To explore the potential of UCH-L1 as a novel therapeutic and diagnostic target in heart failure

NCT04999995

August 13, 2024

[redacted] RESEARCH CONSENT FORM

Subject Name: _____ **Last 4 SSN:** _____ **Date:** _____

Title of Study: Diagnostic potential of UCHL1 in acute decompensated heart failure
Local Site Investigator: [redacted]
Phone: [redacted]

Study Sponsor: [redacted]

1. **INTRODUCTION AND PURPOSE:** We are asking for your participation in a research study conducted at the [redacted] because you are being admitted to the hospital for shortness of breath. Shortness of breath is a common problem and can have many causes. One of the most common is heart failure. Heart failure is a condition where the heart becomes dysfunctional and is not able to pump blood as effectively as it should. One of the consequences of this is that there is a backup of fluid into the lungs causing a sensation of not being able to breathe well, especially when you exert yourself. The reasons for heart failure are many, including long standing high blood pressure and prior heart attacks. Most conditions that lead to heart failure do so by altering the structure of the heart muscles. One of the processes that leads to this alteration involves impairments in cleaning up of proteins that are not working properly within the heart muscle cells. There is an enzyme called UCHL1 that may prevent the heart muscle cells from properly cleaning up bad proteins when faced with injury. We are interested in seeing if this enzyme UCHL1 can be detected in the blood of patients who present with shortness of breath specifically related to heart failure. The purpose of this study is to determine the ability of blood levels of UCHL1 to help us identify patients who have shortness of breath due to heart failure.

2. **ELIGIBILITY TO PARTICIPATE**: You will be eligible to participate in this study if you are admitted to the hospital for shortness of breath, whether it is related to heart failure or not.

3. **DESCRIPTION OF STUDY PROCEDURES** – There will be NO experimental therapies administered as part of this research trial. We will approach you for enrollment into the study on the day of or the day immediately after your admission to the hospital. If you agree to participate in the study, we will ask you to sign the consent document and we will give you a copy of this document. We will also place a copy in your chart. We will then draw a blood sample and we will also request a urine sample as well. Once we have collected your blood and urine samples, we will conduct a test of how much extra water is in your body. In order to perform this test, you will need to lie down on the hospital bed flat for about 5 minutes. During that time, we will place electrode strips to your skin on your arm and leg. The machine that is recording is recording electrical activity through your skin, very similar to how an EKG machine reads your heart activity. At the end of this recording, we will remove the electrodes and the research activities will be completed for the day.

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If you have heart failure, we will do this test for a total of 5 days or until you are discharged from the hospital (whichever happens first). If you are here longer than 5 days, we will repeat the test at discharge from the hospital. For all patients with heart failure, we will collect a second blood and urine sample once you have lost about 5% of the weight that you came to the hospital with, had a 20% decrease in a blood marker of heart failure, or you are ready for discharge from the hospital (whichever occurs first). We will also be recording your lab values, vital signs, weight (standing on a scale, or bed scale if you are unable to stand), urine output, and medications you receive during your hospital stay for the same amount of time as above. We will also record these values at discharge from the hospital, if it occurs later.

For patients who are admitted for shortness of breath without heart failure, we will record your lab values, vital signs, weight, medications one more time at the time of discharge from the hospital. We will also collect one more sample of blood and urine. No further follow up will be requested.

For patients who were admitted with heart failure, we will request to see you at your follow up visit for one more collection of blood and urine sample, assessment of body water status, vital signs, weight, medications and any lab-work that was done for the visit. This follow up visit is anticipated to be about 30 days +/- 14 days from your discharge date.
If there is no follow up set up, we will coordinate with you the best day and time for a research clinic visit at the [redacted]. Your will be reimbursed $30 via a check that will be mailed to you (unless you have electronic fund transfer set up with the [redacted]), for travel related costs.

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Group	Day of admission/or Day after		During hospitalization (2)		At discharge		At outpatient follow up (up to 30 days following discharge)	
	HF	NoHF	HF	NoHF	HF	NoHF	HF	NoHF
Informed consent	x	x						
Blood collection	x	x			x	x	x	
Urine collection	x	x			x	x	x	
Recording of medical history, medication history, Past labs	x	x						
Bioimpedance Measurement (measurement of how much extra water is in your body)	x	x	x		x		x	
Echocardiogram(1)			x	x				
Recording of lab work, medications			x	x	x	x	x	

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Echocardiogram: a test that uses high frequency sound waves (ultrasound) to make pictures of your heart (American Heart Association, 2015)

HF: heart failure; NoHF: no heart failure.
(1) Only for those without a recent echocardiogram (this would be within 12 months prior to the hospitalization).
(2) During hospitalization we will monitor your weight loss and record values until you reach a prespecified endpoint – which is a percentage of weight loss or change in value of a blood test your doctors may order.

