HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA

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

Protocol Title:	**A5329 version2.0, 06/18/16 Letter of Amendment #1, 11/7/16, Letter of Amendment #2, 7/7/17**: Interferon-Free Therapy for **C**hronic Hep**A**titi**S** **C** Virus **GEN**otype 1 Infec**T**ion in Participants with HIV-1 Coinfection Receiving Concurrent Antiretroviral Therapy (C_ASCENT), A DIVISION OF AIDS/ AIDS CLINICAL TRIALS GROUP (ACTG) Study
Principal Investigator:	Pablo Tebas, MD 502 Johnson Pavilion, Philadelphia PA 19104 **(215) 349-8092**
Lead Study Nurse:	Yan Jiang, RN, BSN, MSN
Research Team:	Carol DiGiorgio, RN Randee Silverman, RN, BSN Eileen Donaghy, MSN, CRNP Su Kyung Kim, MSN, CRNP, PhD
24 hr. Emergency Contact:	Immunodeficiency Program Doctor on call (215) 662-6059

Introduction:

You are being asked to take part in this research study because you are infected with the human immunodeficiency virus (HIV), the virus that causes AIDS and the hepatitis C virus (HCV).

This study is sponsored by the 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 be a part of this study, the A5239 team wants you to know about the study.

This is a consent form. It gives you information about this study. The study staff will talk with you about this information. You are free to ask questions about this study at any time. Your participation is voluntary which means you can choose whether or not you want to participate. If you choose not to participate, there will be no loss of benefits to which you are otherwise entitled. Before you can make your decision, you will need to know what the study is about, the possible risks and benefits of being in this study, and what you will have to do in this study. The research team is going to talk to you about the research study, and they will give you this consent form to read. You may also decide to discuss it with your family, friends, or family doctor. You may find some of the medical language difficult to understand. If you agree to take part in this study, you will be asked to sign this consent form. You will get a copy to keep.

Why Is This Study Being Done?

New drugs are being developed to treat people who are infected with the hepatitis C virus (HCV). These drugs are being tested as a part of drug regimens (combination of 2 or more drugs) that do not contain the drug interferon (IFN). These regimens could be useful in treating people who are infected with both HCV and HIV because these people often do not respond well to interferon (it does not treat their HCV effectively and they may have complications from taking the drug, such as depression).

These new drugs have not yet been adequately tested in people who are infected with both HIV and HCV. These are the goals of this study:

1. To see if these drugs can effectively treat HCV in people who are infected with both HCV and HIV.
2. To see if these drugs are safe and well-tolerated in people who are infected with both HCV and HIV.

The drugs used in this study are:

Drug 1: paritaprevir/ritonavir/ombitasvir (PTV/r/OBT) fixed-dose combination tablet approved by the US Food and Drug Administration [FDA] for the treatment of HCV
Drug 2: dasabuvir (DSV) approved by the FDA for the treatment of HCV
Drug 3: ribavirin (RBV) approved by the FDA for the treatment of HCV genotype 1a only

Hepatitis C is divided into genotypes. A genotype is a way to describe the virus based on genetic material in the virus itself. This current study includes participants with HCV genotype 1a and 1b. Recent studies show patients with HCV genotype 1b do not have any added benefits when they take RBV as part of their HCV treatment regimen. Similar results have been seen in studies with patients who are infected with HIV and HCV.

Prior studies show patients with HCV genotype 1a do benefit from including RBV as part of an HCV treatment regimen.

Therefore, in the current study, RBV will be provided to you if you have HCV genotype 1a only.

How Many People Will Take Part in This Study?

About 100 people will take part in this study. About 5 people are expected to enroll at the University of Pennsylvania.

How Long Will I Be In This Study?

You will be in this study for approximately11 months.

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

Screening

In order to be screened for this study you also have to be screened to participate in A5335s, the Liver Biopsy substudy for A5329. A5335s has a separate consent form that you must sign before you have any evaluations for A5329.

If A5335s screening tests show that you are not eligible to participate in A5335s, the Liver Biopsy substudy, or you choose not to participate in A5335s, you will not be able to continue in this study. You will not receive any study medications for this study and you will not have any further evaluations for this study.

