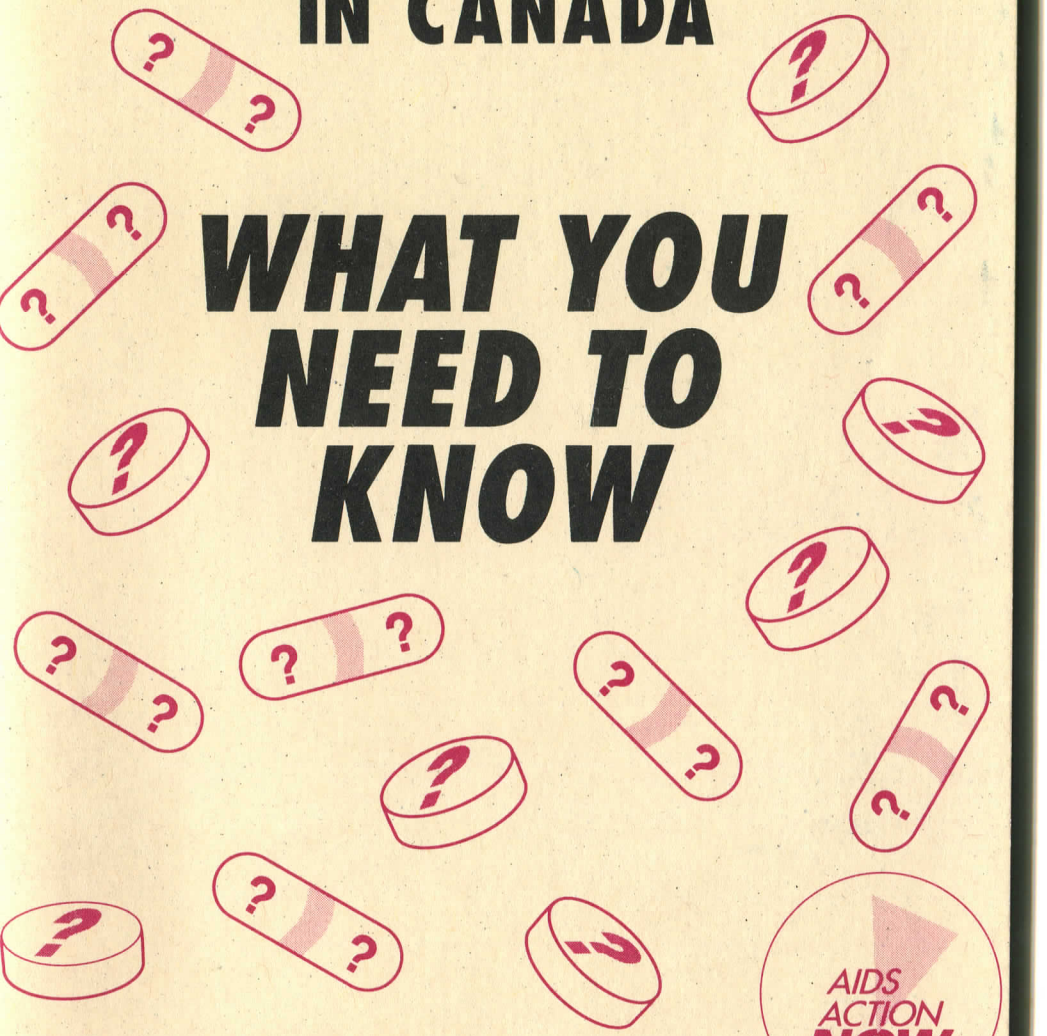
AIDS AND HIV
DRUG TRIALS
IN CANADA



WHAT YOU NEED TO KNOW

AIDS ACTION NOW

AIDS ACTION NOW

WHO WE ARE

AIDS ACTION NOW! is a Toronto-based organization which represents people living with AIDS and HIV. Its Treatment Access and Research Committee studies drug research, drug licensing and access in Canada. The following people were involved in the production of this booklet: Darien Taylor, Tim McCaskell, Brian Farlinger and Kalpesh Oza. French translation: François Gagnon and Benoît Racine. Booklet design and electronic publishing: Steve Tong Design. Printing: Ryerson Copy Shop.

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ABOUT THIS BOOKLET

This booklet was developed to help people with AIDS or HIV decide whether or not to enter a drug trial and to explain what a drug trial is. It does not endorse any particular drug trial or suggest that people with AIDS or HIV infection join a trial. People affected by HIV need to be aware of their options and need to know their rights if they choose to join a trial. If you are thinking of joining a drug trial, this booklet contains a number of questions you can ask the doctors running the trial, to help you decide if the trial is right for you.

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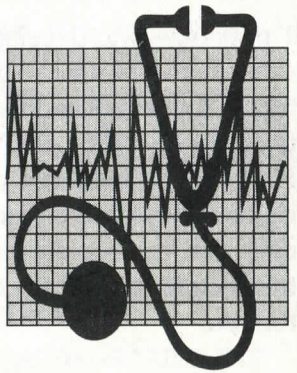
UNDERSTANDING DRUG TRIALS



What is a drug trial?

A drug trial tests a drug in people. It is a carefully controlled experiment in which people take a drug to find out if it works and how it can be safely used. Sometimes combinations of drugs are used. Drug trials are also called **clinical trials** or **studies**.

Why are drug trials done?

Why can't I just take the drug I want?

There are not many drugs available that fight AIDS, HIV and the illnesses that people with AIDS and HIV get. But there are a number of drugs that might work. Drug trials are done to find out which drugs actually work, and which ones don't. If drugs were sold without testing, the only information that we would have would be unproven stories.

