Participant Information Sheet

VEMA: Very Early Medical Abortion compared to later treatment

You are invited to take part in a research study. To help you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish. Contact us if there is anything that is not clear, or if you would like more information. Take time to decide whether or not you wish to take part.

This study aims to compare the effectiveness and women's experiences of having a very early medical abortion (VEMA) to that of a later procedure when a woman waits until an intrauterine pregnancy can be seen with ultrasound.

Women attending Family Planning NSW (FPNSW), who are early in their pregnancy and do not yet have ultrasound confirmation of an early intrauterine pregnancy and are considering early medical abortion, are being invited to take part.

This study is completely voluntary; it is up to you to decide whether or not to take part. If you choose to participate, you are still free to withdraw at any time and without giving a reason, and withdrawing will not affect the standard of healthcare that you receive.

If you take part in the study, you will be randomised to one of the two study arms:

- Group 1 – experimental/intervention arm: Treatment begins immediately, before a pregnancy is visible inside the uterus with an ultrasound.
- Group 2 – control arm: Treatment is delayed for 1-2 weeks until a pregnancy is visible inside the uterus with an ultrasound scan. This is currently standard practice at FPNSW.

The possible advantages of taking part in this study are as follows:

- You will not be paid for your participation in the study, however all abortion medication is free of charge. Support medications such as pain relief will be at your own expense.
- Group 1 participants will receive treatment on the day or day after your initial ultrasound. An earlier abortion may be associated with less bleeding and discomfort.
- Women who take part in this study will be contributing to a possible change of practice which will benefit all women choosing a medical abortion in Australia and overseas.

The possible disadvantages of taking part in this study are as follows:

- Group 1 (VEMA): Participants we will not need to wait to confirm that there is a pregnancy in the uterus with an ultrasound before providing the abortion treatment. Therefore, there is a small risk that you may commence abortion treatment in the presence of an ectopic pregnancy.
    - Ectopic pregnancy is uncommon occurring in approximately 2 in every 100 pregnancies.
    - Untreated ectopic pregnancies may cause the fallopian tube to rupture, causing pain, internal bleeding and shock, and can become life threatening.
    - Because ectopic pregnancy is not treated by medical abortion drugs, an ectopic pregnancy will not be ended by this process.
    - If you take part in the trial you will be closely monitored for signs and symptoms of ectopic pregnancy and if there is any indication that the abortion has not been successful, further investigations will be organised to check for ectopic pregnancy.
- Group 2: Participants in this arm will have repeat ultrasound scans to confirm an intrauterine pregnancy and wait slightly longer to receive their medical abortion treatment. This is consistent with current standard medical abortion care at FPNSW.

If you have any clinical concerns or further questions about the study, require clinical assistance, or have any complaints about the study, please see the appropriate contact details on pages 5 and 6 of this document.

What is the purpose of the study?

You have been asked to participate in a study regarding very early medical abortion (VEMA). The purpose of the study is to see if there is any difference in how the treatment works and how effective it is depending on whether treatment is done before a pregnancy can be seen with ultrasound compared to starting treatment once the pregnancy can be seen with ultrasound.

Medical abortion is a common abortion treatment in Australia. In medical abortion, two different medicines are used. First, a tablet mifepristone is taken and 24-48 hours later, misoprostol is taken, usually at home. One week after the abortion, all women are asked to have a pregnancy test to confirm that the treatment is has been successful.

In this study, we want to compare the effectiveness and experience of medical abortion when it is done very early (Very Early Medical Abortion, VEMA) compared to when a woman waits until an intrauterine pregnancy can be seen with ultrasound. We aim to investigate the effectiveness of the earlier treatment by studying any differences in the number of visits / telephone calls made by women, side effects, bleeding patterns and pain between the different treatment options.

Please note that VEMA is not currently offered as part of the standard medical abortion procedure at Family Planning NSW. Current standard Family Planning NSW clinical practice is to provide abortion medications only after an intrauterine pregnancy is seen with ultrasound. However, we are aware that some other providers in Australia are offering the medication earlier and before a pregnancy can be seen on ultrasound.
Currently at Family Planning NSW the misoprostol is advised to be taken 36-48 hours after the mifepristone rather than 24-48 hours as in this study. The 24-48 hour time frame is recommended by professional organisations around the world including the World Health Organisation and is under review at Family Planning NSW while we wait for the release of new Australian guidelines.

