



University of California, San Diego
Colesevelam versus placebo in the treatment of nonalcoholic steatohepatitis
Informed Consent Statement
(Adult Consent)

STUDY INVESTIGATOR AND SPONSOR

Drs. Rohit Loomba, Heather Patton, Yuko Kono and Benjamin Cohen are conducting a research study to investigate the role of colesevelam in the treatment of Nonalcoholic Steatohepatitis (NASH). This study is sponsored by the company Daiichi Sankyo.

WHY IS THIS STUDY BEING DONE?

The purpose of the study is to investigate a potential treatment for Nonalcoholic Steatohepatitis (NASH). Nonalcoholic Fatty Liver Disease (NAFLD) covers a range of liver disease progression. When fatty liver disease moves on to a more severe level of liver injury, it is called nonalcoholic steatohepatitis (NASH). NAFLD/NASH is likely the most common liver disease in the United States and is thought to be related to obesity or diabetes. A liver biopsy (small amount of liver tissue removed by needle) is usually done to confirm liver disease. The biopsy results may show different amounts of fat, inflammation (swelling), and scarring in the liver. NASH can lead to severe liver disease in some patients. In addition to evaluating a potential treatment for NASH, this study will also look at important differences between patients who have NASH and patients who the investigators originally suspected might have NASH— but ultimately did not.

You have been asked to join this research study because either 1) the liver biopsy and/or tests noted above have shown you have NASH or suspected NASH (without a confirmatory biopsy) or 2) you have recently been evaluated for suspected NASH or NAFLD and do not have liver disease but you would like to be in the study as a participant in the control group. It is very helpful to have people in research studies who are not taking the study drug and/or who do not have the condition being investigated although they are similar in many other ways.

At present there is no medical therapy that has been shown to be effective or is approved for use in NASH. Small, uncontrolled studies of weight reduction and treatment of high cholesterol and elevated blood sugars have been conducted and shown mild benefit. These studies included the use of vitamin E, ursodeoxycholic acid, metformin, clofibrate, betaine, N-acetylcystine, gemfibrozil, atorvastatin and orlistat. Pioglitazone has been shown to be beneficial in small studies but weight gain due to increased fat tissue is commonly seen with these agents, which ultimately may be harmful to these patients. At present the benefit of strict dietary restriction and weight reduction are being investigated but the difficulty in maintaining such a lifestyle over an extended period has prompted the investigation of new medical therapies.

The main purpose of this study is to investigate the benefit of Colesevelam in the treatment of NASH. Colesevelam is part of a class of drugs known as bile acid binders. The active ingredient in Colesevelam works to bind bile acids in the intestine preventing their reabsorption into the blood stream. By lowering the amount of circulating bile acids, Colesevelam causes an increase in the conversion of cholesterol to bile acids. Ultimately this leads to lower LDL (bad) cholesterol levels. Additionally, Colesevelam works to help control blood sugar in people with type 2 diabetes, though the mechanism by which it does this is

unknown. The beneficial effect of Colesevelam's combination of lipid lowering and insulin sensitizing properties has not been tested in patients with NASH.

TYPE OF STUDY

The Colesevelam versus Placebo in the treatment of NASH study is a prospective double-blind randomized controlled trial for treatment of NASH. If you are diagnosed with NASH you will be assigned to either the study drug group or the placebo group. Neither you nor the investigator would be aware of the assigned group. At the end of the study, you would be notified regarding the results of the study and your group assignment whether it was placebo or colesevelam. If you do not have NAFLD/NASH and you would like to enter the study as a participant in the control group you will not be assigned any study drug. Participation in the study drug treatment part of the trial is expected to last up to 36 weeks. After 36 weeks you will be invited to continue for 5 more annual visits. This study is funded by Daiichi Sankyo.

WHAT MAKES THIS DIFFERENT FROM THE USUAL TREATMENT?

There is no currently approved therapy for the treatment of NASH.

SELECTION OF PATIENTS

In order to participate in this portion of the study, you must again read and sign the informed consent.

To be eligible for this study, you must be at least 18 years old and must have either NASH (diagnosed by recent liver biopsy) or suspected NASH, evidence of increased liver fat on screening MRI, and elevated liver function tests. You cannot have drunk significant amounts of alcohol within the past year. We will ask you questions to check that you are not drinking significant amounts of alcohol during the study. Additionally, other potential causes of chronic liver disease must be ruled out with routine blood tests prior to inclusion in the study. Patients with other significant systemic or major illnesses other than liver disease may be excluded if the investigators believe these conditions would preclude treatment with Colesevelam and adequate follow up.

