# Participant Information Sheet

## Study Title:

First in human study of Sirona: A study to determine safety, feasibility and tolerability of an expanding hydrogel tablet, designed to promote weight loss in adults with a body mass index of 30-40-SIRONA

## Invitation to Participate

We would like to invite you to take part in our research study evaluating a potential slimming aid. Before you decide, we would like you to understand why the research is being done and what it would involve from you. Please talk to others about the study if you wish.

Part 1 tells you the purpose of this study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study.

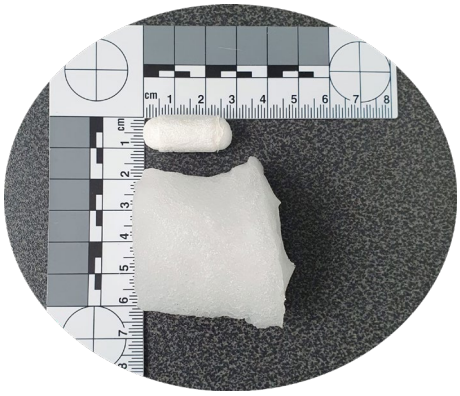
Please ask us if there is anything that is not clear. Take time to decide whether or not you wish to take part.

# Part 1

## 1. What is the Purpose of the Study?

Obesity is the most serious public health problem in the UK and developed world reducing quality of life and life expectancy. There is an urgent need for new therapies to aid weight loss allowing healthcare workers to help people living with obesity to lose weight earlier, and to prevent progression to a higher class of obesity.

Oxford Medical Products (OMP) -a slimming aid manufacturer-has developed Sirona, Sirona is a hydrogel, in tablet form,that expands when it reaches the stomach, where it occupies space for a period of time. The product has been designed so that while Sirona is in the stomach, it *may* lead to less hunger and food intake, such that the person *may* lose weight over time. This study is the first step to finding out if Sirona will work as intended by OMP. This study is a **First in Human** study. This means that this study will be the first time that Sirona will be taken by humans. Sirona has been through multiple studies in the laboratory and in animals showing no safety concerns.



This part of the study will assess how safe, how well tolerated and how feasible it is to take Sirona (hydrogel) in healthy adults.

A Sirona tablet is shown in the photograph. Below the tablet is the Sirona hydrogel once it has expanded in the stomach.

## 2. Why am I being asked to participate in the study?

We are inviting you to take part because you have indicated you might be interested to volunteer in this study, and have a body mass index of between 30 and 40, and are between the ages of 18 and 65 years.

## 3. Do I have to take part?

No, it is up to you to decide to join the study. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw at any time without giving a reason. This would not affect the standard of care you receive.

## 4. What will happen if I take part?

The study will take place over approximately seven months. During this time, you will have a series of screening assessments (to check you are eligible to take part) and if eligible, will receive six dosing cycles of Sirona, with each dosing cycle lasting 28 days.

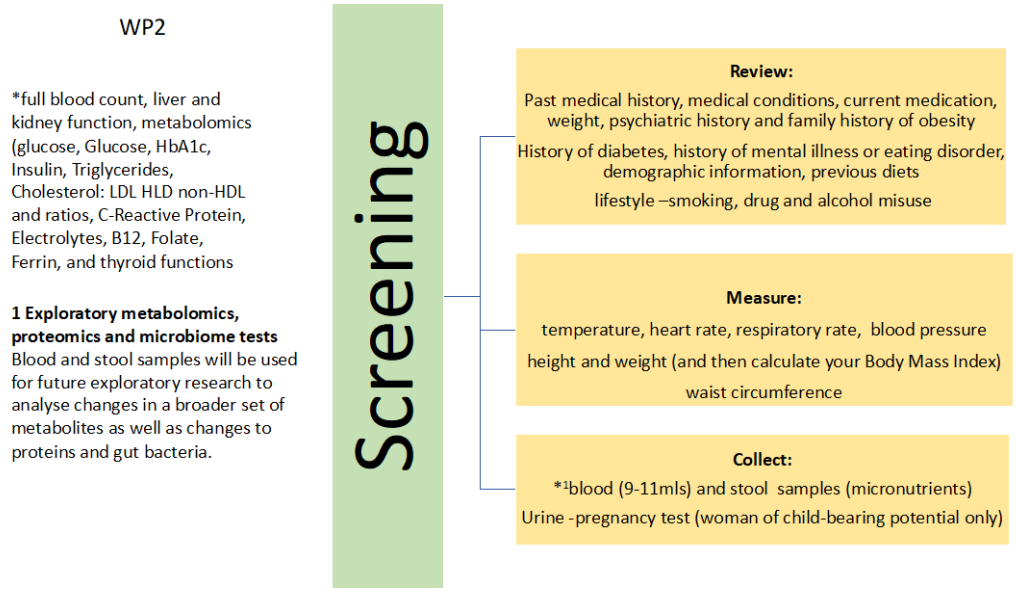
**Initial Screening (can take between 2-4 weeks)**

