

Project Title

Can fluoxetine mitigate the mental health decline seen in patients with musculoskeletal trauma?

NCT#: NCT04850222

07/15/2022

INFORMED CONSENT FORM
to Participate in Research, and
AUTHORIZATION
to Collect, Use, and Disclose Protected Health Information (PHI)

INTRODUCTION

Name of person seeking your consent: _____

Place of employment & position: University of Florida _____

GENERAL INFORMATION ABOUT THIS STUDY

1. Name of Participant ("Study Subject")

2. What is the Title of this research study (this "Research Study")?

Can fluoxetine mitigate the mental health decline seen in patients with musculoskeletal trauma?

3. Whom do you call if you have questions about this Research Study (the "Study Team")?

Principal Investigator: Jennifer Hagen, MD (216-570-1417)

Other research staff: Dr. Ludmila Barbosa De Faria, , MaryBeth Horodyski, EdD (352-273-7074)

Clinical Research Coordinator: Marissa Pazik (352-273-7359)

4. Who is paying for this Research Study?

The sponsor of this study is the Orthopaedic Trauma Research Fund at the University of Florida.

5. In general, what do you need to know about this Research Study?

Agreeing to become involved in any research is always voluntary. By signing this form, you are not waiving any of your legal rights. If you decide not to participate in this research, you will not be penalized in any way and you will not lose any benefits to which you are entitled. If you have questions about your rights as a research subject, please call the University of Florida Institutional Review Board (IRB) office at (352) 273-9600.

- a) In general, what is the purpose of the research, how long will you be involved?

Many people suffering from fractures of their arms, legs and pelvis following trauma, have issues with depression, anxiety, and difficulty returning to their daily lives. If these symptoms persist, it may have a negative impact on your ability to recover from your injury. Fluoxetine (commonly called Prozac®) is a medication that has been used for decades for the treatment of depression, anxiety and PTSD (Post Traumatic Stress Disorder). This study is testing whether giving patients Fluoxetine during the first nine (9) months of their recovery period can avoid or lessen these symptoms. You will be involved in this study for twelve (12) months.

- b) What is involved with your participation, and what are the procedures to be followed in the research?

If you agree to participate, you will be asked to complete several surveys during your hospitalization. These questions center on your pain, mood, and feelings. You will then be randomized (if you were to roll the dice, you would have an equal chance of getting either option) to either Fluoxetine or Calcium. The medication will be prescribed to you during your hospital stay and you will be given a 90-day supply when you are discharged. The medication will be provided by the study at no cost to you or your insurance. You will be aware of what medication you are randomized to after signing this informed consent form.

You will be seen in the orthopedic clinic at 2 weeks, 6 weeks, 3 months, 6 months and 12 months following your injury. This is standard follow up for anyone following surgery, so no additional visits will be made for study purposes only. If you cannot attend any of your follow up visits, we will ask your permission to contact you via the telephone or we will send the questionnaires by email for your completion. At each visit, you will be asked to complete several of the surveys you completed during your hospitalization and a few new ones. The follow up surveys will ask you about your ability to take the medication, any side effects you may be having, and how you are functioning in your daily life. The follow up surveys will take around 15-20 minutes for completion.

Your responses to the surveys will be entered into a secure research file and not become a part of your medical record. You will be given two additional 90-day prescriptions of the medication to which you were assigned, one at the 3 month visit and one at the 6 month visit. If you are not able to attend these visits, the medications will be mailed to you.

You will complete the medications by 9 months following your injury. We will give you a phone call 6 weeks after you discontinue your medication to assess for any change in symptoms. If you experience worsening of mental health symptoms following discontinuation of medication you will be referred to your primary care physician for further treatment. The final set of surveys at the 12 months visit (either in person or via telephone) will ask you about any side effects following the discontinuation of the medication, your mood and your pain level.

c) What are the likely risks or discomforts to you?

All patients will have surgery to treat their injury. Being in this study does not change the anesthetic risk or complication risks that you would normally have following surgery for an orthopaedic trauma injury. The potential surgical risks will be (have been) discussed with you as part of the surgical consent and are not directly related to the study. Many of these surveys ask questions about pain, mood, and feelings (including those of self-harm or suicide), and are of a personal nature and may be upsetting to some participants. Your answers will be kept confidential but simply thinking about this and answering questions may cause you some emotional discomfort. If you are expressing self-harm or thoughts of suicide, study personnel will address them or you can call Meridian Behavioral Healthcare at (352-274-5600) or UF Health at 352-273-4356 or 352-265-5481. Dr. Barbosa De Faria will triage issues, and appropriate care will be given.

