NORWICH CTU

[hospital header]

The IMPEDE-PKD trial

AKTN 16.01

Participant Information Sheet

Implementation of Metformin theraPy to Ease
DEcline of kidney function in Polycystic Kidney Disease
(IMPEDE-PKD)

We would like to invite to you take part in a research trial

- You are being invited to take part in a research study. Before deciding whether to take part, you need to understand why this research is being done and what it involves.
- Please take time to read this information carefully and talk to others if you wish. You can ask us if anything is not clear or you would like more information.
- Please take time to decide whether or not you wish to take part.

1. What is the purpose of the trial?

Autosomal Dominant Polycystic Kidney Disease (ADPKD) is a common cause of kidney failure. It is an inherited condition that can be passed on from a parent to their child. ADPKD causes fluid filled sacs called cysts to form inside the kidneys. These cysts start growing in childhood and continue to get bigger throughout a person's life. The cysts slowly take over space in the kidneys. This stops the kidneys filtering waste and extra fluid from the blood. By their late 50s, more than 7 in every 10 people with ADPKD get kidney failure that requires dialysis or a kidney transplant.

Only one licensed treatment (tolvaptan) is currently available. However, it is not suitable for all patients and can cause troublesome side effects. There is an urgent need to find better treatment options to slow the rate of cyst growth and related kidney damage. Encouragingly, a number of small studies have found that a well-known drug called metformin could help slow cyst growth in ADPKD patients. However, a larger trial is needed to find out whether this is the case which is why IMPEDE-PKD is taking place.

2. What is Metformin?

The medication being tested is called metformin. Metformin is a common, safe medication used by about 150 million people around the world to help manage Type 2 Diabetes. Even though metformin is currently only approved to treat Type 2 Diabetes, recent studies suggest

it might also be useful in treating other conditions like cancer, aging, and certain types of kidney disease, including ADPKD.

In fact, recent research has found that metformin blocks two of the key signals inside kidney cells that cause cysts to grow. For this reason, researchers think metformin might work as an ADPKD treatment. Following on from this, several small studies carried out in Boston and Colorado (USA) have shown that metformin is safe in people with ADPKD and is well tolerated. The most common side effects are diarrhoea and bloating which occurred in about 3 in every 10 people. These were manageable and got better over time.

In the IMPEDE-PKD study, participants will be started on a low dose of metformin (either 500mg or 1000mg depending on kidney function) and this will be increased slowly to ensure they get used to the medication. We will also be using once daily, slow-release tablets which are more gently absorbed into the body, reducing the occurrence of diarrhoea and bloating.

3. What is IMPEDE-PKD?

IMPEDE-PKD is a global trial that will enrol people with ADPKD from across the world including the United Kingdom (UK), Australia, New Zealand, Europe, Asia, and North America. We plan to include 1174 participants worldwide to answer the research question and 300 of these will come from the UK.

The aim of the study is to find out whether taking a metformin tablet(s) daily compared to a placebo "dummy" tablet(s) slows the rate of cyst growth and kidney function decline in people with ADPKD.

It is a randomised, double-blind, placebo-controlled trial. As we don't know which treatment is best, we need to compare a group that takes metformin to a group that does not. The second group will be given a placebo "dummy" drug. The placebo looks identical to the trial medication but contains no active ingredients. Participants in the trial will be allocated to one of these groups randomly (by chance) by the trial computer system. This allows us to ensure that the two groups will be as similar as possible, and that any differences found at the end of the study are likely to be due to the treatment received rather than other differences between the groups. Each participant will therefore have a 50% chance of receiving either metformin or the placebo tablets.

In "double-blind" studies neither the participant nor the trial doctor or GP will know who is getting which tablet. Of course, if there are any concerns, your doctors can find this out straight away if necessary.

Pain in ADPKD:

We know that over time around 60% of people with ADPKD experience chronic kidney pain due to the cysts growing inside the kidneys. This pain can be debilitating and stop people from

being able to work, socialise, and lead normal lives. Studies have shown the chronic pain in ADPKD is not well understood and is often unrecognised and undertreated.

One of the main questionnaires we will be using in the UK trial is the ADPKD Pain Assessment Tool (APAT). The questionnaire was developed by our research team and ADPKD patients in the UK. It specifically measures different types of pain in ADPKD and has been shown to be a robust tool.

