DECLINED CONSENT Form for Participation in the POCC Trial: a Pilot Study

Study Title: *PAP - ORAL APPLIANCE THERAPY – CBTi - COMISA Trial: POCC Trial: a Pilot Study*

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Sponsor/Funder(s): *Panthera Dental*
Sleep Disorders Dentistry Inc. Ethics APPROVAL # 240-402

Patient ID #: _____

INTRODUCTION

You are being invited to participate in a clinical trial (a type of study that involves research). This trial is a **patient management protocol with formal care pathway,** it is not a randomized trial. The goal is to offer the protocol to consecutive patients in Ontario sleep clinics. There are no significant risks to participants, with potential gains in formalized care, systematic scheduling and compiling of patient-centred and laboratory outcomes; in addition, the participants who complete all steps will have cost savings related to their treatment of sleep apnea. There is no 'experiment' strictly speaking (there is no control condition nor randomization) but the formalized sequence of offering OAT after a prescription of PAP is not a universally implemented for the care of OSA or more specifically COMISA and there are benefits from documenting the results of this protocol.

You are invited to participate in this trial because you have been diagnosed with co-existing sleep apnea and insomnia (***COMISA)***. This consent form provides you with information to help you make an informed choice. Please read this document carefully and ask any questions you may have. All your questions should be answered to your satisfaction before you decide whether to participate in this clinical trial. Taking part in this trial is voluntary. Deciding not to take part or deciding to leave the trial later will not result in any penalty or affect current or future health care. You can withdraw from this trial at any time throughout the process.

IS THERE A CONFLICT OF INTEREST?

There are no conflicts of interest to declare related to this study.

WHAT IS THE BACKGROUND INFORMATION FOR THIS STUDY?

The first line standard or usual treatment for ***sleep apnea*** is positive airway pressure ***(PAP),*** which is very effective but suffers from moderate patient adherence**.** You have been diagnosed with COMISA, patients suffering with COMISA have an adherence rate to PAP that is 30% lower than patients suffering with sleep apnea alone. Oral appliance therapy ***(OAT)*** is considered second line therapy for sleep apnea, it has a moderate level of effectiveness but has a very high patient adherence. This study is investigating whether the higher adherence rate associated with OAT also occurs in patients suffering with COMISA, perhaps making OAT a more preferred therapy for these patients.

WHY IS THIS STUDY BEING DONE?

The purpose of this study is to validate the effectiveness and adherence of OAT in helping patients suffering with COMISA that have difficulty accepting or adhering to PAP therapy. The study design investigates the usual and customary use of continuous positive airway pressure (PAP) and cognitive behavioral therapy for insomnia (CBTi) for the management of COMISA, and for those patients not tolerant to, or refusing PAP, the study design investigates the use of oral appliance therapy (OAT) along with CBTi as a second line approach.

WHAT OTHER CHOICES ARE THERE?

You do not have to take part in this study in order to receive treatment or care. Other options (in addition to the standard or usual treatment described above) may include, but are not limited to:

- PAP therapy which is provided under OHIP with a co-payment.
- CBTi through available private therapists, which is not covered through OHIP, but may be covered through extended health care.
- OAT available through qualified dentists, which is not covered by OHIP but may be covered through extended health care.
- Other research studies may also be available if you do not take part in this study.
- Surgical options such as Genioglossus Advancement, Hypoglossal Nerve Stimulator, Uvulopalatopharyngoplasty (UPPP), Maxillomandibular Advancement (MMA), Septoplasty and Turbinate Reduction, Tracheostomy, Bariatric Surgery….etc. Its essential to consult with a sleep specialist and a surgeon experienced in sleep apnea treatments to determine the most appropriate approach.
- No treatment

Please talk to your usual doctor or the study doctor about the known benefits and risks of these other options before you decide to take part in this study. Your usual doctor or the study doctor can also discuss with you what will happen if you decide not to undertake any treatment at this time.

PATIENT RECRUITMENT AND QUALIFYING FOR PARTICIPATION:

Consecutive adult patients attending for a “first time”, in-lab sleep study (PSG), in participating centers diagnosed with COMISA (co-existing Sleep Apnea, and Insomnia). will be offered the opportunity to participate in this POCC Trial. Participants must have a minimum of 10 healthy teeth per arch, a functional and healthy temporomandibular joint and must be a candidate for APAP set at 5-15 cm H2O.