- Some patients taking Fluoxetine might experience GI distress (nausea, vomiting diarrhea), headaches, insomnia, nervousness and anxiety, sweating, abnormal dreams, dizziness. If you experience these symptoms and if they are sufficiently disturbing to you then Dr. Barbosa De Faria will decrease the dose or stop the medication.
- Some patients taking Calcium might experience some minor side effects such as belching or gas. Calcium is POSSIBLY UNSAFE when taken by mouth in doses above the daily tolerable upper intake level (UL). The UL is 2000 mg for adults ages 19 and over and 1300 mg for those 18 years of age. Taking more than this amount of calcium daily can increase the chance of having serious side effects, such as milk-alkali syndrome, a condition that can lead to renal stones, kidney failure, and death. The dosage of calcium that will be used in this study is well within a safe range.

This study may include risks that are unknown at this time.

d) What are the likely benefits to you or to others from the research;

Taking Fluoxetine during the recovery period may decrease symptoms of depression, anxiety, and pain. This in turn may benefit you in the recovery period. If you are randomized to the Calcium group, your recovery will be similar to other patients with your type of injury. The results of this study will be used to develop treatment protocols to help other victims of musculoskeletal trauma. Participants in this study have all received and will continue to receive treatment for their trauma injury as per the current standards of care.

- e) What are the appropriate alternative procedures or courses of treatment, if any, that might be helpful to you?

You do not have to participate in this study to receive treatment for your fracture. This decision will not have any negative consequences for you and your decision will not affect your relationship with your doctor or hospital. Whether or not you choose not to participate in the study, the surgeon will continue to follow-up with you in the trauma clinic and perform standard tests and examinations that are usually done for this type of injury and its treatment.

Choosing not to participate in this study will not affect your care or treatment.

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time. ***Additional and more detailed information is provided within the remainder of this Informed Consent form, please read before deciding if you wish to participate in this study***

WHAT CAN YOU EXPECT IF YOU PARTICIPATE IN THIS STUDY?

6. What will be done as part of your normal clinical care (even if you did not participate in this Research Study)?

You will receive standard surgical and post-operative care including serial radiographs and physical exams, wound care, pain management, and physical therapy. Additionally, you will return to see your orthopaedic surgeon at the usual clinical visits. No additional visits are required.

7. What will be done only because you are in this Research Study?

You will be provided with 9 months of a study drug (Fluoxetine or Calcium) and you will be asked to complete the surveys if you are in the study.

Once this research study is completed, any information that could identify you **will** be removed from any identifiable private information collected and that, after such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you or your legally authorized representative

If you have any questions now or at any time during this Research Study, please contact one of the Research Team members listed in question 3 of this form.

8. What identifiable health information will be collected about you and how will it be used?

The Research Team will collect your name, medical record number, age, home address and phone number(s). These personal data items will be de-identified (a random number will be assigned to your research file so at the completion of the study, no one will be able to associate you with your data).

We will also collect details of your trauma, type and number of fractures and treatment. We will collect details regarding any complication related to your surgery that occurs and the treatment.

We will ask you to complete multiple surveys during this study that assess your mental and physical health. These surveys are all standardized, commonly used surveys. We will ask you about your ability to take the medication, side effects, and mood changes. We will ask you about your pain, use of pain medications, use of over the counter CBD/THC compounds and any illicit drugs. We will also ask about your alcohol use. All of this data will be kept secured and private.

The Research Team may collect this information from other healthcare providers, such as laboratories, which are a part of this research, as well as healthcare providers that are not part of this research (other doctors, hospitals or clinics). Other professionals at the University of Florida or Shands Hospital who provide study-related care, and the University of Florida Institutional Review Board (IRB), may also collect your health information.

The Research Team listed in question 3 above will use or share your health information as described below to carry out this research study.

