UNIVERSITY OF PENNSYLVANIA

A5276s, Vn 1.0, 11/23/09; Letter of Amendment #1 10/17/11: RESIDUAL VIREMIA SUBSTUDY OF A5001 (ALLRT)

INFORMED CONSENT

If you are seen at the Hospital of the University of Pennsylvania [HUP], your contacts are:

Principal Investigator: Harvey Friedman, MD (215) 662-3557
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Ian Frank, MD (215) 662-7419

Coordinator: Joseph Quinn, RN (215) 349-8092

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

INFORMED CONSENT

You are being asked to take part in the research substudy named above because as a participant in the AIDS Clinical Trials Group Longitudinal Linked Randomized Trials (ALLRT) study, you have demonstrated long-term control of your HIV infection by having repeatedly “undetectable” viral load results. Using a more sensitive blood test to measure the amount of virus in your blood, which can detect down to a single copy of the HIV virus, called the single copy assay (SCA), you have had a single copy assay result on two recent occasions of either more or less than one. We do not know what this result means for people like you and this is why we are doing this study.

Before you can decide whether to take part in this substudy, we want to explain the purpose of the study, how it may help you, any risks to you, and what is expected of you.

YOUR PARTICIPATION IS VOLUNTARY

This consent form gives you information about the substudy, which will be discussed with you. Once you understand the substudy, and if you agree to take part, you will be asked to sign this consent form. You will be given a copy to keep.

Before you learn about the substudy, it is important that you know your participation is entirely voluntary and you may decide not to take part or to withdraw from the study at any time without losing the benefits of your routine medical care. You may also stay in the ALLRT study.

PURPOSE OF SUBSTUDY

We know that despite the very good medications available to treat HIV infection, which reduce viral burden to “undetectable” levels, there is still circulating virus in your body. This is called persistent viremia. We do not know enough about what this means. For instance, we do not know whether people with certain characteristics have more or less measurable virus than other groups and even if this means that they do better or worse. This study is being done to learn what predictors, if any, contribute to residual viremia (having viral load between 1 and 49 copies) and to determine how the level changes after many years of treatment with HIV medications. Predictors might include the medications that you are...
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taking or have taken in past, how your body has responded to these medications, what your baseline viral load or CD4 counts were, and so on. Understanding these predictors could help decide future treatment options.

PROCEDURES

You will be invited to enroll in this study if you started your ALLRT parent study having never taken antiretroviral drugs before and have demonstrated excellent control of the virus over the last few years, but now have had a viral load measured by the single copy assay (SCA) of more or less than one copy on 2 occasions around week 192 of your parent study. There will be two groups in this study, one group will be composed of people with at least one copy on 2 occasions, and the second group will be individuals who have less than one copy on one or both of the two samples that have been tested in ALLRT.

You will be asked to have an extra 40 to 60 mL of blood (about 3 or 4 tablespoons) drawn every 16 weeks (at your regular ALLRT visit) for the rest of your participation in this substudy. This blood will be stored and tested later with the SCA and other virology tests. The SCA will be done at least once a year, but may be done more often.

If you wish, we will tell you what the results of the SCA tests are that qualified you for the study but remember we do not know what these results mean for your health status. The SCA test is used only for research purposes and has not been approved by the FDA. There is no intervention that has been shown to reduce the level of persistent viremia (in fact, at least two studies have shown that the addition of more anti-HIV drugs has no impact) and therefore it is important to continue your current care with the study team and your primary doctor. The results of SCA tests we do after you enter the study may not be available until the end of the study, but if you wish, they will be told to you and, with your permission, your doctor, when they become available.

About 270 ALLRT subjects will be in this substudy. They will have different stages of HIV infection.

You will be asked to stay on this substudy through the end of the ALLRT study, estimated to be in the year 2013. If you stop the ALLRT study, you will also have to stop the substudy.

