

APPROVED
Date: 10-11-14

PARTICIPANT INFORMATION AND CONSENT FORM

Study Title: "Paclitaxel Eluting Angioplasty Balloons in the Treatment of High Risk Stenoses of the Autogenous AV Hemodialysis Fistula"

Chief Investigator:
Department of:

Introduction

We are conducting a research study into the treatment of hemodialysis fistulas.

The study is being conducted by:

Dr John Swinnen, Vascular Surgeon, Department of Surgery and the Department of Nephrology, Westmead Hospital.

Dr David Burgess, Cardiologist, Department of Cardiology, Blacktown Hospital.

Dr Tim Spicer, Nephrologist, Renal Unit, Liverpool Hospital.

This study will be conducted over two years and individual participation is for one year.

Before you decide whether or not you wish to participate in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

What is the purpose of the study?

The purpose is to investigate whether a new type of angioplasty balloon, called a Drug Eluting Balloon, prevents fistula narrowings from coming back after they have been treated. Your fistula has already been treated for a narrowing with an ordinary angioplasty balloon, and unfortunately this narrowing has now come back. The new Drug Eluting Balloon (DEB) may prevent or delay this from happening again by coating the treated part of your fistula with a drug called Paclitaxel. Paclitaxel has been used for many years in the treatment of cancer. However its effectiveness has not been established by a proper clinical trial.

Who will be invited to enter the study?

You are invited to participate in this study because you have a hemodialysis fistula with a recurrent narrowing.

Do you have a choice?

Participation in this study is voluntary. It is completely up to you whether or not you participate. If you decide not to participate, it will not affect the treatment you receive now or in the future. Whatever your decision, it will not affect your relationship with the staff caring for you. New information about the treatment being studied may become available during the course of the study. You will be kept informed of any significant new findings that may affect your willingness to continue in the study. If you wish to withdraw from the study once it has started, you can do so at any time without having to give a reason.

What will happen on the study?

If you agree to participate in this study, you will be asked to sign the Consent Form. Then, the following will happen:

PARTICIPANT INFORMATION AND CONSENT FORM

Study Title: "Paclitaxel Eluting Angioplasty Balloons in the Treatment of High Risk Stenoses of the Autogenous AV Hemodialysis Fistula"

FIRSTLY, your fistula narrowing will be treated in the normal way using ordinary angioplasty balloons and possibly stents. This is a well-established treatment at our hospital and you already have had this treatment for your previous fistula narrowing.

SECONDLY, at the end of this normal treatment you will be randomly assigned to either, the Control Group or to the DEB Trial Group.

If you are allocated to the DEB Trial Group, the new DEB angioplasty balloon will be placed in your fistula for two minutes (to deliver the drug Paclitaxel) and the balloon will then be removed.

If you are allocated to the Control Group, a further ordinary angioplasty balloon will be placed in your fistula, that is, a balloon that does not contain Paclitaxel.

THIRDLY, regardless of whether you are in the DEB Trial Group or the Control Group, you will be asked to take two medications to thin your blood for one month. The first is aspirin, and the second is Plavix (Clopidogrel).

FOURTHLY, if you join the trial, your fistula will be monitored with ultrasound examination and clinical follow-up at specific intervals (One week after the operation, at six weeks, at three months, at six months and at one year). This follow up will occur regardless of whether you are in the Control Group or the DEB Trial Group.

Please note that, even if you do not join the trial your fistula will be followed up on a regular basis with clinical review and ultrasound.

'Randomly assigned': Sometimes doctors don't know the best way of treating patients with a particular condition so comparisons need to be made between different treatments. To do this, study participants are put into groups and given different treatments, and the results are compared to see whether one treatment is better. To ensure the groups are similar to start with, a computer allocates each study participant into a group randomly, like the flip of a coin. Neither the doctor nor the study participant can decide which treatment the participant receives.

Are there any risks?

