INFORMED CONSENT FORM

Official title: RAFA Trial: Radiofrequency Ablation of Adenomyosis

NCT number: NCT05130190

IRB Approved date: 04-09-22

Consent to be part of a research study
To be conducted at
The University of Texas Southwestern Medical Center

Key Information about this Study

The purpose of this research study is to test a method of treating a condition called adenomyosis. Women who have adenomyosis and are participants already planning to undergo a hysterectomy may be included in this research study. All study participants will have to pass a standard pre-operative health assessment prior to surgery. During surgery, the ProVu System (radiofrequency ablation/RF) will be used on areas of adenomyosis during the planned hysterectomy and treated tissue will be sent to pathology for analysis. Study participation ends when the participant has completed the hysterectomy and postoperative period (6 +/-2 weeks).

As with any surgery, there are standard risks and physical discomforts; this study procedure is not expected to increase or decrease those risks.

If you are interested in learning more about this study, please continue to read below.

Information about this form

You may be eligible to take part in a research study. This form gives you important information about the study.

Please take time to review this information carefully. You should talk to the researchers about the study and ask them any questions you have. You may also wish to talk to others (for example, your friends, family, or a doctor) about your participation in this study. If you decide to take part in the study, you will be asked to sign this form. Before you sign this form, be sure you understand what the study is about, including the risks and possible benefits to you.

Please tell the researchers or study staff if you are taking part in another research study.

Your doctor is a research investigator in this study. S/he is interested in both your medical care and the conduct of this research study. At any time, you may discuss your care with another doctor who is not part of this research study. You do not have to take part in any research study offered by your doctor.

Voluntary Participation

You do not have to participate if you don't want to. You may also leave the study at any time. If you decide to stop taking part in this research study, it will not affect your relationship with the UT Southwestern staff or doctors. Whether you participate or not will have no effect on your legal rights or the quality of your health care.

If you are a medical student, fellow, faculty, or staff at the Medical Center, your status will not be affected in any way.

General Information – "Who is conducting this research?"

Principal Investigator

The Principal Investigator (PI) is the researcher directing this study; the PI is responsible for protecting your rights, safety and welfare as a participant in the research. The PI for this study is Kimberly Kho, M.D., M.P.H., department of Gynecology at UT Southwestern Medical Center.

Funding

Hologic, Inc., a for-profit company, is funding this study. The company designed the study, drafted the study plan and is providing money to UT Southwestern Medical Center so that the researchers can conduct the study.

Purpose – "Why is this study being done?"

Adenomyosis is a gynecological condition characterized by the growth of endometrial cells in the uterine wall. While it is a benign condition, it can cause frustrating symptoms such as chronic pain, heavy bleeding, and infertility. Currently, a hysterectomy (surgical removal of uterus) is the only definitive treatment for adenomyosis. This study could prove radiofrequency ablation (using heat produced by radio waves to destroy tissue) as a feasible treatment for adenomyosis. Researchers hope to determine the effectiveness of radiofrequency as a treatment for adenomyosis.

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.

Information about Study Participants – "Who is participating in this research?"

You are being asked to be a participant in this study because you have at least one identified area of adenomyosis and/or adenomyomas and also plan to undergo a hysterectomy due to benign conditions. This study will enroll approximately 20 study participants.

Information about Study Procedures – "What will be done if you decide to be in the research?"

While you are taking part in this study, you will be asked to attend approximately one visit with research personnel. This visit will take place during your scheduled pre-operative appointment in clinic. You will follow up with your surgeon at your post-operative appointment as standard of care.

Screening
After you sign this consent to participate, exams, tests, and/or procedures may be done as described below to find out if you can continue in the study; this is called screening. We may be able to use the results of exams, tests, and/or procedures you completed before enrolling in this study. You will be told which results we will obtain and which procedures will not have to be repeated. Many of the procedures are described below as "standard care" and would be done even if you do not take part in this research study. You will be told which ones are for "research only".

