**Patient Information Sheet and Consent Form**

**Short Study Title:** A Phase 3, 12-Month, Open-Label Study of Lasmiditan in Pediatric Patients with Migraine - PIONEER-PEDS2

**Protocol Number:** H8H-MC-LAHW

**EudraCT Number:** 2019-004379-38

**Study Sponsor:** Eli Lilly and Company Limited

**Investigator:** Dr Emer MacSweeney

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**Contact Number:** 020 3355 3536

**24-hour Emergency**

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INTRODUCTION

We would like to invite you to take part in a research study of lasmiditan into migraine. Joining the study is entirely up to you. Before you decide, it is important for you to understand why the research is being done and what it would involve for you. We will give you information about the study and one of our team will go through an information sheet with you to help you decide whether or not you would like to take part and to answer any questions which you may have.

* Part 1 tells you the purpose of this study and what will happen to you if you take part.
* Part 2 gives you more detailed information about the conduct of the study.

Please take time to read the following information carefully and discuss it with relatives, friends and your GP if you wish. Do ask us if anything is unclear.

**PART 1**

**WHAT IS THE PURPOSE OF THE STUDY?**

This study has been designed to find out if the study medication lasmiditan can help children and young people with migraine. Our study is taking place internationally and there will be at least 200 other patients all around the world who will be taking part including approximately 50 in the UK. Total participation will be about a year.

The main reasons for you to take part in this study are:

* To help find out more about the safety and tolerability of lasmiditan in children and young people who have migraine attacks.
* To find out if lasmiditan helps children in treating migraine attacks.

**WHY HAVE YOU BEEN INVITED TO TAKE PART?**

We are inviting you to take part in this study because you have migraines.

The study doctor or their staff will discuss with you the requirements for participation in this study. To make sure that this study is suitable to you, we, we will ask you about your health, your family history and any other medicines you are taking so that we can decide whether you can take part or not. It is important that you give the study doctor and their staff as complete information as possible about your past medical history as well as any symptoms experienced during the study.

You must inform us if you are currently involved in any other drug research studies or you have been in the last 30 days.

You must agree to use the study drug only as instructed by your study doctor and staff and to return any unused study drug and containers at the end of your participation in the study or as otherwise instructed by the study doctor. Whilst you are taking the study medicine you must not donate blood.

If you participate in this study you must agree not to post any personal medical data related to the study or information related to the study on any website or social media site, such as Facebook, Twitter, Snapchat, Instagram, or Google+ until the study has completed.

There may be unknown risks to your unborn baby or a breast-fed infant. That is why you will not be allowed to take part in this study if you are pregnant, plan to become pregnant or you plan to father a child during the study. Please see the section “Reproductive Risks” for further details.

**DO YOU HAVE TO TAKE PART?**

Participation in this study is entirely voluntary and it is up to you to decide if you want to take part or not. We will go through this information sheet and describe the study. We will also give you this sheet and allow you time to think about the study. If you are still interested, we will ask you to sign a consent form to show you have agreed to take part. We will give you a copy of this information sheet and your signed consent form to keep. You are free to stop taking part in the study at any time without giving a reason. This will not affect the standard of your patient care.

Sometimes new information becomes known during the course of the research study, which may affect your willingness to continue participation in this study. If this is the case, you will be informed about the new information and you may be asked to sign a new consent form. If you decide, in the light of the new information, to stop your participation in the study, your study doctor will discuss how your medical care will continue.

We or the company paying for the study (Eli Lilly) may need to decide, at any time and for any reason, to stop the study or stop your participation in the study, even though you may want to continue. This may happen if you have a bad reaction to the study medicine or because of new information about the safety or effectiveness of the study medication lasmiditan. We will explain the reasons why you have to stop and discuss with you how your medical care will continue.

