adAPT autoimmune diabetes ACCELERATOR PREVENTION TRIAL

PARENT/GUARDIAN INFORMATION SHEET - SCREENING

INVITATION TO TAKE PART

We would like to invite you to take part in an exciting new type 1 diabetes prevention study which we believe may be of value to you and your family.

Before you and your child decide whether or not you wish to participate, we would like you to understand why we are doing it, and what it would involve if you agreed. Please take time to read the information below, and to discuss it with friends, relatives or your child's doctor. At the back of this leaflet you will find a space to write down questions you may wish to ask the study doctor or research nurse. We will do our best to explain and provide any further information you may ask now or later. Take your time to decide if you wish to take part.

This study involves a screening phase to identify children at risk of diabetes, and treatment stages to try and prevent the disease for those who are. For the moment you and your child are being invited to take part in the screening phase of the study.

WHY ARE WE CONDUCTING THIS STUDY?

Because at present, there is no means of preventing childhood diabetes. Previous treatments targeting the immune system have not worked. The incidence of type 1 diabetes is five times higher today than it was 40 years ago, so there is a real need to tackle the problem.

adAPT hopes to show that type 1 diabetes can be prevented by protecting the beta cells that make insulin. It involves a screening phase to identify children at risk of diabetes, and three treatment stages for those who are. Stage 1 will test whether the study medicine can ease the load on the beta cells. If it can, we believe there is a good chance it can also reduce the risk of developing diabetes. Stage 2 will test whether the treatment can slow the changes that are known to lead to diabetes, and a future Stage 3 whether it reduces the number of cases of diabetes.

Diabetes develops when the cells that make insulin are made to work too hard. The overworked cells become exhausted and, without insulin, the blood glucose (sugar) level rises, resulting in diabetes. Some children carry a gene which alerts the immune

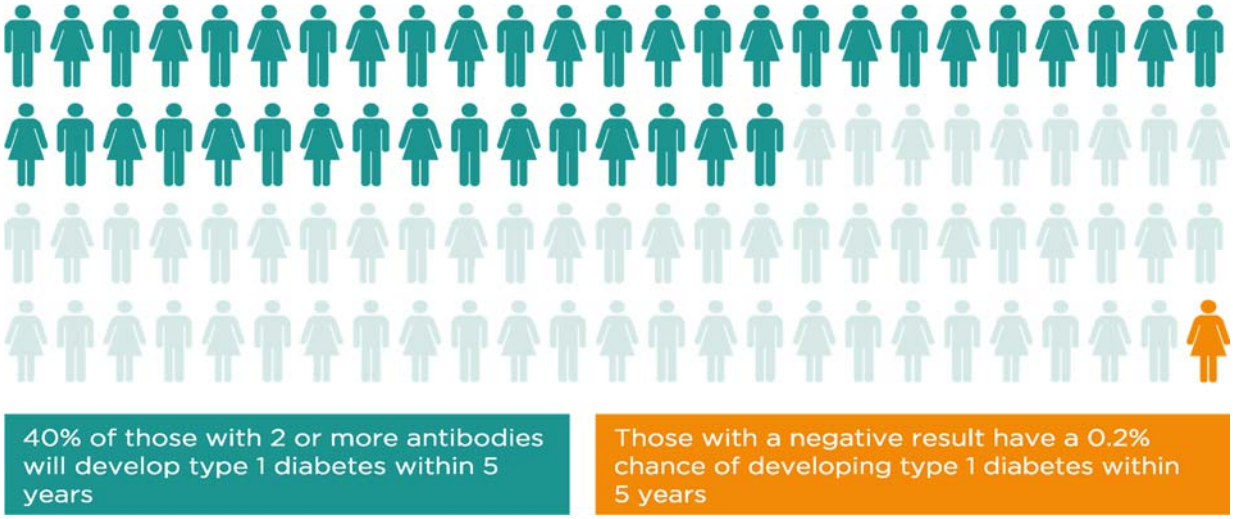
system and makes the process go faster. The ‘accelerator’ gene is random, which is why type 1 diabetes is unpredictable and often turns up out of the blue in families who have never known diabetes.
adAPT seeks to protect the beta cells from overload, so that the immune response can be avoided. Based on the 'Accelerator Hypothesis' (www.adaptdiabetes.org), supported by the Juvenile Diabetes Research Foundation and sponsored by the University of Exeter, the trial will involve the whole of Scotland and the North of England.