Screening Procedures

- **Pre-Op Health Assessment:** The results of the physical examination done as part of your standard of care will be used.
- **Endometrial Biopsy (EMB):** An EMB will be obtained prior to surgery as a standard of care.
- **Pregnancy Test:** If you are capable of becoming pregnant, a pregnancy test will also be done before you receive study treatment as a standard of care.
- **Magnetic Resonance Imaging (MRI):** MRI images will be reviewed if completed in the last 12 months as a standard of care. If images are older than 12 months or no imaging has been completed, an MRI will need to be obtained before surgery (in this case, this would be research only).

This visit will take approximately one hour. If MRI is needed, time may vary as this is not done in clinic and will be scheduled separately.

The results of the screening exams, tests, and/or procedures will be reviewed to determine whether you will be allowed to continue in the study. If you are not allowed to continue in the study, the researcher will discuss the reasons with you and will discuss other possible options.

Study Procedures - as a participant, you will undergo the following procedures

Prior to surgery:

- Pre-Op Health Assessment: The results of the physical examination done as part of your standard of care will be used.
- Endometrial Biopsy: An EMB will be obtained prior to surgery as a standard of care.
- Pregnancy Test: A pregnancy test will be obtained prior to surgery as a standard of care.
- MRI: Images will be reviewed if completed in the last 12 months as a standard of care. If images are older than 12 months or no imaging has been completed, an MRI will need to be obtained before surgery (in this case, this would be research only). You will have an MRI of your pelvis. For this procedure, you will lie still inside a large, doughnut-shaped magnet, also called the MRI scanner. The MRI technologist can see and hear you during the procedure. You will also be given a squeeze ball to use for communication. You will be inside the MRI scanner for approximately 30-60 minutes.

Study treatment:

- All participants will be under general anesthesia.
- Standard sterile preparation and operative technique will be used.
- In the operating room, imaging via ultrasound will be used to locate target areas of adenomyosis prior to treatment, measure the volume of tissue to be treated, and to guide the placement of the treatment probe.
- The ProVu treatment device will be used to deliver a controlled electric current to affected tissue based on its size.
- Information on all treated tissue regarding location, size, treatment temperature, and treatment time will be documented.
- The treatment probe will be removed.
- All hysterectomies will be performed according to standard surgical practice.
- The treated tissue will be sent to the hospital pathologist for analysis.
- All participants will exit the study at the time of the postoperative follow up.
- All other medical care shall be in accordance with accepted medical practice.

Could your participation end early?

There are several reasons why the researchers may need to end your participation in the study (early withdrawal). Some reasons are:

- The researcher believes that it is not in your best interest to stay in the study.
- You become ineligible to participate.
- Your condition changes and you need treatment that is not allowed while you are taking part in the study.
- You do not follow instructions from the researchers.
- The study is stopped.
  It is possible that this study will identify information about you that was previously unknown, such as disease status or risk. There are no plans to provide this information to you or your physician.

Risks – "What are the risks of participation in the research?"

Risks from the specific research procedures (interventions or procedures)

The following section will describe the risks related to your participation in this research study. You should talk to your study doctor about any side effects or other problems that you have while taking part in the study.

- **Standard surgical risks**
  These include (but are not limited to), nausea, vomiting, pain, bleeding, infection, poor healing, hernia formation, temporary change in bowel or bladder function, formation of adhesions, air in tissue or abdominal cavity, bleeding at incision site(s) or abdominal wall, a sudden drop in heart rate and blood pressure leading to fainting heart attack, fever, infection, and inflammation in the abdomen. Unexpected reactions can occur from any drug or anesthetic that is administered. Unintended injury may occur to other pelvic or abdominal structures such as fallopian tubes, ovaries, uterus, bladder, ureter, bowel, or large blood vessels. Such injury may require immediate surgery or may require surgery at a later time.

Dangerous blood clots may form in the legs or lungs. Participation in this study is not expected to alter the likelihood of occurrence or severity of any of these standard surgical risks.

