The SANAD II project is funded by the NIHR Health Technology Assessment Programme.

Trust logo and address
NIHR code

A study of Standard and New Antiepileptic Drugs – SANAD-II

PARENTS INFORMATION SHEET Version 3.0 Dated 15/05/2015

www.sanad2.org.uk

Why is this study needed?

Epilepsy is a common neurological (brain) disorder. Approximately 2-3% of the population will be given a diagnosis of epilepsy by time they reach 60.

A number of new drugs have been approved to treat epilepsy in the United Kingdom in the past few years. These drugs have been shown in research studies to prevent seizures and to be safe. There is as yet, however, no good evidence as to whether they are better at treating epileptic seizures or safer than the standard drugs that have been used for many years.

In this research study – called SANAD-II – we will compare the standard and new antiepileptic drugs to identify which drugs are the most effective and which ones make the best use of NHS resources.

Why has my child been invited to take part in this research study?

Because your child has been recently diagnosed as having epilepsy and has been recommended to start anti-epileptic medication.

What will happen during the study?

Your child's hospital doctor will decide whether your child will need any tests or investigations (e.g., EEG or brain scan) before they start any medication.

If your child's doctor has diagnosed your child as having a localised or focal epilepsy, your child will receive treatment with either the standard treatment drug, called lamotrigine, or the new treatment drugs, called levetiracetam or zonisamide.

If your child's doctor has diagnosed your child as having a generalized or unclassified epilepsy your child will receive treatment with the standard treatment drug, called valproate, or the new treatment drug, called levetiracetam.

The treatment your child will be offered will be chosen at random (by a computer). Neither you nor your child nor your child's doctor can choose which anti-epileptic medication your child will receive. However, once your child has been allocated an anti-epileptic medication, you, your child and your child's doctor will know what it is.

After treatment has been started, your child will be followed up in clinic, typically at 3, 6 and 12 monthly intervals, as is usual in the NHS. After this time your child will be followed up at least once every year and probably until 2018. The exact number of clinic appointments will depend on how well your child has responded to the treatment. You will be asked to write a diary of any seizures that may occur.

Your child will be started on a low dose of the anti-epileptic medication and this will be gradually increased over the first few weeks. If your child continues to have seizures, then the dose may be increased a little more. If your child continues to have more seizures or your child gets side-effects from the treatment then this anti-epileptic medication will be stopped. It will be replaced with a different medication. If this happens we would still like to collect information about your child's progress.

The study started in 2012 and we plan to recruit over 1,500 people with epilepsy, and we wish to follow up everyone who has taken part in the study until 2018.

You will also be asked to complete some questionnaires at the start of your child's treatment and after 3, 6 and 12 months and then every year until 2018. You will receive the first set of questionnaires in the clinic and every other questionnaire at home. We would be very grateful if you would complete them and post them back in the provided prepaid envelope.

What will happen to my child's DNA sample?

Your child will be asked if they are willing to give a sample of their DNA. DNA is the building blocks of our genes. Our genes are what make us who we are. The reason we are asking for your child's DNA is so that it can be used in research. We hope that it will help us to better understand epilepsy and how people respond to different anti-epileptic treatments for their epilepsy.

DNA will only be taken once. It will be taken on the day that you agree for your child to take part in the study or at the earliest time. It should only take about 10 minutes. The DNA will be taken by a blood test. The blood will be taken using a needle and by a fully qualified person. We will ask your child to give 10mls – about two teaspoons – of blood. If your child does not want to have their blood taken or it is difficult to take their blood, we will ask them to give a sample of their saliva (spit).

The samples will be labeled using an anonymous code and will be stored indefinitely. Any link between this code and your child's name will be kept strictly confidential and will NEVER be disclosed. The link will be maintained indefinitely or until the end of our research unless you ask that we destroy your child's DNA sample. Your child's DNA sample will be considered a gift to The University of Liverpool, which will act as custodian of the sample.

Your child's DNA sample will be used in laboratory studies that focus on the causes of epilepsy and response to antiepileptic drug treatment. These studies may be performed now or at some point in the future. As part of this research, we may provide a small amount of your child's sample to other researchers in the UK and overseas. Scientists involved in the processing, storage, and analysis of your child's sample will not be able to identify your child. In all cases, your child's sample will be analysed alongside DNA samples from many other people with epilepsy and any results will not be relevant to your child individually. The results of any analysis performed on your child's DNA sample will not be made available to you or your child's doctor, will not be recorded in your child's medical records, and will not affect your child's clinical care.

