

**PARTICIPANT INFORMATION SHEET**

**Narrow band UVB phototherapy for patients with Clinically Isolated Syndrome. The PhoCIS Study**  
**Version 5, 22 March 2016**

**Principal Investigators**

*Professor Allan Kermode*  
*Professor William Carroll*

*Professor Prue Hart*  
*Dr Judy Cole*

*Please take time to read the following information carefully and to discuss it with your family, friends and general practitioner if you so wish. If any part of the information is not clear to you, or if you would like more information do not hesitate to ask us to explain it in more detail. Make certain you do this before you sign the consent form to participate in this study.*

You are invited to take part in this research study because you have experienced for the first time an episode of inflammation within the brain, spinal cord or optic nerves (called a first demyelinating event) indicating that you are at risk of developing Multiple Sclerosis. The research study is testing whether a course of narrow band UVB phototherapy decreases the risk of developing Multiple Sclerosis.

**Who is funding this study?**

This study is funded by the National Health and Medical Research Council of Australia (ID 1067209).

Sixty (60) eligible participants will be enrolled in this study, which is being conducted in Perth, Western Australia.

**Contact persons:**

If you have any questions about the study you can contact:

Professor Prue Hart, Co-ordinating Principal Investigator,  
 Phone No. 08 94897887  
 After Hours (Home) 08 93898765, 0419700265

**Clinic Managers (for appointments with the neurologists):**

St John of God Medical Centre: Marilyn Young, 9388 1865

Australian Neuromuscular Research Institute: Susan Walters, 9346 4884.

**Decision to Participate:**

Your decision to participate in this study is voluntary, that is, you may decide to be in this study or not take part in it at all. If you do decide to participate, you are able to change your mind at any time during the study. However, before you make any decision, it is important that you understand why this study is being done and what it will involve, including your rights and responsibilities. You will also be given a copy of this Participant Information Sheet and Consent Form to keep for your personal records.

Any decision you make will not affect your regular medical care or any benefit to which you would otherwise be entitled. If you decide you want to take part in the research study, you will be asked to sign the consent form. By signing it you are telling us that you:

- Understand what you have read
- Consent to take part in the research study
- Consent to have the tests and treatments that are described
- Consent to the use of your personal and health information as described.

**This Participant Information Sheet** tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research.

The flow chart on the last page of this document summarises what is required of a participant in the study.

### **What is the purpose of this study?**

Several trials internationally, and in Australia, are testing vitamin D supplementation as a treatment for patients with early symptoms of Multiple Sclerosis. These studies are testing whether vitamin D supplementation can slow or prevent progression of the disease. We know that we obtain most of our vitamin D by exposure of our skin to sunlight, particularly the Ultraviolet B (UVB) component of natural sunlight.

We are amongst a group of scientists and clinicians who believe that Vitamin D in our skin may not be the only benefit of sun exposure. We believe that there are other molecules produced in our skin that also may calm our immune system and ensure that cells in our immune system are not overly active. This is important as Multiple Sclerosis is due in large part to destruction of nerve fibres by over-active immune cells.

We believe that by receiving UVB exposure you could gain the benefits of not only vitamin D production in your skin, but also the benefits of the other molecules in skin produced after exposure to sunlight. To our knowledge, no previous study has investigated the effect of UVB phototherapy for patients with symptoms such as yours.

Patients agreeing to participate in this study will be assigned to treatment with narrow band UVB phototherapy or no active treatment. The results of the two groups will be compared to see if UVB phototherapy is beneficial and slows disease progression. All participants will be given vitamin D.

If you are in the group receiving UVB phototherapy, this will be given in a very safe manner. Your therapy using narrow band UVB light (called UVB phototherapy) will be supervised by a consultant dermatologist, Dr Judy Cole. It is a proven, well-tried, effective safe treatment for patients with the skin disease, psoriasis, and for eczema and hives. It is called narrow band UVB as it uses one wavelength of UVB. UVB is a constituent of natural sunlight.

From experimental studies, we believe that exposure of your skin to narrow band UVB wavelengths may benefit patients like you with a first demyelinating event, just as it has benefited patients with psoriasis, and other skin conditions. We will take blood from you 7 times over the next 12 months to follow the activity of your blood cells following narrow band UVB phototherapy.

If you are assigned not to receive the phototherapy, we will still take blood from you 7 times over the next 12 months to follow the activity of your blood cells.

Sixty participants with recent onset of symptoms like you have experienced (a first demyelinating event) will be enrolled in this study, which is being conducted in Perth, Western Australia.

