MonashHealth

Participant Information Sheet/Consent Form – Parent/Guardian

Interventional Study - *Parent/Guardian consenting on behalf of participant*

Monash Health – Casey, Clayton, Dandenong and Moorabbin sites

Title	[Preventing paediatric middle ear Ventilation Tube Obstruction with topical ciprofloxacin (PreVenT-O) : a randomised controlled trial
Short Title	PreVenT-O
Project Sponsor	Monash ENT Department
Coordinating Principal Investigator/ Principal Investigator	Dr Debra Phyland
Associate Investigator(s)	Mr Charles Giddings Chenkan Wang
Location	Casey / Clayton / Dandenong / Moorabbin

Part 1 What does the child's participation involve?

1 Introduction

This is an invitation for the child in your care to take part in this research project because they are receiving bilateral middle ear ventilation tubes or grommets. The research project is testing a new treatment for a common complication of grommet surgery known as ventilation tube obstruction. The new treatment is called ciprofloxacin otic drops.

This Participant Information Sheet/Consent Form tells you about the research project. It explains the tests and treatments involved. Knowing what is involved will help you decide if you want the child to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not the child can take part, you might want to talk about it with a relative, friend or the child's local doctor.

Participation in this research is voluntary. If you do not wish the child to take part, they do not have to. The child will receive the best possible care whether or not they take part.

If you decide you want the child 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 the child taking part in the research project
• Consent for the child to have the tests and treatments that are described
• Consent to the use of the child's personal and health information as described.

You will be given a copy of this Participant Information and Consent Form to keep.

2 What is the purpose of this research?

Ciprofloxacin 0.3% Otic Drops is approved in Australia to treat Chronic Suppurative Otitis Media. However it is not approved for prevention of Ventilation Tube Obstruction. Therefore, it is an experimental preventative treatment Ventilation Tube Obstruction. This means that it must be tested to see if it is an effective at preventing Ventilation Tube Obstruction.

Grommet surgery is one of the most common operations performed on children in Australia with 34065 operations performed in 2012-13. Grommets are used to restore hearing in children with glue ear and repeated middle ear infections. A grommet is a hollow plastic tube which allows fluid in the middle ear to drain to the outer ear and prevents glue ear from recurring.

Ventilation tube obstruction or blockage affects approximately 7-15% of patients and occurs when blood or middle ear fluid hardens and block the opening of the grommet. This means the grommet is non-functional resulting in fluid accumulating in the middle ear. This can cause recurrence of symptoms before surgery such as discomfort and temporary reduced hearing. Further consultation with ENT specialists is usually required to unblock the tube with drops and special equipment and in a small number of cases may even require a revision surgery.

Surgeons commonly give patients antibiotic drops after surgery to prevent ventilation tube blockage. However, there is a lack of evidence to support the routine use of antibiotics. Ciprofloxacin drops have been favoured by surgeons in Australia because of its good coverage against bacteria that grow in the middle ear and safety when used with grommets. Some antibiotics can damage hearing if passed through a grommet into the middle ear, but ciprofloxacin has been shown to be safe in humans.

By conducting this study, we will be able to determine how effective different dosing schedules of ciprofloxacin 0.3% otic drops are at preventing ventilation tube obstruction and guide our clinical practice in the future. The results of this research will be used by the investigator Chenkan Wang to obtain a Bachelor of Medical Science (Honours) degree.

This research has been initiated by the study doctor, Dr Charles Giddings.
The research has been funded by Monash Health ENT – Head and Neck Surgery Department.

3 What does participation in this research involve?

The child will be participating in a randomised controlled research project. Sometimes we do not know which treatment is best for treating a condition. To find out we need to compare different treatments. We put people into groups and give each group a different treatment. The results are compared to see if one is better. To try to make sure the groups are the same, each participant is put into a group by chance (random).

