NCT03296033
Official Title: Evaluation of Residual Anti-Xa Activity As A Function Of Time Following The Last Treatment Dose of Enoxaparin In Patients Presenting For Elective Surgery
IRB-Approved Date: 2/1/22

Wake Forest®
School of Medicine

Department of Anesthesiology, Section of Regional
Anesthesia and Acute Pain Management

EVALUATION OF RESIDUAL ANTI-XA ACTIVITY AS A FUNCTION OF TIME FOLLOWING THE LAST TREATMENT DOSE OF ENOXAPARIN IN PATIENTS PRESENTING FOR ELECTIVE SURGERY

Informed Consent Form to Participate in Research
Daryl S. Henshaw, MD, Principal Investigator

INTRODUCTION

You are invited to be in a research study. Research studies are designed to gain scientific knowledge that may help other people in the future. You are being asked to take part in this study because you have been on the blood thinner Enoxaparin and are presenting for a surgical procedure. Your participation is voluntary. Please take your time in making your decision as to whether or not you wish to participate. Ask your study doctor or the study staff to explain any words or information contained in this informed consent document that you do not understand. You may also discuss the study with your friends and family.

WHY IS THIS STUDY BEING DONE?

The purpose of this research study is to evaluate how much blood thinning effect remains after a patient takes the last dose of the medication Enoxaparin prior to presenting for surgery and to determine at what time-point (hours after the last dose) we can safely assume that the effect of the blood thinner is most likely no longer a concern. Usually patients take Enoxaparin to treat an existing blood clot or as a means of preventing a blood clot from forming. It is very common for this medication to be used for these purposes around the time of surgery because it is convenient for patients to administer this medication to themselves at home, if needed, and because the blood thinning effects of this particular medication do not last as long as other blood-thinning medications, especially those typically taken by mouth. Traditionally, we have thought that taking the last dose of Enoxaparin 24-hours prior to surgery (taking the last dose the in the morning on the day prior to surgery) for treatment dose enoxaparin was most appropriate. However, a recent study performed here at our hospital showed that many patients still had more blood-thinning effects at this time-point than we previously expected, although this study only included a small number of patients. The goal of this study is to further examine those previous findings and to determine how the amount of blood thinner that remains in a patient's bloodstream changes over time so that we can predict when the blood-thinning effects of the medication have decreased to a level below which it is felt that proceeding with certain types of anesthesia procedures is safe. We will do this by having some patients wait 24-hours after the last dose of Enoxaparin (taking the last dose in the morning the day prior to surgery) and having other patients wait 36-hours after the last dose of Enoxaparin (taking the last dose in the evening

two days prior to surgery). This will allow us to compare how much blood-thinning effect remains in these two groups of patients and to determine how long it takes on average for most of the Enoxaparin blood-thinning effect to go away.

How Many People Will Take Part in the Study?

150 total patients will be enrolled to participate in this study.

What Is Involved in the Study?

A member of the study team will meet with you during your visit to the anesthesia preoperative assessment clinic to discuss the study with you. After consenting, you will be randomized into one of the two study groups described below. Randomization means that you are put into a group by chance. It is like flipping a coin. You will have an equal chance of being placed in either group.

-Group 1 (24-hour group): This group of patients will be instructed to self-administer their last dose of enoxaparin at 07:00 AM on the day before surgery.

-Group 2 (36-hour group): This group of patients will be instructed to self-administer their last dose of enoxaparin at 07:00 PM (1900) on the evening two days before surgery.

We will give you instructions on when to self-administer your last dose of enoxaparin. In addition, a member of the study team or a study coordinator will call you two days before your surgery to ensure you understand when to self-administer your last dose and to ensure you don't have any questions.

