Intermountain℠ Healthcare

CONSENT and AUTHORIZATION DOCUMENT
INTERMOUNTAIN INSITUTIONAL REVIEW BOARD

TITLE: Endometriosis: Natural History, Diagnosis, and Outcomes (ENDO)

PRINCIPAL INVESTIGATOR: C. Matthew Peterson, M.D. (801) 585-2368

CO-INVESTIGATOR(S): **McKay-Dee Hospital and McKay Surgical Center 801-387-4641** Robert Andres, M.D; **Utah Valley Regional Medical Center (801) 357-7177**: Donna Dizon-Townson, M.D.; **LDS Hospital (801) 408-3577 and Intermountain Medical Center (507-7433)**: T. Flint Porter, M.D.; **University of Utah:** Denise Lamb, R.N.

SPONSOR: National Institute of Child Health and Human Development (NICHD)

LOCATION: LDS Hospital, McKay-Dee Hospital, Utah Valley Regional Medical Center, Intermountain Medical Center, McKay Surgical Center

BACKGROUND:
You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. This form explains to you why we are conducting this research study, what is expected from you, as well as the risks and benefits from participation. Please take time to read the following information carefully and discuss it with friends and relatives 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 volunteer to take part in this research study.

Women's overall health is affected by their gynecological health. Endometriosis is a common problem in which the tissue that normally lines the uterus (endometrium) grows in other areas of the body, sometimes causing pain, irregular bleeding, and possible infertility. This study is designed to learn more about how endometriosis develops. We are looking at how environmental factors (particularly the role of persistent man-made and naturally occurring chemicals) and lifestyle factors (including things such as smoking, medication use, body size, and mood) can affect someone's risk for endometriosis.

We will be comparing two groups of women during this study: those who are having abdominal or pelvic surgery (laparoscopy or laparotomy) for gynecologic problems, tubal ligation, or other reasons (surgery group) and women that are not having surgery and may not currently have any of these medical or gynecologic problems (population group). You are considered to be in the surgery group since you are already scheduled for abdominal surgery.

This study is funded by a contract through the National Institutes of Health, National Institute of Child Health and Human Development (NICHD). Women are being recruited for this study at the University of Utah and the University of California, San Francisco.

STUDY PROCEDURE:

There are different parts to this study, most of which are required by the NICHD study and some, such as the Family History and Linking, which are optional and unique to Utah. You must indicate your agreement separately (later in this document) to the optional items.

1. Study Visit and Interview, Anthropometric Measurements, Blood and Urine Collection, and Questionnaires (completed during the study visit)
2. Surgery Sample Collection and Storage of Samples for Future Research
3. Magnetic Resonance Imaging (MRI) – not all participants will have this done
4. Family History and Linking (optional)
5. Storage of Samples for Future Research (optional)

1. Study Visit and Interview: You will meet with one of our research staff at the University of Utah's General Clinical Research Center or within the center where you are enrolling. At this visit, you will undergo the following procedures. This visit is likely to last approximately one to two hours.

    - Interview: The research staff will ask you several questions about your current and past health including smoking and alcohol use, diet, medications you are taking, your periods (menstrual cycles) and gynecologic history, pregnancy history, medical history, history of pelvic pain, surgeries, family medical history, etc. She will also ask you questions regarding your exposures to any known chemicals where you live or work.
    - Anthropometric Measurements: This is a process where several areas of your body are measured and recorded. This will be done in a private exam room. The research nurse will take measurements of your height (both standing and sitting), legs, weight, hips, arms, and skin. You will be asked to remove all clothing except your underwear and wear an exam gown.
    - Blood and Urine Collection: We will draw about 1½-2 tablespoons of blood from your arm as well as have you provide a sample of urine (about ½ cup). These samples will be tested for several known chemicals and metals by the a separate laboratory that is working with the NICHD. Other specimens will be collected during your surgery and are described in Surgery Sample Collection section below. You will have the option later in this consent form to store left over blood cells and urine in Utah. These samples will only be those that are left over after processing samples for NICHD and the lab. This is described in more detail below.
    - Questionnaires: We will ask you to complete two brief questionnaires during this visit. Each one has seven questions. One will be asking you about your mood and stress level. The other will be asking about your physical activity level (exercise).

2. Surgery Sample Collection: At your scheduled surgery, your doctor will collect the following samples. These samples are also sent to the CDC (with anything left over being sent to NICHD) to test for any chemicals or metals that might be present. Collection of these samples will take an additional 15 minutes of surgery time but are often a routine part of the procedures performed to confirm the diagnosis, stage any endometriosis present, and perform a complete a surgical evaluation. Your surgeon will also take pictures of the inside of your abdomen so that we can later review them and compare women with and without endometriosis.