Even if your child decides not to give DNA sample your child can still participate in the study.

What are the side effects of the antiepileptic drugs being tested?

There are side effects to all types of medicines, although all the treatments being assessed in this study have been licensed as being safe and effective for treating children and people with epilepsy.

Lamotrigine is one of the two standard anti-epileptic drugs being used in this study. Possible side effects may include any one of the following: headache, feeling dizzy or

sleepy, clumsy and sick, or experiencing double or blurred vision. If your child develops any of these side effects and you are concerned you should contact your hospital doctor or nurse (contact details at the end). Most people do not suffer any side effects at all.

Approximately one in twenty people may develop an allergic reaction to the drug. This may happen in the first 2 to 4 weeks after the medication is started. This usually looks like a measles rash. If your child develops a rash they should stop the drug immediately and contact your hospital doctor or nurse (contact details are at the end).

There is an interaction between lamotrigine and the combined oral contraceptive pill. Lamotrigine does not reduce the effectiveness of oral contraceptives, but oral contraceptives may reduce the effectiveness of lamotrigine. Women who are sexually active and taking lamotrigine should consult their doctor or family-planning services before stopping or starting oral contraceptive medication.

Valproate is the other standard anti-epileptic drug being used in this study. You should monitor any possible side effects such as nausea and diarrhoea (particularly at the start of treatment). If this lasts longer than 2 or 3 weeks, you should contact your child's hospital doctor or the epilepsy nurse. This anti-epileptic drug can cause some people to put on weight and at high doses some people may notice a tremor (shakiness of the hands). Occasionally it can cause some loss of hair. The hair nearly always grows back but when it does, it is often thinner than before.

Valproate does not interfere with contraceptive medicines.

If possible, valproate should be avoided in pregnancy. Around 8-10 of every 100 pregnancies in women who take valproate may result in abnormalities in the baby. These can include congenital malformations including spina-bifida. There is also evidence that valproate may result in the baby having learning difficulties.

Levetiracetam is one of the new anti-epileptic drugs. This medication was licensed for use in the UK in 2000. It is usually a well-tolerated treatment. Side-effects are not common but may include dizziness, behaviour changes and, rarely, weight changes. Some patients may also complain of headache, sleepiness and tiredness.

It does not interact with the oral contraceptive pill. There is only very limited evidence about its safety in pregnancy, but current evidence suggests that the risk of causing abnormalities in the developing baby is low.

Zonisamide is one of the new anti-epileptic drugs. This medication was licensed for use in the UK in 2005, although it has been licensed in Japan for many years. Very common side effects include dizziness, loss of appetite and weight loss, agitation, irritability, confusion, depression, poor muscle coordination, poor memory, sleepiness, double vision and decreased blood levels of bicarbonate, and rarely kidney stones.

It does not interact with the oral contraceptive pill. There is no good evidence to tell about risks in pregnancy.

When the anti-epileptic medication that is offered to your child is prescribed, it will come with a full information sheet in the packaging which is supplied by the manufacturer. This sheet will add to the information given about your drug in this Patient Information Document.

What are the possible disadvantages and risks of taking part?

There is a risk that some anti-epileptic medications may harm the unborn baby in a woman who is pregnant. This harm may include causing abnormalities in the baby called congenital

malformations. These might include a cleft lip, cleft palate, heart defects, or spina-bifida. For lamotrigine, the risk is about 3% (3 in 100). For valproate the risk is about 10% (1 in 10). The risks are less well known for the other drugs in this study. These risks must be balanced against the risks of uncontrolled seizures. If you have any questions or concerns, your hospital doctor will discuss this further with you.

If your child provides DNA by giving a blood sample there is a slight chance that they might experience mild bruising around the site where the needle went in. This doesn't happen very often and if it does, it usually disappears after a few days.

What are benefits of taking part?

Because this is a research study we cannot say if your child will benefit directly from it. However, we hope that the results of this study may help us to improve the treatment of epilepsy in children and young people with epilepsy in the future.

What if there is a problem?