### **Are there any reasons I should not be in this study?**

If any of the following occur you will be unable to participate in the study:

- You are not prepared to provide blood samples 7 times over the 12 month duration of the study
- You are not able to stand in the phototherapy cubicle for up to 5 minutes at a time
- You have an MS attack before you have completed the initial tests, or you are being treated with drugs for your symptoms. If you are being treated with steroids for only a few days, you are still invited to join the study but your participation will begin 1 month after the steroid treatment finishes
- You have very fair skin that burns with very minimal sun exposure, or a history of skin cancer or melanoma
- You have a history of medical problems that increase susceptibility to sunburn, eg lupus
- You are currently pregnant, breast-feeding or planning to become pregnant in the next 12 months.

### **How long will I be in this study?**

You will be asked to visit the hospital for study visits 7 times over the next 12 months. Each visit will last about 1-2 hours. At each visit, you will be asked to provide blood samples and you will be asked questions about your health and wellbeing.

### **What will happen if I decide to be in this study?**

If you agree to participate, there is a 50% chance you will be in the group receiving UVB phototherapy and a 50% chance you will be in the non-treatment (control) arm of the study. Participants are randomly assigned to a group, i.e. the investigators do not choose one group or the other for you. Randomisation will be performed by an off-site computer. If you agree to participate, regardless of whether you receive phototherapy or not, there are a number of procedures and reviews that will be carried out at different times. These are as follows:

#### **As part of your standard care:**

- (1) A review of your medical history.
- (2) A physical examination, analysis of vital signs. You will be asked to remove clothing to allow waist and hip measurement and placement of a blood pressure cuff on your arm.
- (3) A neurological examination
- (4) A cerebral MRI scan

#### **Specific to this study:**

Questionnaire completion: You will be asked to complete questionnaires about your health, wellbeing and lifestyle and to check how the disease is affecting you, including your level of tiredness.

Hair/Eyes/Skin Colour Chart Assessment: The study team will look at your eyes, your skin and your hair and compare the colour to a standardised colour chart.

Skin assessment: The UV reflectance of your skin will be measured. For this, a camera-like instrument will be placed on the skin surface. Light is shone on your skin and the light reflected by your skin is measured. For assessment of your past sun exposure, a silicone rubber impression of the skin on the back of your hand will be made. These are painless procedures and do not hurt your skin.

Urine Collection: Women will be asked to provide urine in a jar- about 4 teaspoons (20mls) – to confirm that they are not pregnant.

**Blood Collection:** The study team will collect blood from your arm via a needle (venepuncture). You will be asked to give 50 ml (10 teaspoons) at screening (which will provide the baseline before any phototherapy) and at all subsequent visits.

A total of about 350 ml blood will be collected (about 1 ½ cups) over the whole study.

**Saliva Collection:** The study team will ask you to accumulate a small amount of saliva in your mouth and then spit down a straw into two small 1.8ml tubes (about 1 teaspoon) at screening and at all subsequent visits.

### **At the Screening and Baseline Visit:**

At the screening visit, Professors Kermode or Carroll or other neurologists involved in the study will:

- Provide detailed study information
- Obtain signed informed consent (if you are already willing to participate in the study)
- Ask you questions about your neurological symptoms
- Review your medical history/physical examination/vital signs/any medications you are taking. You will be asked to remove clothing to allow waist and hip measurement and placement of a blood pressure cuff on your arm
- Conduct a neurological examination
- Arrange a cerebral MRI scan if this has not already been performed
- Prescribe vitamin D supplementation to obtain a serum 25(OH)D level of approx. 100 nmol/L

If you wish to discuss participation in the study with your family or friends, you may request that one of the project co-ordinators contact you within a week to further discuss your participation. If you give verbal consent to one of the project co-ordinators when they contact you, a 'Baseline' visit with a member of the study team will be arranged and written consent obtained. This visit will confirm that you are eligible to participate in this study and any questions that you may have will be answered. This visit will take about 1.5 – 2 hours.

At the Baseline visit, the following will be arranged if they have not already been performed:

- (1) Blood collection for baseline measurement of biological molecules (biomarkers) and collection of blood cells for studies of their biological activity,
- (2) Completion of questionnaires about your lifestyle, and your symptoms and their effect on your health and quality of life
- (3) A serum and urine pregnancy test (women only), and
- (4) Assessment of skin reflectance and preparation of a silicone cast of the back of your hand

### **Treatment Phase**

Upon successful completion of the screening process and baseline visit (given signed consent, a negative pregnancy test and all inclusion and exclusion criteria confirmed), eligible participants will be randomly placed into one of two treatment groups, namely to receive phototherapy or not to receive phototherapy.

