
16.1.3.
Protocol-Specific Informed Consent Document

Patient Information and Consent Form

Introduction

You are invited to take part voluntarily in a research study of a new study drug known as LY333328. You will be asked to receive LY333328 for 1 to 7 days and will have follow-up tests for approximately 1 to 2 months after receiving LY333328. Approximately 28 patients will be participating in this study.

The purposes of this study are to determine —

- The safety of different dose regimens (amount of dose and number of days dosed) of LY333328 and any side effects that might be associated with the regimens.
- Which LY333328 doses may help patients with skin infections.
- If the amount of LY333328 in blood is related to (a) how well the medication treats skin infections or (b) side effects.

LY333328 might not be effective in treating your infection.

Qualifications to Participate

Some of the requirements to be in this study are —

- You must have been diagnosed with a type of skin infection allowed by this study.
- You must weigh an amount allowed by this study for your height and be ≥ 18 years of age. If you have not reached your 18th birthday, you will not be able to participate.

You cannot participate in this study if —

- You have had an illness or condition (as judged by the doctor) that would not allow judgment of safety or how well LY333328 was treating your skin infection.
- You are allergic to certain antibiotics.
- You have recently received antibiotics that may have started to cure your skin infection.
- Your veins will not allow dosing with LY333328 (which is given by injection into a vein) or taking of blood.
- You are unwilling to avoid blood and/or blood product (for example, plasma) donation for at least 6 months.

- You are pregnant or are nursing and will not agree to stop nursing.

If you possibly could become pregnant, you must talk to your doctor about the method of birth control that you will use to avoid getting pregnant during the study and for six (6) months after the study is completed.

The doctor in charge of this study or a member of the doctor's staff will discuss with you the additional requirements for participation in this study.

Study Procedures

If you participate, you will be assigned to one of five LY333328 dose groups, based on the order of your participation in the study. Your doctor will perform a physical examination that will include blood pressure, pulse, temperature; and an evaluation of your skin infection. The doctor may need to obtain a sample from your infection to identify the bacteria responsible for your infection. This may require collection of infected fluid from the wound using a needle or incision. Photograph(s) and measurement of the infected area will be obtained. Your examination will also include blood and urine tests, including a urine test to make sure that you are not pregnant, if you are a female of child-bearing age. After these tests and procedures are performed, you will receive 1, 3, or 7 daily doses of LY333328 through a small flexible tube inserted in your vein. Blood will be drawn three times within 18 hours after the first dose and twice every other day for the duration of your treatment (approximately Days 2, 4, 6 if you receive 7 days of therapy) to determine the amount of this medication in your blood. On your last day of dosing, your blood will be drawn before you are dosed and 4 times within 24 hours afterwards. Your doctor may request that you stay overnight at the hospital or an out-patient care facility for your first and last dose. Your blood pressure, pulse, and temperature will be obtained periodically on the days that you take LY333328 and you will be observed and questioned about side effects and any other medications that you may be taking. After your last dose of LY333328, your skin infection area will be assessed (measured, photographed) and, if possible, fluid or material will be collected from the infected area.

You will return to your doctor's office approximately 10 and 30 days after your first dose of LY333328 or earlier if your skin infection worsens. At each of these visits, you will be questioned about side effects and any other medications that you may be taking, a blood sample will be obtained, and your skin infection area will be assessed (measured, photographed). If infection appears to be present, the doctor may need to collect infected fluid as done at the start of the study. If you receive more than 3 days (doses) of LY333328 you will also return to your doctor's office approximately 60 days after your first dose of LY333328 you will be questioned about side effects and any other medications that you may be taking, and a blood sample may be obtained (if your doctor thinks it is needed).

Risks

Possible side effects identified in animal studies include rash, flushing, nausea, vomiting, diarrhea, lowered ability to fight infection, and abnormalities in red blood cell count, white blood cell count, liver tests, kidney tests, and some blood clotting tests. In animal studies, these side effects completely or partially reversed following discontinuation of the drug. If these problems develop after taking LY333328 additional tests may be needed.

Allergic-type reactions, such as redness, shortness of breath, and low blood pressure have been reported in animal studies with LY333328. Medications can be given which may stop some of these symptoms if they occur in humans. Animals receiving LY333328 at 200 times the rate planned for people have experienced possible convulsions. LY333328 was safely given by vein over at least 30 minutes in healthy volunteers. LY333328 should be given by vein over at least 30 minutes.

Nineteen healthy volunteers have received single doses of LY333328 in two previous studies. One person was noted to have low blood pressure and fast heart rate. Another had a rash and itching after LY333328 was given. One person experienced dizziness. Several people had temporary changes in liver tests. LY333328 may interfere with some blood clotting tests, but no bleeding problems have been noted. Ten healthy volunteers have received multiple doses of LY333328. Three of these people had moderate irritation at the site of injection. Some people also experienced mild abnormalities in liver tests but no symptoms.