You have the right to know about the purposes and procedures that are used in this study and to be informed about their potential benefits, risks and any discomfort that may occur. Before you agree to take part in this study, it is important that you read the information in this consent form. You should ask as many questions as you need to in order to understand what you will be asked to do. Your participation is voluntary.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

It is anticipated that approximately ***300 to 400*** people originating from a number of sleep testing facilities will take part in this study, the oral appliance therapy will be provided at the research site located at:

Sleep Disorders Dentistry Research & Learning Centre
10-300 5045 Orbitor Drive, Mississauga, Ontario, Canada L4W 4Y4

This study has been designed following usual and customary standard protocols for providing PAP, OAT and CBTi. Your enrollment and obligations end when the required questionnaires are completed 12 months after a final endpoint is reached in your therapy which should be within a 16-month period in most cases.

WHAT WILL HAPPEN DURING THIS STUDY?

If you decide to participate then you will be offered auto-Positive-Airway-Pressure therapy (aPAP) to manage your sleep apnea. This is the usual and customary first line therapy for sleep apnea. It is mostly covered by OHIP, and any available extended health care insurance usually covers the remainder. Any fees not covered by OHIP and/or available extended health care plans will be provided at N/C to the patient.

Once you demonstrate that you can use aPAP, you will be provided the 'Sleep Rest" APP, an online CBTi program designed to manage your Insomnia. This will be provided at N/C, a substantial savings to you.

If you are adherent to aPAP and complete the CBTi 8-week program, final questionnaires will be completed along with a final in-lab sleep study documenting effectiveness of therapy.

If you are unwilling or unable to tolerate aPAP, you will be offered oral appliance therapy (OAT), and any portion of the cost not covered by existing extended health care insurance will be provided at N/C.

Once the oral appliance is optimally calibrated, a final in-lab sleep study along with the required questionnaires will document its effectiveness. At both 3-months and 12-months after treatment ends, questionnaires will be filled out to establish continued benefits of therapy.

You will retain ownership and use of your therapy at NO COST to you provided you complete all sleep study and questionnaire requirements. If you do not complete these requirements, you will be required to return the therapy devices or pay whatever portion of the usual and customary costs that were not covered by OHIP or extended health care.

THERAPY USED IN THIS STUDY:

The aPAP therapy offered in this study will be selected by the sleep physician in a usual and customary manner following current standards of care.

The CBTi program offered in this study is called "Sleep Rest". It is an online, self-administered program designed to manage insomnia.

The oral appliance offered in this study will be either the Panthera D-SAD Classic, or the Panthera D-SAD X3, depending on which appliance is most suitable for the patient, which will be decided by the treating dentist.

WHAT IS THE STUDY INTERVENTION?

Experimental Intervention:
If you are unwilling or unable to wear aPAP to manage your sleep apnea, you will be provided OAT which is usual and customary second line therapy for management of sleep apnea.

WHAT ARE THE STUDY PROCEDURES?

- Non-Experimental Procedures

In-lab Sleep Studies will be conducted as part of this study. These sleep studies will be conducted as per usual and customary care for the management of sleep apnea. If the results show that you are not able to continue participating, the study doctor(s) will let you know. Therapeutic interventions include aPAP, OAT and CBTi application as per usual and customary protocols and in adherance with current medical guidelines.

- Experimental Procedures

The use of OAT to manage COMISA patients is considered experimental, as there is no published evidence that OAT is effective in the management of COMISA. However, OAT is usual and customary standard of care for all severities of sleep apnea for patients that cannot tolerate PAP or prefer OAT to PAP and has been used for years in patients suffering from co-existing sleep apnea and insomnia (COMISA).

- Questionnaires

You will be invited to complete several short questionnaires at the beginning of the study, after treatment endpoint is reached, 3 months after treatment endpoint is reached and 12 months after treatment endpoint is reached. If you cannot do so, we will ask you to complete them later and mail it back to us in a postage-paid envelope that will be provided to you. The research coordinator will conduct a telephone interview if you cannot return these questionnaires. You are also given the choice to complete the questionnaires online via email. The completion of the questionnaires may take an average 15 to 30 minutes.

