

SCREENING CRITERIA (SC)

DATA SECTION	COMPLETION INSTRUCTIONS
PURPOSE	The eligibility criteria form lists all inclusion/exclusion criteria that determine the patient's eligibility for participation in the study.
PERSON(S) RESPONSIBLE	Study Coordinator/study physician
SOURCE(S) OF INFORMATION	Patient, medical records, and laboratories tests
WHEN TO ADMINISTER FORM:	This form should be completed at or shortly after the Screening Visit when patient eligibility can be determined.
GENERAL INFORMATION	<p>Patients must meet all inclusion criteria and none of the exclusion criteria to be eligible for participation in the study.</p> <p>This form is completed for all HCV patients screened for participation in the SyNCH Phase II study. <b>The completed form is submitted to the Coordinating Center regardless of patient eligibility.</b> If a patient is screened for the Phase II study and determined to be ineligible for participation, the form should still be completed and submitted to the Coordinating Center.</p> <p>Patients must be screened within 30 days of enrollment (randomization) and all criteria must be assessed within that time period.</p>
PATIENT ID	<p>Record the Patient ID in the top left hand corner of each page.</p> <p>A Patient ID is assigned via the computer using the Patient ID Generator. Refer to the Patient ID Generator MOP for specific instructions on generating an ID.</p>
DATE ELIGIBILITY DETERMINED	<p>Record the date (month/day/year) on which all inclusion and exclusion criteria have been evaluated and patient eligibility is determined.</p> <p>Check "Rescreen" if the evaluation is being performed as part of the rescreen procedure.</p>

<p>INCLUSION CRITERIA</p>	<p><b>GENERAL INSTRUCTIONS:</b></p> <p>The response to every inclusion criteria must be YES for a patient to be eligible for participation in this study.</p> <p><u>Section I, questions 1-8:</u> Check “Yes” or “No” to indicate whether or not the patient meets the inclusion criteria.</p> <p><b>SPECIFIC INSTRUCTIONS:</b></p> <ol style="list-style-type: none"> <li>1. <u>Patient is at least 18 years of age:</u> Check “Yes” if the patient is at least 18 years old at the time of the screening evaluation. Otherwise, check “No”.</li> <li>2. <u>ALT ≥ 65 IU/L ((i.e. approximately 1.5 x upper limit of normal) obtained during the screening period:</u> Check “Yes” if the patient had an ALT result greater than or equal to 65 IU/L during the screening period. Otherwise, check “No”.</li> <li>3. <u>Serum HCV RNA above quantifiable level of detection by any assay after the end of previous therapy</u>  <p>Check “Yes” if a serum HCV RNA quantitative result performed after the end of all previous therapy for HCV, is above the level of detection by any assay. The test sample must be after the end of the most recent therapy. Otherwise, check “No”.</p> </li> <li>4. <u>Previous treatment with any interferon-based therapy without sustained virological response</u>  <p>Check “Yes” if the patient was treated with any interferon-based therapy without achieving a sustained virological response. Otherwise, check “No”.</p> <p>Non-responders, break-throughs, and relapsers, according to the following definitions, are considered eligible based on this criteria:</p> <p>Non-responders: patients who received any interferon-based therapy and their HCV RNA remained detectable throughout therapy.</p> <p>Break-throughs: patients who received any interferon-based therapy and their HCV RNA dropped below detectable levels, but the viral level increased to a detectable level while still on therapy.</p> <p>Relapsers: patients who received any interferon-based therapy and their HCV RNA dropped below detectable levels, but the viral level increased to a detectable level once therapy was discontinued.</p> </li> <li>5. <u>No antiviral therapy for at least 6 months prior to screening</u>  <p>Check “Yes” if the patient has not taken any antiviral therapy for at least 6 months prior to the screening visit. Otherwise, check “No”.</p> <p>Commonly used antiviral medications include, but are not limited to: acyclovir, famciclovir, ganciclovir, valacyclovir, and foscarnet.</p> </li> <li>6. <u>Females of childbearing potential agree to use two reliable forms of effective contraception during the study period (while</u></li> </ol>
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<p>EXCLUSION CRITERIA</p>	<p><u>on study drug and during follow-up):</u></p> <p>Check “Yes or NA” if the patient is:</p> <ul style="list-style-type: none"> <li>a. male</li> <li>b. female, of childbearing potential, who agrees to use two reliable forms of effective contraception through completion of the study, including the follow-up period</li> <li>c. female, not of childbearing potential</li> </ul> <p>Otherwise, check “No”.</p> <p>Two acceptable methods of birth control include-spermicide plus either: a condom, a diaphragm, or a cervical cap.</p> <p><b>NOTE:</b> Female of childbearing potential is defined as a premenopausal woman capable of becoming pregnant.</p> <p>7. <u>Negative urine pregnancy test documented within 24 hour period prior to the first dose of study medication for females of childbearing potential</u></p> <p>Check “Yes or NA” if the patient is:</p> <ul style="list-style-type: none"> <li>a. male</li> <li>b. female, of childbearing potential, who has a negative urine pregnancy test result documented within 24 hour period prior to administration of the first dose of study medication</li> <li>c. female, not of childbearing potential</li> </ul> <p>Otherwise, check “No”.