**WHAT WILL YOU HAVE TO DO?**

If you take part in the study you must agree to:

* attend your hospital/clinic appointments;
* take any given medication as instructed by your study doctor and staff;
* provide blood and urine samples;
* complete questionnaires during hospital/clinic visits and at home;
* bring with you your completed study diary;
* female study participants of childbearing potential (if sexually active) must agree to use a highly effective method of contraception until 30 days after the last dose of lasmiditan; you should discuss methods of effective contraception with your study doctor;
* carry with you a small card (about the size of a credit card) which says which study you are taking part in and has a telephone number where you, or any doctor who has to treat you, can contact someone 24 hours a day for advice about the study and/or your treatment.

You must tell your study doctor, or nurse, immediately if you have:

* any accident or injury; or
* any symptoms or illnesses that are new or different in any way; or
* any medical treatment, including surgery, that you have from your GP or another doctor who is not your study doctor; or
* become pregnant.

You will be provided with a paper diary that you will use to record information about illnesses you have during the study and any medicine that you take to treat them.

# EXPENSES AND PAYMENTS

Study medication and study procedures will be provided at no cost to you. Reasonable travel expenses related to your participation in this study will be reimbursed and provided to you while at the study site. We will also provide reimbursement for your refreshments for all hospital visits that are over 3 hours long. If you withdraw from the study early, you will be reimbursed for these expenses for the portion of the study that you completed.

# WHAT WILL HAPPEN TO YOU IF YOU TAKE PART?

If you take part in this study you will be agreeing to undergo more study visits and procedures than you would otherwise have to experience as standard care for your condition. It is not possible to tell you exactly how many additional procedures or visits to the hospital/clinic you might have. However, we can tell you that you will definitely have more blood and urine samples taken than normal. You will also need to undergo additional ECGs (which you would not have to otherwise). For females of childbearing potential, pregnancy tests will be performed every 3 months during study treatment. At each study visit, you will answer questionnaires at the study site. This will include questions about if you are having any thoughts about wanting to die or hurt yourself, or if you have hurt yourself. This is to ensure a complete evaluation of your health, including your mental health, at study visits. All questionnaires will be administered at the study site and the study doctor and their staff will be available for you if you show signs of emotional distress.

Below you will see an overview of the different parts of our study and what happens during each part. However, please also see **Attachment 3** at the end of this document since this will give you information about all the different study procedures that will happen to you. For example: how often you will have to come to see us; how long each visit may take; how much blood will be taken; and when tests and procedures will be performed.

During the study, you will have seven face-to-face visits at the study site. Our study is divided into 4 separate periods:

1. Screening period – lasting up to 30 days

2. Enrollment Visit

3. Study treatment period – lasting for about a year

4. End-of-Study Visit

## 1. Screening period

To see if this study is suitable for you, your study doctor will do some necessary initial assessments, including a physical examination (e.g. blood pressure, pulse, weight, and height), blood tests and heart test (ECG). Your study doctor will explain exactly which assessments will be needed. Your visits will be scheduled at any time convenient to you during the 30 days before you receive your first dose of the study medication*.* This is not counted as study participation time, but is done to decide if you can join the study.

## 2. Enrollment Visit

If you qualify to be in the study, you will come in for a visit where you will be given study medicine and a paper diary. You will be given training on how to use them.

## 3. Study treatment period

a) Randomised treatment allocation

Sometimes we don’t know the best way to treat a certain illness or condition. To find out, we need to compare different treatments or treatment in different doses. To do that we put patients into different groups and give each group a different treatment. The results are then compared to see if one is better.

We use a computer programme to put patients at random into treatment groups. Neither you nor your study doctor can choose the group that you will be placed in. Random allocation helps to ensure that similar groups of patients will be compared. If one group does better than the other, we will know that it is likely because the treatment has different effects, and not because of differences between patients in the group*.*

This study is an open-label study. This means that you and the study doctor will know which treatment you will receive.

b) Treatment schedule

All patients will take lasmiditan. You will be randomly assigned to take lasmiditan 100mg or 200mg. The starting dose is the maximum dose you will receive. If this dose is not working well for you, you may need to decrease your dose. Your study doctor will tell you if you need to do this. Lasmiditan is a tablet taken by mouth. You can treat up to 8 migraine attacks a month with lasmiditan. During the treatment period, there will be 4 visits at Months 1, 3, 6 and 9. The study doctor will talk to you about taking lasmiditan. Always take your medication exactly as your study doctor or their team explained. This is important to make sure it works as well as possible for you. If you decide to stop treatment and leave the study, you will be asked to come in for an early discontinuation visit.