Every drug sold in Canada must first be approved by the Health Protection Branch (HPB). The HPB is required to protect people from drugs that are dangerous or don't work. The HPB looks at information from drug trials to see if the drug is safe and if it works. If the drug is safe and it works, then the HPB allows the drug manufacturer to sell it. Unless special rules apply, it is against the law to sell a drug that hasn't been approved for marketing by the HPB.

When the HPB approves a drug, this doesn't mean that the drug will work all the time for everyone. It means that it works often enough in enough people to make it worth trying. Also it doesn't mean that the drug is universally safe, only that the dangers of the drug have been reasonably well defined.

What drugs are being tested?

People are taking many things to try to fight HIV and AIDS. Some people use treatments like acupuncture, herbs, vitamins, or meditation. These treatments are almost never tested in clinical trials. There are groups that can tell you more about these treatments listed at the end of this booklet.

Most clinical trials test drugs. The drugs and treatments being tested for people living with HIV and AIDS fall into five categories:

1. Those that might fight the virus (Anti-HIV or **Antiretroviral** drugs).
2. Those that might strengthen the immune system (Immune boosters or **immunomodulators**).
3. Those that might treat or prevent HIV-related illnesses (such as **opportunistic infections** like PCP or thrush).
4. Those that might treat cancer.
5. Vaccines that might prevent or treat HIV infection.

The effects of drugs being tested in trials are not fully known. If you join a trial, the drug you take might not work. It might even make you worse. It's important to be aware of these risks, as well as possible benefits of the drug.

Types of trials

After a drug has been tested in the lab and in animals, it is tested in people. There are four steps or "phases" of trials that are done with people.

Phase I: Is the Drug Safe?

A Phase I trial is usually the first time the drug has been given to people. This type of trial is done to find out how safe the drug is at different doses. Everyone in a Phase I trial gets some of the drug, but since Phase I trials usually try to find out the best amount or dose of the drug, people are often given different amounts.

A drug in Phase I has not been tested in many people, so very little is known about it. This makes Phase I trials riskier than Phase II trials. Phase I trials are usually short, usually under two to three months long, and usually involve under one hundred people. Phase I trials usually study how safe a drug is, but they may also collect early information on how well it works.

Phase II: Does It Work?

If the Phase I trial finds that the drug is safe enough, a Phase II trial will be done. In a Phase II trial, more people are given the drug to see if it works and to study the side effects more carefully. In this type of trial, researchers try to find out if the drug has a good effect: for example, does it raise T4 cells, or does it clear up an infection? Phase II trials can last from a few weeks to a few months and there are usually under a hundred people in a Phase II trial.

Phase III : What if Many People Take It?

If the Phase II trial shows that the drug seems to work, a Phase III trial is started. In this type of trial, usually hundreds, sometimes thousands, are given the drug to see if it works for everyone and if it causes problems over a long period of time. Researchers look for rare side effects which are only seen in a few people or after a few years.

Drugs will go through all three phases before they are approved by the HPB.

Phase IV: Post-Marketing Trials

Post-marketing trials are not always conducted but they are becoming more important now that some drugs are approved earlier than in the past. They allow for more testing over a longer period of time, to see if any problems develop over the long term.

Phases can also be combined, such as a Phase II/III trial, to answer more than one question at a time.

Will I Know What Drug I'm Taking?

Not always. In a Phase I Trial, you will know what drug you are taking and how much, but in a Phase II or III trial, you probably won't. Phase II and III trials are usually **controlled trials** and people in these trials are divided randomly into different groups:

- one group takes the new drug
- another group takes an approved drug (e.g. AZT)

The group that takes the approved drug is sometimes called the "control" group. Sometimes the control group takes a **placebo** (a pill that does nothing).

Usually no one, not even the doctors, knows who is taking what until the trial is over. This is called a **Double Blind** study. If everyone knows who is taking what drug, the trial is called an **Open Label** study.

Controlled trials are done to make sure the drug really works. If everyone in the trial gets the new drug, there's no way to tell if the drug is making them better or if something else is doing it. They may get better because they are seeing a doctor regularly, or because they are eating better, or taking better care of themselves. So a new drug is compared to something else to see which is better. Also, if people in the trial believe they are taking a drug that works, they may feel better, even if the drug doesn't work. For example, in a trial to test a drug to fight diarrhea, half the people taking the new drug got better. But half of the people receiving the placebo got better, too. This means the drug didn't work any better than the placebo.

Will I get a Placebo?

That depends on the trial. Placebos are still used in some Phase II and III trials. When the first AIDS trials were done, many people received a placebo and nothing else. But now that AZT and DDI have been approved to fight HIV, this is no longer done in tests of anti-virals. If you join a trial using a new drug to fight HIV you should get either an approved drug or the new drug. But the trial might still use a placebo like this:

- one group would get the new drug plus AZT/DDI
- one group would get a placebo plus AZT/DDI

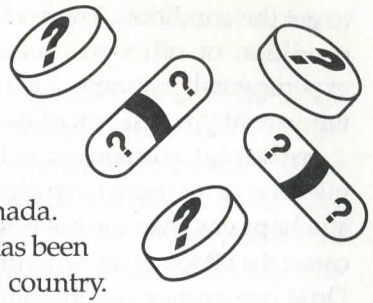
You might also be able to take AZT/DDI on your own and still participate in the trial of a new drug.

Some of the illnesses that people with AIDS get don't have any approved treatments. In trials for these illnesses, a placebo might be used. For example, in a trial that is testing a drug to fight **MAI**,

some people might get a placebo and nothing else, because there is no approved treatment for MAI. Other trials test drugs to see if they can prevent an illness. In these trials, some people might be given a placebo and nothing else. Some people, including AIDS Action Now!, disagree with this and think that everyone should get some kind of treatment. Certainly people should not be forced to enter a trial as their only hope of getting the drug.

