Recovered Capacity
Participant Information Sheet

ALPHA-2 AGONISTS FOR SEDATION TO PRODUCE BETTER OUTCOMES FROM CRITICAL ILLNESS ('A2B TRIAL')

During your recent admission to hospital you were unable to give consent for entry into this study. You were entered into the research study by a process approved by the research ethics committee. This is permissible under the Adults with Incapacity Act (Scotland) 2000 and the Mental Capacity Act 2005. Wherever possible we asked a Legal Representative (welfare attorney, welfare guardian, nearest relative, an independent doctor or an individual appointed by the hospital) for their consent on your behalf to enter the study and now that you have recovered we would like to ask you whether you would consider continuing in this study. Before you decide whether or not to continue, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish. Contact us if there is anything that is not clear, or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for your time

FUNDED BY
NIHR | National Institute for Health Research

This study is funded by the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) Programme (16/93/01). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

What is the purpose of the study?

The purpose of this study is to try to find the best way to keep patients comfortable while they are on a breathing machine (ventilator). We aim to recruit around 1437 patients to the trial from 40-50 Intensive Care Units (ICU) in the UK.

Most patients in the Intensive Care Unit (ICU) who are on a breathing machine need sedation and pain killers to keep them comfortable. However, we know that keeping patients too sleepy with these drugs can make their ICU stay longer, and may make other problems like confusion more likely.

So, we want patients to be as comfortable and as awake as possible, but it is difficult to get this balance right and at present we don't know which choice of drugs is best and most effective.

Most ventilated patients are started on a sedation drug called propofol, which is good at reducing anxiety and making people sleepy. However, it is not a pain killer, so additional pain medicines are needed.

Two other drugs that are sometimes used later in the ICU stay are clonidine and dexmedetomidine (dex). These belong to a group of drugs called alpha-2 agonists, which work in a different way to propofol, to provide both sedation and pain relief. Using these drugs may help nurses keep patients more awake and comfortable on the breathing machine.

We want to find out if starting clonidine or dex early in ICU and using them instead of just propofol can help keep patients more comfortable and reduce their time on the breathing machine. We also want to know if using clonidine or dex can decrease problems like delirium and anxiety.

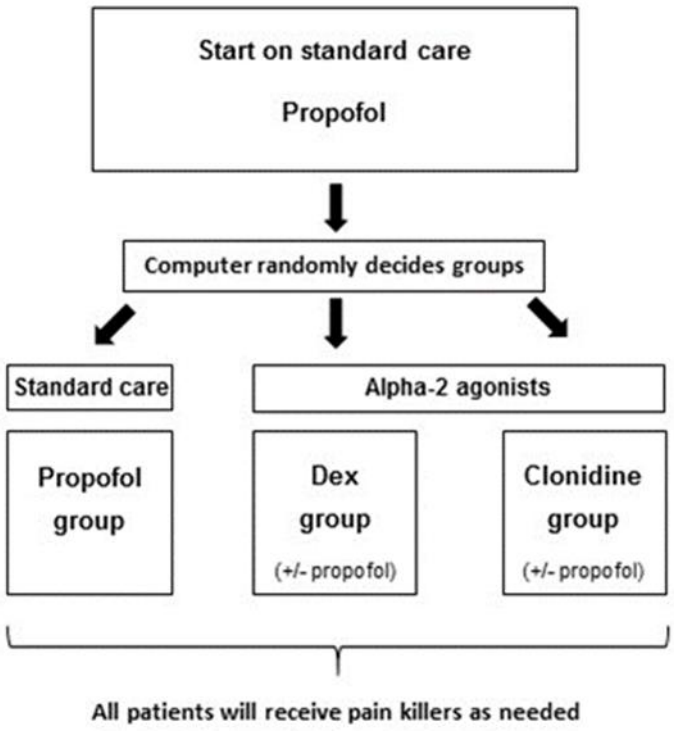
Results from a large international study (the SPICE III Trial), which compared dexmedetomidine with usual care (propofol), suggest that older and younger patients may respond differently to the two drugs. This could include how safe and effective the drugs are for older and younger patients. The doctor in charge of you has considered this uncertainty when deciding whether they were eligible for this study, and felt they should be considered for participation. We are monitoring our data very closely during the trial, in case we start to see important differences between the age groups. This is being done by an independent safety monitoring committee who would discontinue the trial if they had any concerns.

