

## **Short Course Therapy for Urinary Tract Infections in Children (SCOUT)**

Your child may be eligible to take part in a research study for children diagnosed with Urinary Tract Infections (UTIs). Taking part in this study is completely voluntary. The study team will explain the study to you and will answer any questions you may have. Be sure to take your time to make your decision.

This study is looking at whether children can be effectively treated with five days of antibiotics instead of 10 days. Current standard of care for UTI treatment in children is 10 days of antibiotics. Your child will be treated by his/her doctor for the first five days. If you decide to enroll in the study, your child will receive either antibiotic or placebo (non-active medication) for days 6-10. Your child has a one in two chance to receive the antibiotic or placebo.

### **Study Visits:**

This study will have three visits; an enrollment visit and two follow up visits. We will also call you once after the last visit to make sure your child is doing well. We will compensate you for your time for each of the study visits.

- At the first visit, we will conduct the informed consent process, review your child's medical history, perform a pain assessment, collect a stool sample and provide you with the study medication and a study diary.
- At the second visit, we will ask you about any symptoms your child may have, perform a brief exam, collect a urine and stool sample.
- At the third visit, we will ask you about any symptoms your child may have, perform a pain assessment and collection a urine and stool specimen.
- During the final phone call, we will confirm that your child is improved.

### **Benefits:**

There is potential for direct benefit to the study participants.

If your child is treated with only five days of antibiotics, there may be fewer antibiotic side effects and may be less likely to develop bacteria that are resistant to antibiotics. All children may have earlier detection of a recurrent infection due to the second study visit and sending the urine for culture. All participants will have 24-hour access to a study physician and increased monitoring of your child's UTI.

### **Risks:**

If your child is treated with placebo on days 6-10, there is an increased chance that the infection may not be completely treated. Some children may experience minor discomfort and anxiety with collection of the urine and stool specimens. There is also a rare risk of loss of confidentiality.

If you choose to not enroll your child in the study, your child will continue the antibiotics prescribed by his/her doctor.

## CONSENT TO ACT AS A PARTICIPANT IN A RESEARCH STUDY

**Short Course Therapy for Urinary Tract Infections in Children (SCOUT)**

PRINCIPAL INVESTIGATOR: Alejandro Hoberman, MD (412) 999-3277 (EARS)

Evening/Weekend Phone Number	(412) 999-3277 (EARS)
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**SOURCE OF SUPPORT:** National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH)

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

***Who is being asked to take part in this research study?***

Your child may take part in the Short Course Therapy for Urinary Tract Infections in Children (SCOUT) research study because your child has a urinary tract infection (UTI) and has shown improvement after a few days of antibiotics. The SCOUT Study wants to learn more about how to most effectively treat urinary tract infections in children.

***What is the purpose of this study?***

The usual treatment of a UTI is 10 to 14 days of antibiotics. Some studies show that shorter courses of antibiotics have been effective in treating UTIs in adults. The SCOUT Study will determine if children can be effectively treated with 5 days of antibiotics instead of 10 days. The research study will consist of three study visits and a follow-up phone call.

In addition, the SCOUT Study will determine if children treated with the shorter 5 days of antibiotics are less likely to develop antibiotic resistance. This is when bacteria change in some way that makes it harder for the antibiotic to destroy the bacteria.

This study will include children from Pennsylvania from the Children's Hospital of Philadelphia (CHOP) and Children's Hospital of Pittsburgh of UPMC (CHP). Approximately 746 children, ages two months to 10 years, will take part in this study across the two sites over four and a half years. We plan to enroll about 400 children in Pittsburgh.

***What are my child and I being asked to do?***

Current standard of care for the treatment of UTI in children is 10 days of antibiotics. Your child will be treated by her/his doctor with an antibiotic for the first five days. If your child is improved and has no symptoms of the UTI at day 5, she/he may stay in the study.

Your child has one in two chances to receive the antibiotic or placebo (non-active medication) study product for the 2<sup>nd</sup> five days. The choice is decided like the flip of a coin. There is an equal chance of receiving either one.

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We will match the antibiotic that your child took for the first five days if your child is in the continued antibiotic part of the study. The placebo will look just like the antibiotic that your child took for the first five days. In this study, neither you nor the study staff (except the pharmacist) will know which treatment your child has been given. But, we will be able to get the information in case of an emergency.