Using the APAT, the study will try and find out whether metformin treatment affects pain in ADPKD. Specifically, we will look for changes in pain intensity and the amount of pain relief patients use over the course of the study between the groups. Our theory is that if metformin does slow the rate of cyst growth, it should reduce pain intensity.

4. Why have I been invited to take part?

You are invited to take part in this research because you have ADPKD, are aged between 18 and 70 years and at a stage in your condition where you may be eligible for the study based on the size of your kidneys and kidney function level.

You can participate in this research if you are currently taking tolvaptan, as long as you have been taking tolvaptan for the past 6 months and at the same stable dose for the past 3 months. Unfortunately, people with a lactose allergy are not able to take part due to the ingredients of the placebo 'dummy' tablets.

5. Do I have to take part?

Participation in this research is voluntary and it is entirely your decision. If you decide to take part, you will be asked to sign a consent form (either on paper or electronically). By signing the consent form you are telling us that you understand the requirements of the study and agree to take part as asked. However, you will be free to withdraw at any time, without providing a reason. Your standard of care will not be affected whether you decide to take part or not.

6. What will happen to me if I take part?

Taking part in IMPEDE-PKD occurs over two phases: a 12 week run-in phase and a 2 year treatment phase, the ***IMPEDE-PKD Participant Timeline*** below shows a summary. After completing a screening visit (1), the run-in phase (2) is used to identify the maximum dose of metformin suitable for each individual. All participants will be prescribed metformin for the run-in phase. Participants must safely and successfully complete the run-in phase before being able to take part in the rest of the study. Only those participants who are willing and for whom it is safe will proceed to randomisation (3) and the treatment phase (4).

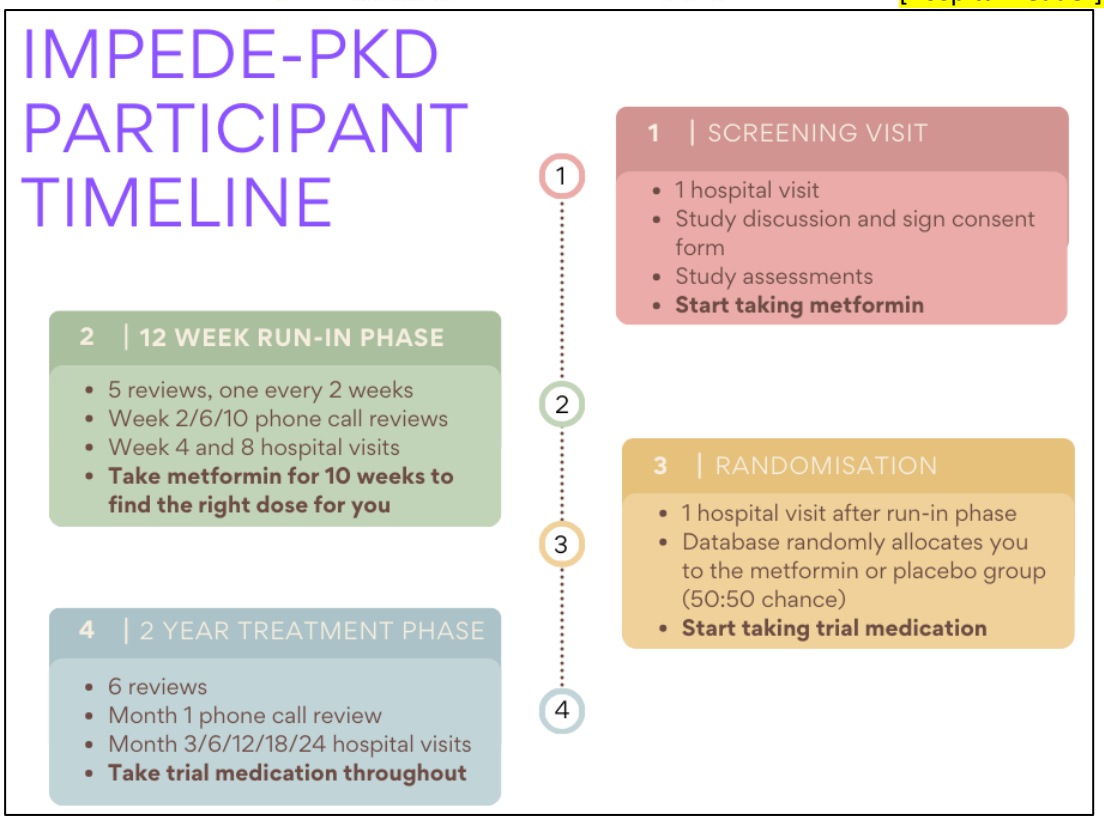

Figure 1: 1) Screening visit, 2) Run-in phase, 3) Randomisation and 4) Treatment phase

