**Parent/Guardian Information Sheet and Consent Form**

**Short Study Title:** Pediatric Options for Migraine Relief: A Randomized,

Double-Blind, Placebo-Controlled Study of Lasmiditan for Acute Treatment of Migraine: PIONEER-PEDS1

**Protocol Number:** H8H-MC-LAHV

**EudraCT Number:** 2019-004378-24

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

**Investigator:** Dr Emer MacSweeney

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INTRODUCTION

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

* Part 1 tells you the purpose of this study and what will happen to your child if they 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 child’s 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 migraines, when compared with placebo (a medicine that looks and tastes the same as Lasmitidan but has no active drug).

Our study is taking place internationally and there will be about 1,600 patients all around the world who will be taking part including approximately 50 in the UK. The amount of time people are in the study will vary. Your child will have up to 12 weeks to treat 1 migraine attack with the study medicine.

The main reason for your child to take part in this study is to help in answering the following research question:

* How does lasmiditan compare to placebo for treating migraine attacks in young people.

WHY HAS YOUR CHILD BEEN INVITED TO TAKE PART?

We are inviting your child to take part in this study because they suffer from migraines.

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

You must inform us if your child is currently involved in any other drug research studies or they have been in the last 30 days.

Your child can take part in this study if:

* They have been diagnosed with migraines.
* They can swallow tablets.
* They must agree to use the study drug only as instructed by their study doctor and staff and to return any unused study drug and containers at the end of their participation in the study or as otherwise instructed by the study doctor.
* You/your child and your family agree not to post information about the study on any website or on social media.

Your child cannot take part in this study if:

* They have a serious medical condition or a history of a serious medical condition other than migraine, which the study doctor will discuss with you. This may include other types of headaches, heart problems, stroke, traumatic head injury, brain tumours, developmental abnormalities, liver impairment, or psychiatric disorder.
* They have a history of allergy or hypersensitivity to the study drug or its components.
* They have recently had certain types of surgeries, or have surgeries planned, which the study doctor will discuss with you.
* They have taken certain medicines, which the study doctor will discuss with you.
* They are pregnant or breastfeeding.

DOES YOUR CHILD HAVE TO TAKE PART?

Participation in this study is entirely voluntary and it is up to you and your child to decide if they 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 for your child to take part. We will give you a copy of this information sheet and your signed consent form to keep. We will give your child an assent information sheet to sign and take home also. Your child is free to stop taking part in the study at any time without giving a reason. This will not affect the standard of your childs patient care.

Sometimes new information is discovered during the course of the research study, which may affect your willingness to let your child 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 and your child asked to sign a new assent sheet. If you decide, in the light of the new information, to stop your child’s participation in the study, the study doctor will discuss how your child’s 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 child’s participation in the study, even though your child may want to continue. This may happen if your child has a bad reaction to the study medicine or because of new information about the safety or effectiveness of study medication lasmiditan. We will explain the reasons why your child has to stop and discuss with you how your child’s medical care will continue.

Once your child reaches the age of 16 whilst in the study, they will be considered to be capable of giving consent on their own behalf. The study doctor or their staff will provide your child with an appropriate information sheet and consent form to sign.

WHAT WILL YOUR CHILD HAVE TO DO?

If your child takes part in this study, they must agree to:

* attend hospital /clinic appointments;
* take any given medication regularly as instructed by the study doctor and

staff;

* provide blood and urine samples;
* complete questionnaires;
* bring with them their completed study diary;
* female study participants of child bearing potential must agree to use a highly effective method of birth control during the entire study and for a period of 30 days after the last dose of study drug; you should discuss methods of effective contraception for your child with the study doctor;
* carry with them a small card (about the size of a credit card) which says which study they are taking part in and has a telephone number where you or your child, or any doctor who has to treat your child, can contact someone 24 hours a day for advice about the study and/or their treatment.

You must tell the study doctor, or nurse, immediately if your child has:

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

Whilst your child is taking the study medicine they must not donate blood.