Why have I been invited to take part?

Women attending Family Planning NSW, who do not have the usual ultrasound features of early pregnancy and are considering an early medical abortion, are being invited to take part in the study.
A total of 100 women will be recruited to take part in the study in Australia. Participants will start medical treatment immediately or delay their care for 1-2 weeks when we can confirm that the pregnancy is in the womb using ultrasound.

Do I have to take part?

No, it is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw from the study at any time and without giving a reason. Irrespective of whether you are in a research study or not, choosing how to proceed with a pregnancy is your decision. Deciding not to take part or withdrawing from the study will not affect the standard of healthcare that you receive, or your legal rights; you will receive standard early pregnancy and/or abortion (medical abortion or surgical abortion) care, as per Family Planning NSW's procedures. Please refer to the section "What will happen if I don't want to carry on with the study" below for further details regarding the healthcare provided if you choose to withdraw from the study.

What will happen if I take part?

The medications provided for medical abortion are the same for both groups in the study and do not differ from the medications prescribed routinely in the clinic; the mifepristone tablet is taken at home followed by the misoprostol tablets 24- 48 hours later, as well as standard pain and nausea medications. The Family Planning NSW doctor who provides the medications to you will describe the expected effects of medical abortion, the side-effects and possible complications in the same way as they would for any woman undergoing medical abortion at a Family Planning NSW clinic.

If you choose to be included in the study, the study timeline is as follows:

1. Initial contact:
   - You will speak to a Family Planning NSW staff member at reception, on Talkline or during a Termination of Pregnancy assessment.
   - If you are within 5 weeks of your last menstrual period, over 18 years old, are seeking a Medical Termination of Pregnancy and interested in participating in this study, you will be put through to the VEMA study Accredited Research Nurse to discuss the study further.

2. Appointment 1 (phone consult or face-to-face):

If you are interested in the study:
   - You will be booked in for a consultation with the Accredited Research Nurse or study doctor as soon as possible who will explain the study and check your eligibility to take part. If you agree to take part you will complete the brief Pre-Treatment consent form with the Research Nurse before being assigned a screening number and having your Ultrasound Scan booked.

If you not interested or ineligible for the study:
   - You will receive usual early pregnancy or medical abortion care.

3. Appointment 2 (face-to-face):
   - During this appointment with a study doctor you will complete the main study consent form and be randomized to one of two study arms; Group 1 (experimental/intervention arm) or Group 2 (control arm).

Group 1 – experimental/intervention arm: If you are in this group, your medical abortion treatment will begin before a pregnancy is visible inside the uterus with an ultrasound scan. This is earlier than current standard abortion care provided at FPNSW. You will attend the clinic and take the first abortion medication either on the day, or the day after, this ultrasound scan, A baseline blood test for the pregnancy hormone hCG (human chorionic gonadotrophin) will be taken just before you take the mifepristone and another test is taken 7 days later to confirm that the medical abortion was successful. You will be followed up by a FPNSW clinician 3 days after you take the mifepristone and two weeks later to check that the process has occurred without any complications and to address any concerns you may have. The doctor will also discuss ongoing contraception with you before and after the medical abortion. Provided there are no complications from your abortion, follow-up will be completed 1 month following the abortion.

Group 2 – control arm: Treatment is delayed until a pregnancy is visible inside the uterus with an ultrasound scan. You will have a baseline blood test for the pregnancy hormone hCG and a repeat ultrasound will be organised in 1 week. If this ultrasound shows a visible pregnancy, treatment will begin (either on the same day as the ultrasound scan or the day after). A blood test for the pregnancy hormone (hCG) will be taken just before you take the mifepristone and another test is taken 7 days later to confirm that the medical abortion was successful. You will be followed up by a FPNSW clinician 3 days after you take the mifepristone and two weeks later to ensure that your abortion is successful. The doctor will also discuss ongoing contraception with you before and after the medical abortion. Provided there are no complications from your abortion, follow-up will be completed 1 month following the abortion.

