UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM

IMPAACT 1077HS, Version 2.0 9-OCT-2012: HAART Standard Version of the PROMISE Study (Promoting Maternal and Infant Survival Everywhere)

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

Your contacts for this study are:

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

INTRODUCTION:

You are being asked to take part in this research study because:

- you are infected with human immunodeficiency virus (HIV), the virus that causes AIDS
- you are pregnant or have recently completed a pregnancy
- you are taking or took medicines during pregnancy (known as highly active antiretroviral therapy or HAART) to try to keep your baby from getting HIV

This study is sponsored by the U.S. National Institutes of Health (NIH). The doctor in charge of this study at this site is Dr. Pablo Tebas. Before you decide if you want to join this study, we want you to know about the study. We will explain the study to you and you are free to ask questions at any time. We will ask if you want to join the study. If you do want to join, we will ask you to sign this consent form and you will be given a copy to take home with you.

WHY IS THIS STUDY BEING DONE?

In some countries, such as the US, Brazil, Argentina, Botswana, China, Haiti, Peru, Thailand, women with HIV who become pregnant are given a combination of HIV medicines (HAART) to try to keep their babies from getting HIV. When these women are no longer pregnant, a decision must be made to either continue taking HAART or to stop taking HAART. For women with high CD4+ cell counts (counts of cells that fight HIV), HAART is usually stopped after pregnancy. However, it is not known if it is better for women to stop or continue taking HAART after pregnancy. The main purpose of this study is to answer that question.

Some studies in nonpregnant people have shown that it is better to continue taking HAART once started rather than stopping, but people in these studies often had much lower CD4+ cell counts (counts of cells that fight HIV) and had been on treatment longer than you have been during pregnancy. Some other studies have not shown that continuing HAART is better than stopping it. To see if stopping the drugs is better, worse, or the same in the long run compared to continuing the drugs, we will compare how women who stop HAART after pregnancy do compared to women who continue taking HAART after pregnancy..

There are a number of other goals of the study including:

- To see how well the women will be able to take HAART after pregnancy and how that relates to remaining healthy and having a low amount of the HIV in blood.
- To see if one or a combination of blood tests that measure how the immune system is working (the system that help us fight infections) is affected by stopping or continuing HAART after pregnancy. The study will also find out if these tests can help identify which women might benefit the most from continuing on HAART after pregnancy.
- To see if there are differences in the number of illnesses including infections and diseases such as heart disease, kidney disease, and liver disease, and abnormal lab (blood) tests in women who stop HAART compared to women who continue HAART after pregnancy.
- To see if there are differences in the chances of developing resistance to HIV medicines in women who stop HAART compared to women who continue HAART after pregnancy.
- To see if there are differences in quality of life and costs of health care in women who stop HAART after delivery compared to women who continue HAART after pregnancy.

This study has been approved by the University of Pennsylvania's IRB. An IRB or Institutional Review Board is a special committee that watches over the safety and rights of research participants.

As you consider whether to take part in the PROMISE study, there is some new information about taking HAART that you should know about. In March 2012, the expert panel that develops treatment guidelines for the US issued some updated guidelines and the following changes were made:

- People with CD4 cell counts below 350 should take HAART. This continues to be a strong recommendation based on clear evidence from multiple randomized clinical trials of benefit from HAART for people with CD4 cell counts below 350.
- People with CD4 cell counts between 350 and 500 should take HAART. This is now a strong recommendation based on evidence from observational (non-randomized) research studies and one randomized clinical trial. The evidence for this recommendation is increasing but is less stron than the evidence for people with CD4 counts less than 350.
- For people with CD4 cell counts above 500, the panel gave a moderate recommendation to take HAART. This recommendation is less strong, and is based on expert opinion, because there have been no research studies for people with CD4 counts above 500.

For people in all three ranges of CD4 cell counts, the panel's recommendations to take HAART are based on the benefits of HAART for the perons taking it and evidence that taking HAART can make it much less likely for a person with HIV to pass the virus to a sexual partner.

What do the updated treatment guidelines mean in relation to the PROMISE study? There are a few things to consider:

- Only women with CD4 cell counts above 400 prior to taking HAART in their current pregnancy and at the time of entry into the study can take part in the study.
- Women in the Continue HAART Group will be given HAART through the study regardless of their CD4 cell count.
- Women in the Stop HAART Group will not be given HAART through the study unless their CD4 cell count falls below 350 cells or they develop an illness for which HAART is recommended. This is being done is to better understand the risks and benefits of HAART for women with CD4 cell counts above 350. Based on the updated treatment guidelines, if women in the Stop HAART Group were being treated outside of the study, they would be recommended to take HAART if their CD4 cell count was between 350 and 500. They might also be recommended to take HAART if their CD4 cell count was above 500.