All medical procedures involve some risk of injury. In addition, there may be risks associated with this study that are presently unknown or unforeseeable. In spite of all reasonable precautions, you might develop medical complications from participating in this study. The known risks of this study are:

- The use of blood thinners: The risk from taking these two blood thinners is bleeding somewhere in your body. Bleeding after shaving, easy bruising and prolonged bleeding from your fistula puncture are commonly seen while on these blood thinners, but they are not usually a serious problem.
- Rarely, serious bleeding from the bowel, into the brain or elsewhere can occur while taking these blood thinners and this bleeding can be life threatening or produce stroke.

PARTICIPANT INFORMATION AND CONSENT FORM

Study Title: "Paclitaxel Eluting Angioplasty Balloons in the Treatment of High Risk Stenoses of the Autogenous AV Hemodialysis Fistula"

However, scientific trials looking at the safety of these blood thinners have shown that this risk is very small. It is also true that these blood thinners may be helpful to you in

that they have been shown, in a number of trials, to prevent blood clots from forming in your blood vessels and in your fistula. Please also note that you may already be on one or both of these medications for other reasons. Aspirin and Plavix is standard treatment in our angioplasty. Possible side effects include small risk of sudden or unexpected bleeding (such as gastrointestinal bleeding) or stroke, however the benefits outweigh the risks.

- The use of Paclitaxel: The drug used-Paclitaxel-is a powerful anti-cancer drug that can have a number of serious side effects in large anti-cancer doses. The amount of this drug used on a DEB however is tiny compared to a cancer treatment-less than one thousandth of the anti-cancer dose. So serious side effects are not expected and have not been seen to date with the use of DEB. An allergic reaction to the drug is a possible problem, but allergic reactions can occur with any medication you take, and is not a particular problem with Paclitaxel. Drug Eluting Treatment, as used by Cardiologists in the heart arteries over the last five years, has occasionally been complicated by a sudden blockage of the arteries many months later. This could be a problem with the use of DEB in hemodialysis fistulas, but we believe this is very unlikely. Because the fistula vein (5-15mm) is much larger than the heart artery (2-4mm), sudden blockage is much less likely to occur. From our own use of the DEB in fistulas in the last two years, we have not seen any complications.

As a new technology, there are always unknown risks, but we believe that serious bad results with the DEB are very unlikely.

There may also be risks associated with this trial that are presently known or unforeseeable.

Pregnancy and contraception

Pregnant women, and women intending to become pregnant, are excluded from the study. Pregnancy in the setting of hemodialysis for renal failure is most unlikely.

Are there any benefits?

This study aims to further medical knowledge and may improve future treatment of renal failure with hemodialysis. In addition, if the DEB really works and you are allocated to the **DEB Trial Group**, it may prevent you from developing a further narrowing in your fistula.

Confidentiality / Privacy

Of the people treating you, only the medical and nursing staff directly involved with your care will know whether or not you are participating in this study. Any identifiable information that is collected about you in connection with this study will be coded by your study staff, and will not be labeled with or identified by your name, picture or any other information that can directly identify you. It will remain confidential and will be disclosed

PARTICIPANT INFORMATION AND CONSENT FORM

Study Title: "Paclitaxel Eluting Angioplasty Balloons in the Treatment of High Risk Stenoses of the Autogenous AV Hemodialysis Fistula"

only with your permission, or except as required by law. Only the researchers named above will have access to your details and results that will be held securely at Westmead Hospital, Western Sydney Local Health District.

Compensation

If you suffer any injuries or complications as a result of this study, you should contact the study doctor as soon as possible, who will assist you in arranging appropriate medical treatment. You may have a right to take legal action to obtain compensation for any injuries or complications resulting from the study. Compensation may be available if your injury or complication is sufficiently serious and is caused by unsafe drugs or equipment, or by the negligence of one of the parties involved in the study (for example, the researcher, the hospital, or the treating doctor). If you receive compensation that includes an amount for medical expenses, you will be required to pay for your medical treatment from those compensation monies. You do not give up any legal rights to compensation by participating in this study.

If you are not eligible for compensation for your injury or complication under the law, but are eligible for Medicare, then you can receive any medical treatment required for your injury or complication free of charge as a public patient in any Australian public hospital.