- Abdominal Fat: We will collect a sample of fat from inside your belly and around your intestines. A small sample of this fat (if the sample was flattened, it would be the size of a postage stamp – 1-5 grams) will be removed. This will not cause any change in the shape of your abdomen. Many chemicals we are interested in studying are measured best in fat found inside of the body.
- Peritoneal Fluid: Peritoneum is the lining within your stomach cavity. We will collect about one teaspoon to two tablespoons of the fluid from that area (2-20cc).You will have the option later in this consent form to store left over peritoneal fluid samples in Utah. These samples will only be those that are left over after processing samples for NICHD and CDC. This is described in more detail in #5 below.
- Endometrial Biopsy: The endometrium is the layer inside your uterus. A small amount of this will also be collected during your surgery using a small plastic suction device inserted into the uterus. This tissue will be compared to any endometriotic implants found outside of the uterus. It removes less than a teaspoon of tissue from this area. You will have the option later in this consent form to store left over endometrial biopsy samples in Utah. These samples will only be those that are left over after processing samples for NICHD and CDC. This is described in more detail in #5 below.
- Endometrial Implants: Any areas that appear to be endometrial implants outside of the uterus are called endometriotic implants. Small sections of these will be collected from the surfaces of the uterus, pelvic cavity and/or ovaries. This will be the size of a small button. One implant will be collected and sent to NICHD for research purposes. You will have the option later in this consent form to store left over endometriotic implants in Utah. These samples will only be those that are left over after processing samples for NICHD and CDC. This is described in more detail in #5 below.

All of these procedures and biopsies are considered routine during a complete surgical evaluation of the pelvis, except the omental biopsy.

3. Magnetic Resonance Imagining (MRI): Ninety-four of the 425 women participating in the surgery group at Utah will have the MRI performed. This will be chosen randomly which means that you or the research staff cannot predict whether or not you will be asked to complete this part of the study. This will be performed before your surgery and will be scheduled at a time that is convenient for you. You will not need to do anything special to prepare for this procedure.

   Magnetic resonance imaging (MRI) is a non-invasive way to take pictures of your stomach area. Unlike x-rays and computed tomographic (CT) scans, which use radiation, MRI uses powerful magnets and radio waves. MRI can easily be performed through clothing. You will be asked to wear a hospital gown or clothing without metal fasteners (such as sweatpants and a t-shirt). You will be asked to lie on a narrow table, which slides into the middle of the MRI machine. If you have a fear of confined spaces (claustrophobia), tell your doctor before the exam. You may be prescribed a mild medication to relax you if you need one. This exam requires that a special dye (contrast) be given before the test. The dye is usually given through an intravenous line (IV) in your hand or forearm. The contrast helps the radiologist see certain areas more clearly. During the MRI, the person who operates the machine will watch you from a room next door. Several sets of images are usually needed, each taking from 2 to 15 minutes. This exam may take 1-2 hours.

4. Family History and Linking (contacting optional): In some cases we may contact you to collect additional family history or family contact information. This information will be used to compare women with endometriosis in order to find out if it may be passed on or is common within certain families. The University of Utah maintains family history databases for use in research projects. Your family history information (names and relationships) will be given to database managers who are approved by the University of Utah to update those databases and allow us to conduct other research projects. This is not required for you to be in this study.

Please indicate below whether or not you are willing to be contacted about additional family history or your family members' contact information. No family member will be contacted without your consent.

_____ YES, you may contact me in the future.
_____ NO, please do not contact me in the future. I do not wish to participate in this part of the study.

5. Storage of Samples for Future Research: We would also like to keep some of the samples collected during this study at the University of Utah for future research on endometriosis or women's gynecologic health. You do not have to give your permission to store these samples. If you decide not to allow us to store these samples, they will be sent only to the NICHD for this study.

Please read each sentence below, think about your choice, and mark "YES" or "NO". No matter what you decide to do, your decision will not affect your medical care.

May Intermountain Healthcare or its research partners store left over blood cells that remain in the tube and urine (up to 30cc or two tablespoons) samples not required by the laboratory or NICHD, after the end of this research project for use in future research?

____ YES, my left over blood cells and urine sample(s) may be saved for future research on endometriosis and women's health-related conditions
____ NO, my sample(s) must be sent to the NICHD for the ENDO study only as described above

If yes, may Intermountain Healthcare or its research partners keep your name and other identifying information with your sample(s)?