A placebo used in a trial has to look exactly like the drug being tested. So if the drug being tested is a pill, the placebo will be a pill. But if the drug is injected into a vein for two hours, the placebo will be injected into a vein for two hours.

BEING IN A DRUG TRIAL



How do I find a drug trial?

Drug trials are done throughout Canada. The **Canadian HIV Trials Network** has been set up to encourage trials across the country. For information call your branch of the Network listed in section 6 (collect calls accepted).

Not all trials take place under the Canadian HIV Trials Network however, so it is probably worth your while to talk to your doctor or local AIDS organization to make sure you know about all the trials which are available.

It is difficult to monitor treatments in Canada. AIDS Action Now! lobbied government to establish a treatment information registry as long ago as 1989 and while the government has made a commitment to establish a registry as of the time of publication (November 1991) only a general design for the "AIDS Treatment Information System" has been developed. If implemented, the registry will provide information on the latest drug and non-drug therapies and trials to persons with HIV throughout Canada.

Can anyone join a trial?

No. Every trial has strict rules about who can join. These requirements are called **Inclusion** and **Exclusion Criteria. Inclusion criteria** are things you need to join a trial-things like "T4 cells over 200" or "over 13 years old". **Exclusion criteria** are things that will keep you out of a trial-like certain illnesses people in the trial can't have or other drugs you can't take while in the trial. Each trial is designed for people with different infections, different stages of HIV disease or different T4 levels.

Exclusion and **Inclusion** criteria are not arbitrarily chosen to restrict participation in a trial. Rather they are essential to determining the safety and efficacy of a treatment while minimizing the risk to participants. If a particular condition is to be improved or prevented, the inclusion criteria identify people who have or are likely

to get the condition. The **exclusion criteria** identify people whose condition or other treatments could obscure the effects of the experimental treatment. Also the **exclusion criteria** identify people who are at greatest risk of harm from the experimental treatment.

In the past, women (especially pregnant women), children, and injection drug users have often been excluded from trials and this still happens. Women are often required to be on birth control because the effects of an experimental drug on a foetus are unknown. Drug companies are unwilling to take the risk of being sued and therefore exclude women who do not take birth control.

If you are kept out of a trial because of your race, religion, ethnicity, national origin, sex, age, sexual orientation, hemophilia, or history of drug use you may be able to file a discrimination complaint with a local human rights agency. You may also consider joining the trial's **open arm** or obtaining the drug through the **Emergency Drug Release Programme (EDRP)**. See pages 15 and 33 for more information about the EDRP.

How do I join a trial?

Typically, your doctor will refer you to a trial.

You may also find out about a trial on your own. If you find a trial that interests you, the first step is to call a "trial site" (one of the places doing the trial). Over the phone, the staff at the site will ask some questions to find out if you meet the basic requirements of the trial. If you do, you can arrange to visit the site for an interview. You may want to talk to someone who is in the trial to get more information before you go for the interview.

During the interview, you'll be asked detailed questions about your health. A medical exam and some blood tests are also done. Some trials may ask you to come back for a second interview. There are some questions you may want to ask in Section 3. These questions can help you find out if the trial is right for you, and if you can do everything that the trial requires.

After the interviews, the people running the trial will tell you if you qualify for the trial. If you do, and you want to join the trial, you'll be asked to give your **Informed Consent**.

Informed Consent

Informed consent means that after being informed of all the risks, benefits and rules of the trial, you consent (agree) to join. It involves sitting down with the people running the trial and talking about what the trial is like and what is expected of you. Make sure that you understand any risks due to extra procedures in the trial design, as well as changes or delays in your current treatment due to the trial's rules. You may also take the information package home for study. After you understand all this, you'll be asked to sign an Informed Consent Form if you want to join the trial. This document should explain all the basic elements of the trial in clear language, including its risks. If the form is in a language which you do not understand thoroughly, the trial site should provide an interpreter to explain it to you.

Be sure that you understand and agree with everything about the trial before you sign the form, and keep a copy for yourself. **Even if you sign, you can still leave the trial whenever you want.** If a child is joining a trial, the parent or guardian will be asked to sign the form, stating that all risks and benefits for the child are understood.

In order for the trial to produce reliable scientific results you must agree to follow the rules of the trial. If you don't feel comfortable with the rules, or if you can't do everything the trial requires (like not being able to make all appointments), talk to the people running the trial. They may be flexible or they may decide it is better that do not to join the trial. Again, you may consider joining the trial's **open arm** or getting the drug through the **Emergency Drug Release Programme**.

Will it cost me anything?

Provincial health insurance and the drug manufacturer typically cover the cost of drugs and lab tests. Also remember other costs, like time off from work, subway fares, or babysitter and daycare costs and ask if they are covered.

What's it like to be in a trial?

Every trial is different, so it's important to learn exactly what a trial requires before you join it. Everything you have to do while you're in the trial should be carefully explained to you, including:

How the drug is taken:

- intravenous (injected into a vein with a needle)
- intramuscular (injected into a muscle)
- subcutaneous (injected under the skin)
- a pill or liquid that you swallow
- a spray you breathe in
- a cream you rub on

In most trials you will take the drug home, and you will be told exactly when and how to take it. In other trials, you may have to take it at the hospital.

How often you have to come to the site:

You may have to visit the site as little as once a month or as often as five times a week. At first, there may be many medical check-ups to see what the drug is doing to you. Later in the trial there will usually be fewer checkups.

If you have to stay in the hospital:

In most trials you won't have to stay in the hospital, but in some you will.