4. **Risks of Participation**: Given that this is primarily an observational study, we anticipate that the risks you will be subjected to are minimal. Most of the data collected will be part of routine clinical care. We will attempt to make blood draws at the same time as any blood draws that already scheduled to be performed for your regular care. This way we can just add our tubes to that which is already being collected. Any additional blood draws may cause some discomfort due to the insertion of the needle into the veins; there is also the possibility that during the blood draw we could inadvertently injure the vein resulting in lingering discomfort or visible bruising. We will minimize this risk by utilizing trained individuals for the blood draw and again trying to combine the research blood draw with any that is already happening for your regular care.

Some people may find extra testing, such as that which will be done for body water assessment, uncomfortable. We anticipate that the discomfort should be minimal as you will not need to do anything during the assessment. If there is an inability to lay still for the time required, we will stop the assessment and try to do it at another time you choose. There will be electrodes placed on the skin with a sticky

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substance. Very rarely, some people will develop an allergic reaction to the substance. If that occurs, we will not continue the test for you.

For patients who receive a study provided echocardiogram, there may be discomfort from the pressure of the ultrasound probe against the chest. We will try to minimize this by performing a limited echocardiogram only. In addition, if a recent echocardiogram is not available, the study provided echocardiogram may identify new problems. This may result in emotional distress for some individuals. We will provide as much support as possible in this situation and notify your healthcare providers immediately so that appropriate care can be provided.

We recommend you review these risks with your healthcare provider(s).

5. **BENEFITS OF PARTICIPATION**: There will likely be no direct benefit to you if you decide to participate. The one exception is those who have not had a recent echocardiogram. If you had not had a recent echocardiogram, and one is provided by the study, then we may identify a problem that was not known and thus be able to provide treatment if one is available.

We anticipate that any significant benefit would be realized for future patients with heart failure. If we identify the compound UCHL1 as an important marker of heart failure, we may be able to use it in the management of future heart failure patients.

6. OTHER TREATMENT AVAILABLE, ALTERNATIVES TO PARTICIPATION: The alternative to participation in this study is to not participate.

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7. COMPENSATION STATEMENT:
For patients who have heart failure and will be followed up after discharge, if the follow up is not coordinated with an already planned visit, you will be reimbursed $30 for travel time/costs. This amount will be paid to you via a mailed check (if an EFT connection has not been established). Participants will not be required to pay for care received in a [redacted] research project. Some veterans are required to pay co-payments for medical care and services provided by [redacted]. These copayment requirements will continue to apply to all medical care and services provided by the [redacted] that are not part of this study.

8. **INDEMNITY:** The [redacted] will provide any necessary medical treatment should you be injured by participation in this study. You will be treated for the injury within this [redacted] facility, with limited exception, at no cost to you. This also pertains to non-veteran participants enrolled in [redacted]-approved research who sustain a research-related injury. Exceptions would be situations where this facility would not be capable of furnishing the care required, and in this case the Medical Center Direct of this [redacted] facility will provide reasonable reimbursement for emergency treatment in a [redacted] facility. This requirement does not apply to treatment for injuries that result from non-compliance by a research participant with study procedures.

9. VOLUNTARY PARTICIPATION
Your participation in the study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You have the right to discontinue participation and/or withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled. If you decide to withdraw from the study, simply notify [redacted]. Your decision to participate or withdraw from this study will have no effect on your current or future [redacted] benefits or disability rating or the care and treatment you receive at the [redacted].

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You have a right to privacy, and all information that will be collected for this study will be treated confidentially. Your medical information, such as information about your general health and your answers to the questions on the questionnaires will be kept confidential. The research team may report a summary of the research findings at professional meetings or in professional papers. Your information will be reported as part of the entire group of people who complete the study. Only group information will be presented so that none of your personal information and answers will be identified.

ADDITIONAL NOTIFICATIONS:

(a) **Termination of participation**: If, during work up your data suggests that you no longer qualify to be part of the study you may be removed from the study. If you are deemed to be too sick to recover and you or your family decides that it would be in the best interest for you to stop aggressive medical therapy, we will remove you from the study.

