

RANDOMISED EVALUATION OF COVID-19 THERAPY (RECOVERY)



Investigator: Dr John Amuasi (national principal investigator, KCCR/KNUST, +233278364389)
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Study sites: Komfo Anokye Teaching Hospital, Komfo Anokye Road, Kumasi, Ghana
Ghana Infectious Disease Center, Ga East Municipal Hospital, Accra, Ghana
Sponsor: University of Oxford, United Kingdom

Invitation to participate

We are inviting people who have been admitted to hospital with (or suspected to have) pneumonia to consent to join this research study, which is comparing possible treatments. This form gives information about the study including the aims, risks and benefits of taking part.

WHAT YOU SHOULD KNOW ABOUT THIS RESEARCH STUDY:

1) Why is this research being done?

Your doctors have found that you have a lung disease called pneumonia, caused by COVID-19, influenza, or other organisms. COVID-19 is caused by a type of virus called SARS-CoV-2, or coronavirus for short. Influenza pneumonia is caused by a flu virus different to COVID-19. Other types of pneumonia are typically caused by bacteria that live in the throat (this is usually just called 'community-acquired pneumonia'). Most patients who get these infections get better without coming to hospital. Of those who are admitted to hospital, most also get better, but some may need oxygen or mechanical ventilation before they do so. However, a few percent do not get better.

This trial has already shown that low doses of a type of steroid, dexamethasone, and other treatments reduce the risk of dying for some patients hospitalised with COVID-19. There are several other treatments which may turn out to be helpful (or possibly harmful) when used in the treatment of pneumonia caused by COVID-19, influenza or other organisms. This study aims to find out whether any of these additional treatments are helpful.

2) What is the purpose of this study?

This study aims to compare several different treatments that may be useful for patients with pneumonia. Although these treatments show promise, nobody knows if any of them will help patients recover more effectively than the usual standard of care all patients at your hospital will receive.

- The treatments for COVID-19 include a high dose steroid, dexamethasone (if you need help with your breathing), and a synthetic antibody treatment directed against the virus (called sotrovimab).
- The treatments for influenza pneumonia include two anti-viral treatments, oseltamivir and baloxavir, and low-dose dexamethasone.
- The treatment for community-acquired pneumonia is low-dose dexamethasone.

At present, we don't know whether any of these will work. However, the side-effects are already well-known from other uses and so your doctor will be able to monitor you appropriately.

3) Who is doing the study?

The study is being conducted by researchers from Kumasi Centre for Collaborative Research, health workers from Komfo Anokye Teaching Hospital, Ghana Infectious Diseases Center, Ga East Municipal Hospital and the University of Oxford, which acts as the sponsor for the research.

4) Who is being included in the study?

Patients may be included in this study if they are in hospital and have COVID-19 and/or influenza pneumonia confirmed by a laboratory test, or if their doctor has diagnosed community-acquired pneumonia and are in hospital. Patients will not be included if the attending doctor thinks none of the study treatments are suitable for them. Patients may be included if they have previously been recruited into RECOVERY >6 months ago (although not into the same comparison more than once).

5) What happens next if I agree to be included in this study?

If you decide to join, you will be asked to sign the consent form. Next, brief details identifying you and answering a few questions about your health and medical conditions will be entered into a computer. Women of child-bearing potential will have a pregnancy test. The computer will then allocate you at random (like rolling a dice) to one (or sometimes more) of the possible treatment options, depending on what illness you have and what your doctors think is suitable. Other than being allocated to receive, or not receive, the study treatment, you will be given the same standard care as if you did not join the study.

Neither you nor your doctors can choose which of these options you will be allocated. Additional information about your health will be recorded and entered into the study computer. No additional visits will be required after you leave the hospital.

Additional information about your health will be recorded and entered into the study computer but no additional visits will be required after you leave the hospital. Information about your health (both prior to, during, and after the study) may be obtained about you from medical records or databases so that the study team can get more detailed or longer-term information about the effects of the study treatments on your health for up to 15 years after the end of your participation. We may write to you to tell you about the trial periodically, but you will be able to opt-out of these communications if you prefer. Your doctor may be informed of any issues relevant to your participation in the trial.

6) What are the possible benefits of being in the study?

