Interventional Study - *Adult providing own consent*

(insert name of institute)

Title	A possible novel treatment for endometriosis – palmitoylethanolamide and polydatin - a double blind randomized controlled trial
Short Title	Palmitoylethanolamide and polydatin treatment for endometriosis study
Protocol Number	1
Project Sponsor	Medical Research Future Fund
Coordinating Principal Investigator/ Principal Investigator	Dr Michal Amir
Associate Investigator(s)	Dr Charlotte Reddington, Dr Claudia Cheng, Dr Keryn Harlow, Dr Emma Readman, Dr Lenore Ellett, Dr Sam Mooney, Dr Vanessa Ross, Dr Sarah Holdsworth-Carson, Dr Jacqueline Donoghue, Dr Stephanie Teague, Prof Peter Rogers, A/Prof Martin Healey
Location	(insert name of institute)

Part 1 What does my participation involve?

1 Introduction

You are invited to take part in this research project. This is because you might have Endometriosis. The research project is testing a new treatment for Endometriosis .The new treatment is called palmitoylethanolamide and polydatin (PEA/PLD).

This Participant Information Sheet/Consent Form tells you about the research project. It explains the tests and treatments involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, friend or your local doctor.

Participation in this research is voluntary. If you don't wish to take part, you don't have to. You will receive the best possible care whether or not you take part.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:
• Understand what you have read
• Consent to take part in the research project
• Consent to have the tests and treatments that are described
• Consent to the use of your personal and health information as described.

You will be given a copy of this Participant Information and Consent Form to keep.

2 What is the purpose of this research?

More than 10% of Australian women suffer from endometriosis and pelvic pain at some point in their lives. Symptoms are variable, but can result in debilitating pain and troubles with fertility, along with negative effects on mental health, relationships and financial stability. Effective medical therapies for the treatment of endometriosis related pelvic pain are limited and are often associated with side-effects.

Palmitoylethanolamide (PEA) is a food supplement that has been shown to reduce inflammation.
Polydatin (PLD) is also a food supplement that has antioxidant and pain reduction properties. There have been some small studies performed to assess if the combination of PEA/PLD is helpful for persistent pain associated with endometriosis. The results suggest it might have benefit, but further studies are required.

Multiple studies that assessed PEA/PLD for pain relief in various other pain conditions have not reported any significant side effects.

The aim of this study is to determine if treatment with PEA/PLD reduces endometriosis associated pain.

This research has been initiated by the study doctor, Dr Michal Amir

This research has been funded by National Health and Medical Research Council - The Medical Research Future Fund

3 What does participation in this research involve?

You are eligible to participate in the study if you are a woman aged 18 – 45 with pelvic pain, scheduled for laparoscopic treatment of possible or known endometriosis;if you agree to use any type of contraception to avoid conceiving during the 8-week treatment phase and you are an English speaker.

You will be asked to complete the attached consent form prior to participation in the study. You will be asked to fill a questionnaire about your demographic details, medical background, pain symptoms and quality of life.
The participants will be randomised by a compounding pharmacy to either receive 8 weeks of PEA/PLD 400mg/40mg treatment or placebo prior to their surgery. A placebo is a medication with no active ingredients. It is made to look exactly like the treatment capsules. This is an oral treatment administered as capsules taken twice daily. This is a double blind study, neither you nor the medical or study staff will know which treatment you received.

This research project has been designed to make sure the researchers interpret the results in a fair and appropriate way and avoids study doctors or participants jumping to conclusions.

Worldwide, more than 800,000 patients have been treated with PEA supplement and no serious side effects have been reported.

As the supplement has not yet been proven to cause damage or malformations to embryos, you will be requested to use contraception avoid conceiving until after treatment and surgery.

At the end of the treatment and prior to your surgery, you will be asked to fill another questionnaire about your pain symptoms and quality of life under the treatment and questions about the treatment itself such as possible side effects.

During the surgery endometriosis will be confirmed or excluded. If found, endometriosis will be treated as per routine treatment and a biopsy from your endometrial lining will be taken. Small pieces of the collected lesions of endometriosis and endometrium, plus pelvic fluid and blood samples will be collected to assess inflammatory markers.

A repeat questionnaire will be sent to you at 6 months (4 months after surgery).

