**Participant Information Sheet/Consent Form**

**Interventional Study** -*Adult providing own consent*

**** *Fiona Stanley Hospital*

|  |  |
| --- | --- |
| **Title** | *Modulating Cardiovascular Risk in Inflammatory Bowel Disease Patients.* |
| **Short Title** | *CV Risk in IBD* |
|  |  |
| **Project Sponsor** | *Fiona Stanley Hospital* |
| **Coordinating Principal Investigator/ Principal Investigator** | *Dr Lena Thin – Gastroenterologist* |
| **Associate Investigators** | *Prof Girish Dwivedi – Cardiologist*  *Dr Fiona Yeaman – IBD Fellow*  *Mr Daniel Lightowler – Clinical Nurse IBD* |
| **Location** | *Fiona Stanley Hospital* |

**Part 1: What does my participation involve?**

1. **Introduction**

You are invited to take part in this research project, does altering inflammation in Inflammatory Bowel Disease (IBD) reduce Cardiovascular risk. This is because you either have Inflammatory Bowel Disease or Irritable Bowel Syndrome (IBS)*.* The research project is aiming to understand the risk of heart disease in Inflammatory Bowel Disease. IBD is an inflammatory disorder of the gastrointestinal system, IBS is a disorder that causes discomfort and irritability of the gastrointestinal system. It has been well established that patients with IBD have an increased cardiovascular (CV) risk. We believe that acute inflammation is responsible for an increased CV risk. Coronary computed tomography angiography (CCTA) is a new imaging technique which takes scans of the vessels which supply your heart and can predict CV events. We aim to investigate people with IBD by imaging with CCTA at two times points, to aid understanding of the effects of an acute inflammation on cardiovascular disease in people with IBD and the role a powerful anti-inflammatory treatment may have on this risk. We aim to compare this with IBS patients who do not have acute inflammation. IBS patients asked to join the study will be equivalent to healthy patients for the purposes of this research project.

This Participant Information Sheet/Consent Form tells you about the research project including the tests and what is involved. Knowledge of this information will help you decide if you want to take part in the research. Please read this information carefully and feel free to ask questions about anything that you do not understand or want to know more about. You may wish to about it with a relative, friend or local doctor before deciding whether or not to take part. Participation in this research is voluntary. If you do not wish to take part, you don’t have to. You will receive the best possible care whether or not you participate. 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 this research project
  + Consent to the tests and research 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.

1. **What is the purpose of this research?**

We aim to perform a pilot study to:

1. Compare plaque burden (deposits of fatty substances that form in arteries) in IBD patients prior to commencing biologic (anti-inflammatory) medication with plaque burden in IBS patients receiving standard IBS therapy.
2. Evaluate the impact of biologic therapy on acute inflammation in IBD on plaque burden.
3. Compare measures of IBD disease burden with CCTA results.

This study has the potential to aid understanding of heart disease in IBD, BUT also to shift the focus of therapy in IBD towards more aggressive therapies in high-risk patients. This study will lay the groundwork for future trials evaluating anti-inflammatory agents in other similar patients (i.e. arthritis conditions, HIV etc) enhancing current practice, enabling care, and empowering the patient population at risk of cardiovascular (CV) disease. This research has been initiated by the study team, Dr Lena Thin, Prof Girish Dwivedi, Dr Fiona Yeaman and Mr Daniel Lightowler and has been funded by Celltrion Healthcare.

**3 What does participation in this research involve?**

40 participants will be invited to participate in the study by the treating clinicians at Fiona Stanley Hospital. Formal written consent will be sought prior to any study specific procedures. 20 Participants with an acute flare of IBD, who are clinically judged to require biologic therapy will be recruited. 20 Participants with a diagnosis of IBS who are clinically judged to require anti-IBS therapy will also be recruited. We will take you through the consent process giving you ample opportunity to ask questions. Prior to any therapy commencing, which is usual therapy for IBD or IBS, all patients will be undergo imaging with Coronary CT Angiogram (CCTA).

If you have IBD and are commencing on biologic therapy, you will be tested for Hepatitis B, Hepatitis C and Tuberculosis before entering the study. This is usual practice for all patients commencing on biologic medication and ensures your safety. You will also have a chest x-ray to exclude tuberculosis which is standard practice. If your chest x-ray or history is suggestive of tuberculosis, you will be excluded from the study although in some people it may be impossible to completely exclude inactive tuberculosis infection. In the case of any infection (including tuberculosis), there is a risk that biologic medication may re-activate the infection, if this is the case, we will consult with infectious disease doctors to advise on the best method to manage your need for IBD medication and the need to exclude TB.

If you have IBS you will not undergo any testing for Hepatitis B, C or TB, nor will you undergo a chest x-ray as anti-IBS medication does not put you at risk of re-activation of these conditions.