</p> <p><b>NOTE:</b> Female of childbearing potential is defined as a premenopausal woman capable of becoming pregnant.</p> <p>8. <u>Patient has provided informed consent:</u> Check “Yes” if the patient has provided written informed consent for participation in the SyNCH study. Otherwise, check “No”.</p> <p><b>GENERAL INSTRUCTIONS:</b></p> <p>The response to all exclusion criteria must be NO for a patient to be eligible for participation in this study.</p> <p><u>Section II, questions 9-24:</u> Check “Yes” or “No” to indicate whether or not the patient meets the exclusion criteria.</p> <p><b>SPECIFIC INSTRUCTIONS:</b></p> <p>9. <u>Patient used a milk thistle preparation or other antioxidant within 30 days prior to screening, during the screening period, or does not agree to refrain from use of these products through completion of the study:</u></p> <ul style="list-style-type: none"> <li>a. <u>Silymarin or milk thistle preparation:</u> Check “Yes” if the patient used any milk thistle preparation within 30 days prior to screening, during the screening period, or does not agree to refrain from the use of milk thistle products through the end of the study. Otherwise, check “No”.</li> </ul> <p><b>NOTE:</b> The patient is not permitted to take a milk thistle preparation from the time of their initial screening visit</p>
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	<p>through completion of the study.</p> <p>Milk thistle preparations (e.g. Legalon<sup>®</sup>, Thisylin<sup>®</sup>, Silipide<sup>®</sup> and many others) are from the seeds of Silybum marianum, a member of the sunflower family and they are used to maintain healthy liver function. There are also many different products containing milk thistle in combination with other herbs, including Thistleplex(TM) and ThistleComp(TM).</p> <p>Refer to the Study Codebook for a list of milk thistle preparations.</p> <p>b. <u>Other antioxidants such as vitamin E, vitamin C, glutathione, alpha-tocopherol or non-prescribed complementary alternative medications (including dietary supplements, megadose vitamins, herbal preparations, and special teas). A multivitamin at standard dose is permitted.</u> Check "Yes" if the patient used any antioxidants, including but not limited to those listed above, within 30 days prior to screening, during the screening, or does not agree to refrain from the use of these agents through completion of the study. Otherwise, check "No".</p> <p><b>NOTE:</b> The patient is not permitted to take an antioxidant from the time of their initial screening visit through completion of the study.</p> <p>10. <u>Patient has a known allergy or sensitivity to milk thistle or its preparations</u></p> <p>Check "Yes" if the patient has a known allergy or sensitivity to milk thistle or its preparations. Otherwise, check "No".</p> <p>11. <u>Patient reports an inability to tolerate milk products</u></p> <p>Check "Yes" if the patient reports lactose intolerance or an inability to tolerate milk products. Otherwise, check "No".</p> <p>12. <u>Patient use of warfarin, metronidazole, or acetaminophen (greater than two grams per day) within 30 days of screening</u></p> <p>Check "Yes" if the patient currently takes warfarin, metronidazole, or uses acetaminophen greater than two grams per day. Otherwise, check "No".</p> <p>13. <u>Use of oral steroids for more than 14 days within 30 days prior to screening.</u></p> <p>Check "Yes" if the patient used oral steroids for more than 14 days within 30 days of screening <b>or</b> during the screening period. Otherwise, check "No".</p> <p>14. <u>On average, the patient has consumed more than one alcoholic drink or equivalent (&gt; 12 grams) per day or more than two (2) drinks on any one day over the past 30 days</u></p> <p>Check "Yes" if the patient:</p> <ul style="list-style-type: none"> <li>a. consumed more than one alcoholic drink (&gt;12 grams) per day</li> <li>b. consumed more than two (2) drinks on any one day within 30 days prior to the screening</li> </ul>
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	<p>Otherwise, check “No”.</p> <p><b>NOTE:</b> Patients who consumed more than this within 30 days prior to the screening must have consumed a monthly average of 12 grams or less per day of alcohol for at least six months prior to the start of the screening.</p> <p>15. <u>Evidence of drug abuse within 6 months prior to screening or during the screening period</u></p> <p>Check “Yes” if there is any evidence of drug (recreational or non-prescribed controlled substances) abuse within 6 months prior to the screening period <b>or</b> during screening. Otherwise, check “No”.</p> <p>16. <u>Patient has poorly controlled diabetes evidenced by a HbA1c &gt; 8%</u></p> <p>Check “Yes” if the patient has diabetes and a HbA1c result greater than 8% between the initial screening visit and randomization. Otherwise, check “No”. Check “No or NA” if the patient does not have diabetes.</p> <p>17. <u>Female patients with ongoing pregnancy or breast-feeding, or contemplating pregnancy</u></p> <p>Check “Yes” if a female patient is pregnant, contemplating pregnancy, or breast-feeding. If not, check “No”. Check “No or NA” for male patients.