We can tell from a small blood test if your child is at risk of developing type 1 diabetes. adAPT seeks to prevent the onset of diabetes in this higher risk group. The blood test detects diabetes-related antibodies in the blood.

Antibodies are proteins that are made by the body’s immune system, and the presence of two or more antibodies is considered a positive result, because it means the beta cells are being badly damaged. Testing positive does not mean your child will definitely get type1 diabetes, but their chances are much greater – about 40% in five years (see chart). The chance of diabetes is close to zero if the test turns out negative.

We anticipate a positive (high risk) result in 1 out of every 20 children we test and a negative test in the remaining 19 out of the 20 tested. This will reassure the large majority of parents.

Chart 1. Chances of developing type 1 diabetes based on antibody blood test.



WHY ARE WE BEING ASKED TO TAKE PART?

The risk of type 1 diabetes is greater within families who already have it. We think this study might be of interest to you because your child is between 5y and 16 y and has a brother, sister or parent who was diagnosed with diabetes before the age of 25 y. We hope to screen approximately 3500 children and young adults just like your child.

DOES MY CHILD HAVE TO TAKE PART?

No. Participation is entirely voluntary, and you and your child are free to turn down this invitation or withdraw from the study at any time, without giving us a reason.
The decision to participate in this study will not affect the medical care you or your children receive, nor the relationship that you and your child have with their doctors or nurses. If you, your child, the study doctor, or another health professional feels your child should withdraw from the study, we would like your and your child's consent to keep and analyse the data we have already collected.

WHAT WILL THE STUDY INVOLVE?

We will invite you and your child to attend a visit with the research team, which may be at your usual clinic, or in the local clinical trial facility. This visit will take less than an hour, but it can take longer if you require additional time.

During the visit we will discuss the study in detail and answer any questions you and your child have.

We will ask you and your child to sign consent forms to show that you are happy to take part (a copy will be given to take home), and we will ask a few questions about your child's general health and any medicines they take. This is to ensure that the study is suitable for your child.

We will then take a small blood sample (3.5mls, less than a teaspoon) from the arm, and send it anonymously to a laboratory for antibody testing. The results will be available between 6-8 weeks after the visit. We will send you a letter reporting the antibody result. If the result is negative (we expect it to be in 95% of the children) you will not require any further study visits.

If the test is positive, the study doctor will contact you by telephone initially to talk over the result, and will seek an appointment with you to discuss it further. We will also send you a results letter and an information sheet for the treatment part of the trial (Stages 1 & 2).

Even if you do not wish to take part in the treatment phases, you are encouraged to discuss the implications of a positive screening result with the study doctor.

ARE THERE ANY DISCOMFORTS OR RISKS

There are no risks to taking part in this part of the study. The blood sample may cause slight discomfort. However, with children we offer an anaesthetic spray or cream, so that they will only feel a small scratch and light pressure

WHAT ARE THE POSSIBLE BENEFITS

Nineteen out of every 20 children will have a negative screening test, so that 95% of those tested can be reassured that their risk of type 1 diabetes is low. However, four of every ten (40%) youngsters who have a positive may expect to become diabetic

within five years. The clinical trial will be available to these who screen positive and, while we cannot know the results of the trial in advance, participation could prevent a further case of diabetes in your family. We also intend that the wider information learned from the study will help other children and young people who are at risk of developing diabetes in the future.

HOW WILL MY CHILD'S INFORMATION BE STORED?

