Prevention Of Hypertensive Injury to the Brain by Intensive Treatment after IntraCerebral Haemorrhage: a pilot randomised trial of home telemetry-guided treatment (PROHIBIT-ICH)

CONSULTEE INFORMATION SHEET

Where people cannot take decisions for themselves, for example the decision to consent to be involved in a research project, a consultee must be appointed to advise on persons wishes or feelings. This could be friend, family member, court appointee, or medical professional not connected to the study. You have been nominated as a possible consultee for a patient recently admitted to our hospital or seen in clinic for a stroke due to bleeding in the brain, called intracerebral haemorrhage (ICH). As the patient has lost capacity to consent, we are asking you to advise on whether the patient should take part in the project, and if you feel that he/she would be content to take part. Before you decide 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 and discuss it with friends, relatives and any other doctors if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you think it is appropriate for the patient to take part. Remember that your decision must be in the patient's best interests and should not reflect your personal views on the project.

What is the purpose of this study?

About 1 in 10 strokes are due to a bleed into the brain from a ruptured artery, called intracerebral haemorrhage (ICH). The symptoms of ICH are due to nerve cell damage or swelling, and depend on where in the brain the bleeding has occurred; they can include drowsiness, nausea and vomiting, headaches, weakness of one or more limbs, loss of vision or speech, or seizures. In some cases, ICH is caused by injury or surgery, in others it happens suddenly without warning ("spontaneous").

Spontaneous ICH is sometimes the result of high BP which, over time, causes damage to the small blood vessels supplying the brain, making them more likely to rupture. The main cause

of spontaneous ICH is called “small vessel disease” (SVD), a process which is likely to be accelerated by poorly controlled BP. Magnetic Resonance Imaging (MRI) has rapidly improved our ability to see the effects of SVD on scans of the brain after ICH.

The aim of this research study is to determine whether frequent measurements of BP using a monitor that securely transmits readings automatically to our research team by Bluetooth technology (called “telemetric” monitoring) can be used to safely guide medication changes to “intensively” lower BP (to a target of 120/80mmg Hg) to reduce damage to the small blood vessels in the brain after spontaneous ICH. At multiple sites in the UK, participants will be randomly allocated to either intensive BP treatment guided by telemetric home monitoring or standard care in adult ICH survivors. We will follow-up these two groups of participants to assess whether BP lowering using this home monitoring is feasible, safe and effective in reducing brain injury. We will measure BP control at 3 months. To measure its effectiveness in reducing brain injury, where possible MRI scans will be taken before starting monitoring and after a year. A sample of blood will also be collected to find out if there are any genetic variations associated with ICH or SVD.

Why have you been chosen as a consultee?

You have been chosen as a consultee because our clinical examination shows that the patient has impaired brain and mind function, meaning that they cannot give consent. You are not obliged to undertake the role of consultee if you do not wish to do so. We are asking you to advise on whether the patient should take part in the project, and if you feel that he/she would be content to take part. We would like to make sure that taking part would not distress him/her in any way.

Why has the patient been chosen?

They have been invited to take part because he/she is over the age of 30 and has had a spontaneous ICH, most likely due to SVD, confirmed on a brain scan.

Does the patient have to take part?

His/her participation in the study is entirely voluntary. It is up to you to decide whether or not he/she will take part. If you do decide to consent on his/her behalf, you will be given this information sheet to keep and be asked to sign a consent form. He/she will be free to stop

taking part at any time and without giving a reason. This will have no impact on his/her clinical care.

What will happen to him/her if he/she takes part?

You will meet a member of the research team at your hospital, who will be able to answer any questions you may have. If he/she is eligible and willing to participate in the study, he/she will be given a unique study number; we will collect information regarding his/her health status, memory and thinking (cognition), and quality of life. We will take a small blood sample from him/her (equivalent to one teaspoonful or 5-10 millilitres of blood). He/she will either have an MRI scan of the brain, or we will use the results of an MRI or CT scan he/she has previously had. The local team will send all of this information, and his/her blood sample, to our PROHIBIT-ICH study co-ordinator at UCL. No identifiable information will be stored, only year of birth will be used and stored on a secure server called sealed envelope. Your local team will send all of this information, and blood sample, to our PROHIBIT-ICH study co-ordinator at UCL. Only the team in UCL (co-ordinating site) and the team in University of Oxford (device co-ordinating site) will use the information collected and have access to your medical records in this study to facilitate blood pressure treatment recommendations and for analysis.

He/she will be invited back for follow up after 3 months and 1 year, where they will be asked about any medical problems or admissions to hospital since he/she joined the study and how they are recovering. He/she will also be asked to do some memory tests and be fitted for 24 hours with a BP monitor that records BP every 30 minutes during the day and hourly at night. If he/she had an MRI scan at his/her 1st visit, he/she will have an MRI of the brain at his/her final follow up.

Half of the participants recruited to the PROHIBIT-ICH study will be randomly (by chance) allocated to monitor their BP at home using a telemetric monitor. BP data will be automatically sent to our Oxford study centre to monitor and adjust their treatment to reach an intensive BP target of 120/80mm Hg. The other half of participants will receive usual clinical care including BP control supervised by their hospital stroke team and their General Practitioner.