# EXPENSES AND PAYMENTS

Study medication and study procedures will be provided at no cost to your child.

Reasonable travel expenses related to your child’s participation in this study will be reimbursed. We will also provide reimbursement for your child’s 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 your child completed. Travel expsenses will be reimbursed to you once a receipt has been provided.You will need to provide receipts to site staff.

# WHAT WILL HAPPEN TO YOUR CHILD IF THEY TAKE PART?

If your child takes part in this study they will be agreeing to undergo more study visits and procedures than they would otherwise have to experience as standard care for their condition. It is not possible to tell you exactly how many additional procedures or visits to the hospital/clinic your child might have. However, we can tell you that your child will definitely experience several more blood and urine samples taken than normal. Your child will also need to complete questionnaires, and have additional ECGs (which they would not have to otherwise). If your child is a female of child bearing potential they will also be required to have at least 3 pregnancy tests done during the study.

At each study visit, your child will answer questionnaires at the study site. This will include questions about if your child is having any thoughts about wanting to die or hurt themselves, or if they have hurt themself. This is to ensure a complete evaluation of your child’s health, including their 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/your child if they 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 your child. For example: how often they 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.

Note: In this study there are 2 treatment groups – lasmiditan and placebo. The term “study medicine” will be used to define lasmiditan or placebo through the rest of this consent form.

Our study is divided into 3 separate periods:

1. Screening period – lasting up to 28 days
2. Enrolment Visit
3. Study treatment period – your child will have 12 weeks to treat 1 migraine attack with study medicine.
4. End of study Visit – Your child will come in for a follow up visit within 28 days of taking the study drug.

## 1. Screening period

To see if this study is suitable for your child, the study doctor will do some necessary initial assessments, including physical examination, medical history, vital signs, collect blood and urine samples and do an ECG. Your child’s study doctor will explain exactly which assessments will be needed.

This will help the doctor assess if your child qualifys to be in the study. This may last up to 28 days. This is not counted as study participation time, but to decide if your child meets the requirements for the study.

1. Enrolment Visit

If your child qualifys to be in the study, they will be randomly assigned to lasmiditan or placebo. In the enrolment visit your child will be given study medicine, an e-Diary, and a paper diary. You and your child will be given training on how to use them.

Sometimes we don’t know the best way to treat a certain illness or condition. To find out, we need to compare different treatments. 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 program to put patients at random into treatment groups. Neither you, your child, nor the study doctor can choose or know the group that your child 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*.*

1. Study treatment period

Your child will use their e-Diary to record information. When your child has a migraine attack that you think might qualify, get out their e-Diary before you do anything to treat it. You or your child will enter information about the migraine attack your child is having and the e-Diary will tell you what you should do and whether your child should take the study medicine. Your child will take 1 or 2 doses of study medicine (the e-Diary will guide you). The medicine is a tablet taken by mouth. The doses may be lasmiditan, placebo, or both. Neither you, your child or your child’s study doctor will know whether you receive Placebo or lasmiditan. Your child will have up to 12 weeks to treat 1 migraine attack with study medicine. The study doctor will talk to you and your child about which migraine attacks qualify for this study. Your child will need to treat only 1 migraine attack. After that, the treatment period will be over.

The study doctor will talk to you and your child about taking the study medicine.There are guidelines to help you understand when your child should take the study medicine. The study doctor will also talk to you and your child about what medicines your child can and cannot take immediately before and after they take the study medicine.

## 4. End of Study Visit

## Your child will come in for a follow-up visit within 28 days of taking the study medicine.

Electronic Clinical Outcomes Assessment (eCOA)

Your child will be asked to provide self-reported data via a tablet device (for example, if being collected during your office visits) or a smart phone device (for example, questionnaires, scales, or diaries that are completed while at home).

