Partners HealthCare System
Research Consent Form

Subject Identification

General Template - Drug Clinical Trial
Version Date: January 2010

Protocol Title: Atazanavir and Endothelial Function in Older HIV Patients

Principal Investigator: Joshua A. Beckman, MD

Site Principal Investigator:

Description of Subject Population: HIV-infected adults receiving suppressive ART consisting of co-formulated tenofovir/emtricitabine plus atazanavir/ritonavir: Aim 2

About this consent form

Please read this form carefully. It tells you important information about a research study. A member of our research team will also talk to you about taking part in this research study. People who agree to take part in research studies are called "subjects." This term will be used throughout this consent form.

Partners HealthCare System is made up of Partners hospitals, health care providers, and researchers. In the rest of this consent form, we refer to the Partners system simply as "Partners."

If you have any questions about the research or about this form, please ask us. Taking part in this research study is up to you. If you decide to take part in this research study, you must sign this form to show that you want to take part. We will give you a signed copy of this form to keep.

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

Why is this research study being done?

With an estimated 33.2 million people in the world infected with the virus, HIV is a major medical problem. With medical treatment, people with HIV now survive a much longer period of time. However, it has become clear that people with HIV are at a higher risk of having a heart attack compared to people without HIV. We would like to find out if certain HIV medications may reduce the risk of heart attack better than others.

The purpose of this study is to find out if subjects taking atazanavir for more than 6 months have better blood vessel function and lower levels of free radicals. Studying blood vessel function is a method that investigators use to understand if a treatment may reduce the chances of a heart attack. Free radicals are responsible for aging, tissue damage, and possibly some diseases. At high levels, free radicals can cause cell damage. We will compare subjects currently taking atazanavir for more than 6 months to subjects on non-atazanavir HIV regimens.

We are asking you to take part in this research study because you are infected with HIV and are clinically-stable. You are currently receiving a combination pill tenofovir/emtricitabine plus atazanavir.

About 30 subjects will take part in this research study at Brigham and Women's Hospital (BWH).

Bristol-Myers Squibb is paying for this research to be done.

How long will I take part in this research study?

It will take you 1 day to complete this research study. During this time, we will ask you to make 1 study visit to BWH.

What will happen in this research study?

If you choose to take part in this study, we will ask you to sign this consent form before we do any study procedures.

Visit 1

This visit will take about 2 hours.

At this visit, we will:

- Obtain written informed consent
- Ask about your medical history
- Give you a physical exam, including height, weight and blood pressure
- Draw a blood sample for general health screening tests and test related to your HIV, such as chemistry, complete blood count, CD4+(white blood cell that fights infection) cell count, and to measure the amount of HIV-1 in your blood
- At this visit, we will also do an ultrasound test (pictures obtained by sound waves) to see how the brachial artery (in your arm near the elbow) respond to certain tests. During the testing, we will ask you to lie quietly on your back on a portable bed, and the lights in the room will be dimmed. We will put a cool gel on your arm. An ultrasound probe that looks like a microphone will be used to scan back and forth over the arteries. Computer pictures of your arteries will be taken before and after inflating a blood pressure cuff for 5 minutes on the upper part of the arm. We will measure the response of your artery(ies) to this temporary "blockage" (by inflation of the blood pressure cuff) of blood flow.

  Next, we will give you a small dose of nitroglycerin, a medicine that causes blood vessels to dilate (expand). Nitroglycerin is approved by the U.S. Food and Drug Administration (FDA) for angina (chest pain). The tablet is placed under your tongue. We will take ultrasound pictures of your arteries again to see the effect of the nitroglycerin. This testing gives us information to compare with similar testing at the end of the study. It takes about one hour.

We will draw a total of about 3 tablespoons of blood during the entire course of this research study.

STORAGE OF BLOOD SAMPLES

A portion of your blood sample will be frozen and stored at Brigham and Women's Hospital. The stored blood will be used to study blood sugar use, inflammation, and free radicals at the end of the study. These stored blood samples may also be used by the Sponsor or its research partners

to understand factors that may affect blood vessel function, like new tests for inflammation or free radicals that aren't currently known.