After you read and sign the consent form, you will have a screening visit to make sure you are able to join the study. This visit will last about 1-2 hours.

- Your HIV infection will be confirmed. If there is no record available, you will have another HIV test. You may have to sign a separate consent form before having this test.
- You will have a physical exam and will be asked about your health and medicines you have taken in the past and are taking now. Also, an EKG (electrocardiogram, a recording of the heart's electrical activity) will be done at this visit.
- You will have about 3 tablespoons (40 mL) of blood drawn to measure your HCV viral load (the amount of HCV virus in your blood) and genotype (genetic makeup of the HCV virus), CD4+ cell counts (these are cells in your blood that fight infection), evidence of hepatitis B virus infection, and

HIV viral load (the amount of HIV in your blood), and for routine safety tests. You will be told the results of these tests when they become available.

- You will have a blood test to look for Serum Alpha-Fetoprotein (AFP) in your blood. AFP is normally made by a fetus's liver and yolk sac. It's the main protein during the first three months of development. AFP greatly decreases by age 1 and should only be found in adults in very low levels. Some people with cirrhosis or chronic active hepatitis also have higher blood levels of AFP. You will be told the results of these tests when they become available.
- If you are a woman able to become pregnant, you will be asked to give a urine or blood sample to see if you are pregnant. You will not be able to enroll in this study if you are pregnant. You will be told the result of the test when it becomes available.
- If you are a male with a female partner who is able to become pregnant, you will be asked if your partner is pregnant. You will not be able to enter the study if you have HCV genotype 1a and your partner is pregnant

<u>If you do not enroll into the study</u>

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 visit, some demographic (age, gender, race), clinical (disease condition, diagnosis), and laboratory (CD4+ cell count, viral load) information is being collected from you so that ACTG researchers may help determine whether there are patterns or common reasons why people do not join a study.

<u>Entry</u>

If you are eligible for the study, you will come in for a study entry visit. At this visit:

- You will have a brief physical exam.
- Medical and medication history will be collected at the study entry visit.
- You will have about 6 tablespoons (90 mL) of blood drawn to measure HCV viral load, HIV viral load, CD4+ cell counts, and for some routine safety tests. You will be told the results of these tests when they become available.
- If you are a woman able to become pregnant, you will be asked to give a urine or blood sample to see if you are pregnant. You will not be able to enter the study if you are pregnant. You will be told the result of the test when it becomes available.
- If you are a male with a female partner who is able to become pregnant, you will be asked if your partner is pregnant. You will not be able to enter the study if you have HCV genotype 1a and your partner is pregnant.
- You will have about 1 tablespoon (15 mL) of blood drawn for a genetic test to see if we can predict how well you will respond to HCV treatment (this is called an IL28B genotype test).
- You will have about 1 tablespoon (15 mL) of blood drawn and stored for future HCV/HIV studies, including resistance studies. A resistance test is used to determine the genetic makeup of your HCV virus. In addition, some of your blood will be stored for future testing required by the study.
- You will have an IFN Gamma-Induced Protein 10 (IP 10) test to look at the protein levels in your blood that can become elevated in people infected with HCV genotype 1.
- You will have soluble CD14 (sCD14) plasma sample taken to see how well your body responds to treatment of your HIV and HCV. sCD14 is a biomarker (biological molecule such as proteins and DNA) found in your plasma (clear, yellowish, fluid part of the blood that carries the blood cells).

You will be assigned to a study group based on which medicines you take for your HIV and how long you take the study drugs. The study will require that you be on a specific antiretroviral therapy (ART) regimen containing either integrase inhibitor (INI) raltegravir (RAL) or dolutegravir (DYG) or protease inhibitor (PI) darunavir (DRV) or atazanavir (ATV), but this regimen will not be provided by the study.

The groups are described below. You and your study doctor will know the study drugs that you are taking. You will have about 1 tablespoon (15 mL) of blood drawn after your first dose of study drugs to measure the drug levels in your blood.

Participants will be enrolled in Groups A and C first and will be treated for 24 weeks. When these groups have completed 8 weeks of treatment, the study results will be reviewed by a safety monitoring team.

