SWEDISH MEDICAL CENTER | SEATTLE

747 Broadway PO Box 14999 Seattle, WA 98114-0999
(206) 386-6000

University of Washington School of Medicine
and
Puget Sound Blood Center

CONSENT FORM

Viral Activation Transfusion Study

Martin Siegel, MD	Clinical Associate Professor, Medicine Physician, Polyclinic	 329-1760
Ann Collier, MD	Professor, Medicine	731-3293
Terry Gernsheimer, MD	Assistant Professor, Medicine	292-6521
Sherill Slichter, MD	Professor, Medicine	292-6541
Robert Coombs, MD	Associate Professor, Lab Medicine	621-4342
Dee Townsend-McCall, RN	Research Nurse, Puget Sound Blood Center	292-6548
Mary Grabowski, RN	Research Nurse, Puget Sound Blood Center	292-1922
Jill Corson, RN, BSN	Research Nurse, Puget Sound Blood Center	292-6548
Renee LeBlanc, RN, OCN	Research Nurse, Puget Sound Blood Center	292-1920
Rhonda Niles, RN, ARNP	Research Nurse, Puget Sound Blood Center	292-6548
Fariba Fuller, RN, MA	Research Nurse, Puget Sound Blood Center	292-4179
John Sedgwick, RN, MN	Research Nurse, Puget Sound Blood Center	292-6395
Emergency 24 hour number	Page: AIDS Research Beeper, or Puget Sound Blood Center	731-3000 292-6525

Physicians and other investigators at the Swedish Medical Center, University of Washington, and Puget Sound Blood Center are studying the effects of red blood cell transfusion in persons with human immunodeficiency virus (HIV) infection. This research study in humans is designed, sponsored, and approved by the National Heart, Lung and Blood Institute.

The following is a summary of the information given to you when this program was discussed with you. Please read it and ask any questions you may have.

BACKGROUND/PURPOSE

People with HIV infection, especially those with AIDS or impairment of their immune system, sometimes require blood transfusions. You have HIV infection, and your doctor has advised you to receive a red blood cell (RBC) transfusion. Although blood transfusions are commonly given to people with HIV infection or AIDS, there has been little study of its consequences. Studies have shown that blood transfusions may temporarily increase the level of HIV in the blood, perhaps because of the small number of white blood cells contained in the RBCs.

Patients with HIV also may have other viral infections such as cytomegalovirus (CMV). CMV is a virus that causes a lifelong infection. When a person experiences impairment of the immune system (for example from AIDS), CMV can reactivate and cause symptoms and illness. CMV can cause blindness in people with AIDS. It can also cause trouble swallowing, diarrhea, and other problems.

The purpose of this study is to determine if RBC transfusions cause HIV or CMV to become more active in people with HIV infection, and whether this causes more rapid progression of HIV, such as opportunistic infections or other problems. In this study, the blood of patients with HIV infection will be tested to determine if the levels of HIV or other viruses, including CMV, change after blood transfusion. The study will also see if filtering the blood to remove white blood cells will make a difference in these levels and in the severity of HIV disease. Filtering to remove white blood cells is a technique commonly used in patients with a history of transfusion reactions.

BENEFITS

It is hoped that the filtering of the blood transfusions may be of benefit to some subjects. However, it is not known if subjects participating in this research study will receive any direct benefit. Participants will receive eye exams every 6 months at no cost. You will have periodic blood counts at no cost. You will receive extensive education about blood transfusion, HIV infection, and its complications. The knowledge gained from the study may help to determine what type of blood transfusions should be given to patients with HIV infection and therefore, other patients may benefit in the future.

TREATMENT AND PROCEDURES

Before receiving the first blood transfusion you will be interviewed by one or more members of the study team, which will take 15-30 minutes. You will be asked to sign a release so that we may obtain and review your medical records. Questions will be asked about the history of your HIV infection and the medications you are taking and have taken in the past. You may be asked questions about sexual orientation, history of sexually transmitted diseases like herpes simplex virus, and history of illegal drug use. A member of the study team will draw blood (2-3 tablespoons) prior to your first transfusion. The blood will be tested for HIV and possibly CMV. You will receive counseling at the time of testing and when you receive the HIV results. However, you will not receive the HIV results for several months after testing. You will be asked to fill out a questionnaire at study entry (and every 3 months thereafter if you enter the study) that asks about your state of health, your level of activity, and some of your moods and feelings. You are free not to answer any question.