Blood and urine samples will be taken throughout the study to check: kidney and liver function, blood sugar levels, your blood count and haemoglobin level, and that women of child-bearing potential are not pregnant. A total up to 10-15mls of blood (2-3 teaspoons) and 50-100mls of urine (a small tube) will be taken to check it is safe for you to take part in the trial/if they are affected by the trial medication. Samples will be tested at the hospital shortly after they are taken. Any surplus material will be destroyed in the days after testing according to the standard local hospital policy and regulatory requirements.

7. Consent and Screening

After giving you time to review this information sheet, a member of the research team will contact you to ask if you'd like to take part. If you are happy to go ahead, we will arrange a ***screening visit at the hospital.***

The purpose of the screening visit is to make sure you fulfill the study entry criteria and that it will be safe for you to take part. It will therefore include a review of your medical history, medications, a physical examination as well as blood and urine tests. The visit will take around 45 minutes and specifically involves the following:

- ✅ Study discussion and consent form signing
- ✅ Medical history, medication list, and eligibility review

- ✅ Physical examination (height; weight; heart rate; blood pressure measurement; non-invasive heart, lung and abdominal exam; fluid status assessment)
- ✅ Fasted blood tests
- ✅ Urine tests
- ✅ Questionnaires on your physical and gut health, pain, and quality of life to answer the study questions
- ✅ Receive metformin and start taking your prescribed dose ***once daily with food***

The fluid status assessment is non-invasive and involves checking your neck veins to see if they are raised and inspecting your ankles for any swelling.

You will need to fast from midnight the day before this review. If your fasted blood tests show you may be at risk of diabetes, the blood tests you have during the rest of the study will also be fasted so that your blood sugar levels can be monitored more closely. If the results are normal, your future blood tests for the study do not need to be fasted.

The same questionnaires are completed throughout the trial and take around 15-20 minutes to complete. Two will be completed on paper but you will be given the option of completing the pain questionnaire electronically or on paper.

If you report any gastrointestinal symptoms at any point during the trial, you will be asked to complete the gut health questionnaire.

8. The Run-In Phase (12 weeks)

After you have successfully completed the screening visit and your eligibility for the study is confirmed you will enter the first 12 weeks of the trial which is called the 'run-in' phase. At this stage all participants will take a metformin tablet(s) each day for 10 weeks.

Everybody will be started at a low dose (500mg or 1000mg depending on your kidney function) and this dose will be slowly increased every four weeks to find the best dose for each person. All participants stop taking metformin for the final two weeks (weeks 11 and 12) of the run-in phase.

You'll be asked to complete ***5 reviews, one every two weeks***. This will help us monitor how you are tolerating the metformin and to find the maximum dose suited to you. Some reviews are shorter than others and will be completed on the phone but you will need to attend the hospital twice during this phase. The reviews are summarised below:

Weeks 2, 6 and 10:

- ✅ Phone call reviews that should take around 10 minutes
- ✅ Medication and side effects checks
- ✅ Weeks 2 and 6 - Metformin dose remains the same, to be taken ***once daily with food***

- ✅ Week 10 only – you will stop taking metformin after this phone call

Weeks 4 and 8:

- ✅ Hospital visits that should take around 10-15 minutes
- ✅ Medication and side effects checks
- ✅ Blood pressure measurement
- ✅ Blood test to check your kidney function
- ✅ Metformin dose will either: remain the same, increase if you have tolerated the previous dose, or reduce if you could not tolerate the previous dose, and be taken ***once daily with food***

The metformin dose may change (at Weeks 4 and 8) depending on your kidney function and how you are feeling. Participants will take metformin for 10 weeks then stop for the final two weeks of the run-in phase. This allows for a "washout" period so the medication is no longer in the body and all participants enter the treatment phase of the study at the same level.