What else you have to do:

Every trial has different rules. For example, you may be asked to write down information at home about your daily activities, or you may be told not to eat certain foods. You should also know the reasons why you might be asked to leave the trial.

If I join a trial, do I need my own doctor?

Yes. Joining a trial is not the same as having your own doctor. Drug trials are not designed to provide people with treatment, so it's important that you have a regular doctor or clinic to go to for a complete examination before you join the trial, as well as regular checkups and lab tests while you are in the trial. It's also important that you have a doctor who knows your complete medical history, in case of an emergency. Your own doctor or clinic can also give you advice about whether or not to join the trial.

What if I get sick while I'm in the trial?

If your health gets worse while you're in the trial, the people running the trial will try to find out if the drug is making you sick or if you're sick for some other reason.

Some drugs have side effects, like headaches or stomach aches. Some drugs can lead to serious illness or death. If you get sick, tell the people running the trial immediately. You may be taken off the drug, given a different amount, or asked to leave the trial. If the trial is comparing two drugs, you may be offered the other drug. You can also leave the trial at any time.

It's important to get the phone number of a doctor or nurse involved with the trial who you can call 24 hours a day, in case you get sick in the middle of the night. Because the drugs in trials are experimental, doctors in Emergency Rooms may not know what to do if the drug makes you sick.

Who protects me while I'm in the trial?

In the past, people in trials were not always treated properly, and some were even allowed to get sick when they should have been given treatment. In the USA, the Tuskegee Syphilis Study, which started in the 1930's, is an example of this. In this study, 400 African-American men were told they were being treated for syphilis, when they were actually not being treated at all. Many developed severe symptoms and died.

More recently in Canada a pentamidine trial was permitted in 1988-89 when it was fully known by the investigators that people receiving the placebo were at high risk of developing **PCP** and dying.

To prevent such events, every institution that conducts medical research involving people should have a **Research Ethics Board (REB** - also known as an **Institutional Review Board).** These operate under guidelines issued by the Medical Research Council.

The REB is a group of people representing various communities who are supposed to protect the rights and interests of the people in a trial. The REB must approve any trial being done at that institution, and review the trial every few months. The REB can stop a trial that doesn't do what it promised or one that exposes people to harm. You can complain to the REB if you have a problem while in the trial. The people running the trial will tell you how to contact the REB.

You can also complain to the people in charge of the trial, to the Patient Representative of the hospital where the trial is being done or to an AIDS organization, such as AIDS Action Now! (see section 6-**where to get help**).

The Canadian HIV Trials Network has established (or intends to establish) **REB's** in each of its regions. Ideally people with HIV should be represented on such boards.

Some trials also have data and safety management committees which review the progress of a trial. Some trials in Canada are conducted under the US FDA's (Food and Drug Administration) Guidelines on Good Clinical Practices.

The Pharmaceutical Manufacturers' Association of Canada intends to make public in the near future a code of conduct on clinical trials which would apply to its members. We are not aware of any community input on this document.

Who's in charge of the trial?

The person in charge of the drug trial at each site is a doctor, who is called the **principal investigator**. S/he usually has a team of doctors and nurses who do the medical exams and blood tests etc.

The plan for the trial is called a **protocol**, which explains exactly how the trial will be run. Each trial also has a "protocol chair", a doctor who helps plan the trial, and who is in charge of all the sites. If you don't qualify for a trial or if you're asked to leave because of another condition, the protocol chair can be asked for an "exception". This means you'll be allowed to be in the trial even if you don't exactly fit the requirements.

How do I leave a trial?

You can choose to leave the trial at any time, and this should not change the care you get at the hospital or clinic in the future. If you get sick because of the drug and are asked to leave the trial, the people running the trial should make sure your medical needs are taken care of.

What happens when the trial ends?

When a trial ends, you will have an "exit interview". If you didn't know which drug you were taking, you will probably be told during this interview. If the trial ends early because the drug didn't work or was too dangerous, you should be told this.

In some trials, people are told they can continue taking the drug after the trial is over. In the past, people who have been promised drugs sometimes didn't get them.

The entry and exit of people into the trial is often staggered, so that while one person has completed a trial lasting two years, another may still have months to go. Since the code is not broken until everyone has completed the trial you may not find out what treatment you were getting until some time after you have completed the trial.

Why join a trial?

There is only one good reason to join a trial. You'll be helping all of us with AIDS and HIV to find out if a new drug works.

Especially in the USA where the medical system leaves many people without proper treatment and medical care, people have often joined trials to get free access to a drug they hoped would benefit them personally.

People who are forced to enter a trial in order to get treatment do not make good subjects. In order to make sure they are getting treatment these people have shared their drugs with others, changed their doses, tested their drugs to see what they are taking (ie. control, placebo, or experimental drug), dropped out of trials when something else came along or taken other treatments at the same time without informing researchers. Although we can't condemn someone for trying hard to stay well, this kind of behaviour means the information the trial produces is next to useless.

If you want to receive an experimental drug for treatment you should contact the **Emergency Drug Release Programme (EDRP)**.They should be able to make it available to you through

your doctor if the drug manufacturer agrees. AIDS organizations have fought hard to obtain access to treatments through EDRP. It is not clear that it is being used to its full potential. If you have difficulty obtaining a treatment through EDRP contact your local AIDS organization or **Aids Action Now!**

If you are entering a trial you should do it because you are willing to participate in an experiment which potentially can benefit everyone. With this spirit we can count on you to be open and honest and really cooperate with the researchers. We can trust the data the trial produces.

What are the problems with joining a trial?