We will label all your samples with a study code instead of your name. The key to the code connects your name to your health information and samples. The study doctor will keep the key to the code in a password protected computer or locked file. Only study staff personnel at Brigham and Women's Hospital and representatives of Bristol Myers, Inc. will have access to your stored samples.

If at any time you choose to stop taking part in the study and want to have your samples destroyed, contact the study doctor.

Bristol-Myers Squibb may use health information that identifies you to do the research described in this form, and to do related research. This means research related to Atazanavi**r** alone, or in combination with other drugs/devices.

Bristol-Myers Squibb may use study information that no longer identifies you to do ANY type of research.

What are the risks and possible discomforts from being in this research study?

Risks of Blood Draws

You may have a bruise (a black and blue mark) or pain where we take the blood samples. There is also a small risk of infection, lightheadedness, and/or fainting.

Risks of Ultrasound

During the ultrasound test, we will inflate a blood pressure cuff on your upper arm to a high pressure for 5 minutes. This may cause discomfort or aching, but it is not risky. The ultrasound test does not involve needles, and testing is done on the surface of the skin only.

Risks of Nitroglycerin

We will give you a small dose of nitroglycerin to take (under the tongue) during the ultrasound

testing. Nitroglycerin may cause a temporary headache. Less than 1 in 100 people may develop low blood pressure or a vagal reaction (fall in heart rate with low blood pressure). Blood pressure and heart rate are checked many times throughout the study, and a doctor will be present at all times. If the top number of your blood pressure at rest is lower than 100 mm Hg, we will not give you nitroglycerin.

What are the possible benefits from being in this research study?

You will not benefit from taking part in this research study. Others with HIV may benefit in the future from what we learn in this study**.**

What other treatments or procedures are available for my condition?

This is not a treatment study. The alternative is to not take part.

Can I still get medical care within Partners if I don't take part in this research study, or if I stop taking part?

Yes. Your decision won't change the medical care you get within Partners now or in the future. There will be no penalty, and you won't lose any benefits you receive now or have a right to receive.

Taking part in this research study is up to you. You can decide not to take part. If you decide to take part now, you can change your mind and drop out later. We will tell you if we learn new information that could make you change your mind about taking part in this research study.

What should I do if I want to stop taking part in the study?

If you take part in this research study, and want to drop out, you should tell us. We will make sure that you stop the study safely. We will also talk to you about follow-up care, if needed.

Also, it is possible that we will have to ask you to drop out of the study before you finish it. If this happens, we will tell you why. We will also help arrange other care for you, if needed.

Will I be paid to take part in this research study?

We will pay you $100 if you complete the one-time visit study.

We will pay for your parking in the hospital garage during study visits.

We will pay for the cost of your transportation up to $10.

What will I have to pay for if I take part in this research study?

Study funds will pay for study visits, ultrasound, nitroglycerin, and all the tests and procedures that are done only for research.

What happens if I am injured as a result of taking part in this research study?

We will offer you the care needed to treat any injury that directly results from taking part in this research study. We reserve the right to bill your insurance company or other third parties, if appropriate, for the care you get for the injury. We will try to have these costs paid for, but you may be responsible for some of them. For example, if the care is billed to your insurer, you will be responsible for payment of any deductibles and co-payments required by your insurer.

Injuries sometimes happen in research even when no one is at fault. There are no plans to pay you or give you other compensation for an injury, should one occur. However, you are not giving up any of your legal rights by signing this form.

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

If I have questions or concerns about this research study, whom can I call?

You can call us with your questions or concerns. Our telephone numbers are listed below. Ask questions as often as you want.

Joshua Beckman, MD and Paul Sax, MD are the persons in charge of this research study. You can reach Dr. Beckman at 617-732-6320 from 8:30 AM till 4 PM. You can contact Dr. Sax at

617-732-8881 from 9 AM till 5 PM. You can also page them at any time by calling the page operator at 617-732-6660 and asking for beeper # 17188 (Dr. Beckman) or beeper # 11943 (Dr. Sax).

If you have questions about the scheduling of appointments or study visits, call our research assistants at 617-732-6320.

If you want to speak with someone **not** directly involved in this research study, please contact the Partners Human Research Committee office. You can call them at 617-424-4100.