Group A
- Take study drugs for 24 weeks
- Take ART regimen containing raltegravir or dolutegravir

Group B
- Take study drugs for 12 weeks
- Take ART regimen containing raltegravir or dolutegravir

Group C
- Take study drugs for 24 weeks
- Take ART regimen containing darunavir or atazanavir

Group D
- Take study drugs for 12 weeks
- Take ART regimen containing darunavir or atazanavir

As of October 7, 2016, 20 of 25 participants have been enrolled into Cohort A (integrase based antiretroviral therapy) with 3 individuals in screening; it is anticipated that Cohort A will be fully enrolled. In contrast, only 11 of 25 participants have been enrolled in cohort C (HIV-1 protease based antiretroviral therapy) with 1 individual in screening; it is highly unlikely that Cohort C will fully enroll. Cohorts A and C are closed to enrollment.

Cohort B and D are now currently open to enrollment. Participants in these cohorts will receive 12 weeks of treatment which is consistent with the current practice guidelines and the FDA-approved prescribing information for this regimen (Viekira Pak™).

Study Visits While Taking Study Drugs (Weeks 1, 2, 3, 4, 6, 8, and 10) Group A, B, C, and D:
- You will have a brief physical exam.
- You will have about 3 tablespoons (45 mL) of blood drawn for routine safety blood tests and to measure your HCV and HIV viral loads. You will be told the results of these tests when they become available.
- You will have blood drawn to measure CD4+ cell counts (week 4). You will be told the results of these tests when they become available.
- If you are a woman able to become pregnant, you will be asked to give a urine or blood sample to see if you are pregnant (at week 4 and week 8). You will be told the result of the test when it becomes available.
- You will have about 1 tablespoon (15 mL) of blood drawn and stored for future testing required by the study.
- You will have about 1 tablespoon (15 mL) of blood drawn to measure the levels of study drugs in your blood.
- You will have an IP 10 test (at week 2, and week 4).
- You will have sCD14 plasma samples taken (at week 2, and week 4).

If you are assigned to Group B or D, you will stop taking study drugs at week 12.

If you are assigned to Group A or C, you will stop taking study drugs at week 24, so you will have three more study visits while taking study drugs.

Study Visits While Taking Study Drugs (Weeks 12, 16, and 20) Group A and C Only:

- You will have a brief physical exam.
- You will have an EKG (at week 12).
- You will have about 3 tablespoons (45 mL) of blood drawn for routine safety blood tests, and to measure your HCV and HIV viral loads. You will be told the results of these tests when they become available.
- If you are a woman able to become pregnant, you will be asked to give a urine or blood sample to see if you are pregnant. You will be told the result of the test when it becomes available.
- You will have about 1 tablespoon (15 mL) of blood drawn to measure the levels of study drugs in your blood (week 12 only).
- You will have about 1 tablespoon (15 mL) of blood drawn and stored for future testing required by the study.
- You will have an IP-10 test and sCD14 plasma samples taken (week 12).
- You will have blood drawn to measure CD4+ cell counts (week 12). You will be told the results of these tests when they become available.

Treatment Completion Visit (Groups A, B, C, and D)

When you are done taking your study drugs, you will have a treatment completion visit (at week 12 for Groups B and D; at week 24 for Groups A and C). At this visit:

- You will have a brief physical exam, including an EKG.
- You will have about 6 tablespoons (90 mL) of blood drawn to measure your HCV viral load, HIV viral load, CD4+ cell counts, and for some routine safety tests. You will be told the results of these tests when they become available.
- If you are a woman able to become pregnant, you will be asked to give a urine or blood sample to see if you are pregnant. You will be told the result of the test when it becomes available.
- You will have about 1 tablespoon (15 mL) of blood drawn to measure the levels of study drugs in your blood. [Groups B and D only]
- You will have about 1 tablespoon (15 mL) of blood drawn and stored for future testing required by the study.
- You will have an IP-10 test.
- You will have sCD14 plasma samples taken.

You will not take any more study drug after this visit, but you will have study visits to follow your health.