The PROMISE study is being done to provide evidence from a randomized clinical tria; on whether continuing HAART should be recommended for women who took HAART during pregnancy for prevention of mother-to-child transmission. As an alternative to the options available in the study, starting on HAART for your own health is an option available to you outside the study. This is something you should consider and discuss with the study staff and your regular health care provider before deciding whether to take part in the study. Please ask any questions you may have and only decide whether to take part in the study after all of your questions have been answered.

WHAT DO I HAVE TO DO IF I AM IN THIS STUDY?

Screening

If you decide that you want to join the study, we will first do some screening tests to see if you are eligible. The screening tests will be done in the last trimester of pregnancy or within 42 days after you are no longer pregnant.

- We will collect medical history information and perform a physical exam.
- We will do some blood tests to look at your CD4+ cells and how your liver and kidneys are working.
- If your medical history does not have documentation of hepatitis B tests done within the last 12 months, we will do these tests.

If You Do Not Enroll into the Study

If the tests show that you are not eligible to participate, you will continue to receive care from your usual provider, and they will help you figure out if you should continue taking HAART after your pregnancy.

If you decide not to take part in this study or if you do not meet the eligibility requirements, we will still use some of your information. As part of the screening tests, some demographic (e.g., age, gender, race), clinical (e.g., disease condition, diagnosis), and laboratory (e.g., CD4+ cell count, viral load, HIV resistance testing) data are being collected from you so that the researchers may determine whether there are patterns or common reasons why people do not join the study.

Study Visits if You Enroll into the Study

If you join the study, you will be randomly assigned (like flipping a coin) to one of the study groups: either the Stop HAART Group or the Continue HAART Group. You and the study staff will know which group you are in.

If you are assigned to the Stop HAART Group, the study staff will discuss how and when to stop the HIV medicines you took during pregnancy.

If you are assigned to the Continue HAART Group, you can remain on the HIV medicines you took during pregnancy or switch to HIV medicines provided by the study. In some cases, depending on the combination of drugs you took during pregnancy, you will be switched to a different combination. You will also be offered different HIV medicines if you have side effects or if your HIV is not responding to the medicines you are taking.

PROMISE HAART

The preferred study-supplied HAART regimen is lopinavir/ritonavir (LPV/RTV) plus fixed dose combination tenofovir/emtricitabine (TDF/FTC). Additional HIV medicines available in this study include fixed dose combination tenofovir/emtricitabine/rilpiverine (TDF/FTC/RPV), fixed dose combination lamivudine/zidovudine (3TC/ZDV), lamivudine (3TC), tenofovir (TDF), zidovudine (ZDV), didanosine (ddI), atazanavir (ATV), raltegravir (RAL)and ritonavir (RTV). All of these medicines may not be available in all countries where the study is taking place but all will be available in the countries where they are approved by national drug authorities. The study staff will tell you which medicines are available in your country.

Other HIV medicines that are not provided by the study may be used if the combination of medicines is considered effective and the medicines are provided by prescription.

Stop HAART Group	OR	**Continue HAART Group**
The HIV medicines are stopped after delivery.		The HIV medicines are continued for the rest of the study.

The first study visit (the day when you join) will be within 42 days after you are no longer pregnant. After that, you will have a study visit at week 4, week 12, and then approximately every 3 months until the end of the study. Each study visit will last about 30 minutes. You will have routine medical check-ups at the study clinic. It is important that you return for all of these study visits. If you do not come for a study visit or if a test result comes back abnormal, the outreach worker will contact you by phone to find out how you are doing If at any time, you become sick you should let the study nurse or doctor know right away.

If you are assigned to the Stop HAART Group and then your HIV gets worse and you are advised to start HAART, the study will provide HIV medicines to you or you may choose to take the HIV medicines from other programs or providers outside the study. You will be seen for a visit one month after starting these drugs to check for any side effects and to check how they are working at treating HIV. Then you will go back to having study visits every 3 months.