You may also be eligible to enter the study if you do not have NAFLD/NASH and would like to enter the study as a member of the control group.

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?

There will be approximately 55 people locally who will take part in this study and receive study drug or placebo. An additional 55 people will be enrolled as members of the control group.

HOW LONG WILL I BE IN THE STUDY?

There will be a minimum of 6 visits spread out over approximately 36 weeks. There will be an initial screening interval prior to initiation of treatment. Additional visits may be required prior to start of colesevelam or placebo for imaging tests (ultrasound and MRI) and, if necessary, liver biopsy. Therapy with Colesevelam or Placebo will last for 24 weeks. The follow up visits are based on the following weeks: 4, 12, 24, and 32. Each visit would be 20-30 minutes in length and the liver biopsy procedure may require a total of 3 hours, which includes 20-30 minutes of actual procedure time and 2 and ½ hours of recovery time. At the end of the first 36 weeks you will be invited to continue your participation for an additional 5 visits (one per year).

All of your information will be included in a computer program. You will be called or mailed to let you know about new studies and study findings at the end of the study.



WHAT IS INVOLVED IN THE STUDY?

Screening visit(s): We will ask you to come to this visit in a fasting state (nothing but water for 12 hours before the visit). We will interview you and give you a physical examination. We will ask you about any medicines that you are taking or that you have taken in the past. We will draw about six tablespoonfuls of your blood for laboratory testing and for specimen banking. You will also be asked to provide about 3 ml of urine for laboratory testing and specimen banking. The specimens that we will bank will include your urine, blood serum and plasma - a clear yellowish fluid after separation of blood cells. We will also take your blood pressure, temperature, pulse, height, weight, waist, and hip measurements. We will also ask you to fill out questionnaires about your alcohol use. If you are of childbearing age and are not using a contraceptive method you will have a pregnancy test. If the test is positive or if it is negative but you are trying to conceive you will not be enrolled in the study.

We will check your medical records for information that will help us determine if you are eligible for the study, such as laboratory tests for other liver disease, results of prior liver biopsies and imaging studies of your liver. If you have recently had blood drawn that satisfies the study diagnostic criteria Dr Loomba and/or one of his colleagues may determine that it is not necessary to repeat the labwork.

During the screening interval you will undergo an abdominal ultrasound and a magnetic resonance imaging (MRI) scan, which takes about 60 minutes. During the MRI, you will lie down on a narrow bed. The bed will be rolled slowly into a tunnel that is 6 feet long, 22 inches wide, and open at each end. You will lie there for about one hour. At times during the scan, you will be asked to hold your breath and keep still. During these times you will hear a loud tapping noise and you may feel warm during this procedure.

A percutaneous liver biopsy will be performed approximately 1-month prior to starting Colesevelam in patients with suspected NASH (without prior liver biopsy within the last 12 months) and if they are confirmed to have NASH then they will be asked to continue further in the study. However, if the liver biopsy findings are not consistent with NASH then patients would not be continued as part of the study and will be given a referral to the liver clinic.

If a biopsy has been done in the 12-month period prior to the anticipated start of Colesevelam or Placebo, it will be requested and scored for use as the pre-treatment biopsy. If there is reason to suspect that this biopsy would not be representative of the liver histology prior to randomization then a repeat biopsy would be required prior to randomization. Those with liver histology compatible with NASH will be continued in the study. If the liver biopsy findings are not consistent with NASH then patients would not be continued as part of the study and will be given a referral to the liver clinic. Liver biopsies will be performed at the UCSD General Clinical Research Center by a physician who is part of the Gastroenterology Division. In some cases, the initial liver biopsies may already be obtained by your liver doctors for the evaluation of elevated liver function tests or abnormal liver imaging. Liver biopsies are performed using ultrasound examination at the time of the biopsy to select an appropriate site for puncture of the liver. Ultrasound allows one to visualize the internal organs and choose the best site to puncture the liver and not other organs. Significant bleeding after liver biopsy is the most serious side effect of this procedure. In the absence of blood clotting disorders or liver cancer, significant bleeding is rare, occurring in less than one in a thousand cases of liver biopsy. Death due to bleeding after liver biopsy has been reported to occur in less than 1/10,000 cases. Patients will be observed for four hours in the General Clinical Research Center after liver biopsy as a precautionary measure in case of bleeding.

