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**TB-DILI Trial**

**Participant Information Sheet**

Final v1.1 14 Jul2022

IRAS Project ID: 1005097

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| 1. **You are invited to take part in our research trial** |
| * The aim of the TB-DILI trial is to identify the safest and most effective way to restart treatment for patients that have had their Tuberculosis (TB) treatment stopped due to experiencing drug-induced liver injury (DILI). We will also determine which re-introduction strategy is most cost-effective for the NHS * The purpose of this information sheet is to help you understand why the research is being carried out and what it will involve for you if you decide to take part * Please take time to read this information carefully and ask us if there is anything that is not clear to you or you would like more information * It is entirely your decision whether to take part in this trial. If you agree to take part, you are free to withdraw at any time without giving a reason. If you choose not to take part, your care will not be affected |
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| 1. **A summary of the trial** |
| In the UK, TB is routinely treated with a combination of four medicines, this is referred to as 4-drug treatment. Most patients can successfully complete their treatment course without any problems. Unfortunately, in some cases, the treatment can begin to cause damage to the liver, this is called drug-induced liver injury (DILI). To protect the liver and encourage it to recover, the TB treatment is stopped.  Once the liver has recovered doctors must decide how to restart TB treatment. There are two options that are used in the NHS. One is to re-introduce all 4 drugs again and complete 6 months of treatment, the other option is to re-introduce only 3 drugs, leaving out the drug pyrazinamide (Z), and complete 9 months of treatment.  Some research suggests that leaving out Z lowers the chance that a patient will experience another episode of DILI, it might be safer for the patient, and less disruptive to their TB treatment. The main aim of the trial is to find out the safest and most effective way to treat the patient; the trial information will also be used to see how benefits to the NHS can possibly be implemented. |
| 1. **What is the purpose of the trial?** |
| The main purpose of the TB-DILI trial is to determine whether restarting TB treatment with only 3 drugs is safer for patients than restarting with 4 drugs. We will determine this by looking at how many patients on each treatment (restarted with 3 **or** 4 drugs) go on to experience a reoccurrence of DILI. Participants on the trial will be randomly assigned one of the two treatment options. We will also perform an investigation to see which of the treatment options is more cost-effective for the NHS. At the end of this trial, we hope to be able to advise the NHS on the best way that doctors should treat future TB-DILI patients. |
| 1. **Why have I been invited to take part?** |
| You have been invited to take part in this trial as you were receiving 4-drug treatment for an active TB infection and your treatment has been stopped due to suspected damage to your liver. Once you have recovered your doctor needs to decide how best to re-introduce your treatment, the TB-DILI trial is comparing the two options currently in use in the NHS. Instead of your doctor deciding between the two we would like to randomly assign one of the two treatment options to you. |
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| 1. **Do I have to take part?** |
| It is up to you whether or not you take part in the trial. Your decision will not affect your access to care. We will talk to you about the trial and answer any questions you may have. |
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| 1. **What would taking part involve?** |
| If you decide to help with this research, you will be asked to sign a consent form. Once that form is completed the medical information relating to your liver injury and TB treatment will be sent to one of the trial team liver specialists supporting the trial, to confirm the diagnosis of DILI. They will have a maximum of 5 days to confirm that the DILI is related to your TB treatment.  After the DILI is confirmed as being related to your TB treatment you will be asked to fill in a short questionnaire about your health and wellbeing that takes a few minutes to complete.  If the liver specialists do not find that your DILI is related to your TB treatment based on a specified criteria for the TB-DILI trial, then you will not be eligible to participate in the trial. Your care will not be affected, and you doctor will manage your care as they see clinically appropriate.  You will be asked to complete 5 questionnaires over the course of approximately 12 months if there is no reoccurrence of DILI and an additional 2 questionnaires if you develop a reoccurrence. These timepoints are shown in the flow chart at the end of this section. You might be asked to fill in this questionnaire in person where you are receiving your TB treatment, over the phone with a member of the trial team, or online/via post by yourself.  Your doctor will manage your care as usual as you recover from the DILI. Once your liver has recovered and you have completed the questionnaire again the treatment you will receive will be decided by a process called randomisation. Neither you, nor your doctor or nurse will be able to choose: a computer programme will allocate you to the 3-drug group or the 4-drug group. This may sound strange, but randomisation ensures a fair comparison. The computer programme puts equal numbers of patients of different ages and states of health in each group so that at the end of the trial we are sure that any differences between people in the two groups are due to whether had the 3-drug or 4-drug treatment, rather than anything else.  Your doctor will continue to manage your care as usual in the NHS and provide information on your health to the trial team. This trial does not require you to attend any additional visits than you would normally attend for TB treatment.  The trial team will monitor your treatment and recovery for 12 months after you have been assigned to a treatment. During that time, we may contact you by phone, e-mail or post to update you on the trial, remind you to complete the questionnaires or to collect data about how you have been feeling since your last contact with them.  With your permission, we will inform your GP about your participation in this trial.  If you do not agree to take part in the main trial, then you have the option to consent for the researchers to collect your standard of care data for the research. The data collected will be handled as described in the patient information sheet. |