The child will be participating in a partially double-blind study. The control and intraoperative groups will be double-blinded, while the postoperative group will be single-blinded. This means that if the child is in the control or the intraoperative dose group, it will not be known which of the treatment groupsthe child is in; the study doctor will also not know. However, in certain circumstances the study doctor can find out which treatment the participant is receiving. This will not apply if the child is in the postoperative course group, as they will be receiving 5 days of treatment after surgery. In this case, it will only be single-blinded, meaning the assessors will not know which group they are in.
If you decide you are interested in participating in the study, you will be asked to fill out a consent form.

After you have completed the consent form, you will go through a preliminary questionnaire to help the study investigator decide if your child meets the requirements to be in the study. This is called “screening.” The procedures that will be done during the study are described in this section.

First your study investigator will ask you questions about your child's background including their age, gender and family situation. You will then be asked about your child's medical history and any medications they are currently taking. During your child's medical history and medication assessment, your study doctor will also ask you additional questions prior to performing any physical evaluations to determine if your child is eligible to participate in this study.

Once your study doctor has completed the assessments described above, you will be examined by your study doctor who may perform the following evaluations listed below:

Vital Signs and Physical Examination	The doctor will take your Child's weight, height, temperature and heart rate as part of a routine vital sign examination. Additionally, a limited physical examination will be performed during screening which will include an assessment of general appearance and an examination of your child's head, eyes, ears, nose and throat.
Otoscopic exam and tympanometry	The doctor will use a device called an otoscope to examine your child's ear drum. They will observe for signs of ear infection. They will also use a device called a tympanometer to measure how much the ear drum moves when air is lightly blown on it.
Otitis Media Outcome-22 (OMO-22)	You will be asked to fill in a questionnaire that includes 22 questions related to your child's hearing and home situation. You can complete this questionnaire to the best of your ability and should know that there are no right or wrong answers. This questionnaire should take between 10-15 minutes.
Audiometry	Your doctor will arrange for you to see an audiologist who will conduct a test known as audiometry. This is where different pitches of sound at different volumes is played through earphones to see if your child can identify them.

After the initial evaluation, your child will be randomised into one of three treatment groups. They will have a:

- 1 in 3 chance of being assigned in the single dose group, where they receive 1 dose (5 drops) of ciprofloxacin ear drops at the time of surgery
- 1 in 3 chance of being assigned to the multi dose group, where they receive 1 dose (5 drops) of ciprofloxacin ear drops during surgery and for 5 days after surgery
- 1 in 3 chance of being assigned to the control group, where they do not receive ear drops during or after surgery.

You will receive a participant number and a randomisation number which will determine which treatment you will receive.

After the initial booking visit, there will be no additional visits before the surgery date. You are asked to refrain from giving your child oral or topical antibiotics, steroids or anti-inflammatory medication while waiting for surgery and for the 6 weeks after surgery. A full list of example medications can be found in section 4.

You child will have their grommet surgery under standard procedures at our centre. They will receive Ciprofloxacin 0.3% ear drops in both ears if they are assigned to either the single dose or multi dose groups, and receive no ear drops if they are assigned to the control group.

Following the surgery, your child will be discharged home with a post-operative diary. You will be asked to record any ear discharge or bleeding that occurred in the first two weeks. Please bring the patient diary along to your 6-week post-operative review clinic. If you are assigned to the multi dose group, you will also receive bottle(s) of ciprofloxacin ear drops to take home after the surgery.

At the post-operative review clinic, the doctor will perform another otoscopic examination and tympanometry, assessing for the presence of any discharge or ventilation tube blockage. You will be asked to fill out of the same OMO-22 Questionnaire filled at the booking visit, and your child will have another audiometry assessment with the audiologist.

The participants involvement in the trial will end for the participant after completing the relevant tests at the post-operative review clinic. The trial will officially finish when all participants have completed the trial.

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. This trial ensures this by being a “double-blinded” study, this means that the study investigators and the patients do not know which group they have been allocated to until the end of the trial, which is anticipated to be in March 2019. Special scenarios may exist where patients and investigators may be “unblinded”. For example, if an adverse reaction occurred to one of the medications used or if other medical issues arise which require knowledge of the medication used. If any adverse events do arise, please contact the study investigator.