Patients who do not qualify for the treatment part of the study because the screening tests and procedures show that they do not have NAFLD/NASH will be invited to participate in the



study as members of the control group. These study participants who enroll in the study as part of the control group will be given the stool sample collection kit at the screening visit and will be asked to return the kit with fresh stool sample by mail.

Follow-up visits: After enrollment, we will ask study participants with NASH to return to the clinic five times. These visits will begin at start of treatment, followed by weeks 4, 12, and 24 during treatment, and then week 32 for post treatment follow up. We will ask you to come to each of the follow-up visits in a fasting state (nothing but water for 12 hours before the visit). At each of these visits, after an overnight fast, we will draw either four or five tablespoonfuls of blood for laboratory testing. At week 12 we will give you a stool sample collection kit and instructions for how to use it at home. You will return the kit with a fresh stool sample at the week 24 visit. We will do a physical exam and obtain waist and hip measurements at week 24. You will be asked to provide about 3 ml of urine for laboratory testing and specimen banking. Prior to the week 32 visit you will have a repeat liver biopsy and MRI scan. If you are a woman of childbearing age and change or stop your contraceptive method please report this to the study staff so we can do a repeat pregnancy test. After the week 32 visit you will be asked to return to the clinic for 5 annual visits during which all of the tests/procedures done at the week 24 visit will be repeated.

Study participants who enroll in the study as part of the control group will be asked to return to the clinic for 5 annual visits during which all of the tests/procedures done at the week 24 visit will be repeated. In addition, we will give you a physical examination. You will also be asked to undergo acoustic radiation force impulse (ARFI) ultrasound imaging, magnetic resonance elastography, and a magnetic resonance imaging for liver stiff calculation and hepatic fat fraction respectively. A urine pregnancy test will be performed for all women of childbearing age. Women who have had hysterectomies are excluded from pregnancy testing. If the test is positive or if it is negative but you are trying to conceive you will not be enrolled in the study.

Magnetic Resonance Imaging (MRI) and Magnetic Resonance Elastography (MRE): During this visit you will undergo a magnetic resonance imaging (MRI) scan, which takes about 20-30 minutes. During the MRI scan you will lie down on a narrow bed. The bed will be rolled slowly into a tunnel that is 6 feet long, 22 inches wide, and open at each end. You will lie on your back on a table and be asked to remain still while the scanner takes images of the inside of your body. At times during the scan, you will be asked to hold your breath and keep still. During these times you will hear a loud tapping noise and you may feel warm during this procedure. In addition, a new technique called elastography will be performed whereby a vibrating paddle will be placed over your abdomen while images are obtained.

Ultrasound and Acoustic Radiation Force Impulse Exam (ARFI): ARFI is a new ultrasound technique that is being studied in fatty liver disease. This technique builds upon the traditional ultrasound techniques and does NOT involve any radiation or contrast agent. You will be asked to lie on the examination table while images of your liver are obtained using the ultrasound machine by well-trained staff and lasts about 10 minutes long.

When you enroll in the study or at any study visit following enrollment we will ask you to review a separate informed consent document that describes genetic blood sampling for future analysis. If you do not choose to provide this sample it will not prohibit you from participating in the study or change your future medical care at this site or institution.

Liver tissue: If you have a liver biopsy as part of your regular care of your liver disease at any time during this study, we ask your permission to use a piece of the tissue. Slides will be made from this piece of tissue, and the slides will be examined by the study doctors and will



become part of your study records. A portion of the tissue will be stored for future studies. If the study cannot be provided with a piece of tissue (for example, the sample obtained is too small to be divided), we ask that you let the study doctors review the slides made for your regular care.

WHAT ARE THE RISKS OF THE STUDY?

Risks and Discomforts

MRI/MRS: The potential risks of MRI are very small. The scanning procedure does not involve the use of X-rays. However, since the MRI pictures are obtained using a strong magnet, metal objects containing iron in the MRI room could move and harm you during the exam. Precautions will be taken to prevent such an event from happening; loose metal objects are not allowed in the MRI room. Certain metal objects, which may be in your body, could also move or not function properly during the exam and harm you. You will be screened to be certain that you do not have any of these objects nor devices in or on your body. Temporary hearing loss has been reported from noise the machine makes. If you have extreme fear of closed spaces or if you cannot fit into the MRI machine cavity, you may not participate in the study. You will be given earplugs to protect your ears. It can be uncomfortable to lie in the scanner for 60 minutes, and you may be bothered by staying in a closed chamber.