**Clinical visits**:

Clinical visits will occur at:

1) Baseline

2) Week 12

3) Week 24

Evaluation will include a history to assess your medical conditions including medications, and evidence of other joint disease such as osteoarthritis. In addition:

* Adverse events will be recorded at every visit
* IBD disease activity scores will be measured at every visit
  + If you have IBD, a stool sample will be collected at every visit which you can collect before attending you appointment
* Blood tests (approximately 2 tablespoons) will be drawn at each visit.
* Blood tests (approximately 2 tablespoons) will be drawn prior to each infusion or injection of biologic medication to measure your drug level in your body.
* Coronary CT Angiograms (CCTA) will be performed at baseline and 24 weeks.

This is explained in more detail below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Baseline** | **Week 12** | **Week 24** |
| Informed Consent | X |  |  |
| Disease Score | X | X | X |
| IBD/IBS History | X |  |  |
| Con-Meds | X | X | X |
| Blood Tests | X | X | X |
| Drug Levels |  | X (in IBD group) |  |
| Faecal Calprotectin | X (IBD group) | X (IBD group) | X (IBD group) |
| Initiate Biologic Therapy for IBD Patients or Initiate IBS therapy in IBS patients | X |  |  |
| CCTA | X |  | X |
| Adverse Events |  | X | X |

**Coronary CT Angiogram:** Upon arrival to the imaging suite, a cannula (a thin plastic tube) will be inserted in a vein. During the test, sticky patches connected to wires are put on your skin to record the electrical activity of the heart (ECG). In some cases, we may need to trim or shave your chest hair so the patches will stick to your chest. If your heart rate is more than 60 beats per minute, you may be given a medication called Metoprolol that will help slow your heart rate to improve the picture quality. This medication can be given either by mouth or through the vein. To obtain better pictures of your heart, you may also be given a medication called Nitroglycerin which is sprayed under the tongue just prior to the test to open up the blood vessels in your heart.

You will be required to lie flat on a special padded table with your arms above your head for the duration of the test. The CT machine will take pictures of your heart over 5-second period. During this 5 second period, it will be necessary to hold your breath for a few seconds and lie very still.

After initial pictures of your heart are taken, contrast dye (Omnipaque dye) will be injected into your veins in order to obtain clear pictures of your heart and arteries. The contrast dye should not hurt, but you may have a metallic taste in your mouth and have a sensation of warmth develop quickly over your body, from head to toe. This sensation is normal and will usually last about one minute. The total duration of the test is approximately 10 to 30 minutes.

If you are a diabetic some of your medications may interact with the contrast dye that is given during your scan. If you are a diabetic and are on one of these medications, the investigating doctor will discuss this risk with you and will assess your needs.

**Abnormal Results:** If abnormal Coronary CT Angiogram results are observed, you will be contacted by the research team with all your results explained to you by the investigator, who will then arrange for appropriate follow up. Similarly, if any blood results show abnormalities these results will be conveyed to the patient by the study doctor who again will arrange for appropriate clinical follow up. If a participant is found to have an abnormal result, the study doctor will assess suitability for continuation in the study on a case-by-case basis.

**Usual care:** Patients are seen at regular intervals in the Fiona Stanley Hospital General Gastroenterology or IBD Clinic and managed with therapy that your treating doctor thinks you need. 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. There are no costs associated with participating in this research project, nor will you be paid. It is desirable that your local doctor be advised of your decision to participate in this research project. If you have a local doctor, we strongly recommend that you inform them of your participation in this research project.

**4 What do I have to do?**

We require you to attend your usual clinic at FSH to control your IBD or IBS. In addition, we would like you to attend 3 study visits and have 2 CCTA scans.

You cannot be in this study if you have:

1. Contraindication to biologic therapy, such as a serious infection or cancer
2. If your disease is well controlled
3. If you are pregnant or breastfeeding
4. Significant kidney disease
5. An allergy to contrast dye or shellfish
6. Disease which is fibro-stenotic meaning that you have scar tissue causing a bowel obstruction
7. Prior failure of 2 or more biologics
8. Presence of any serious medical illness that may preclude follow up.
9. Inability to provide informed consent.
10. Stents in your heart
11. Any live vaccinations within the last 30 days
12. If you are in hospital with acute severe ulcerative colitis

Please advise the study team immediately if you believe you may be unsuitable based upon the exclusion criteria above.

**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 Fiona Stanley 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. Your study doctor will discuss these options with you before you decide whether or not to take part in this research project. You can also discuss the options with your local doctor.

**8 What are the possible benefits of taking part?**

There will be no clear benefit to you from your participation in this research. However, in participating in this study, new information will be obtained in relation to the cardiovascular risk of patients suffering with inflammatory bowel disease or irritable bowel syndrome. In turn, we will be able to better identify your risk and therefore more effectively manage your risk factors.