9. With whom will this health information be shared?

This health information may be shared with:

- the study sponsor (listed in Question 4 of this form);
- United States governmental agencies which are responsible for overseeing research, such as the Food and Drug Administration, the Department of Health and Human Services, and the Office of Human Research Protections;
- Government agencies which are responsible for overseeing public health concerns such as the Centers for Disease Control and federal, state and local health departments.
- Your insurance company for purposes of obtaining payment
- The IRB that reviewed this Research Study and ensures your rights as a Study Subject are protected

Otherwise, your identifiable health information will not be shared without your permission unless required by law or a court order. Once your health information is shared with those listed above, it is possible that they could share it without your permission because it would no longer be protected by the federal privacy law.

10. How long will you be in this Research Study?

Twelve (12) months

This Authorization to use and share your health information expires at the end of the study, unless you revoke it (take it back) sooner.

11. How many people are expected to take part in this Research Study?

200

<p>WHAT ARE THE RISKS AND BENEFITS OF THIS STUDY AND WHAT ARE YOUR OPTIONS?</p>
--

12. What are the possible discomforts and risks from taking part in this Research Study?

Many of these surveys ask questions about pain, mood, and feelings (including those of self-harm or suicide). Your answers will be kept confidential but simply thinking about this and answering questions may cause you some emotional discomfort. If you are expressing self-harm or thoughts of suicide, study personnel will address them. Dr. Barbosa De Faria will triage issues, and appropriate care will be given.

Some patients taking Fluoxetine might experience GI distress (nausea, vomiting diarrhea), headaches, insomnia, nervousness and anxiety, sweating, abnormal dreams, dizziness. If you experience these symptoms and if they are sufficiently disturbing to you then Dr. Barbosa De Faria will decrease the dose or stop the medication.

Some patients taking Calcium might experience some minor side effects such as belching or gas. Calcium is POSSIBLY UNSAFE when taken by mouth in doses above the daily tolerable upper intake level (UL). The UL is 2000 mg for adults ages 19 and over. Taking more than this amount of calcium daily can increase the chance of having serious side effects, such as milk-alkali syndrome, a condition that can lead to renal stones, kidney failure, and death. The dosage of calcium that will be used in this study is well within a safe range.

This Research Study may also include risks that are unknown at this time.

Please note, participating in more than one research study or project may further increase the risks to you. If you are already enrolled in a research study, please inform one of the Research Team members listed in question 3 of this form or the person reviewing this consent with you before enrolling in this or any other research study or project.

During the study, the Research Team will notify you of new information that may become available and might affect your decision to remain in the study.

The University of Florida is required by law to protect your health information. Your health information will be stored in locked filing cabinets or on computer servers with secure passwords, or encrypted electronic storage devices, as required by University policy. However, there is a slight risk that information about you could be released inappropriately or accidentally. Depending on the type of information, a release could upset or embarrass you, or possibly affect your ability to get insurance or a job.

If you wish to discuss the information above or any discomforts you may experience, please ask questions now or call one of the Research Team members listed in question 3 in this form.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

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

You have been informed that a Certificate of Confidentiality does not prevent you from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information. That is, if you give written consent for the release of information, we cannot withhold that information and we cannot hold responsibility for how that person may use your information.

The Certificate of Confidentiality does not prevent the researchers from disclosing voluntarily, without your consent, information that would identify you as a participant in the research project under the following circumstances. If we learn about child abuse, elder abuse, or intent to harm yourself or others, we will report that information to appropriate authorities.

13a. What are the potential benefits to you for taking part in this Research Study?

It is possible you could have improvement in depressive, anxious and other negative mood symptoms if you are randomized to Fluoxetine. You might find your pain is more manageable and that you can “cope” with your injury better. If you have undiagnosed

depression or anxiety prior to your injury, you might find improvement in those symptoms. It is possible you will desire further mental health medical management at the conclusion of this study. If you are having mental health concerns please discuss them with your treating physician, they will be able to provide the appropriate next steps and referrals. Additionally you can call Meridian Behavioral Healthcare at (352-274-5600) or UF Health at 352-273-4356 or 352-265-5481 for immediate assistance.

13b. How could others possibly benefit from this Research Study?

If you and others show improvement in your depression, anxiety and other negative mood symptomology during the course of the study and tolerate the medication well, this will be used to develop a protocol to benefit other patients of bodily trauma. We will use the findings of this study to develop other, larger studies to prove this benefit. Ultimately, hundreds of thousands of patients could benefit from this study.