Once you are ready to proceed with the study (after having all your questions answered), you will be asked to sign a consent form to agree to participate.

Your current activity level, work status and your readiness and motivation for change will be reviewed.

You will then be asked to swallow a Sirona dummy tablet. If you are not able to swallow the dummy tablet you will be excluded from further participation in the study and no further procedures will be undertaken.

If you can swallow the dummy tablet, you will undergo a psychological evaluation (performed by a weight-loss psychologist). If you pass this assessment you may continue through the remaining screening activities outlined below;




You will be asked to complete an appetite visual analogue scale (VAS) and portion selection tasks. These measures will be taken every 30 minutes for 3 hours.

An example timeline is shown below:

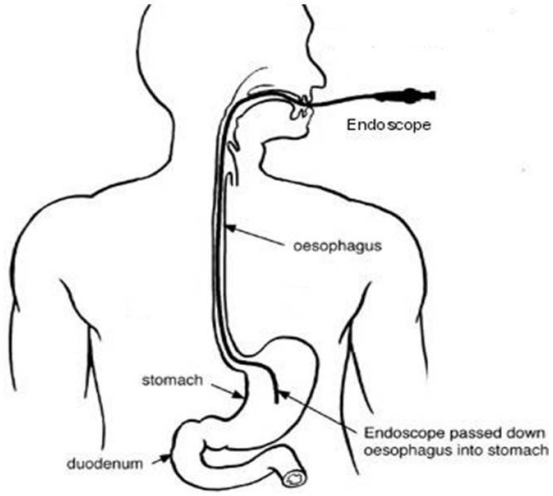
- 9:00 - participants arrive
- 10:00 – appetite measurement 1
- 10:01 – consume 2 tablets with warm water
- 10:30 – appetite measurement 2
- 11:00 – appetite measurement 3
- 11:30 – appetite measurement 4
- 12:00 – appetite measurement 5
- 12:01 – participants can eat drink/ eat

Each appetite measurement will take approximately five minutes and will include a combination of visual-analogue scales (VAS) (e.g., “How hungry do you feel right now?”, anchored: ‘not at all’/ ‘extremely’) and a virtual portion selection task where you will use a slider to select ‘ideal’ and ‘maximum’ portions of different foods.

You will be asked to complete two Quality of Life questionnaires (EUROQOL 5D-3L and Three Factor Eating Questionnaire (TFEQ).

You will undergo a dietary assessment where you will be asked to provide a record of your dietary intake using a validated online tool (INTAKE24 online dietary recall system).

You will undergo a Gastroscopy . During this procedure, you will be asked to swallow a thin, flexible tube called an endoscope. The endoscope has a camera on the end, which is used to look inside the oesophagus (gullet) and stomach. The gastroscopy is performed in order to make sure that it is completely safe for you to participate in this study. If any abnormality is found, both you and your GP will be informed, and you will be excluded from the study. The procedure can be performed either with or without sedation and after discussion with the endoscopy team you will be able to have sedation for this procedure if you wish.