Following your last dose of enoxaparin we are interested in determining how much blood-thinning effect is remaining in your bloodstream at the time you present to the hospital for surgery. In order to determine that, we will need to draw a small amount of blood from you (roughly a tablespoon) so that it can be sent to the lab for analysis. Some of this blood will also be used to perform what is called a Basic Metabolic Panel. This will allow us to know how well your kidneys work. This is important because your kidneys have to help eliminate Enoxaparin from your body and your kidney function might affect how much of the blood-thinning effect remains.

To summarize, if you take part in this study, you will have the following tests and procedures: A one-time blood draw will be performed on the day of your surgery so that we can check both your kidney function and the amount of blood-thinner that remains in your bloodstream. You will have approximately 1 tablespoon of blood withdrawn from a vein on only one occasion.

How Long Will I Be in the Study?

You will be in the study until after your blood is drawn. At that time, the study is complete.

You can stop participating at any time. If you decide to stop participating in the study we encourage you to talk to the investigators or study staff first to learn about any potential health or safety consequences.

What Are the Risks of the Study?

Being in this study involves some risk to you. You should discuss the risk of being in this study with the study staff. Risks and side effects related to the lab test we are studying include having your blood drawn. You may experience discomfort, bruising and/or bleeding where the needle is inserted. Occasionally some people become dizzy or lightheaded or feel faint. Infection may occur on rare occasions. Frequent donation of blood can result in low iron in your blood (iron deficient anemia).

This study is comparing two approved methods for treating your condition. You will be randomly assigned to one of the two groups. It is possible that one treatment group may have a better response than the other. Therefore there is a risk that you may be assigned to a group that does not perform as well as its comparison. The medication Enoxaparin is typically used to prevent people from forming a blood clot, which can be serious and even fatal. When people are on this medication and need to have surgery, our goal is to keep the time period where you are off this medication as short as possible. This usually means we will stop the medication roughly 24-hours before surgery and then restart it as soon as it is safe to do so following the surgery. There is always a balance between the risk of forming a blood clot and the risk of bleeding (from having blood that is too thin from the Enoxaparin).

In the past, we thought holding the medication for 24-hours before surgery was long enough, and that very little of the Enoxaparin medication was left in a person's bloodstream. However, a recent study found that most people presenting for surgery who were taking Enoxaparin at high doses (to prevent or treat a blood clot) still had blood that was thinner than we expected. Because of this we think that the risk of bleeding from certain types of anesthesia procedures and possibly surgery might be increased and therefore we think that stopping Enoxaparin for a longer period of time before surgery could help reduce the risk of bleeding.

However, because you will be stopping your blood thinning medication for a longer period of time before surgery, there is the possibility for a higher risk of developing a blood clot after stopping the Enoxaparin and before the time of surgery. This risk should be very low and is balanced out by a potentially lower risk of bleeding during anesthesia and surgery.

In addition, there is a slight risk of a breach of confidentiality. We will do our best to protect your confidential information. There also may be other side effects that we cannot predict. You should tell the research staff about all the medications, vitamins and supplements you take and

any medical conditions you have. This may help avoid side effects, interactions and other risks.

Taking part in this research study may involve providing information that you consider confidential or private. Efforts, such as coding research records, keeping research records secure and allowing only authorized people to have access to research records, will be made to keep your information safe.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

If you agree to take part in this study, there may or may not be direct benefit to you. We hope the information learned from this study will benefit other people in the future. The benefits of participating in this study may be that by stopping your Enoxaparin medication for a longer period of time prior to having surgery and anesthesia, it is possible that your risk of bleeding will be lower. If certain types of anesthesia procedures (such as a spinal or epidural) are planned for your surgery, it is possible that the risk of bleeding from these procedures will be decreased depending on which group you are randomized to.

WHAT OTHER CHOICES ARE THERE?

You do not have to be in this study to receive treatment. You should talk to your doctor about all the choices you have. Instead of being in this study, you have these options:

It will be discussed with you, the risk/benefit of stopping your Enoxaparin medication at 24 and 36-hours prior to surgery. You could stop your Enoxaparin medication at 36-hours prior to surgery even if you do not take part in the study. This will be your own decision based on information received from education received during this discussion.