- **Device risk**
  Risks associated with the use of radiofrequency ablation in this study are minimal due to the laparoscopic or direct visualization technique utilized in this study. In addition, ultrasound is used to locate and observe regions within the uterus that are not easily visualized directly. The ProVu System is designed to monitor temperature at three locations of the leg pads and therefore risks of skin burns to the abdomen and legs are minimized.

Known risks associated with radiofrequency ablation of fibroids include: skin burn(s), mild surgical bleeding, non-permanent urinary retention or urinary tract infection, adhesion (scar tissue) formation, discomfort after surgery (cramping, pelvic pain), and non-permanent loss of menstruation:
• The risk of skin burn from the release of radiofrequency energy is minimal and is a common risk for electrosurgical procedures.
• Bleeding may be observed due to injury to blood vessels in the area that the sharp electrosurgical device is inserted and distributed. Hemorrhage may occur from a heat injury to large blood vessels in the treated area(s).
• Urinary retention or urinary tract infection are common complications having a catheter placed in the bladder.
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• The formation of adhesions (scar tissue formation) following laparoscopic surgery is a natural risk of undergoing the procedure.
• Cramping or pelvic pain may be experienced after the procedure and may require non-steroidal anti-inflammatory drugs (NSAID) or other pain medication for relief.
• There is a possibility that non-permanent loss of menstruation may result from this or any surgical procedure due to the effects of surgery and anesthesia on hypothalamic (brain is linked to the hormone system via the pituitary gland) function.

Additional potential risks include: infection, injury to nearby structures, vaginal bleeding and temporary anemia, blood loss requiring transfusion or hysterectomy, pneumothorax (air in the lung), separation of surgical wound, blood clot in the vein and/or lung, treatment failure, and complications related to laparoscopy and/or general anesthesia, including death. After radiofrequency ablation of fibroids, the use of instruments in the uterine cavity should be performed with caution and only when absolutely necessary.

- **Physical risks and discomforts**
  The participants will undergo normal medical care in every respect except that additional pre-operative screening (MRI) might be needed if not done in the last 12 months and the ProVu System will be used immediately prior to the scheduled hysterectomy. The use of the ProVu System will add approximately 30 minutes of anesthesia time. The additional anesthesia time is not considered significant. This study is considered to be non-significant risk (NSR) because the hysterectomy has been planned and only 30 minutes of additional anesthesia time is required to complete the ablation procedures.

- **Confidentiality**
  Every effort will be made to maintain confidentiality. Participants will be identified primarily by their case report form (CRF) code in the records and databases kept by the company. All the CRFs in which study data are maintained will be coded to disguise any of the participants' personal information that is unrelated to the study. We cannot guarantee complete confidentiality as participant data may need to be made available to treating medical personnel, Hologic, Inc., or other authorized outside agencies such as the United States Food and Drug Administration (FDA).

Are there Risks related to withdrawing from the study?

If you decide to withdraw from this study early, please discuss your decision with the principal investigator. There is no risk to you if you do not complete the final withdrawal procedures and you can choose not to participate in them.

Are there risks if you also participate in other research studies?
Being in more than one research study at the same time may increase the risk to you. It may also affect the results of the studies. You should not take part in more than one study without approval from the researchers.

What if a research-related injury occurs?
The researchers have taken steps to minimize the known or expected risks. However, you may still experience problems or side effects, even though the researchers are careful to avoid them. In the event of a research-related injury or if you experience an adverse reaction, please immediately contact your study doctor. See the section "contact information" for phone numbers and additional information. You may also need to tell your regular doctors.

If you are injured or made sick from taking part in this research study, medical care will be provided. This care may be billed to you or your insurance. Depending on the circumstances, this care may be provided at no cost to you. We have no plans to give you money if you are injured. The investigator can provide you with more information.

If you sign this form, you do not give up your right to seek additional compensation if you are harmed as a result of being in this study.

Benefits – "How could you or others benefit from your taking part in this study?"

You may not receive any personal benefits from being in this study. We hope the information learned from this study will benefit other people with similar conditions in the future.

Payments – Will there be any payments for participation?