## 4. End-of-Study Visit

You will come in for your final visit at month 12 of the study.

**Electronic Clinical Outcomes Assessment (eCOA)**

You will be asked to provide self-reported data via a tablet device. You will be given training by site staff on using the devices which are designed for ease of use, with limited functionality. Once you have completed or leave the study, all devices should be returned to your site personnel as soon as possible (unless directed otherwise). Since the device may be set up to transmit data automatically, any data that you provide in the device, after you have left the study, may also continue to transmit. Therefore, it is highly recommended that you return the device(s) immediately when finished participating in the study. Any data that you provide past your study participation, will be included with the rest of the data provided during participation and included in overall results.

# COLLECTION OF BLOOD AND URINE SAMPLES

Various blood and urine samples will be collected from you during this study. The specific procedures for collecting these samples and the risks associated with collection are explained in the procedure table and risks section in this document. Your samples will be identified by your study participant number, and not by your name or NHS number.

## The analysis of your sample(s) and data from previous testing that may be sent to the sponsor may contribute to the creation of new laboratory tests, new medicines, or other items that may be commercially valuable to the sponsor. The sponsor has no plans to provide you, either now or in the future, any compensation, royalty, or any other financial benefit that might result from any product, procedure, or other item that may be developed from studying your sample(s) or any information or data that is derived from such research.

## Samples for Study Qualification and Health Monitoring

## Blood and urine samples will be collected to determine if you meet the requirements to participate in this study. Additional blood and urine samples will be collected throughout the study to monitor your health and your response to lasmiditan.

## Urine samples will be tested for certain types of drugs that may affect behavior and that may be regulated by law. This will be done to determine if you meet the requirements to participate in the study. You will be given the test results. The results of drug screen testing will be kept confidential and disclosed only as required by law.

## All samples collected for Study Qualification and Health Monitoring will be destroyed within 60 days of confirmation of the test results, unless laws, regulations, or international laboratory certification standards require a longer retention period. This confirmation will either occur immediately after initial testing, or may require that samples be held to be retested at a defined later point in time. Any samples used for this research will not be stored after the study has ended.

During the study, your blood samples will be stored at Covance Central Laboratory Services Sárl, Rue Moise-Marcinhes 7, 1217 Meyrin/ Geneva, Switzerland. Please note your samples may be moved at the request or notification of the sponsor to another appropriate facility.

# WHAT HAPPENS WHEN THE RESEARCH STUDY STOPS?

The study doctor or one of the doctor’s staff members will try to reach you in case you fail to return for a scheduled visit. Even after you have stopped taking part in the study, your study doctor or one of the study doctor’s staff members may try to reach you. They will want to talk to you and see how you are doing. They will also want to ask about any other treatment which you received since leaving this study.

After the active part of the study ends, you will be referred to your local physician or treatment centers for migraine treatment.

**WHAT ARE THE ALTERNATIVES FOR TREATMENT?**

You do not have to take part in this study to be treated for your condition. Other treatments for your condition are available and your study doctor can discuss these treatments with you if you wish.

Your other choices may include:

# Getting treatment or care for your migraine attacks without being in a study.

# Getting no treatment.

# WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?

Although lasmiditan is being tested as a treatment for migraine, we cannot promise that the study will help you. The information we get from this study, however, may help us improve the treatment of people with migraine in the future.

You may receive information about your health from any physical examinations and laboratory tests to be done in the study.

# WHAT ARE THE POSSIBLE SIDE EFFECTS OF THE STUDY DRUG AND POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?

There may be risks to you if you take part in this study.

Safety information from 6,979 study participants who have taken lasmiditan (as of 11 October 2020) has been reviewed. Of these, 6,184 were patients with migraine from Phase 2 and 3 studies and 795 were healthy subjects or volunteers in other specific populations in the clinical pharmacology program (34 were migraine patients).