You will be asked to return with your child after today for 2 additional visits and will receive a follow-up phone call at the end of the study (about day 44).

**Today (Visit 1: Enrollment) we will:**

- Conduct consent process
- Review medical history
- Perform a pain assessment
- Collect a stool sample or rectal swab
- Give you the study medication and
- Give you a medication diary. Filling out the diary will take a few minutes each day.
- The visit will take place at your doctor's office or at your home (if a visiting nurse is available) and last about 1 hour.

**At Visit 2 (2-4 Days after completing the study medication) we will:**

- Ask about any UTI symptoms your child may have
- Perform a brief exam
- Collect a urine and stool sample or rectal swab
- Collect the medication diary and the study medication bottle
- The visit will take place at your doctor's office or at your home (if a visiting nurse is available) and last about 1 hour.

**At Visit 3 (14-16 Days after completing the study medication) we will:**

- Ask you about any UTI symptoms your child may have
- Perform a pain assessment
- Collect a urine and stool specimen or rectal swab
- The visit will take place at your doctor's office or at your home (if a visiting nurse is available) and last about one hour.

**During the Follow-Up call (four weeks after completing the study medication):**

- The nurse will call you to see how your child is doing
- Ask you about any UTI symptoms your child may have
- Confirm the UTI symptoms are gone
- If you report that your child is experiencing any UTI symptoms, a visit will be scheduled to collect a urine sample and your child will be treated by a physician not associated with the SCOUT study.
- The call will last about 15 minutes.

At any time between visits you believe your child is experiencing fever or symptoms of a UTI, you may call a member of the study team at the phone numbers listed on the first page of this consent document.

As part of the research study, your child's stool samples will be tested for germs that are resistant to antibiotics. Any extra stool sample will be disposed. We will freeze the stool sample and save it for future research, if you agree. If you do not agree to future studies of the stool sample, it will be destroyed.

The samples will not be used for testing of your child's hereditary information. Samples that we share with other researchers in the future will not have your child's name or any identifying information. The samples will be assigned a code number and the information linking the code with your child's identity will be stored in a separate secure location. This type of testing will help us to understand why some people have a higher chance of becoming resistant to bacteria.



Consent to use stool samples for future studies

Yes, I agree \_\_\_\_\_ initials

No, I disagree \_\_\_\_\_ initials

***What are the possible risks, side effects and discomforts of this research study?***

As with any research study, there may be adverse events or side effects that are currently unknown, and it is possible that these unknown risks could be permanent or serious.

**Placebo**

Your child may receive placebo for Days 6 to 10. There is a risk if your child is randomized to placebo that the UTI will not be completely treated. We will minimize this risk by providing close follow-up throughout the study. There is no active medication in the placebo. The same flavoring, coloring and powder mixers used in the active study medication are in the placebo. This will make it look and taste like the real medication. Rarely children are allergic to one of these powders.

**Study Medication**

Trimethoprim-Sulfamethoxazole (TMP-SMX), Cefixime or Cefdinir, and Cephalexin have been used to treat UTIs in children for decades. These antibiotics have established safety records for children. However, patients may have reactions to these medications that range from mild to severe, although severe reactions are extremely rare. While precautions will be made to screen for drug allergies and interactions, your child may experience an unforeseen reaction to the medication. We will be enrolling your child in the study when they are feeling much better after completing four or five days of their antibiotics, so they are less likely to develop these reactions.

**Trimethoprim-Sulfamethoxazole (TMP-SMX)** may cause allergic reactions like a skin rash, possible sun sensitivity, thrush (a yeast infection of the mouth), decrease in white blood cells, and dizziness.

**Cefixime** or **Cefdinir** may cause diarrhea, gas, and stomach pain, and sometimes bloody stools, severe nausea or vomiting.

**Cephalexin** may cause diarrhea, skin rash, stomach pain and sometimes bloody stools, severe nausea or vomiting.

**Loss of Confidentiality** There is a rare risk of the loss of confidentiality (less than 1%). The study staff are trained and experienced in protecting health information (date of birth, medical record number or names) as confidential information. Subjects will be identified only by a study number on the forms that are kept safe in a locked cabinet or in locked computer databases protected by password and firewall. Only the study staff will have passwords to the computers in secure offices. Subject information will be de-identified for any presentations or publications.