You and your child will be trained by site staff on using the device(s) which/that are designed for ease of use, with limited functionality. If using a smart phone device, the data will normally be set up to transfer automatically, on a regular basis (generally once per day, overnight) to a secure system location. Once your child has completed or left the study, all devices should be returned to the site personnel as soon as possible (unless directed otherwise). Since the smart phone device may be set up to transmit data automatically, any data that your child provides in the device, after they have left the study, may also continue to transmit. Therefore, it is highly recommended that you and your child return the device(s) immediately when finished participating in the study. Any data that your child provide past your study participation will be included with the rest of the data provided during participation and included in overall results.

The device your child receives will be an e-Diary that they will use to record information about their migraine attacks. The e-Diary will guide you and your child on whether to take study medicine and how much to take. Your child will be provided with a paper diary that they will use to record information about illnesses they have during the study and any medicine that they take to treat them.

# COLLECTION OF BLOOD AND URINE SAMPLES

**General Information Regarding Sample Collection**

Various blood and urine samples will be collected from your child during this trial. The specific procedures for collecting these samples and the risks associated with collection are explained below and in the risk section in this document. Your child’s samples will be identified by their patient number only, and not by their name or NHS number.

The analysis of your child’s 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 or your child, 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.

As a parent/guardian you will be notified in case your child is pregnant, fails a urine drug screen or has suicidal thoughts.

**Samples for Study Qualification and Health Monitoring**

Blood and urine samples will be collected to determine if your child meets the requirements to participate in this study.

Additional blood and urine samples will be collected throughout the study to monitor your child’s health and their response to study drug.

For interested participants, some blood and urine samples collected at the end of  Study LAHV may be used for determination of eligibility and health status for an additional study (Study LAHW).

If your child is 10 years old or older, urine samples will be tested for certain types of drugs that may affect behaviour and that may be regulated by law. This will be done to determine if your child meets the requirements to participate in the study. You and your child 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.

During the study, your child’s blood samples will be stored at Covance Central Laboratory Services, Rue Moise-Marcinhes 7, 1217 Meyrin/Geneva, Switzerland.

Please note your child’s samples may be moved at the request or notification of the Sponsor to another appropriate facility.

# WHAT HAPPENS WHEN THE RESEARCH STUDY STOPS?

When Lilly (the company paying for the study) determines that the study has finished, your child and your child’s study doctor will be told if they were taking lasmiditan or placebo.

After your child completes this study, they may be able to enrol in Study H8H-MC-LAHW (PIONEER‑PEDS2), lasting up to 12 months.

If they do not choose to enrol or are not eligible to participate in PIONEER-PEDS2, your child will not receive any study medicine beyond this study.

The study doctor or one of the doctor’s staff members will try to reach you and your child in case your child fails to return for a scheduled visit (during study treatment or the follow-up period). Even after your child has stopped taking part in the study, your child’s 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 your child is doing. They will also want to ask about any other treatment which your child has received since leaving this study.

# WHAT ARE THE ALTERNATIVES FOR TREATMENT?

Your child does not have to take part in this study in order to receive treatment for their condition. There are other treatments and therapies for your child’s condition and your child’s study doctor can discuss these treatments with you if you wish.

Your child’s other choices may include:

* Getting treatment or care for their migraine attacks without being in a study.
* Getting no treatment.

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# WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?

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

Your child may receive information about their health from any physical examinations and laboratory tests to be done in the study.

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

There may be risks to your child if they take part in this study.

Safety information from 6979 study participants who have taken lasmiditan (as of 11 October 2020) has been reviewed. Of these, 6184 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, migraine headache along with weakness on one side of the body, 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 events were reported by 13 patients that occurred within 48 hours after their dose of study medication and were medically serious or required hospitalization. None of these were experienced by more than 1 patient each. These were lung disease that makes it hard to breathe; 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); 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 4861 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 1000 patients) | Rare  (1 or more out of 10,000 patients) |
| Dizziness | Sensation of spinning and loss of balance | Allergic reaction (including rash, and swelling of the face) | Serotonin syndromea |
|  | Nausea | Chest Discomfort |  |
|  | Vomiting | Muscle Cramp |  |
|  | Tiredness | Arm/Leg discomfort |  |
|  | Muscle weakness | Shakiness |  |
|  | Sensation of prickling or tingling of the skin | Speech problems |  |
|  | Sleepiness | Thinking changes (such as memory loss and foggy thinking) |  |
|  | Reduced sensitivity to touch or numbness | Extremely happy or excited mood |  |
|  | Loss of coordination | Restlessness |  |
|  | Heart beats that are fast or hard/irregular heartbeat | Anxiety |  |
|  | Vision problems | Hallucinations (seeing or hearing things that are not there) |  |
|  | Feeling abnormal | Confusion |  |
|  | Low energy | Shortness of breath/difficulty breathing |  |
|  | Sleep problems | Feeling hot or feeling cold |  |

