ChILD-EU Register, Biobank and Observational Study



Child With Interstitial Lung Disease



European Children's Interstitial Lung Disease Database, Biobank and Observational Study

You are invited to take part in a research project. Before you decide if you want to take part it is important to understand why the research is being done and what it will involve for you and your parents. Please read this leaflet carefully. Feel free to talk about it to anyone else you think can help you make a decision such as other family members or your GP.

The doctor in charge of this study at your hospital is [insert local PI name]. The study is taking place across Europe and the details of the team who are organising the study are given later in this leaflet.

This information leaflet has information about two studies (a) A database and biobank study and (b) An observational study. We have put the two studies into one information sheet because the information required for the observational study will be gathered during the database and biobank study. At the end we will ask if you want you want to take part in both the database/biobank study and the observational study or just the database/biobank study.

Why are we doing this research?

There are a group of diseases of the lung in children that are very uncommon. These are called Interstitial Lung Disease. These vary in severity and can affect children in different ways. Getting the diagnosis right can sometimes be difficult as the information from test results isn't always clear. Because ChILD is uncommon we don't understand these diseases as well as more frequently seen lung disease. There are often too few cases in each country to get a good understanding of the problem and what are the best treatments.

The purpose of these studies is to bring together and look in greater detail at the cases of children's interstitial lung disease (ChILD) occurring across Europe to see if we can gain better understanding of the diseases and hopefully offer better treatment in the future.

Why have I been invited to take part?

You have been invited as your doctor suspects that you have ChILD.

Do I have to take part?

No. It is up to you and, if you want, your parents to decide. If you do decide to take part you will be asked to sign a form giving your consent. This means that you agree to take part. You will be given a copy of this information sheet and your signed form to keep. You are free to stop taking part at any time during the research without giving a reason. This does not affect the treatment you receive in any way.

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What about my parents?

If you decide to take part we will also ask your parents if they agree and to sign an assent form to confirm that they agree. We will ask your parents to complete questionnaires several times over the next 12 months and also to provide a blood sample for genetic analysis.

What will happen if I take part?

The Database and Biobank Study mostly collects information that is already being collected by doctors caring for you or from previous samples. To get a better understanding we will place these details into a database with those of other children taking part. The database will store information from your medical history (the information that doctors record) and will link this to a biobank. The biobank stores x-rays, lung biopsy (if you have one) and blood and lung washing samples. The information stored in the database and biobank will be reviewed by an international team of experts. The experts have been chosen as they have particular expertise in ChILD in Europe. They will consider what diagnosis they feel is most likely after having seen the information from the database and biobank. The review by the international team of experts will be fed back to your local doctor.

We will also ask you and your parents to fill in questionnaires at the start of the study, and again after 3, 6 and 12 months. We can offer you help filling this in if you would like. Once a year further information about your progress will be placed in the database. The international review panel will then review the case again.

The Observational Study: Following a suspected or confirmed diagnosis of ChILD children are usually in hospital or returning to clinics more frequently. We would like to capture as much information as possible from the first year after diagnosis to better understand what happens and look at why some children may do better than others. The ChILD-EU observational study will gather information at time of diagnosis, and at 1, 2, 3, 6 and 12 months intervals in the first year (i.e. starting now).

All of the measurements we would like to record are routine clinical measurements that would be done by your local doctor. These measurements include heart rate, respiratory rate, oxygen saturation levels, current medicines, blowing tests (spirometry - if capable) and how you are responding to treatment.

Typically, you will have a chest x-ray at diagnosis and again after 6 and 12 months as part of the usual care. We would ask your local team to upload these chest x-rays to our database.

The clinical team will ask routine questions for the review of a ChILD case including what medicines have been tried and possible benefits/side effects. In addition we will ask your parents to fill in a questionnaire every 3 months about how much you need to use health services and the impact this may have on your family's life.

Are there any additional tests?

Database and Biobank Study: We know that many diseases are affected by our genes and those of our parents. For that reason, as part of this study, we would like to take an extra blood sample from you (this is the only extra sample for the study) and if possible also take blood samples from both of your biological parents. These samples will be stored for future research in case a possible genetic test for ChILD is developed to help with diagnosis or treatment.

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Observational Study: There are no additional tests for the observational Trial.

What are the possible benefits of taking part?

There are no direct benefits to you taking part in this study. However, the information that we get from this study will help us improve the treatment of Children's Interstitial Lung Disease.

What are the possible disadvantages and risks of taking part?

We do not anticipate any risks from these studies. Your parents will be asked to provide a blood sample at the start of the study and to complete questionnaires every 3 months. This will be an additional task.