**Stool Sample** The anus will be penetrated and wiped with the tip of a small cotton swab or a small sample of stool will be collected from a soiled diaper. This can commonly cause some minor discomfort.

**Urine Sample** If your child is toilet-trained, the urine sample can be collected in a cup which may cause your child to feel some anxiety. If your child is not toilet trained, we will collect the sample with a small catheter. A catheter is a thin, rubber tubing that is passed into the bladder to collect a urine sample. The catheter may cause some discomfort; being restrained briefly may be upsetting for your child. To decrease the chance of discomfort, a trained registered nurse will obtain the sample. Sometimes, a urine bag may be applied to collect a urine sample.

***What are the possible benefits of this study?***

There may be no direct benefit to your child by participating in this study. Study subjects who are treated for only 5 days may have decreased antibiotic side effects and fewer infections caused by the longer use of antibiotics, such as thrush.

Also, information from this study will help us to understand if fewer days of antibiotic treatment for UTI is effective and decreases the chances of bacteria becoming resistant. The results of this study will assist health-care providers in making decisions regarding the use of antibiotics for treating children with UTIs, and may benefit the



health of the general community by slowing the evolution of antimicrobial resistance. By reducing the occurrence of resistant organisms, society may benefit through easier treatment of this common infection and may result in fewer side effects of antibiotic therapy.

***What treatments or procedures are available for my child if I decide not to take part in this study?***

If you decide not to enroll your child in the SCOUT Study, your child will complete the antibiotic therapy as prescribed by your child's physician to properly treat your child's UTI.

***Will we be told of any new risks that may be found during the course of the study?***

You will be promptly notified if any new information develops during the conduct of this research study which may cause you to change your mind about continuing to participate.

***Will our insurance be charged for costs of any procedures in the study?***

You and/or your insurer will be billed for any routine care services that are provided. You will be responsible for any applicable co-pays, coinsurances, and deductibles. You will be responsible for your child's initial antibiotic prescription for the UTI. There will be no costs to you or your insurance company for any of the three study visits. The cost of the study medication (antibiotic/placebo) and the urine and stool tests will also be covered by the study.

***Will my child be paid for participating in the study?***

You will be compensated \$25 at your doctor's office or at your home for each of the three study visits and a parking pass while you are here for the visits. You will receive a total of \$75 for the three study visits.

***Who will pay if my child is injured as a result of this study?***

If you believe that the research procedures have resulted in an injury to your child, immediately contact the Principal Investigator who is listed on the first page of this form. Emergency medical treatment for injuries solely and directly related to your child's participation in this research study will be provided to your child by the hospitals of UPMC. Your insurance provider may be billed for the costs of this emergency treatment, but none of those costs will be charged directly to you. If your child's research-related injury requires medical care beyond this emergency treatment, you will be responsible for the costs of this follow-up care. At this time, there is no plan for any additional financial compensation.

***Who will know about my child's participation in this research study?***

Any identifiable information about your child obtained from this research will be kept as confidential (private) as possible. All records related to your child's involvement in this research study will be stored in a locked file cabinet. Your child's identity on these records will be indicated by a study identification number rather than by name, and the information linking these numbers with the identity will be kept separate from the research records. Your child will not be identified by name in any publication of the research results.

***Will this research study involve the use or disclosure of my child's identifiable medical information?***

This research study will involve the recording of past, current and/or future identifiable medical information from your child's hospital and/or other health care provider (e.g., physician office) records. The recorded information will be limited to the results of any laboratory tests, diagnostic tests and side effects related to the study and/or illnesses.

We will take measures to protect your child's privacy, although no guarantee of confidentiality can be absolute. Before your child's sample is sent to the labs, the sample will be labeled with the study identification number. Personal identifying information such as name, address and date of birth will be removed. The lab may have some data about your child such as age, sex, race and diagnosis. You will not be given any information, nor will any information appear in your child's medical record, as to how these samples are used.

***Who will have access to identifiable information related to my child's participation in this study?***

In addition to the investigators listed on the first page of this consent form and their research staff, the following individuals may have access to identifiable information related to your child's participation in this research study.