Post Treatment Visits (Post-treatment weeks 4, 12, and 24 for Groups A and C; Post-treatment weeks 4, 12, 24 and 36 for Groups B and D)

- You will have a brief physical exam.
- You will have about 6 tablespoons (90 mL) of blood drawn to measure your HCV viral load, your HIV viral load, your CD4+ cell counts (at some visits), and for some routine safety tests. You will be told the results of these tests when they become available.
- If you are a woman able to become pregnant, you will be asked to give a urine or blood sample to see if you are pregnant. You will be told the result of the test when it becomes available.
- You will have about 1 tablespoon (15 mL) of blood drawn and stored for future testing required by the study.
- You will have an IP-10 test and sCD14 plasma samples taken (at some visits).

If you are assigned to Group A or C, you will have 3 post-treatment visits and be done with the study after your post-treatment week 24 visit.

If you are assigned to Group B or D, you will have 4 post-treatment visits and will be done with the study after your post-treatment study visit week 36 visit.

If You Have to Stop Taking the Study Drugs Early or You Have to Stop the Study Early

If you have to stop taking the study drugs early, you will come to the clinic for an additional visit. This visit will last about 1 hour. At this visit:

- You will have a brief physical exam.
- You will have about 5 tablespoons (75 mL) of blood drawn to measure HCV viral load, HIV viral load, CD4+ cell counts, and for some routine safety tests.
- If you are a woman able to become pregnant, you will be asked to give a urine sample or blood sample. You will be told the result of the test when it becomes available.
- You will have about 1 tablespoon (15 mL) blood drawn to measure the level of study drugs in your blood.
- You will have about 1 tablespoon (15 mL) of blood drawn and stored for future testing required by the study.
- You will have an EKG test.
- You will have to have an IP 10 test.
- You will have sCD14 plasma samples taken.
- You will have about 1 tablespoon (15 mL) of blood drawn to measure the study drug levels in your blood.

After this visit, you will either: continue "on study/off study drugs," if you agree and it is safe for you to continue; or you will be taken off the study altogether. If you continue "on study/off study drugs," you will have the post-treatment visits as described above for your group.

Virologic Failure

If you experience HCV virologic failure (when your HCV worsens) or HIV virologic failure (when your ART fails to suppress and sustain your viral load to less than 200 copies/mL), a blood sample (1 teaspoon) will be collected to confirm this result. This collectiont may be combined with another study-scheduled visit. You will also have these tests done:

- You will also have about 1 tablespoon (15 mL) of blood drawn to measure the levels of study drugs in your blood.
- You will have about 1 tablespoon (15 mL) of blood drawn and stored for future testing required by the study.
- You will have routine safety labs done (for HCV virologic failure).
- You will have and IP-10 test and sCD14 plasma samples taken (for HCV virologic failure).
- You will have about 1 teaspoon of blood drawn for HIV-1 resistance testing (for HIV virologic failure).

Your study doctor will talk to you about the plan for future treatment.

For HCV virologic failure: You must stop taking HCV study drugs right away. You will continue "on study/off study drugs" and have the post-treatment visits as described above for your group.

For HIV virologic failure: You may or may not need to stop taking HCV study drugs. Your study doctor will discuss this with you. If it is safer for you to stop taking HCV study drugs, you will continue "on study/off study drugs" and have the post-treatment visits as described above for your group.

Additional Blood Tests
Some of your blood that is left over after all required study testing is done may be stored (with the usual protectors of your identity) and used for ACTG-approved HIV-related research. Refusing to have your blood stored will not affect your participation in this study. We will not store your samples with any information that will identify you. These samples may be stored for an indefinite period. You might not receive the results of testing performed on these samples.

Why Would 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
- a Study Monitoring Committee (SMC) recommends that the study be stopped early (An SMC is an outside group of experts who monitor the study.)
- you are not able to attend the study visits as required by the study
- your primary care provider or investigator thinks the study is no longer in your best interest

The study doctor may also need to take you off the study drugs without your permission if:

- continuing the study drugs may be harmful to you
- you need a treatment that you may not take while on the study
- you are not able to take the study drugs as required by the study
- you miss 3 or more clinic visits in a row
- you experience HCV virologic failure
- you become pregnant or breast-feed (for females on study)
- your female partner becomes pregnant (for males on study)

If you must stop taking the study drugs before the study is over, the study doctor may ask you to continue to be part of the study and return for some study visits and procedures.