Because LY333328 is similar to the antibiotics vancomycin and teicoplanin, people who are known to be allergic to either of these two antibiotics should not receive LY333328. Antibiotics can cause diarrhea in some people, so this could also occur with LY333328. Like some other antibiotics, LY333328 may cause irritation at the site of injection.

LY333328 may stay in the body for a longer period of time than most drugs. Therefore, side effects which develop may take longer to go away.

For most people, needle punctures for blood draws do not cause any serious problems. However, they may cause bleeding, bruising, discomfort, infections and/or pain at the needle site or dizziness.

In addition to the bad experiences named above, LY333328 or the study procedures may have other unknown risks.

There may also be unknown risks to your embryo, fetus, or unborn child. Animal studies that might show if LY333328 has risks for your embryo, fetus or unborn child have not been completed.

If you have any injury, bad effect, or any other unusual health experience during this study, make sure that you immediately tell the nurses or Dr. _____ at (phone #) _____. You can call at any time, day or night, to tell us about your health experiences.

Other Treatments

You do not have to take part in this study to be treated for your illness or condition. Other treatments and therapies for your condition are available. Those might include other antibiotic therapies.

Voluntary Participation

Your taking part in this study is entirely voluntary. You may refuse to take part in the study or you may stop your participation in the study at any time, without a penalty or loss of benefits to which you were entitled before taking part in the study. If you decide to stop being part of this study, Dr. _____ or one of the staff members will talk to you about your making this choice.

Stopping the Study

Dr. _____ or Eli Lilly and Company (the sponsor of this study) may stop this study, or your being a part of it, at any time for any reason without your consent. If this happens, it might be the result of a bad reaction that you have to LY333328 or new information that your physician or the sponsor learns about LY333328's safety or effectiveness.

Treatment and Compensation for Injury

If you follow the directions of the doctors in charge of this study and you are physically injured due to any substance or procedure properly given under the plan for this study, Eli Lilly and Company will pay the medical expenses for the treatment of that injury which are not covered by your medical insurance, by a government program, or by any other third party.

Possible Benefits

You may receive information about your health from any physical examinations and laboratory tests to be done in this study.

Although LY333328 is being tested as a treatment for a condition that you may have, there is no guarantee that you will receive any medical benefit.

You will be paid for your participation in this study according to a separate payment schedule given to you.

Information obtained from this study will benefit the sponsor of the study, Eli Lilly and Company, and may benefit patients in the future.

Questions

If you have any questions about this study or your rights, please contact

Dr. _____ at:
(address)

(phone #)

You also may call _____, the ethical review board chairman at
(phone #) _____, who is a member of an independent group that
has reviewed this study.

If any important new information is found during this study that may affect your wanting
to continue to be part of this study, you will be told about it right away.

Confidentiality

If you agree to participate in this study, the information obtained will be shared with Eli Lilly and Company, including its agents and contractors, an ethical review board for this study, the United States Food and Drug Administration or the regulatory authorities of your country, and similar agencies in other countries, all of whom may look at your medical records. Medical records that contain your identity will be treated as confidential by Eli Lilly and Company and will be shared only with these agencies, or as required by law.

Your medical information may be held and processed on a computer.

Signatures

To be entered into the study, you or a legal representative must sign and date the signature page (Attachment 1).

Patient Information and Consent Form
Attachment 1
Signature Page

Signature Page

To become a part of this study, you or your legal representative must sign this page.

By signing this page, you are confirming the following:

- You have read and understood all of the information in this Patient Information and Consent Form, and you have had time to think about it.
- All of your questions have been answered to your satisfaction. If you did not understand any of the words, you asked the study doctor or a staff member to explain them to you.
- You voluntarily agree to be part of this research study, to follow the study procedures, and to provide necessary information to the doctor, nurses, or other staff members, as requested.
- You understand that you may freely choose to stop being a part of this study at any time.
- You have received a copy of this Patient Information and Consent Form to keep for yourself.

Patient Name (Print or Type)

Patient Initials and Number

Please write in the date at the time you sign your name.

Signature of Patient or Legal Representative

Date

Signature of Individual Obtaining Consent

Date

Signature of Investigator (if investigator did not sign above)

Date

For studies conducted under a US IND each informed consent document must be signed here by an investigator or a subinvestigator listed on the Form FD 1572.

Patient Information and Consent Form for Protocol H4Q-MC-ARRL(c)

Protocol-specific ICD approved by Lilly 14 October 1997

Revised protocol-specific ICD approved by Lilly 14 June 1998