The hospital research team will also take this opportunity during the run-in phase to monitor your blood pressure and review your blood pressure medications to ensure that it is as well controlled as possible. This is because we know that poorly controlled blood pressure can accelerate kidney damage in ADPKD and increases the risk of cardiovascular problems such as heart attacks and strokes.

9. Randomisation

Participants that can successfully take metformin daily and are willing to enter the study will be asked to attend a ***randomisation visit at the hospital***. The randomisation visit should take around 15-20 minutes and will also involve:

- ✅ Returning any leftover metformin from the run-in phase
- ✅ Medication, side effects and eligibility checks
- ✅ Physical examination (weight; heart rate; blood pressure measurement; fluid status assessment)
- ✅ Blood tests to check it is safe for you to enter the treatment phase
- ✅ Urine tests to check it is safe for you to enter the treatment phase
- ✅ Questionnaires on your physical and gut health, pain, and quality of life
- ✅ Receiving trial medication. You will resume taking the same number of tablets that you were tolerating at the end of week 10 of the run-in phase ***once daily with food***

If any of these study assessments indicate you are not able to continue in the trial, the hospital research team will let you know.

You will collect your trial medication (enough for 6 months) from the pharmacy or it will be shipped to you at home and begin taking it as prescribed.

10. Main Trial: Treatment Stage (24 months)

The treatment phase of the trial will take place over ***2 years and will require 6 study reviews***, at months 1, 3, 6, 12, 18 and 24. The month 1 review will take place over the telephone and the rest (months 3 – 24) will require an in-person visit to the hospital.

During this period each participant will be required to take the study medication **once daily with food** as prescribed. Your dose may be adjusted as required during the trial period. The hospital research team will review the results of your routine blood results to monitor your kidney function during the trial at reviews where blood tests aren't taken. The reviews are summarised below:

Month 1:

- ☑ Phone call review that should take around 10-15 minutes
- ☑ Medication and side effects checks

Months 3, 6 and 18:

- ☑ Hospital visit that should take around 10-15 minutes
- ☑ Medication and side effects checks
- ☑ Blood pressure check
- ☑ Months 6 and 18 only - Receive trial medication (enough for 6 months)

Month 12:

- ☑ Hospital visit that should take around 20-30 minutes
- ☑ Medication and side effects checks
- ☑ Physical examination (weight; heart rate; blood pressure measurement; fluid status assessment)
- ☑ Blood tests
- ☑ Urine tests
- ☑ Questionnaires on your physical and gut health, pain, and quality of life.
- ☑ Receive trial medication (enough for 6 months)

You will be asked to attend one final visit at the hospital at month 24 or if you decide to stop the trial early. This final visit marks the end of the trial and is summarised below.

Month 24/End of study:

- ☑ Hospital visit that should take around 20 minutes
- ☑ Medication and side effects checks
- ☑ Physical examination (weight; heart rate; blood pressure measurement; fluid status assessment)
- ☑ Blood tests
- ☑ Urine tests
- ☑ Questionnaires on your physical and gut health, pain, and quality of life.
- ☑ Return any unused trial medication

11. What else do I have to do during the research?

You should continue with your normal daily activities throughout the run-in and treatment phases. Holidays abroad are not restricted provided study appointments are completed; you should continue to take your trial medication whilst you are away. If you have private medical and/or travel insurance, you should tell your insurer(s) that you are taking part in research. They will let you know if it affects your policy.

Please take your study medication regularly as prescribed and let your doctor know if you become unwell or experience any symptoms, and let the research team know if there are any changes to any other medications (including supplements and herbal remedies etc.) you take during the trial.

If you forget to take your trial medication, you should omit the missed dose and take the next dose at the right time. Do not take a double dose to make up for a forgotten dose.

If you consent to take part in the trial, you will be given a 'treatment card' which you should carry with you and present to any healthcare providers (outside of the hospital research team) you see whilst you are involved in the study.