Your research doctor will then be able to confirm your eligibility to take part once all the data above has been collected.

**Once enrolled, your participation in this study will last approximately 6 months.**

**Taking Sirona:**

Sirona WP2 Cycles

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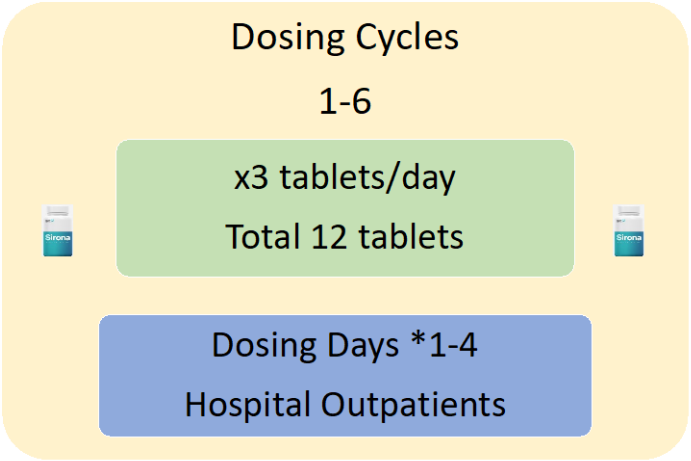
Dosing Day 1 of Cycles 1 and 4 – Hospital Outpatients

Dosing Days 2-4 of all Cycles undertaken at home observed via Zoom

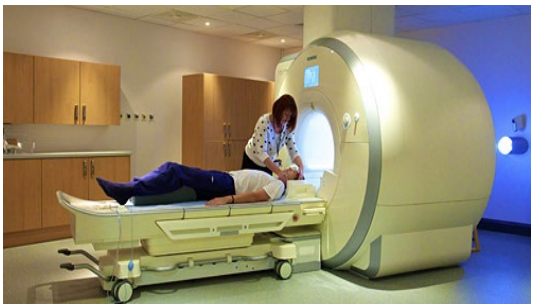



The study doctor will ensure that adequate medical supervision and care is available to you during the study. This includes the management of any side effects of Sirona.

Please do not exceed the dosage of Sirona given to you by the study team.

**Diet plan:**

You will be asked to follow a soft diet, based on foods such as mashed potato, soups, porridge for the first few days of taking Sirona. If you experience no feelings of sickness, then you will be allowed to consume normal food within a 1500kcal plan. You will receive information on how to follow a 1500 calorie diet after the soft diet ends. You will be able to discuss this plan with a qualified dietitian, who will give you diet and physical activity counselling throughout the study.



**Body Imaging (MRI)**: You will be asked to undergo an MRI on days 7, 15 and 28 of the first cycle only (x3 MRIs). This is a type of scan that takes detailed pictures of inside your body. These visits will be either held at the Oxford Centre for Clinical Magnetic Resonance Research (OCMR) or at Southampton Hospital.

