

A Phase IV Double-Blind, Placebo-Controlled, Randomized Trial to Evaluate Short Course vs. Standard Course Outpatient Therapy of Community Acquired Pneumonia in Children (SCOUT-CAP)

Your child may be eligible to take part in a research study for children diagnosed with Community Acquired Pneumonia. Taking part in this study is completely voluntary. The study team will explain the study to you and will answer any questions you may have. Be sure to take your time to make your decision.

This study is looking at whether children can be effectively treated with five days of antibiotics instead of 10 days. Current standard of care for pneumonia treatment in children is 10 days of antibiotics. Your child will be treated by his/her doctor for the first five days. If you decide to enroll in the study, your child will receive either antibiotic or placebo (non-active medication) for days 6-10. Your child has a one in two chance to receive the antibiotic or placebo.

Study Visits:

This study will have three visits; an enrollment visit and two follow up visits.

- At the first visit, we will review your child's medical history, go over your child's pneumonia symptoms and take your child's temperature, heart rate and breathing rate. We will provide you with the study medication and a study diary. If you choose to provide stool and throat samples, we will collect them.
- At the 2nd and 3rd visits, we will ask you about your child's symptoms, review the study diary and ask you about any changes in your child's health. The study staff will review the study diary and collect a throat swab and stool samples (if taking part in this portion of the study).

Benefits:

There is potential for direct benefit to the study participants. If your child is treated with only five days of antibiotics, there may be fewer antibiotic side effects and may be less likely to develop bacteria that are resistant to antibiotics. All children may benefit from earlier detection of pneumonia and resistance to antibiotics, due to scheduled follow-up that they would not ordinarily have without study participation. All participants will have 24-hour access to a study physician and increased monitoring of pneumonia.

Risks:

If your child is treated with placebo on days 6-10, there is an increased chance that they infection may not be completely treated. Some children may experience minor discomfort and anxiety with the collection of throat and stool specimens. There is also a rare risk of loss of confidentiality.

If you choose to not enroll your child in the study, your child will continue the antibiotics prescribed by his/her doctor.

CONSENT TO ACT AS A PARTICIPANT IN A RESEARCH STUDY

A Phase IV Double-Blind, Placebo-Controlled, Randomized Trial to Evaluate Short Course vs. Standard Course Outpatient Therapy of Community Acquired Pneumonia in Children (SCOUT-CAP)

PRINCIPAL INVESTIGATOR: Judy Martin, MD (412) 692-7028

Evening/Weekend Phone Number 412-692-SNOT (412-692-7668) or 412-712-SNOT (412-712-7668)

SOURCE OF SUPPORT: National Institutes of Health (NIH)

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Who is being asked to take part in this research study?

Your child may take part in this research study because your child has been diagnosed with pneumonia (lung infection) and has shown improvement after a few days of antibiotics. The SCOUT-CAP Study wants to learn more about how to most effectively treat pneumonia in children.

What is the purpose of this study?

You are being asked to let your child be in this study because he/she is 6-71 months old, was recently diagnosed with pneumonia (lung infection) and is receiving treatment with one of the following antibiotics: amoxicillin (Amoxil®), amoxicillin-clavulanate (Augmentin®), or cefdinir (Omnicef®). Each of these antibiotics is approved by the Food and Drug Administration (FDA) to treat this type of infection. Antibiotics for pneumonia are usually taken for about 10 days. It is possible that antibiotics taken for a shorter period of time may also cure pneumonia in children whose symptoms improve quickly. Because antibiotics can also have side effects, taking antibiotics for less time could be better. In addition, taking antibiotics for a shorter length of time might make it harder for some bacteria to become resistant to antibiotics.

We are conducting this study to determine if it is better to treat children who have pneumonia symptoms that have improved, with a 5-day treatment of antibiotics instead of the 10 day treatment that's routinely prescribed by doctor. For instance, if only 5 days of treatment are needed for your child to be treated for his or her pneumonia, then we might be able to avoid some of the side effects that come when we treat with antibiotics for several days.