There are no costs associated with participating in this research project, nor will you or the participant be paid. The estimated total involvement time of this trial is 90 minutes.

It is desirable that the participant’s local doctor be advised of your decision for the child to participate in this research project. If the participant has a local doctor, we strongly recommend that you inform them of the participation in this research project. We will provide an informational letter for you to give to your local doctor.

4 What does the child have to do?

Your child’s participation will involve firstly your understanding of the nature of the study and your written informed consent. You will then need to fill out a preliminary questionnaire to see if your child is eligible for the study.

Your child will be deemed ineligible to the study if they have:

- allergic reactions to quinolone-based antibiotics
- taken systemic antibiotics such as “Amoxicillin, Augmentin, Keflex, Cipro, Erythromycin” in the 2 weeks prior to surgery
- taken topical antibiotic ear drops such as “Ciloxan, Ciproxin HC, Sofradex, Kenacomb otic” in the 2 weeks prior to surgery
- taken systemic corticosteroids such as “prednisolone, cortisone, dexamethasone” in the 2 weeks prior to surgery
- taken non-steroidal anti-inflammatory drugs (NSAIDs) such as “aspirin, Nurofen, Celebrex, Meloxicam, Indocid” in the 2 weeks prior to surgery

If your child does not meet any of the above criteria, he/she will be eligible to participate in the study.

Participants are expected to follow routine post-operative advice about water precautions. Participants are to avoid submerging their heads in water for the first three days and to use earplugs or blu-tac (as advised by Doctor) if water contact is required after three days.

There are no dietary restrictions for this trial and participants may still donate blood if at an appropriate age.

Your child's regular medications will be reviewed in the preliminary questionnaire and the doctors at the clinic will advise on whether the drugs are suitable to take during the trial.

Medications which will need to be **recorded** in the postoperative diary if taken during the participation period, from the time of the booking visit to the 6-week postoperative review include the medications listed below:

- systemic antibiotics such as "Amoxicillin, Augmentin, Keflex, Cipro, Erythromycin"
- topical antibiotic ear drops such as "Ciloxan, Ciproxin HC, Sofradex, Kenacomb otic"
- systemic corticosteroids such as "prednisolone, cortisone, dexamethasone"
- non-steroidal anti-inflammatory drugs (NSAIDs) such as "aspirin, Nurofen, Celebrex, Meloxicam, Indocid"

The commitment required of the parent/guardian/participant is to attend the booking visit, the surgery date and to bring the completed post-operative diary to the 6-week post-operative review clinic.

5 Other relevant information about the research project

We aim to have 360 participants recruited for the project over four hospital sites across Monash Health (Monash Medical Centre, Casey Hospital, Dandenong Hospital, Moorabbin Hospital) in Victoria, Australia.

There will be three arms of the study, comparing two dosing regimens of ciprofloxacin otic drops against control. .

The project will only involve researchers from Monash University and Monash Health.

6 Does the child have to take part in this research project?

Participation in any research project is voluntary. If you do not wish for the child to take part, they do not have to. If you decide that they can take part and later change your mind, you are free to withdraw them from the project at any stage.

If you do decide that the child can 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 the child can or cannot take part, or take part and then be withdrawn, will not affect their routine treatment, relationship with those treating them or relationship with the ENT Department at Monash Health.

7 What are the alternatives to participation?

The child does not have to take part in this research project to receive treatment at this hospital. Other options are available; these include having no antibiotic drops or prophylactic antibiotics drops during the operation and for 3 days after the surgery. The study doctor will discuss these options with you before you decide whether or not the child can take part in this research project. You can also discuss the options with the child's local doctor.

8 What are the possible benefits of taking part?

We cannot guarantee or promise that the child will receive any benefits from this research; however, possible benefits include better use of health resources in the future and reduced risk of some complications of grommet surgery such as obstruction and discharge.