- The drug could have bad side effects and be unsafe.
- If you are a clinic patient, you may have to go to another hospital or clinic, or find your own doctor.
- You may have to stop taking other drugs that are helping you. (You shouldn't have to.)
- Joining a trial does not always mean that you will get the new drug. You may get another drug or a **placebo.**
- You may have to stay in the hospital.

How do I decide?

The decision to join or not to join a trial is a personal one. No one can force you to enter a trial.

All trials have some personal risk. It's important to consider the potential risks to yourself and compare them with the potential benefits to the community.

The best way to make a decision about joining a trial is to ask as many questions as you can. Talk to your doctor, but remember: it's your decision, not your doctor's, whether or not to join a trial. If you don't agree with your doctor's advice about the trial, you can ask another doctor for an opinion, or you can decide for yourself.

Talk to your friends, to the people running the trial, and to AIDS organizations. If you know someone in the trial or someone who is in another trial, talk to them. The more information you have, the better the decision you'll make.

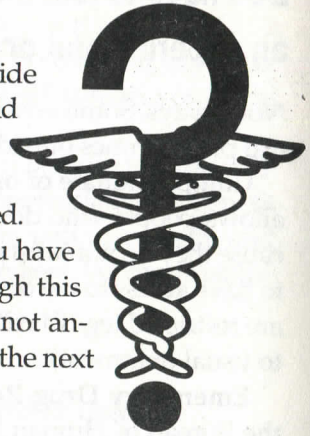
Do I have to join a trial as my only chance of getting an experimental drug?

Not always. Some experimental drugs are available through special programmes outside of clinical trials. These include:

Compassionate or open arm: a branch of a clinical trial which allows people who do not participate in the research study (because they do not satisfy the **inclusion criteria** or whatever reason) to have access to the drug being tested. Most compassionate arms are restricted (eg. T4 cell count below specified amount, intolerant to usual treatment).

Emergency Drug Release Programme: Your doctor may ask the Bureau of Human Prescription Drugs of Health and Welfare Canada to authorize the manufacturer to release on an emergency basis any new drug which is not yet marketable. This includes drugs which are used in clinical trials.

QUESTIONS



The following questions can help you decide if a trial is right for you. Most of them should be answered when the staff explains the trial and goes over the Informed Consent Form with you, but some may not be covered.

Here's one way to use this list: after you have gone for a screening interview, read through this list and check off the questions that were not answered. Ask the questions you've checked the next time you go to the site.

ABOUT THE TRIAL

1. What kind of trial is it? What Phase?
2. How long is the trial? If I join when will I start?
3. Will I know what drug I'm getting? Will the doctors?
   Is there a chance I'll get a placebo?
4. Will I have to stay in hospital? For how long?
5. How often must I visit the test site?
   What will happen on these visits?
   How long will each visit take?
6. Is there a trial site closer to me?
   Is there a site that would be better for me? (eg. one with French-speaking counsellors, or child care)
7. What if I have to miss a visit or forget to take the drug?
8. Do I have any special activities while I am at home? Do I have to write them down?
9. If the participant is a child, will this affect how the drug is taken? Will any physical restraints be used? (for instance will the child be strapped down while being given an intravenous drug?)
10. Was the HIV community consulted in the design of the trial? If so, which groups and what were their concerns?

ABOUT THE DRUG

1. What type of drug is being tested? Anti-HIV? Immune booster? Treatment or prevention of a specific illness?
2. How do I take the drug? As a pill? Injection?
   Some other way? How often do I take it?
3. Do I take the drug at home or in the hospital?
4. What other drugs are being used today for my problem?
   How does this drug compare to them?
   What is the evidence that this drug can help me?
5. Has this drug been used before? For what conditions?
   What were the results? Is there anything I can read about this drug? What are the risks of taking this drug?
6. What are the immediate side effects of this drug?
   What are the long term effects of my using this drug?
   Are any of the side effects permanent?
7. If I have any side effects, how will I be helped to deal with them? Who can I call? Can I call 24 hours a day?
8. How will taking the drug affect my day-to-day activities?
   Are there things I cannot do during the trial?
   Will I be able to continue working? Exercise? Have sex?
9. Is this drug available outside the trial?
   If so, where and how could I get it?

MONEY

1. Do provincial health insurance and the drug manufacturer pay for all costs associated with the trial?
2. Will I be given any money for being in the trial?
   How much? When? Travel money?
3. Is childcare available?
4. If I don't have provincial health insurance coverage, how will my participation in the trial be paid?
5. If I am seriously harmed by the drug or a trial procedure who will accept liability?

LAB TESTS AND MEDICAL HISTORY

1. What tests will be given before I start the trial? Will I get the results of these tests?
2. What tests will be given during the trial? How often? Will I get the results of these tests?
3. How often will the researchers tell me how I am doing while I am in the trial?
4. What do the researchers need to know about my medical history to see how the drug may affect my health?
5. If I have a specific medical condition, like hemophilia, how will the drug affect it?
6. Will I find out if I was taking the placebo or the drug after the trial is over?

RULES OF THE TRIAL: BIRTH CONTROL, TAKING OTHER DRUGS ETC.

1. Are there any foods or other substances that I shouldn't use while I'm in this trial? Can I drink alcohol? Can I take any over-the-counter drugs like aspirin? Tylenol? Cold tablets? Cough syrup?
2. Can I use prescription drugs while I am in this trial? Can I use other experimental drugs? Anti-HIV drugs? Immune boosters? Treatment for any other illnesses I may get? Can I take drugs to prevent other illnesses?
3. Must I take birth control? Can I take the pill? Will I be tested to see if I'm using birth control? What should I do if I think I am pregnant? Are pregnant women allowed in the trial? What are the effects of the drug on a foetus?
4. Should I take the drug on an empty stomach? With food? Which foods?
5. Are there any special foods that I need to eat while in this trial? If I am already on a special diet may I continue? Can I take vitamins?