The parties to this study agree to follow the Medicines Australia Guidelines for Compensation for Injury Resulting from Participation in an Industry- Sponsored Clinical Trial. These Guidelines allow for some claims for compensation to be settled without the need for legal action to be taken. You can obtain a copy of these Guidelines from the study doctor or they may be viewed on the Medicines Australia website www.medicinesaustralia.com.au

Financial Disclosure

The study is being sponsored by Medtronic Australasia Pty Ltd.

All of the money being paid by the sponsor to run the trial will be deposited into an account managed by Westmead Hospital, Western Sydney Local Health District. No money is paid directly to individual researchers. Funding provided by the sponsoring company is to cover the costs of administration of the study. Any residual funds will be directed to education and research.

Will taking part in this study cost me anything, and will I be paid?

Participation in this study will not cost you anything and you will not be paid for your participation. You will be reimbursed for reasonable travel expenses incurred as part of the trial participation.

What will happen at the conclusion of the study?

If the study shows that DEB is effective in prevention of fistula narrowings, we will continue to use them and they will be available to you if future treatments are needed. If the study shows

PARTICIPANT INFORMATION AND CONSENT FORM

Study Title: "Paclitaxel Eluting Angioplasty Balloons in the Treatment of High Risk Stenoses of the Autogenous AV Hemodialysis Fistula"

no benefit from the use of DEB, we will stop using them.

What happens with the results?

If you give us your permission by signing the consent document, we plan to discuss/publish the results to the Scientific Meetings/Journals of the various specialty groups involved.

In any publication, information will be provided in such a way that you cannot be identified. Results of the study will be provided to you, if you wish.

Complaints

This study has been approved by Western Sydney Local Health District Human Research Ethics Committee. If you have any concerns about the conduct of the study, or your rights as a study participant, you may contact:

Contact details

When you have read this information, the researcher _____ will discuss it with you and any queries you may have. If you would like to know more at any stage, please do not hesitate to contact him/her on [_____]. If you have any problems while on the study, please contact [_____].

Thank you for taking the time to consider this study.

**If you wish to take part in it, please sign the attached consent form.
This information sheet is for you to keep.**

PARTICIPANT INFORMATION AND CONSENT FORM

Study Title: "Paclitaxel Eluting Angioplasty Balloons in the Treatment of High Risk Stenoses of the Autogenous AV Hemodialysis Fistula"

Chief Investigator:

1. I understand that the researcher will conduct this study in a manner conforming to ethical and scientific principles set out by the National Health and Medical Research Council of Australia and the Good Clinical Research Practice Guidelines of the Therapeutic Goods Administration.
2. I acknowledge that I have read, or have had read to me the Participant Information Sheet relating to this study. I acknowledge that I understand the Participant Information Sheet. I acknowledge that the general purposes, methods, demands and possible risks and inconveniences which may occur to me during the study have been explained to me by _____ ("the researcher") and I, being over the age of 18 acknowledge that I understand the general purposes, methods, demands and possible risks and inconveniences which may occur during the study.
3. I acknowledge that I have been given time to consider the information and to seek other advice.
4. I acknowledge that refusal to take part in this study will not affect the usual treatment of my condition.
5. I acknowledge that I am volunteering to take part in this study and I may withdraw at any time.
6. I acknowledge that this research has been approved by the Western Sydney Local Health District Human Research Ethics Committee.
7. I acknowledge that I have received a copy of the Participant Information, and this form which I have signed.
8. I acknowledge that sponsoring pharmaceutical companies and any regulatory authorities may have access to my medical records relevant to this study to monitor the research in which I am agreeing to participate. However, I understand my identity will not be disclosed to anyone else or in publications or presentations.

Before signing, please read 'IMPORTANT NOTE' following.

IMPORTANT NOTE:

This consent should only be signed as follows:

1. Where a participant is over the age of 18 years, then by the participant personally.

Name of participant _____ Date of Birth _____

Address of participant _____

Signature of participant _____ Date: _____

Signature of researcher _____ Date: _____

Signature of witness _____ Date: _____