BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK

Kings County Hospital Center

Subject Information and Informed Consent Form

Protocol Title:	Antihypertensive Treatment for Acute Cerebral Hemorrhage (ATACH)-II: A Phase III Randomized Multicenter Clinical Trial of Blood Pressure Reduction for Hypertension in Acute Intracerebral Hemorrhage.
Sponsor:	NINDS
Protocol #:	R01 NS062091 R01 NS061861
Principal Investigator:	Helen Valsamis, MD Kings County Hospital Center Department of Neurology 451 Clarkson Ave. Brooklyn NY 11203. Ph: 718-270-5403

HHC#_____

Your participation in this study is voluntary. Please take your time and read this Informed Consent Form carefully before you decide whether or not you want to be in this research study. Please ask the study doctor or a person who is a member of the study any questions you may have about this study. You may also like to take a copy of this form home to look at and read with your family and friends.

Disclosure of Financial Interests

A branch of the national government called The National Institute of Neurological Disorders and Stroke (NINDS) is providing money to the Kings County Hospital Center on a per patient basis for doing this clinical trial. If you would like further details regarding the money issues of this trial, please contact the Biomedical Research Alliance of New York Institutional Review Board at 516-470-6909.

Purpose of the Study

We are asking if you want to be in a research study. This study is for people who have had a stroke where there is bleeding in the brain, the most serious and deadly type of stroke. You are being asked to be in this study because pictures of your brain showed that there is blood in your brain.

The purpose of this study is to find out if reducing your blood pressure to a lower level than the usual treatment is better for patients who have had a stroke where there is bleeding in the brain. This is the most serious and deadly type of stroke. We are asking you to be in this study because pictures of your brain showed that there is blood in your brain. Doctors try to reduce a person's blood pressure when they have a stroke where there is bleeding in the brain. This is because it may lower the chance of more bleeding. We will be evaluating if reducing blood pressure to a lower level will be better for patients because of a previous study. In that study, patients with bleeding in the brain who had their blood pressure reduced to a lower level did better than patients who only had their blood pressure lowered to the standard level. The standard level means your blood pressure is less than 180 mmHg. The lower level means your blood pressure is less than 140 mmHg. A branch of the government called The Food and Drug Administration (FDA) have approved this study medicine. The medicine is called nicardipine hydrochloride (Cardene®) and it is used to lower blood pressure. Doctors usually use nicardipine to treat people who have had a stroke where there is bleeding in the brain because it reduces high blood

pressure. Intravenous (IV) nicardipine is a drug given through a needle in a vein. It is used for a short period of time. Doctors use IV nicardipine when they do not want to use pills. The way we are going to see which blood pressure target is better is to follow the patients in this study for 3 months and see how they do. We will also examine your brain imaging tests to see if there is a way to predict which patients will benefit the most from SBP treatment.

Your participation in this study will last 3 months. This study site is expected to enroll 40 subjects into this research study. Across all study sites, approximately 1280 subjects will participate in this study.

Description of Procedures

This study involves the following three parts:

1) Screening and treatment through the first 24 hours.
2) After treatment through the first 7 days or just before you leave the hospital.
3) Follow-up at 1 month and 3 months.

Time Period 1: Screening and treatment through the first 24 hours:
This part of the study will take place in the emergency room or in the intensive care unit (ICU).

- As part of your routine care, your doctor will check your glucose level, your blood cell counts, and your electrolytes. They will also check your heart by giving you an EKG test, and they will give you a pregnancy test if you are a woman and you are an age where you could be pregnant.

The activities we will ask you to do are:

- Talking about the informed consent form
- Signing the informed consent form.
- Going over the reason for being in the study.
- If you can be in the study, we will randomly put you in one of two groups. You will have a 50/50 chance of being in either group, like the flip of a coin.
  -Group 1: we will give you the study drug and we will lower your blood pressure to the standard treatment level, which is below 180 mmHg to approximately 160 mmHg.
  -Group 2: we will give you the study drug and you will get blood pressure treatment that lowers your blood pressure to below 140 mmHg to approximately 125 mmHg, which is a lower level than the standard treatment level.
- We will give you the study drug as an IV for up to 24 hours.
  - We will change the amount to keep your blood pressure in the right range.
- We will take your blood pressure every 15-30 minutes while you are on the study medicine.
- You will take another CT scan of your brain 18-24 hours after you start the study medicine.
- The doctor will examine you 24 hours after you start the study medicine.
- We will go over your medical records to look at:
  - Your medical history of stroke or other brain issues you may have had.
  - Results of your lab tests and EKG
  - Medicines you have taken in the past or are taking now.
  - Results of your MRI (if the doctor treating you wants you to have this test)
- We will copy this information from your medical records and record it in the study database
- We will not let anyone else know any personal details.