Other

| Initial if you agree | If you agree, any extra blood that is left over after all required study testing is done will be stored (with the usual protectors of identity - meaning a number that cannot be directly linked to you) and used for ACTG-approved AIDS-related research in the future. Storage of leftover blood is not a requirement to participate in the study, and you may withdraw your approval for the storage of your leftover blood at any time. These samples may be held for an indefinite length of time, and we cannot provide any assurances that you will ever be advised of the outcome or results of the research done on these samples. All assurances of confidentiality described in this consent form are in place for this work as well. |

IRB APPROVED: From: 03-05-2012 To: 03-04-2013

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INFORMED CONSENT

RISKS and/or DISCOMFORTS

Risks of Blood Draws
Taking blood may cause some discomfort, bleeding, bruising, and/or swelling where the needle enters the body, and in rare cases it may result in fainting. There is a small risk of infection.

BENEFITS
There is no guarantee of a direct benefit to you from being in this study. However, taking part in this study will provide information about T cell counts and viral load that may help you and your doctor manage your HIV infection. Knowledge gained from this study may in the future help others who suffer from the HIV infection.

NEW FINDINGS
You will be told of any new information learned during the course of the study that might cause you to change your mind about staying in the study. At the end of the study, you will be told when study results may be available and how to learn about them.

REASONS WHY YOU MAY BE WITHDRAWN FROM THE STUDY WITHOUT YOUR CONSENT:
You may be removed from the study without your consent for the following reasons:
• the investigator decides that continuing in the study would be harmful to you;
• you have 2 measurements of viral load in a row that are 200 copies or more;
• you stop all anti-HIV medications for more than 4 months while you are on the substudy;
• you stop being in the ALLRT study;
• the study is canceled by the National Institute of Allergy and Infectious Diseases (NIAID), the Office for Human Research Protections (OHRP), the ACTG, or the University of Pennsylvania’s Institutional Review Board (IRB). (An IRB is a committee that watches over the safety and rights of research subjects.)

ALTERNATIVES TO PARTICIPATION
You may choose not to participate in this study at any time. You may enroll in other clinical studies.

COSTS TO YOU
There will be no cost to you for any of the tests that you have as part of the ALLRT study.

COMPENSATION
For the extra time and inconvenience and to cover the cost of transportation or parking, day care, meals, you will be compensated $20.00 for each substudy visit you complete. This is in addition to the compensation for participating in the ALLRT study.
What is an Electronic Medical Record?

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

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

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

CONFIDENTIALITY

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

People who may review your records include the ACTG, OHRP, University of Pennsylvania IRB, National Institutes of Health (NIH), and study staff. This access is necessary to insure the accuracy of the findings and your safety and welfare. If any publication or presentation results from this research, you will not be identified by name. Having a Certificate of Confidentiality does not prevent you from releasing information about yourself and your participation in the study.

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

RESEARCH-RELATED INJURY

If you are injured as a result of being in this study, you will be given immediate treatment for your injuries. In the event of any physical injury resulting from the research procedures, medical treatment will be provided without cost to you. There is no program for compensation either through this institution or the National Institutes of Health (NIH) or the University of Pennsylvania. You will not be giving up any of your legal rights by signing this consent form.

PROBLEMS OR QUESTIONS

If you ever have questions about this study or in case of research related injury, you should contact one of the investigators listed on the first page of this form, for concerns regarding your rights as a volunteer, you should contact the Director of Regulatory Affairs at the University of Pennsylvania at (215) 898-2614.
INFORMED CONSENT

AGREEMENT
You have read and understand the above sections of the consent form. You have been given the opportunity to ask questions and they have been answered satisfactorily. You have received a copy of this consent form. You agree to participate in this study.

____________________________________ ___________________________________________  _____________
Participant's signature                  Participant’s Printed Name                   Date/Time

____________________________________ ___________________________________________  ____________
Person Obtaining Consent’s Signature    Person Obtaining Consent’s PRINTED                  Date