

**TEAR OFF AND DESTROY THIS FRONT PAGE ONCE ABSTRACTION IS COMPLETED**

**DO NOT DATA ENTER THE INFORMATION CONTAINED IN THIS BOX**

**Participant Name:**

**Physician's Name:**

**Hospital/Clinic:**

**Self-Reported HAART Date:**

**DO NOT DATA ENTER THE INFORMATION CONTAINED IN THIS BOX**

**INSTRUCTIONS:**

**THIS FRONT PAGE IS TO FACILITATE THE ABSTRACTION OF INFORMATION CONTAINED ON THIS FORM. ONCE ABSTRACTION IS COMPLETE, TEAR OFF THIS FRONT PAGE AND DESTROY.**

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Screening ID #

**SECTION B: REQUIRED ABSTRACTION**

B1. Do the medical records indicate that this person has ever used any type of ART, as listed in Drug List 1/Appendix B (including mono or combo therapy or HAART)?

- Yes..... 1 **(B2)**  
 No..... 2 **(ELIGIBLE AS ART-NAÏVE PARTICIPANT; END FORM)**

B2. Circle the one response below that best describes the participant’s ART/HAART use history:

First HAART started after 12/31/07	1	Eligible; complete B5 and B6
Only ART/HAART use was during pregnancy before 1/1/08	2	Eligible; complete B3 and B6
Only ART/HAART use was for PEP/PrEP before 1/1/08	3	Eligible; complete B4 and B6
ART/HAART use for pregnancy before 1/1/08 + HAART started after 12/31/07	4	Eligible; complete B3, B5 and B6
ART/HAART use for PEP/PrEP before 1/1/08 + HAART started after 12/31/07	5	Eligible; complete B4, B5 and B6
ART/HAART use before 1/1/08 that was not for pregnancy or PEP/PrEP	6	Ineligible; end form
ART use that was not for pregnancy or PEP/PrEP before HAART	7	Ineligible; end form

**START RABs6**

B3. List the drugs that comprised the participant’s ART/HAART regimen taken during pregnancy.

List all drugs in pregnancy regimen	Drug Code*	Start Date (MM/DD/YY)	Prescribed Dosage (if available)
1.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
2.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
3.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
4.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
5.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	

\*See Appendix B for Drug Code information

**END RABs6**

Screening ID #

**START RABs7**

B4. List the drugs that comprised the participant’s ART/HAART regimen taken for PEP/PrEP.

List all drugs in PEP/PrEP regimen	Drug Code*	Start Date (MM/DD/YY)	Prescribed Dosage (if available)
1.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
2.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
3.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
4.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
5.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	

\*See Appendix B for Drug Code information

**END RABs7**

**START RABs1**

B5. List the drugs that comprised the participant’s first post-2007 HAART regimen.

List all drugs in first post-2007 HAART regimen	Drug Code*	Start Date (MM/DD/YY)	Prescribed Dosage (if available)
1.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
2.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
3.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
4.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	
5.	_ _ _ _	_ _ _ / _ _ _ / _ _ _	

\*See Appendix B for Drug Code information

**END RABs1**

B6. Are there HIV RNA and T-cell results at or within six months prior to post-2007 HAART initiation?

- Yes..... 1 **(GO TO B6A TO RECORD RESULTS)**
- No..... 2 **(PERSON INELIGIBLE; END FORM)**
- N/A; No post-2007 HAART taken..... 3 **(GO TO SECTION C)**

**DATES OF THE BLOOD DRAWS SHOULD BE WITHIN SIX MONTHS OF THE INITIAL HAART DATE. IF BLOOD WAS DRAWN AT THE TIME OF FIRST HAART PRESCRIPTION, RECORD THESE RESULTS, OTHERWISE RECORD THE LAB RESULT FROM THE MOST RECENT DATE BEFORE HAART.**

Screening ID #

Most recent blood draw prior to or at HAART initiation:

A. HIV RNA

i. Date of blood draw: \_\_\_ M \_\_\_ / \_\_\_ D \_\_\_ / \_\_\_ Y \_\_\_

ii. Below limit of assay detection? Yes ..... 1 No..... 2

iii. Copies/ml (If undetectable, list lower limit of detection) \_\_\_ , \_\_\_ , \_\_\_

iv. Assay kit (circle one):

- Roche Amplicor RNA ..... 1
Roche Ultrasensitive RNA ..... 2
NASBA ..... 3
Nuclisens ..... 4
Chiron..... 5
Quantiplex ..... 8
TaqMan ..... 9
Bayer Branched DNA ..... 10
Abbott Real Time PCR..... 11
Siemens bDNA..... 12
Unknown ..... 6
Other:..... 7