aRefer 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. Your child should 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 your child feels well enough to do so. If your child cannot follow this advice, they should not take part in the study.

Because lasmiditan has been associated with sleepiness and other side effects related to the Central Nervous System, your child 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 your child has 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 your child is 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 anti-depressant medicines called selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors, tricyclic anti-depressants, or monoamine oxidase inhibitors. Call your child’s healthcare provider right away if they 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 your child will receive. At doses that made the mother animals sick, there were harmful effects on unborn and new-born animals (lower body weight, skeleton and heart problems, and death). Lasmiditan was detected in the milk of breastfeeding rats. If your child is pregnant, may become pregnant, or is breastfeeding, they should not participate in studies with lasmiditan.

## Reproductive Risks

If your child is a female of child-bearing potential, they should not become pregnant or breastfeed while in this study. The best way to not become pregnant is not to have sex (intercourse). If it is possible that your child could become pregnant you should talk with your child’s doctor about the types of birth control that are best for your child and their partner since lasmiditan may make some methods of birth control less effective. If your child is a female, they must continue using birth control for at least 30 days after the last dose of the study medication.

There may be unknown risks to an embryo, foetus, or nursing infant. That is why your child will not be allowed to take part in this study if they are pregnant or plan to become pregnant.

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

Adolescent females who have started menses (even 1 cycle and any amount of spotting) are considered to be of child-bearing potential.

Females of child-bearing potential must agree to use a highly effective method of contraception (that is, one with less than 1% failure rate) such as combination oral contraceptives, implanted/injected contraceptives, intrauterine devices, or a sterile partner until 30 days after the last dose of study medicine.

Females of child-bearing potential who are abstinent (if this is complete abstinence, as their preferred and usual lifestyle) or in a same-sex relationship (as part of their preferred and usual lifestyle) must agree to either remain abstinent or stay in a same-sex relationship without sexual relationships with males.

Periodic abstinence (for example, calendar, ovulation, symptothermal, post-ovulation methods), declaration of abstinence just for the duration of a trial, and withdrawal are not acceptable methods of contraception.

Only methods of contraception that are agreed with your child’s study doctor can be used.

Females not of child-bearing potential may participate and include those:

* who are infertile due to surgical sterilization by hysterectomy, bilateral oophorectomy, or tubal ligation,
* who have a congenital anomaly such as mullerian agenesis.

## Procedure Risks and Discomfort

ECGs (Electrocardiograms): ECGs are electrical tracings of the heart or heart rhythm. They are also known as EKGs. To have an ECG your child will have pads placed on different parts of their body. There is no pain or discomfort during an ECG; however, removing the pads may cause some irritation to your child’s skin.

Blood tests: for most people, needle punctures for blood tests do not cause any serious problems. However, they may cause bleeding, bruising, discomfort, infections and/or pain where the skin was punctured, or dizziness.

## Other Risks and Discomforts

During the study, your child will continue to take their current medicine(s). Ask your child’s study doctor about any risks that may be associated with their current medicine(s). Your child’s study doctor may suggest continuing the medicine(s) at the same dose or change the dose.

At any time during this study, your child may experience a worsening or return of their migraine attack. Your child may treat with their usual migraine treatment 2 hours after taking study medicine. The study doctor will discuss any risks with you and your child.

It may be more likely that your child will experience such return or worsening of their condition if they receive placebo as their study medication.