If I have to permanently stop taking study drugs through the study, or once I leave the study, how can I get study drugs?

During the study:
If you must permanently stop taking study-provided drugs before your study participation is over, the study staff will discuss other options that may be of benefit to you.

After the study:
After you have completed your study participation, the study will not be able to continue to provide you with the drugs you received on the study. If continuing to take these or similar drugs/agents 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?

Risks of Social Harm
Although the study site staff will make every effort to protect your privacy and confidentiality, it is possible that other people could find out that you are in a study and this could cause problems for you. For example, other people might figure out that you are infected with HIV. If this happens, people could treat you unfairly or family members, friends, and/or the community might not accept you.

Risks of Drawing Blood
Taking blood may cause some discomfort, lightheadedness, bleeding, swelling, or bruising where the needle enters the body, and in rare cases, fainting, or infection.

Risks of EKG
An EKG has no serious risks and does not give off electrical charges, such as shocks. You may develop a mild rash where the electrodes (soft patches) were attached. This rash often goes away without treatment.

Risks of Study Drugs
The drugs used in this study may have side effects, some of which are listed below. Please note that these lists do not include all the side effects seen with these drugs. These lists include the more serious or common side effects with a known or possible relationship. There may be unknown risks and side effects associated with these drugs. If you have questions concerning the additional study drug side effects or your health please ask the medical staff at your site.

There is a risk of serious and/or life-threatening side effects when non-study medications are taken with the study drugs. For your safety, you must tell the study doctor or nurse about all medications you are taking before you start the study and also before starting any new medications while on the study. Also, you must tell the study doctor or nurse before enrolling in any other clinical trials while on this study.

Risks of paritaprevir/r/ombitasvir and dasabuvir plus ribavirin
- Headache: 17.8%, about 18 in 100 participants
- Diarrhea: 6.7%, about 7 in 100 participants
- Nausea: 15%, about 15 in 100 participants
- Dizziness: 2.9%, about 3 in 100 participants
- Constipation: 2.5%, about 3 in 100 participants
- Common cold symptoms: 2.2%, about 2 in 100 participants
- Tiredness: 21.5%, about 22 in 100 participants
- Itching: 9.6%, about 10 in 100 participants
- Trouble sleeping: 9.2%, about 9 in 100 participants
- Weakness: 6.9%, about 7 in 100 participants
- Low red blood count: 7.3%, about 7 in 100 participants
- Increase in liver tests (ALT, a blood test that increases when your liver is inflamed): 0.6%, about 1 in 100 participants
- Severe liver problems in 26 participants with advanced liver disease prior to treatment some of whom died or required liver transplantation. These liver problems included confusion, abdominal fluid accumulation and swelling, bleeding, and changes in blood tests that measure the function of the liver (less than 1%, about 1 in 1000 participants).

More than 6,700 HCV-infected patients have been treated with a paritaprevir/r-based interferon-free, combination DAA HCV treatment regimen during phase II/III and currently ongoing clinical trials. In this combined experience 1.2% (about 1 in 100) of patients discontinued therapy with paritaprevir/ritonavir/ombitasvir plus dasabuvir and ribavirin due to an adverse event. In addition, the regimen paritaprevir/r/ombitasvir and dasabuvir has been used by prescription in the United States since December 2014.

Information about pregnancy
The risks of AbbVie's 3-DAA medicines in pregnancy are not known.

Risks of Ribavirin (RBV)

- Anemia (decreases in your red blood cells caused by breakdown of your red blood cells). Anemia can worsen existing heart and pulmonary conditions.
- Temporary changes in blood platelet levels
- Temporary changes in liver function tests (a measure of your liver activity)
- Stomach and intestinal
  - Nausea
  - Vomiting
  - Indigestion
  - Stomach discomfort
  - Skin disorders
- Upper respiratory tract inflammation
- Teratogenicity (risk to an unborn baby)
- Nervous system
  - Depression
  - Insomnia (inability to sleep)
  - Nervousness
  - Skin tingling
  - Drowsiness
  - Light-headedness
- Hyperuricemia (excess of uric acid in blood which can lead to gout, a painful swelling of joints and may lead to kidney disease).