If you or your child has any concerns or problems about any aspect of this study, you should speak with your child's hospital doctor (consultant). Complaints can be dealt with using the NHS Complaints Procedure. Details can be obtained from the PALS department in the hospital.

If your child is harmed by taking part in this research project, there are no special compensation arrangements in place. If harm occurs to your child and is due to someone's negligence, you may have grounds for legal action for compensation against the treating NHS Trust or Hospital.

In the event of defective product you may have grounds for legal action for compensation against the manufacturer. In both cases you may have to pay your legal costs.

Will my child's participation in this study be kept confidential?

Yes, of course. Only people working on the study or working to ensure the study is run correctly will have access to the data. All information collected about your child during this study will be confidential and will be handled, stored and destroyed in accordance with the Data Protection Act 1998. We will tell your child's GP that they are taking part in this study.

What if new information becomes available?

Sometimes during the course of a research study, new information becomes available about the drugs that are being studied. If this happens, your child's hospital doctor will tell you about it and discuss with you and your child whether you want to continue in the study.

Does my child have to take part, and can we change our mind?

Taking part is completely voluntary. If you do not wish your child to take part, or after an original decision to take part you decide to withdraw your child from the study, this is OK. You do not have to give a reason and it will not affect the standard of care your child will receive now or in the future.

If you or your child decides to stop the treatment we would still like to collect information. However, if you decide to stop being in the study altogether, no more information will be collected about your child. All information collected up until this time will be included in the study analysis, unless you request that it is not included.

What will happen to the results of the study?

We hope to publish the results of this study in the medical and scientific literature. Your child's confidentiality will be ensured at all times and will not be identified in any publication. A short summary of the study will be provided on our website (www.sanad2.org.uk).

Who is doing this research study?

The study is funded by the National Institute for Health Research's Health Technology Assessment Programme. It is being run in your child's hospital, and is being organised by the University of Liverpool and the Walton Centre NHS Foundation Trust in Liverpool.

Who has reviewed this research study?

The science and ethics of this study were reviewed and approved by the NRES Committee North West – Liverpool East.

Please ask us if there is anything that is not clear or if you would like more information..

Please Contact:	Insert Name- Principal Investigator Tel:
Or Contact:	Insert Name- Alternative Contact Tel:

THANK YOU FOR READING THIS INFORMATION SHEET.
WE HOPE YOU HAVE FOUND THIS SHEET HELPFUL

The SANAD II project is funded by the NIHR Health Technology Assessment Programme.

Logo and address
NIHR code:

A study of Standard and New Antiepileptic Drugs – SANAD-II

Consent Form Version 3.0 Dated 15/05/2015

Centre Name: **Centre Code:**

Name of Investigator:

Study Number: |__|__|__|__|__|__|__|__|__|__|

Patient's date of birth |__|__|/|__|__|/|__|__|__|__|

Please initial boxes

1. I confirm I have read and understand the information leaflet (version 3.0 dated 15/05/2015) for the above study, and have had the opportunity to ask questions and have these answered satisfactorily.	
2. I understand that participation is voluntary and that I am free to withdraw my child from the study at any time without giving a reason and without my care/child's medical care or legal rights being affected.	
3. I understand that relevant sections of my child's medical notes and any data collected during the study may be looked at by authorised individuals from the research team, Regulatory Authorities, co-sponsors (Walton Centre NHS Foundation Trust and University of Liverpool), or from the NHS trust, where it is relevant to my child's taking part in this research. I give permission for these individuals to have access to my child's records for this purpose.	
4. I agree for my consent form and contact details, which will include my name, address and telephone number to be passed to the University of Liverpool for the administration of the study.	
5. I agree to my child's GP being informed about their participation in the study.	
6. I agree for my child to take part in this study.	

Optional: I give permission for my child's DNA to be extracted, stored and used for future research and be transferred to research institutes in the UK and overseas.	Yes	
	No	

Name of patient _____

_____	_____	_____
Name of parent or guardian or carer	Signature	Date (dd-mm-yyyy)
_____	_____	_____
Researcher	Signature	Date (dd-mm-yyyy)

When completed, 1 (original) to be kept in medical notes, 1 for participant, 1 for researcher site file; 1 for the Coordinating Centre, University of Liverpool (**post** using business reply envelopes)