INFORMED CONSENT

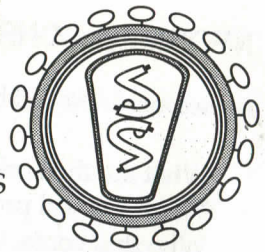
These points should be covered in the Informed Consent:

1. What are the benefits of this trial? What are the risks?
2. What medical procedures are required?
3. Who do I contact if I have questions or complaints?
4. Is this trial confidential? Will anyone outside the trial know about my health condition without my permission?
5. How often will the Research Ethics Board review the trial for changes? How will I be informed of those changes? How often will the data and safety management committee review the progress of the trial and will I be informed?
6. If this trial changes significantly, or if I'm put into another trial, will I receive an updated informed consent form to sign?

LEAVING THE TRIAL

1. If my condition gets worse, will I be taken out of the trial? If I am in a placebo group, can I get the drug if my condition gets worse during the trial?
2. If I develop health problems as a result of being in the trial, will medical care be available to me even if I leave the trial before it is over?
3. If the trial was successful, can I take the drug once the trial is over? Will the sponsors of the drug supply it to me free? If the drug worked for me, can I continue to take the drug even if the trial was declared a failure?
4. Could I be asked to leave the trial? For what reasons?
5. How will decisions about stopping the trial be made?
6. Will my health continue to be checked after I stop taking the drug? For how long? Will this be done even if I decide to leave the trial before it is over? Even if the trial is stopped early?
7. How can I find out the results of the trial?
8. Can I join future trials of this drug? Can I get the results of future trials using this drug?

ABOUT HIV DISEASE



What is HIV ?

HIV (Human Immunodeficiency Virus) is the virus most people believe causes AIDS (Acquired Immunodeficiency Syndrome).

What does it mean to be HIV positive?

If you have taken the HIV antibody test, this means your blood has been tested for **antibodies** to HIV. Usually, anyone who has antibodies to HIV also has the virus. Testing HIV positive does not mean you have AIDS, or that you will get AIDS.

Most people who test positive will eventually develop AIDS, unless there are improvements in treatment.

What does HIV do to the body?

HIV can weaken the body's immune system (the part of the body that fights off diseases), until it no longer protects the body. If your immune system is weakened enough, you could get sick with pneumonia or with another illness. But many people with HIV do not feel sick, although they may have weakened immune systems.

What do AIDS, ARC and Asymptomatic mean?

Some trials allow only people with AIDS to join, or only people who are HIV positive with no symptoms. Some trials are also looking for people who are HIV positive and who have some symptoms, but who aren't classified as having AIDS or ARC. Other trials will allow more than one group to join. The definitions of these groups are kind of hazy, so if you aren't sure which group you fit in, call the trial site.

Also, many of the conditions that affect women, like pelvic inflammatory disease (PID), aren't included in the official definitions, and this excludes many women from trials.

More recently, trials use a person's medical history and markers like **T4 count** to determine whether a person can enter the trial.

AIDS: If a trial is designed for people with AIDS, it usually means they must have AIDS as defined by the U.S. Centers for Disease Control (CDC). In adults, this usually means you must have tested positive for HIV and have one or more of a number of illnesses, including:

- **Cryptosporidiosis**
- **AIDS dementia**
- **Kaposi's Sarcoma**
- **PCP**
- **Wasting Syndrome**
- **CMV**
- **MAI**
- **Lymphoma**
- **Toxoplasmosis**
- **Histoplasmosis**

There are other diseases included in the list, and the official CDC definition is much more detailed. Call the trial site or one of the treatment information centres referred to in section 6 for complete information.

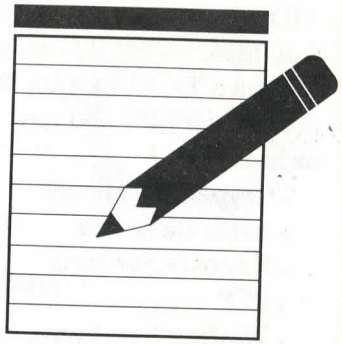
ARC (AIDS Related Complex): This is not officially defined by the CDC, so the definition will not be the same for each trial. Usually ARC means that you must have tested positive for HIV and have one or more of the following symptoms:

- **Fever or diarrhea for more than a month**
- **Weight loss of more than 10%**
- **Oral candidiasis**
- **Oral hairy leukoplakia**
- **Salmonella**
- **Tuberculosis**
- **Herpes zoster**
- **Nocardiosis**

HIV positive with symptoms: Some people who are HIV positive have symptoms that are not included in the definitions for ARC and AIDS. Some trials include people in this group, other trials do not.

HIV positive with no symptoms (asymptomatic): This means that you have tested positive for HIV, but have no symptoms or signs of illness. Some trials require that people who are "asymptomatic" have absolutely no symptoms, not even swollen glands.

GLOSSARY



AIDS A stage of HIV infection marked by illnesses such as *PCP, Kaposi's Sarcoma, lymphoma* etc. The official definition is given by the *CDC*, and ignores infections and symptoms in women. (see section 4 - about HIV disease)

AIDS Related Complex (ARC) A stage of HIV infection marked by symptoms like swollen glands (lymphadenopathy), night sweats, fevers, and weight loss. (see section 4 - about HIV disease.)

Antibodies Proteins in the blood which recognize and block foreign substances.

Antiretroviral A substance that stops or suppresses the activity of a retrovirus such as HIV. AZT and DDI are examples of antiretroviral drugs.