We do not know if any of the treatments being tested will have additional benefits. Your study treatment may or may not help you personally, but this study should help future patients.

Compensation

You will not have to pay for any of the study-specific examinations or procedures planned for this study. You will not be paid for your participation, but you will be with 300GHS at day 28/ discharge/ death or withdrawal from the study. (whichever comes first) This can be given to the participant directly or to their legal representative.

7) What are the possible risks of being in the study?

- Dexamethasone (and other steroids) may disturb sleep and increase the risk of infections. In people with diabetes it can raise blood sugar.
- Oseltamivir may cause headache, tummy upset and allergic reactions.
- Baloxavir rarely causes allergic reactions, but has no other known side effects.
- Sotrovimab is given by intravenous infusion and may cause allergic reactions during the infusion, but severe reactions have been rare.

There is also the unlikely possibility of a severe reaction to any study drug. Please ask your hospital doctor if you would like more information. Once you have been included in the study, you and your doctors will know which treatment the computer has allocated for you. Your doctors will be aware of whether there are any particular side effects that they should look out for.

Women who are pregnant may be included, however, the effect of some of the treatments on unborn babies is uncertain. Steroids and oseltamivir have previously been used in pregnancy for other medical conditions without safety concerns being raised (but because dexamethasone could have effects on the baby, pregnant and breastfeeding women will receive an alternative steroid).

8) Can I stop the study treatment or my participation early?

If you or your doctor want to stop the study treatment before the course has been completed, then you are free to do so. If you decide that you do not wish any more information to be collected about you, you are free to say so (although de-identified information collected up to that point will continue to be analysed by the research team).

9) If I have any questions or problems, who can I call?

If you have any questions please speak to your hospital medical team. Further information about the study is available on the study website (www.recoverytrial.net). You can speak to the local research team or call the site PI

Dr. Yasmine Hardy	KATH	+233244376137	yasminehardy_1999@yahoo.com
Dr. Chris Owoo	GIDC	+233244668871	chris_owoo@yahoo.com

10) What information do you hold about me and how do you keep it private?

All information about you and your health will be kept private. The only people allowed to look at the information will be the doctors who are running the study, the staff at the study coordinating centre, and the regulatory authorities

who check that the study is being carried out correctly. A privacy notice is on the study website (<https://www.recoverytrial.net/study-faq/data-privacy>).

Personal data concerning you will be collected by the study personnel, stored in a computer and sent out of Ghana to analyse the results of the study. **All Ghanaian laws on the protection of personal data will be respected.** You will be given a study code so it will not be possible to identify you personally in our database and we will do everything to protect your privacy. All identifying details will be removed so that only the study personnel will know that you participated in the study however in Ghana, it is compulsory to report this information to government agencies.

11) Do I have to take part?

Joining the study is voluntary. Your decision whether to take part will not affect the care you receive at this hospital.

12) Are there any financial costs or payments?

All trial treatments will be free. You will not be paid for your participation in this study.

13) What else can you tell me?

The study has been approved by the Medicines and Healthcare products Regulatory Agency (MHRA) and by the Cambridge East Research Ethics Committee (Health Research Authority, ref 20/EE/0101). It is funded by UK Research and Innovation and the National Institute for Health Research, not the makers of any of the study treatments (who may provide the treatment free of charge to the trial). If we find out any new information that might affect your decision to stay in the study, we will give it to you. The University of Oxford, as Sponsor, has appropriate insurance in place in the unlikely event that you suffer any harm as a direct consequence of your participation in this study.

CONTACT PERSON IN CASE OF QUESTIONS ABOUT THE STUDY

If at any time during the study participation, you feel the need to get medical advice, and if you have any questions concerning your participation in this study, your rights or if you think you/your child have been harmed as a result of the study, you can contact, now, during, or after the study:

Dr. Yasmine Hardy	KATH	+233244376137	yasminehardy_1999@yahoo.com
Dr. Chris Owoo	GIDC	+233244668871	chris_owoo@yahoo.com

CONTACT PERSON IN CASE ETHICAL CONCERNS

This study has been approved by the following review boards: Institutional Review Board of the Komfo Anokye Teaching Hospital, Kumasi, Ghana; Ethics Review Committee of the Ghana Health Service and the Ghana Food and Drug Authority. These Ethics Committees and National Regulatory Authorities also perform ongoing reviews of the study to make sure it is carried out in the safest way possible and that your rights and wellbeing are protected.