- Authorized representatives of the University of Pittsburgh Research Conduct and Compliance Office may review your child's identifiable research information (which may include your child's identifiable medical information) for the purpose of monitoring the appropriate conduct of this research study.
- Authorized representatives of the UPMC hospitals or other affiliated health care providers may have access to identifiable information (which may include your child's identifiable medical information) related to your child's participation in this research study for the purpose of (1) fulfilling orders, made by the investigators, for hospitals and health care services (e.g. laboratory tests, diagnostic procedures) associated with research study participation; (2) addressing correct payment for tests and procedures ordered by the investigators; and/or (3) assessing internal hospital operations (i.e. quality assurance).
- Authorized representatives of the NIH, the CHOP Biostatistics and Data Management Core (BDMC), the Office for Human Research Protections (OHRP) and the Food and Drug Administration (FDA) may review and/or obtain your child's identifiable medical information for the purpose of monitoring the accuracy and completeness of the research data, for performing required scientific analyses of the research and re-analyses of the research data at a later date and to be sure that the research is being conducted according to the guidelines of each institution. While these organizations have provided their assurance that they will not release your child's identifiable medical information to anyone else, Children's Hospital of Pittsburgh cannot guarantee this.

***Certificate of Confidentiality:***

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of federally-funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

The Certificate of Confidentiality will not be used to prevent disclosure to state or local authorities of child abuse and neglect, or harm to self or others.

***How long will the investigators be permitted to use and share identifiable information related to my child's participation in this study?***

Dr. Hoberman and his study staff will be permitted to use your child's identifiable health information indefinitely. In addition, they will contact you a few months after you finish the study to share information about the study findings and to discuss other urinary tract infection research opportunities you might find of interest.

***May I have access to the medical information that results from my child's participation in this study?***

In accordance with the Children's Hospital of Pittsburgh of UPMC Notice of Privacy Practices document which you have been provided, you are allowed to look at information (including information resulting from your child's participation in this research study) contained within your child's medical records unless specifically stated. In this study, neither the researcher nor you will know which treatment course your child is receiving (continued antibiotics or placebo). After the study is finished and the results have been studied, we will send you a letter that tells you which treatment course your child received.

***Is my child's participation in this study voluntary?***

Your child's participation in this research study will include the use and disclosure of your identifiable information





for the purposes described above and is completely voluntary. If you do not provide your consent, your child will not be allowed to participate in the research study. Your decision regarding your child's participation in this research study will have no effect on your current or future relationship with the University of Pittsburgh, medical care at a UPMC hospital or affiliated health care provider or your relationship with a health care insurance provider.

Your child's doctor may be involved as an investigator in this research study. As both your child's doctor and a research investigator, s/he is interested both in your child's medical care and the conduct of this research study. Before agreeing to participate in this research study or at any time during your study participation, you may discuss your child's care with another doctor who is not associated with this research study. You are not under any obligation to participate in any research study offered by your doctor.

**May I withdraw my consent for my child's participation in this study at a future date?**

Yes, you may withdraw your consent for your child's participation. The investigators may continue to use and disclose, for the purposes described above, identifiable information (which may include your child's identifiable medical information) related to your child's participation in this research study. (Note, however, that if you withdraw your consent for the use and disclosure of your child's identifiable information for the purposes described above, your child will also be withdrawn, in general, from further participation in this research study).

<b>Risks of Antibiotic UTI Treatment for 10 Days</b>	<b>Risks of Antibiotic UTI Treatment for 5 Days</b>
The UTI infection should be treated adequately after ten days of antibiotics. Studies shown there is a five out of ten (50%) chance that the UTI may come back.	The UTI infection should be treated adequately after five days of antibiotics. Studies have shown there is a five to nine out of ten (50-90%) chance that the UTI may come back. However, your child showed signs of improvement on Day Five before starting this study.
When your child takes an antibiotic, there is a chance that germs may change in a way that the antibiotic does not kill them. We call this a "resistant" germ. Then, your child may not respond to antibiotics when needed for a more serious infection. In addition, these resistant germs may spread to other family members, neighbors and playmates.	"Resistance" is less likely when antibiotics are taken for a shorter period of time, for example, five days instead of ten.
Trimethoprim-Sulfamethoxazole (TMP-SMX) may cause allergic reaction, skin rash, sun sensitivity, thrush, decrease in white blood cells, and dizziness.	Placebo may rarely cause an allergic reaction, but in general does not have the side effects of an active medication.
Cefixime may cause allergic reaction, bloody stools, diarrhea, gas, and stomach pain and sometimes severe nausea or vomiting.	
Cefdinir may cause diarrhea, gas, and stomach pain, and sometimes bloody stools, severe nausea or vomiting.	
Cephalexin may cause diarrhea, skin rash, stomach pain and sometimes bloody stools, severe nausea or vomiting.	
The antibiotics listed above are approved by the FDA for treatment of urinary tract infections.	Current standard of care for the treatment of UTI is 10 days of antibiotics.