#### **What is involved in UVB treatment?**

Treatments are given 3 times a week for 8 weeks and involve standing undressed in a light cabinet (booth) which gives out a measured and controlled dose of UVB light. Each time you receive a treatment, the dose of UVB is increased, thus the length of time you spend in the machine also increases. Time in the light cabinet will range from less than 1 to 4 minutes. The dose given should not cause reddening of the skin. If you feel anxious or too hot in the booth, you can push the door

open and leave the booth until you feel better. When you return to the booth and shut the door, the treatment will continue. Any unease in the booth should be discussed with one of the study team. You will also be asked to wear a UVB dosimeter on your wrist (except when you are in the photobooth). This dosimeter is the size of a watch and measures your daily UVB (a component of sunlight) exposure. The information collected through this process is uploaded onto a computer and will be analysed. The generated data will give us a good understanding of your daily UVB (sunlight) exposure.

- You will wear the dosimeter for 8 weeks
- You should not make any changes to your usual sun exposure routine and the Cancer Council guidelines should be followed ([www.cancerwa.asn.au/prevention/sunsmart](http://www.cancerwa.asn.au/prevention/sunsmart)). Participants should not stay in the sun for sufficient time to cause reddening of the skin. Prolonged sun bathing or solarium use should be avoided.
- If any problems occur with the dosimeter (e.g. broken strap) please contact a member of the study team as soon as possible.

Dr Cole will assess the skin of participants receiving UVB phototherapy before and 6 months after initiation of phototherapy, and during the trial if you have any concerns.

#### When will UVB treatment begin?

For those who are not prescribed a short course (few days) of steroids for treatment of their first demyelinating event, narrow band UVB phototherapy will be initiated as soon as possible after the baseline visit has been completed, and you have been placed randomly into the group to receive UVB phototherapy.

If participants are assigned to the group to receive narrow band UVB phototherapy but have been given a short course of steroids to treat their symptoms, they will be asked to commence UVB phototherapy in one month. This will allow a 'drug-washout period' and removal of the effects of steroids on your blood cells. After this 'washout period' and immediately prior to the start of phototherapy, they will be asked to donate 50 ml blood for pre-phototherapy measurement of biomarkers and collection of blood cells for measures of their biological activity.

#### What special precautions need to be taken during UVB phototherapy?

- It is essential to limit sun exposure whilst on treatment. Cancer Council guidelines should be followed ([www.cancerwa.asn.au/prevention/sunsmart](http://www.cancerwa.asn.au/prevention/sunsmart)). Participants should not stay in the sun for sufficient time to cause reddening of the skin. Prolonged sun bathing or solarium use should be avoided.
- It is most important to protect your eyes during treatment. You should wear a face mask but goggles are also available. Once you commence the use of a face mask, you should continue to use it. If you forget the mask, your face may burn.
- Phototherapy will be delivered to your full body. Males should keep their genitals covered. The phototherapy staff will advise the best way to do this. Women may wear underpants.
- DO NOT apply prescribed creams *prior* to treatment unless specifically instructed. Many prescribed creams and ointments may reduce the effectiveness of the light treatment. If in any doubt, please ask staff. Prescribed creams may be applied after treatment

- If you feel itchy, an oatmeal bath may help. Put some oats in a sock or stocking, run the bath water over it and then soak in the bath. Dermaveen or Aveeno bath oil products contain oatmeal

### What happens if I am randomised not to receive phototherapy?

If you are randomised into the group not to receive phototherapy you will be asked to wear a UVB dosimeter on your wrist. This dosimeter is the size of a watch and measures your daily UVB (a component of sunlight) exposure. The information collected through this process is uploaded onto a computer and will be analysed. The generated data will give us a good understanding of your daily UVB (sunlight) exposure.

- You will wear the dosimeter for 8 weeks
- You should not make any changes to your usual sun exposure routine and the Cancer Council guidelines should be followed ([www.cancerwa.asn.au/prevention/sunsmart](http://www.cancerwa.asn.au/prevention/sunsmart)). Participants should not stay in the sun for sufficient time to cause reddening of the skin. Prolonged sun bathing or solarium use should be avoided.
- If any problems occur with the dosimeter (e.g. broken strap) please contact a member of the study team as soon as possible.

### What happens at the 1 week, 1, 2, 3, 6, and 12 month visits?

You will return to the clinics several times over 12 months after your screening and baseline visits. The following procedures will be conducted at every visit. These visits should last between 1 and 2 hours.

- You will be asked about any changes in your general health and if you have had any further symptoms like those that led to your referral to the neurologist, since the last visit
- A neurological exam (at 3, 6 and 12 months from the baseline visit)
- A physical examination and review of any medications you are taking (each visit). You will be asked to remove clothing to allow waist and hip measurement (12 months) and placement of a blood pressure cuff on your arm (1, 2, 3, 6 and 12 months)
- Questionnaire completion (at 6 and 12 months from the baseline visit)
- Laboratory investigations: Blood collection (each visit)
- Skin assessment (colour, UV reflectance)(only at 12 months after the baseline visit)
- An MRI scan will be arranged after 6 and 12 months (and after 3 months if the neurologist feels it is necessary)

### **What if I have new symptoms?**

Throughout this trial, participants should always follow the advice given to them by their treating neurologist and report any symptoms of the type that has been discussed with them.