WHAT ARE THE COSTS?

All study costs, including the laboratory procedures related directly to the study, will be paid for by the study. Costs for your regular medical care, which are not related to this study, will be your own responsibility.

WILL YOUR RESEARCH RECORDS BE CONFIDENTIAL?

The results of this research study may be presented at scientific or medical meetings or published in scientific journals. Your identity and/or your personal health information will not be disclosed unless it is authorized by you, required by law, or necessary to protect the safety of yourself or others. There is always some risk that even de-identified information might be re-identified.

Participant information may be provided to Federal and other regulatory agencies as required.

The Food and Drug Administration (FDA), for example, may inspect research records and learn your identity if this study falls within its jurisdiction.

WILL YOU BE PAID FOR PARTICIPATING?

You will receive no payment or other compensation for taking part in this study.

WHO IS SPONSORING THIS STUDY?

This study is being sponsored by The Department of Anesthesiology at Wake Forest University School of Medicine. The sponsor is providing money or other support to Wake Forest University Health Sciences to help conduct this study. The researchers do not, however, hold a direct financial interest in the sponsor or the product being studied.

WHAT HAPPENS IF YOU EXPERIENCE AN INJURY OR ILLNESS AS A RESULT OF PARTICIPATING IN THIS STUDY?

Should you experience a physical injury or illness as a direct result of your participation in this study, Wake Forest University School of Medicine maintains limited research insurance coverage for the usual and customary medical fees for reasonable and necessary treatment of such injuries or illnesses. To the extent research insurance coverage is available under this policy the reasonable costs of these necessary medical services will be paid, up to a maximum of $25,000. Wake Forest University Baptist Medical Center holds the insurance policy for this coverage. It provides a maximum of $25,000 coverage for each claim and is limited to a total of $250,000 for all claims in any one year. The Wake Forest University School of Medicine, and the North Carolina Baptist Hospitals, Incorporated do not assume responsibility to pay for these medical services or to provide any other compensation for such injury or illness. Additional information may be obtained from the Medical Center's Director of Risk and Insurance Management, at [redacted].

If you are injured, the insurer may require information such as your name, social security number, and date of birth in order to pay for your care. This is because the insurer is required by law to report any payments made to cover the care of any persons who are members of a government insurance plan to the Department of Health and Human Services.

You do not give up any legal rights as a research participant by signing this consent form. For more information on medical treatment for research related injuries or to report a study related illness, adverse event, or injury you should call Daryl S. Henshaw, MD at [redacted].

WHAT ABOUT MY HEALTH INFORMATION?

In this research study, any information we collect from you and/or information we get from your medical records about your health or behaviors is considered Protected Health Information. The information we will collect for this research study includes**:** Your age, weight, height, gender, and the results of the laboratory tests we are getting for this study.

If this research study involves the diagnosis or treatment of a medical condition, then Protected Health Information collected from you during this study will be placed in your medical record, and may be used to help treat you, arrange payment for your care, or assist with Medical Center operations.

We will make every effort to keep your Protected Health Information private. We will store records of your Protected Health Information in a cabinet in a locked office or on a password protected computer.

Your personal health information and information that identifies you ("your health information") may be given to others during and after the study. This is for reasons such as to carry out the study, to determine the results of the study, to make sure the study is being done correctly, to provide required reports and to get approval for new products.

Some of the people, agencies and businesses that may receive and use your health information are the research sponsor; representatives of the sponsor assisting with the research; investigators at other sites who are assisting with the research; central laboratories, reading centers or analysis centers; the Institutional Review Board; representatives of Wake Forest University Health Sciences and North Carolina Baptist Hospital; representatives from government agencies such as the Food and Drug Administration (FDA), the Department of Health and Human Services (DHHS) and similar agencies in other countries.