All the information which we collect about your child during the study will be kept confidential. Your child's blood sample will be labelled using a barcode and will not be directly identified. Your child's blood sample will be sent to our partner laboratory for antibody analysis. There may be small volumes of blood left over. We will ask you/your child's permission to gift any residual blood to be stored and used in future medical research.

All information about your child will be stored securely and access will be limited to the research team. We will ask your permission to inform your child's GP that your child has taken part in the study and that their antibody test results can be documented in your child's medical records. Study information will be kept for 15 years so that we can record if any children develop diabetes during or after their participation in the study and to make checks if there are any questions or queries at a later date.

We will publish and share our results with others in the field of diabetes. Your child's personal details will remain anonymous in any publications or presentation of the data.

FURTHER CONTACT

We will ask you and your child's permission to contact you with information about any future studies that may be of interest to you. You do not have to take part in these additional studies.

We will also ask permission to be informed if your child develops diabetes for up to 10 years beyond their participation in the study. This information is gathered from the Health Informatics Centre (HIC), University of Dundee or electronic hospital records. All information is anonymised. This will allow us to assess how effective our screening techniques are in predicting diabetes.

WILL WE BE TOLD ABOUT THE STUDY FINDINGS?

The trial will not be complete until the last child has been treated for five years. The results will then be made available on the study website.

WHAT IF THERE IS A PROBLEM OR SOMETHING GOES WRONG?

If you or your child has a concern or a complaint about participating in the study, please speak firstly to our research nurse or the study doctor involved in your care. You or your child can ask to speak to a senior member of the research team or the Complaints Officer at your local Health Board/Trust. To do so, the study team will provide the contact details of the local Complaints Team. If something does go wrong and you are

harmed due to someone's negligence, you may have grounds for legal action against the NHS Health Board/Trust involved in the research or have the right to make a claim for compensation against the University of Exeter, which is sponsoring the trial. Where you wish to make a claim, you should consider seeking independent legal advice, but you may have to pay for your legal costs.

WHO ARE CONDUCTING AND FUNDING THIS STUDY?

The study team is led by Professor Terry Wilkin from the University of Exeter and Professor Stephen Greene from the University of Dundee. The study is being sponsored by the University of Exeter, funded by the charity Juvenile Diabetes Research Foundation (JDRF) and managed by the Tayside Clinical Trials Unit at the University of Dundee.

WHO HAS REVIEWED THIS STUDY?

All research in the NHS is reviewed by an independent panel of people, called a Research Ethics Committee, to protect your interests. The East of Scotland Research Ethics Service (REC 2), which has responsibility for scrutinising all proposals for medical research on humans in the United Kingdom has examined the proposal and has raised no objections from the point of view of medical ethics.

It is a requirement that your child's records in this research, together with any medical records, be made available for scrutiny by monitors from the University of Exeter or individuals appointed by the Sponsor, whose role is to check that research is properly conducted and the interests of those taking part are adequately protected.

WILL I RECEIVE PAYMENT FOR TAKING PART?

No, you will not receive payment for taking part in the study but we can cover reasonable travel expenses for your study visit.

WHERE CAN I FIND OUT MORE ABOUT RESEARCH?

If you wish to seek independent advice about taking part in the study you can contact Dr Michael Murphy, Clinical Reader at the Department of Biochemical Medicine, University of Dundee on 01382 383541 or m.j.murphy@dundee.ac.uk.

If you would like to find out more taking part in health research there are a number of organisations you can contact such as:
Scotland Children's Research Network CRN - www.scotcrn.org
Children's Research Network - www.crn.nihr.ac.uk/children
People in Research www.peopleinresearch.org
Health talk online www.healthtalkonline.org

Further Information

You can also find out more information about this study on the website www.adaptdiabetes.org

Chief Investigator: Professor Terry Wilkin
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Trial Manager: Dr Roberta Littleford
Contact Number: 01382 383991

Thank you for taking the time to read this information sheet, and for thinking about taking part.

Any Questions