What will happen to any samples I give or my parents give?

The donated research blood sample collected from you and your parents will be identified by a code rather than your or your parent's name. This is called pseudo-anonymised and means that the genetic information can be linked to your clinical information but personal details allowing you to be identified will be masked. Samples will be put into a 'biobank' for use at a later date by researchers. The researchers will only be able to identify the samples by a code number and will not know your name or your parent's name. The pseudo-anonymised samples will be stored in the 'biobank' in Dr. von Hauner Children's Clinic, Ludwig Maximilians University Munich, Lindwurmstr. 2a, 80337 Munich.

Will anyone else know I am taking part in these studies?

We will keep your and your parent's personal information confidential. This means that only those involved in the study who have a need or right to know will be able to find out who you are. You will be given a code (study number) that will be used when looking at the results so that your identity does not need to be revealed.

Who will be able to access my medical records?

NHS clinical staff treating you will have access to your medical records.

After results from the study are made available there may be other clinicians in the ChILD-EU study team researching childhood lung diseases who want to better understand the clinical symptoms or are interested in finding out more details of the examinations carried out. They would request the NHS trust for access to notes of ChILD patients so that, for example, they could consider if a new medicine used in adults could be given to children. We will ask for your consent to allow other clinicians access to your medical records for the duration of the ChILD-EU programme (due to end June 2016).

To ensure that the study is being run correctly, we will also ask your consent for responsible representatives from the Sponsor [University of Edinburgh & NHS Lothian] and NHS Institution to access your child's medical records and data collected during the study, where it is relevant to you taking part in this research. The Sponsor is responsible for overall management of the study and providing insurance and indemnity

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

You are free to withdraw at any time without giving a reason. This will in no way affect the regular treatment you receive.

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If you do wish to withdraw, we will ask you to consider whether you wish

- 1) All information and investigations currently held to be retained and used
- (2) Selected information and investigations currently held can continue to be held and used
- (3) All data currently held should be removed and not used

Or

(4) Whether you wish the study team to retain your contact details to contact you should a study or treatment of relevance to you become available in the future

What if there is a problem or something goes wrong?

If you have a concern about any aspect of this study then you or your parents can contact the researchers involved (see contacts). In the unlikely event that something goes wrong and you are harmed during the research and this is due to someone's negligence then you may have grounds for a legal action for compensation against NHS Lothian but you may have to pay your legal costs. The normal National Health Service complaints mechanisms will still be available to you (if appropriate).

Is there anything to be worried about if I take part?

We all worry about data security. The research team have worked hard to ensure that the data from you will be secure.

Detailed information on data security and oversight.

If you agree to taking part then your local doctor will provide your identifiable details (i.e. name, date of birth, hospital number etc) to be stored on a secure database. Your local doctor is then sent an email with the ChILD study number that is assigned to you. This study number will not contain any of your identifiable details.

Whenever your doctor wishes to put clinical information (i.e. medical history, x-rays, results of investigations, pictures of lung biopsies) about you into the ChILD-EU database they will use the ChILD study number to identify you. A study number identifies you rather than a name and this is called pseudo-anonymisation.

The ChILD-EU clinical database (SecuTrial) will be kept separate from where your personal details are held. The database containing patient data is based at the University of Mainz, Germany and is covered by European Union Data Protection laws. We may access this information at a later date to contact you or your parents should a study or treatment become available that we consider may be of interest to you.

The data would be accessed by clinicians who are part of the study team to investigate ChILD, and also for data validation and monitoring as is standard for any clinical trial.

Management of the study data is by the ChILD-EU study management team (lead by Professor Griese, and includes partners from the UK, Italy and France). The study team and its decisions are overseen by a Data Monitoring Committee lead by Professor Peter Propping, Bonn, Germany. Once the ChILD-EU study has finished the KLR Foundation (Kids Lung Register) will continue to oversee the study database. Details of the study team and the KLR Foundation can be found on the ChILD-EU website (www.childeu.net).

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What happens to the results of this study?

Once we have collected data from a large number of children we will report the findings at a Medical Conference and in the Medical Press to other interested scientists and doctors. No personal information will be communicated so that no one else will know you have taken part in this study. You can find out the results of the study if you wish by contacting us, but we will also be distributing the results through ChILD parent organisations across Europe.

Who is organising and funding the research?

This study is being funded by the European Union FP7 Framework.

Who has reviewed this study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee. A favourable ethical opinion has been obtained from South East Scotland Research Ethics Committee 2. NHS management approval has also been obtained.