Irrespective of which group you are in, you will receive comprehensive follow-up care to ensure successful abortion. If the medical abortion treatment does not work (which can happen as part of routine care) you will have the option of repeat medical treatment or surgical treatment depending on how advanced the pregnancy is, your symptoms and your preference, as per Family Planning NSW standard clinic guidelines.
As part of the study we also will ask you about your experience of the treatment.

What are the possible benefits of taking part?

Direct benefits:
You will not be paid for your participation in the study, however all abortion medication is free of charge. Support medications such as pain relief will be at your own expense.

If you are in Group 1, you will receive treatment very soon after your initial ultrasound and blood test. An earlier abortion may be associated with less bleeding and discomfort. If you are in the unlikely scenario that you have an ectopic pregnancy (pregnancy located outside the uterus), you may have this identified earlier than usual, by the blood tests, rather than waiting for repeat ultrasound scans.

Indirect benefits:
Your participation will help us to understand if very early medical abortion (VEMA) is as effective and acceptable to women as a later medical abortion when an intrauterine pregnancy can be seen on an ultrasound. Women who take part in this study will be contributing to a possible change of practice which will benefit all women choosing a medical abortion in Australia and overseas.

What are the possible disadvantages of taking part?

If you are randomised to Group 1 (VEMA) – we will not be waiting to confirm that there is a pregnancy in the uterus before providing the abortion treatment. Therefore, there is a small risk that you may commence abortion treatment in the presence of an ectopic pregnancy. Ectopic pregnancy is uncommon but is not treated by abortion medications and so the ectopic pregnancy will not end with the abortion treatment. Untreated ectopic pregnancies may cause the fallopian tube to rupture, causing pain, internal bleeding and shock, and can become life threatening. The purpose of the 2 blood tests for pregnancy and follow-up care is to confirm that the abortion medication has worked. If there is any indication that the abortion has not been successful, further investigations will be organised to check for ectopic pregnancy.

If you are randomised to Group 2 – you will have repeat ultrasound scans and wait slightly longer to receive treatment (once the pregnancy has been confirmed to be inside the uterus). This is consistent with current standard medical abortion care.

Irrespective of which group you are randomised to, if you experience any symptoms of an ectopic pregnancy, including sudden severe pain in the lower abdomen or lower back, cramps on one side of the pelvis, vaginal bleeding or spotting or shoulder tip pain, or onset of weakness, please present to your local hospital emergency department.

If you do not have Medicare coverage and experience a complication from the abortion it is important to note that if you experience complications, there may be additional significant expenses for your follow up care including a small risk of a hospital admission.

What if there are any problems?

If you have any questions about the study or your participation, please contact our Research Nurses who will direct your questions appropriately.

If you have complaints about the study, please contact Sarah Wright (Family Planning NSW Ethics Executive Officer).

Please find their contact details on page 6.

What will happen if I don't want to carry on with the study

You are free to withdraw from the study at any time (including after randomisation or treatment), without this affecting the standard of care you receive from FPNSW. The recommended ongoing care you receive will depend on whether you have already taken the abortion medications at the time you withdraw from the study.

- If you have not yet taken the abortion medications when you withdraw from the study: depending on your wishes, you can receive further pregnancy options counselling, early pregnancy care or abortion care, offered to all patients at FPNSW.
- If you have already taken the abortion medications before withdrawing from the study: FPNSW staff will provide ongoing follow-up care based on standard FPNSW abortion procedures.

Follow-up care, including clinic visits and blood tests for the pregnancy hormone hCG, are important after medical abortion, irrespective of whether you are involved in the study. This is to ensure that your abortion is complete and without complications. This is usually complete by 2-3 weeks after your abortion. If you received a VEMA, additional follow-up may be required; this is usually complete by 4 weeks after the abortion.

If you do withdraw from the study, any non-identifiable data already collected will be retained.

What happens when the study is finished?