If you have new symptoms, please contact the clinics of Professors Kermode and Carroll at St John of God Medical Centre (contact Marilyn Young, 9388 1865) or at the Australian Neuromuscular Research Institute (contact Susan Walters, 93464884). Your condition will be evaluated and treatment discussed with you. The treating neurologists may arrange for you to come in for a visit as soon as possible.

### Unscheduled Visits (Relapse or side effect visit)

If there is an unscheduled visit, you will be asked the history of your new symptoms, have blood collected and start treatment if needed.



### **What if I wish to withdraw from the study?**

If you wish to withdraw from the study for any reason, we will ask you to return to the clinic for an early withdrawal/Exit visit.

The following procedures will be performed:

- You will be asked about any changes in your general health that have happened since the last visit
- A doctor will undertake a neurological examination, a physical examination and a review of any medications you are taking
- We will ask you to complete a questionnaire and have a skin assessment (colour, UV reflectance)
- You will be asked to provide a blood sample
- We will ask you to have a MRI scan (exit scan)

### **What if I must interrupt my UVB phototherapy?**

The schedule is to give narrow band UVB phototherapy 3 times a week for 8 weeks. We realise that there may be many personal and business reasons why this programme may be broken. Participants will be asked to exit the trial if there is more than one week between phototherapy sessions and they cannot complete 24 phototherapy sessions within 12 weeks. We will ask you to return to the clinic for an early withdrawal/Exit visit.

### **What will happen to my test samples?**

Blood samples will be collected at each visit and these samples are essential to investigate (a) changes over time in the activity of blood cells in participants who have experienced their first demyelinating event, and (b) any additional effect, if any, of narrow band UVB phototherapy on the activity of blood cells in participants who have experienced their first demyelinating event. The activity of the blood cells will also be compared between those participants receiving narrow band UVB phototherapy and those who do not receive phototherapy. Approximately 350 ml of blood (i.e. about 1½ cups) will be collected over the entire 12 month duration of the study. The saliva sample will be used to extract DNA and measure Epstein Barr Virus (EBV) exposure. EBV is a common virus in humans, where up to 95% of people have been exposed to it at some point in their life.

About 50 ml blood (10 teaspoons) will be collected at each visit over 12 months for collection of your blood cells, and blood measures of vitamin D. Some tests will be performed on your blood cells soon after it has been taken, whilst some of your blood cells will be frozen away. After 12 months, some of your cells from all visits will be thawed at the one time and your cells tested for their activity in the same experiment. This should reduce any error between experiments. Your cells and serum will be stored as part of a biobank for future analysis in studies that may help people with similar symptoms to you. Similarly, you will be asked if we can store your DNA and RNA (a short form of DNA) for future genetic studies.

**Biobanking** is storing health information and/or blood or tissue for future research studies.

Your *blood* and *saliva* will be stored as a *re-identifiable* specimen. Your samples will have all identifiers (e.g. name and personal details) removed and replaced with a unique study code. The information that links this number to your personal details will not knowingly leave the hospital and will be kept by the study centre. It will not be kept at the biobank.

***Your samples and data which may identify you will not be released for any use without your prior consent, unless required by law.***

We would like to store your blood and saliva for future use in research studies that are closely related to this study. You can have it removed, destroyed or returned to you by contacting in writing the Co-ordinating Principal Investigator, Professor Prue Hart, at the Telethon Institute for Child Health Research, PO Box 855, West Perth 6872, Australia.

Your blood or saliva sample will NOT be used for research that involves reproductive cloning.

No research will take place using your blood or saliva samples and information unless that research has first been reviewed and approved by a Human Research Ethics Committee, which will determine whether the benefits of the research outweigh the cost to you and your privacy.

The Co-ordinating Principal Investigator, and all members of the Investigator team, will be responsible for overseeing that the samples are only used for the purposes of the aims above.

### **Ionising Radiation**

You will not be exposed to ionising radiation (which can cause damage to living tissue). Narrow band UVB radiation is not ionising radiation.

### **Can I have other treatments during this research project?**

Whilst you are participating in this research study, we ask that you do not enrol in another interventional trial. Most medications (except drugs like steroids to suppress inflammation) are safe to take but please tell the treating doctor about all medications, vitamins, supplements, over-the-counter medications or herbal remedies, acupuncture or other alternative treatments that you are taking or receiving. You should also tell a member of the study team about any changes to these during your participation in the research study. A member of the study team will also explain to you which treatments or medications (if any) need to be stopped for the time you are involved in the research study.