If he/she is selected to monitor their blood pressure at home, you and the participant will be shown how to use the monitor and will be asked to measure his/her blood pressure in a

seated position three times over ten minutes (in your non-dominant arm (the one that you don't usually use for things like writing) unless you have been told otherwise), when waking in the morning, in the early afternoon, and before going to bed. This will need to be done for at least one month, and possibly up to three months, depending on how quickly your blood pressure reaches the intensive target. These BP measurements will be transmitted to a co-ordinating centre in Oxford via Bluetooth technology and assessed daily by a dedicated research team of nurses and doctors who will contact you by phone if a change in medication is indicated. The GP will also be notified by the coordinating centre. After three months, the participant will be required to take readings three times over ten minutes, once a week until you are seen again at one year.

What will happen to his/her blood samples?

His/her blood sample will be stored at UCL and will be stored for 20 years (the standard storage length).

What are the possible benefits of him/her taking part?

Participation in the study will allow him/her access to a team with expertise in ICH, providing him/her with more information regarding their disease, as well as its prognosis. If randomly selected to intensive treatment, monitoring his/her BP at home should allow more understanding and better BP management. Many participants in the study, regardless of whether they have home monitoring, will receive a research quality brain scan and all will have careful follow-up of their progress after their ICH, and the opportunity to benefit from up to date information from a specialist stroke research team. Our study will increase understanding about whether more intensive lowering of BP in survivors of ICH is feasible, safe and effective in reducing brain injury on MRI scans. If successful, we hope that this trial will lead to a larger definitive trial. Our research will benefit the ICH research community and ultimately improve care for ICH survivors.

Are there any possible disadvantages or risks from him/her taking part?

The collection of a blood sample from his/her arm is a standard procedure that is usually very safe, though can cause slight discomfort. Very rarely, a blood test can cause bruising, fainting or light-headedness, but the risks will be minimised because the collection of blood is done only by experienced and trained practitioners.

The MRI scan is noisy and, rarely, may provoke claustrophobia. Noise is minimised using earplugs and anxiety and claustrophobia are reduced by continuous communication during the scan via intercom. The scanning team will be able to remove you from the scanner at any time at your request.

Taking blood pressure readings may be uncomfortable due to a squeezing sensation, but this will only last a few seconds. These readings will be performed by an experienced professional whilst you are in hospital and by you or your carer when you have been discharged form hospital.

All staff on the study will be fully trained in good clinical practice, and will always consider the participant's well-being as their primary concern. He/she can withdraw from the study at any time without affecting your clinical care.

Will the patient's General Practitioner/family doctor (GP) be informed of their participation?

Yes, they will be aware of your participation in the study. Should he/she be randomly selected to home BP monitoring, any advised adjustment of BP medications will also be communicated to his/her GP. We will send his/her GP a letter to inform them about his/her blood pressure readings at his/her 3 month and final follow-up.

What will happen to the results of this study?

The information from all participants taking part in this study will be collected and stored at UCL and Oxford. After analysing the data, the results will be reported to the funder of the study and published in scientific journals. Following completion and publication, these results will be posted on a study website for participants to view.

With your consent; the UCL team may use the data collected in this study for future research.

What if something goes wrong?

The UCL Sponsor, has appropriate insurance in place in the unlikely event that he/she suffer any harm as a direct consequence of their participation in this study. NHS indemnity operates in respect of the clinical treatment which is provided.

Can I request for the patient to be withdrawn from the study?

Yes. Participation is entirely voluntary and you may request he/she be withdrawn from the study at any time, without giving any reason.

Will the patient's taking part in this study be kept confidential?

All information relating to his/her blood tests, MRI scans and any of their medical records will be kept strictly confidential and will only be used for medical research. Patient identifiable information will be anonymised in any reports. The research teams will ensure that patient identities are protected from any unauthorized parties. The clinical data records will be kept securely at the Stroke Research Centre, UCL. Prof David Werring, the Chief Investigator, will be responsible for the security and access to the information. The blood pressure data will be kept securely at the Centre for Prevention of Stroke and Dementia at the University of Oxford. Prof Peter Rothwell will be responsible for the security and access to the information. Data from the PROHIBIT-ICH study may be used for future research on stroke by UCL, and other research institutions in the UK or worldwide, but his/her confidentiality will be maintained. The participant's medical records may be inspected by competent authorities and properly authorised persons, but if any information is released outside the trial office it will be transferred in a secure manner. The results of the study will be published in medical journals or other public sites. We keep research results strictly confidential.

Who is organising and funding the study?

The research is being organised Professor David Werring, Professor of Clinical Neurology, Stroke Research Centre, UCL Institute of Neurology, and Prof Peter Rothwell, Action Research Professor of Neurology and Director of the stroke prevention research unit, Centre for Prevention of Stroke and Dementia, University of Oxford.

The Stroke Association has funded this study.

Who has reviewed the study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect participants' interests. This study has been reviewed and given favourable opinion by London - Camden & Kings Cross Research Ethics Committee.

In summary, if you decide for the patient to take part, he/she will have:

- A short initial assessment to determine eligibility
- Questionnaires (clinical, cognitive, quality of life) at the beginning of the study, at 3 months and the final visit
- A blood sample collected upon entering the study
- An MRI scan (where possible) upon entering the study and at final follow up
- Either be assigned to usual care or receive a telemetric blood pressure monitor to measure BP 3 times daily (early morning, early afternoon and evening), with each time taking 3 readings over 10 minutes, and accordingly, receive adjusted BP treatment
- A 24 hour blood pressure monitor at follow up at the beginning, 3 months and final follow up.

Thank you for reading this information sheet and taking the time to consider participating in this study. If you agree to take part, you will be given a copy of this information sheet and a copy of the signed consent form.

Further information can be obtained from:

University College London (UCL)	
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