm 2, you should take all your medications as directed. It is very important that you take your study drugs every day as instructed by the study doctor.

**DURATION OF THE STUDY**

The screening period (the time between the Screening visit and Baseline visit) may last up to 30 days. You will be treated with the study drug(s) for a minimum of 48 weeks (11 months). If you are assigned to Treatment Arm 1, you will be required to visit the clinic at least 8 times. If you are assigned to Treatment Arm 2, you will be required to visit the clinic at least 10 times. If you are in a country where FTC/RPV/TDF FDR is not commercially available following 48 weeks on-study, you will continue to take FTC/RPV/TDF and attend visits every 12 weeks until FTC/RPV/TDF FDR become commercially available or until Gilead Sciences chooses to stop the development of the FTC/RPV/TDF FDR.

**STUDY PROCEDURES**

**Screening**

To help the study doctor determine your eligibility and safety to participate in this study, you need to be seen at the study center within 30 days before the study starts. After you sign the informed consent form and receive a copy of the informed consent form, you will have several screening procedures done. Note that all of the procedures listed below may not be performed if at any point during the evaluation you fail eligibility. These procedures will include:
An interview about your medical history, including any illnesses or health problems, your history of HIV-1 disease-related events, and prior medications within 30 days.

Read and complete a questionnaire about your HIV treatment satisfaction

Vital signs (blood pressure, temperature, respiratory rate, and heart rate)

A complete physical examination, weight, and height.

A urine sample for laboratory tests.

If you are a female able to become pregnant, a blood pregnancy test will be required. If the blood pregnancy test is positive, you will not be eligible to participate in the study.

If you are a female and are post-menopausal, a blood test will be required to confirm your post-menopausal status.

About 21 mL (about 4 teaspoons) (5 mL = 1 teaspoon) of blood will be taken for general health screening tests and tests related to your HIV, such as chemistry, complete blood count, CD4+ (white blood cell that fights infection) cell count, tests for hepatitis B virus, hepatitis C virus, and to measure the amount of HIV-1 in your blood.

A 12-lead ECG (electrocardiogram) to check the functioning of your heart.

Questions regarding any change in your health (illness or health problems) and whether you have taken any new medications since you signed this informed consent form.

The study doctor will review all of your medical information and findings from your Screening visit (including medical history, medications, clinical laboratory results, physical exam, etc.) and other entry criteria, as required by the study protocol, to determine if you are eligible to participate in this study.

Restrictions During the Study

You will be told not to eat or drink anything except water for at least 8 hours before your blood is drawn at the Baseline Visit, Weeks 12, 24, 36, 48, and every 48 weeks starting at Week 96.

You must check with the study doctor before taking any medication or health supplements for the length of the study.

Baseline/Day 1

You will be asked to come back to the study center within 30 days after the Screening visit for the “Baseline” (Day 1) visit. The following procedures will occur during this visit:

- You will be asked whether there has been any change in your health (illness or health problems) and whether you have taken any new medications since your last visit.
- Vital signs (blood pressure, temperature, respiratory rate, and heart rate)
- Read and complete an enrollment survey as well as questionnaires regarding your HIV symptoms and treatment adherence
- A complete physical examination and weight.
- A urine sample for laboratory tests. If you are a female able to become pregnant, a urine pregnancy test will be required. If the urine pregnancy test is positive, you will not be dispensed drug at this visit. You will have a blood pregnancy test to confirm the result of the urine pregnancy test. If the blood test is positive, you will not be allowed to participate in this study.
- About 21 mL (about 4 teaspoons) of blood will be taken for testing of chemistry, complete blood count, CD4+ cell count and to determine HIV-1 levels in your blood.
Tests on blood being drawn at this visit will be used to measure changes in the amount of sugar and fats in your blood. About 4 mL (about 1 teaspoon) of blood will be taken for this test. It is important that your blood is drawn for this sample in the morning prior to eating (in a fasting state). If you have not fasted, you will be asked to return to the study center within 72 hours in a fasted state. “Fasting” means that you will not eat or drink anything except water for at least 8 hours before your blood is drawn.

About 10 mL (about 2 teaspoons) of blood will be collected to determine the amount of study drugs in certain types of your blood cells called peripheral blood mononuclear cells (PBMCs).

About 14 mL (about 3 teaspoons) of blood will be collected and stored to allow the possibility of conducting clinical tests at a later date (for example, to check whether the HIV in your blood can develop resistance to this anti-HIV drug).

You will be counseled regarding the importance of taking all medications as directed.