Tests and procedures at the study visits

- Medical history, questionnaires, and physical exam
  We will ask you about your medical history and about any medications you have taken in the past and about how well you are taking the study drugs, if still on them. You will have a physical exam.
- Blood collected
  Blood will be collected from you for various tests. Some tests are to measure how well study drugs are controlling the virus. For some of the blood tests, you will be asked to fast prior the study visit. You will have approximately 45 mL (about 3 tablespoons) of blood taken at most visits. You will be given the results of these tests as soon as they are available.
- Pregnancy test
  You be asked to give blood (about 1 mL or less than one teaspoon) or a urine sample to test for pregnancy at some visits.If you take an HIV medicine called Efavirenz (EFV), you will have a pregnancy test at every visit while taking this medicine and for 3 months thereafter.

- Stored Blood
  Some of your blood will be stored for testing that is planned to be done after the study is completed. After all of the planned testing is done, some of your blood may be leftover. Separately, you will be asked permission fo this leftover blood to be stored and used for other research related to HIV. If you agree , you will sign a special consent form for this. You can still be in the PROMISE study if you do not agree to have your leftover blood stored and used after all the panned study testing is completed.

After your last study visit, the study staff will contact you to give you the results of tests done at your last visit. If you become pregnant during the study, and are still pregnant at your last study visit, the study staff will contact you again to find out the outcome of your pregnancy.

OTHER INFORMATION
The information collected in this study may be used for other research approved by the US NIH-sponsored research group that is conducting this study, the International Maternal Pediatric Adolescent AIDS Clinical Trials (IMPAACT) group.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?
About 2,000 women will take part in this study in the Argentina, Botswana, Brazil, China, Haiti, Peru, Thailand and the US. Only 1 woman will participate at the University of Pennsylvania.

HOW LONG WILL I BE IN THIS STUDY?
You will be in the study anywhere from 2 years to almost 6 years, depending on when you join. Most women will be in the study for less than 4 years.

WHY MIGHT THE DOCTOR TAKE ME OFF THIS STUDY EARLY?
The study doctor may need to take you off the study early without your permission if:

- the study is cancelled by IMPAACT, the U.S. National Institutes of Health (NIH), Office for Human Research Protections (OHRP), the drug companies supporting this study, the local Ministry of Health, or the site's Institutional Review Board (IRB) or Ethics Committee (EC).
- a Data Safety Monitoring Board (DSMB) recommends that the study be stopped early (A DSMB is an outside group of experts who monitor the study).

The study doctor may also need to take you off the study medications if:

- you are not able to attend the study visits
- you are not able to take the HIV medicines as required by the study
- continuing the study medications may be harmful to you
- you need a treatment that you may not take while on the study

If you must permanently stop taking HIV medications before your study participation is over, the study staff will discuss other options that may be of benefit to you. The study doctor will ask you to continue to be part of the study and return for some study visits.

AFTER THE STUDY
After you have finished your study participation, the study will not be able to continue to provide you with the study medications. If continuing to take these or similar medicines would be of benefit to you, the study staff will discuss how you may be able to obtain them.

WHAT ARE THE RISKS OF THE STUDY?

Taking part in this study may involve some risks and discomforts. These include possible side effects of HIV medicines, possible risks and discomforts from the study tests, and possible risks to your privacy. More information is given on each of these types of risks below.

Side Effects of HIV Medicines
Women in the study who take HIV medicines will take a combination of at least 3 different medicines. Some of the medicines are combined together in one tablet, others come in separate tablets. Until you join the study, we will not know what specific medicines you may take. Therefore, this form gives information about all the HIV medicines that may be given in the study.

Each HIV medicine can cause side effects, when taken alone and when taken in combination. Some side effects are minor, while others can be severe. Some are common, while others are rare. If you join the study, the study staff will tell you about the side effects of the specific medicines you will take. They will check for side effects during study visits and tell you what to do if you have any side effects.

First you should know about the possible severe side effects. These effects are rare, but they can cause serious health problems and can result in death:

• Severe rash. This can be caused by atazanavir, lopinavir/ritonavir, ritonavir, and raltegravir.

• Severe depression, including suicidal thoughts or acts. This can be caused by rilpivirine.

• Abnormal heart beat, which can result in lightheadedness, fainting, and serious heart problems. This can be caused by atazanavir, lopinavir/ritonavir, and ritonavir.

• Inflammation of the pancreas. The pancreas is an organ near the stomach. When the pancreas becomes inflamed, it can cause pain in the belly, nausea, vomiting, and increased fats in the blood. This can be caused by didanosine, lamivudine, lopinavir/ritonavir, ritonavir, and tenofovir/emtricitabine.