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

If you become upset or distressed because of your participation in the research, the study doctor will be able to arrange for counselling or other appropriate support. Any counselling or support will be provided by qualified staff who are not members of the research project team. This counselling will be provided free of charge.

Blood tests can occasionally cause some discomfort, bruising, minor infection, or bleeding which is easily treated.

Coronary computed tomography angiography (CCTA) uses an injection of iodine-containing contrast material and CT scanning to examine the arteries that supply blood to the heart and determine whether they have been narrowed. In some people with abnormal kidney function, the contrast material used in CT scanning may worsen kidney function.

If contrast material leaks out from the vessel being injected and spreads under the skin where the cannula is placed, skin damage or damage to blood vessels and nerves is possible although this is unlikely. If you feel any pain in your arm at the location of the cannula during contrast material injection, you should immediately inform the technologist.

A very small percentage of patients may develop a delayed reaction with a rash which can occur hours to days after an imaging exam with an iodine-based contrast material. Most are mild, but severe rashes may require medication. If this occurs please contact the research team on (08) 6151 1154, if this occurs after hours please call (08) 6152 2222 and ask to speak to the gastroenterology registrar on call.

* There is always a slight chance of cancer from excessive exposure to radiation. However, the benefit of an accurate diagnosis far outweighs the risk (risk discussed further below).
* Women should always inform their physician and x-ray or CT technologist if there is any possibility that they are pregnant. CT scanning is generally not recommended for pregnant women unless medically necessary due to potential risks to the fetus in the womb.

This research study involves exposure to a small amount of radiation. As part of everyday living, everyone is exposed to naturally occurring background radiation and receives a dose of about 2 millisieverts (mSv) each year. The effective dose from this study is about **10.6 mSv**. At this dose level, although harmful effects cannot be proven, there is evidence to indicate that such a dose may give a very small risk of developing a cancer. (The risk is believed to decrease for those above about 50 years of age at time of radiation exposure) The risk is approximately 1 in 1700 which is equivalent to approximately half the estimated risk of dying on Western Australian roads in the next 10 years.

The risk of serious allergic reaction to contrast materials that contain iodine is rare, and radiology departments are well-equipped to deal with them.

The scans we are taking are for research purposes. They are not intended to be used for diagnosis, treatment or management a particular condition. A specialist will look at your CCTA scans for features relevant to the research project. On rare occasions, the specialist may find an unusual feature that could have a significant risk to your health. If this happens, we will contact you to talk about the findings. We cannot guarantee that we will find any/all unusual features.

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

You will be asked to provide consent for the collection of your blood during the research project. Your blood samples will be analysed within Fiona Stanley Hospital’s pathology and plasma will be stored securely, in -80⁰C freezers within the health space of Harry Perkins Institute of Medical Research. These stored blood samples will be re-identifiable meaning that your samples can only be identified through a key which is located on a secure health department server which is password protected and only accessible by investigators. Your samples will be stored indefinitely by the investigators and may be used for future research. They will be destroyed when they are no longer required.

**Samples for future use:** Blood samples will be taken from you during this study to assess for cells that cause inflammation, such as IL-1. These samples will be stored for future research use indefinitely. They will be destroyed when they are no longer required. You will be asked to indicate that you consent to the storage of these samples for future use. You do not have to consent to this and can also withdraw the consent for these samples at any time. The decision to withdraw your consent to store these samples will not affect your relationship with Fiona Stanley Hospital, your treating Gastroenterologist or the research team. When your samples are no longer required, your samples will be destroyed in accordance with WA Health policy.

**11 What if new information arises during this research project?**

Sometimes during 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.

In addition, 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 can take 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. Your study doctor should also explain to you which treatments or medications need to be stopped for the time you are involved in the research project.

**13 What if I withdraw from this research project?**

If you decide to withdraw from this research project, please notify a member of the research team before you withdraw.

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 sponsor 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 for a variety of reasons. If this occurs, you will be informed that the study has stopped, and your usual care will proceed as scheduled.

**15 What happens when the research project ends?**

You will continue to be seen in the clinic at Fiona Stanley Hospital, until you no longer need to be seen, and then will be discharged back to your GP.

**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. 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.

The information gathered about you by the investigator or obtained during this project will be held by the investigator in strict confidence and all the people who handle your information will comply with the Privacy Act 1988.

Your study data will be held securely at Harry Perkins Institute of Medical Research South Campus at Fiona Stanley Hospital in locked filing cabinets in locked offices and, where electronic, using REDCap on secure servers hosted by the South Metropolitan Health Service in “re-identifiable” format. This means the research data is “coded” with your data held against a unique study code, not your name. All records will be retained for a period of 15 years and will then be disposed of according to the “Management of Data and Information in Research” guideline and in accordance with local policy. Your data will be held in a re-identifiable state indefinitely. Results of the study will be provided to you upon request at the end of the study. Please contact the research team on 6151 1154 if you would like to receive a copy.