You will receive a 4-week supply of FTC/RPV/TDF at this visit if you are assigned to Treatment Arm 1. Or if you are assigned to Treatment Arm 2 and are taking Truvada® as part of your current ARV regimen, you may receive a 4-week supply of Truvada®.

Week 4 to Post Week 48
You will be asked to return to the clinic for study visits at Weeks 4, 8, 12, 24, 28, 32 (Treatment Arm 2 only), 36, 48, and every 12 weeks starting at Week 60. After the Week 48 visit, you will be asked to either complete a 30-day follow-up visit or continue coming in for study visits every 12 weeks until FTC/RPV/TDF fixed-dose combination tablets are commercially available in your country. The following procedures will occur during these visits:

- You will be asked whether there has been any change in your health (illness or health problems) and whether you have taken any new medications since your last visit.
- Vital signs (blood pressure, temperature, respiratory rate, and heart rate)
- Read and complete questionnaires regarding your HIV symptoms and treatment adherence
- Read and complete a questionnaire about your HIV treatment satisfaction (Weeks 24 and 48)
- A physical examination and weight (a complete physical examination will be performed at Weeks 24, 48, and every 48 weeks starting at Week 96; a symptom-directed physical examination may be performed at all other visits as needed).
- A urine sample for laboratory tests.
- If you are a female able to become pregnant, a urine pregnancy test will be required. If the urine pregnancy test is positive, you will be given a blood pregnancy test to confirm the results. If the blood pregnancy test is positive, you will be discontinued from the study.
- About 18 mL (about 4 teaspoons) of blood will be taken for testing of chemistry, complete blood count, CD4+ cell count, and to determine HIV-1 levels in your blood.
- Tests on blood being drawn at Weeks 12, 24, 36, 48, and every 48 weeks starting at Week 96 to measure changes in the amount of sugar and fats in your blood. About 4 mL (about 1 teaspoon) of blood will be taken for this test. It is important that your blood is drawn for this sample in the morning prior to eating (in a fasting state). If you have not fasted, you will be asked to return to the study center within 72 hours in a fasted state.
- A 12-lead ECG (electrocardiogram) to check the functioning of your heart at Weeks 48, and every 48 weeks beginning at week 96.
- About 14 mL (about 3 teaspoons) of blood will be collected and stored to allow the possibility of conducting clinical tests at a later date (for example, to check whether the HIV in your blood can develop resistance to this anti-HIV drug).
About 10 mL (about 2 teaspoons) of blood will be collected to determine the amount of study drugs in certain types of your blood cells called peripheral blood mononuclear cells (PBMCs) (weeks 24 and 48).

If you do not appear to be responding properly to the study drugs, you will be required to return to the clinic for an unscheduled or scheduled visit to confirm whether or not you are truly failing your treatment. Approximately 12 mL (about 2 ½ teaspoons) of blood will be drawn during this visit to measure the amount of HIV-1 in your blood and for genotype/phenotype testing. Phenotype testing is a technique used to determine whether a mutation in the HIV-1 gene changes how anti-HIV drugs affect the HIV-1 virus. The study doctor will then decide whether or not a change to your treatment regimen is required.

**Treatment Arm 1:**
- You will receive a 4-week supply of study drug at Week 4.
- You will receive a 12-week supply of study drug at Weeks 12, 24, and 36. If you are continuing on the study after Week 48, you will receive a 12-week supply of study drug at each visit.
- **You must take the FTC/RPV/TDF combination tablet once a day at the same time every day with a meal consisting of approximately 500 kcal.**
- You will be counseled regarding the importance of taking all study drugs.

**Treatment Arm 2:**
- You will receive a prescription for ARV medications and will be responsible for filling those prescriptions from Baseline to Week 24.
- If you are taking Truvada® as part of your current ARV regimen, a 4-week supply may be dispensed to you at Week 4 and 8; a 12-week supply will be dispensed to you at Week 12.
- At Week 24, you will discontinue all previous ARV medications and switch to the FTC/RPV/TDF FDR. You will receive a 4-week supply of FTC/RPV/TDF FDR at the Week 24, 28, and 32 study visits.
- You will receive a 12-week supply of study drug at Week 36. If you are continuing on the study after Week 48 because FTC/RPV/TDF FDR is not yet commercially available in your country, you will receive a 12-week supply of study drug at each visit.
- **From Baseline to Week 24, you must take all of your ARV medications as directed. After Week 24, you must take the FTC/RPV/TDF combination tablet once a day at the same time every day with a meal, consisting of approximately 500 kcal.**
- You will be counseled regarding the importance of taking all study drugs.