### **What are the costs to me?**

There are no costs associated with participating in this research study. You will not be paid for your participation in this research, but travel costs to and from the study centre including parking will be reimbursed upon provision of receipt and to a maximum of \$50 per visit. All medication, tests and medical care required as part of the research study will be provided to you free of charge.

### **What are the possible benefits of taking part, to me and to the wider community?**

We cannot guarantee or promise that you will receive any benefits from this research. It is hoped that the information obtained from your participation in this study, will provide valuable information to assist future patients after their first demyelinating event.

### **How will my safety be ensured?**

During this study, you will be continually monitored for any potential side effects of narrow band UVB phototherapy. If you experience any side effects, your treatment may be suspended or stopped. For this reason, do not hesitate to contact the people listed on Page 1 of this document if you feel you are experiencing side effects. Your study neurologist may also require you to have additional assessments if it is in your best medical interests.

If you are advised to stop narrow band UVB phototherapy, this may also mean you will need to withdraw from participating in the study. If this is the case, we would ask you to undergo tests and



procedures (early withdrawal/Exit visit described above) that are similar to those you had at the beginning of the study.

### **What are my alternatives if I do not want to participate in this study?**

Participation in any research study is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the study at any stage.

If you do decide to take part, you will be given this Participant Information, and Consent Form to sign and you will be given a copy of each to keep.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your routine treatment or your relationship with those treating you.

You do not have to take part in this research study to receive treatment and the best standard of care at this hospital. Patients in Australia and New Zealand who have experienced their first demyelinating event are currently not routinely prescribed drug treatment. Professors Kermode or Carroll will discuss this with you before you decide whether or not to take part in this research study. You can also discuss the options with your local doctor or the Co-ordinating Principal Investigator, Professor Hart.

### **What are the possible side effects, risks and discomforts of taking part?**

You may have none, some or all of the side effects listed below, and they may be mild, moderate or severe. If you have any of these side effects, or are worried about them, talk with a member of the study team as listed on the front page.

The neurologists, Dr Cole and members of the study team will discuss the best way of managing any side effects with you.

#### *What are the side-effects of narrow band UVB phototherapy?*

- The most common side effect is sunburn. You must tell the phototherapist (the person who you will interact with upon each phototherapy session) whether you have been burnt or even if you developed any redness following the last treatment. You will become tanned with treatment. It is very important that you limit sun exposure during the period that you are being treated. It is quite common for the skin to get red and occasionally painful after treatment. Rarely blisters can occur. You must protect your eyes during treatment; if you do not wear a mask or goggles, your face may burn.
- There is a theoretically increased risk of some skin cancers, but short term treatments do not seem to entail any significant hazard.
- UVB light therapy is generally drying to the skin and adequate use of moisturisers is recommended.

#### *What are the side-effects of Blood Tests?*

Having a blood sample taken may cause some discomfort or bruising. Sometimes, the blood vessel may swell, or blood may clot in the blood vessel. Rarely, there could be fainting, a minor infection or bleeding. If this happens, it can be easily treated.

#### *Pregnancy*

*For Women:* Because narrow band UVB phototherapy may affect an unborn baby, you should not be pregnant or become pregnant while having phototherapy, and for 3 months following the end of

your phototherapy. You must confirm to the investigator that, to the best of your knowledge, you are not pregnant now, and that you do not intend to become pregnant during the study. You must use a highly effective method of contraception/birth control (methods which result in low failure rate, i.e. less than 1% per year, when used consistently and correctly).

Examples of acceptable forms of highly effective contraception include:

1. Established use of oral, injected or implanted hormonal methods of contraception.
2. Placement of an intrauterine device (IUD) or intrauterine system (IUS).
3. Sterilised male partner (with the appropriate post-vasectomy documentation of the absence of sperm in the ejaculate).

In Australia, spermicide is not approved as a method of contraception. If you are uncertain of what form of contraception is acceptable for use during the study, then please ask your study doctor.

If you suspect that you have become pregnant during the study, you must notify the study team immediately. You will NOT be able to continue participation in the study if you become pregnant. You will be asked to consent to make the neurologist aware of the birth details of your child.

*For Men:* If you are male, you should not father a baby while having phototherapy, and for 3 months following the end of your phototherapy. The effect of narrow band UVB phototherapy on your fertility is not known. It is recommended that a condom be worn for all sexual intercourse as narrow band UVB phototherapy may affect your sperm risking the potential for an abnormal child being born. It is also highly recommended that you inform your partner of your participation in the study and that contraception has been strongly recommended. Further, you must agree that if your partner becomes pregnant while you are on the study, you will be asked to consent to advise your neurologist of the birth details of your child.