SPECIFY: \_\_\_\_\_

B. T-cell Count:

i. Date of blood draw: \_\_\_ M \_\_\_ / \_\_\_ D \_\_\_ / \_\_\_ Y \_\_\_

ii. Counts: CD4#: \_\_\_ CD4%: \_\_\_ %
(if available) CD8#: \_\_\_ CD8%: \_\_\_ %
(if available) CD3#: \_\_\_ CD3%: \_\_\_ %

Screening ID #

**SECTION C: SUPPLEMENTAL ABSTRACTION**

C2. If additional regimen data can be located concerning regimens a participant switched to after their initial HAART regimen, record this information below. If no additional data can be found, **CHECK BOX BELOW AND SKIP TO THE PROMPT ABOVE C3.**

Check here if no additional regimen results are available after initial HAART

**START RABs3**

List all drugs in 2 <sup>nd</sup> regimen	Drug Code*	Start Date (MM/DD/YY)	Prescribed Dosage (if available)
1.			
2.			
3.			
4.			
5.			

List all drugs in 3 <sup>rd</sup> regimen	Drug Code*	Start Date (MM/DD/YY)	Prescribed Dosage (if available)
1.			
2.			
3.			
4.			
5.			

List all drugs in 4 <sup>th</sup> regimen	Drug Code*	Start Date (MM/DD/YY)	Prescribed Dosage (if available)
1.			
2.			
3.			
4.			
5.			

\* See Appendix B for Drug Code information

**END RABs3**

Screening ID #

If there are multiple HIV RNA and/or T-cell results within six months prior to the initial HAART date other than the draw listed in B6, list results of the 2nd most recent blood draw in C3. Results recorded in C3 should be prior to the results listed in Section B. If no additional results are available, CHECK BOX BELOW AND SKIP TO C4.

C3. 2nd most recent blood draw prior to HAART initiation (must be before date in B6A):

Check here if no additional prior HIV RNA/T-cell results are available

A. HIV RNA

i. Date of 2nd blood draw: M / D / Y

ii. Below limit of assay detection? Yes ..... 1 No..... 2

iii. Copies/ml (If undetectable, list lower limit of detection)

iv. Assay kit (circle one):

- Roche Amplicor RNA ..... 1
Roche Ultrasensitive RNA ..... 2
NASBA ..... 3
Nuclisens ..... 4
Chiron..... 5
Quantiplex ..... 8
TaqMan ..... 9
Bayer Branched DNA ..... 10
Abbott Real Time PCR..... 11
Siemens bDNA..... 12
Unknown ..... 6
Other:..... 7

SPECIFY: \_\_\_\_\_

B. T-cell Count:

i. Date of 2nd blood draw: M / D / Y

ii. Counts:

CD4#: \_\_\_\_\_ CD4%: \_\_\_\_\_ %
(if available) CD8#: \_\_\_\_\_ CD8%: \_\_\_\_\_ %
(if available) CD3#: \_\_\_\_\_ CD3%: \_\_\_\_\_ %

Screening ID #

C4. Record all available HIV RNA and T-cell results **post HAART initiation**, starting with results closest to HAART initiation date. **Do not include results more frequently than quarterly.** If no post-HAART test results are available, **CHECK BOX BELOW AND SKIP TO C5.**

Check here if no HIV RNA or T-cell results are available post-HAART

**START RABs4**

A. HIV RNA Results (post-HAART)

Date (MM/DD/YY)	Result below limit of assay detection	HIV RNA (copies/mL) (If undetectable, list lower limit of detection)	Assay Kit (if available)	
1.	Yes.....1 No.....2		Roche Amplicor.....1 Roche Ultrasensitive.....2 NASBA.....3 Nuclisens.....4 Chiron.....5 Quantiplex.....8 TaqMan.....9	Bayer bDNA.....10 Abbott Real Time....11 Siemens bDNA.....12 Unknown.....6 Other.....7 _____
2.	Yes.....1 No.....2		Roche Amplicor.....1 Roche Ultrasensitive.....2 NASBA.....3 Nuclisens.....4 Chiron.....5 Quantiplex.....8 TaqMan.....9	Bayer bDNA.....10 Abbott Real Time....11 Siemens bDNA.....12 Unknown.....6 Other.....7 _____
3.	Yes.....1 No.....2		Roche Amplicor.....1 Roche Ultrasensitive.....2 NASBA.....3 Nuclisens.....4 Chiron.....5 Quantiplex.....8 TaqMan.....9	Bayer bDNA.....10 Abbott Real Time....11 Siemens bDNA.....12 Unknown.....6 Other.....7 _____
4.	Yes.....1 No.....2		Roche Amplicor.....1 Roche Ultrasensitive.....2 NASBA.....3 Nuclisens.....4 Chiron.....5 Quantiplex.....8 TaqMan.....9	Bayer bDNA.....10 Abbott Real Time....11 Siemens bDNA.....12 Unknown.....6 Other.....7 _____
5.	Yes.....1 No.....2		Roche Amplicor.....1 Roche Ultrasensitive.....2 NASBA.....3 Nuclisens.....4 Chiron.....5 Quantiplex.....8 TaqMan.....9	Bayer bDNA.....10 Abbott Real Time....11 Siemens bDNA.....12 Unknown.....6 Other.....7 _____