Do I have to take part?

No. It is up to you to decide on whether or not to stay on the study. If you agree you will be given this information sheet to keep and be asked to sign a consent form. If you agree you are still free to withdraw **at any time** without giving a reason.

What will happen if I agree?

You joined the study while you were on the breathing machine early in your ICU stay. When patients first start on the breathing machine, they are all given propofol and a pain killer (current standard care). After starting on the study a computer was used to randomly decide which of three different sedation drugs to use. One group continued with standard care (propofol); one group were treated with Dex ,and propofol was only used if needed in addition; and one group were treated with clonidine, and propofol was only used if needed in addition. All patients in the study will have received extra pain-killers as needed.



You stayed in one of these three groups until you no longer required any sedation in the ICU. For most patients, this is around the same time that people come off the breathing machine.

We asked permission to take a 20ml blood sample (about 4 teaspoons full) on the first and third or fourth day of the study. This part of the study was optional. We will test the blood samples to find out

if patients on Alpha-2 agonists (Dex or Clonidine) have less inflammation than those receiving standard care (propofol). The blood samples will also be used for genetic DNA analysis to better understand the way different people respond to alpha-2 agonists. This may include reading your DNA sequence and comparing it to other people's DNA, to look for genes that cause different responses to the drugs being studied. We will also use your genetic data to try and better understand the biological processes underlying your illness, by looking at the sequence of genes that may affect them. No DNA results will be returned to you, but your DNA data may be shared anonymously with other researchers.

We may have also asked your relatives opinion on how comfortable they thought you were and if they felt they were able to communicate with you.

All other aspects of your care during and after ICU will be decided by the doctors and nurses looking after you. They are not affected by being in the study.

After you leave the ICU, we will ask you to complete questionnaires after 30, 90 and 180 days. These will take around 20-30 minutes to complete and will ask what you remember about the ICU, how you are currently feeling, and your healthcare use. There is no requirement to come back to hospital because of the study.

If you take part in the study from the 1st of October 2023, we will only be follow you up once, at 30 days. This is because the recruitment period for the trial ends on the 31st of October and to finish the trial on time, we have decided to only conduct 30 day follow ups from the beginning of October.

We may also use blood samples and data collected to answer other important questions if ethical approval is given for these additional studies.

What are the possible benefits of taking part?

Taking part in this study may help to improve outcomes for patients requiring treatment with a breathing machine in the ICU in the future. There is no direct benefit to taking part in the trial.

What are the possible disadvantages of taking part?

The drugs used in this study are all commonly used sedation drugs that have known side effects and the doctors and nurses who cared for you in the ICU were trained to recognise the risks associated with sedation and decreased or stopped the drugs as necessary. The drugs only last for

a few hours in the body, and will have gone from your system within a day or so of stopping them. It is very unlikely you still have any of the drugs in your body now.

What if there are any problems?

If you have a concern about any aspect of this study please contact <insert name and contact details here> who will do their best to answer your questions

The normal National Health Service complaints mechanisms will still be available to you and won't be affected by agreeing to take part in the study.

What will happen if I don't want to carry on with the study

If you decide not to continue to participate in the trial then we will not contact you again for the follow-up. This would not affect the standard of care you receive in any other way or your legal rights.

If you choose to continue on the study you can withdraw from the study **at any time** in the future.

What happens when the study is finished?

The whole study is expected to take four years. We plan to publish the results shortly after this, through medical publications, websites, and press releases, but individual patients will not be identifiable in any published results.

At this point we will be happy to forward a summarised version of the main findings of the study at your request.

Will my taking part be kept confidential?

All the information we collect during the course of the research will be kept confidential and there are strict laws which safeguard patients' privacy at every stage. All information and samples will be stored by the University of Edinburgh and Edinburgh Clinical Trials Unit. They would only be transferred to other researchers after all necessary approvals were in place.

In order to monitor and audit the study we will ask your consent for responsible representatives from the study sponsors to access your medical records and data collected during the study, where it is relevant to taking part in this research.

How will we use your information?

We will need to use information from your medical records and nationally held databases for this research project. This information will include your

- Name
- Contact details – address and telephone number
- Date of Birth
- Community Health Index (CHI) number (patients in Scotland only). The Community Health Index (CHI) is a population register, which is used in Scotland for health care purposes. The CHI number uniquely identifies a person on the index.
- Hospital number (for all other UK patients).