  NOTE:There are reports indicating that HIV-infected people taking treatment for HIV and HCV have developed high lactate (an acid that can build up in the bloodstream and cause life-threatening illness) levels with worsening liver disease. It is not clear if ribavirin is the cause. This may be more common if ribavirin is taken with didanosine (ddI, Videx) for HIV infection. There may be an increased risk of inflammation of the pancreas when didanosine is taken with ribavirin. Because of these risks, didanosine use is not allowed in this study. **RBV is associated with birth defects and should not be taken by pregnant women or men with pregnant sexual partners.**

Are there Risks Related to Pregnancy?

The drug or drug combinations in this study are unsafe for unborn babies. The risks to unborn babies for each drug are listed in the section called “What Are The Risks Of The Study?” If you are having sex that could lead to pregnancy, you must agree not to become pregnant or make a woman pregnant.

Because of the risk involved, if you are participating in a sexual activity that could lead to pregnancy, you and your partner must use two methods of birth control that you discuss with the study staff. You must continue to use both methods until 6 months after you stop the study drug. You may choose two of the birth control methods listed below:

- Condoms (male or female) with or without a spermicidal agent
- Diaphragm or cervical cap with spermicide
- Intrauterine device (IUD)
- Hormone-based contraceptives (only female partners of male study participants)

NOTE: Hormone-based contraceptives are NOT considered an acceptable form of contraception for female study participants**.**

You and your partner must use two reliable methods of birth control simultaneously while receiving study drugs. If you will be taking RBV on study, then you must continue to use two reliable methods of birth control at the same time for 6 months after stopping study drugs. Ribavirin is known to cause birth

defects and can lead to the death of an unborn child. If you will not be taking RBV on study, then you must continue to use two reliable methods of birth control at the same time for 30 days after stopping study drugs.

If you are a woman who can become pregnant, you must have a pregnancy test within 24 hours prior to starting the study drugs. The test must show that you are not pregnant. Pregnancy tests will also be performed at most study visits. If you think you may be pregnant at any time during the study, tell your study staff right away. The study staff will talk to you about your choices.

If you are a man on study and you think your female partner may be pregnant at any time during the study, tell your study staff right away.

For participants with HCV genotype 1a who are receiving RBV:
Pregnancy (either women or men whose female partners become pregnant) at any time during the study will result in immediate discontinuation of RBV and counseling on ribavirin teratogenicity (ability to cause birth defects). You will continue on DAAs. You will continue to be followed on study and have the visits as described above for your group until study completion.

For participants with HCV genotype 1b:
Women or men with women partners who become pregnant at any time during the study will continue on DAAs. You will continue to be followed on study and have the visits as described above for your group until study completion.

All participants:
You will be contacted by the study staff 6 months after the end of the pregnancy to follow up on any side effects. In addition, the study staff will report pregnancies to the Ribavirin Pregnancy Registry (if you were taking RBV) and the Antiretroviral Pregnancy Registry. These are websites housing information about any side effects seen in babies who were exposed to RBV or anti-HIV drugs during pregnancy.

Breastfeeding
It is unknown whether the study drug or study drug combinations pass through the breast milk and may cause harm to your infant. You will not be allowed to participate in the study if you are breastfeeding.

Are There Benefits to Taking Part in This Study?

If you take part in this study, there may be a direct benefit to you. Your health may be watched more closely than usual while you are on the study, which may help you to feel better. It is also possible that you may receive no benefit from being in this study. Information learned from this study may help others who have HIV and HCV.

What Other Choices Do I Have Besides This Study?

Instead of being in this study, you have the choice of:

- treatment with prescription drugs currently available to you
- treatment with other experimental drugs, if you qualify
- no treatment; some people may clear the HCV infection on their own over the first year of infection, although over 9 in 10 people clear in the first 12 weeks of the new infection

Please talk to your doctor about these and other treatment choices available to you and the risks and benefits of these choices.

What About Confidentiality?

The A5329 team 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, Office for Human Research Protections (OHRP) or other government agencies as part of their duties, Food and Drug Administration (FDA), the University of Pennsylvania institutional review board (IRB) (a group that protects the rights and well-being of people in research), National Institutes of Health (NIH), study staff, study monitors, drug companies supporting this study, and their designees. 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, the A5329 team will be required to tell the proper authorities.