13c. How could the Research Team members benefit from this Research Study?

In general, presenting research results helps the career of a researcher. Therefore, the Research Team listed in question 3 of this form may benefit if the results of this Research Study are presented at scientific meetings or in scientific journals.

13d. Will you be allowed to see the research information collected about you for this Research Study?

You may not be allowed to see the research information collected about you for this Research Study, including the research information in your medical record, until after the study is completed. When this Research Study is over, you will be allowed to see any research information collected and placed in your medical record.

14. What other choices do you have if you do not want to be in this study?

If you choose not to participate in these studies, you will be treated to the highest standard of care. Your pain will be managed in our standard manner, you will have access to physical therapy and all referrals will be placed as needed.

You may also refuse to authorize the use of your health information, but if you refuse, you may not be allowed to be in this research study or receive any research-related treatment that is only available in this research study. However, your decision not to sign this Authorization will not affect any other treatment you may be eligible to receive.

15a. Can you withdraw from this study?

You may withdraw your consent and stop participating in this Research Study at any time. If you do withdraw your consent, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. If you decide to withdraw your

consent to participate in this Research Study for any reason, please contact the Research Team listed in question 3 of this form. They will tell you how to safely stop your participation.

You can also change your mind and take back this Authorization at any time by sending a written notice to the Research Team listed in question 3 of this form to let them know your decision. If you take back this Authorization, the Research Team may only use and disclose your health information already collected for this research study. No additional health information about you will be collected or disclosed to the Research Team. However, if you take back this Authorization, you may not be able to continue in this study. Please discuss this with a member of the Research Team listed in question #3.

15b. Can the Principal Investigator withdraw you from this Research Study?

You may be withdrawn from this Research Study without your consent for the following reasons:

- Intolerance of study medications
- Repeated non-adherence to study medications
- Escalating mental health issues not treated by study medication
- Inability to follow up, either in person or via telephone

WHAT ARE THE FINANCIAL ISSUES IF YOU PARTICIPATE?
--

16. If you choose to take part in this Research Study, will it cost you anything?

No, there will be no additional costs to you or your health plan as a result of your participation in this study. The sponsor will pay for all health care costs related to your participation, including all required study items, services and procedures described in this consent form. However, if you feel you have received a bill related to this study, please contact the Principal Investigator.

If you receive any healthcare at UF Health that is not related to this study, this care will be billed as usual.

17. Will you be paid for taking part in this Research Study?

No

18. What if you are injured while in this Research Study?

If you have escalating or untreated depression, anxiety or other negative mood symptoms, you will be referred for further care by appropriate mental health providers.

If you are injured as a direct result of your participation in this study, only the professional services that you receive from any University of Florida Health Science Center healthcare provider will be provided without charge. These healthcare providers include physicians, physician assistants, nurse practitioners, dentists or psychologists. Any other expenses, including Shands hospital expenses, will be billed to you or your insurance provider.

You will be responsible for any deductible, co-insurance, or co-payments. Some insurance companies may not cover costs associated with research studies or research-related injuries. Please contact your insurance company for additional information.

The Principal Investigator will determine whether your injury is related to your participation in this study.

No additional compensation is routinely offered. The Principal Investigator and others involved in this study may be University of Florida employees. As employees of the University, they are protected under state law, which limits financial recovery for negligence.

Please contact one of the research team members listed in question 3 of this form if you experience an injury or have questions about any discomforts that you experience while participating in this study.

SIGNATURES

As an investigator or the investigator's representative, I have explained to the participant the purpose, the procedures, the possible benefits, and the risks of this Research Study; the alternative to being in the study; and how the participant's protected health information will be collected, used, and shared with others:

Signature of Person Obtaining Consent and
Authorization

Date

You have been informed about this study's purpose, procedures, possible benefits, and risks; the alternatives to being in the study; and how your protected health information will be collected, used and shared with others. You have received a copy of this Form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask questions at any time.

You voluntarily agree to participate in this study. You hereby authorize the collection, use and sharing of your protected health information as described above. By signing this form, you are not waiving any of your legal rights.

Signature of Person Consenting and Authorizing

Date