You will be issued a UT Southwestern Greenphire ClinCard, which can be used as a credit or debit card. Compensation of $300 will be credited to the card after completion of study procedures (on completion of your surgery). Your name, address, date of birth and social security number will be shared with a third-party solely for the purposes of compensation processing. All information will be stored in a secure fashion.

Please note that if you are on record as owing money to the State of Texas, such as for back child support or a delinquent student loan, the payment may be applied to that debt.

An IRS Form 1099 will be sent to you if your total payments are $600 or more in a calendar year, unless it's a reimbursement.

Confidentiality – How will your records be kept confidential?

Information we learn about you in this study will be handled in a confidential manner, within the limits of the law. If we publish the results of the study in a scientific journal or book, we will not identify you. The Institutional Review Board and other groups that have the responsibility of monitoring research may want to see study records which identify you as a participant in this study.

How will my information and/or tissue samples be used?
Your personal information and/or biospecimens collected during this study will not be used or distributed for future research studies even if the information is de-identified and cannot be linked back to you.

Research policies require that private information about you be protected and this is especially true for your health information. However, the law sometimes allows or requires others to see your information. The information given below describes how your privacy and the confidentiality of your research records will be protected in this study. Medical information collected during this study and the results of any test or procedure that may affect your medical care may be included in your medical record. The information included in your medical record will be available to health care providers and authorized persons including your insurance company.

What is Protected Health Information (PHI)?
Protected Health Information is information about a person's health that includes information that would make it possible to figure out whose it is. According to the law, you have the right to decide who can see your protected health information. If you choose to take part in this study, you will be giving your permission to the investigators and the research study staff (individuals carrying out the study) to see and use your health information for this research study. In carrying out this research, the health information we will see and use about you will include: your medical history, information that we get from your medical record, information that is created or collected during your participation in the study, information that you give us, imaging results, pathology results, and demographic information.

We will get this information by asking you and accessing your electronic medical record at UT Southwestern Medical Center.

How will your PHI be shared?
Because this is a research study, we will be unable to keep your PHI completely confidential. We may share your health information with people and groups involved in overseeing this research study including:

- the Sponsor, Hologic, Inc., funding the study. The sponsor includes any people, entities, groups or companies working for or with the sponsor or owned by the sponsor. The sponsor will receive written reports about your participation in the research. The sponsor may look at your health information to assure the quality of the information used in the research.
- the company, Hologic, Inc., that makes the study device.
- the members of the local research team.
- The Institutional Review Board, Human Research Protection Program Office, the Compliance Office of the University of Texas Southwestern Medical Center, and other groups that oversee how research studies are carried out.
- The Research offices at the University of Texas Southwestern Medical Center.
- The Food and Drug Administration (FDA) and other U.S. and international governmental regulatory agencies involved in overseeing drug or device research.
- Representatives of domestic and foreign governmental and regulatory agencies may be granted direct access to your health information for oversight, compliance activities, and determination of approval for new medicines, devices, or procedures.

If you decide to participate in this study, you will be giving your permission for the groups named above, to collect, use and share your health information. If you choose not to let these groups collect, use and share your health information as explained above, you will not be able to participate in the research study.

Parts of your PHI may be photocopied and sent to a central location or it may be transmitted electronically, such as by e-mail or fax. The groups receiving your health information may not be obligated to keep it private. They may pass information on to other groups or individuals not named here.

How will your PHI be protected?
Research records will be marked by a designated code number instead of your name. Participant research files, including signed consent forms, will be kept in locked cabinets at the study site. All data to be collected electronically will be kept in a password protected database with only approved research personnel having

access to this database. All information provided to the investigator by the manufacturer, or its designates, including non-clinical data, protocols, CRFs, and verbal and written information, will be kept strictly confidential and confined to the research staff involved in conducting the study. If the results of this study are reported in medical journals or at meetings, you will not be identified.

Do you have to allow the use of your health information?
You do not have to allow (authorize) the researchers and other groups to see and share your health information. If you choose not to let the researchers and other groups use your health information, there will be no penalties but you will not be allowed to participate in the study.