We will assess the change in pain scores and quality of life scores between the 2 groups to see if PEA/PLD is beneficial. We will assess the change in inflammatory markers between the 2 groups to see if PEA/PLD is beneficial. The study aims to recruit 260 participants within 2 years. Laboratory and data process will take about another year before receiving results.

There are no additional costs associated with participating in this research project, nor will you be paid.
All medication, tests and medical care required as part of the research project will be provided to you free of charge.
Your wait time for the surgery will not be affected by your participation in the study, neither if you decline to participate. Your wait time for the surgery depands only on your medical condition and the current wait time at the category you were booked to in the hospital.

4 What do I have to do?

Participation in this study should not alter your daily activities in any way.
You will need to remember to take the study treatment twice a day.
You will need to use contraception and avoid conceiving during the study treatment.

5 Other relevant information about the research project

This study is a collaborative study that will be running in a few hospitals across Victoria including the: Royal Women's hospital, Mercy Hospital for Women's, Frances Perry House, Epworth Freemasons and Richmond, Cabrini Malvern, Holmesglen Private and Warringal Hospital, Sandringham Hospital.

6 Do I have to take part in this research project?

Participation in any research project 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 project 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 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, your relationship with those treating you or your relationship with the Royal Women's Hospital.

7 What are the alternatives to participation?

You do not have to take part in this research project to receive treatment at this hospital. If you choose not to participate in the study, you will be treated according to your medical needs as usual.

8 What are the possible benefits of taking part?

We cannot guarantee or promise that you will receive any benefits from this research; however, possible benefits may include pain reduction until your scheduled surgery.

9 What are the possible risks and disadvantages of taking part?

Medical treatments can cause side effects. You may have none, some or all of the 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 your study doctor. Your study doctor will also be looking out for side effects.

There may be side effects that the researchers do not expect or do not know about and that may be serious. Tell your study doctor immediately about any new or unusual symptoms that you get.
Many side effects go away shortly after treatment ends. However, sometimes side effects can be serious, long lasting or permanent. If a severe side effect or reaction occurs, your study doctor may need to stop your treatment. Your study doctor will discuss the best way of managing any side effects with you.

The known side effects of PEA/PLD are very few and mild, and include gastrointestinal upset (0.2%), drowsiness (0.1%) and heart palpitations (0.1%).

The effects of PEA/PLD on the unborn child and on the newborn baby are not known. Because of this, it is important that research project participants are not pregnant or breast-feeding and do not become pregnant during the course of the research project. You must not participate in the research if you are pregnant or trying to become pregnant, or breast-feeding. If you are female and child-bearing is a possibility, you will be required to undergo a pregnancy test prior to commencing the research project.
If you do become pregnant whilst participating in the research project, you should advise your study doctor immediately. Your study doctor will withdraw you from the research project and advise on further medical attention should this be necessary. You must not continue in the research if you become pregnant.

If you identify any significant side effects or experiencing distress as a result ofparticipationin the study please contact. For emergencies please attend emergency department or contact Lifeline on 13 11 14 for psychological distress.

10 What will happen to my test samples?

Samples of your blood, endometriosis lesions, endometrial lining tissue and fluids from your pelvis obtained for the purpose of this research project will be transferred to research centre at the Royal Women’s hospital. Samples will be tested for inflammatory markers.

Each participant in the study will be identified by a running number which will be used for your blood and tissue samples. They will not be identified by your name.

11 What if new information arises during this research project?

Sometimes during the course of a research project, new information becomes available about the treatment that is being studied. If this happens, your study doctor will tell you about it and discuss with you whether you want to continue in the research project. If you decide to withdraw, your study doctor will make arrangements for your regular health care to continue. If you decide to continue in the research project you will be asked to sign an updated consent form.

Also, on receiving new information, your study doctor might consider it to be in your best interests to withdraw you from the research project. If this happens, he/ she will explain the reasons and arrange for your regular health care to continue.

12 Can I have other treatments during this research project?

Whilst you are participating in this research project, you may continue taking all of the medications or treatments you have been taking for your condition or for other reasons. It is important to tell your study doctor and the study staff about any treatments or medications you may be taking, including over-the-counter medications, vitamins or herbal remedies, acupuncture or other alternative treatments. You should also tell your study doctor about any changes to these during your participation in the research project.