If you are a woman of child-bearing potential (following first menstruation until becoming post-menopausal) you must be using a highly effective form of contraception whilst participating in and for one month after you have finished the trial/stopped taking the trial medication. Your usual care team can advise on acceptable methods of contraception. Currently, the effects of long-term metformin use on the unborn/newborn baby are unknown, and pregnancy also changes the way kidney function is measured. This is why a pregnancy test is included in blood tests for women of child-bearing potential. If you do become pregnant whilst participating in the trial, you should tell the hospital research team immediately, stop taking the trial medication, and you will be withdrawn from the study. Your local clinical team(s) will follow-up your ante- and post-natal care according to local guidelines.

12. What if I no longer wish to take part?

You can stop taking part in any aspect of the trial at any time and you do not have to give a reason. If you decide to stop taking the trial medication in the treatment phase, you can still complete the rest of the study assessments and it is still helpful to the trial.

If you do decide to withdraw, any data collected up until that point will be retained. We will ask you to attend an 'end of study' review (see Section 10, Month 24 summary). After this, or if you are unable or do not want to attend a final review, no further data will be collected.

13. What are the alternatives to participation?

This trial is in addition to the standard care you receive for your ADPKD and any other conditions you have. You will continue to receive the standard treatment for ADPKD, and any other conditions, from your usual care team(s). The study medication is prescribed to be taken on top of this.

14. What are the possible benefits of taking part?

It cannot be guaranteed that the trial will help you but the information we collect may improve our ability to treat ADPKD patients in the future.

15. What are the possible disadvantages of taking part?

You may not receive metformin in the treatment phase, you may receive the placebo "dummy" drug, however you will still continue to receive your standard treatment for ADPKD.

You will be required to complete 13 reviews throughout out the trial, with 9 reviews requiring you to attend the hospital. Where possible, the research team will try to coincide these reviews with your routine clinic appointments. Expenses, up to a total of £150 per participant throughout the trial period, are available to cover your travel costs for study-specific hospital visits.

Blood tests may cause some discomfort, bruising, and/or bleeding.

Some participants may experience side effects from taking the trial medication. Possible side effects include:

- ***Very common*** (at least 1 in 10 people): gastrointestinal symptoms such as nausea, vomiting, diarrhoea, abdominal pain, and loss of appetite.
- ***Common*** (at least 1 in 100 people): Vitamin B12 decrease/deficiency; taste changes.
- ***Very rare*** (less than 1 in 10,000 people): lactic acidosis; some reports of liver function blood test result abnormalities or hepatitis which resolve when metformin is stopped; skin reactions such as redness, itching, and/or a rash.

Gastrointestinal symptoms are common when starting metformin treatment and often settle down after the first few weeks. Taking metformin with food can help reduce gastrointestinal symptoms.

Lactic acidosis is a very rare but serious side effect of metformin which occurs when your kidney function is very low. The risk of developing lactic acidosis is also increased if you have a serious infection, severe dehydration, drink high levels of alcohol, have liver problems or a medical condition that reduces oxygen levels in the body such as heart or lung disease. Lactic acidosis is a medical emergency and must be treated in hospital. Symptoms include: feeling weak or tired, muscle weakness or pain, trouble breathing, feeling cold especially in the arms or legs, feeling dizzy or lightheaded, and a slow or irregular heartbeat. Participants should seek medical attention if they are concerned they may be experiencing any of these symptoms. Participants are advised to avoid alcohol consumption in excess of 2 units per day during their involvement in the trial.

16. What if new information becomes available?

Sometimes we get new information about the trial medication whilst the study is ongoing. If this happens, your hospital research team will tell you about it and discuss what this means for you/the trial. If you decide you no longer wish to take part, the hospital research team will invite you to an end of study review and, your routine care will continue as normal. If you decide to continue in the trial, you may be asked to sign an updated consent form.

17. What if there is a problem?

If you are concerned about any aspect of this study, please speak with the hospital research team (see 'how to contact us' section). If you wish to make a complaint, you can do this through the NHS complaints mechanism(s). Contact details can be obtained from your local Patient Advice and Liaison Service (PALS)/[insert details of equivalent] [insert site PALS or equivalent contact details].

If you are harmed by taking part in this trial, there are no special compensation arrangements. If you harmed due to someone's negligence, you may have grounds for legal action for compensation against your hospital but you may have to pay your legal costs. The normal NHS complaints mechanisms will still be available to you. If something goes wrong during the trial, you will be covered by the NHS insurance standard policy.