After you enroll in this study, you may ask the researchers to stop using your health information at any time. However, you need to say this in writing and send your letter to:

Kimberly Kho M.D.
5939 Harry Hines Blvd.
5th Floor, Office: HQ05252
Dallas, Texas
75235

If you tell the researchers to stop using your health information, your participation in the study will end and the study staff will stop collecting new health information from you and about you for this study. However, the study staff will continue to use the health information collected up to the time they receive your letter asking them to stop.

Can you ask to see the PHI that is collected about you for this study?
The federal rules say that you can see the health information that we collect about you and use in this study. Contact the study staff if you have a need to review your PHI collected for this study.

How long will your PHI be used?
By signing this form, you agree to let us use and disclose your health information for purposes of the study until the end of the study. This permission to use your personal health information expires when the research ends and all required study monitoring is over.

Contact Information – Who can you contact if you have questions, concerns, comments or complaints?

If you have questions now, feel free to ask us. If you have additional questions, concerns, comments or complaints later or you wish to report a problem which may be related to this study please contact:

Primary contact:
Marisa Latham RN, BSN can be reached at 214-762-6221.

If primary is not available, contact
Kimberly Kho M.D. can be reached at 214-648-6430.

The University of Texas Southwestern Medical Center Human Research Protection Program (HRPP) oversees research on human participants. HRPP and Institutional Review Board (IRB) representatives will answer any questions about your rights as a research participant, and take any concerns, comments or complaints you may wish to offer. You can contact the HRPP by calling the office at 214-648-3060.

Research Consent & Authorization Signature Section

If you agree to participate in this research and agree to the use of your protected health information in this research, sign this section. You will be given a copy of this form to keep. You do not waive any of your legal rights by signing this form.

SIGN THIS FORM ONLY IF THE FOLLOWING STATEMENTS ARE TRUE:

- You have read (or been read) the information provided above.
- Your questions have been answered to your satisfaction about the research and about the collection, use and sharing of your protected health information.
- You have freely decided to participate in this research or you are voluntarily giving your consent for another person to participate in this study because you believe this person would want to take part if able to make the decision and you believe it is in this person's best interest.
- You understand that a copy of this signed consent document, information about this study, and the results of any test or procedure that may affect your medical care, may be included in your medical record. Information in your medical record will be available to health care providers and authorized persons including your insurance company.
- You authorize the collection, use and sharing of your protected health information (another person's protected health information) as described in this form.

Adult Signature Section

Printed Name of Participant	Signature of Participant	Date	Time AM PM
Printed Name of Person Obtaining Consent	Signature of Person Obtaining Consent	Date	Time AM PM

Witness / Interpreter Signature Section

Interpreter/witness (Interpreter signature required per hospital policies when physically present.)

I attest that I have interpreted the information in this consent form and it was explained to, and apparently understood by the participant or the participant's legal authorized representative, and that informed consent was freely given by the participant or the participant's legally authorized representative as indicated by their signature on the associated **short form**.

Printed Name of Interpreter	Signature of Interpreter	Date	Time AM PM

Witness Signature (required when interpreter is not physically present-e.g., Language Line is used):

By signing below:

I attest that the information in the consent form was accurately explained to, and apparently understood by the participant or the participant's legal authorized representative, and that informed consent was freely given by the participant or the participant's legally authorized representative as indicated by their signature on the associated **short form**.

Printed Name of witness	Signature of witness	Date	Time AM PM

Blind or Illiterate Signature Section *At the time of consent, also complete this section if consent is obtained from an individual who is unable to read and/or write but can otherwise communicate and/or comprehend English (e.g., blind, physically unable to write, etc.)*

Declaration of witness:

By signing below, I confirm I was present for the entire consent process. The method used for communication (e.g., verbal, written, etc.) with the participant was: _____ .

The specific means (e.g., verbal, written, etc.) by which the participant communicated agreement to participate was: _____.

Printed Name of Witness	Signature of Witness	Date	Time AM PM

IRB Approved Date: 4/9/2022