Asymptomatic Infection without symptoms. An HIV positive person who is asymptomatic has antibodies to HIV but does not have any visible signs of HIV infection.

Canadian HIV Clinical Trials Network A body set up by the Canadian federal government to encourage clinical trials in Canada.

CDC Centers for Disease Control based in Atlanta, Georgia, USA. The definition of AIDS is formulated here.

Clinical trial A test to see how well a new drug works in people and how safe it is.

Colitis Infection or inflammation of the colon that causes chronic diarrhea. In some cases, it can be caused by Cytomegalovirus (CMV).

Comparative trial A trial in which experimental drugs are tested against each other or against an approved drug or a placebo.

Compassionate or open arm A branch of a clinical trial which allows people who do not participate in the research study (because they do not satisfy inclusion criteria, the trial is not available in their geographic region or for whatever reason) to have access to the drug or treatment being tested. Most compassionate arms are restricted (eg. T4 cell count below specified amount, intolerant to usual treatment etc.)

Controlled trials Trials in which one group gets the experimental drug and another gets either a placebo or an approved drug therapy. Participants do not usually know which group they are in.

Crossover A controlled trial in which, halfway through the study, the groups in the trial switch. That is, those taking the experimental drug are given the standard drug and vice versa.

Cryptococcal Meningitis A fungal infection of the brain and spinal cord. Symptoms include severe headache, dizziness, nausea, weight loss, vision disorders and mental deterioration.

Cryptosporidiosis An infection whose main symptom is prolonged diarrhea which leads to weight loss. All treatments for this illness are still experimental.

Cytomegalovirus (CMV) An opportunistic infection that can cause fever, mild sore throat, fatigue, aches and swollen glands. In AIDS, severe CMV infections can cause illnesses such as hepatitis, pneumonia, retinitis and colitis, leading in some cases to blindness, chronic diarrhea, and death. ("CMV retinitis" refers to the later stage of CMV that is considered to be an immediate threat to a person's vision).

Dose comparison A trial that uses different amounts of the same drug. Sometimes different doses are tested against a placebo.

Dose escalation trial In this type of trial, a few people, usually under a dozen, take a small amount of the drug. If it doesn't hurt them, a few more take a larger amount. This continues until the researchers find the largest amount of the drug that can be taken without immediate harm. In a **dose de-escalation** trial, the reverse is done, with each group of people taking a smaller dose, until the lowest dose is found.

Double-blind A type of clinical trial in which people are divided into two or more groups. One group takes the experimental drug and the other group takes the standard therapy or a placebo. Neither the researchers nor the people in the trial know who is taking which drug until the trial is over.

Emergency Drug Release Programme Your doctor may ask the Bureau of Human Prescription Drugs of Health and Welfare Canada for the release on an emergency basis of an experimental drug if the drug manufacturer has authorized its release. The programme applies to new drugs not yet marketable and drugs currently used in clinical trials.

Expanded Access Programmes designed to make experimental drugs available on a wide basis to people who do not qualify for clinical trials, who live too far from a trial site, or who do not want to participate for any other reason.

Immunomodulators Drugs that strengthen the immune system and help the body to fight off opportunistic infections or other diseases that attack people with ARC or AIDS.

Inclusion/Exclusion Criteria The medical or social reasons why a person may or may not be allowed to enter a trial. For example, most trials do not allow pregnant women to join, others do not allow people to take certain drugs, and others exclude people with certain illnesses.

IND or Investigational New Drug The name given to an experimental drug after the Drugs Directorate of Health and Welfare Canada has agreed that it can be tested in people.

Informed Consent A process in which the risks, benefits, and requirements of a trial are explained to people thinking of joining the trial. Before entering the trial a participant should sign an Informed Consent Form, which should contain in writing everything that was explained in person about the trial. The form should state: a) why the trial is being done and what it hopes to prove, b) what will be done to you during the trial and how long the trial is, c) the risks and benefits of the trial, d) other treatments available for your condition, and e) that you have the right to leave the trial at any time. Informed consent exists to make sure that

anyone thinking of joining a trial makes a decision based on complete information and that no one is pressured into joining.

Institutional Review Board see ***Research Ethics Board***

Kaposi's Sarcoma (KS) A cancer of the capillaries which occurs in persons with AIDS. Lesions may first appear on the feet or legs and on the soft palate of the mouth. They may also remain hidden in the internal organs.

Lymphoma A cancer of the cells that are responsible for normal immune function.

MAI An opportunistic infection that causes fevers, diarrhea, and weight loss. The treatments for MAI are still experimental.

Open arm see ***(compassionate arm.)***

Open Label A type of clinical trial in which researchers and participants know who is taking the experimental drug.

Opportunistic Infection (OI) Certain illnesses such as Pneumocystis carinii pneumonia, (PCP) that people with AIDS can get and which can be life-threatening. People with healthy immune systems do not usually get these illnesses, even though most people have the organisms that cause these illnesses in their body already. Only when the immune system is damaged can the organisms take advantage of the "opportunity" of this weakened state and cause damage.

Pharmacokinetic trials study how the drug is handled by the body. People in these trials often have blood tests every few hours, and may have a short stay in the hospital.

Placebo A substance that has no effect on the body (often referred to as a "sugar pill") that is given to one group in a controlled trial. Placebo trials are no longer considered ethical in trials for which a standard treatment exists. Their use remains controversial.

Pneumocystis carinii pneumonia (PCP) A type of pneumonia caused by a fungus which grows rapidly in the lungs of people with AIDS. PCP is the leading cause of death of people with AIDS but it can usually be prevented. Drugs which are used to treat PCP include: IV Pentamidine, Bactrim or Septra, Dapsone, and Trime-

trexate with Leucovorin. Drugs which are used to prevent PCP include: Aerosol pentamidine, Bactrim and Dapsone.