• Inflammation of the liver. The liver is an organ near the stomach. When the liver becomes inflamed, it can cause pain and swelling in the belly, nausea, and vomiting. This can be caused by lamivudine, lopinavir/ritonavir, ritonavir, tenofovir, and zidovudine.

• Lactic acidosis, enlargement of the liver, and fatty liver, which can result in liver failure. Lactic acidosis is an imbalance in the blood that can cause weight loss, pain in the belly, nausea, vomiting, tiredness, weakness and difficulty breathing. When the liver is enlarged, it can cause pain especially on the right side of the belly, swelling in the belly, nausea, vomiting, and loss of appetite. It can also cause bleeding problems that can result in vomiting blood or dark colored stools. Fatty liver is when healthy liver cells are replaced with fat. Sometimes it causes the liver to be enlarged, but doctors usually find out about it from tests of the blood. These effects can be caused by didanosine, emtricitabine, lamivudine, tenofovir, and zidovudine. They occur more often in women, pregnant women, people who are overweight, and people who already have liver problems.

• Kidney damage or failure. The kidneys are organs near the middle of your back (one on each side). Doctors usually find out about kidney damage from tests of the blood. These effects can be caused by tenofovir.

You should also know about the more common side effects, which are not severe. There are many possible mild and moderate side effects. Some people who take HIV medicines have some of these effects, other people have different effects. The more common mild and moderate side effects are listed on the next page. This list is not a complete list of all side effects for all HIV medicines. As a reminder, if you join the study, the study staff will tell you about the side effects of the specific HIV medicines you will take.

Overall Body Effects

- Overall weakness, tiredness, or feeling unwell
- Loss of appetite
- Loss of weight
- Changes in the placement of body fat, such as enlargement of the neck, stomach, and breasts and thinning of the arms, legs, and cheeks
- Numbness or tingling in the hands, arms, feet, legs, or around the mouth
- Pain in the hands or feet
- Allergic reaction
- Fever

Effects on Your Skin

- Rash, with or without itching
- Yellowing of the skin
- Darkening of the palms and soles of feet

Effects on Your Head

- Headache
- Runny nose
- Yellowing of the eyes
- Not seeing normally
- Changes in the sense of taste
- Swelling of the face, lips, or tongue

Effects on Your Chest

- Cough
- Shortness of breath
- Heartburn

Effects on Your Belly

- Pain or discomfort in the belly
- Nausea
- Vomiting
- Gas
- Loose or watery stools
- Inflammation of the gall bladder. The gall bladder is an organ near the stomach. If it becomes inflamed, it can cause severe pain.
- Stones in the gall bladder or kidneys. If these stones form, they can cause severe pain.

Effects on Your Muscles and Bones

- Aches or pains
- Loss of muscle
- Muscle weakness
- Clumsiness or lack of coordination
- Bone thinning or softening (which could increase the chance of breaking a bone)

Effects on Your Blood

- Decreased blood cells
  - White blood cells help fight infection.
  - Red blood cells help store and transport energy through the body. Low red cells can cause weakness, tiredness, and dizziness.
- Decreased clotting / increased bleeding
- Increased blood sugar or development of diabetes
- Increased fats in the blood that may increase the risk of heart problems
- Other changes in blood test results that may indicate problems with the muscles, kidneys, liver, pancreas, or gall bladder. The blood tests that may be affected include tests of how well these organs are working, tests of substances made by these organs, and tests of fats in the blood.

Effects on Your Mind or Mental Function

- Trouble sleeping
- Unusual dreams
- Depression
- Anxiety or paranoia
- Dizziness

Other Possible Risks of HIV Medicines

Risk of Resistance: All HIV medicines can cause resistance. When resistance occurs, a medicine no longer works against HIV, which can limit the choices of medicines a person can take against HIV in the future. To avoid resistance, it is important to take HIV medicines as instructed, and not miss doses.

Risk of Immune Reconstitution Syndrome: In some people with advanced HIV infection, signs and symptoms of inflammation from other infections may occur soon after HIV medicines are started. Autoimmune disorders (such as Graves' disease, polymyositis, and Guillain-Barré syndrome) 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.

Risks with Hepatitis B: Some HIV medicines are active against Hepatitis B (including lamivudine, emtricitabine, and tenofovir). For women who have Hepatitis B, and take these medicines, there are some risks. The Hepatitis B could become resistant and harder to treat. Also, stopping the medicines could cause the Hepatitis B to worsen. If this happens, most women get better quickly without treatment, but in rare cases this has resulted in death.