18. What information is being collected?

If you consent to take part in the trial, you will be given a unique participant ID number. This ID number is how you will be identified throughout the trial, not by your name or any other identifiable information (e.g. date of birth, NHS number etc.). This means the trial data is known as being 'linked-anonymised' or 'pseudoanonymised' because it is labelled by a code. Only your hospital research team will be able to link your trial data back to you.

We will only collect data relevant to the trial and your participation in it. This is either collected specifically for the trial (e.g. your trial questionnaire data, certain blood test results etc.) or through the routine data collected as part of your usual care.

19. How will we use information about you?

Sheffield Teaching Hospitals NHS Foundation Trust are the UK Legal Representative and will work with Norwich Clinical Trials Unit who will coordinate the study and host a UK database. The global Sponsor is the University of Queensland (Australia). Vanderbilt University (USA) will host a global database.

We will need to use information from you, your medical records, and/or the trial documents for this research project. This information will include that listed below.

- *Initials* – to be routinely shared with the Norwich Clinical Trials Unit team only.
- *Name and contact details* – your name, address, and phone number will be shared with a courier and the Norwich Clinical Trials Unit team only if we need to arrange delivery of trial medication.
- *Date of birth* – may be shared with the Norwich Clinical Trials Unit as it will be routinely used as an identifier on the trial medication prescriptions only to make sure it is prescribed to the correct person. Date of birth and initials may also be shared with the University of Queensland and Vanderbilt University teams if safety information is required to be reported; these teams will not have access to any other identifiable information.
- *Email address* – will be shared with the Norwich Clinical Trials Unit team if this is how you prefer to complete the consent form, the pain questionnaire, and/or how you want to receive study updates/results.

The Norwich Clinical Trials Unit team will receive a copy of your signed consent form from the hospital research team.

People will use this information to do the research or to check your records to make sure that the research is being done properly. People who do not need to know who you are will not be able to see your name or contact details. Your data will have a code number instead.

Sheffield Teaching Hospitals NHS Foundation Trust is the UK Legal Representative of this research, and is responsible for looking after your information. We will keep all information about you safe and secure by:

- only letting people working on the study have access to the trial databases and documents
- using trial databases where users are assigned individual usernames and passwords and can only see data for participants from the hospital where they work
- labelling the trial data with the participant's ID number

- making sure the database servers are secure and protected

We will share data about you outside the UK for research related purposes because:

- the global Sponsor for the study is the University of Queensland (Australia).
- the global study database is hosted by Vanderbilt University (USA) while the study is ongoing and will be transferred to the University of Queensland (Australia) at the end of the trial.

We will only share the data that is needed. We will also make sure you can't be identified from the data that is shared where possible. This may not be possible under certain circumstances – for instance, if you have a rare illness, it may still be possible to identify you. If your data is shared outside the UK, it will be with the following sorts of organisations:

- university research teams
- hospital research teams

We will make sure your data is protected. Anyone who accesses your data outside the UK must do what we tell them so that your data has a similar level of protection as it does under UK law. We will make sure your data is safe outside the UK by doing the following:

- the countries your data will be shared with have an adequacy decision in place. This means that we know their laws offer a similar level of protection to data protection laws in the UK.
- we use specific contracts approved for use in the UK which give personal data the same level of protection it has in the UK. For further details visit the Information Commissioner's Office (ICO) website (https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/international-transfers/).
- we do not allow those who access your data outside the UK to use it for anything other than what our written contract with them says.
- we need other organisations to have appropriate security measures to protect your data which are consistent with the data security and confidentiality obligations we have. This includes having appropriate measures to protect your data against accidental loss and unauthorised access, use, changes or sharing.
- we have procedures in place to deal with any suspected personal data breach. We will tell you and applicable regulators when there has been a breach of your personal data when we legally have to. For further details about UK breach reporting rules visit the Information Commissioner's Office (ICO) website (https://ico.org.uk/for-organisations/report-a-breach).

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study. Your contact information will be deleted. We will keep your study data for a maximum of 25 years. The study data will then be fully anonymized and securely archived or destroyed.

What are your choices about how your information is used?

- You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have.
- If you choose to stop taking part in the study, we would like to continue collecting information about your health at an end of study review. If you do not want this to happen, tell us and we will stop.
- You have the right to ask us to remove, change or delete data we hold about you for the purposes of the study. We might not always be able to do this if it means we cannot use your data to do the research. If so, we will tell you why we cannot do this.