About 400 children will be enrolled in this study over several locations in this United States. This research study is

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sponsored by the National Institutes of Health (NIH).

What are my child and I being asked to do?

If you agree to allow your child to take part in the study, he/she will be randomly assigned to one of two groups. Your child will have an equal chance of being in either group, but neither you, your child's doctor, nor the study team will know which group your child is in.

In both groups, your child will continue to take the antibiotic as prescribed by your child's doctor for a total of 5 days. Starting on Day 6, your child will begin taking the study drug and will stop taking the antibiotic given by his/her doctor. For children in Group 1, the study drug will be the same antibiotic that he/she was taking, but it will be a liquid that may look, smell, or taste different. The dose your child receives will be based on his/her weight. For children in Group 2, the study drug will be a liquid that does not contain medicine (placebo). Both study products will appear the same.

Children in both groups will take the study drug twice daily for a total of 5 days. You will not know which group your child is in. We will provide you with a memory aid, and you will be asked to write down information about any symptoms your child may be having. After your child has finished taking the study drug, you will bring him/her in for two follow-up visits. The first follow-up visit will be 1-5 days after he/she has taken the last dose of study drug and the second follow-up visit will be 2-3 weeks later. At these visits, we will review your child's history, including new problems, perform a brief physical assessment, review study diaries, and answer any questions you may have. The study will last about one month.

As another optional part of the study, we would like to collect a throat swab from your child (like a strep test) at each visit. We would also like for you to collect a sample of your child's stool (feces) in the container we will provide within about a day of each visit. We will then either ask you to bring that stool sample with you to the visit or we will come to your home to pick it up. The throat swab and stool samples will be used to see if receiving fewer days of antibiotics is better for the types of germs (bacteria) that people normally carry in their throats and intestines (bowels). Your child can be in the main study even if you do not want him/her to take part in this optional study."

The following things will happen if you allow your child to be in the study:

Visit 1 [Day 1 (3-5 days after starting antibiotic prescribed by your child's doctor)]

- Health information will be collected, including your child's age, weight, sex, race/ethnicity, health history, current health problems and current or recent medicines your child has taken. Health information will also be collected from your child's medical record. If study staff finds out that your child has a medical condition that meets any criteria for exclusion, your child will not be allowed to be in the study.
- We will go over your child's pneumonia symptoms. This will include asking you how your child has been acting and how they have been eating. The study staff will take your child's temperature, heart rate, and breathing rate and will look for any rashes on your child's skin and see how they are doing overall.
- Your child will be randomly assigned (like flipping a coin) to either Group 1 or Group 2. You will be given the study product and told how to give the medicine to your child.
- You will be given a study memory aid and instructed on how to record information about your child.
- Throat swab and stool sample will be collected (if taking part in this part of the study).

Visits 2 and 3 [Follow-up Visit 1 (1-5 days after taking the last dose of study drug) and Follow-up Visit 2 (2-3 weeks after taking the last dose of study drug)]

- We will ask about your child's pneumonia symptoms. This will include asking you how your child has been acting and how they have been eating. The study staff will take your child's temperature, heart rate, and breathing rate and will look for any rashes on your child's skin and see how they are doing overall.



- The study staff will review the study memory aid with you and ask about any changes in your child's health or medicines since the last study visit.
- We will collect your study medicine bottle(s) so that we can return it to our pharmacy.
- Throat swab and stool sample will be collected (if taking part in this part of the study).

At any time during the study, if your child's symptoms get worse or if they have any other illness, you should immediately contact a member of the study team and your child's doctor. Your child will be referred to his/her primary care provider or local urgent care center/ED. It is important that you continue to seek routine care for your child's illness or with any other concerns as these visits are not intended to replace routine follow up visits with your child's doctor.

What are the possible risks, side effects and discomforts of this research study?