**END RABs4**



Screening ID #

**START RABs5**

**B. T-cell Results (post-HAART)**

<b>Date (MM/DD/YY)</b>	<b>CD4#</b>	<b>CD4%</b>	<b>CD8#</b>	<b>CD8%</b>	<b>CD3#</b>	<b>CD3%</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**END RABs5**

**XEROX C4 PARTS A AND B IF ADDITIONAL SPACES ARE NEEDED.**

**C5. ADDITIONAL COMMENTS:**

## Appendix A: Definition of HAART

ABACAVIR + ANY OTHER 2 ANTIRETROVIRAL MEDICATIONS

TENOFOVIR + ANY OTHER 2 ANTIRETROVIRAL MEDICATIONS

ANY PI + ANY OTHER 2 ANTIRETROVIRAL MEDICATIONS

ANY NNTRI + ANY OTHER 2 ANTIRETROVIRAL MEDICATIONS

ISENTRESS + ANY OTHER 2 ANTIRETROVIRAL MEDICATIONS

FUZEON + ANY OTHER 2 ANTIRETROVIRAL MEDICATIONS

SELZENTRY + ANY OTHER 2 ANTIRETROVIRAL MEDICATIONS

NOTE: NRTI = Nucleoside reverse transcriptase inhibitor  
NNRTI = Non-nucleoside reverse transcriptase inhibitor  
PI = Protease inhibitor

If you come across any regimen that you think may be a HAART regimen but which does not fit into one of the above definitions, contact Christine Alden ([calden@jhsph.edu](mailto:calden@jhsph.edu)) at WDMAC.

**Combination Medications**

- \_\_\_ Atripla (Sustiva + Viread + Emtriva)
- \_\_\_ Combivir (AZT + 3TC)
- \_\_\_ Epzicom (Ziagen + Efavirenz)
- \_\_\_ Trizivir (abacavir + AZT + 3TC)
- \_\_\_ Truvada (Viread + Emtriva)

**Entry Inhibitors**

- \_\_\_ Fuzeon (T-20, enfuvirtide)
- \_\_\_ Selzentry (maraviroc)

**Nucleoside/Nucleotide RTIs**

- \_\_\_ Emtriva (emtricitabine, FTC)
- \_\_\_ Efavirenz (lamivudine, 3-TC)
- \_\_\_ Retrovir (AZT, zidovudine, ZDV)
- \_\_\_ Videx / Videx EC (didanosine, ddI)
- \_\_\_ Viread (tenofovir)
- \_\_\_ Zerit (stavudine, d4T)
- \_\_\_ Ziagen (abacavir)
- \_\_\_ Hivid (zalcitabine, ddC)

**Non-Nucleoside RTIs**

- \_\_\_ Intelence (etravirine, TMC 125)
- \_\_\_ Rescriptor (delavirdine)
- \_\_\_ Sustiva (efavirenz)
- \_\_\_ Viamune (nevirapine)

**Protease Inhibitors**

- \_\_\_ Aptivus (tipranavir)
- \_\_\_ Crixivan (indinavir)
- \_\_\_ Invirase (saquinavir)
- \_\_\_ Kaletra (lopinavir + ritonavir)
- \_\_\_ Lexiva (fosamprenavir)
- \_\_\_ Norvir (ritonavir)
- \_\_\_ Prezista (TMC-114, darunavir)
- \_\_\_ Reyataz (atazanavir)
- \_\_\_ Viracept (nelfinavir)

**Integrase Inhibitors**

- \_\_\_ Isentress (raltegravir, MK 0518)

**Definition of HAART (check which definition applies):**

- Abacavir + 2 ART
- Tenofovir + 2 ART
- 1 PI + 2 ART
- 1 NNRTI + 2 ART
- Isentress + 2 ART
- Fuzeon + 2 ART
- Selzentry + 2 ART