</p> <p><b>NOTE (female patients):</b> A pregnancy test must be performed as part of the screening evaluation and a urine pregnancy test must be repeated within the 24 hour period prior to administering the first dose of study medication.</p> <p>If the patient or the patient’s partner becomes pregnant during the course of the study, notify the principal investigator immediately.</p> <p>18. <u>Previous liver biopsy that demonstrates presence of moderate to severe steatosis or evidence of steatohepatitis</u></p> <p>Check “Yes” if results from a previous liver biopsy demonstrate moderate to severe steatosis or evidence of steatohepatitis. Check “No” if a liver biopsy was performed and the results do not demonstrate moderate to severe steatosis or evidence of steatohepatitis. Check “No or NA” if a liver biopsy was not performed in the past.</p> <p>19. <u>Positive result for anti-HIV or HBsAg within 5 years of screening</u></p> <p>Check “Yes” if the patient was anti-HIV or HBsAg positive within 5 years of screening. Otherwise, check “No”</p> <p>20. <u>Serum creatinine level 2.0 mg/dL or greater at screening or CrCl &lt; 60 cc/min (calculated according to Cockcroft-Gault), or currently on dialysis</u></p> <p>Check “Yes” if the patient has ONE of the following during the screening period:</p> <ul style="list-style-type: none"> <li>• Serum creatinine level 2.0 mg/dL or greater</li> <li>• CrCL less than 60 cc per minute</li> <li>• Currently on any form of renal dialysis</li> </ul> <p>Otherwise, check “No”.</p>
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	<p>21. <u>Evidence of decompensated liver disease defined as any of the following:</u></p> <p>Check "Yes" if the patient has any of the following:</p> <ul style="list-style-type: none"><li>a. Serum albumin &lt; 3.2 g/dl at screening</li><li>b. Total bilirubin &gt; 1.5 mg/dl at screening</li><li>c. PT or INR &gt; 1.3 time normal at screening</li><li>d. History or presence of ascites or encephalopathy, or bleeding from esophageal varices</li></ul> <p>Otherwise, check "No".</p> <p>22. <u>Patient has a history of:</u></p> <ul style="list-style-type: none"><li>a. <u>Other chronic liver disease, including metabolic diseases, documented by appropriate test(s)</u></li></ul> <p>Check "Yes" if the patient has a history or there is evidence of other chronic liver disease, including metabolic diseases. Otherwise, check "No".</p> <ul style="list-style-type: none"><li>b. <u>Immunologically mediated disease that could affect inflammatory biomarkers</u></li></ul> <p>Check "Yes" if the patient has been diagnosed with an immunologically mediated disease. Otherwise, check "No".</p> <p>Immunologic mediated disease include, but are not limited to, inflammatory bowel disease, idiopathic thrombocytopenic purpura, lupus erythematosus, autoimmune hepatitis, autoimmune hemolytic anemia, severe psoriasis, rheumatoid arthritis.</p> <ul style="list-style-type: none"><li>c. <u>Solid organ or bone marrow transplantation</u></li></ul> <p>Check "Yes" if the patient has a history of solid organ or bone marrow transplant. Otherwise, check "No".</p> <ul style="list-style-type: none"><li>d. <u>Thyroid disease poorly controlled on prescribed medications</u></li></ul> <p>Check "Yes" if the patient has a history of thyroid disease poorly controlled by prescribed medications. Otherwise, check "No".</p> <p>23. <u>Patient participated in a research drug trial, exclusive of the SyNCH Phase I trial, within 6 months of enrollment.</u></p> <p>Check "Yes" if the patient participated in a research drug trial, exclusive of the SyNCH Phase I trial, within 6 months of randomization. Otherwise, check "No".</p> <p>24. <u>A history or other evidence of severe illness or any other condition that would make the patient, in the opinion of the investigator, unsuitable for the study?</u></p> <p>Check "Yes" if the patient has a history or other evidence of severe illness (not already listed in the exclusion criteria) that makes them unsuitable for the study, and specify in the space provided.</p> <p>Examples of severe illnesses or conditions that may make the patient ineligible for the study are poorly controlled psychiatric disease, coronary artery disease, or active gastrointestinal conditions that might interfere with drug absorption.</p>
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**SyNCH Phase II**

	<p>Check "No" if there is no other reason, in the opinion of the investigator, to exclude the patient from participation in the study.</p>
	<p><u>Does the patient have evidence of cirrhosis?</u></p> <p>Check "Well compensated" if the patient has well-compensated cirrhosis. Check "Decompensated" if the patient has decompensated cirrhosis. If patient does not have cirrhosis check "No".</p>
<p>ELIGIBILITY</p>	<p>The responses to all inclusion criteria must be YES and all exclusion criteria must be NO for the patient to be eligible for participation in the SyNCH study.</p> <p>If the above criteria are not met, the patient is not eligible for participation and no other study-related tests should be performed or data collection forms completed.</p> <p><u>Is the patient eligible to participate in the SYNCH HCV Phase II trial?</u> Check "Yes" if all inclusion criteria are met and none of the exclusion criteria are met. Otherwise, check "No".</p> <p>If after review of all inclusion and exclusion criteria, the investigator determines that the patient is eligible for participation in the phase II study, the principal investigator must sign and date the form.</p>