If these tests show that you are eligible and you agree to take part, you will be randomly assigned (like flipping a coin) to receive either blood that has processed in the standard way or blood that has been filtered to remove white blood cells. Neither you, your doctor, nor the study team will know which type of blood you receive. If you need additional blood transfusions later in the course of the study, you will receive the blood prepared in the same way. The filtration will be done in the blood bank under sterile conditions. If medically indicated, the study doctor or your own doctor may recommend that you receive filtered blood. If you need a transfusion of platelets (blood clotting cells), they will be filtered to remove white blood cells. You will be asked to remain in the study for up to 3 years.

You will be asked to be seen by an eye doctor to examine you for CMV infection of the eye (retinitis), within three weeks before or after your first transfusion and every six months until the study is completed. This will require a separate appointment of less than one hour. Your pupils will be dilated for this exam with tropicamide eye drops.

You will asked to return to the clinic for 5 minutes to have a blood draw (about 2 tablespoons) one, two, three, and four weeks after your first transfusion. If you receive a second blood transfusion during the study, you will again be asked to come to have blood drawn before and at one, two, three and four weeks after the blood transfusion (2 tablespoons with each visit of 5 minutes). If you receive more than two transfusions, we will continue to monitor you but we will not request additional weekly blood samples.

You will be asked to come to clinic for study visits lasting approximately 30-45 minutes every three months for up to 3 years. At each visit we will draw blood (about 2 tablespoons) and ask detailed questions about your health, the medications you are taking, and the effect of HIV infection on the

quality of your life. Some of these visits may be done when you visit your physician and some will be scheduled separate from your doctor's appointments.

We ask your permission to have your updated medical records sent to us at regular intervals. In addition, we ask that you call us if you are admitted to the hospital, if you have a scheduled surgical procedure, if you are scheduled to receive any intravenous fluids or medication, or if your physician orders another transfusion (either here or outside the Seattle area).

During the study, you may take any other AIDS or HIV medicine prescribed by your doctor. However, we request that you not take any new anti-HIV medicine such as AZT, ddI, ddC, d4T, or 3TC, or a new immune modulator drug (GM-CSF, interferon, etc.), for two weeks following the first two transfusions. Study personnel will inform you and your primary physician of the study plan. You may take erythropoietin (procrit or epoetin - a hormone for increasing your red blood cells) while participating in the study.

Your decision to participate in this study is voluntary and you may withdraw your consent at any time, for any reason, without notice. Medical care will be available even it you decide to discontinue this study.

You will be informed by the study team of any significant new findings which may have impact upon your decision to participate in the study. If, at any time, the study team feels that continued participation in the study would be harmful to your health, you will be withdrawn. If you have certain side effects during transfusions, you may then receive filtered blood, but you will continue in the study. Your participation in the study could be discontinued without your consent, for example, if the study is stopped early.

RISKS/STRESS/DISCOMFORT

Blood transfusion carries a risk for transmission of other infections like hepatitis, although the blood is tested before use, and is not given if the tests show signs of infection. There is also a risk of fluid building up in your lungs during or following transfusion, although this is a rare complication. Other complications include fevers and chills. Sometimes you can have a reaction to the transfused blood and have low blood pressure and dizziness. With rare severe reactions, kidney failure can occur. These latter complications are serious, but usually not-life threatening. However, these are the risks for any transfusion and, since your physician has prescribed a transfusion, these risks would be the same whether you participated in this study or not.

There is a very small possibility of a reaction to the filter materials, including back pain, face flushing, a decrease in blood pressure, or shortness of breath.

Asking you questions about HIV infection and other personal and sensitive information can be stressful. Since you already have HIV infection, performing HIV testing carries the risk of a false test result. Any unexpected results will be repeated. Drawing blood may cause temporary discomfort or bruising where the needle enters the veins. The total amount of blood to be drawn over the course of the two-year study is 2¼ cups. This could make your anemia worse, but your red blood count will be monitored to prevent a significant anemia.