The purpose of these questionnaires is *to understand how the therapeutic interventions and their implementation affects your quality of sleep* and collect your feedback (follow-up) as an end user of these interventions. The information you provide is for research purposes only.

WHAT ARE THE RESPONSIBILITIES OF STUDY PARTICIPANTS?

If you choose to participate in this study, you will be expected to:

- Tell the study doctor about your current medical conditions.
- Tell the study doctor about all prescription and non-prescription medications and supplements, including vitamins and herbals, and check with the study doctor before starting, stopping or changing any of these.
- Tell the study doctor if you are thinking about participating in another research study
- Follow your usual and customary protocols regarding lifestyle and sleep schedule during the nights you are conducting a sleep study to document your sleep.
- *The therapy you are being provided* is for you alone and must not be shared with others.

Further, if you chose to participate in this study, you will be asked to do the following:

For both aPAP and OAT, you will be invited to complete several questionnaires both on the day that you agree to use a specific therapy, and also the day you attend for your follow-up efficacy sleep study or when it is determined that you are adherent to therapy, and the effect of therapy is established. These follow-up questionnaires will also be administered at 3 months and 12 months after the date of the final efficacy in-lab sleep study, or after it is determined that you are adherent to therapy and the effect of therapy is established. The research team will also ask you about your general health, sleep habits and sleep quality. We will do that to monitor improvements associated with therapy. The questions which are going to be asked in the study will help to identify improvements associated with regards to baseline symptoms associated with

PAP, OAT and CBTi.

HOW LONG WILL PARTICIPANTS BE IN THE STUDY?

The full study intervention and obligation will be approximately 15 months, which includes reaching a therapy endpoint at approximately 3 months and filling out the required questionnaires 3 months and 12 months after an end point is reached. In order to establish an endpoint to your therapy, you will be required to attend for an in-lab sleep study to document the effectiveness of the therapy you are using. This is the usual and customary protocol followed in the management of sleep apnea.

CAN PARTICIPANTS CHOOSE TO LEAVE THE STUDY?

Your participation in this study is voluntary. Whether you accept or decline to participate in this study, your future medical and dental care and your patient-doctor relationship will not be affected in any way. You may choose to participate now and decide to stop your participation at any time. If you decide to withdraw from the study, all information obtained about you up to the point of your withdrawal will be kept in order to preserve the scientific integrity of the study.

Once enrolled, completion of study requirements is critical for the study to produce meaningful results. These requirements will not compromise you in any manner, they follow usual and customary treatment requirements for this therapy which include completing the required questionnaires and attending for the follow-up in-lab sleep studies so effectiveness of therapy can be established.

However, it is not a requirement for you to continue to use any therapy if you do not wish to. You can choose to end your participation in this research (called withdrawal) at any time for any reason whatsoever. If you choose to withdraw from the study, you will be required to return the therapeutic devices or pay whatever portion of the usual and customary costs that were not covered by OHIP or extended health care. You will be asked to complete a short withdrawal-questionnaires to help us better understand your experience.

You may withdraw your permission to use information that was collected about you for this study at any time by letting the study doctor know. However, this would also mean that you withdraw from the study.

CAN PARTICIPATION IN THIS STUDY END EARLY?

Study doctor may stop your participation in the study early, & without your consent, for reasons such as:

- The study intervention does not work for you
- You are unable to tolerate the study intervention
- You are unable to complete all required study procedures
- The study doctor no longer feels this is the best option for you

If this happens, it may mean that you would not receive the study intervention for the full period described in this consent form. If you are removed from this study, the study doctor will discuss the reasons with you and plans will be made for your continued care outside of the study.

WHAT ARE THE RISKS OR HARMS OF PARTICIPATING IN THIS STUDY?

At various visits you will be interviewed by the research assistant, physician or dentist depending on which stage of therapy you are in. If you feel uncomfortable to answer any of the questions, you are free to stop or skip that question and move

on to the next one. The therapies offered in this study are the usual and customary therapies typically used to manage sleep apnea and insomnia. You will be provided disclosure and consent forms to review and sign for each therapy; PAP, OAT CBTi that explain any known side effects associated with use of those specific therapies.