- You will be required to bring your used and unused FTC/RPV/TDF FDR or Truvada® drug bottles back to the clinic at each visit. The study drugs (number of tablets) will be counted. You will be asked about any missed doses since your last visit.

**Early Study Drugs Discontinuation Visit**
If you discontinue study drugs at any time before the study is complete, you will be asked to return to the study center within 72 hours of stopping study drugs. Procedures at this visit will include:

- You will be asked whether there has been any change in your health (illness or health problems) and whether you have taken any new medications since your last visit.
- Vital signs (blood pressure, temperature, respiratory rate, and heart rate)
- Read and complete a questionnaire about your HIV symptoms, treatment satisfaction, and treatment adherence
- A complete physical examination and weight
A urine sample for laboratory tests.

- If you are a female able to become pregnant, a urine pregnancy test will be required. If the urine pregnancy test is positive, you will be given a blood pregnancy test to confirm the results.
- About 18 mL (about 4 teaspoons) of blood will be taken for testing of chemistry, complete blood count, CD4+ cell count, and to determine HIV-1 levels in your blood.
- A 12-lead ECG (electrocardiogram) to check the functioning of your heart
- About 14 mL (about 3 teaspoons) of blood will be collected and stored to allow the possibility of conducting clinical tests at a later date (for example, to check whether the HIV in your blood can develop resistance to this anti-HIV drug).
- About 10 mL (about 2 teaspoons) of blood will be collected to determine the amount of study drugs in certain types of your blood cells called peripheral blood mononuclear cells (PBMCs).
- You will be required to bring your used and unused study drug bottles back to the clinic.

30-Day Follow-Up visit/Telephone Call
You will be contacted by telephone 30 days after the Early Study Drugs Discontinuation visit for a 30-Day Follow-Up visit at the clinic or a Telephone Call in the following cases:

- If you permanently discontinue study drug prior to Week 48 and refuse to continue in the study through the Week 48 visit.
- If you complete the study through Week 48 and FTC/RPV/TDF combination tablets are commercially available in your country.

You will not be asked to return for a 30-Day Follow-Up visit or receive a telephone call 30 days after the completion of study drug in the following cases:

- If you continue to attend regularly scheduled study visits after you discontinue study drugs.
- If you complete the study through Week 48 and FTC/RPV/TDF FDR is not commercially available in your country. You will be asked to continue in the study until FTC/RPV/TDF FDR becomes commercially available in your country or until Gilead Sciences elects to terminate clinical development of the FTC/RPV/TDF FDR in your country.

At this visit or telephone call:

- You will be asked whether there have been any changes in your health (illness or health problems) and whether you have taken any new medications since your last visit.

STORAGE OF BLOOD SAMPLES
A portion of your blood sample drawn (including the cells contained within it) at each visit will be frozen and stored. These stored blood samples may be used by the Sponsor or its research partners for HIV-1 genotyping/phenotyping assays or their development, for retesting the amount of HIV-1 in your blood, for measurement of antiviral drug levels in the blood, for future testing to learn more about how the study drug has worked against HIV-1 or clinical laboratory testing to provide additional clinical data. No human genetic testing will be performed without your expressed consent. At the conclusion of this study, these samples may be retained in storage by Gilead Sciences, Inc. for a period up to 10 years.

Genotype testing detects changes or “mutations” in certain genetic regions of the HIV-1 virus. Phenotype testing is used to determine whether a mutation in an HIV-1 gene changes how anti-HIV drugs affect the HIV-1 virus. Some mutations can prevent certain anti-HIV drugs or drug regimens from
No human genetic testing will be performed without your expressed consent. For the planned tests for this study, your genes will not be tests, but rather the genetic make-up of the HIV virus will be tested. If any genetic tests were planned, then a revised or new consent form would be given to you, and you would need to agree to the testing before any tests were done.

**IMPORTANCE OF TAKING YOUR STUDY MEDICATION WITH A SUBSTANTIAL MEAL**

You have been instructed that the FTC/RPV/TDF Fixed-dose Regimen (FDR) must be taken once a day at the same time every day with a meal. The absorption (amount of study drug absorbed in your blood) of rilpivirine (RPV), which is one component of the study medication you are taking in this study, is affected by how much food is eaten when taking it. Therefore, it is important that you eat a meal consisting of approximately 500 calories or more when taking your study medication at approximately the same time each day. If you do not eat a substantial meal (defined as approximately 500 or more calories) when taking your study medication, the RPV exposure (level of study drug in your blood) may only be about half of what it should be. This may impact how effective it is in treating the HIV infection.