Principal Investigator the doctor

Prophylaxis Taking a drug to prevent yourself from getting an illness.

Protocol A detailed plan which states a drug trial's rationale, purpose, drug dosages, length of treatment, how the drug is given, who may participate (inclusion/exclusion criteria), and how those running the trial will determine if the trial was a success or a failure. The protocol must be approved by a Research Ethics Board and the Health Protection Branch.

Randomized Trial A trial in which people are assigned to one of two treatments by chance. Usually a computer is used to be sure that everyone has the same chance of getting either drug. This ensures that other important or even unknown factors which might affect how people respond to treatment are equally distributed in the control and test groups.

Research Ethics Board (REB) Every institution or hospital that conducts research involving human subjects must, under guidelines issued by the Medical Research Council, have an REB that initially approves and periodically reviews the research to protect the rights of the people in the trial. The REB is made up of people from various communities who are not involved in the research being done.

Retinitis Inflammation of the retina, a part of the eye, which can be caused by Cytomegalovirus (CMV) infection. If left untreated, CMV retinitis usually leads to blindness. Drugs used to combat it: Ganciclovir and foscarnet.

Seropositive A term used when someone's blood serum shows that the body has manufactured antibodies against infection. HIV-seropositive means that the body has manufactured antibodies against HIV infection.

T4 cell count A measure of the helper blood cells which generally indicate the strength of the immune system.

Toxicity The unwanted effects or damage caused by a drug.

Toxoplasmosis A parasitic disease frequently causing inflammation of the brain (focal encephalitis). It may also involve the heart, lung, adrenal glands, pancreas and testicles.

Wasting syndrome Severe weight loss involving depletion of muscle mass in people with AIDS and HIV positive individuals which can occur even in the absence of other infections.

WHERE TO GET HELP

TREATMENT INFORMATION - U.S. CENTRES

AIDS Clinical Trials Hotline — 1-800-TRIALS-A
Information on FDA listed clinical trials, accessible from Canada

ACT-UP, New York — 212-564-2437
Treatment & Data Digest
155 East 31 St., Suite 20-L,
New York, NY, 10016 USA
AIDS activist group, information on treatment issues

AIDS Treatment News — 1-800-TREAT-12
P.O. Box 411256, San Francisco,
Ca. 94141, USA

AIDS Treatment Resources — 212-268-4196
259 West 30th St., 9th Floor,
New York, NY, 10001 USA
Directory of AIDS Clinical Trials (New York, New Jersey, Connecticut, and Philadelphia.)

American Foundation for — 212-719-0033
AIDS Research (AMFAR)
1515 Broadway, Suite 3601,
New York, NY, 10036, USA.
Publishes *AIDS/HIV Experimental Treatment Directory*, US directory of drug trials

BETA-*Bulletin of Experimental Treatments for AIDS* — 212-863-2437
San Francisco AIDS Foundation

Community Research Initiative — 212-481-1050
31 West 26th St., 1st Floor,
New York, NY, 10010, USA
Publishes *Community Research and Treatment Forum*

GMHC (Gay Men's Health Crisis) — 212-807-6655
129 West 20th St., New York ,
NY, 10011, USA
Publishes *Treatment Issues*

Project Inform — 1-800-822-7422
347 Dolores St. Suite 301,
San Francisco, Ca. 94110, USA
Publishes *PI Perspective*, runs hotline for drug information M-F 10-4 PST, Sat 10-1 PST

TREATMENT INFORMATION AND SUPPORT SERVICES - CANADIAN CENTRES

Many community-based AIDS organizations can provide information on treatments and trials. To find the organization nearest you, you can contact:

Canadian AIDS Society — 613-230-3580
30 Metcalfe St., Suite 601,
Ottawa, Ont., K1P 5L4

Community Aids Treatment — 416-944-1916
Information Exchange (CATIE)
517 College St, Suite 324,
Toronto, Ont. M6G 1A8
Publishes monthly
TreatmentUpdate.

Emergency Drug Release Programme
Bureau of Human Prescription Drugs,
Tower B, Place Vanier,
355 River Road,
Ottawa, Ont., K1A 1B8

613-993-3105

Canadian HIV Trials Network

National Office
200-1033 Davie St.
Vancouver, BC,V6E 1M7

Call Collect--604-631-5327

Pacific Office
210-1033 Davie St.
Vancouver, BC,V6E 1M7

604-631-5210

Prairies Office
Southern Alberta Clinic
Nursing Unit 58
Foothills Hospital
1403 29th St. N.W.
Calgary, Alta.,T2N 2T9

403-670-2480

Ontario Office
Fitzgerald Building,
150 College St., Room 234,
University of Toronto,
Toronto, Ont., M4S 1A8

416-978-6066

Québec Office
Hôtel-Dieu de Montréal
3840 St-Urbain St.,
Cooper Pavilion,
Montréal, Québec, H2W 1T8

514-843-2611
local 4059

Atlantic Office
Department of Medicine
ACC 4089
Halifax, N.S. B3H-2Y9

902-428-3742

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AIDS ACTION NOW! is a Toronto-based activist group fighting for improved treatment, care and support for people living with AIDS and HIV infection. We work to transform HIV infection into a chronic, *manageable* illness by making the research, health care and social service systems deliver optimal treatment.

We receive no government funding.

LE GROUPE D'ACTION-SIDA

AIDS ACTION NOW!

Suite 321 - 517 College Street, Toronto, Ontario M6G 1A8
Phone (416) 928-2206