MRE: MRE imaging involves placing a vibrating paddle over the abdomen while images are being obtained. The vibrating paddle may cause discomfort to you. You are able to tell the MR technologist if the vibrations become uncomfortable, and the MRE part of the examination will be discontinued.

Ultrasound (ARFI): The ARFI ultrasound imaging method to be used for this study is investigational, but is considered to be of minimal (i.e., non-significant) risk. Possible effects of ultrasound imaging on nursing mothers have not been examined. Therefore, nursing mothers will be excluded.

Unforeseeable risks: Although serious injury to organs or death have never been attributed to ultrasound imaging or MRI, it is possible that currently unforeseen side effects, including serious injury to organs or death may occur. Also, because this is an investigational study, there may be some other unknown risks that are currently unforeseeable. The subject will be informed of any significant new findings.

Blood drawing: Blood drawing can be painful and may cause bruising and rarely, fainting, blood clots or an infection at the site. During the entire study period (lasting up to 5 years), you will have approximately 25 tablespoonfuls of blood drawn (380 mL). If numbing cream is used for blood draws, it may cause pain, skin irritation, or the skin temporarily turning red, white or developing a rash. This usually doesn't last very long.

Liver Biopsy: Patients with NASH who are assigned to the study drug or placebo will undergo two liver biopsies in this protocol; one at study entry and one at the end of the study. In addition, patients with inadequate platelet counts ($< 75,000/\text{mm}^3$) or coagulation factors (prothrombin time > 16 seconds) will not undergo liver biopsy and will be excluded from this investigation. Patients undergoing liver biopsy will be monitored by according to the post-liver guidelines of UCSD Medical Center and General Clinical Research Center. The major side effects of liver biopsy are pain, bacteremia, puncture of another organ and bleeding. Local pain and discomfort at the liver biopsy site occurs in about 20% of persons undergoing percutaneous liver biopsy. This is transient (lasting one to twelve hours) and is usually mild, rarely requiring pain medications. Bacteremia (Bacteria or microbes in the blood stream causing severe infection of the blood) occurs in 1-2% of persons undergoing liver biopsy. This is almost always self-limited and is rarely symptomatic. Puncture of another organ such as lung, colon, gall bladder, kidney and adrenal gland can occur during liver biopsy. Members



of the gastroenterology division routinely use ultrasound examination at the time of the biopsy to select an appropriate site for puncture of the liver. Ultrasound allows one to visualize the internal organs and choose the best site to puncture the liver and not other organs. Significant bleeding after liver biopsy is the most serious side effect of this procedure. In the absence of blood clotting disorders or liver cancer, significant bleeding is rare, occurring in less than one in a thousand cases of liver biopsy. Death due to bleeding after liver biopsy has been reported to occur in less than 1/10,000 cases.

Colesevelam: Colesevelam is generally well-tolerated and safe. It is FDA-approved for the management of high cholesterol, and is a bile-acid binding resin. Placebo-controlled studies show that rates of adverse events with Colesevelam do not differ significantly from that observed with placebo. The most common adverse events reported in the clinical trials were related to the gastrointestinal system including flatulence, constipation, dyspepsia, and diarrhea. No serious systemic or life-threatening adverse events have been reported. The gastrointestinal side-effect rates are less than other clinically used bile-acid binding resins such as colestyramine in human studies. There have been no clinically or statistically significant changes in blood electrolytes during clinical trials. The only known drug interaction is with the medication Verapamil for which Colesevelam has been shown to interfere with absorption. Patients taking sustained release verapamil will be asked to either use an alternative agent for management of hypertension or may take the study medication and verapamil at least 10 hours apart. Blood pressure will be monitored at each clinic visit and actively managed in verapamil treated patients. Although colesevelam has not been studied in pregnant women, it has not been shown to cause birth defects or other problems in animal studies. If you are of childbearing age and are not using oral contraception, a barrier method, surgical sterilization or have had a hysterectomy you will have a pregnancy test.

Placebo: Placebo is a pill that looks like the active drug but does not have the active ingredients that could improve the disease process under study. Therefore, patients in placebo-arm may not benefit from the study directly. The merits of the study drug are the subject of this research, and the study participants will otherwise receive standard of care. Patients in placebo-arm are less likely to experience study medication related side-effects.

Testing for hepatitis B and C and HIV: You will be tested for hepatitis B and C, if you have not received these tests in the past or when clinically indicated. Patients who are found to have either hepatitis B or C would be given a referral to the UCSD liver clinic and counseled appropriately by Dr. Loomba. HIV testing would only be performed when it is clinically indicated. Study investigators would provide pre and post-testing counseling. If HIV positive, patients would be referred to UCSD HIV service.