During the first 2 weeks after you have a transfusion, you are requested not to start new anti-HIV, or immune modulator drugs, and there is a small possibility that your HIV disease, or overall condition could worsen during this time. However, this risk is probably small since HIV is a lifelong infection. If your doctor feels the medicine is necessary, you may take the medicine and you will continue in the study.

During the eye exam, tropicamide drops will be used to dilate the pupil of the eye to allow for a better view of the optic nerve. It may cause blurring of vision and can make it dangerous for you to drive or

operate heavy machinery for several hours. For this reason, you should make arrangements for someone to drive you home from the eye exam. As with any drug, there may be unexpected adverse effects.

Your physician and the study team will answer an questions regarding the blood transfusion, its risks and side effects, and other treatment available to you now or at any time in the future You will be instructed on how to contact your physician and his or her medical staff and the study team in the event you should have any questions or problems.

ALTERNATIVES

The alternative to participation in this study is to receive a blood transfusion according to the routine practices of the health care facility as prescribed by your physician.

OTHER INFORMATION

Participation in this study will not change the time or procedures followed during your blood transfusion(s). You will receive $25 for each study follow-up visit at the clinic (maximum of $400) not directly needed for a transfusion, as compensation for transportation and your time.

You or your insurance will be responsible for the cost of all blood transfusions and any side effects of the blood transfusions or from study participation. All study related costs including procedures, clinic visits, and laboratory tests will be provided free of charge. There will be no additional costs to you to have the blood transfusions prepared for the study. In the event of a physical injury as the direct result of study procedures, you will receive immediate care by a member of the team at no cost. If you have questions regarding medical and hospital charges, medical insurance coverage or expenses related to this study, please discuss them with your attending physician.

You will be required to register by name as a patient with the study eye doctor. The study team will need to see your medical records now and in the future, until the study is ended. Representatives of the National Institutes of Health (NIH, the study sponsor) and the New England Research Institute (the data center) reserve the right to review study data, as well as personal medical records relevant to this research. Some of these records contain identifying information. All research records and your laboratory samples will be identified by a code number. Research records will be kept indefinitely. Part of the blood samples will be saved and may be used in the future for other HIV-related tests by the investigators or other researchers, but the samples will be coded and no identifying information would be released to others.

It is common practice to take blood or tissue from patients, and then use them for scientific purposes. Although it is unlikely that any given person's cells or tissues will result in a product with any commercial value, it is nevertheless a possibility. By agreeing to participate in this research project, you agree to release your blood or other body tissue, and hereby waive any claim you may have arising out of any product made from your blood and other body tissue.

We encourage you to ask questions regarding any aspect of this study before you sign this consent form. If you have questions about your rights as a research participant, please contact Karen Hansen in the Institutional Review Office of Swedish Medical Center at 206/667-4867.

PATIENT'S AUTHORIZATION

I have read and understand this consent form and have voluntarily decided to participate in the study described above. I have had an opportunity to ask questions about the study and about my participation in it, and about the need for access to my medical records. All questions have been answered to my satisfaction. I authorize Swedish Medical Center (SMC) and my physician to disclose information from my medical records for use in this research project. This authorization will be effective indefinitely on the condition that in the opinion of SMC's Institutional Review Board the disclosure of such information pursuant to the authorization does not violate applicable law. I have been informed of other treatments available for my condition, including no further treatment. I understand that no compensation (financial or otherwise) or free medical care will be provided in the event of injury (physical or otherwise) or death resulting from my participation in this study. This does not mean, however, that I waive my rights, if any, which otherwise may be available to me by law. My signature also indicates that I have been given a copy of this consent form.

_____ _____

SUBJECT'S SIGNATURE WITNESS' SIGNATURE

_____

DATE

_____

PARENT/LEGAL GUARDIAN
(for patients less than 18 years old)

INVESTIGATOR'S CERTIFICATE

I have provided an explanation of the above treatment program and have encouraged the patient to request additional information regarding this program and possible alternatives. A copy of this consent form has been given to the patient.

_____ _____

INVESTIGATOR'S SIGNATURE INVESTIGATOR'S NAME (PLEASE PRINT)

_____ _____

AFFILIATION EMERGENCY PHONE NUMBER

_____

DATE

CC: Investigator's File
Subject

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