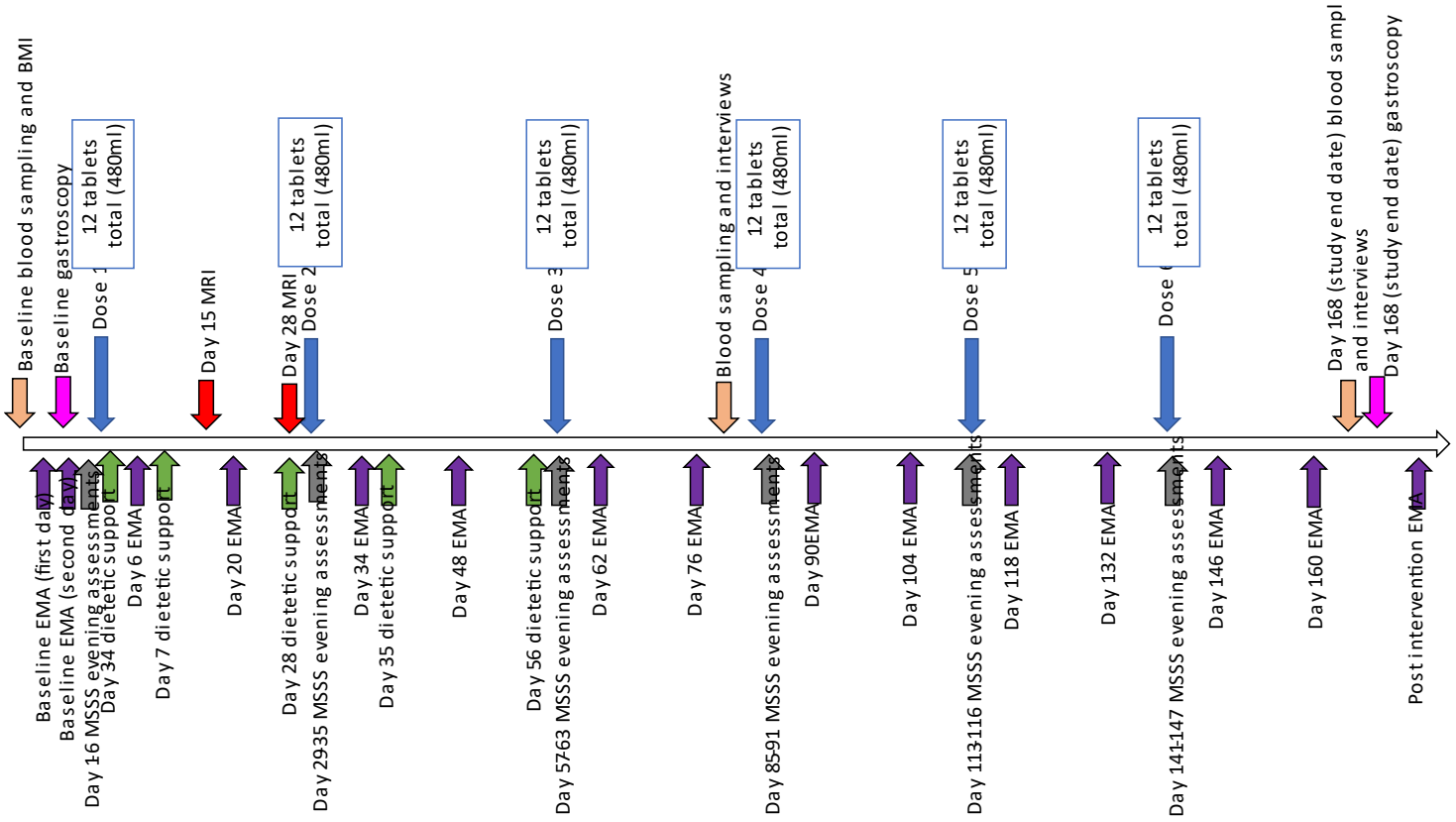
You will be asked to complete a nausea assessment scale (MSSS) once a day for three days after every dose, starting on the evening of your first dosing day. You will rate the severity of your nausea on a scale from 0-6.

In order for the study team to be able to capture any potential rebound weight gain issues for future studies and offer further dietetic support if needed, a 3-month follow-up call will also be arranged after your last study visit.

**Appetite assessment**: Ecological Momentary Assessments (EMA) will be carried out via your mobile phone. At two-hourly intervals you will receive text-message prompts to complete online assessments of your appetite and dietary restriction. This will include a combination of VAS and a virtual portion size selection task. This will allow the study team to quantify the sustained effect of Sirona and how you adapt to your change in diet. This 12-hour window will be individually tailored for you according to your personal sleep-wake routine. Each text message will contain a URL link to pavlovia.org, a secure website which will host the EMA and store these data.