General risks: Your condition may not get better or may get worse while you are in the study. You will be made aware of any new findings that may change your decision to remain in this study.

There is a potential risk to your privacy. While every effort will be made to maintain your privacy, it is possible that others may learn about your health information and such a breach might lead to problems with getting insurance or a job. Your medical records will be kept private but research staff will look at this information. This information will be included in computer programs kept private by password protection. Written information will be stored in locked areas. Research records will be kept confidential to the extent provided by law. It is however, always possible that the information in the research records could become known outside of the research setting.



ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

You may benefit from health information obtained during the physical exams, laboratory tests, and other study procedures. You may help future patients by providing important information about the effect of colesevelam in NASH. Additionally, you may benefit by taking a medication that may improve your liver function, degree of NASH, cholesterol level, and insulin resistance. If you participate in the study as part of the control group you will be helping doctors and other scientists learn more about liver disease which will help patients in the future. Additionally, you will have 5 free comprehensive annual physical exam visits with bloodwork.

At your direction, we will provide the results of any procedures done to screen you for this study to your liver care provider.

WHAT OTHER OPTIONS ARE THERE?

You can choose to not participate. If you do not participate, your treatment will be unchanged. Slow weight loss through regular exercise and a low-fat, low-refined carbohydrate diet may improve NASH. There are no proven drug treatments for NASH.

If you are found to be ineligible to continue with the study because you do not have NASH and/or you do not want to enter the study as a participant in the control group we will keep your data in the Database.

WHAT ABOUT CONFIDENTIALITY?

Every reasonable effort will be made to keep your records confidential. However, while you are in this study all related hospital and office records may be made available to:

- The UCSD Institutional Review Board (for the protection of human subjects in research)
- Other regulatory entities responsible for overseeing research, such as the Federal Office for Human Research Protections

Your records will not be released without your consent to the extent the law allows. The study doctors can use the study results as long as you cannot be identified. This information will be included in computer programs kept private by password protection and encryption. Written information will be stored in locked areas accessible to study staff only.

Your participation in this study will be kept confidential and your name, address, and other personal identifying information will not be made known to anyone other than study personnel at this site. The information will be labeled with only an identifying number and code that cannot be linked to your name or other personal identifiers except at the clinical center where you complete visits. When results from this study are published in medical literature, you will not be identified by name. Representatives from the United States Food and Drug Administration (FDA) or the Institutional Review Board at this clinic may review your records, including your medical records.

We will protect your confidentiality and resist any demand to disclose information that may identify you. However, we cannot resist a demand from the U.S. Government that is used for auditing or evaluation of or for information that must be disclosed in order to meet the requirements of the U.S. Food and Drug Administration. You or a member of your family may voluntarily release information about you or your involvement in the research. If an insurer, employer, or other person obtains your written consent to receive research information, then we may not withhold that information. If the study staff learns of possible child abuse or neglect or a risk of harm to yourself or others, we are required to notify the proper authorities.



The study doctor or staff may contact you in the future for other research studies. Please check the box if you agree.

WHAT ARE THE COSTS?

You will not be billed for any part of this study and there are no costs to you.

WHAT IF I AM INJURED IN THE STUDY?

If you are injured as a direct result of participation in this research, the University of California will provide any medical care needed to treat those injuries. The University will not provide any other form of compensation to you if you are injured.

You may call the UCSD Human Research Protections Program office to inquire about your rights as a research subject or to report research-related problems at (858) 455-5050.

WILL I GET COMPENSATED TO BE IN THIS STUDY?

You will be compensated \$25.00 for your time at the first visit after enrollment, \$25.00 at each subsequent visit at week 4, 12, 24, and compensated \$50.00 upon completion of all the studies including the final visit at week 32. At each of the post-treatment annual visits you will be compensated \$50.

WHO DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

Drs. Loomba, Patton, or _____ have explained this study to you and answered your questions. If you have other questions or research-related problems, please call:
Rohit Loomba at 619-543-6222 or 858-534-2624

After Hours:

UCSD Hospital Operator at 619-543-6737 – Ask the operator to page Drs. Loomba, and Patton. Let the operator know that you are a research participant.

WHAT ARE MY RIGHTS AS A RESEARCH SUBJECT?