There may be unknown risks of possible harmful interaction with other medication your child may be taking. You must inform your child’s study doctor about any other medication your child is taking.

Whilst your child is taking the study medicine they must not give blood.

If your child has private medical insurance or travel/holiday insurance, you should check with your child’s insurance company that taking part in a clinical trial will not affect their policy.

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 your child has 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 07540802222. You can call at any time, day or night, to report such health experiences.

WILL YOUR CHILD’S TAKING PART IN THIS STUDY BE KEPT CONFIDENTIAL?

Yes. All information about your child will be kept confidential. Eli Lilly and CompanyLimited is the sponsor for this study based in the United Kingdom. We will be using information from your child and/or your child’s 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 child’s study information and using it properly. Eli Lilly and Company Limited will keep your child’s study information for 15 years or for as long as it is required for legitimate business purposes.

Your child’s rights to access, change or move their information is limited, as we need to manage your child’s information in specific ways in order for the research to be reliable and accurate. Some of your child’s information may not be available to them until the study has been completed. To safeguard your child’s rights, any data that is sent away from your child’s study site will be identified by a code and not by their name / NHS number. The minimum amount of data necessary will be collected for the purpose of the study. If your child withdraws from the study, the sponsor will keep the coded information about you child 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 your child from their study doctor. If you do not want any further information about your child collected and provided to the sponsor for the purpose of this study, you may let your child’s study doctor know that you withdraw your permission. Your child’s study doctor will then need to inform the sponsor in writing of your decision and will update your medical records accordingly. In addition, you child would no longer be able to participate in the study.

You can find out more about how we use your child’s information by contacting your child’s study doctor. Your child’s 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 child’s information by contacting us directly at Privacy@lilly.com.

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

Re:Cognition Health will keep your child’s name, NHS number and contact details [confidential 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 child’s care, and to oversee the quality of the study. Certain individuals from Eli Lilly and Company Limited and regulatory organisations may look at your child’s 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 your child and will not be able to find out your child’s name, NHS number or contact details.

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

There are also types of information that your child’s doctor must share with others. If something happens to a person in the study that could harm them or someone else, your child’s 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 child’s personal health information will be stored in limited-access databases. Your child’s 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 child’s personal health information being misused or accessed by unauthorised people. However, these risks cannot be eliminated.

Your child’s 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 child’s information has been handled, please contact the Information Commissioners Office (ICO).

INVOLVEMENT OF THE GENERAL PRACTITIONER / FAMILY DOCTOR

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

This completes Part 1 of the Information Sheet.

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

**Parent/Guardian 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 and your child about it and discuss whether your child wants to continue in the study. If you and your child decide to carry on in the study, we will ask you to sign an updated consent form and your child to sign an updated assent form.

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

# WHAT WILL HAPPEN IF YOUR CHILD DOES NOT WANT TO CARRY ON WITH THE STUDY?

Your child is free to decide, for any reason, to stop taking part in the study at any time without their medical care being affected. We will discuss with you how your child’s care will continue.

We will talk to you about any medical problems that may happen if your child stop taking part in the study.

For information regarding your child’s data collected up until the point at which you child decides to stop, please refer to Attachment 1, Data Privacy Statement.

# WHAT IF YOU/YOUR CHILD HAVE A CONCERN ABOUT THIS STUDY?

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

The sponsor, Eli Lilly and Company Limited, agrees to abide by the Association of the British Pharmaceutical Industry (ABPI). 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 your child receive as part of the trial. The sponsor will not compensate you and your child if an injury results from a procedure carried out which is not in accordance with the protocol for the study. Your child’s legal right to claim compensation for injury, where you can prove negligence, is not affected. Your child’s 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](mailto: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 child’s 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 child’s rights, please contact contact Dr. Emer MacSweeney on 020 3355 3536.

If you would like to find out more information about clinical trials, please ask your child’s study doctor/study nurse [or](http://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 your child. You may wish to discuss this information with others for the purposes of helping you decide whether your child should participate in the study or as needed for medical treatment. You and your child 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, your child and/or a family member or caregiver of your child 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 child’s 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 your child taking part in this study (if you decide to do so). For your child 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 child’s medical records.