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

Your personal information may be given out if required by law. If you test positive for HIV or Hepatitis C or if a CD4 or HIV viral load is done at a study visit, by law we have to report the result to the City of Philadelphia Health Department/PA Department of Health. Personal identifiers such as name, sex, date of birth, address, and phone number will be reported. For more information about the requirements reporting infectious diseases to the City of Philadelphia Health Department, please visit https://hip.phila.gov/ReportDisease. For more information about the requirements reporting infectious diseases to the PA Health Department, please visit http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/epidemiology/Pages/Reportable-Diseases.aspx#.V620aZ3D9eU.

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, email address
- Dates directly related to you such as date of birth and clinic visits.
- Personal and family medical history
- Current and past medications or therapies
- Questionnaires
- Results of tests and procedures you will undergo during this research
- Social Security Number, Medical record number

Why is your personal contact and health information being used?
Your personal contact information is important for the research team to contact you during the study. Your personal health information and results of tests and procedures are being collected as part of this research study. In some situations, your personal health information might be used to help guide your medical treatment.

Who may use and share information about me?
The following individuals may use or share your information for this research study:

- The Principal Investigator and the Investigator's study team
- Other authorized personnel at Penn, including offices that support research operations
- Other research personnel with access to the databases for research and/or study coordination and as otherwise approved by the IRB

Who, outside of the School of Medicine, might receive my information?
As part of the study, the Principal Investigator, the study team and others listed above, may disclose your personal health information, including the results of the research study tests and procedures. This information may be disclosed to those listed below:

Individuals or organizations responsible for administering the study:

- ACTG Data Coordinating Center, Frontier Science Technology Research Foundation (FSTRF): Data for this study will be recorded on case report forms, keyed into a central database and electronically submitted to the Data Coordinating Center. The data will be cleaned and stored at this facility until it is ready to be analyzed.
- Statistical Data Analysis Center (SDAC): Approved data will be downloaded from FSTRF to the statistical data center for the AACTG at the Harvard School of Public Health. Specific study reports will be periodically provided to the study team and data safety review board to monitor if the trial is safe.
- Pharmaceutical sponsor (Gilead Sciences, Inc): The pharmaceutical company that is supplying the drug for this study
- Contract Research Organization (PPD, Inc): Monitors from PPD will visit the AACTG on a quarterly basis to review data and correct mistakes before the data are sent to SDAC for analysis.
- Government Agencies: Data from this study will be made available to the 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
- Food and Drug Administration

Once your personal health information is disclosed to others outside of UPHS or the School of Medicine, it may no longer be covered by federal privacy protection regulations. Data are reported to the sponsor on Case Report Forms that identify you by your unique study number and not your name, date of birth or medical record number. Information regarding your health, such as side effects of the study drug you experience will be reported only by code number. All samples collected for analysis will be labeled with your study number, visit number and date of your visit.

The Principal Investigator or study staff will inform you if there are any additions to the list above during your active participation in the trial. Any additions will be subject to University of Pennsylvania procedures developed to protect your privacy.

How long may the School of Medicine use or disclose your personal health information?
Your authorization for use of your personal health information for this specific study does not expire.

Your information may be held in a research database. However, the School of Medicine may not re-use or re-disclose information collected in this study for a purpose other than this study unless:

- You have given written authorization
- The University of Pennsylvania's Institutional Review Board grants permission
- As permitted by law

Can I change my mind about giving permission for use of my information?
Yes. You may withdraw or take away your permission to use and disclose your health information at any time. You must do so in writing to the Principal Investigator at Infectious Disease Division, 502 Johnson Pavilion Philadelphia PA 19104. Even if you withdraw your permission, your personal health information that was collected before we received your written request may still be used and disclosed, as necessary for the study. If you withdraw your permission, you will not be able to stay in this study.

What if I decide not to give permission to use and give out my health information?
Then you will not be able to be in this research study.

You will be given a copy of this Research Subject HIPAA Authorization describing your confidentiality and privacy rights for this study. You will also be given the UPHS and School of Medicine's Notice of Privacy Practices that contains more information about the privacy of your personal health information.