#### Risks of being randomised into the group that does not receive UVB phototherapy

If you are randomly placed not to receive narrow band UVB phototherapy, it is unknown whether you may have an increased risk of developing a second neurological episode (defining your disease as MS) than if you were in the treated group. To our knowledge, this is the first trial to investigate narrow band UVB phototherapy to prevent or reduce progression to Multiple Sclerosis. The potential benefits of narrow band UVB phototherapy for participants with a first demyelinating event are not known. If you are not in the group receiving UVB phototherapy, you will continue to receive the best standard of care for your condition. There is currently no treatment that is reimbursed by the Pharmaceutical Benefits Scheme (PBS) for people with your condition (known as a first demyelinating event).

#### **Could the study be stopped early?**

This research study may be stopped for a variety of reasons such as:

- Unacceptable side effects;
- Narrow band UVB phototherapy is shown not to be effective;
- Narrow band UVB phototherapy is shown to work and not need further testing; or
- Decisions made by the Investigator team or by local regulatory/health authorities

If this does occur, you will be notified of the reasons, if known. You will continue to receive the best standard of care for your condition.

#### **What happens at the end of the study?**

As narrow band UVB phototherapy is experimental for patients with a first demyelinating event, it will not be available to participants at the end of the research study. When your treatment in this

study finishes, you will continue to receive the best standard of care for your condition by your treating neurologist.

### **What if something goes wrong?**

If, as a result of your participation in this study, you become ill or are injured, immediately advise a member of the study team of your condition. In the first instance your study doctor will evaluate your condition and then discuss treatment with both you and your regular treating doctor.

Since you are participating in a non-sponsored study/investigation any question about compensation must initially be directed to your study doctor who should advise their insurer of the matter.

**It is the recommendation of the independent ethics committee responsible for the review of this study/investigation that you seek independent legal advice.**

### **Will my taking part in this study be kept confidential?**

Any information obtained in connection with this research study that can identify you will remain confidential and will only be used for the purpose of this research study. The results of your tests will be provided to data management in a coded format, so that your name does not appear, only a number. Information about you may be obtained from your health records held at this, and other, health services for the purposes of this research. It will be disclosed only with your permission, except as required by law.

All study documentation will be maintained in a secure area which is accessible only to authorised staff. This information will be stored for a period of 15 years and then disposed of according to the policy of the National Health and Medical Research Council for disposal of confidential data.

Your health records and any information obtained during the study are subject to inspection (for the purpose of verifying the procedures and the data) by the relevant authorities and the Data Safety Monitoring Board or as required by law. By signing the consent section, you authorize release of, or access to, this confidential information to the relevant study personnel and regulatory authorities as noted above.

It is anticipated that the results of this research study will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that you cannot be identified, except with your permission.

It is desirable that your local doctor be advised of your decision to participate in this research study. By signing the consent section, you agree to your local doctor being notified of your decision to participate in this research study. Information about your participation in this research study may be recorded in your health records.

### **How can I find out the results of this study?**

Once the study is complete and the final study report is released, the Co-ordinating Principal Investigator will be able to supply you with the study results. The results will be communicated to you via a letter from the study staff.

### **Who has reviewed this study?**

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). Bellberry Human Research Ethics Committee has reviewed this study and has given its approval for the conduct of this research study. In doing so, this research conforms to the principles set out by the National Statement on Ethical Conduct in Human Research and abides by the Good Clinical Practice Guidelines.

**Other Queries?**

The person you may need to contact will depend on the nature of your query. Therefore, please note the following:

**For further information on your participation:**

If you want any further information concerning this study or if you have any medical problems which may be related to your involvement in the study (for example, any side effects), you can contact the Co-ordinating Principal Investigator or any of the people listed on the front page of this Participant Information Sheet.

**For complaints:****Reviewing HREC approving this research and HREC Executive Officer details**

The Bellberry Human Research Ethics Committee has reviewed this study in accordance with the National Statement on Ethical Conduct in Human Research (2007). This statement has been developed to protect the interests of people who agree to participate in human research studies. Should you wish to discuss the study or view a copy of the Complaint procedure with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Committee chair, Bellberry Human Research Ethics Committee on 08 8361 3222.