____ YES, my personal identifiers and medical information can be kept with my sample(s). All information will be kept secure and confidential.
____ NO, my name and identifiers must be removed from my sample(s). My sample(s) cannot be linked back to me.

If you granted permission for the sample(s) to be used in future research by the University of Utah or its research partners, the Institutional Review Board will review and approve each new project. The Institutional Review Board may require that you be contacted for your permission prior to the use of the sample(s) in a new project if it determines consent is required for your protection.

You have the right to withdraw your consent in the future. You need to notify the investigator of your decision. If you decide to remove identifiers from your sample(s), you will not be able to withdraw your sample later because it cannot be linked back to you.

You will be notified in writing by Dr. Peterson of any potential health concerns raised by your test results. It is important to remember that the results obtained as part of a research study have not been obtained in the same manner that would have been used for a clinical test. When appropriate, we will advise you to consult with your family doctor about these results and any medical follow up that may need to happen. You will also have the chance during the interview to request a copy of the study findings when they become available.

RISKS:

There are some risks and discomforts associated with participating in this study. These are described below. If you have any questions about these risks or believe you have experienced any problems after the procedures, it is important that you contact us to discuss your concerns.

Study Visit and Interview:

- Interview: You may feel uncomfortable with some of the questions that we are asking. If you prefer not to answer some of the questions, you do not have to respond. You may simply decline to answer the specific question.

- Anthropometric Measurements: You may feel embarrassed during the exam, but none of the measurements should cause you any pain or discomfort.

- Blood and Urine Collection: Drawing blood will cause discomfort or pain at the site where the blood is drawn. It is common to have some bruising as well. Rarely, people have had other problems such as blood clots or infection at that site or will feel dizzy and may even faint. There are no known risks associated with urine collection.

- Questionnaires: Questions asked may make you feel uncomfortable or cause you some stress. If there is anything brought up that you would like to discuss further, we will be happy to talk to you or refer you to an appropriate healthcare provider, if necessary.

Surgery Sample Collection and Storage of Samples for Future Research: Since you are already scheduled for this surgery, your doctor will have already discussed the risks of the surgery itself with you. The risks of the surgery will not increase because of your participation in this study other than those listed below.

- Abdominal Fat, Endometrial Biopsy, and Endometriotic Implant Biopsy: Collection of these tissues may cause bleeding and there is a possibility of infection. Your doctor will discuss these with you as part of your preoperative informed consent.

- Peritoneal Fluid: There are no known risks for the collection of this fluid.

Magnetic Resonance Imagining (MRI): There is no ionizing radiation involved in MRI, and there have been no documented significant side effects of the magnetic fields and radio waves used on the human body to date. However, there are some issues that you should know about when having this procedure.

We will be using a dye (contrast) in your IV called gadolinium. It is usually very safe. Allergic reactions to the substance rarely occur. If you know that you are allergic to gadolinium, please tell the study doctor or research nurse. If you are not sure, please discuss this before the procedure. The person operating the machine will monitor your heart rate and breathing as needed. If you feel that you are short of breath or itching, please let them know and they will stop the procedure.

Placing the IV for this study will cause discomfort and/or pain at the site it is inserted. Rarely, people have had infections or blood clots at this site as well.

Some people do feel uncomfortable in tight places (claustrophobic). If you start to feel this way, please let the person performing the procedure know and he/she will stop. If you would like a medication to relax you (sedative) before the procedure, please let the study doctor or research nurse know.

The strong magnetic fields created during an MRI can interfere with certain implants, particularly pacemakers. People with cardiac pacemakers can not receive an MRI and should not enter an MRI area. If you have any of the following metallic objects in your body, you should not get an MRI: inner ear (cochlear) implants, brain aneurysm clips, older stents (tiny metal placed into an artery, blood vessel, or other duct, such as one that carries urine, to hold that structure open) that have been placed, and recently placed artificial joints. There may also be problems associated with tattoos as they may heat up during an MRI procedure. If you have any of these or are not sure, please let the study doctor know and we will decide whether or not it is safe for you to continue.

There is a chance that the MRI could reveal other medical conditions that you or your physician did not already know about. Since this MRI is being performed for study purposes, we will notify you and your physician about any new findings. You will work with your personal physician to follow up on any of these findings.

Family History and Linking: There are no immediate risks of linking your study records with the Utah Population Database. The linked information will be used only for research purposes and every effort will be made to safeguard your confidentiality.

BENEFITS:
There are no direct benefits to your participation in this study. Information that we learn can lead to better medical care and prevention of endometriosis in the future. The study will provide you detailed measurements of your body not routinely obtained and an assessment of depression.