Attachment 1- Data Privacy Statement

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

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

• The study doctor and staff will send your child’s 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 Parent/Guardian Information Sheet and Consent Form. They will also use your child’s 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 child’s data may also help the sponsor to improve the design of future studies.

• Your child’s ‘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 your child may be published in medical journals or shared with others as part of scientific discussions.

• Your child’s original medical records, which may contain information that directly identifies your child, 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 child’s study data with these business partners, but only if the business partner signs a contract that requires it to protect your child’s study data to the same level and in the same way that the sponsor has agreed to protect your child’s data.

You may request to see and copy your child’s 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 child’s 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 child’s 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:** Pediatric Options for Migraine Relief: A Randomized, Double-Blind, Placebo-Controlled Study of Lasmiditan for Acute Treatment of Migraine: PIONEER-PEDS1

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

**Name of Researcher:** Dr Emer MacSweeney **Patient Identification Number for this trial:**

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

|  |  |
| --- | --- |
|  | Parent/  Guardian  initials |
| * I confirm I have read and understood all of the information in this Parent/Guardian Information Sheet and Consent Form (V3 26Feb2021) 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 child’s participation is voluntary and that they are free to withdraw at any time without giving any reason, without their medical care or legal rights being affected. |  |
| * I understand that relevant sections of my child’s 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 child’s taking part in this research. I give permission for these individuals to have access to my child’s records. |  |
| * I allow the study doctor and the sponsor to use and disclose my child’s personal health information as described in the Data Privacy Statement (Attachment 1 to this document). |  |
| * I voluntarily agree to my child taking 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 child’s GP will be contacted about my participation in this study and will be asked about my child’s relevant medical history. |  |
| * I have received a copy of this Parent/Guardian Information Sheet and Consent Form to keep for myself. |  |

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

# Attachment 3 – Visit schedule

# The table below lists all the hospital visits that your child will attend if they participate in this study. It also lists all the different procedures that will happen to your child 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.

|  | **Screening** | **Enrolment** | **Treatment Period** | **End-of-Study** | **ED** | **Notes** |
| --- | --- | --- | --- | --- | --- | --- |
| **Visit** | **1** | **2** | **3**  Phone visit | **801** |  |  |
| Sign the informed consent/assent form | X |  |  |  |  |  |
| Physical exam and vital signs; discuss menstrual status if applicable | X |  |  | X | X |  |
| Medical history including immunization history and migraine treatment history | X |  |  |  |  |  |
| Your child will be asked how they are feeling and what medicines they are taking | X | X | X | X | X |  |
| Receive phone call(s) at home |  |  | X |  |  | Site personnel will call you or your child after they have taken the study medicine for a migraine or at the completion of the 12-week treatment period, whichever is first. The site will also make reminder calls to you or your child every 2 weeks during the treatment period, if they have not taken the study medicine for migraine. |
| Your child will be given study medicine to take home |  | X |  |  |  |  |
| e‑Diary and study procedures training/practice |  | X |  |  |  |  |
| Your child will answer questionnaires at the study site | X | X |  | X | X |  |
| Your child will take study medicine at home during the 12-week treatment period |  |  | X |  |  | Take study medicine according to the e-Diary. |
| Work with your child’s e-Diary and paper diary at home |  |  | X |  |  |  |
| Study medicine collected |  |  |  | X | X |  |
| Approximate blood draw in mL | 9 |  |  | 5 | 5 | Additional amounts may be necessary in some circumstances. |
| Your child will give a urine sample | X |  |  | X | X |  |
| Pregnancy test for females of child-bearing potential | X | X |  | X | X | Blood pregnancy test at screening. Urine pregnancy tests at all other visits. |
| Your child will have a urine drug test | X |  |  |  |  | For participants age 10 or older. |
| 12-lead electrocardiogram (ECG) | X |  |  | X | X |  |

Abbreviation: ED = early discontinuation.