Healthy subjects or volunteers in other specific populations and patients with migraine were given lasmiditan by mouth (doses of 1 mg to 400 mg) or by injection into a vein (doses of 0.1 mg to 180 mg). A total of 4 healthy volunteers reported single serious unwanted effects after their dose of study medication and were medically serious or required hospitalisation. These were painful spasm or blockage of the gall bladder, abnormal pocket or sac in the skin, usually occurring near the tailbone, severe blood build-up in the cerebellum (part of the brain that helps to maintain balance), and infection with pus in the anus. All 4 serious unwanted effects were considered not related to lasmiditan.

A total of 9 lasmiditan-treated patients from oral lasmiditan studies that treated a single migraine attack reported serious unwanted effects that occured within 48 hours after their dose of study medication and were medically serious or required hospitalisation. These were dizziness, muscle spasms and twisting, feeling faint, lung disease that makes it hard to breathe, high blood pressure, abnormal growth in the pituitary gland, surgery, low blood pressure, and serotonin syndrome (refer to the description of the event “Serotonin syndrome” provided below in this document).

In oral lasmiditan studies treating multiple migraine attacks, additional 16 serious unwanted effects were reported by 13 patients that occured within 48 hours after their dose of study medication and were medically serious or required hospitalisation. None of these were experienced by more than 1 patient each. These were skin infection; stomach inflammation; infection with pus in the arm/leg; slow heartbeat; group of tender swollen lumps caused by an infection on the skin; painful swelling of the gallbladder (new, recent, sudden); low blood pressure; narrowing of space between bones in the lower back putting pressure on nerves; kidney stone; heart rhythm problems in which the heart's natural pacemaker does not work properly; sinus infection, cancer of the thyroid gland in the neck; infection of the urinary system (parts of the body that make and pass urine, including the kidneys, ureters, urinary bladder, and urethra); migraine headache; large intestine, or gut, may be swollen and painful; and cells in uterus (womb) begin to grow on the outside instead of the inside of the uterus.

The following table lists the risks and discomforts associated with lasmiditan from the 5 oral placebo-controlled completed studies with 4,861 patients who took lasmiditan (50 mg, 100 mg, or 200 mg) to treat a migraine attack.

|  |  |  |  |
| --- | --- | --- | --- |
| **Very Common****(10 or more out of 100 patients)** | **Common****(1 or more out of 100 patients)** | **Uncommon****(1 or more out of 1,000 patients)** | **Rare****(1 or more out of 10,000 patients)** |
| * Dizziness

  | * Sensation of spinning and loss of balance
* Nausea
* Vomiting
* Tiredness
* Muscle weakness
* Sensation of prickling or tingling of the skin
* Sleepiness
* Reduced sensitivity to touch or numbness
* Loss of coordination
* Heart beats that are fast or hard/irregular heartbeat
* Vision problems
* Feeling abnormal
* Low energy
* Sleep problems
 | * Allergic reaction (including rash, and swelling of the face)
* Chest discomfort
* Muscle cramp
* Arm/leg discomfort
* Shakiness
* Speech problems
* Thinking changes (such as memory loss and foggy thinking)
* Extremely happy or excited mood
* Restlessness
* Anxiety
* Hallucinations (seeing or hearing things that are not there)
* Confusion
* Shortness of breath/difficulty breathing
* Feeling hot or feeling cold
 | * Serotonin syndromea
 |

a Refer to description of event “serotonin syndrome” provided below in this document.

Lasmiditan has been associated with central nervous system (brain and spinal cord) adverse reactions. In a driving study, lasmiditan caused problems with the ability to drive. Do not drive or do other activities that require a lot of focus until at least 8 hours after taking each dose of lasmiditan, even if you feel well enough to do so. If you cannot follow this advice, you should not take part in the study.

Because lasmiditan has been associated with sleepiness and other side effects related to the central nervous system, you should be cautious about combining it with alcohol or other drugs that also act on the central nervous system or have similar side effects.