For your convenience, below are some examples of meals as described above.

<table>
<thead>
<tr>
<th>Eating At Home Options</th>
<th>Eating Out Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yogurt, banana, plain bagel or toast (2), cream cheese (2tbsp)</td>
<td>Sausage biscuit with egg, orange juice</td>
</tr>
<tr>
<td>Toast (2), cereal (3 cups or 709 ml), milk (1 cup or 236 ml)</td>
<td>Chicken fillet sandwich, milkshake</td>
</tr>
<tr>
<td>Eggs (2), bacon (3) or sausage (3), hash browns, orange juice (1 cup or 236 ml)</td>
<td>Hamburger, small fries</td>
</tr>
<tr>
<td>Deli sandwich with mayonnaise and cheese</td>
<td>Tuna salad sandwich, fresh fruit</td>
</tr>
<tr>
<td>Cheese pizza (2 slices), non-diet soda (e.g. cola or sparkling lemonade) (1 can)</td>
<td>Scone (1), iced coffee</td>
</tr>
<tr>
<td>Grilled cheese sandwich</td>
<td>Ham and cheese omelet, coffee</td>
</tr>
<tr>
<td>Peanut butter (or butter) and jelly (or marmalade or honey) sandwich, milk (1 cup or 236 ml), banana</td>
<td>Chicken nuggets (8 pieces), non-diet soda</td>
</tr>
<tr>
<td>Lasagna with meat sauce (11 oz or 311g) with juice (1 cup or 236 ml)</td>
<td>Chicken wings (5 pieces), side of potato wedges</td>
</tr>
<tr>
<td>Cheeseburger with ketchup, soda (1 can)</td>
<td>Chicken pot pie</td>
</tr>
<tr>
<td>Grilled sirloin (6oz or 170g), side of macaroni and cheese</td>
<td>Turkey and ham subs (12&quot;)</td>
</tr>
<tr>
<td>Spaghetti with meat sauce (10 oz or 283g), breadsticks (2)</td>
<td>Available at <a href="http://www.newcaloriecounter.com">http://www.newcaloriecounter.com</a>. Accessed February 21, 2011</td>
</tr>
</tbody>
</table>
RISKS AND BENEFITS

FTC/RPV/TDF

FTC/RPV/TDF is a fixed-dose combination regimen containing three medications: rilpivirine (RPV), Emtriva® (FTC), and Viread® (TDF).

To date, 99 healthy subjects have been dosed with the FTC/RPV/TDF FDR in three Phase 1 clinical studies.

Side effects on the individual components of FTC/RPV/TDF are described below:

Rilpivirine (RPV)
The safety assessment is based on 1,368 subjects in the controlled trials TMC278-C209 and TMC278-C215 in antiretroviral treatment-naïve HIV-1 infected adult subjects. Of these subjects, 686 received rilpivirine 25 mg once daily in combination with other antiretroviral medicinal products.

Common adverse events reported were depression (3.5%), unable to sleep (2.9%), headache (2.6%), increase of liver enzymes that may affect your liver function (2.5%), rash (2.2%), abnormal dreams (1.5%), stomach pain (1.3%), feeling tired (1.3%), problems with sleep (1.2%), decreased appetite (1.2%), and nausea (1.2%). Additionally, other uncommon adverse events reported were vomiting (0.9%), dizziness (0.7%), drowsiness (0.6%), depressed mood (0.4%), and stomach discomfort (0.4%). One subject (0.1%) receiving rilpivirine experienced mild immune reconstitution syndrome. This is a condition that can happen in some patients with advanced HIV infection (AIDS) who start anti-HIV treatment. Even though your HIV comes under control, an infection that you previously had might return or you may develop a new disease. This is linked to improvements in your immune system. Fever and swollen lymph nodes are some of the signs and symptoms.

Call your study doctor right away if you notice any signs or symptoms of an infection after starting study medication.

Fat Redistribution

Combination antiretroviral therapy has been associated with redistribution of body fat (lipodystrophy) in HIV infected patients, including fat loss that can occur in the arms, legs, or face (sunken cheeks), fat deposits that can show up in the stomach, the back of the neck (a “buffalo hump”), the breast (in both men and women), and other areas. Additionally, metabolic changes can include increases in blood fats (cholesterol and triglycerides) or lactic acid and insulin resistance. Too much lactic acid and insulin resistance can cause serious health problems leading to lactic acidosis and diabetes.