Risks with Contraception: Some HIV medicines can interfere with some contraceptive methods, including pills, injections (shots), and implants (placed under the skin). Because of this, it may be necessary to use different or additional contraceptive methods while taking HIV medicines. The study staff will tell you about the effects of the specific HIV medicines you will take and discuss reliable contraceptive methods with you.

Risks with Pregnancy: If you wish to conceive or if you think you may be pregnant at any time during the study, please tell the study staff right away. The study staff will talk with you about the best HIV treatment options for you.

If you get pregnant during the study you can continue in the study. If you are taking HIV medicines when you get pregnant, you can continue taking these medicines or you can receive other treatment according to the local guidelines. If you are not taking HIV medicines when you get pregnant, you will be advised to start the HIV medicines usually given to pregnant women in your area to prevent mother-to-child transmission of HIV. If you get pregnant while taking HIV medicines given to you by the study, you will be asked to sign a separate consent form to continue receiving those medicines while you are pregnant. Site staff will discuss with you what is known about using the medicines during pregnancy and what risks there might be. If you are taking lopinavir/ritonavir (LPV-RTV), your dose may be increased in the last trimester of pregnancy

Risks of Treatment Interruption

The long-term health effects of stopping HAART after taking HAART during pregnancy in women with CD4 counts above 400 are not well described. The following are some of the possible risks associated with stopping HAART after pregnancy.

Stopping HAART may lead to virus rebound and resistance. "Virus rebound" means that the HIV viral load goes back up or "rebounds" to detectable levels. "Resistance" means that a medicine no longer works against HIV. Resistance is the greatest risk of stopping and restarting medications several times.

It is possible that your CD4+ count may go down and that your HIV disease may progress more quickly when HAART is stopped, however this risk is lower if you have a high CD4+ count when you start HAART. It is also possible that the number of cells in which the virus remains latent (hidden or resting) may increase.

If you are assigned to the Stop HAART Group, you will be followed closely and be advised to re-start HAART if your HIV gets worse, or you develop HIV-related infections or diseases that can be helped by HAART.

A recent study has shown that taking HAART can make it much less likely for a person with HIV to pass HIV to a sexual partner. Based on that study, in April 2012 the World Health Organization (WHO) issued new recommendations for couples in which one partner has HIV and the other does not. The WHO recommends that all couples have HIV counseling and testing and that, if one partner has HIV and the other does not, the partner with HIV should start taking HAART even if his or her CD4+ cell count is above 350. In the PROMISE study, if you are assigned to stop HAART after pregnancy, you may be more likely to pass HIV to a sexual partner than if you continued HAART after pregnancy. In relation to the new WHO recommendations, over the coming months, health officials in each country where the PROMISE study is ongoing will need to decide whether to change their HIV treatment programs
to offer HAART to people with CD4+ cell counts above 350 whose partners do not have HIV.
When these decisions are made, we will tell you about them.

Risks of Blood Draws
Drawing blood may commonly cause discomfort, pain, dizziness or local bruising and rarely a local infection.

Possible Risks to Your Privacy
We will make every effort to protect your privacy while you are in this study. Your visits here will take place in private. However, it is possible that others may learn of your participation here and, because of this, may treat you unfairly. There also is a risk to your privacy if someone else taking part in this study knows you.

Other Risks
Some of the medications in this study make some birth control drugs less effective. This type of birth control is given as pills, shots or placed under the skin. This means that you cannot depend on this method of birth control alone. You must use a different or an additional method of birth control to prevent pregnancy. You and your partner should discuss the options for reliable birth control with the study staff.

There may be other risks associated with taking part in this study that are not known at this time.

ARE THERE BENEFITS TO ME BY TAKING PART IN THIS STUDY?

If you take part in this study, there may be a direct benefit to you. Some but not all studies suggests that people who initiate HAART when they have high CD4+ cell counts and are in good health and remain in treatment can live longer, delay their progression to AIDS, and have lower chances of heart, kidney, and liver complications from their HIV disease. A recent study also suggests that taking HAART can make it much less likely to pass HIV to a sexual partner.It is important for you to understand that no guarantee can be made. It is also possible that you may receive no benefit from being in this study or that your health can worsen if you don't take the medications as prescribed or develop resistance to the HIV drugs. Information learned from this study may help others who have HIV.

WHAT OTHER CHOICES DO I HAVE BESIDES THIS STUDY?