Participation in research is entirely voluntary. You may refuse to participate or decide to stop participating at any time without jeopardy to the medical care you receive. If you do participate, you may freely withdraw from the study at any time. Your decision will not change your future medical care at this site or institution. The study doctor or the sponsor may stop your participation in this study at any time without your consent. The reasons may include: the study doctor thinks it is necessary for your health and safety, you have not followed study instructions, the sponsor has stopped the study, or administrative reasons require your withdrawal. We will tell you about new information that may affect your health, welfare, or willingness to stay in this study. If you are found to be ineligible to continue with this study, we will keep the data that has already been obtained during prior visits in a locked computer file. We may contact you for future studies.

If you have questions about your rights, or to report research related problems, please contact:

University of California, San Diego
Human Research Protections Program
(858) 455-5050



SPECIMEN BANKING AND DATA REPOSITORY

Your specimens (serum, plasma, stool and liver tissue) collected as part of this study will be stored and kept locked in a UCSD facility and only Dr. Loomba or his research associate will have access to them. At the end of the study, the data collected on you will be maintained at NARF building GI offices in a locked computer file with access available to the principal and study investigators only.

The purpose of this collection is to analyze inflammatory markers associated with treatment response in patients with NAFLD. These samples and data will be available for use in health research. Your samples and data will be used by the researchers carrying out this study, but they also may be used by other researchers, both during the study and after it ends. Your samples and data may be stored indefinitely.

Your samples and data will be labeled with a code number. Your name, address, social security number, date of birth and other personal identifiers will not be available on the sample, and we not will give out your name or other information that identifies you to the researchers who use your samples and data.

If you do not agree to have your samples and data stored, you may not participate in this study. If you agree now but change your mind later about having your samples, you may withdraw unused samples during the study. No additional samples will be stored and no further data will be collected on you, but samples and data already collected will continue to be used. If you decide later that you do not want the specimens collected from you to be used for future research, you may tell this to Dr. Loomba, who will use his best efforts to stop any additional studies. However, in some cases, such as if your cells are grown up and are found to be generally useful, it may be impossible to located and stop future research once the materials have been widely shared with other researchers

Because researchers will not have access to your identity, you will not get the results of any studies that might be performed on your samples. Dr. Loomba will be responsible for deciding how long your samples will be used. The specimens collected from you and the DNA that they contain may also be used in additional research to be conducted by the University of California personnel collaborating in this research. These specimens, DNA, and their derivatives may have significant therapeutic or commercial value. You consent to such uses



SIGNATURE AND CONSENT TO BE IN THE STUDY

Your signature below means that you have read the above information about this study and have had a chance to ask questions to help you be informed about what you will do in this study. Your signature also means that you have been told that you can change your mind later if you want to. You will be given a copy of this consent form and a copy of the "Subject's Bill of Rights" to keep. By signing this consent form you are not giving up any of your legal rights.

You agree to participate.

NAME OF SUBJECT

SIGNATURE OF SUBJECT

DATE

SIGNATURE OF PERSON WHO EXPLAINED THIS FORM

DATE

Legally Authorized Representative's Name
or Witness to the "X" (print)

Relationship to the Subject

Representative or Witness Signature

Date



SUBJECT BILL OF RIGHTS

As a subject in a research study or as someone who is asked to give consent on behalf of another person for such participation, you have certain rights and responsibilities. It is important that you fully understand the nature and purpose of the research and that your consent be offered willingly and with complete understanding. To help you understand, you have the following specific rights:

1. To be informed of the nature and purpose of the research in which you are participating.
2. To be given an explanation of all procedures to be followed and of any drug or device to be used.
3. To be given a description of any risks or discomforts, which can be reasonably, expected to occur.
4. To be given an explanation of any benefits which may be expected to the subject as a result of this research.
5. To be informed of any appropriate alternative procedures, drugs, or devices that may be advantageous and of their relative risks and discomforts.
6. To be informed of any medical treatment which will be made available to the subject if complications should arise from this research.
7. To be given an opportunity and encouraged to ask any questions concerning the study or the procedures involved in this research.
8. To be made aware that consent to participate in the research may be withdrawn and that participation may be discontinued at any time without affecting continuity or quality of your medical care.
9. To be given a copy of the signed and dated written consent form.
10. To not be subjected to any element of force, fraud, deceit, duress, coercion, or any influence in reaching your decision to consent or to not consent to participate in the research.

If you have any further questions or concerns about your rights as a research subject, please contact the research doctor or the UCSD Human Research Protections Program at 858-455-5050 during normal working hours.