When the study stops, the findings will be reviewed, including the findings at other sites across Europe and New Zealand who are conducting similar studies as part of research collaboration. The results of the study will be published in a medical journal and presented at an international conference about reproductive health and contraception. Women who take part in the study, will not be able to be identified in any publication. If you wish, we can supply a summary of the findings to you via an email or postal address.

Will my taking part be kept confidential?

All the information we collect during the course of the research will be kept confidential and there are strict laws which safeguard your privacy at every stage. Family Planning NSW will ensure that the management of research data complies with the following Australian guidelines:

- Collaborative research: A guide supporting the Australian Code for the Responsible Conduct of Research. National Health and Medical Research Council, Australian Research Council and Universities Australia. Commonwealth of Australia, Canberra (2020). Available from: https://www.nhmrc.gov.au/sites/default/files/documents/attachments/Collaborative-Research-Guide-20.pdf
- Management of Data and Information in Research: A guide supporting the Australian Code for the Responsible Conduct of Research. National Health and Medical Research Council, Australian Research Council and Universities Australia. Commonwealth of Australia, Canberra (2019). Available from: https://www.nhmrc.gov.au/sites/default/files/documents/attachments/Management-of-Data-and-Information-in-Research.pdf
- Guide to Managing and Investigating Potential Breaches of the Australia Code for the Responsible Conduct of Research. National Health and Medical Research Council, Australian Research Council, and Universities Australia. Commonwealth of Australia, Canberra (2018). Available from: https://www.nhmrc.gov.au/sites/default/files/documents/reports/guide-managing-investigating-potential-breaches.pdf

Who is organising and funding the research?

In Australia, this study has been organised by the Family Planning NSW Research Centre.

This study is conducted as part of collaboration with other universities/health centres across Europe & New Zealand and coordinated by the Karolinska Institutet/ Karolinska University Hospital in Sweden, who have responsibility to collecting and analysing the anonymous data from all sites.

Who has reviewed the study?

The study has been approved by the Family Planning NSW Ethics Committee (approval number R2020-05). Additionally, this study has received ethics approval and commenced in Sweden, Scotland, Finland and Austria.

Researcher Contact Details

If you have any clinical concerns or further questions about the study, please contact:

Name	VEMA Research Nurse
Position	VEMA Research Nurse
Telephone	02 8752 4355
Email	vema@fpnsw.org.au

Independent Contact Details

In an emergency, dial 000.

If you have any questions about surgical or medical abortion, or any other reproductive or sexual health issues or concerns, please contact:

- MSHealth 24-hour nurse aftercare telephone service 1300 515 883
- Health Direct 24-hour health information and advice 1800 022 222 or www.healthdirect.gov.au
- FPNSW Talkline 1300 658 886 or talkline@fpnsw.org.au (8:30am-5pm, Monday to Friday)

You are able to access confidential counselling at Family Planning NSW. Please ask any of our team about making an appointment or contact the counselling team directly on 02 8752 4369.

Complaints

If you have any complaints about the study, please contact the Ethics Executive Officer:

Reviewing Committee	Family Planning NSW Ethics Committee
Telephone	+61 2 8752 4352
Email	ethics@fpnsw.org.au

Thank you for your interest in this study.

Participant ID:

CONSENT FORM
VEMASCOT

Please **initial** box

1. I confirm that I have read and understand the information sheet (24 JUL 2019 and 2.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these questions answered satisfactorily. ☐
2. 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 and/or legal rights being affected. ☐
3. I give permission for the research team to access my medical records for the purposes of this research study. ☐
4. I understand that relevant sections of my medical notes and data collected during the study may be looked at by individuals from the Sponsor (University of Edinburgh and/or NHS Lothian), from regulatory authorities or from Family Planning NSW where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data and/or medical records. ☐
5. I understand that data collected about me during the study will be converted to anonymised data. ☐
6. I understand that my anonymised data will be transferred to the Karolinska Institute for analysis ☐
7. I agree to my anonymised data being used in future studies. Yes ☐ No ☐
8. I agree to take part in the above study. ☐

Name of Person Giving Consent	Date	Signature
Name of Person Receiving Consent	Date	Signature

1x original – into Site File; 1x copy – to Participant; 1x copy – into medical record