Some of these people, agencies and businesses may further disclose your health information. If disclosed by them, your health information may no longer be covered by federal or state privacy regulations. Your health information may be disclosed if required by law. Your health information may be used to create information that does not directly identify you. This information may be used by other researchers. You will not be directly identified in any publication or presentation that may result from this study unless there are photographs or recorded media which are identifiable.

If required by law or court order, we might also have to share your Protected Health Information with a judge, law enforcement officer, government agencies, or others. If your Protected Health Information is shared with any of these groups it may no longer be protected by federal or state privacy rules.

Any Protected Health Information collected from you in this study that is maintained in the research records will be kept for at least six years after the study is finished. At that time any research information not already in your medical record will either be destroyed or it will be de-identified. This authorization does not expire and any research information entered into your medical record will be kept for as long as your medical record is kept by the Medical Center.

You will not be able to obtain a copy of your Protected Health Information in the research records until all activities in the study are completely finished.

You can tell Daryl S. Henshaw, MD that you want to take away your permission to use and share your Protected Health Information at any time by sending a letter to this address:

Daryl S. Henshaw, MD
[redacted]

However, if you take away permission to use your Protected Health Information you will not be able to be in the study any longer. We will stop collecting any more information about you, but any information we have already collected can still be used for the purposes of the research study.

By signing this form you give us permission to use your Protected Health Information for this study.

If you choose to participate in this study, your medical record at Wake Forest University Baptist Medical Center will indicate that you are enrolled in a clinical trial. Information about the research and any medications or devices you are being given as a participant may also be included in your medical record. This part of the medical record will only be available to people who have authorized access to your medical record. If you are not a patient at this Medical Center, a medical record will be created for you anyway to ensure that this important information is available to doctors in case of an emergency.

A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this Web site at any time.

Laboratory test results and other medical reports created as a result of your participation in the research study may be entered into the computer systems of Wake Forest University Health Sciences and North Carolina Baptist Hospital. These will be kept secure, with access to this information limited to individuals with proper authority, but who may not be directly involved with this research study.

A North Carolina Baptist Hospital (NCBH) medical record will be created for all study participants. Information about your participation in the study will be placed in the NCBH medical record, along with any routine medical test results that were obtained at NCBH as part of this study.

WHAT ARE MY RIGHTS AS A RESEARCH STUDY PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or you may leave the

study at any time. Refusing to participate or leaving the study will not result in any penalty or loss of benefits to which you are entitled. If you decide to stop participating in the study we encourage you to talk to the investigators or study staff first to learn about any potential health or safety consequences. The investigators also have the right to stop your participation in the study at any time. This could be because it is in your best medical interest, your condition worsens or changes unexpectedly, you failed to follow the instructions related to the study, or the entire study was stopped.

You will be given any new information we become aware of that would affect your willingness to continue to participate in the study.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or in the event of a research-related injury, contact the study investigator, Daryl S. Henshaw, MD at [redacted].

The Institutional Review Board (IRB) is a group of people who review the research to protect your rights. If you have a question about your rights as a research participant, or you would like to discuss problems or concerns, have questions or want to offer input, or you want to obtain additional information, you should contact the Chairman of the IRB at [redacted].

You will be given a copy of this signed consent form.

SIGNATURES

I agree to take part in this study. I authorize the use and disclosure of my health information as described in this consent and authorization form. If I have not already received a copy of the Privacy Notice, I may request one or one will be made available to me. I have had a chance to ask questions about being in this study and have those questions answered. By signing this consent and authorization form, I am not releasing or agreeing to release the investigator, the sponsor, the institution or its agents from liability for negligence.

Subject Name (Printed):_____

Subject Signature: _____ Date: _____Time:_____ am pm

Person Obtaining Consent (Printed):_____

Person Obtaining Consent:_____ Date:_____ Time:_____ am pm