Where can you find out more about how your information is used?

You can find out more about how we use your information, including the specific mechanism used by us when transferring your personal data out of the UK:

- Our leaflet at: www.hra.nhs.uk/patientdataandresearch
- By asking one of the research team
- By sending an email to [local site email address] or
- By ringing us on [local site number]
- By contacting our UK representative (co-ordinating team) at impede.pkd@uea.ac.uk or on 07900 599135

20. Will my taking part be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled with the strictest confidence. All information collected during the research will be stored securely in accordance with the Data Protection Act and General Data Protection Regulation (GDPR). It will be kept for 25 years before being destroyed/disposed of securely.

For the UK trial data, Sheffield Teaching Hospitals NHS Foundation Trust will act as joint data controllers with the University of East Anglia (of which Norwich Clinical Trials Unit is a part of); both parties are also data processors for both UK and global trial data. The University of Queensland will act as the data controller for global trial data. Vanderbilt University are a data processor. The lawful basis for processing personal data collected in this trial is that it is a task in the public interest. You can find out more about how we use your information by accessing our leaflet available from https://www.sheffieldclinicalresearch.org/for-patients-public/how-is-your-information-handled-in-research/ or visiting https://norwichctu.uea.ac.uk/personal-data/ or contacting the Data Protection Officers (sth.InfoGov@nhs.net or dataprotection@uea.ac.uk).

Other third-party researchers may wish to access anonymised data from this trial in the future (anonymised data does not include names, addresses or dates of birth, and it is not possible to identify individual participants from anonymised data). If this is the case, the UK Chief

Investigator will ensure that the other researchers comply with legal, data protection, and ethical guidelines.

If you join this study, the data collected for the trial, together with any relevant medical records, may be looked at by authorised persons from the Norwich Clinical Trials Unit/University of East Anglia, the Research and Development Department of your local hospital, the UK Legal Representative, the global Sponsor, and/or the Regulatory Authorities to check that the trial is being carried out correctly. They all will have a duty of confidentiality to you as a research participant.

You will be asked to give your permission for us to inform your GP of your participation in this trial.

21. What happens when the research ends?

The results of the trial will be published in scientific journals and presented at scientific meetings. You will not be named or identified in any way in any report of the trial. We will ask if you would like information about the results of the trial on the consent form. These will be sent automatically when they become available. If you change your mind about receiving results during the trial, please contact your hospital research team and your preference will be updated accordingly.

We will let all participants and their hospital research teams know which study medication group they were allocated once all participants have finished their time in the trial.

As metformin is not currently licensed to treat ADPKD patients, you will stop taking the trial medication after your final study visit. Your usual care will continue after the study ends and it will then be possible for you to discuss the treatment options available to you with your clinical teams.

22. Who is organising and funding this research?

Sheffield Teaching Hospitals NHS Foundation Trust are responsible for the UK part of the trial with co-ordination from the Norwich Clinical Trials Unit at the University of East Anglia. The Norwich Clinical Trials Unit team will train and support hospital teams across the UK on study procedures and assist with any questions they have.

The UK trial is funded by the National Institute for Health and Care Research Efficacy and Mechanism Evaluation programme, project number: NIHR 156614.

People with lived experience of ADPKD as patients, and/or family members of people with the condition, have contributed to the development and design of the trial and its documents through the PKD Charity. They are an important part of the team and will continue to be involved throughout the trial.

23. Who has approved the research project?

All research in the NHS is reviewed by an independent Research Ethics Committee to protect the safety, rights, wellbeing, and dignity of participants. This trial has been reviewed and given a favourable opinion by the North East – Newcastle and North Tyneside 2 Research Ethics Committee.

In addition, the trial has also been reviewed and approved by the Medicines and Healthcare products Regulatory Agency (MHRA) who are responsible for regulating clinical trials involving drugs in the UK. The NHS Health Research Authority and the Research and Development Department of your local hospital have also reviewed and approved the trial.

24. How to contact us

If you have any questions or would like more information, please contact either your local researchers or the co-ordinating team (details below).

Local Researchers Details:

[Local PI Name]

[Local PI Address]

[Local PI Phone]

[Local PI Email]

Co-ordinating Team Details:

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Thank you for taking the time to read this information sheet.