As with any research study, there may be adverse events or side effects that are currently unknown, and it is possible that these unknown risks could be permanent or serious.

Placebo

Your child may receive placebo for Days 6 to 10. There is a risk if your child is randomized to placebo that pneumonia will not be completely treated. We will minimize this risk by providing close follow-up throughout the study. There is no active medication in the placebo. The same flavoring, coloring and powder mixers used in the active study medication are in the placebo. This will make it look and taste like the real medication. Rarely children are allergic to one of these powders. Research doctors think that 5 days will be enough, but it may not be, and your child may need more antibiotics, extra visits to the doctor, or surgery if the pneumonia gets worse.

Study Medication

Amoxicillin, Amoxicillin-Clavulanate and Cefdinir have been used to treat pneumonia in children for decades. These antibiotics have established safety records for children. However, patients may have reactions to these medications that range from mild to severe, although severe reactions are extremely rare. While precautions will be made to screen for drug allergies and interactions, your child may experience an unforeseen reaction to the medication. We will be enrolling your child in the study when they are feeling much better after completing four or five days of their antibiotics, so they are less likely to develop these reactions.

Amoxicillin may cause rash, diarrhea, nausea, vomiting, thrush and diaper rash.

Amoxicillin-Clavulante may cause rash, diarrhea, nausea, vomiting, thrush, diaper rash, abdominal discomfort and loose stools.

Cefdinir may cause diarrhea, gas, and stomach pain, and sometimes bloody stools, severe nausea or vomiting.

Loss of Confidentiality There is a rare risk of the loss of confidentiality (less than 1%). The study staff are trained and experienced in protecting health information (date of birth, medical record number or names) as confidential information. Subjects will be identified only by a study number on the forms that are kept safe in a locked cabinet or in locked computer databases protected by password and firewall. Only the study staff will have passwords to the computers in secure offices. Subject information will be de-identified for any presentations or publications.

Stool Sample A small sample of stool will be collected from a soiled diaper. For toilet-trained children, the sample will be collected into a sterile cup. This can cause some anxiety in older children.

Throat Swab A throat swab is similar to a strep test. This may cause discomfort, gagging, throat pain or irritation. Swabs will be performed by a qualified, experienced nurse to minimize discomfort.



What are the possible benefits of this study?

Study subjects who are treated for only 5 days may have decreased antibiotic side effects and fewer infections caused by the longer use of antibiotics, such as thrush. Patients, who receive 10 days of antibiotics, have the benefit of being treated with the current standard of care for pneumonia.

Also, information from this study will help us to understand if fewer days of antibiotic treatment for pneumonia is effective and decreases the chances of bacteria becoming resistant. The results of this study will assist health-care providers in making decisions regarding the use of antibiotics for treating children with pneumonia, and may benefit the health of the general community by slowing the evolution of antimicrobial resistance. By reducing the occurrence of resistant organisms, society may benefit through easier treatment of this common infection and may result in fewer side effects of antibiotic therapy.

What treatments or procedures are available for my child if I decide not to take part in this study?

If you decide not to enroll your child in the SCOUT-CAP Study, your child will complete the antibiotic therapy as prescribed by your child's physician to treat your child's pneumonia.

Will we be told of any new risks that may be found during the course of the study?

You will be promptly notified if any new information develops during the conduct of this research study which may cause you to change your mind about continuing to participate.

Will our insurance be charged for costs of any procedures in the study?

You and/or your insurer will be billed for any routine care services that are provided. You will be responsible for any applicable co-pays, coinsurances, and deductibles. You will be responsible for your child's initial antibiotic prescription for pneumonia. There will be no costs to you or your insurance company for any of the three study visits. The cost of the study medication (antibiotic/placebo), the throat swab and stool sample will also be covered by the study.

Will my child be paid for participating in the study?

You will be compensated \$25 for each of the three study visits and a parking pass if needed depending on the site of the study visit. You will receive a total of \$75 for the three study visits.

Who will pay if my child is injured as a result of this study?