13 What if I withdraw from this research project?

If you decide to withdraw from the project, please notify a member of the research team before you withdraw. This notice will allow that person or the research supervisor to discuss special requirements linked to withdrawing.

If you do withdraw your consent during the research project, the study doctor and relevant study staff will not collect additional personal information from you, although personal information already collected will be retained to ensure that the results of the research project can be measured properly and to comply with law. You should be aware that data collected by the researcher up to the time you withdraw will form part of the research project results. If you do not want them to do this, you must tell them before you join the research project.

14 Could this research project be stopped unexpectedly?

This research project may be stopped unexpectedly if unacceptable side effects of the treatment will be reported by the participants. Up until now, no significant side effects have been reported worldwide.

15 What happens when the research project ends?

If this project will proof that PEA/PLD is effective in reducing pain in patients with endometriosis and possibly reduce inflammatory markers, further studies will be done. If more studies will proof the same, then PEA/PLD may become an acceptable treatment for endometriosis.

Part 2 How is the research project being conducted?

16 What will happen to information about me?

By signing the consent form you consent to the study doctor and relevant research staff collecting and using personal information about you for the research project. Any information obtained in connection with this research project that can identify you will remain confidential. Once you are recruited to the study, you will be provided with a unique study identification number (study ID). Identifiable information that is collected in this study will only be accessible by research staff with security access.

All information will be kept secure: all paperwork from the project will be kept in a locked room and all computerised information will be kept in a database that is password protected. Only members of the research team will have access. All information will be kept for a period of 7 years after the project is completed, at which time hard copy records will be shredded and computer files deleted.
Your information will only be used for the purpose of this research project and it will only be disclosed with your permission, except as required by law.

Information about you may be obtained from your health records held at this and other health services for the purpose of this research. By signing the consent form you agree to the research team accessing health records if they are relevant to your participation in this research project.

Your health records and any information obtained during the research project are subject to inspection for the purpose of verifying the procedures and the data. This review may be done by the relevant authorities and authorised representatives of the Sponsor, The institution relevant to this Participant Information Sheet, *[Name of institution]*, or as required by law. By signing the Consent Form, you authorise release of, or access to, this confidential information to the relevant research personnel and regulatory authorities as noted above.

It is anticipated that the results of this research project 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. In any publication/ presentation, information will be provided in such a way that you cannot be identified. This will be ensured by providing summarised data or else by referring to individual results by their study number. At no stage will a person's name or any identifying information be used.

Information about your participation in this research project may be recorded in your health records.

In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to request access to the information collected and stored by the research team about you. You also have the right to request that any information with which you disagree be corrected. Please contact the research team member named at the end of this document if you would like to access your information.

Any information obtained for the purpose of this research project that can identify you will be treated as confidential and securely stored. It will be disclosed only with your permission, or as required by law.

17 Complaints and compensation

Complaints

If a serious adverse side effect arises from the supplement treatment during or following your participation in the study please attend the emergency department of the Royal Women's hospital.
If during your participation a complaint arises regarding your treatment by members of staff (doctors, nurses etc.) or a mild adverse side effect from the supplement treatment, please contact (insert name of contact person in institute)

As a default, any participant with a complaint about a clinical trial should be directed to the Office of the Australian Information Commissioner. Please note, however, that this may change: The Privacy Act would continue to be administered by the Privacy Commissioner and supporting staff from an office based in Sydney. The FOI Act would be administered jointly: by the Attorney General's Department (advice, guidelines, annual reporting), the Administrative Appeals Tribunal (merits review) and the Commonwealth Ombudsman (complaints).

Treatment Available

If you suffer any injuries or complications as a result of this research project, you should contact the study team as soon as possible and you will be assisted with arranging appropriate medical treatment. If you are eligible for Medicare, you can receive any medical treatment required to treat the injury or complication, free of charge, as a public patient in any Australian public hospital.

Compensation

In the event of any injuries or complications as a result of this research project, claims for compensation will be managed by the Victorian Managed Insurance Authority (VMIA).

18 Who is organising and funding the research?

This research project is being conducted by Dr Michal Amir. It is funded by the National Health and Medical Research Council.