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

Medical treatments often cause side effects. The participant may have none, some or all of the effects listed below, and they may be mild, moderate or severe. If the participant has any of these side effects, or you are worried about them, talk with the study doctor. The study doctor will also be looking out for side effects.

There may be side effects that the researchers do not expect or do not know about and that may be serious. Tell the study doctor immediately about any new or unusual symptoms that the participant gets.

Many side effects go away shortly after treatment ends. However, sometimes side effects can be serious, long lasting or permanent. If a severe side effect or reaction occurs, the study doctor may need to stop the child's treatment. The child's study doctor will discuss the best way of managing any side effects with you.

Drug Name	Side Effect	How often is it likely to occur?	How severe might it be?	How long might it last?
Ciloxan otic drops	Ear pain	Uncommon (<1%)	Not severe	Seconds to minutes
	Ear redness	Uncommon (<1%)	Not severe	Minutes to hours
	Ear stinging	Uncommon (<1%)	Not severe	Seconds to minutes
	Ear itchiness	Uncommon (<1%)	Not severe	Minutes to hours
	Ear fullness or Dizziness	Uncommon (<1%)	Not severe	Minutes to hours
	Bitter taste in mouth	Uncommon (<1%)	Not severe	Minutes to hours
	Headache	Uncommon (<1%)	Not severe	Minutes to hours
	Fungal ear infection	Uncommon (<1%)	Moderately severe, requiring different medication	Hours to days
	Severe allergic reaction	Very uncommon (<0.1%)	Severe, requiring cessation of medication and medical support	Minutes to hours

These days, whilst anaesthesia is generally very safe there are some risks associated with anaesthesia. The most common problems associated with anaesthesia are feeling unwell or vomiting, bruising at the site of injections, sore throat or hoarse voice. Most patients do not have these problems. If these problems do happen, they usually get better very quickly. Damage to teeth may occur, but this is rare. The risk of brain damage or death due to anaesthesia is very rare.

The risk of problems from anaesthesia increases for patients who are having more major surgery, those with medical problems and those that require difficult anaesthetic procedures. If you have any concerns about these issues, you should discuss them with the study team.

10 What if new information arises during this research project?

Sometimes during the course of a research project, new information becomes available about the treatment that is being studied. If this happens, the study doctor will tell you about it and discuss with you whether you want the participant to continue in the research project. If you decide to withdraw the participant, their study doctor will make arrangements for their regular health care to continue. If you decide that the participant can continue in the research project, you will be asked to sign an updated consent form.
Also, on receiving new information, the study doctor might consider it to be in the participant's best interests to withdraw them from the research project. If this happens, the doctor will explain the reasons and arrange for the participant's regular health care to continue.

11 Can the child have other treatments during this research project?

Whilst the child is participating in this research project, they may not be able to take some or all of the medications or treatments they have been taking for their condition or for other reasons. It is important to tell the study doctor and the study staff about any treatments or medications the participant may be taking, including over-the-counter medications, vitamins or herbal remedies, acupuncture or other alternative treatments. You should also tell the study doctor about any changes to these during the child's participation in the research project. The study doctor should also explain to you which treatments or medications need to be stopped for the time the child is involved in the research project.

12 What if I withdraw the child from this research project?

If you decide to withdraw the participant from the project, please notify a member of the research team before you withdraw them. This notice will allow that person or the research supervisor to further discuss any health risks or special requirements linked to withdrawing.

If you do withdraw the participant during the research project, the study doctor and relevant study staff will not collect additional personal information, 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.

13 Could this research project be stopped unexpectedly?

This research project may be stopped unexpectedly for a variety of reasons. These may include reasons such as:

- Unacceptable side effects
- The drug/treatment/device being shown not to be effective
- The drug/treatment/device being shown to work and not need further testing
- Decisions made by local regulatory/health authorities.