FTC; Emtriva® SIDE EFFECTS

(Emtricitabine)
The most common side effects seen in patients treated with emtricitabine in combination with other anti-HIV drugs are: headache, diarrhea, nausea, and rash, which were generally mild. Other common side effects with emtricitabine include dizziness, changes in skin color primarily on the palms and/or soles, weakness, difficulty sleeping, abnormal dreams, pain, vomiting, stomach pain, problems with digestion resulting in gastrointestinal discomfort after meals, increased triglycerides (fatty acid), increased bilirubin in the blood, increased glucose in the blood, allergic reaction, hives, adverse effects on the function of the liver and pancreas, and low white blood cell count. A reduction in your white blood cell count can make you more prone to infection. You may also experience increased creatine kinase in the blood. If creatine kinase is increased, you may experience muscle pain and weakness.
Additionally, cases of lactic acidosis (high levels of lactic acid in the blood), liver problems with enlargement of the liver and fat in the liver, including fatal cases, were reported in HIV-infected patients treated with anti-HIV agents similar to emtricitabine. The symptoms of lactic acidosis include: weakness, unexpected and uncommon abdominal pain, nausea and vomiting. Symptoms of liver problems include: yellowing of the skin or whites of the eyes, dark urine, light-colored bowel movements, loss of appetite, nausea and lower abdominal pain. If you notice any of these symptoms, please request medical assistance immediately.

Please talk to your study doctor for more details on side effects or refer to the emtricitabine package insert for additional information.

**TDF: Viread® SIDE EFFECTS**
*(Tenofovir DF)*

Tenofovir DF has been studied in approximately 12,000 HIV-infected adults for as long as 204 weeks in some patients. Common potential side effects identified in patients who received at least one dose of tenofovir DF 300 mg include diarrhea, nausea, vomiting, flatulence (intestinal gas), and dizziness. Those side effects were often mild or moderate in severity, and did not lead to discontinuation of tenofovir DF.

In addition to side effects reported from clinical trials the following side effects have also been indentified after tenofovir DF was approved in HIV-infected patients treated with combination therapy that has included tenofovir DF and other anti-HIV drugs: weakness, abdominal pain, allergic reaction including potentially serious swelling of the face, lips, and/or tongue, with or without rash, pancreatitis (inflammation of the pancreas), high levels of amylase in the blood, shortness of breath, rash, abnormalities of tests that measure hepatic (liver) function and hepatitis (inflammation of liver).

Cases of lactic acidosis (high levels of lactic acid in the blood), liver problems with enlargement of the liver and fat in the liver, including fatal cases, were reported in HIV-infected patients treated with anti-retroviral agents similar to tenofovir DF. The symptoms of lactic acidosis include: weakness, unexpected and uncommon abdominal pain, nausea and vomiting. Symptoms of liver problems include yellowing of the skin or whites of the eyes, dark urine, light colored bowel movements, loss of appetite, nausea and lower abdominal pain. If you notice any of these symptoms, please request medical assistance immediately.

Cases of kidney damage have been reported in patients taking tenofovir DF who already have circulatory disease or specific kidney disease, and patients who, while receiving tenofovir DF, were also taking medications that may cause damage to the kidneys. Kidney damage has also been reported in patients without any of these factors. For example, some patients have had damage to the structure and function of the kidneys, which may lead to muscle abnormalities, muscular weakness, destruction of muscle tissue, bone pain and fractures due to softening of bones, and low potassium and phosphate in the blood. In addition, death of kidney tissue, continuous or sudden kidney failure, abnormal kidney function, inflammation of the kidneys, protein in the urine, excessive urination, nephrogenic diabetes insipidus (excretion of urine resulting in dehydration and thirst), and increased creatinine in the blood have also been reported in patients taking tenofovir DF.

Bone toxicity, including a decrease in bone mineral density, was seen in animals following treatment with tenofovir DF. Decreases in bone mineral density have been seen in humans. These types of changes may increase the risk of bone fractures, although this has not been seen in human studies.
Because these events have been reported voluntarily from a population of unknown size, estimates of frequency cannot be made.

If you are infected with hepatitis B virus (HBV), there is a possibility of an unexpected worsening of hepatitis B if you stop taking tenofovir DF.

Please talk to your study doctor for more details on side effects or refer to the tenofovir DF package insert for additional information.

**FTC/TDF; Truvada® SIDE EFFECTS**  
(Emtricitabine/Tenofovir DF)

Please refer to the Emtriva® and Viread® side effects described above for side effects associated with Truvada®, a combination medication containing Emtriva® and Viread®.