This research project is being organised and conducted by Dr Michal Amir as part of a research program aimed at improving diagnosis and treatment of endometriosis with funding from the Medical Research Future Fund (Grant).
The research group may benefit financially from this research project if, for example, the project assists the group to obtain approval for a new drug.

By taking part in this research project you agree that samples of your blood or tissue (or data generated from analysis of these materials) may be provided to the research group.
The research group may directly or indirectly benefit financially from your samples or from knowledge acquired through analysis of your samples.

You will not benefit financially from your involvement in this research project even if, for example, your samples (or knowledge acquired from analysis of your samples) prove to be of commercial value to the research group.

In addition, if knowledge acquired through this research leads to discoveries that are of commercial value to the research group, the study doctors or their institutions, there will be no financial benefit to you or your family from these discoveries.

The research group will receive a payment from Medical Research Future Fund for undertaking this research project.

No member of the research team will receive a personal financial benefit from your involvement in this research project (other than their ordinary wages).

19 Who has reviewed the research project?

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the Austin Health HREC.
This research project has been funded by the award of a grant from the Medical Research Future Fund (MRFF) following competitive peer-review by.

This project will be carried out according to 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.

20 Further information and who to contact

The person you may need to contact will depend on the nature of your query.
If you want any further information concerning this project or if you have any medical problems which may be related to your involvement in the project (for example, any side effects), you can contact the principal study doctor on 03 8345 2198 or any of the following people:

CLINICAL CONTACTS [Delete where appropriate]
RWH:

Name	Dr Keryn Harlow
Position	Gynaecology 2 Fellow
Telephone	8345 2198
Email	womenshealthresearch@thewomens.org.au

Mercy:

Name	Dr Lauren Hicks
Position	Endosurgery Fellow
Telephone	8458 4444 (via switch)
Email	endosurgeryfellow@mercy.com.au

Epworth Richmond

Name	A/Prof Martin Healey
Position	Consultant gynaecologist
Telephone	95162896
Email	martin@drmartinhealey.net.au

Frances Perry House

Name	Shaune Gillespie
Position	Chief Executive Officer
Telephone	93445000
Email	GillespieShaune@ramsayhealth.com.au

Sandringham Hospital

Name	Dr Michal Amir
Position	Consultant gynaecologist
Telephone	0403274870
Email	Dr.amirmichal@gmail.com

Western Health/Joan Kirner (Sunshine) Hospital

Name	Dr Samantha Mooney
Position	Obstetrician and Gynaecologist (VMO)
Telephone	0402 923 861
Email	Samantha.mooney@wh.org.au

Epworth Freemasons

Name	A/Prof Kate Stern
Position	Consultant gynaecologist
Telephone	93871000
Email	Kate.stern@mivf.com.au

Warringal Private Hospital

Name	Dr Lenore Ellett
Position	Consultant gynaecologist
Telephone	0401360974
Email	Lenore@crosbie.com.au

St Vincent's Private Hospital

Name	Dr Emma Readman
Position	Consultant gynaecologist
Telephone	0438788854
Email	Ereadman@melbpc.org.au

Holmesglen Private

Name	Dr Michal Amir
Position	Consultant gynaecologist
Telephone	0403274870

Email	Dr.amirmichal@gmail.com

Cabrini Malvern

Name	Dr Michal Amir
Position	Consultant gynaecologist
Telephone	0403274870
Email	Dr.amirmichal@gmail.com

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

COMPLAINTS CONTACTS [Delete where appropriate]

RWH

Name	Royal Women's Hospital Consumer Advocate
Position	Consumer Advocate
Telephone	03 8345 2290
Email	Consumer.liaison@thewomens.org.au

Mercy

Name	Rati Ramnauth
Position	HREC Administrator Mercy Health
Telephone	8458 4808
Email	ethics@mercy.com.au

Epworth

Name	A/Prof Martin Healey
Position	Consultant gynaecologist
Telephone	95162896
Email	martin@drmartinhealey.net.au

Frances Perry House

Name	Tanya Quesnel
Position	Research governance Ramsay Health
Telephone	94333444
Email	QuesnelT@rhrf.org.au

Sandringham Hospital

Name	Dr Michal Amir
Position	Consultant gynaecologist
Telephone	0403274870

Email	Dr.amirmichal@gmail.com

Western Health/Joan Kirner (Sunshine) Hospital

Name	Mr Bill Karanatsios
Position	Research Program Director
Telephone	8395 8073
Email	Bill.karanatsios@wh.org.au or ethics@wh.org.au