International Contact Details

The overall lead clinician for the study is:

Prof. Matthias Griese
Dr. von Hauner Children's Hospital
University of Munich
Lindwurmstr. 4
80336 München
Germany

Tel +49 89 5160 7871 Fax +49 89 5160 7872

e-mail: child-eu-office@med.uni-muenchen.de

In the UK, the study is being led by:

Dr Steve Cunningham Consultant Respiratory Paediatrician Royal Hospital for Sick Children Sciennes Road Edinburgh EH9 1LF

Tel: 0131 536 0607

Professor Andy Bush Professor of Paediatric Respirology Royal Brompton Hospital Sydney Street London

London SW3 6NP

Tel: 0207 351 8232

Your Local Contact Details

This work is being conducted by the research department at the [insert name of Local Hospital]. You can contact us by phone, e-mail or post and we will be happy to answer any questions that you have.

Local Clinician name and title Address

[insert name and title]
[insert address]
[insert address]
[insert address]





Phone number – [insert number]

E-mail - [insert email address]

If you would like to discuss this study with someone independent of the study please contact: [contact details, insert name,].

[name of hospital]
[phone number]

EH1 3EG

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

NHS Lothian Complaints Team 2nd Floor Waverley Gate 2 - 4 Waterloo Place Edinburgh

Thank you for reading this – please ask questions if you need to.

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CHILD CONSENT FORM

Child's Name		
Study Number		
Title of Study	ChILD-EU database and observational study.	
Principal Investigator		
I wish to participate in:	Please <u>i</u> n	itial boxes
The details as this beat of		
The database/biobank stu	udy	
The database/biobank study AND the observation study		
I confirm that I have read and understood the attached information sheet. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily		
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected		
I understand that relevant sections of my medical notes may be looked at by responsible individuals from the Sponsor, NHS organisation or other authorities and I give permission for these individuals to have access to my medical records		
4. I understand that data from the study will be stored indefinitely and may be used in the future for other studies		
5. I agree to my GP being	g informed of my participation in the study	

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You can withhold consent to this part of the study and it will not affect your general participation in this study

Gene	etic Consent (optional) – please initial either the "Yes" or "No" box.	YES	NO
6.	I agree to my biological samples (blood, tissue) being collected and stored for the purposes of research into childhood interstitial lung disease and understand that this research will involve genetic testing		
Futu	re Research (optional)		
7.	I agree to my biological samples (blood, tissue) being used in future research involving genome wide analysis and future research into ChILD		
8.	I agree to be contacted in the future if any relevant tests for diagnosis or treatment of ChILD becomes available.		
9.	I understand that relevant sections of my medical notes may be looked at by clinicians researching childhood lung disease and I give permission for these individuals to have access to my medical records for the duration of the ChILD-EU programme		
Child'	's Name (Print)		
			•
Child	s Signature		
Date			
Name	e of person taking consent (Print)		••
Signa	ture of person taking consent		
Date			

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

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PARENT ASSENT FORM

Participant's Name	
Study Number	
Title	ChILD-EU database and observational study.
Principal Investigator	

I agree to my child participating:	Please <u>initial</u> boxes
The database/biobank study	
The database/biobank study AND the observation study	
 I confirm that I have read and understood the attached inforr sheet. I have had the opportunity to consider the information questions and have had these answered satisfactorily 	
I understand that my child's participation is voluntary and that is free to withdraw at any time, without giving any reason an his/her medical care or legal rights being affected	
3. I understand that relevant sections of my child's medical not be looked at by responsible individuals from the Sponsor, NI organisation or other authorities	-
4. I understand that data from the study will be stored indefinite may be used in the future for other studies	ely and
5. I agree to my child's GP being informed of my child's particip the study	pation in

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If you do not assent to this part of the study it will not affect your child's general participation in the rest of the study

<u>Gene</u>	etic Consent (optio	nal) – please initial either the "Yes" or "No" box.		NO
6.	collected and store	d's biological samples (blood, tissue) being ed for the purposes of research into childhood ease and understand that this research will sting	YES	NO
Futur 7.	-	al samples from my child (blood, tissue) being earch involving genome wide analysis and		
	_	acted in the future if any relevant tests for nent of ChILD becomes available.		
	notes may be look disease and I give	relevant sections of my child/ward's medical sed at by clinicians researching childhood lung permission for these individuals to have l/ward's medical records for the duration of the mme		
Paren:	t's Name (Print)			
Parent's Name (Print)			•••	
Parent's Signature				
Date				
Name	of person taking a	ssent (Print)		
Signat	cure of person takir	ng assent		-
Date				
Thank	you for your help.			
	1x original – ir	nto Site File; 1x copy – to Participant; 1x copy – into medical records		