ALTERNATIVE PROCEDURES:
If you do not want to take part in the study, you do not have to. You can simply choose to not participate.

PERSON TO CONTACT:
If you have any questions about this study you may contact Dr. Peterson or his associates, 24-hours per day, at (801) 581-3834. You may also contact Denise Lamb, RN, the Study Coordinator at (801) 585-2585 during the day (8:00 a.m. - 5:00 p.m.).

INSTITUTIONAL REVIEW BOARD:
If you have questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the Investigator, please contact the **Intermountain Office of Research at 1-800-321-2107.**

INJURY NON-COMPENSATION STATEMENT:
In the event you sustain injury resulting from your participation in the research project, LDS Hospital, McKay-Dee Hospital, or Utah Valley Regional Medical Center can provide to you, emergency and temporary medical treatment and will bill your insurance company. Since this is a research study, payment for any injury resulting from your participation in this research study may not be covered by some health insurance plans. If you believe that you have sustained an injury as a result of your participation in this research program, please contact the investigator as soon as possible. You may also contact the **Intermountain Office of Research at 1-800-321-2107.**

VOLUNTARY PARTICIPATION:
It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign this consent form. You are free to withdraw your consent and to discontinue participation in this research study at any time. Refusal to take part will involve no penalty or loss of benefits to which you are otherwise entitled. Nor will your refusal affect your legal rights or quality of health care that you will receive at this hospital.

UNFORESEEABLE RISKS:
Although unlikely, it is possible that participation in this study could involve risks to you or your baby that are currently unknown.

RIGHT OF INVESTIGATOR TO WITHDRAW:
The researchers of this institution or the National Institutes of Health can withdraw you from this study without your approval. A possible reason for withdrawal could be the early termination of the study by the National Institutes of Health.

COSTS TO SUBJECTS AND COMPENSATION:
There will be no additional costs to you for participation in this study. Since all procedures performed are related to the study, they will not be billed to your insurance company. Your planned surgery and related expenses will be billed to your insurance since this part of your medical care.

You will be compensated up to $150 for your time and inconvenience for participation in this study. The amount will be decided based on the following procedures that are completed.

- Study Visit and Interview, and Surgery Sample Collection $100
- Magnetic Resonance Imaging $50 (not all participants in the study group will have this performed)

You will also be paid for your travel expenses to and from the study visit(s). This is reimbursed at the current federal rate (approximately 48.5 cents per mile). Please keep track of the miles you have to drive so that we can provide this payment to you.

You will be paid shortly after your participation in this study ends. A check will be mailed to you directly from the University of Utah Accounts Payable office about 4-6 weeks after your last visit occurs.

NEW INFORMATION:
Sometimes during the course of a research project, new information becomes available. If this happens, your research doctor will tell you about it and discuss with you whether you want to continue in the study. If you decide to withdraw, your research doctor will make arrangements for your care to continue. If you decide to continue in the study, you will be asked to sign an updated consent form. Also, on receiving new information your research doctor might consider it to be in your best interests to withdraw you from the study. A possible reason for withdrawal could be the early termination of the study by the National Institutes of Health. He/she will explain the reasons and arrange for your care to continue.

NUMBER OF SUBJECTS:
We are participating in this study with the University of California at San Francisco. We will be dividing participants in groups: those that are having pelvic surgery for various reasons (such as yourself) and those that are not. Overall, both sites will be enrolling 1037 women: 850 women who are having surgery and 187 women who are not having surgery. Of these women, about half (520) will come from Utah: 425 in the surgery group and 94 in the non-surgery group.

CONFIDENTIALITY:
If you consent to take part in the research any of your medial records may be inspected by the National Institutes for Child Health and Human Development (NICHD) for purposes of analyzing the results. They may also be looked at by people from other regulatory authorities to check that the study is being carried out correctly. Your name, however, will not be disclosed outside the hospital. Only those that are working with our department while doing this research will have access to your information. All records are kept in locked filing cabinets within the Department of Obstetrics and Gynecology and on password-protected computers. Every person working with our department has his/her own special password that will not be shared with anyone.

An Institutional Review Board (IRB) is a group of people who are responsible for assuring the community that the rights of participants in research are respected. Members and staff of the IRB at this medical center may also review the records of your participation in this research. A representative of the IRB may contact you about your experience with this research. If you wish, you may refuse to answer any questions the representative of the board may ask.

Since you will be paid for participating in this study, the Internal Revenue Service (IRS) requires us to have you complete a W-9 Form to collect your social security number. This form is filed with the University's accounts payable department. No other information such as the name of this study will be provided to that office. If you do not want to give us your social security number you can still participate. However, we will not be able to pay you for your participation. More information about the payment is described below.