Any identifiable research or medical information recorded for, or resulting from, your child's participation in the research study prior to the date that you formally withdrew your consent may continue to be used and disclosed by the investigators for the purposes described above. Because your child's samples are retained indefinitely, they will continue to be used in the event that your child is withdrawn from the study.

**Can my child be removed from the study without my consent?**

The researchers also have the right to stop your child's participation if your child has had an unexpected reaction, if you have failed to follow instructions, for other reasons that the investigator is concerned about your child or because the entire study has been stopped.

A Data Safety and Monitoring Board (DSMB), an independent group of experts, will be reviewing the data from this research throughout the study. The DSMB may terminate the study if they have concerns about the data collected or the safety of the study participants. Also, as part of their duties to ensure that research subjects are protected, the University of Pittsburgh Institutional Review Board, NIAID, and the FDA may discontinue the study at any time.

**Voluntary Consent and Authorization**

All of the above has been explained to me and all of my current questions have been answered. I understand that I am encouraged to ask questions, voice concerns or complaints about any aspect of this research study during the course of this study, and that such future questions, concerns or complaints will be answered by a qualified individual or by the investigator(s) listed on the first page of this consent document at the telephone number(s) given. I understand that I may always request that my questions, concerns or complaints be addressed by a listed investigator. I understand that I may contact the Human Subjects Protection Advocate of the IRB Office, University of Pittsburgh (1-866-212-2668) to discuss problems, concerns, and questions; obtain information; offer input; or discuss situations that have occurred during my participation. Dr. Hoberman (412-692-3277) will be available for questions about this research study. A copy of this consent form will be given to me.

\_\_\_\_\_  
Printed Name of Child (Research Subject)

I understand that, as a minor (age less than 18 years), the above-named child is not permitted to participate in this research study without my consent. Therefore, by signing this form, I give my consent for his/her participation in this research study and allow the use and sharing of my child's medical record information for the purposes described above.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature Name of Parent

\_\_\_\_\_  
Date

**Documentation of Assent**

**(For children 14-17 or children <17 years who are developmentally able to sign.)**

This research has been explained to me, and I agree to participate.

\_\_\_\_\_  
Printed Name of Child-Subject

\_\_\_\_\_  
Signature of Child Subject

**Verification of Explanation**

I certify that I have carefully explained the purpose and nature of this research study to the child-subject in age appropriate language. He/she has had an opportunity to discuss it with me in detail. I have answered all his/her questions and he/she has provided affirmative agreement (i.e. assent) to participate in this study.

\_\_\_\_\_  
Investigator's Printed Name

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Date







## Certification of Informed Consent

### In-person Consent:

I certify that I have explained the nature and purpose of this research study to the above-named individual and I have discussed the potential benefits and possible risks of study participation. Any questions the individual has about the study have been answered and we will always be available to address future questions as they arise. I further certify that no component of this protocol was begun until after this consent form was signed.

\_\_\_\_\_  
Printed Name of Physician Obtaining Consent

\_\_\_\_\_  
Role in Research Study

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

**or**

### Video-Conferencing/Phone Consent:

I certify that I was present via video-conferencing during the informed consent process. I have explained the purpose of the research study to above-named individual and I have discussed the potential benefits and possibly risks of study participation. Any questions the individual has about the study have been answered and we will always be available to address future questions as they arise. I further certify that no component of this protocol was begun until after this consent form was signed.

\_\_\_\_\_  
Printed Name of Physician Obtaining Consent

\_\_\_\_\_  
Role in Research Study

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