Time Period 2: After you get treatment with the study drug through day 7 or right before you leave the hospital (whichever happens first):
The following will happen at 3 different times:

1) 48 hours after your stroke
2) 72 hours after your stroke
3) 7 days after your stroke or when you are discharged from the hospital (whichever happens first)

The activities we will ask you to do while you are in the hospital at these 3 different times are:

- We will go over your medical records to look at:
    - Your blood pressure readings
    - Results of any lab tests your doctor may have given you as part of your routine care. Including results of your MRI (if the doctor treating you wants you to have this test).
    - Any other procedures your doctor may have given you as part of your routine care.
- We will copy this information from your medical records and record it in the study database
- We will not let anyone else know any personal details.

Time Period 3: Follow-Up: 1 month and 3 months after your stroke:

- Telephone interview at 1 month
    - A member of the study team will call you for a 20-30 minute talk about the things you have been doing everyday since your stroke.
    - They will ask how you feel, and if you have any side effects or problems with your health.
    - We will go over your medical records. We will write down information without letting any one else know any personal details.
- Visit with a doctor at 3 months (this is standard care for stroke patients)
    - The doctor will examine you.
    - They will ask how you are doing and ask you about the things you have been doing everyday
    - The doctor will see if you are having any side effects or problems with your health.
    - You will fill out a questionnaire that asks about your quality of life, which will take 10 minutes.
    - We will go over your medical records to look at:
        - Your blood pressure readings
        - Results of any lab tests your doctor may have given you as part of your routine care.
        - Any other procedures your doctor may have given you as part of your routine care, including results of your MRI (if the doctor treating you wants you to have this test).
    - We will copy this information from your medical records and record it in the study database
    - We will not let anyone else know any personal details.

Possible Discomforts and Risks

It is not known whether lowering blood pressure to level of 140 or lower is beneficial or harmful in subjects with bleeding in the brain. Your condition may worsen as a result and lead to more neurologic damage. Some risks of taking the study medication (nicardipine) are:

Occasional risks (about 1 in 10 people will experience these risks)

- Low blood pressure
- Increased heart rate
- Headaches
- Nausea
- Vomiting

Rare risk (less than 1 in 20 people will experience this risk)

- Allergic reaction
- Low blood flow in organs of the body (hypoperfusion)
- Change in level of consciousness/awareness
- Weakness in a part of the body
- Numbness in a part of the body
- Low blood flow in the heart
- Decrease in amount of urine

You may have a risk or side-effect we don't know about yet. You might develop a new symptom or health issue. If you do, you should tell the study doctor immediately. You will be notified if significant new findings become known that may affect your wanting to continue in the study.

Pregnancy/Birth Control

You may not participate in this study if you are currently pregnant or if you are trying to become pregnant. There may be risks to an unborn child associated with your taking the study drug. For this reason, you must agree to be abstinent or to use a highly effective means of birth control, such as hormonal contraceptives (birth control pills), intrauterine device (IUD), an implantable contraceptive (such as Norplant®), an injectable contraceptive (Depo-Provera®), a barrier method of contraception (such as a condom and/or diaphragm with spermicide). The study doctor will discuss with you the acceptable methods of birth control. You are responsible for notifying the study doctor if you suspect that you may be pregnant or if you are a male subject and suspect your partner may be pregnant. The study drug may involve risks to you or to the embryo or fetus which are currently unknown.

Possible Benefits

We cannot promise that you will benefit from being in this study. However, possible benefits include better general health after your stroke, and less risk of death. Patients receiving the intensive blood pressure treatment in the previous study tended to do better than those getting the standard treatment. A general benefit of this study is more knowledge about treatment of strokes where there is bleeding in the brain.

Alternative Therapy

If you do not want to be in the study, you have other choices. You can choose to have the standard treatment for bleeding in the brain. This means your blood pressure is reduced to less than 180 mmHg.

Costs

Your insurance provider will be billed for the clinic visits and for the usual tests (standard of care) given to you to monitor your medical condition and/or to determine whether or how much the therapy is helping you. The study drug, Nicardipine, is commercially available, and it is standard therapy for your condition. Therefore, we will bill your insurance provider and you will be billed for any costs that the insurance provider decides should be passed on to you, such as co-payments or deductibles.

You will not be paid to participate in this study.

Compensation for Injury

There is always a possibility, although small, that you might be injured by being in this study. If you are, emergency care will be available and provided. HHC will treat subjects regardless of your inability to pay. If your study visit(s) take place at Kings County Hospital Center, they do not have a policy to pay you directly if you are injured by being in the study. No other compensation will be offered by the sponsor, institution, or BRANY. You are not waiving any legal right to seek additional money through the courts by signing this form.

Confidentiality

To the extent allowed by law, every effort will be made to keep your personal information confidential. However, information from this study will be submitted to the study sponsor and to the U.S. Food and Drug Administration (FDA). It may be submitted to governmental agencies in other countries where the Study Drug may be considered for approval. Medical records, which identify you and the consent form signed by you, will be looked at by the Sponsor or the Sponsor's representatives and may be looked at by the FDA and other regulatory agencies, the Institutional Review Board, and the Biomedical Research

Alliance of New York. While these parties are aware of the need to keep your information confidential, total confidentiality cannot be guaranteed. The results of this research project may be presented at meetings or in publications (written articles); however, you will not be identified in these talks and/ or publications.