WHAT ARE THE BENEFITS OF PARTICIPATING IN THIS STUDY?

There may not be any direct benefit to you from participating in this study. However, study participation will provide you access to therapy that may not be covered by OHIP or your extended health care plan at N/C to you. In addition, this study will provide the medical and dental community with more information on COMISA treatment. The results of this study may contribute to the development of personalized programs to COMISA management.

WILL I BE PAID TO BE IN THIS STUDY?

There is no compensation for your participation. However, benefits associated with your participation include access to therapy not covered by OHIP or extended health care plans at N/C, provided you complete the study requirements which are fully explained below.

Regrading in-lab sleep studies and PAP therapy, OHIP will cover the costs of the in-lab sleep studies, and a portion of the cost of PAP therapy, extended health care plans you may have access to may cover the portions not covered by OHIP, and any amount not covered will be provided at N/C. Regarding CBTi, extended health care plans you may have access to may cover the costs of CBTi and any amount not covered will be provided at N/C. Regarding OAT, extended health care plans you may have access to may cover the costs of OAT and any amount not covered will be provided at N/C.

The expected benefit from taking part in this study is to have access to an alternative to PAP at N/C should you be unwilling or unable to tolerate PAP therapy. We hope the information learned from this study will help other people with *COMISA* in the future.

HOW WILL PARTICIPANT INFORMATION BE KEPT CONFIDENTIAL?

During the study, we will be collecting data about you. We will do everything we can to ensure your data is kept private. No data relating to this study that includes your name will be released outside the researcher's office or published by the researchers. Sometimes, bylaw, we may have to release your information with your name so we cannot guarantee absolute privacy. However, we will make every legal effort to ensure your information is kept private.

While you take part in this research study, the researcher in charge and study staff will collect and store personal identifiable information about you in a file for the purpose of the research study. Only information necessary for the research study will be collected. All information obtained about you during this study will be treated confidentially within the limits of the law. Thus, to protect your identity, your name and identifying information will be replaced with a code (numbers). The link between the code and your identity as well as the study file will be kept under the responsibility of Dr. Viviano and will be held in a locked drawer in Dr. Viviano's office at the Sleep Disorders Dentistry Research and Learning Center. No information that discloses your identity will be allowed to leave the institution.

The result of any analysis will be kept confidential and will not be placed anywhere in your file. Also, you will not be identified in any published report. A copy of this consent form will not be placed in your medical record file and a copy will be given to you.

For the purpose of monitoring this research, your research study file as well as your medical records identifying you could be checked by a person authorized by Sleep Disorders Dentistry Research and Learning Center Inc. This person is obliged to respect your privacy.

For safety purposes, and in order to communicate information that is required in order to protect your well-being, Drs.

John Viviano and Sherif Elsaraj, the principal researchers of this study will keep your personal information including your name, contact information, the date when your participation in the study began and when it ended separate from the research documents.

You have the right to look at your study file in order to check the information gathered about you and to correct it, if necessary, as long as the study researcher or the institution keeps this information.

Records identifying you at this center will be kept confidential and, to the extent permitted by the applicable laws, will not be disclosed or made publicly available, except as described in this consent document.

If the results of this study are published, your identity will remain confidential. It is expected that the information collected during this study will be *used in analyses and will be published/ presented to the scientific community at meetings and in journals*. This information may also be used as part of a submission to regulatory authorities around the world. You will be provided a copy of the consent form that you sign to enter the study.

After the study is done, we will still need to securely store the health data that was collected as part of the study. At Sleep Disorders Dentistry Research and Learning Center, we keep data stored for a minimum of 5 years after the end of the study.

WILL FAMILY DOCTORS/HEALTH CARE PROVIDERS KNOW WHO IS PARTICIPATING IN THIS STUDY?

Your family doctor/health care providers will be informed that you are taking part in a study. If you do not want your family doctor/health care provider to be informed, please discuss this with the study team.

WILL INFORMATION ABOUT THIS STUDY BE AVAILABLE ONLINE?

This is a pilot study intended to gather some preliminary data on the clinical utility of OAT in patients suffering with COMISA. Although the results of the study will be found and discussed online, there will not be any participant identifying information posted.

WHAT IS THE COST TO PARTICIPANTS?