When lasmiditan and placebo (a sugar pill) were given to individuals with a history of recreational drug use, they liked the drug more than they liked the sugar pill. This information shows that lasmiditan might be a medicine that can be abused. You should tell the study doctor if you have ever abused or been dependent on prescription medicines, street drugs, or alcohol.

Lasmiditan has been associated with a lowering of heart rate (on average about 5 to 10 beats per minute). Tell the study doctor if you are taking medications that are known to lower heart rate (for example, beta blockers such as propranolol).

Your body makes a chemical called “serotonin” to help your brain and nerves work properly. However, when there is too much serotonin in your body, it can lead to “serotonin syndrome.” Serotonin syndrome is a rare but serious problem that can happen in people using lasmiditan, especially if lasmiditan is used with antidepressant medicines called selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors, tricyclic anti-depressants, or monoamine oxidase inhibitors. Call your healthcare provider right away if you have any of the following symptoms of serotonin syndrome: mental changes such as seeing things that are not there (hallucinations), agitation, or coma; fast heartbeat; changes in blood pressure; high body temperature; tight muscles; trouble walking; nausea, vomiting, or diarrhoea.

The effects of lasmiditan on babies developing in the womb are not known. Lasmiditan was studied in pregnant animals at doses that are higher than you will receive. At doses that made the mother animals sick, there were harmful effects on unborn and newborn animals (lower body weight, skeleton and heart problems, and death). Lasmiditan was detected in the milk of breastfeeding rats. If you are pregnant, may become pregnant, or are breastfeeding, you should not participate in studies with lasmiditan.

## Reproductive Risks

Taking part in this study can result in risks to an unborn child or breastfeeding child. If you are a female, you should not become pregnant or breastfeed while in this study. The best way to not become pregnant is not to have sex (intercourse). If you are sexually active, you must talk with your doctor about the types of birth control that must be used by you and your partner. You must continue using a highly effective birth control for at least 30 days after the last dose of lasmiditan.

If you become pregnant during the study or think you/your partner are pregnant it is important that you tell your study doctor right away. If you are pregnant, the study medication will be stopped and you might be discontinued from the study. The study doctor will discuss with you how your care will continue. Lilly (the sponsor) will contact your study doctor to obtain additional pregnancy information (eg. due date, length of time medication was taken prior/during pregnancy, any reported problems etc.). If your study doctor is unable to provide pregnancy information and if you do not want to disclose all / any part of the pregnancy information, Lilly will document this and will not pursue follow up.

**Other Risks and Discomforts**

During the study, you will continue to take your current medication. Ask your study doctor about any risks that may be associated with your current medication(s). Your study doctor may suggest continuing the medication at the same dose or changing the dose. At any time during this study, you may have a return, or worsening, of your symptoms and/or you may be advised to take supportive medication to treat symptoms that may arise during the study. The study doctor will discuss any risks with you.

There may be unknown risks of possible harmful interaction with other medication you may be taking. You must inform your study doctor about any other medication you are taking.

If you have private medical insurance or travel/holiday insurance you should check with your insurance company that taking part in a clinical trial will not affect your policy.

**Blood Tests**

For most people, needle punctures for blood tests do not cause any bad problems. However, sometimes they may cause bleeding, bruising, discomfort, infections, and/or pain where you had the blood taken. You may also feel dizzy.

**Electrocardiograms (ECGs)**

### ECGs are electrical tracings of the heart or heart rhythm. To have an ECG you will have pads placed on different parts of your body. There is no pain or discomfort during an ECG; however, removing the pads may cause some irritation to your skin.

**WHAT IF THERE IS A PROBLEM?**

In addition to the risks already described, the study medications and the study procedures may have other unknown risks. If you have any injury, side effect or other unusual health experience during the study, make sure that you let us know immediately by calling the following number +44 (0)7540 802 222. You can call at any time, day or night, to report such health experiences.