(b) **Additional Costs to the participant:** There are no additional costs to the participant that may result from participation in the research.

(c) **Consequences of self-termination from the study:** There is no consequence to you if you decide to remove yourself from the study. Let the local site investigator, [redacted] know and we will stop all study procedures. Some of the study samples may have been processed already so data and samples already acquired may be part of the data set already. If you would like all your data and samples removed from the study, we will make all attempts at doing so.

(d) **Updates to the participant:** Significant new findings developed during research which may relate to the participant's willingness to continue participation will be provided to the participant.
Storage of samples for future use: The main analysis of this study is the protein UCHL1. This will be analyzed in the blood by [redacted] colleague. They will not have access to any other information about you. All samples will be stored and transferred in vials that only contain a number that is linked to your name, but they will not have that linked information. The remaining

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[redacted]

blood and urine specimens will be stored at the [redacted] for future analysis. This is because most analyses that are not part of routine care need to be run as a group. The future analyses will include looking at other markers of heart failure and kidney function. The specimens will be stored until completely utilized for the research purposes. Only the local site investigator. [redacted], and individuals who are credentialed by the [redacted] to be part of this research project, under the supervision of [redacted], will have access to these specimens.

(e) **Storage of data after completion of study:** All study data, that includes your information, will be stored in a database that will be secured within the [redacted] security system. Databases are password protected and can only be accessed by [redacted] and members of her team, whom she has designated as having the right to access the data, such as a statistician.

(f) **Future economic potential of this data:** It is not known whether the specimens obtained may lead to future financially profitable products, but that is always possible.

(g) **ClinicalTrials.gov:** 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.

(h) **Personal Data and Who Can See It:** Health Authorities (government groups, such as the FDA, who make sure that clinical studies are conducted according to established quality and safety standards) may request study information.

10. RESEARCH PARTICIPANT'S RIGHTS: I have read, and/or I have had read to me all the above. I have been able to ask questions and I have had them answered. I have been told of the risks or discomforts and possible benefits of the study. I understand that I do not have to take part in the study and that my refusal to take part in the study will involve no penalty or loss of rights to which I am entitled. I may withdraw from this study at any time without penalty of loss of [redacted] and/or other benefits to which I am entitled.

The results of this study may be published, but my records will not be revealed unless required by law.

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I REALIZE I HAVE NOT RELEASED THIS INSTITUTION FROM LIABILITY FOR NEGLIGENCE. IF I AM INJURED IN ANY WAY BY MY PARTICIPATION IN THIS STUDY, APPLICABLE FEDERAL LAWS MAY OR MAY NOT ALLOW ME TO RECEIVE COMPENSATION FOR THOSE INJURIES.

11. CONTACT PERSONS: In case there are medical problems or questions, I understand that I can contact [redacted]**; or contact the operator or call 911 for emergency assistance during evening hours. If any medical problems occur in connection with this study, the [redacted] will provide emergency care.**

If I have questions about the informed consent or my rights as a research participant, I can contact: the [redacted] Institutional Review Board (IRB) [redacted] If I wish to speak with someone not directly involved in the research to discuss problems, concerns, questions, complaints, obtain information or offer input about my participation in the research I can contact: [redacted]

I HAVE HAD MY RIGHTS AS A RESEARCH PARTICIPANT EXPLAINED TO ME AND I WILLINGLY AGREE TO JOIN THIS STUDY. I have had the study explained to me, what it is about and how and why it is being done. I will receive a signed and dated copy of this consent form.

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[redacted]

SIGNATURES/DATES

I have been given a chance to ask questions about this research study. These questions have been answered to my satisfaction. I agree to participate in this study. I have received (or will receive) a copy of this form for my own records. My signature below indicates that I wish to participate in this research study.

_____ _____ _____
Print Name of Participant **Signature of Participant** **Date**

_____
Print Name of Legally Authorized Representative (if applicable)

_____ _____
Signature of Legally Authorized Representative (if applicable) **Date**

_____ _____ _____
Print Name of Person Obtaining Consent **Signature of Person Obtaining Consent** **Date**

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To be completed by the person obtaining consent:
Please initial to indicate you have given the research participant a copy of the Volunteering in Research brochure with the Patient Research Advocate contact information attached. ☐

Additional comments: _____