**Immune Reconstitution Syndrome**

A condition called immune reconstitution syndrome can happen in some patients with advanced HIV infection (AIDS) when combination anti-HIV treatment is started. Signs and symptoms of inflammation from opportunistic infection that a person has or had may occur as the medicines work to control the HIV infection and strengthen immune system. Autoimmune disorders such as Grave’s disease (an autoimmune disease in which the thyroid is overactive, producing an excessive amount of thyroid hormones), polymyositis (a persistent inflammatory muscle disease that causes weakness of the skeletal muscles, which control movement) and Guillain-Barre syndrome (a serious disorder that occurs when the body’s immune system mistakenly attacks part of the nervous system, leading to nerve inflammation that causes muscle weakness) have also been reported to occur in the setting of immune reconstitution, however, the time to onset is more variable, and can occur many months after initiation of treatment.

Call your study doctor right away if you notice any signs or symptoms of an infection after starting study medication.

**Allergic Reaction Risks**

As with taking any drug, there is a risk of allergic reaction. If you have a very serious allergic reaction, you may be at risk of death. Some symptoms of allergic reactions are:

- Rash.
- Difficulty breathing.
- Wheezing.
- Sudden drop in blood pressure.
- Swelling around the mouth, throat or eyes.
- A fast pulse.
- Sweating.

Please seek treatment and alert the study doctor and study staff immediately if you have any of these symptoms, or any other side effects, during the study.

**Blood Draws**
In addition to risks associated with the study drug, drawing blood from a vein may cause local pain, bruising, occasional lightheadedness, fainting, and very rarely, infection at the site of the blood draw.

ECG
After you have an ECG, you may have mild irritation, slight redness, and itching at the places on your skin where the recording patches are placed. You may have to have your chest shaved for this procedure.

Hepatitis B and C Testing Risks
At the Screening visit, you will be tested for hepatitis B and C, and the results of these tests may be reported to your local health authority. You will be told, face-to-face, the results of these tests. Counseling will be available to you if necessary.

Other
As with all drugs, unexpected or yet unknown side effects may occur. Any new information that becomes known during the study and that may affect your participation will be shared with you by your study doctor.

Viruses, which are resistant to the study drugs, may develop during the course of treatment. This may reduce your treatment options in the future. Throughout the study, your study doctor will monitor your HIV-1 levels for viral rebound (increases in HIV-1 levels after having previous results of lowered HIV-1 levels). Resistant mutations develop most rapidly in people who do not take all of their HIV-1 drugs. Therefore, it is important to take all your study drugs as prescribed by your study doctor.

You may have a side effect that requires your study doctor to end your participation in the study. You should contact your study doctor immediately if you feel that you cannot tolerate your drug regimen.

Possible Benefits of the Study
There is no guarantee that you will receive personal benefit from participating in this study. The study drugs are not expected to cure you of HIV. However, clinical research studies such as this are a way for doctors to determine if a drug is useful in fighting a disease. By participating in this study, you and the Sponsor, Gilead Sciences, Inc., may benefit if FTC/RPV/TDF FDR is effective in treating HIV-1 infection. Your participation in this study may benefit the community, scientists and doctors who work with HIV by providing increased knowledge and information about the treatment of your disease. In addition, during your participation you will have close medical monitoring of your health condition by blood tests and other evaluations during clinic visits.

PREGNANCY AND BREAST FEEDING
The effects of FTC/RPV/TDF FDR and Truvada® alone or in combination with other HIV medications have not been fully evaluated on the developing fetus in humans. Animal studies do not indicate direct or indirect harmful effects of RPV, FTC, and TDF with respect to pregnancy. Because the effects of FTC/RPV/TDF FDR and Truvada® on a developing fetus as well as on exposed infants are unknown, any female able to become pregnant (i.e., a female subject of childbearing potential is a nonmenopausal female who has not had a hysterectomy, bilateral oophorectomy, or medically documented ovarian failure. This definition includes a young woman who has not yet started menstruating) must have a negative blood pregnancy test to enroll; females who are breast-feeding will not be enrolled in this study.
It is very important while you are in this study that you do not become pregnant if you are a female, or do not cause others to become pregnant if you are a male. You are aware that not having sex is the only certain way to prevent pregnancy.

If you are a sexually active male or female, it is required that you use an effective method of birth control from the screening visit throughout the study and for 30 days following the last dose of study drug. Effective methods of contraception in this study are: two separate forms of contraception, one of which must be an effective barrier method, or be non-heterosexually active, practice sexual abstinence, be vasectomized or have a vasectomized partner.