**WILL YOUR TAKING PART IN THIS STUDY BE KEPT CONFIDENTIAL?**

Yes. All information about you will be kept confidential. Eli Lilly and Company Limited is the sponsor for this study based in the United Kingdom. We will be using information from you and/or your medical records in accordance with the Data Privacy statement included with this document. In order to undertake this study Eli Lilly will act as Data controller. This means that we are responsible for looking after your study information and using it properly. Eli Lilly and Company Limited will keep your study information for 15 years or for as long as it is required for legitimate business purposes.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. Some of your information may not be available to you until the study has been completed. To safeguard your rights, any data that is sent away from your study site will be identified by a code and not by your name/NHS number. The minimum amount of data necessary will be collected for the purpose of the study. If you withdraw from the study, the sponsor will keep the coded information about you that we have already obtained and use it for the purposes outlined in this consent form. This is necessary to ensure the scientific integrity of the study and to follow legal and other requirements on how information is used in research studies. If you allow it, we may also continue to collect information about you from your study doctor. If you do not want any further information about you collected and provided to the sponsor for the purpose of this study, you may let your study doctor know that you withdraw your permission. Your study doctor will then need to inform the sponsor in writing of your decision and will update your medical records accordingly. In addition, you would no longer be able to participate in the study.

You can find out more about how we use your information by contacting your study doctor. Your study doctor will act as liaison with Eli Lilly for any questions you may have. You can also find out more about how we use your information by contacting us directly at Privacy@lilly.com.

Re:Cognition Health will collect information from you and/or your medical records for this research study in accordance with our instructions.

Re:Cognition Health will keep your name, NHS number and contact details and will not pass this information to Eli Lilly and Company Limited. Re:Cognition Health will use this information as needed, to contact you about the research study, and make sure that relevant information about the study is recorded for your care, and to oversee the quality of the study. Certain individuals from Eli Lilly and Company Limited and regulatory organisations may look at your medical and research records to check the accuracy of the research study. Eli Lilly and Company Limited will only receive coded information without any identifying information. The people who analyse the information will not be able to identify you and will not be able to find out your name, NHS number or contact details.

Re:Cognition Health will keep identifiable information about you from this study for 15 years after the study has finished.

There are also types of information that your doctor must share with others. If something happens to a person in the study that could harm them or someone else, your doctor will share this information with only the people that need to know. Examples of this are bad treatment or something that is against the law. Your personal health information will be stored in limited-access databases. Your health information will be used and disclosed in accordance with the Data Privacy Statement included with this document. Steps are taken to reduce the risk of your personal health information being misused or accessed by unauthorised people. However, these risks cannot be eliminated.

Your study data will be saved for as long as it is needed for legitimate business purposes according to the sponsor’s records retention policies and applicable laws and regulations.

If you have concerns about how your information has been handled, please contact the Information Commissioners Office (ICO).

**INVOLVEMENT OF THE GENERAL PRACTITIONER / FAMILY DOCTOR**

With your permission, your GP will be informed that you are taking part in a study so that your study doctor and your GP can provide proper medical care. We may also contact your GP to obtain your relevant medical history.

This completes Part 1 of the Information Sheet.

If the information in Part 1 has interested you and you are considering taking part, please continue to read the additional information in Part 2 before making any decision.

**Patient Information Sheet and Consent Form**

**Part 2**

# WHAT IF NEW INFORMATION BECOMES AVAILABLE?

Sometimes we get new information about the treatment/medication that is being studied. If this happens, we will tell you about it and discuss whether you want to continue in the study. If you decide to carry on in the study, we will ask you to sign an updated consent form.

If you decide not to continue, we will make arrangements for your care to continue. If the study is stopped for any other reason, we will tell you and arrange your continuing care.

# WHAT WILL HAPPEN IF YOU DON’T WANT TO CARRY ON WITH THE STUDY?

You are free to decide, for any reason, to stop taking part in the study at any time without your medical care being affected. We will discuss with you how your care will continue. We will talk to you about any medical problems that may happen if you stop taking part in the study. For information regarding your data collected up until the point at which you decide to stop, please refer to Attachment 1, Data Privacy Statement.