## STUDY CALENDAR

### Narrow band UVB phototherapy for patients with Clinically Isolated Syndrome. The PhoCIS Study

Time point	Visit	Number of visits
<b>0</b>	Recruitment	1 visit
	Baseline measures	1 visit (1 - 2 hours)
	Commence narrowband UVB treatment or not. (1-3 minutes whole body exposure to UVB lamps)	3 visits per week for 8 weeks
<b>1 week</b>	<ul style="list-style-type: none"> <li>• General health investigation.</li> <li>• A physical Exam/analysis of vital signs, review of any medications you are taking.</li> <li>• Blood collection.</li> </ul>	1 visit (30 minutes)
<b>1 month</b>		1 visit (30 minutes)
<b>2 months</b>		1 visit (30 minutes)
<b>3 months</b>	<ul style="list-style-type: none"> <li>• General health investigation.</li> <li>• A physical Exam/analysis of vital signs, review of any medications you are taking.</li> <li>• Blood collection.</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• An appointment with your neurologist.</li> <li>• <i>A MRI may be performed if neurologist feels it necessary.</i></li> </ul>	1 visit (1 - 2 hours)
<b>6 months</b>	<ul style="list-style-type: none"> <li>• General health investigation.</li> <li>• A physical Exam/analysis of vital signs, review of any medications you are taking.</li> <li>• Blood collection.</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>• An appointment with your neurologist.</li> <li>• A MRI will be performed.</li> <li>• Questionnaire completion.</li> <li>• Skin assessment (only after 12 months).</li> </ul>	1 visit (1 - 2 hours)
<b>12 months</b>		1 visit (1 - 2 hours) <i>(end of trial)</i>

The study visits are to be made convenient to the participant. The following locations are available for visits;

- ANRI, Sir Charles Gairdner Hospital, Nedlands (Mondays).
- St John of God Medical Centre, Subiaco (Tuesday and Thursday mornings for appointments with the neurologists).
- Other mornings may be possible. Please discuss with a member of the study team.

Please note that the UVB treatment is only available at St John of God Medical Centre, Subiaco.

## CONSENT FORM

### Narrow band UVB phototherapy for patients with Clinically Isolated Syndrome

**Principal Investigators**

*Professor Allan Kermode*  
*Professor William Carroll*

*Professor Prue Hart*  
*Dr Judy Cole*

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**NOTE: If you are still unclear about anything you have read in the Participant Information Sheet and Consent Form, please speak to your doctor before signing this Consent.**

1. I am between 18 and 65 years of age, and I have been given information, both verbally and in writing, about this study and having had time to consider it, am now able to make an informed decision to participate.
2. I have been told about the potential benefits and known risks of taking part in this study and I understand what this means to me.
3. I have been given the opportunity to have a member of my family or a friend with me when this study was being explained to me. I have been able to ask questions and have had all my questions answered.
4. I know that I do not have to take part in this study, and that my decision to take part is voluntary. I understand that I can withdraw from this study at any time without this decision affecting my medical care.
5. I understand that participating in this study does not affect any right to compensation, which I may have under statute or common law.
6. I accept that by taking part in this research, that any information obtained about me during the study may be published, provided that my name **and** other identifying information **are** not used.
7. I agree that my local doctor/GP will be notified of my decision to participate in this research.

Name of Participant

Signature of Participant

Date

**Declaration by a Principal Investigator:**

A verbal explanation of the research project, its procedures and risks has been given to the participant and I believe that the participant has understood that explanation.

Name of Investigator

Signature of Investigator

Date

The Bellberry Human Research Ethics Committee has granted approval for the conduct of this study. If you have any concerns about the ethics or code of practice of the study, you may contact the Committee Chair of the Bellberry Human Research Ethics Committee on (08) 8361 3222.

**Study participants are to receive a copy of the Participant Information Sheet and Consent Form for their personal record.**



**CONSENT FORM FOR MEN OF REPRODUCTIVE POTENTIAL**

**Narrow band UVB phototherapy for patients with Clinically Isolated Syndrome**

**Principal Investigators**

*Professor Allan Kermode  
Professor William Carroll*

*Professor Prue Hart  
Dr Judy Cole*

Dr \_\_\_\_\_ has discussed information on methods of contraception (birth control) and why I need to avoid fathering a child while I am participating in this study/clinical trial.

I have been advised to use an approved method of birth control during the study and for at least 6 months after stopping study treatment.

I have been informed that there could be unknown risks to an unborn child or to the mother of this child should a pregnancy occur.

I have also been requested to contact a member of the study team if I have any concerns about birth control, wish to change the type of birth control method I am currently using, or have any reason to believe that my partner may be pregnant.

Name of Participant	Signature of Participant	Date
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**Declaration by a Principal Investigator:**

A verbal explanation of the research project, its procedures and risks has been given to the participant and I believe that the participant has understood that explanation.

Name of Investigator	Signature of Investigator	Date
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The Bellberry Human Research Ethics Committee has granted approval for the conduct of this study. If you have any concerns about the ethics or code of practice of the study, you may contact the Committee Chair of the Bellberry Human Research Ethics Committee on (08) 8361 3222.

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**CONSENT FORM FOR WOMEN OF CHILD-BEARING POTENTIAL**

**Narrow band UVB phototherapy for patients with Clinically Isolated Syndrome**

**Principal  
Investigators**

*Professor Allan Kermode  
Professor William Carroll*

*Professor Prue Hart  
Dr Judy Cole*

Dr \_\_\_\_\_ has discussed information on methods of contraception (birth control) and why I need to avoid becoming pregnant while I am participating in this study/clinical trial.