| 1. **What are the possible benefits of taking part?** |
| Taking part in the trial may not directly benefit you, but the information we collect from this trial will help the NHS to determine which treatment is less likely to cause drug related liver injury (DILI) recurring in TB patient groups. It will inform national and international clinical guidelines and as a result, influence clinical practice. |
| 1. **What are the possible disadvantages and risks of taking part?** |
| The TB-DILI trial is comparing two standards of care that are already widely in use across the UK, because of this we do not expect there to be any additional risks or disadvantages to you taking part in the trial to those of standard care. |
| 1. **What if there is a problem?** |
| If you have concerns or questions about any aspect of this trial, you should ask to speak to the local researchers. Their contact details are at the end of this information sheet. If any questions remain you can contact the trial coordinating centre:  Tel: 0115 xxxx Mon to Fri: 08:00 – 16:00  Email: [TB-DILI@nottingham.ac.uk](mailto:TB-DILI@nottingham.ac.uk)  If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure via your local Patient Advisory and Liaison Service (PALS) <insert Local PALS details>.  If you are harmed and this is due to someone’s negligence, then you have grounds for a legal action for compensation, but you may have to pay your legal costs. The normal NHS complaints mechanism will still be available to you. |
| 1. **What will happen if I don’t want to carry on with the trial?** |
| You are free to withdraw at any time, without giving any reason, and without your legal rights being affected. If you withdraw the information collected will not be erased and this information may still be used in the project analysis. |
| 1. **How will information about me be used?** |
| Researchers at the Nottingham Clinical Trials Unit (part of the University of Nottingham) will need to use information from you, your medical records, and your TB care team for this research project. All information about you will be kept safe and secure.  This information will include your initials, NHS number, name and contact details.  The researchers 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 you are will not be able to see your name or contact details, your data will have a unique code number instead.  Once the trial has finished, some of the data will be kept so the results can be checked and you can be told  what happened in the trial (unless you tell us you do not want to know). Reports will be written in a way so that no-one can work out that you took part in the trial. |
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| 1. **What are your choices about how your information is used?** |
| You can stop being part of the trial at any time, without giving a reason, but we will keep information about you that we already have. If you choose to stop taking part in the trial, we would like to continue collecting information about your health from central NHS records. 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.  After 25 years your data collected during the trial will be disposed of securely. If you give us your permission, we may keep your contact details so we can get in touch if there is any relevant future research that you may be interested in taking part in. You will also have the option to take part in future research using your data saved from this trial. If you do not wish for your contact details to be kept to be contacted about future research, these will also be disposed of securely at the end of the trial. |
| 1. **Where can you find about 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/**](https://www.hra.nhs.uk/information-about-patients/) and  [**www.hra.nhs.uk/patientdataandresearch**](http://www.hra.nhs.uk/patientdataandresearch) * at [**www.nuh.nhs.uk/gdpr**](https://www.nuh.nhs.uk/gdpr) * by asking one of the research team * by sending an email to [TB-DILI@nottingham.ac.uk](mailto:TB-DILI@nottingham.ac.uk) * by calling the Nottingham Clinical Trials Unit on |
| 1. **Who is organising and funding this trial? How has it been approved?** |
| The trial is being organised by the Nottingham University Hospitals NHS Trust (the Sponsor) and coordinated by the Nottingham Clinical Trials Unit (NCTU). The funding for the trial is provided by the National Institute for Health Research (NIHR). All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This trial has been reviewed and given favourable opinion by **North East – Tyne & Wear South** Research Ethics Committee.  Patients who have previously been treated for TB have helped us plan and design this trial. Patients’ representatives are also involved in the teams that oversee the running of the trial. |
| 1. **What if relevant new information becomes available?** |
| Sometimes during a trial we get new information about treatment for a particular illness. If this happens during this trial your research doctor will tell you about this new information and discuss whether you should continue in the trial. If you decide not to carry on, your research doctor will make arrangements for your care to continue as normal. If you decide to continue in the trial, they may ask you to sign a new Informed Consent Form. |
| 1. **What happens at the end of the trial?** |
| This trial should conclude 12 months after your randomisation when you have completed the final questionnaire. If this is not the case your treatment will continue as decided by your usual care team. If you withdraw from the trial, we will need to keep and use the data collected up to your withdrawal. At the end of the trial the results will be published in scientific medical journals and presented at conferences. You will not be identified in any publication. We will send you a newsletter with a summary of the trial findings unless you ask us not to. |
| 1. **How to contact us** |
| Contact details of your local care team:  <insert contact details here> |

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