# WHAT IF YOU HAVE A CONCERN ABOUT THIS STUDY?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed.

The sponsor, Eli Lilly and Company Limited, agrees to abide by the Association of the British Pharmaceutical Industry (ABPI) guidelines on clinical trial compensation. The sponsor will pay compensation where the injury probably resulted from: a drug being tested or administered as part of the trial protocol; or any test or procedure you receive as part of the trial. The sponsor will not compensate you if an injury results from a procedure carried out which is not in accordance with the protocol for the study. Your legal right to claim compensation for injury, where you can prove negligence, is not affected. Your study doctor can give you a copy of the ABPI guidelines.

If you have a concern about any aspect of this study, you should ask to speak to one of the study team who will do their best to answer your questions. If you remain unhappy and wish to complain formally, you can do this through the Re:Cognition Health Compliance Team on 020 3355 3536 or compliance@re-cognitionhealth.com

# WHO IS ORGANISING AND PAYING FOR THE RESEARCH?

The sponsor, Eli Lilly and Company Limited, is paying Re:Cognition Health for their work in this study.

**Who has reviewed the study?**

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee (REC) to protect your safety, rights, well-being and dignity. The study has been reviewed and given favourable opinion by East of England - Cambridge South Research Ethics Committee.

# How can YOU get more information?

If you have any questions about this study or your rights please contact Dr Emer MacSweeney on 020 3355 3536.

If you would like to find out more information about clinical trials, please ask your study doctor/study nurse or visit the following website: <https://bepartofresearch.nihr.ac.uk/>

The information in this informed consent document is intended to help you determine whether participating in this study is right for you. You may wish to discuss this information with others for the purposes of helping you decide whether to participate in the study or as needed for medical treatment. You are asked to treat this information as confidential and to inform any others with whom you share this information that it is confidential. During the course of this study, you and/or a family member or caregiver of yours may learn, or have access to, proprietary information of the sponsor, including drug product information. Proprietary information should be maintained as confidential. Please ask your study doctor for more specifics if you have a question about the nature of any particular information.

Thank you for reading this information sheet and for taking part in this study (if you decide to do so). To take part in this study, you must personally sign and date the consent form. We will give you a copy of this information sheet and your signed consent form to keep. The original signed informed consent form will be put in your medical records.

**Attachment 1- Data Privacy Statement**

By signing the consent document for this study, you are giving permission for your personal health information and study data to be used and shared as described in this Data Privacy Statement. Your personal health information includes information from your existing medical records needed for this study and new information created or collected during the study.

If you agree to participate in the research study, your personal health information will be used and shared in the following ways:

• The study doctor and staff will send your study-related health information (“study data”) to the sponsor of the study, its associated companies and its representatives (“the sponsor”). The sponsor conducts business related to clinical research in many countries around the world so this may involve sending your study data outside of the UK and Europe. Other countries may have privacy laws that do not provide the same protection as the laws in this country and the EU. However, the sponsor will respect the terms of this Data Privacy Statement in all countries.

• The sponsor will use the study data for research purposes to support the scientific objectives of the study described in the Patient Information Sheet and Consent Form. They will also use your data to assess the safety or efficacy of any medication or treatment included in the study and to better understand the disease(s) included in the study. Your data may also help the sponsor to improve the design of future studies.

• Your ‘pseudonymised’ (non-identifiable) study data, either alone or combined with data from other studies, may be shared with regulatory authorities in this country and other countries including the United States. It may also be shared with the Ethics Committee that reviewed this study.

• Study data that does not identify you may be published in medical journals or shared with others as part of scientific discussions.

• Your original medical records, which may contain information that directly identifies you, may be reviewed by the sponsor and regulatory authorities in this country and/or other countries including the United States.

The sponsor works with business partners in drug development. The sponsor may share your study data with these business partners, but only if the business partner signs a contract that requires it to protect your study data to the same level and in the same way that the sponsor has agreed to protect your data.

You may request to see and copy your personal health information related to the research study for as long as the study doctor or research institution holds this information. However, some of your study related health information may not be available to you until after the study has been completed. This is to ensure the study retains its scientific credibility.