Baseline EMA measures will be taken over 2 days (Monday and Tuesday), immediately before the first dosing day (Wednesday). Thereafter, EMA measures will be taken on alternate Mondays until week 24 (i.e. week 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23). Post-intervention EMA measures will be taken on a Monday in proximity to the gastroscopy (carried out 45-60 days after dose six), and if differences from baseline are shown, EMA measures will be repeated at 6 month.

WP2 Visit Summary




**Feedback interviews:** Telephone interviews will take place with one of the study team at the end of your final cycle for you to share your experience of taking part in the study. All interviews will be recorded using an encrypted digital recorder and transcribed by an approved transcription service. The recordings will be kept secure and in accordance with the Data Protection Act

## 5. What if I have questions or concerns during the study?

You can ask questions to the study doctor, nurse, dietitian, or any researchers you have contact with during the study about anything that you don't understand both now and later.

## 6. What are the disadvantages to taking part in the study?

- You may experience some side effects after consuming Sirona. **At this stage we do not know the exact side effects in humans. This study will be looking at this aspect.** Based on their clinical experience, the study team suggest that the side effects may be similar to having a gastric balloon (including mild nausea for the first 24-48 following dosing, bloating, and indigestion). It is important that you tell your doctor or nurse if you experience any effects after taking Sirona. They will suggest ways to make you more comfortable.
- You will need to attend several clinic and MRI appointments.

- You will need to have regular blood tests (may experience mild discomfort, such as bruising and tenderness) and a gastroscopy.
- Some people feel anxious inside an MRI scanner, and it can be noisy. We will provide ear plugs and make you as comfortable as possible.
- You will need to attend your hospital appointment fasted (not eating or drinking calorie-containing drinks from midnight the night before your appointments). .
- Alcohol consumption should not affect the function of the Sirona tablets, although it may cause heartburn and indigestion. We advise either abstinence from alcohol or consumption in moderation during the study.
- It is important not to exceed the dosage of Sirona given to you by the study team. There is a potential risk with taking too many tablets (e.g. danger of uncomfortable swelling or rupture of your stomach).

## 7. Expenses and Payments?

Participants of the study will not be paid specifically for participating in the study.
Travel expenses will be reimbursed, and the cost of food purchased whilst in hospital (maximum £15/day). Food vouchers will be given during your hospital appointments.

## 8. What are my responsibilities if taking part in this study?

- Be honest about your medical history and current conditions.
- Tell the study team about all drugs you are taking including vitamins, herbal medicines etc.
- Take Sirona as instructed by the study team.
- Complete all online appetite measurements
- Tell the study team about any problems you have during the study, including any discomfort or illness.
- Inform the study team if your address or phone number changes.
- Avoid excessive alcohol and any drugs not approved by the study doctor while taking part. If you are going to take any new medicine, you should call the study doctor or study team before taking it.
- Inform the study team if you become pregnant while in the study or within 30 days after last dose of Sirona.
- Inform the study team if you have been in a study in the last 30 days or are in a study now.
- Follow all other instructions (dietary and medicine restrictions) given by the study team required for the study.

## 9. What are the benefits to taking part?

You may experience weight loss by taking part in this study. However, there is no guarantee that Sirona provided to you in this study will directly benefit you. Your participation may help others as information learned from this study will be used to plan future studies to benefit other people with obesity.

## 10. Are there any reasons why I might stop being in the study?

The study doctor has the right to stop your participation in the study at any time. You may be taken out of the study without your agreement for any of the following reasons: if staying in the study poses a health risk to you, in case of serious complications after taking the product, if you need treatment that is not allowed in this study, if you become pregnant during the study, if it is felt by the Principal Investigator that it is not in your best interest to continue in the study, if the study is stopped by the Sponsor, or if you have been found to have entered the study in violation of criteria explained at the start, or if you do not follow the study instructions.

## 11. What are the alternatives for treatment?

People with excess weight currently have three options: diet and exercise, medical treatment, or surgery. Your clinical team will discuss all alternatives with you.