Warringal Private Hospital

Name	Tanya Quesnel
Position	Research governance Ramsay Health
Telephone	94333444
Email	QuesnelT@rhrf.org.au

St Vincent's Private Hospital

Name	Dr Emma Readman
Position	Consultant gynaecologist
Telephone	0438788854
Email	Ereadman@melbpc.org.au

Holmesglen Private

Name	Dr Michal Amir
Position	Consultant gynaecologist
Telephone	0403274870
Email	Dr.amirmichal@gmail.com

Cabrini Malvern

Name	Dr Michal Amir
Position	Consultant gynaecologist
Telephone	0403274870
Email	Dr.amirmichal@gmail.com

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Reviewing HREC name	Austin Health Human Research Ethics Committee
HREC Executive Officer	Mrs. Lisa Pedro
Telephone	03 9496 4035

Email	ethics@austin.org.au

Reviewing HREC approving this research and HREC Executive Officer details

Consent Form - *Adult providing own consent*

Title	A possible novel treatment for endometriosis – palmitoylethanolamide and polydatin - a double blind randomized controlled trial
Short Title	Palmitoylethanolamide and polydatin treatment for endometriosis study
Protocol Number	1
Project Sponsor	Medical Research Future Fund
Coordinating Principal Investigator/ Principal Investigator	Dr Michal Amir
Associate Investigator(s)	Dr Charlotte Reddington, Dr Claudia Cheng, Dr Keryn Harlow, Dr Emma Readman, Dr Lenore Ellett, Dr Sam Mooney, Dr Vanessa Ross, Dr Sarah Holdsworth-Carson, Dr Jacqueline Donoghue, Dr Stephanie Teague, Prof Peter Rogers, A/Prof Martin Healey
Location	(insert name of institute)

Consent Agreement

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I give permission for my doctors, other health professionals, hospitals or laboratories outside this hospital to release information to The (insert name of institute) concerning my disease and treatment for the purposes of this project. I understand that such information will remain confidential.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.

I understand that I will be given a signed copy of this document to keep.

- ❒ I agree to have blood and tissue samples of endometrium, endometriosis and pelvic fluids taken for the purposes of this research study
- ❒ I agree to be contacted by the research team about my participation in ethically approved future research projects

Declaration by Participant – for participants who have read the information

Name of Participant (please print) _____

Signature _____ Date _____

Declaration by Study Doctor/Senior Researcher†

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Study Doctor/ Senior Researcher† (please print)	Dr Michal Amir
Signature	Date

† A senior member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.

Consent via telehealth or telephone

❒ Discussed with [Participant]_____ via telephone on [insert date]_____ and received signed consent form on [insert date]_____. Signed by [Investigator]_____

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

- This specific research project
- Other research that is closely related to this research project
- Any ethically approved future research.

Note: All parties signing the consent section must date their own signature.

Form for Withdrawal of Participation - *Adult providing own consent*

Title	A possible novel treatment for endometriosis – palmitoylethanolamide and polydatin - a double blind randomized controlled trial
Short Title	Palmitoylethanolamide and polydatin treatment for endometriosis study
Protocol Number	1
Project Sponsor	Medical Research Future Fund
Coordinating Principal Investigator/ Principal Investigator	Dr Michal Amir
Associate Investigator(s)	Dr Charlotte Reddington, Dr Claudia Cheng, Dr Keryn Harlow, Dr Emma Readman, Dr Lenore Ellett, Dr Sam Mooney, Dr Vanessa Ross, Dr Sarah Holdsworth-Carson, Dr Jacqueline Donoghue, Dr Stephanie Teague, Prof Peter Rogers, A/Prof Martin Healey
Location	(insert name of institute)

Declaration by Participant

I wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my routine treatment, my relationship with those treating me or my relationship with(insert name of institute).

Name of Participant (please _____

Signatur
e _____ Dat _____

Declaration by Study Doctor/Senior Researcher†

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation.

Name of Study Doctor/
Senior Researcher† (please print) _____

Signature		Date	

† A senior member of the research team must provide the explanation of and information concerning withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.