Regarding aPAP, you are responsible for any portion not covered by OHIP or extended health care. This should be a nominal amount for most patients.

Regarding CBTi and OAT, any fees that OHIP and any available extended health care plan do not cover will be waived provided you complete the study requirements.

Should you not complete the requirements you will be required to return the therapies that have been provided or pay the usual and customary fee that was not covered by OHIP or third-party insurance.

WHAT ARE THE RIGHTS OF PARTICIPANTS IN A RESEARCH STUDY?

You will be told, in a timely manner, about new information that may be relevant to your willingness to stay in this study. You have the right to be informed of the results of this study once the entire study is complete. If you would like to be informed of the results of this study, please contact the study doctor.

Your rights to privacy are legally protected by federal and provincial laws that require safeguards to ensure that your privacy is respected. By signing this form, you do not give up any of your legal rights against the study

doctor, sponsor or involved institutions for compensation, nor does this form relieve the study doctor, sponsor or their agents of their legal and professional responsibilities. You will be given a copy of this signed and dated consent form prior to participating in this study.

WHAT IF RESEARCHERS DISCOVER SOMETHING ABOUT A RESEARCH PARTICIPANT?

During the study, the researchers may learn something about you that they didn't expect. For example, the researchers may *find out that you have another medical condition.*

If any new clinically important information about your health is obtained as a result of your participation in this study, you will be given the opportunity to decide whether you wish your physician to be made aware of that information.

WHOM DO PARTICIPANTS CONTACT FOR QUESTIONS?

If you have questions about taking part in this study, or if you suffer a research-related injury, you can talk to your principal investigators, who are in charge of the study at this research study. That person is:

Dr. John Viviano BSc DDA D ABDSM Sleep Disorders Dentistry Research and Learning Center Telephone 905 212 7732 Or…

Dr. Sherif Elsaraj BSc MSc DMD PhD, McGill University, Jewish General Hospital, Department of Dentistry, A024 Researcher, Centre de recherche en medecine psychosociale du CISSS de l'Outaouais, Hull Hospital Tel # 613-738-1763 or 204-440-0000.

For any question regarding your rights as a research participant, please contact Callie Ferreira Sleep Disorders Dentistry Inc., local commissioner of complaints and quality of service, at 905 212 7732 or info@DrViviano.com

If you have questions about your rights as a participant or about ethical issues related to this study, you can talk to someone who is not involved in the study at all.

HOW DO I INDICATE MY AGREEMENT TO BE IN THIS STUDY?

By signing below, you understand:

- You have read the above information and have had anything you do not understand explained to you satisfactorily.
- You will be taking part in the research study.
- You may freely leave the research study at any time.
- You do not waive your legal rights by being in the study.
- That the legal and professional obligations of the investigators and involved institutionsare not changed by participating in this study.

SIGNATURES

I have read the previous information, and my questions were answered to my satisfaction. A copy of this signed consent form will be given to me. My participation is voluntary, and I can withdraw from the study at any time without giving reasons. It will not affect my medical or dental care now or later. I do not give up any of my legal rights by participating

in this study. I understand that I will be contacted by the research assistant at the first appointment and three months after establishing an end point in the study to complete the required questionnaires.

I confirm that:

- All of my questions have been answered,
- I understand the information within this informed consent form,
- I allow access to my medical records and specimens as explained in this consent form,
- I do not give up any of my legal rights by signing this consent form,
- My family doctor/health care provider may be informed of my participation in this study
- **I DECLINE to take part in this study, but I do allow for use of data from my Baseline Study results as part of the Control Group in this study. I understand that I am free to withdraw this agreement at any time without providing any reason for doing so.**

Patient ID #: _____

_____	_____	_____
Signature of Participant	PRINTED NAME	Date

_____	_____	_____
Signature of Person Conducting the Consent Discussion	PRINTED NAME & ROLE	Date

Complete the following section only if participant is unable to read or requires an oral translation:

- The informed consent form was accurately explained to, and apparently understood by, the participant/substitute decision maker, and
- Informed consent was freely given by the participant/substitute decision maker

_____	_____	_____
Signature of Impartial Witness/Translator *(If participant were unable to read/required an oral translation)*	PRINTED NAME	Date