You can talk to them about:

- Your rights as a research subject
- Your concerns about the research
- A complaint about the research

Also, if you feel pressured to take part in this research study, or to continue with it, they want to know and can help.

If I take part in this research study, how will you protect my privacy?

During this research, identifiable information about your health will be collected. In the rest of this section, we refer to this information simply as "health information." In general, under federal law, health information is private. However, there are exceptions to this rule, and you should know who may be able to see, use, and share your health information for research and why they may need to do so.

In this study, we may collect health information about you from:

- Past, present, and future medical records
- Research procedures, including research office visits, tests, interviews, and questionnaires

Who may see, use, and share your identifiable health information and why they may need to do so:

- Partners research staff involved in this study

- The sponsor(s) of this study, and the people or groups it hires to help perform this research
- Other researchers and medical centers that are part of this study and their ethics boards
- A group that oversees the data (study information) and safety of this research
- Non-research staff within Partners who need this information to do their jobs (such as for treatment, payment (billing), or health care operations)
- The Partners ethics board that oversees the research and the Partners research quality improvement programs.
- People from organizations that provide independent accreditation and oversight of hospitals and research
- People or groups that we hire to do work for us, such as data storage companies, insurers, and lawyers
- Federal and state agencies (such as the Food and Drug Administration, the Department of Health and Human Services, the National Institutes of Health, and other US or foreign government bodies that oversee or review research)
- Public health and safety authorities (for example, if we learn information that could mean harm to you or others, we may need to report this, as required by law)
- Other:

Some people or groups who get your health information might not have to follow the same privacy rules that we follow. We share your health information only when we must, and we ask anyone who receives it from us to protect your privacy. However, once your information is shared outside Partners, we cannot promise that it will remain private.

Because research is an ongoing process, we cannot give you an exact date when we will either destroy or stop using or sharing your health information.

The results of this research study may be published in a medical book or journal, or used to teach others. However, your name or other identifying information **will not** be used for these purposes without your specific permission.

Your Privacy Rights

You have the right **not** to sign this form that allows us to use and share your health information for research; however, if you don't sign it, you can't take part in this research study.

You have the right to withdraw your permission for us to use or share your health information for this research study. If you want to withdraw your permission, you must notify the person in charge of this research study in writing. Once permission is withdrawn, you cannot continue to take part in the study.

If you withdraw your permission, we will not be able to take back information that has already been used or shared with others.

You have the right to see and get a copy of your health information that is used or shared for treatment or for payment. To ask for this information, please contact the person in charge of this research study. You may only get such information after the research is finished.

Informed Consent and Authorization

Statement of Study Doctor or Person Obtaining Consent

- I have explained the research to the study subject.
- I have answered all questions about this research study to the best of my ability.

_____ _____

Study Doctor or Person Obtaining Consent Date/Time

Statement of Person Giving Informed Consent and Authorization

- I have read this consent form.
- This research study has been explained to me, including risks and possible benefits (if any), other possible treatments or procedures, and other important things about the study.

- I have had the opportunity to ask questions.
- I understand the information given to me.

Signature of Subject:

I give my consent to take part in this research study and agree to allow my health information to be used and shared as described above.

Subject Date/Time

Consent of Non-English Speaking Subjects Using the "Short Form" in the Subject's Spoken Language

Statement of Hospital Medical Interpreter

As someone who understands both English and the language spoken by the subject, I interpreted, in the subject's language, the researcher's presentation of the English consent form. The subject was given the opportunity to ask questions.

Hospital Medical Interpreter Date/Time

OR

Statement of Other Individual (Non-Interpreter)

As someone who understands both English and the language spoken by the subject, I represent that the English version of the consent form was presented orally to the subject in the subject's own language, and that the subject was given the opportunity to ask questions.

Name

Date/Time

Consent Form Version Date: September 2012

Subject Population: Clinically Stable, HIV-infected adults, 45 years of age or older, receiving suppressive ART

IRB Protocol No.: 2011p001985 **Sponsor Protocol No.:** August 04, 2011

Consent Form Valid Date: 09/25/2012 **IRB Amendment No.**: N/A **Sponsor Amendment No.**: N/A

IRB Expiration Date: 09/11/2013 **IRB Amendment Approval Date:** N/A