## PART 2

### 12. What will happen if I don't want to carry on with the study?

You can stop taking part at any time. We will ask you to provide a reason, but you do not have to. There will be no change to your health care if you withdraw. No further procedures will be undertaken if you withdraw consent but we may ask to follow you to ensure your safety is maintained. We will retain the data collected up to the point of your withdrawal of consent.

### 13. What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researcher team (via the above contact details) who will do their best to answer your questions and arrange for urgent clinical review, should this be needed.. If you remain unhappy and wish to complain formally, you can do this through the NHS Complaints Procedure contacted through the NHS PALS [Patient Advisory and Liaison Services]. (available 8.30am to 4.30pm Monday to Friday). Tel no. 023 81 20 6325. Email: PatientSupportService@uhs.nhs.uk

Every care will be taken in the course of this study. However, in the unlikely event that you are injured by taking part, compensation may be available. If you suspect that the injury is the result of the Sponsor's (Oxford Medical Products) or the hospital's negligence, then you may be able to claim compensation. After discussing with your study doctor, please make the claim in writing to Mr James Byrne, who is the Chief Investigator for the study based at Southampton General Hospital.

The Chief Investigator will then pass the claim to the Sponsor's Insurers, via the Sponsor's office. You may have to bear the costs of the legal action initially, and you should consult a lawyer about this.

Participants may also be able to claim compensation for injury caused by participation in this study without the need to prove negligence on the part of Trust or another party. You should discuss this possibility with your study doctor in the same way as above.

Regardless of this, if you wish to complain, or have any concerns about any aspect of the way you have been approached or treated by members of staff or about any side effects (adverse events) you may have experienced due to your participation in the study, the normal National Health Service complaints mechanisms are available to you. Please ask your study doctor if you would like more information on this.

### 14. How will we use information about you?

We will need to use information from you and your medical records for this research project.

This information will include your

- Initials
- NHS number
- Name
- contact details (mobile number and your email address).

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.

We will keep all information about you safe and secure.

Some of your information will be sent to India for data management purposes. They must follow applicable data privacy rules about keeping your information safe. Please note that research data going to India (Bangalore) will conform to applicable data privacy rules, which may not be as strong as that of the UK.

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.

Results may be used to guide research in the future. You will not be identified in any of the published data. The sponsor will retain identifiable study data for 25 years after study conclusion.

## 15. 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.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

If you agree to take part in this study, you will have the option to take part in future research using your data saved from this study. These organisations may be universities, NHS organisations or companies involved in health and care research in this country or abroad. Your information will only be used by organisations and researchers to conduct research in accordance with the UK Policy Framework for Health and Social Care Research.

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

You can find out more about how we use your information

- at www.hra.nhs.uk/information-about-patients/
- our leaflet available from www.hra.nhs.uk/patientdataandresearch
- by asking one of the research team
- by sending an email to the University Hospital Southampton NHS FT on Data Protection Office at dataprotection@uhs.nhs.uk
- by ringing us on 023 8120 4743

## 17. What will happen to any samples I give?

Study samples will be analysed for the purposes of the study. With your permission on the consent form, up to 3 ml of extra blood and a faeces sample will be collected at 3 different time points as exploratory samples. These exploratory samples will be used for future research not related to the diagnosis of the disease but with the intent to learn more about human diseases or to develop ways to help detect, monitor or treat diseases. The storage will be at a certified storage facility in the UK in accordance with local law for a period up to 10 years. After this time any left-over sample will be destroyed. The exploratory samples might be shared for analysis in an anonymised/coded way using only the study patient code with researchers and companies involved in health and care research

and analysis in this country or abroad. The samples will not be sold and no analysis performed in these samples can trace the samples back to the donor.