Joining or continuing in this study is voluntary. Instead of being in this study, you have the choice of not participating and continuing to see your HIV care provider and continue or not continue antiretrovirals per mutual agreement. Please talk to your doctor about these and other choices available to you. Your doctor will explain the risks and benefits of these choices.

You will continue to receive regular care whether or not you take part in the study.

WHAT ABOUT CONFIDENTIALITY?

Every effort will be made to keep your personal information confidential. This personal information may be disclosed if required by law. Any publication of this study will not use your name or identify you personally.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below. The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

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.

People who may review your records include the University of Pennsylvania's IRB, the US National Institutes of Health (NIH), IMPAACT, ACTG, the US Office for Human Research Protections (OHRP), study staff, study monitors, drug companies supporting the study, and their designees.

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about you or your participation in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate of Confidentiality to withhold that information. Even with the Certificate of Confidentiality, if the study staff learns of possible child abuse and/or neglect or a risk of harm to yourself or others, we will be required to tell the proper authorities.

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

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:

- Data Coordinating Center, Frontier Science Technology Research Foundation (FSTRF): Data for this study will be recorded on case report forms, keyed into a central database and

electronically submitted to the Data Coordinating Center. The data will be cleaned and stored at this facility until it is ready to be analyzed.

- Statistical Data Analysis Center (SDAC): Approved data will be downloaded from FSTRF to the statistical data center for the AACTG at the Harvard School of Public Health. Specific study reports will be periodically provided to the study team and data safety review board to monitor if the trial is safe.
- Contract Research Organization (PPD, Inc): Monitors from PPD will visit the site on a quarterly basis to review data and correct mistakes before the data are sent to SDAC for analysis.
- Government Agencies: Data from this study will be made available to the National Institutes of Health/Division of AIDS (DAIDS)/National Institute for Allergy and Infectious Disease (NIAID), for them to evaluate the safety and efficacy of the treatments being used in this study.

Regulatory and safety oversight organizations

- The 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 drugs 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?
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 Principal Investigator will ensure that these specimens are destroyed or will ensure that any information that could identify you is removed from these specimens.

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 ARE THE COSTS TO ME?
There is no cost to you for your study visits, exams, or blood tests. There is no cost to you for HIV medications given to you from the study. If you take HIV medicines from another program or provider outside the study, you or your health insurance will need to pay for the medicines, unless the medicines are available free of charge. The study cannot pay for medicines obtained from other programs or providers.

WILL I RECEIVE ANY PAYMENT?
If you have to come to the hospital because of your participation in the study, your transportation and time will be reimbursed to you. You will receive $25.00 for each study visit you attend, with the exception of the screening visit for which you will receive $5.00. Thus, for the first year of the study on Step 1, the maximum compensation you will receive is $155.00 (Screening and 6 visits), and in years 2, 3, and 4, $75.00 per year (3 visits). Should you need to go onto Step 2 or 3 of the study, you will continue to receive $25.00 per visit you attend.

WHAT HAPPENS IF I AM INJURED?
If you have a medical emergency during the study you may contact the Principal Investigator or Emergency contact listed on page one of this form. You may also contact your own doctor, or seek treatment outside of the University of Pennsylvania. Be sure to tell the doctor or his/her staff that you are in a research study being conducted at the University of Pennsylvania. Ask them to call the telephone numbers on the first page of this consent form for further instructions or information about your care.

In the event of any physical injury resulting from research procedures, medical treatment will be provided without cost to you. There is no program for compensation either through the University of Pennsylvania or the National Institutes of Health. If you have an illness or injury during this research trial that is not directly related to your participation in this study, you and/or your insurance will be responsible for the cost of the medical care of that illness or injury.

You will not be giving up any of your legal rights by signing this consent form.

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 ARE MY RIGHTS AS A RESEARCH PARTICIPANT?

Taking part in this study is completely voluntary. You may choose not to participate in this study or leave this study at any time. You will continue to receive care no matter what you decide.

We will tell you about new information from this or other studies that may affect you and your health, welfare, or willingness to stay in this study. If you want to be informed about the results of this study, the study staff will contact you when these are available.

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.

If you have read this consent form (or had it explained to you), all of your questions have been answered, and you agree to take part in this study, please sign your name below.

_____	_____
Participant's Name (print)	Participant's Signature and Date/Time
_____	_____
Study Staff Conducting Consent Discussion (print)	Study Staff Signature and Date
_____	_____
Witness's Name (print) (As appropriate)	Witness's Signature and Date