The “TOCO” Study

Efficacy of Ibuprofen versus Indomethacin as Perioperative Prophylactic Treatment following Emergent Cerclage Placement for Pregnancy Prolongation, A randomized controlled trial:

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In case of research injury:
Call Dr. Simmons at 225-924-8486

Purpose
• This is a research study to learn if two medications (ibuprofen, sometimes called “Advil” or “Motrin”, and indomethacin) have the same chance to help stop preterm labor and prolong pregnancy at the time of emergency cerclage placement.
• Some studies have shown that indomethacin helps to prolong pregnancy when compared to no medication.
• You are being asked to be in this study because you are having an emergent cerclage.
• If you decide you want to take part, you will randomly be put in 1 of 2 groups: the ibuprofen group or indomethacin group.

Description of Study Procedures
• How many patients will be in the study: About 54 pregnant women will take part in this study at Woman’s Hospital.
• Length of time in the study: Your total time in this study depends on how far along you are in your pregnancy. You can start the study once you are at least 16 weeks pregnant (at the time you are getting your cerclage). The medicine will be for 24 hours. The study will end after you deliver your baby. At the longest, the study will take about 6 months.
• Your medication group: If you sign up for the study, you will be put into 1 of the 2 groups by random chance. Like flipping a coin, you have an equal chance to be in either group. One group will get indomethacin medicine (3 doses in 24 hours after your cerclage placement). The other group will get ibuprofen medicine (4 doses in 24 hours after your cerclage placement). Both medicines work to
help stop preterm labor and could prolong pregnancy. Both medicines are taken by mouth. You will know what group you are in, but you will not get to choose your group. Both medications are approved by the Food and Drug Administration (FDA).

- **Informed consent**: If you choose to be in the study, the study and this document will be discussed over the phone or in person with you (or with your legally authorized representative). The study will be discussed with you before you receive any treatment, mediation, or have any tests performed.

- **Study procedures/visit**:
  - **Study visit**: This visit is to see if you qualify for the study. If you can be in the study, you will be assigned to your medication group. This visit can be in person or over the phone. This visit will include:
    - Review of the informed consent form (this document)
    - Collecting information about your personal and medical history
    - Review of what medicines you have taken or are currently taking
  
  If you qualify and your doctor says it is OK for you to be in the study, you will be randomized (meaning placed by chance) into 1 of the 2 medication groups. You will then receive that medication while you are in the hospital (and possibly as you are discharged) from your cerclage placement.
  
  - **Delivery Medical Record Abstraction**: After delivery, the study team will collect data from your medical records for the study. We will collect information about the delivery and your baby’s health.

**Benefits**
There is no direct benefit to being in the study. Both medicines, ibuprofen and indomethacin, work to help stop preterm labor and could prolong pregnancy. However, if our study does show there is no difference between ibuprofen and indomethacin, there is a future benefit to patients because ibuprofen is more affordable and available over-the-counter.

**Risks**
Study risks are minimal. Both medications and the amounts that will be given are commonly used after cerclage to help prolong pregnancy. The common side effects from ibuprofen are: headache, dizziness, indigestion, nausea, and allergy. The common side effects from indomethacin are: headache, dizziness, nausea, vomiting, heartburn, diarrhea, stomach pain, constipation. There may also be risks to you or your baby unforeseeable at this time.

**Alternatives to Taking Part**
The alternative is not to participate. If you do not take part, your doctor may still give you medication to help prolong your pregnancy as part of your care.

**Can you Stop Being in the Study?**
- Being in the study is voluntary.
- There will be no penalty or loss of benefits that you would otherwise have if you say you do not want to be in the study.
- There will be no penalty or loss of benefits that you would otherwise have if you quit the study.
- You may say no to joining the study or quit the study at any time. Your medical care will not change no matter what you do about the study. If you want to quit, the information already collected about you and sent to the sponsor (Woman’s Hospital) will still be used.
- Tell the researcher or your doctor if you are thinking about quitting the study so that you can do so safely. If you decide to quit the study you should talk to your doctor. You will be told about any new information that might affect your desire to stay in the study.
• A study investigator may remove you from the study if she thinks it is in your best interest, if you do not follow the study instructions, or if the study is stopped.
To stop being in the study or discuss quitting, you should contact Dr. Taylor by phone at 337-356-9952 or email (research@womans.org).

Confidentiality and Privacy
• If the results of this study are published, you will not be identified in any way. Your personal information may be disclosed if required by law.
• We will keep your study records forever and they will be stored in a password protected database. Again, although measures will be taken to maintain privacy, absolute confidentiality cannot be guaranteed.
• Some agencies may view or copy your study information or your medical record data to make sure the study data is correct. By signing this consent form, you are allowing these agencies to access that information. These include: Woman’s Hospital Foundation Institutional Review Board, Woman’s Hospital Research Center and collaborators, Woman’s Hospital Research and Development Committee, and federal agencies as required by law.

A description of this clinical trial will be available on http://www.ClinicalTrials.gov as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time. The National Clinical Trials number for this study is NCT04726085.

Collection of identifiable private information
In the future, personal identifiers might be removed from the study data. The data that is not identifiable may be used for future research studies or distributed to another investigator for future research.

Financial Information
Participation in this study will not result in any extra charges. The study drugs will be paid for by your insurance provider since they are standard of care. Any expenses not paid by insurance will be billed to you. You will not be paid for being in the study. Some commercial products or other valuable discoveries could result from this research project. These products and discoveries could be patented, licensed, or otherwise developed for commercial sale by Woman’s Hospital, the investigators, or their designees. If this happens, we will not provide financial compensation to you. There are no plans to share with you the patent rights, other ownership right, or rights to control any resulting commercial products and discoveries that may result from this research project.

What if You are Injured From Taking Part in the Study
If you have a research related injury, you should let us know right away. You can contact Dr. Simmons at 225-924-8486. The principal investigator will arrange for medical care for any emergency medical problem that you may have as a direct result of your participation in this research. This care will be given on a fee-for-service basis. There are not funds available to pay for any disability that results or for damages such as lost wages, etc.

Who Do You Contact for Questions About the Study?
If you have any questions about the study procedures or any concerns, please contact Dr. Taylor at 337-356-9952. For concerns or complaints about the study, or for questions about your rights as a research subject, contact Ericka Seidemann, Human Protections Administrator, at (225) 231-5296.
Signatures
This study has been explained to me and my questions have been answered. I can call the study investigator(s), listed on page 1, with any other questions I may have. This study has been reviewed and approved by an Institutional Review Board. I have been given a copy of this consent form. I agree to take part in this study. I have not waived any of my legal rights by signing this form.

_______________________________________________
Printed First and Last Name of Subject

_______________________________________________
Signature of Subject

_______________________________________________
Signature of Person Obtaining Consent

The study subject has indicated to me that the subject is unable to read. I certify that I have read this consent form to the subject and explained that by completing the signature line above the subject has agreed to take part.

_______________________________________________
Signature of Reader

_______________________________________________
Signature of Witness