Your study data will be kept for as long as it is needed for legitimate business purposes according to the sponsor’s records retention policies and applicable laws and regulations.

# Attachment 2 – Consent Form

**Study Title:** A Phase 3, 12-Month, Open-Label Study of Lasmiditan in Pediatric Patients with Migraine - PIONEER-PEDS2

**Study Code:** H8H-MC-LAHW  **Centre Number:** 397

**Name of Researcher:** Dr Emer MacSweeney

**Patient Identification Number for this trial:**

To take part in this study, and to authorise use and disclosure of your personal health information, you must initial the boxes against each statement below, and sign and date this page.

|  |  |
| --- | --- |
|  | Patientinitials |
| * I confirm I have read and understood all of the information in this Patient Information Sheet and Consent Form v4 dated 01 March 2021 for the above study. I have had time to think about it, ask questions and have these answered to my satisfaction.
 |  |
| * 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 and data collected during the study may be looked at by individuals from the sponsor company, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.
 |  |
| * I allow the study doctor and the sponsor to use and disclose my personal health information as described in the Data Privacy Statement (Attachment 1 to this document).
 |  |
| * I voluntarily agree to take part in this research study, to follow the study procedures, and to provide necessary information to the doctor, nurses, or other staff members, as requested.
 |  |
| * I agree that my GP will be contacted about my participation in this study and will be asked about my relevant medical history.
 |  |
| * I have received a copy of this Patient Information Sheet and Consent Form to keep for myself.
 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | **PATIENT** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | PRINT NAME HERE |  | SIGN NAME HERE |  | PERSONALLY ADD TODAY’S DATE |  |
|  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |
|  | **INVESTIGATOR** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | PRINT NAME HERE |  | SIGN NAME HERE |  | PERSONALLY ADD TODAY’S DATE |  |
|  |  |  |  |  |  |  |

# Attachment 3 – Visit Schedule for LAHW

The table below lists all the hospital visits that you will attend if you participate in this study. It also lists all the different procedures that will happen to you and when they will happen throughout the study. The rows list each study procedure in turn and let you know when and how often that procedure will happen. Crosses will be present in the columns of the visits where the procedure will occur. Where a box is empty it means that the procedure in the corresponding row will not happen at that visit.

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|  | **Screeninga** | **Enrollment** | **Month 1** | **Month 3** | **Month 6** | **Month 9** | **Month 12** **EoS** | **ED** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Visit** | **1a** | **2** | **3** | **4** | **5** | **6** | **7** |  |  |
| **Procedure/Assessments** |  |  |  |  |  |  |  |  |   |
| Sign the informed consent/assent form | X |  |  |  |  |  |  |  |  |
| Physical exam | X |  |  |  |  |  | X | X |  |
| Medical history including immunisation history and menstrual status, if appropriate | X |  |  |  |  |  |  |  |  |
| Vital signs | X | X | X | X | X | X | X | X |   |
| You will be asked how you are feeling and what medicines you are taking | X | X | X | X | X | X | X | X |  |
| You will be given study medicine  |  | X | X | X | X | X |  |  |  |
| You will be trained on study procedures  |  | X |  |  |  |  |  |  |  |
| Study procedures review |  |  | X | X | X | X |  |  |  |
| Study medicine collected |  |  | X | X | X | X | X | X |   |
| Approximate blood volume in mL | 9 |  | 5 | 5 | 9 | 5 | 9 | 9 | Additional amounts may be necessary in some circumstances |
| You will give a urine sample | X |  | X | X | X | X | X | X |  |
| Urine pregnancy test for females of childbearing potential | X |  | X | X | X | X | X | X |  |
| You will have a urine drug test | X |  | X | X | X | X | X | X |  |
| You will have an ECG | X |  | X | X | X | X | X | X |  |
| You will answer questionnaires at the study site | X |  | X | X | X | X | X | X |   |

a If you had these same assessments within 14 days of Visit 1 at the final visit for PIONEER-PEDS1, they may serve as screening assessments for LAHW.

Abbreviations: ECG = electrocardiogram; ED = early discontinuation; EoS = end of study.