If you believe that the research procedures have resulted in an injury to your child, immediately contact the Principal Investigator who is listed on the first page of this form. Emergency medical treatment for injuries solely and directly related to your child's participation in this research study will be provided to your child by the hospitals of UPMC. Your insurance provider may be billed for the costs of this emergency treatment, but none of those costs will be charged directly to you. If your child's research-related injury requires medical care beyond this emergency treatment, you will be responsible for the costs of this follow-up care. At this time, there is no plan for any additional financial compensation.

Who will know about my child's participation in this research study?

Any identifiable information about your child obtained from this research will be kept as confidential (private) as possible. All records related to your child's involvement in this research study will be stored in a locked file cabinet. Your child's identity on these records will be indicated by a study identification number rather than by name, and the information linking these numbers with the identity will be kept separate from the research records. Your child will not be identified by name in any publication of the research results.

Will this research study involve the use or disclosure of my child's identifiable medical information?

This research study will involve the recording of past, current and/or future identifiable medical information from your child's hospital and/or other health care provider (e.g., physician office) records. The recorded information will be limited to the results of any laboratory tests, diagnostic tests and side effects related to the study and/or illnesses.



We will take measures to protect your child's privacy, although no guarantee of confidentiality can be absolute. Before your child's sample is sent to the labs, the sample will be labeled with the study identification number. Personal identifying information such as name, address and date of birth will be removed. The lab may have some data about your child such as age, sex, race and diagnosis. You will not be given any information, nor will any information appear in your child's medical record, as to how these samples are used.

Who will have access to identifiable information related to my child's participation in this study?

In addition to the investigators listed on the first page of this consent form and their research staff, the following individuals may have access to identifiable information related to your child's participation in this research study.

- Authorized representatives of the University of Pittsburgh Research Conduct and Compliance Office may review your child's identifiable research information (which may include your child's identifiable medical information) for the purpose of monitoring the appropriate conduct of this research study.

- Authorized representatives of the UPMC hospitals or other affiliated health care providers may have access to identifiable information (which may include your child's identifiable medical information) related to your child's participation in this research study for the purpose of (1) fulfilling orders, made by the investigators, for hospitals and health care services (e.g. laboratory tests, diagnostic procedures) associated with research study participation; (2) addressing correct payment for tests and procedures ordered by the investigators; and/or (3) assessing internal hospital operations (i.e. quality assurance).

Authorized representatives of the NIH, the Office for Human Research Protections (OHRP) and the Food and Drug Administration (FDA) may review and/or obtain your child's identifiable medical information for the purpose of monitoring the accuracy and completeness of the research data, for performing required scientific analyses of the research and re-analyses of the research data at a later date and to be sure that the research is being conducted according to the guidelines of each institution. While these organizations have provided their assurance that they will not release your child's identifiable medical information to anyone else, Children's Hospital of Pittsburgh cannot guarantee this.

Certificate of Confidentiality:

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of federally-funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

The Certificate of Confidentiality will not be used to prevent disclosure to state or local authorities of child abuse and neglect, or harm to self or others.



How long will the investigators be permitted to use and share identifiable information related to my child's participation in this study?

Dr. Martin and her study staff will be permitted to use your child's identifiable health information indefinitely. In addition, they will contact you a few months after you finish the study to share information about the study findings and to discuss other research opportunities you might find of interest.

May I have access to the medical information that results from my child's participation in this study?

In accordance with the Children's Hospital of Pittsburgh of UPMC Notice of Privacy Practices document which you have been provided, you are allowed to look at information (including information resulting from your child's participation in this research study) contained within your child's medical records unless specifically stated. In this study, neither the researcher nor you will know which treatment course your child is receiving (continued antibiotics or placebo). After the study is finished and the results have been studied, we will send you a letter that tells you which treatment course your child received.

Is my child's participation in this study voluntary?