To help us protect your privacy, we have also obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena in any federal, state, local or civil, criminal, administrative legislative, or other proceedings. 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 does not prevent the researcher from disclosing voluntarily, without your consent, information that would identify you as a participant in the research project if you are in danger.

AUTHORIZATION FOR USE OF YOUR PROTECTED HEALTH INFORMATION:

Signing this document means you allow us, (the researchers in this study) and others working with us to use information about your health for this study and perform procedures, including storage of samples as indicated above. You can choose whether or not you will participate in this research study. However, in order to participate you have to sign this consent and authorization form.

This is the information we will use:

- Name
- Address
- Telephone number
- Medical record number
- Date of Birth
- Social security number (if you choose to provide this for payment)
- Family medical history
- Past medical and pregnancy history
- Allergies
- Current and past medications or therapies
- Information from a the study visit and interview, surgery, and MRI as described in the procedures section
- Results from the laboratory tests performed on samples provided during the study
- We will ask for permission to obtain records from any previous treating physician to clarify historical information. A separate release will be signed for this purpose.

Others who will have access to your information for this research project are Intermountain Healthcare's Institutional Review Board (the committee that oversees research studying people) and authorized members of Intermountain's (as appropriate for your study) workforce who need the information to perform their duties (for example: to provide treatment, to ensure integrity of the research, and for accounting or billing matters).

In conducting this study, we may share your information with groups outside Intermountain Healthcare. The information we share will only include information that has been de-identified.

These are the groups:

- University of Utah, the central site for this study in Utah;
- The National Institute of Child Health and Human Development (NICHD) including its biospecimen laboratories that is paying for this study and responsible for collecting results and findings from all the researchers;
- NICHD approved laboratories that will be performing testing services on samples provided during this study.
- Your personal physician if any information that is not related to this study is learned during your MRI that requires follow-up care

Information disclosed to groups outside Intermountain Healthcare may no longer be covered by the federal privacy protections.

You may revoke this authorization. **This must be done in writing.** You must either give your revocation in person to the Principal Investigator or the Principal Investigator's staff, or mail it to C. Matthew Peterson, M.D., University of Utah, Department of Obstetrics and Gynecology, 30 North 1900 East, Room 2B200, Salt Lake City, UT 84132. If you revoke this authorization, we will not be able to collect new information about you, and you will be withdrawn from the research study. However, we can continue to use information we have already started to use in our research, as needed to maintain the integrity of the research.

You have a right to information used to make decisions about your health care. However, your information from this study will not be available during the study; it will be available after the study is finished.

This authorization lasts until this study is finished.

CONSENT:

For more information about my rights to my protected health information, how to revoke this authorization, and how Intermountain uses my health information, I may ask to see or obtain a copy of the Intermountain Notice of Privacy Practices. I hereby acknowledge that I have received or been offered a copy of Intermountain's Notice of Privacy Practices.

I confirm that I have read and understand this consent and authorization document and have had the opportunity to ask questions. 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 sections of any of my study documentation that contains no personal identifiers may be looked at by responsible individuals from NICHD or from regulatory authorities where it is relevant to my taking part in research.

I give permission for these individuals to have access to my records. I will be given a signed copy of the consent and authorization form to keep. I agree to being interviewed, the collection of answers to the questionnaire, allowing various body measurements, and the collection of blood, urine, and tissue samples.

I understand that during my surgery the following will be performed:

- Abdominal Fat: A small sample of this (about the size of a postage stamp – 1-5 grams).
- Peritoneal Fluid: We will collect about one teaspoon to two tablespoons of fluid. About 20 cc of this will be sent to the NICHD for research purposes.
- Endometrial Biopsy: We will collect a small sample of the lining of the uterus which is a common office-based procedure performed without anesthesia. It removes less than a teaspoon of tissue from this area. Less than a teaspoon of this will be sent to NICHD for research purposes.
- Endometriotic Implant Biopsy: Small sections of areas (about the size of a small button) of apparent endometrial tissue growing outside of the uterus will be collected from the pelvic cavity surfaces, uterus, and/or ovaries that are affected. One sample will be sent to the NICHD for research purposes.

I agree to participate in this research study and authorize you to use and disclose health information about me for this study, as you have explained in this document.

_____
Participant's Name (Print)

_____ _____ _____
Participant's Signature Date Time

_____
Name of Person Obtaining Authorization and Consent

_____ _____
Signature of Person Obtaining Authorization and Consent Date