14 What happens when the research project ends?

When the research project ends, parents/guardians/participants will find out about the results of the study. A study summary of key statistics will be mailed out to the participants within two months of the trials official end date. Data presented will not have any identifying information about the participants. If the participants agree to participate in any ancillary research, they may be contacted by the researchers after the trial's end date.

The results of the research may help standardise treatment given at our centre and help shape new guidelines regarding preventing complications associated with grommet surgery.

Part 2 How is the research project being conducted?

15 What will happen to information about the child?

By signing the consent form you consent to the study doctor and relevant research staff collecting and using personal information about the participant for the research project. Any information obtained in connection with this research project that can identify the participant will remain confidential. Private information relating to the study will be manually entered into an encrypted, password-protected document that will be kept on a secure server that is only accessible through the ENT department. Information will be kept confidential by discarding of any physical documents with identifying information, names, date of birth, address, at the end of each week into a confidential waste bin. The participant's 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.

Information about the participant may be obtained from their 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 participation in this research project.

The participant's 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 institution relevant to this Participant Information Sheet, the ENT Department at Monash Health, 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 the participant cannot be identified, except with your permission.

Information about participation in this research project may be recorded in the participant's health records. Data obtained as part of this trial will be stored for 15 years following completion of a clinical trial or until the youngest participant has reached 25 years of age, whichever is longer.

In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to request access to the information collected and stored by the research team about the participant. 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 the participant's information.

16 Complaints and Compensation

If the participant suffers 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 for the participant. If the participant is eligible for Medicare, they can receive any medical treatment required to treat the injury or complication, free of charge, as a public patient in any Australian public hospital.

17 Who is organising and funding the research?

This research project is being conducted by Dr Debra Phyland.

There is no financial benefit to Monash Health.

No member of the research team will receive a personal financial benefit from the child's involvement in this research project (other than their ordinary wages).

There are no other conflicts of interest to declare from any of the study doctors.

18 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 HREC of Monash Health.

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 you can contact the Clinical Research Co-ordinator Dr Debra Phyland. If you have any urgent medical concerns related to your participation in this study or surgery call Monash Health 95946666 and request contact with the ENT Registrar on call.

Clinical contact person

Name	Dr Charles Giddings
Position	ENT Surgeon
Telephone	(03) 9928 8799
Email	Charles.Giddings@monashhealth.org

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

Complaints contact person

Name	Ms Deborah Dell
Position	Manager, Human Ethics Committee Monash Health (Monash Medical Centre)
Telephone	(03) 9594 4611
Email	Deborah.Dell@monashhealth.org

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 approving this research and HREC Executive Officer details

Reviewing HREC name	Monash Health HREC
HREC Executive Officer	Ms Deborah Dell
Telephone	(03) 9594 4611
Email	Deborah.Dell@monashhealth.org

Consent Form – Parent/Guardian

Title	[Preventing paediatric middle ear Ventilation Tube Obstruction with topical ciprofloxacin (PreVenT-O) : a randomised controlled trial
Short Title	PreVenT-O
Project Sponsor	Monash ENT Department
Coordinating Principal Investigator/ Principal Investigator	Dr Debra Phyland
Associate Investigator(s)	Mr Charles Giddings Chenkan Wang
Location	Casey / Clayton / Dandenong / Moorabbin

Declaration by Parent/Guardian

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 the child's doctors, other health professionals, hospitals or laboratories outside this hospital to release information to Monash Health concerning the child's disease and treatment for the purposes of this project. I understand that such information will remain confidential.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to the child participating in this research project as described and understand that I am free to withdraw them at any time during the research project without affecting their future health care.

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

Name of Child (please print) _____

Signature of Child _____ Date _____

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____ Date _____

Name of Witness* to Parent/Guardian's Signature (please print) _____

Signature _____ Date _____

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

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 parent/guardian 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, the research project.

I understand that, if I decide to discontinue the child's study treatment, a request may be made for them to attend follow-up visits to allow collection of information regarding their health status. Alternatively, a member of the research team may request my permission to obtain access to the child's medical records for collection of follow-up information for the purposes of research and analysis.