If you are a female who is sexually active and able to become pregnant, please speak with your study doctor to determine the best method of birth control for you to use during this study. Hormone-based contraceptives may not be effective at preventing pregnancy when they are used with FTC/RPV/TDF FDC and Truvada®.

Even if you use highly effective birth control methods, you could still become pregnant. There is a slight chance that a pregnancy test could be wrong. If the pregnancy test is wrong, and you receive the study drug while pregnant, the study drug may harm an unborn baby.

If you are female and become pregnant or suspect that you have become pregnant while in the study and within 30 days of last dose of study drug, you will be required to stop taking all the study drugs and to notify your study doctor immediately. You will be discontinued from the study. The study doctor will request to track your pregnancy and will report the pregnancy and outcome to Gilead.

Other not yet identified side effects could occur to you, your embryo or fetus should you become pregnant during the time you participate in the study or after you have completed the study.

CONDOM USE
It has been proven that condom use decreases the risk of spreading HIV and hepatitis B between sexually active individuals. To decrease your risk of transmitting the virus to another individual and to decrease the risk of being infected with a different strain of HIV, we recommend that condoms be used for all sexual activity to include oral, vaginal, and anal sexual contact. Condom use is recommended in addition to your current form of birth control.

TREATMENT OPTIONS
You have the option to discuss with your study doctor not to have treatment or to choose other anti-HIV drugs to treat your disease. These medicines include commercially available medicines. Your study doctor will discuss appropriate alternative treatment options with you. You will be made aware of any new findings that become available during the course of the study that may affect your willingness to participate in this 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, 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.

Representatives from government agencies, including the U.S. Food and Drug Administration (“FDA”), institutional review boards, the Sponsor and/or the Sponsor’s authorized representatives may need access to your original medical records and study records for the purpose of checking data collected for the study. By signing this consent form, you authorize this access.

Your coded study information and samples may also be used for additional unanticipated medical and/or scientific research projects in the future relating to HIV-1 or the development of the FTC/RPV/TDF (but at all times in compliance with applicable law and regulation).

As explained in this consent form, treatment in this study is randomized and both you and your Study Doctor will know which treatment arm you are in. However, by signing this consent form, you agree that you will not be able to have access to information about your participation in the study until the study is over. After that, you can obtain access to your information through your Study Doctor.

**AUTHORIZATION TO USE AND DISCLOSE RECORDS**

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
- Social Security Number (if you receive more than $600 for participating in studies at PENN, we will need your SSN for the W-9)
- Personal and family medical history
- Current and past medications or therapies
- Results of physical exams, laboratory tests and procedures you will undergo during this research study

**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:
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

GS 0106: Switch Study from Regimens Consisting of a PI/RTV and 2 NNRTIs to FDC
Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate (FTC/RPV/TDF) in Virologically-Suppressed,
HIV-1 Infected Patients

- 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:
- Pharmaceutical sponsor (Gilead Sciences): This is the company that supplies drugs for the study. Information regarding safety and adverse effects needs to be collected and monitored.
- Contract Research Organization: Monitors will visit the site on a regular basis to review data and assure accuracy and completeness of information before the data are analyzed.

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 medications 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 repository (database). However, UPHS and 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 to do so
- The University of Pennsylvania’s Institutional Review Board grants permission after ensuring that appropriate privacy safeguards are in place
- As permitted by law

Will you be able to access your records?
GS 0106: Switch Study from Regimens Consisting of a PI/RTV and 2 NNRTIs to FDC Emtricitabine/Rilpivirine/Tenofovir Disoproxil Fumarate (FTC/RPV/TDF) in Virologically-Suppressed, HIV-1 Infected Patients

During your participation in this study, you might not be able to access some or all of your medical records. For example, access to portions of your medical records may be denied in studies where your knowledge of study results included in such records could affect the reliability of the study. You will have access to your medical record information when the study is over or earlier, if possible. The Principal Investigator is not required to release research information to you that is not part of your medical record.

Can you change your mind?
Yes, at any time you may withdraw your approval to allow the use and disclosure of your personal health information as described here. 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 to use your personal health information, you will also be withdrawn from the research study.

If you withdraw your permission to use any blood or tissue obtained for the study, the Sponsor may need to retain and use any samples that have already been collected to comply with its legal obligations and to maintain the scientific integrity of the 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.