Authorization to Use and Disclose Personal Health Information:

Federal regulations give you certain rights related to your health information. These include the right to know who will be able to get the information and why they may be able to get it. The study doctor must get your authorization (approval, permission) to use or give out any health information that might identify you.

If you choose to be in this study, the study doctor will get personal information about you. This may include information that might identify you. The study doctor may also get information about your health, including:

- Past and present medical records
- Research records
- Records about phone calls made as part of this research
- Records about your study visits
    - Information obtained during this research about laboratory test results
    - Results from diagnostic and medical procedures including but not limited to x-rays, physical examinations and medical history, and
    - Billing records.

Information about your health may be used and given to others (listed below) by the study doctor and staff. They might see the research information during and after the study.

Your information may be given to the sponsor of this research. "Sponsor" includes any persons or companies that are working for or with the sponsor, or are owned by the sponsor.

Information about you and your health which might identify you may be given to:

- The U.S. Food and Drug Administration (FDA)
- Department of Health and Human Services (DHHS) agencies
- Biomedical Research Alliance of New York (BRANY)
- The Institutional Review Board
- HHC Corporate Research Staff Members
- Accrediting agencies
- Data Safety Monitoring Boards

Your personal health information may be further shared by the groups above. If shared by them, the information will no longer be covered by the U.S. federal privacy laws. However, these groups are committed to keeping your personal health confidential.

If you give permission to give your identifiable health information to a person or business, the information may no longer be protected. There is a risk that your information will be released to others without your permission.
Information about you and your health that might identify you may be given to others to carry out the research study. The sponsor will analyze and evaluate the results of the study. In addition, people from the sponsor and its consultants will be visiting the research site. They will follow how the study is done, and they will be reviewing your information for this purpose. The information may be given to the FDA. It may also be given to governmental agencies in other countries. This is done so the sponsor can receive marketing approval for new products resulting from this research. The information may also be used to meet what is needed to be told to the government.

This Authorization does not have an expiration date. If you do not withdraw this Authorization in writing, it will remain in effect indefinitely (ongoing).

By signing this consent form, you are giving permission to use and give out the health information listed above for the purposes described above. You do not have to sign this consent form. If you chose not to sign this consent form, you will not be able to be in this research study. Your decision not to sign this consent form you will not have any affect on your medical care and you will not loss any benefits or legal rights to which you are entitled.

You have the right to review and copy your health information. However, if you decide to be in this study and sign this permission form, you may not be allowed to look at or copy your study information until after the research is completed.

You may withdraw or take away your permission to use and disclose your health information at any time. You do this by sending written notice to the study doctor at the address on the front of this informed consent form. If you withdraw your permission, you will not be able to continue being in this study, but you will not have any penalty or loss of access to treatment or other benefits to which you are entitled.

When you withdraw your permission, no new health information which might identify you will be gathered after that date. Information that has already been gathered may still be used and given to others. This would be done if it were necessary for the research to be reliable.

Voluntary Participation/Withdrawal

Your participation in this study is 100% voluntary. You do not have to be in the study if you do not want to. You can agree to be in the study now and change your mind later. If you want to quit the study, you should talk to Dr. Helen Valsamis or one of the study staff members.

HHC is empowered to suspend or cancel research. Dr. Helen Valsamis or the sponsor can take you out of the study without your permission. Possible reasons for this are:

- Being in the study would be unsafe for you
- You do not follow the directions given to you by the study doctor or study staff

If we find out anything new that might affect your decision to stay in the study, we will let you know.

Primary Care Physician/Specialist Notification

Your primary care physician and/or other physicians you are seeing may be notified of your participation in this study so that they can provide you with appropriate, ongoing medical care.

Questions/Complaints/Concerns

If you have any questions or requests for information relating to this research study or your participation in it, or if you want to voice a complaint or concern about this research, you may contact Dr. Helen Valsamis at 718-245-5403.

If you have any questions about your rights as a research subject, or you are unable to reach the research staff, or if you have any complaints regarding this research study, you may contact a person independent of the research team at the Biomedical Research Alliance of New York Institutional Review Board at 516-318-6877.

Questions, concerns or complaints about research can also be registered with the Biomedical Research Alliance of New York Institutional Review Board on the World Wide Web at the following URL: http://www.branyirb.com/outreach/concerns.php

Statement of Consent

I have read this consent form. I have been informed of the risks and benefits involved, and all of my questions have been answered to my satisfaction. Furthermore, I have been told and understand that the study doctor or a member of the study staff will also answer any future questions I may have. I will be given a copy of this consent form for my records. By signing this consent form I voluntarily agree to participate in this study.

_____
Subject's Name (Printed)

_____ _____
Subject's Signature Date

_____
If applicable, Legally Authorized Representative (LAR) (Printed)

_____ _____
Legally Authorized Representative's (LAR) Signature Date

_____
Name of Person Obtaining Consent (Printed)

_____ _____
Signature of Person Obtaining Consent Date

_____
Witness's Name (Printed)

_____ _____
Witness's Signature Date