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

A clinical trial management system (CTMS) is used to register your information as a participant in a study and to allow for your research data to be entered/stored for the purposes of data analysis and any other required activity for the purpose of the conduct of the research.

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 information related to your participation in the research (i.e. laboratory tests, imaging studies and clinical procedures) may be placed in your existing EMR maintained by UPHS. Information related to your participation in clinical research will also be contained in the CTMS.

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 information produced from your participation in 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). Information related to 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 or in the CTMS, your information may be accessible to appropriate UPHS workforce members that are not part of the research team. Information within your EMR may also be shared with others who are determined by UPHS to be appropriate to have access to your EMR (e.g. health insurance company, disability provider, etc.).

What Are the Costs To Me?

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

Will I Receive Any Payment?

You will be compensated $50 for each required study visit you attend. For the screening visit, you will be compensated in cash, for the remainder of the study visits the compensation will be provided on a ClinCard (a debit card). If you are in Group A or C, this is 16 visits (screen, entry, and on treatment weeks 1, 2, 3, 4, 6, 8, 10, 12, 16, 20 and 24 and post-treatment weeks +4, +12 and +24) for a total compensation of $800. If you are in Group B or D, this is 14 visits (screen, entry, and on treatment weeks 1, 2, 3, 4, 6, 8, 10, and 12; and post-treatment weeks +4, +12, +24 and +36) for a total compensation of $700. There is no other form of compensation available such as reimbursements for parking, tokens or child care. In order to be compensated for your participation in this study, you must provide your Social Security Number. Additionally, please note that the University of Pennsylvania is required to report to the IRS any cumulative payments for participation in research studies that exceed a total of $600 in a calendar year.

What Happens If I Am Injured?

We will offer you the care needed to treat injuries directly resulting from taking part in this research. We may bill your insurance company or other third parties, if appropriate, for the costs of the care you get for the injury, but you may also be responsible for some of them.

There are no plans for the University of Pennsylvania or the National Institutes of Health. to pay you or give you other compensation for the injury. You do not give up your legal rights by signing this form.

If you think you have been injured as a result of taking part in this research study, tell the person in charge of the research study as soon as possible. The researcher's name and phone number are listed in the consent form.

What Are My Rights As a Research Participant?

Taking part in this study is completely voluntary. You may choose not to take part in this study or leave this study at any time. Your healthcare provider will treat you the same no matter what you decide.

We will tell you about new information from this or other studies that may affect your health, welfare, or willingness to stay in this study. If you want the results of the study, let the study staff know.

What Do I Do If I Have Questions Or Problems?

If you have questions about this study or a research-related injury, please contact the research team listed on page 1 of this consent form.

For questions about your rights as a research participant, contact:

- Director of Regulatory Affairs at the University of Pennsylvania by phoning (215) 898-2614

CONSENT

On page 6 of this consent form you were informed about optional tests to be done on your leftover blood.

If you agree, any blood left over after all required study testing is done may be stored (with no information that will identify you) and used for future ACTG-approved research. These blood samples may be stored for an unknown period of time. Results of testing done on these samples may not be given to you because they will be done in the future.

Please tick the box below to indicate your choice. You may change your mind at any time and reasonable efforts will be made to destroy your samples, though this may not always be possible.

☐ I agree to allow additional testing performed my extra samples for future ACTG-approved research

☐ I do not allow my extra samples to be used in future research

When you sign this form, you are agreeing to take part in this research study. This means that you have read the consent form, your questions have been answered, and you have decided to volunteer. Your signature also means that you are permitting the University of Pennsylvania Health System and the School of Medicine to use your personal health information collected about you for research purposes within our institution. You are also allowing the University of Pennsylvania Health System and the School of Medicine to disclose that personal health information to outside organizations or people involved with the operations of this study.

A copy of this consent form will be given to you. You will also be given the University of Pennsylvania Health System and School of Medicine's Notice of Privacy Practices that contains more information about the privacy of your health information.

Name of Subject (Please Print)	Signature of Subject	Date

Name of Person Obtaining Consent (Please Print)	Signature	Date

IRB Approval From: 08/15/2017 to: 07/06/2018