WITHDRAWAL FROM STUDY AND REFUSAL TO PARTICIPATE
Special care will need to be taken when determining if you need to stop the study drug. Your study doctor will supervise any discontinuation of the study drug with your health as the first priority. Your participation in this study may be stopped at any time by a) your study doctor, b) Gilead Sciences, Inc., c) the FDA, d) the Institutional Review Board (a review group that gives approval to your study doctor to conduct this study), and (e) other appropriate regulatory agencies.

Your participation in this clinical research study is voluntary, and you can refuse to participate or stop at any time without stating a reason. Your withdrawal will not affect your access to other medical care.

Your study doctor may withdraw you from the study if it is considered important for your medical safety. If it is learned that you did not give an accurate medical history or did not follow the instructions for the study given by your study doctor and/or study nurse, you may be taken off the study at any time. If you are taken off the study, you will no longer receive the study drugs.

COST OF TREATMENT
The FTC/RPV/TDF fixed-dose combination tablets used in this study will be given to you free of charge. If you are assigned to Treatment Arm 2 and currently have Truvada® as part of your ARV regimen, Truvada® can be given to you free of charge, also. All clinic, professional fees, diagnostic and laboratory fees for tests and procedures that are part of this study will also be provided at no cost to you.

PAYMENT FOR PARTICIPATION
You will be compensated $25.00 for your screening visit. For visits thereafter, Baseline, 8 visits for year 1, you will be compensated $50 for every visit you attend. Thus if you attend all required visits for the study, the maximum compensation you can receive for your first year is $475. If the drug is not commercially available by the end of the study, the study may continue until it is available through your doctor or Gilead discontinues its development. If this is the case, you will continue to be compensated $50 for every visit you attend for the study. If you need to come in for an unscheduled visit that is requested by the study staff, you also will be compensated $10 for that visit. The total compensation you will receive for the study depends on how long you participate.

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.

**COMPENSATION FOR STUDY-RELATED INJURY**

If you are injured or become sick as a direct result of taking the study drug or the study procedures, medical treatment will be offered to you by the University of Pennsylvania. The Sponsor, Gilead Sciences, Inc., will reimburse you or the University of Pennsylvania for the reasonable costs of any medical treatment of a study-related injury or illness provided that you have followed the instructions of the study doctors. Other than reimbursement of medical treatment expenses, the Sponsor and the University of Pennsylvania has no plans to provide any other form of compensation for study-related injury or illness. By agreeing to participate in this study, you do not give up any legal rights to other remedies that may be available to you in connection with an injury or illness caused by the study drug or study procedures.

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.

**SOURCE FOR ADDITIONAL INFORMATION**

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

**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).

**AGREEMENT TO BE IN THE STUDY**

This Informed Consent and HIPAA Authorization Form contains important information to help you decide if you want to be in this study. If you have questions that are not answered in this form, please ask one of the study staff. Please answer the following questions by placing your initials in the line for “Yes” or “No”.

1. Have you read this form?  
   ___ Yes  ___ No

2. Have you had the opportunity to ask questions and discuss the study?  
   ___ Yes  ___ No

3. Have you received answers you find acceptable to all of your questions?  
   ___ Yes  ___ No

4. Have you received enough information about the study to make an informed decision?  
   ___ Yes  ___ No

5. Have you been told that you are free to stop the study at any time without having to give a reason and without affecting your medical care?  
   ___ Yes  ___ No

6. Have you been told that you understand your medical records may be reviewed and how the information will be used?  
   ___ Yes  ___ No

7. Do you agree to have your personal information collected during this study and blood and urine samples stored for future commercial research related to the treatment, prevention or diagnosis of HIV-1?  
   ___ Yes  ___ No

8. Have you been told that you will not have any rights to any discovery or inventions which result from future research, and you will not receive any financial compensation in connection with any future research?  
   ___ Yes  ___ No
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

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If you answered NO to any of the eight questions listed above you should not sign this form. If you have had all your questions answered and you are comfortable participating in this study, please sign below.

By signing and dating this form you agree that you are volunteering to be in this study.

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.

I have read this form and its contents were explained to me. I agree to be in this research study for the purposes listed above. All of my questions were answered to my satisfaction. I will receive a signed and dated copy of this form for my records. I am not giving up any of my legal rights by signing this form.

_____________________________  ____________
Signature of Research Subject   Date

_____________________________
Printed Name of Research Subject

STATEMENT OF PERSON EXPLAINING CONSENT

I have carefully explained to the subject the nature and purpose of the above study. There has been an opportunity for the subject to ask questions about this research study. I have been available to answer any questions that the subject has about this study.

_____________________________  ____________
Signature of Person Explaining Consent   Date

_____________________________
Printed Name and Title of Person Explaining Consent