## Appendix B: DRUG LIST 1

204 = 3-TC (Epivir, lamivudine)	255 = Intelence (etravirine)
218 = abacavir (Ziagen)	210 = Invirase (saquinavir, Fortovase)
146 = acyclovir (Zovirax)	264 = Isentress (raltegravir)
224 = adefovir (Preveon)	055 = Isoprinosine
219 = Agenerase (amprenavir)	217 = Kaletra (lopinavir/ritonavir)
090 = alpha interferon	204 = lamivudine (3-TC, Epivir)
101 = Ampligen	249 = Lexiva (fosamprenavir)
219 = amprenavir (Agenerase)	222 = lobucavir
238 = Aptivus (tipranavir)	217 = lopinavir/ritonavir (Kaletra)
243 = atazanavir (Reyataz)	223 = loviride
262 = Atripla (Sustiva + Viread + Emtriva, efavirenz + tenofovir + emtricitabine)	265 = maraviroc (Selzentry)
092 = AZT (Retrovir, zidovudine)	216 = nelfinavir (Viracept)
122 = beta interferon	191 = nevirapine (Viramune)
263 = brecanavir	211 = Norvir (ritonavir)
128 = CD4	998 = Other antiviral
231 = didanosine (Videx)	108 = Peptide T
221 = coactinon (emivirine)	224 = Preveon (adefovir)
227 = Combivir (AZT + 3TC, Retrovir + Epivir)	256 = Prezista (darunavir)
239 = Corviracil (Emtriva, emtricitabine, FTC)	264 = raltegravir (Isentress)
212 = Crixivan (indinavir)	194 = Rescriptor (delavirdine)
159 = d4T (Zerit, stavudine)	092 = Retrovir (AZT, zidovudine)
163 = ddA (dideoxyadenosine)	243 = Reyataz (atazanavir)
094 = ddC (dideoxycytidine, zalcitabine, Hivid)	058 = ribavirin (Virazole)
147 = ddi (dideoxyinosine, didanosine, Videx, Videx EC)	211 = ritonavir (Norvir)
256 = darunavir (Prezista)	210 = saquinavir (Invirase, Fortovase)
194 = delavirdine (Rescriptor)	265 = Selzentry (maraviroc)
110 = dextran-sulfate	159 = stavudine (Zerit, d4T)
147 = didanosine (ddi, dideoxyinosine, Videx, Videx EC)	057 = suramin
163 = dideoxyadenosine (ddA)	220 = Sustiva (efavirenz)
094 = dideoxycytidine (ddC, zalcitabine, Hivid)	233 = T-20 (enfuvirtide, Fuzeon, ENF)
147 = dideoxyinosine ( ddi, didanosine, Videx, Videx EC)	192 = TAT inhibitors
207 = Droxia (hydroxyurea, Hydrea)	234 = Tenofovir disoproxil (adenine fumarate, Viread)
220 = efavirenz (Sustiva)	238 = tipranavir (Aptivus)
221 = emivirine (Coactinon)	240 = Trizivir (abacavir + zidovudine + lamivudine, ABC + AZT + 3TC)
239 = emtricitabine (Emtriva, Corviracil, FTC)	253 = Truvada (tenofovir disoproxil fumarate + emtricitabine, Viread + Emtriva, TDF + FTC)
239 = Emtriva (emtricitabine, Coviracil, FTC)	999 = Unknown antiviral
233 = ENF (enfuvirtide, Fuzeon, T-20)	266 = vicriviroc
233 = enfuvirtide (Fuzeon, T-20, ENF)	179 = Vidarabine (adenosine arabinoside)
204 = Epivir (3-TC, lamivudine)	147 = Videx (ddi, dideoxyinosine, didanosine, Videx EC)
254 = Epzicom (abacavir + lamivudine, Ziagen + Epivir)	216 = Viracept (nelfinavir)
255 = etravirine (Intelence)	191 = Viramune (nevirapine)
210 = Fortovase (saquinavir, Invirase)	058 = Virazole (ribavirin)
249 = fosamprenavir (Lexiva)	234 = Viread (adenine fumarate, tenofovir disoproxil)
239 = FTC (Emtriva, emtricitabine, Corviracil)	231 = Vistide (cidofovir)
233 = Fuzeon (enfuvirtide, T-20, ENF)	094 = zalcitabine (ddC, dideoxycytidine, Hivid)
094 = Hivid (ddC, dideoxycytidine, zalcitabine)	159 = Zerit (d4T, stavudine)
056 = HPA-23 (ammonium-21-tungsto-9-anti-moniatoe)	218 = Ziagen (abacavir)
207 = Hydrea (hydroxyurea, Droxia)	092 = zidovudine (AZT, Retrovir)
207 = hydroxyurea (Droxia, Hydrea)	146 = Zovirax (acyclovir)
212 = indinavir (Crixivan)	