People will use this information to do the research or to check your records to make sure that the research is being done properly.

People who do not need to know who your are will not be able to see your name or contact details. Your data will have a code number instead.

We will keep all your information safe and secure.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, but we will keep information that we already have.

If you choose to stop taking part in the study, we would like to continue collecting information about your health from central NHS records/ your hospital. If you do not want this to happen, tell us and we will stop.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

If you agree to take part in this study, you will have the option to take part in future research using your data saved from this study.

Where can you find out more about how your information is used?

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
- by contacting the Data Protection Officer at either
    - University of Edinburgh. Email: dpo@ed.ac.uk or call 0131 651 4114
    - NHS Lothian: Lothian.DPO@nhs.net or call 0131 465 5444

Who is organising and funding the research?

This study is sponsored by the University of Edinburgh and NHS Lothian. It is funded by the National Institute of Healthcare Research Health Technology Assessment (HTA) programme.

Who has reviewed the study?

Like all research in the NHS, this study has been reviewed by an independent Research Ethics Committee. A favourable ethical opinion has been obtained from Scotland A Research Ethics Committee.

The study has also been approved by the Medicines & Healthcare products Regulatory Agency (MHRA) and local NHS R&D Departments. Previous ICU patients and their relatives also helped us design the study and are involved in it.

Researcher Contact Details

If you have any further questions about the study please contact <insert name> on <insert phone number> or email on: <insert email address>

Independent Contact Details

If you would like to discuss this study with someone independent of the study please contact:

Dr Elizabeth Wilson
Consultant in Anaesthesia and Intensive Care Medicine
The Royal Infirmary of Edinburgh
Tel : 0131 242 1186

Complaints

If you wish to make a complaint about the study please contact:

<insert contact details> to be adapted depending on research site.

Find below the example for NHS Lothian

Patient Experience Team
2 – 4 Waterloo Place, Edinburgh, EH1 3EG
feedback@nhslothian.scot.nhs.uk

Tel: 0131 536 3370

Participant ID:		Centre ID	

RECOVERED CAPACITY PARTICIPANT CONSENT FORM

ALPHA-2 AGONISTS FOR SEDATION TO PRODUCE BETTER OUTCOMES FROM CRITICAL ILLNESS ('A2B TRIAL')

Please **initial** box

1. I confirm that I have read and understand the Recovered Capacity information sheet (18 MAY 2023, V6.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily. ☐
2. I understand that my continued participation is voluntary and that I am free to withdraw my consent at any time without giving any reason and without my medical care and/or legal rights being affected. ☐
3. I give permission for the research team to access my medical records for the purposes of this research study ☐
4. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the Sponsor (University of Edinburgh and/or NHS Lothian), from the NHS organisation or other regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data and/or medical records. ☐
5. I understand that my personal information (including name, address, date of birth, telephone number and consent form) has been passed to the University of Edinburgh and Edinburgh Clinical Trials Unit for administration of the study and follow-up purposes. ☐
6. I understand that my Community Health Index (CHI) number/hospital number has been collected and passed to the University of Edinburgh and Edinburgh Clinical Trials Unit. ☐
7. I agree that the information held and maintained by NHS Digital, NHS National Services Scotland and other central UK NHS bodies may be used to provide information about my health status. ☐
8. I understand that I may have taken part in the substudy which involved giving two 20ml blood samples which will be used to study inflammation in the blood and for genetic DNA analysis. Yes ☐ No ☐
9. I give permission for DNA analysis, including whole genome sequencing, to be conducted on my samples Yes ☐ No ☐
10. I agree that information collected can be used to support other research in the future, and may be shared anonymously with other researchers. Yes ☐ No ☐
11. I agree that my blood and DNA samples can be used to support other research in the future, and may be shared anonymously with other researchers. Yes ☐ No ☐
12. I agree to continue to take part in the above study ☐

Participant ID:		Centre ID	

I understand that my data will not be shared beyond those noted on the consent form and that access will be managed via a secure system

Name of Person Giving Consent	Date	Time	Signature

Name of person receiving consent	Date	Time	Signature

1x original – into Site File; 1x copy – to Participant; 1x copy – into medical record