If you have any concern about the conduct of this study, your welfare or your rights as a research participant, you may contact:

The Administrator
Ghana Health Service Ethics Review Committee
Research and Development Division
Ghana Health Service
Accra
Tel: 0503539896 ethics.research@ghsmail.org

The Chairman
Komfo Anokye Teaching Hospital Institutional Review Board
Kumasi
Tel: 0322000617
kathirb@kathhsp.org, kathirb25@gmail.com

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 Sponsor: **University of Oxford, United Kingdom**

Hospital Name:
 (use CAPITALS)

Patient Name:
 (use CAPITALS)

1. Information about the study has been provided to me: I confirm that I have read (or had read to me) and understood the Participant Information Leaflet (V26.0 22-Aug-2023) and I have had the opportunity to consider the information and ask questions. These have been answered satisfactorily.

2. Voluntary participation: I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, and without my medical care or legal rights being affected.

3. Access to study data about me: I give permission for relevant sections of my medical notes and information collected during the study to be looked at, in confidence, by authorised individuals from this hospital, the University of Oxford, and regulatory authorities to check that the study is being carried out correctly.

4. Access to my medical information: I agree that medical information collected by the doctors and hospitals which provide me with care and which may be located in local or national health and research organizations (including hospital admission, civil registration, audit and research data) may be provided to the study coordinating centre both during and for up to 15 years after my discharge. I understand that information that identifies me will be passed securely to such bodies to make this possible and that I can opt out of this at any time by writing to the coordinating centre team.

5. Data stored on computer: I understand that information about my progress in the study will be recorded on a computer database, and that this data will be stored on computers supervised by the University of Oxford. I understand that this information will be kept securely and confidentially.

6. Study Doctor: I understand that my Study Doctor may be informed of any issues relevant to my participation in the RECOVERY trial.

7. Samples: I am aware that a blood sample and nasal/mouth swabs may be sent to a central laboratory for measurement of coronavirus and immune responses against it and/or influenza virus.

8. Agreement to take part: I have read the information (or had it read to me), had an opportunity to ask questions and agree to take part in the above study.

☐ ICF completed by Legal Representative

...../...../...../...../.....	/...../.....
PRINTED name of participant	Signature/ Thumbprint		Today's date
...../...../...../...../.....	/...../.....
PRINTED name of person taking consent	Signature/ Thumbprint		Today's date

*1 copy for participant; 1 copy for researcher site file; 1 (original) to be kept in medical notes

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Hospital Name:
(use CAPITALS)

Patient Name:
(use CAPITALS)

Impartial Witness ☐ N/A

If participant is not able to read the text and/or sign for themselves but has capacity to give consent:

Statement of witness: I witnessed accurate reading of the consent form to the potential participant, who could ask any questions and got satisfactory replies. I confirm that they gave their consent freely.

.....
PRINTED name of witness

.....
Signature

...../...../.....
Today's date

Statement of person obtaining informed consent: I have fully explained this research to the above named participant and have given sufficient information about the study, including that on procedures, risks and benefits, to make an informed decision

.....
PRINTED name of person taking consent

.....
Signature

...../...../.....
Today's date

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Hospital Name:
(use CAPITALS)

Patient Name:
(use CAPITALS)

Legal Representative ☐ N/A

If participant lacks capacity to give consent due to the severity of their medical condition (e.g. acute respiratory failure or need for immediate ventilation) or prior disease:

I have read the information (or had it read to me) and had an opportunity to ask questions. I have no other involvement in the RECOVERY trial. I understand that the patient will be informed about the trial as soon as they have the capacity to do so and that if they wish, they will be able to withdraw from the study without it affecting their medical care. I believe that if they were able to, the patient would wish to take part in this study.

.....
PRINTED name of Legal Representative
(Personal/Professional)

.....
Signature

...../...../.....
Today's date

.....
Relationship to participant

.....
PRINTED name of person taking consent

.....
Signature

...../...../.....
Today's date

**1 copy for legal rep; 1 copy for researcher site file; 1 (original) to be kept in participant medical notes*