I understand that I should contact a member of the study team in the event:

- I think I might be pregnant or know I am pregnant,
- I have missed my period or my period is late,
- I have a change in my usual menstrual cycle (for example, heavier bleeding during my period or bleeding between periods),
- I have changed or plan to change my method of birth control; or
- if I need to take any prescription drug or other medication not given to me by the study team

Name of Participant

Signature of Participant

Date

**Declaration by a Principal Investigator:**

A verbal explanation of the research project, its procedures and risks has been given to the participant and I believe that the participant has understood that explanation.

Name of Investigator

Signature of Investigator

Date

The Bellberry Human Research Ethics Committee has granted approval for the conduct of this study. If you have any concerns about the ethics or code of practice of the study, you may contact the Committee Chair of the Bellberry Human Research Ethics Committee on (08) 8361 3222.

**Study participants are to receive a copy of the Participant Information Sheet and Consent Form for their personal record.**

CONSENT FORM FOR UVB PHOTOTHERAPY

**Narrow band UVB phototherapy for patients with Clinically Isolated Syndrome**

**Principal Investigators**

*Professor Allan Kermode  
Professor William Carroll*

*Professor Prue Hart  
Dr Judy Cole*

**NOTE: If you are still unclear about anything you have read in the Participant Information Sheet and Consent Form, please speak to your doctor before signing this Consent.**

I, \_\_\_\_\_ (Participant Name)

Of \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Hereby consent to the treatment of my skin by the application of narrow-band ultraviolet light type B (NB-UVB)

The potential side effects have been explained to me including: sunburn & increased skin pigmentation, freckling.

I will :

- notify staff if I have not attended treatment for more than 1 week, so that the dose may be reduced
- notify staff if I developed redness, sunburn or skin pain following the previous treatment
- avoid excessive sunlight exposure at non-treatment times.
- notify my doctor of any new medication or vitamins commenced during the course of light treatment. (e.g. some antibiotics can make you sunburn more easily)
- schedule my treatments no less than 24 hours apart.
- notify staff if I feel I think I may have been in the machine too long.

***If you feel anxious or too hot in the booth, you can push the door open and leave the booth until you feel better. When you return to the booth and shut the door, the treatment will continue. It will not start all over again.***

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Declaration by a Principal Investigator:**

A verbal explanation of the research project, its procedures and risks has been given to the participant and I believe that the participant has understood that explanation.

Name of Investigator

Signature of Investigator

Date

The Bellberry Human Research Ethics Committee has granted approval for the conduct of this study. If you have any concerns about the ethics or code of practice of the study, you may contact the Committee Chair of the Bellberry Human Research Ethics Committee on (08) 8361 3222.

**Study participants are to receive a copy of the Participant Information Sheet and Consent Form for their personal record.**

BIOBANKING CONSENT FORM

**Narrow band UVB phototherapy for patients with Clinically Isolated Syndrome**

**Principal Investigators**

*Professor Allan Kermode  
Professor William Carroll*

*Professor Prue Hart  
Dr Judy Cole*

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**NOTE: If you are still unclear about anything you have read in the Participant Information Sheet and Consent Form, please speak to your doctor before signing this Consent.**

1. I am between 18 and 65 years of age, and I have been given information, both verbally and in writing, about this study and having had time to consider it, am now able to make an informed decision to participate.
2. I have been told about the potential benefits and known risks of taking part in this study and I understand what this means to me.
3. I have been given the opportunity to have a member of my family or a friend with me when this study was being explained to me. I have been able to ask questions and have had all my questions answered.
4. I know that I do not have to take part in this study, and that my decision to take part is voluntary. I understand that I can withdraw from this study at any time without this decision affecting my medical care.
5. I understand that participating in this study does not affect any right to compensation, which I may have under statute or common law.
6. I accept that by taking part in this research, that any information obtained about me during the study may be published, provided that my name **and** other identifying information **are** not used.
7. I agree that my local doctor/GP will be notified of my decision to participate in this research project.

**8. BIOBANKING.**

*Please indicate your consent by signing under your chosen option.*

I consent to the storage and use of blood and saliva samples taken from me for use, as described in the section of the Participant Information Sheet, for:

- This specific research project only:

Signature: ..... Date:.....

**OR**

- This research project **and** future research projects that are closely related to this study.

Signature: ..... Date:.....

**Declaration by a Principal Investigator:**

A verbal explanation of the research project, its procedures and risks has been given to the participant and I believe that the participant has understood that explanation.

Name of Investigator

Signature of Investigator

Date

The Bellberry Human Research Ethics Committee has granted approval for the conduct of this study. If you have any concerns about the ethics or code of practice of the study, you may contact the Committee Chair of the Bellberry Human Research Ethics Committee on (08) 8361 3222.

**Study participants are to receive a copy of the Participant Information Sheet and Consent Form for their personal record.**