Your child's participation in this research study will include the use and disclosure of your identifiable information for the purposes described above and is completely voluntary. If you do not provide your consent, your child will not be allowed to participate in the research study. Your decision regarding your child's participation in this research study will have no effect on your current or future relationship with the University of Pittsburgh, medical care at a UPMC hospital or affiliated health care provider or your relationship with a health care insurance provider.

Your child's doctor may be involved as an investigator in this research study. As both your child's doctor and a research investigator, s/he is interested both in your child's medical care and the conduct of this research study. Before agreeing to participate in this research study or at any time during your study participation, you may discuss your child's care with another doctor who is not associated with this research study. You are not under any obligation to participate in any research study offered by your doctor.

May I withdraw my consent for my child's participation in this study at a future date?

Yes, you may withdraw your consent for your child's participation. The investigators may continue to use and disclose, for the purposes described above, identifiable information (which may include your child's identifiable medical information) related to your child's participation in this research study. (Note, however, that if you withdraw your consent for the use and disclosure of your child's identifiable information for the purposes described above, your child will also be withdrawn, in general, from further participation in this research study). Any identifiable research or medical information recorded for, or resulting from, your child's participation in the research study prior to the date that you formally withdrew your consent may continue to be used and disclosed by the investigators for the purposes described above. Because your child's samples are retained indefinitely, they will continue to be used in the event that your child is withdrawn from the study.

Can my child be removed from the study without my consent?

The researchers also have the right to stop your child's participation if your child has had an unexpected reaction, if you have failed to follow instructions, for other reasons that the investigator is concerned about your child or because the entire study has been stopped.

Optional Throat swabs and Stool Collections

I also understand that you would like to do throat swabs and collect stool samples as part the study. These swabs will be used for future testing.



Throat Swab

Please initial your choice:

_____ YES, my child will take part in the throat swab portion of the study.

_____ NO, my child will NOT take part in the throat swab portion of the study.

Stool Swab

Please initial your choice:

_____ YES, my child will take part in the stool sample portion of the study.

_____ NO, my child will NOT take part in the stool sample portion of the study.

Voluntary Consent and Authorization

All of the above has been explained to me and all of my current questions have been answered. I understand that I am encouraged to ask questions, voice concerns or complaints about any aspect of this research study during the course of this study, and that such future questions, concerns or complaints will be answered by a qualified individual or by the investigator(s) listed on the first page of this consent document at the telephone number(s) given. I understand that I may always request that my questions, concerns or complaints be addressed by a listed investigator. I understand that I may contact the Human Subjects Protection Advocate of the IRB Office, University of Pittsburgh (1-866-212-2668) to discuss problems, concerns, and questions; obtain information; offer input; or discuss situations that have occurred during my participation. Dr. Martin (412-692-7028) will be available for questions about this research study. A copy of this consent form will be given to me.

Printed Name of Child (Research Subject)

I understand that, as a minor (age less than 18 years), the above-named child is not permitted to participate in this research study without my consent. Therefore, by signing this form, I give my consent for his/her participation in this research study and allow the use and sharing of my child's medical record information for the purposes described above.

Printed Name of Parent

Relationship to Child

Signature Name of Parent

Date



Certification of Informed Consent

In person consent:

I certify that I have explained the nature and purpose of this research study to the above-named individual and I have discussed the potential benefits and possible risks of study participation. Any questions the individual has about the study have been answered and we will always be available to address future questions as they arise. I further certify that no component of this protocol was begun until after this consent form was signed.

Printed Name of Physician Obtaining Consent

Role in Research Study

Signature of Investigator

Date Time

Video-conferencing consent:

I certify that I was present via video-conferencing during the informed consent process. I have explained the purpose of the research study to above-named individual and I have discussed the potential benefits and possibly risks of study participation. Any questions the individual has about the study have been answered and we will always be available to address future questions as they arise. I further certify that no component of this protocol was begun until after this consent form was signed.

Printed Name of Physician Obtaining Consent

Role in Research Study

Signature of Investigator

Date

Time