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, Fiona Stanley Hospital, 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.

Information about your participation in this research project may be recorded in your health records. In accordance with relevant Australian and/or *WA* 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.

Your data and samples collected from this study may be utilised in future research projects, such as cohort studies in a non-identifiable manner, meaning, all information about you will not possibly identify you in any way. Studies where your information may be used, will be reviewing health outcomes for patients suffering with inflammatory bowel disease or irritable bowel syndrome, and will be overseen by an appropriately constituted Human Research Ethics Committee. You will be asked to provide consent for your data to be used in future research.

Any information obtained for the purpose of this research project *and for the future research described in Section 16* 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**

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.

**18 Who is organising and funding the research?**

Dr Lena Thin and her research team are conducting this research project and Celltion Healthcare will provide funding for the project.

**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 South Metropolitan Health Service (SMHS) Human Research Ethics Committee (HREC)

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 side effects), you can contact the principal investigator, Dr Lena Thin on (08) 6151 1154 or the following people:

**Clinical contact person**

|  |  |
| --- | --- |
| Name | Daniel Lightowler |
| Position | Clinical Trial Coordinator / Clinical Nurse |
| Telephone | (08) 6151 1154 |
| Email | [Daniel.Lightowler@uwa.edu.au](mailto:Daniel.Lightowler@uwa.edu.au%20%20) |

For urgent after-hours assistance, please contact 6152 2222 and ask to speak with the Gastroenterology Registrar on call.

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

**Complaints contact person**

|  |  |
| --- | --- |
| Name | South Metropolitan Health Service Research Support and Development Unit |
| Position | Manager |
| Telephone | (08) 61523214 |
| Email | [SMHS.RGO@health.wa.gov.au](mailto:SMHS.RGO@health.wa.gov.au) |

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 | South Metropolitan Health Service (SMHS) Human Research Ethics Committee (HREC) |
| HREC Executive Officer | Ethics Coordinator |
| Telephone | (08) 6152 2064 |
| Email | [SMHS.HREC@health.wa.gov.au](mailto:SMHS.HREC@health.wa.gov.au) |

**Reviewing HREC approving this research** **and HREC Executive Officer details**

**Consent Form -** *Adult providing own consent*

|  |  |
| --- | --- |
| **Title** | *Modulating Cardiovascular Risk in Inflammatory Bowel Disease Patients.* |
| **Short Title** | *CV Risk in IBD* |
| **Project Sponsor** | *Fiona Stanley Hospital* |
| **Coordinating Principal Investigator/ Principal Investigator** | *Dr Lena Thin – Gastroenterologist* |
| **Associate Investigators** | *Prof Girish Dwivedi – Cardiologist*  *Dr Fiona Yeaman – IBD Fellow*  *Mr Daniel Lightowler – Clinical Nurse IBD* |
| **Location** | *Fiona Stanley Hospital* | |

**Declaration by Participant**

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 Fiona Stanley Hospital concerning my disease and treatment for the purposes of this research project. I understand that such information will remain confidential.

I understand that I will be providing three separate blood samples.

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 project without affecting my future health care.

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

I consent to the storage and use of blood samples taken from me for use, as described in the relevant section of the Participant Information Sheet, for: ***(please circle below)***

* This specific research project: YES NO
* Future research that is overseen by an appropriately constituted Human Research Ethics Committee: YES NO

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | 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.

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| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | 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, the research project.

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

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

*Fiona Stanley Hospital*



|  |  |
| --- | --- |
| **Title** | *Modulating Cardiovascular Risk in Inflammatory Bowel Disease Patients.* |
| **Short Title** | *CV Risk in IBD* |
| **Project Sponsor** | *Fiona Stanley Hospital* |
| **Coordinating Principal Investigator/ Principal Investigator** | *Dr Lena Thin – Gastroenterologist* |
| **Associate Investigators** | *Prof Girish Dwivedi – Cardiologist*  *Dr Fiona Yeaman – IBD Fellow*  *Mr Daniel Lightowler – Clinical Nurse IBD* |
| **Location** | *Fiona Stanley Hospital* |

**Declaration by Participant**

Please select applicable option/s:

* I wish to withdraw from participation in the above research project
* (and/or) I wish to withdraw my stored blood samples from use in future research studies

I understand that any such withdrawals will not affect my routine treatment, my relationship with those treating me or my relationship with Fiona Stanley Hospital.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  | Name of Participant (please print) | |  |  |  |  |
|  | | | | | | |
|  | Signature |  | | Date |  |  |
|  | | | | | | |

*In the event that the participant’s decision to withdraw is communicated verbally, the Study Doctor/Senior Researcher will need to provide a description of the circumstances below.*

|  |
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|  |

**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.