**18. What will happen to the results of the research study?**

**19.** The results of the first part of this research study will inform the design of the next part of the study, which will be to give Sirona to people living with obesity (BMI of 30 or above). As well as the procedures included in this part, the second part will include measures of appetite and food intake to measure whether appetite and food intake changes after taking Sirona. The results from both parts of the study will be written into a paper for other researchers and doctors to read. The results will also be made available to you via your study team (upon request) and through accessing the ISRCTN (International Standard Randomised Controlled Trial Number).**Who is organising and funding the research?**

**20.** Oxford Medical Products is organising the research and will be Sponsor, and they will also be funding this research. The doctor in charge of the study overall will be part of the study management board and will act as the safety officer. Mr James Byrne is an experienced surgeon who works for Southampton NHS Trust and not OMP. He will not be paid for including you in this study. **Who has reviewed the study?**

All research in the NHS is looked at by an independent group of people called a Research Ethics committee to protect your safety, rights, well-being, and dignity. This study has been reviewed and given a favourable opinion by the South Central-Hampshire B Research Ethics For independent advice about participating in this study please contact

the hospital's Patient Advice and Liaison Service (PALS): Insert Address

Email: (if available)

Telephone:

Opening hours:

**21. Further information and contact details**

You are encouraged to ask any questions you wish, before, during or after your treatment. If you have any questions about the study, please speak to your study nurse or doctor, who will be able to provide you with up to date information about the treatment and procedures involved. If you require any further information or have any concerns while taking part in the study, please contact one of the following people:

**Your Investigating Doctor or Nurse**

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| Insert relevant study doctor/nurse contact details |

**Your Dietician**

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|---|
| Insert relevant research team contact details |

If you decide you would like to take part, then please read and sign the consent form. You will be given a copy of this information sheet and the consent form to keep. A copy of the consent form will be filed in your patient notes, one will be filed with the study records.

You can have more time to think this over if you are at all unsure.

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

# Informed Consent Form

**Safety and Feasibility study of an orally administered hydrogel as an intervention for weight loss in adults with a BMI of 30-40**

**Participant Study ID Number……**

| Sr. no. | **Your consent** | Please Initial each box |
|---|---|---|
| (1) | I confirm that I have read and understood the information sheet **version 1.**1dated **11-Apr-2022** for the above study and have had the opportunity to ask questions. | |
| (2) | I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. | |
| (3) | I understand that relevant sections of my medical notes and data collected during the study, may be looked at by individuals involved in the trial, from regulatory authorities, from the NHS Trust or from the Sponsor (Oxford Medical Products), where it is relevant to my taking part in this research and any further research that may be conducted in relation to it I, even if I withdraw from the study. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. | |
| (4) | I agree to the use of any data or results that arise from this study provided such use is only for scientific purpose(s) | |
| (5) | I agree to my anonymized data being transferred outside of the UK (to India) for the purposes of this study and data analysis. | |
| (6) | I agree for the withdrawal of the required quantity of blood and provide stool sample for laboratory analysis purpose and for these samples to be stored for future research | |
| (7) | I agree to use of my personal mobile phone for purpose of this study | |
| (8) | I agree to use of my bank detail for expense reimbursements | |

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|---|---|---|
| (9) | I agree to have my telephone interviews to be recorded and transcribed for purpose of this study | |
| (10) | I agree for my general practitioner/family doctor to be contacted regarding my participation in this study | |
| (11) | I agree to comply with the instructions of study doctor and inform trial staff immediately if any problems occur during the study | |
| (12) | I agree to participate in the study* | |

**Please ensure that your study doctor provides you with the copy of the signed and dated form after the complete documentation*

***Participant:*** *By signing this consent form, you indicate that you are voluntarily choosing to take part in this study.*

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|---|---|---|---|
| | | | |
| Name of Participant | Signature | Date | |

***Investigator or designee:*** *Your signature below means that you have fully and carefully explained the study to the Participant and they clearly understand the nature, risks and benefits of participation in this study and you have answered any questions he/she has about the study and that he or she freely consents to participate.*

| | | | |
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| Name of Investigator or designee | Signature | Date | |
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*When complete: one for participant; one for site file; one for medical notes*