

Study Title: High Dose Bupropion Treatment for Smoking Cessation

Principal Investigator: Adam Leventhal, Ph.D.

EXPERIMENTAL SUBJECT'S BILL OF RIGHTS

You have been asked to participate as a subject in a medical experiment. Before you decide whether you want to participate in the experimental procedure, you have a right to the following information:

CALIFORNIA LAW REQUIRES THAT YOU MUST BE INFORMED ABOUT:

1. The nature and purpose of the study.
2. The procedures in the study and any drug or device to be used.
3. Discomforts and risks reasonably to be expected from the study.
4. Benefits reasonably to be expected from the study.
5. Alternative procedures, drugs, or devices that might be helpful and their risks and benefits.
6. Availability of medical treatment should complications occur.
7. The opportunity to ask questions about the study or the procedure.
8. The ability to withdraw from the study at any time and discontinue participation without affecting your future care at this institution.
9. Be given a copy of the signed and dated written consent form for the study.
10. The opportunity to consent freely to the study without the use of coercion.

I have carefully read the information contained above and I understand fully my rights as a potential subject in this study.

Date: _____ Time: _____

Signature: _____
(Research Participant)

INFORMED CONSENT FORM

TITLE: High Dose Bupropion Treatment for Smoking Cessation

PRINCIPAL INVESTIGATOR: Adam Leventhal, Ph.D.

DEPARTMENT: Preventive Medicine

STUDY DOCTOR: Kurt Hong, MD

24-HOUR TELEPHONE NUMBER: 323-442-5100

We invite you to take part in a research study. Please take as much time as you need to read the consent form. You may want to discuss it with your family, friends, or your personal doctor. You may find some of the language difficult to understand. If so, please ask questions. If you decide to participate, you will be asked to sign this form.

WHY IS THIS STUDY BEING DONE?

The relapse rate in smokers who would like to quit smoking is high, and people's mood may interfere with one's ability to remain quit. Bupropion is a Food and Drug Administration (FDA) approved medication for the treatment of smoking cessation and depression. The purpose of this study is to examine whether two different doses of bupropion (brand name Wellbutrin XL[®]) differ in how effective they are in promoting smoking cessation in people who may experience less enjoyment from activities.

In this study, you will be provided either up to 300mg or 450mg of bupropion medication per day over an 8 week period. In addition we will provide you with brief counseling to give you additional assistance to quit smoking.

You are invited as a possible participant because you are seeking treatment for smoking cessation and you completed an initial phone eligibility screening for the study. About 300 individuals will take part in this study at USC.

WHAT IS INVOLVED IN THE STUDY?

If you decide to take part in this study, you will have up to 10 study visits to allow us to monitor your quitting process and your treatment. Some of the study visits will take place at the Health, Emotion, and Addiction Laboratory or the Healthcare Center, both of which are on the USC Health Sciences Campus, and some will be done over the phone.

During the study, this is what will happen:

Baseline Visit and Physical Exam: To see if you are eligible for the study, you will have a breathalyzer test (you will breathe into a tube to measure the amount of alcohol in your body). If you have alcohol in your breath, we will ask you to reschedule the interview. You will also be asked to breathe into another tube and provide a saliva sample to see how much you have smoked recently. A medical professional will draw about 1-2 tablespoons of blood from your arm. You will also be asked to provide a urine sample to test for recent use of drugs of abuse, chemicals in your body indicative of your health, and, if you are female, we will also test your

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urine sample for pregnancy. In the event of a positive pregnancy test, you will not be enrolled in the study. All of these tests will be immediately destroyed and we will not record any of the results. You will have your heart rate and blood pressure measured, followed by an interview about your mental health history and other behaviors. You will undergo an electrocardiogram (EKG), which is used to monitor your heart. We will also measure your body weight and percent body fat with a non-invasive machine that scans your body. The results from your physical, including your personal and family history and lab results, will remain confidential. You will also complete several questionnaires about smoking, mood, substance use, personality, and demographics. If female, you will be asked to answer some questions about your menstrual cycle. Overall, the baseline visit and physical exam will take about 4 hours to complete. There is a chance that you may not be eligible to participate in this study after completing these interviews, questionnaires, and other tests. If you are not eligible, we will offer referral for other smoking cessation treatment resources. It is important that you be honest when answering study questions so we can be sure that it is medically safe for you to take the medication.

Medication Intake: If you are eligible and decide to participate in the study following the baseline visit and physical exam, you will be randomly assigned to one of the two doses of Bupropion XL (up to 300mg per day or up to 450mg per day); random means like a coin flip—the investigators nor you cannot decide which dose you get. You will be asked to take the medication for a total of 12 weeks. Neither you nor the investigator or study doctor will know which dosage of medication you are taking. However, the study doctor can find this out in the event of a medical emergency.

In-treatment Visits: You will then be asked to come to our facility for up to seven times over a 3-month period while you are getting the medication. Once you start the medication, you will be asked to set a quit date in about 4 weeks. There will be 3 visits before the quit date and 4 visits after quit date; 3 of these can be done over the phone. At each visit, we will provide smoking cessation counseling by trained counselors, which will focus on enhancing social support, problem solving, coping skills, and check-ins on medication adherence. You will also be asked complete questionnaires about your smoking and mood; the questionnaires are commonly used in research studies. You will also blow into a machine and provide a saliva sample to test for recent smoking to see if the treatment is helping you quit; there is no penalty if you don't quit—many people find it very hard to quit even with treatments. You will also be weighed to see if the medication is helping you to avoid gaining weight. For some visits, you may also be asked to do some brief activities on computers at our facility, which involve making simple judgements in response to pictures and words. Each visit will take anywhere from 30 min to 2 hours.

Post-treatment Visits: You will come to our facility 2, 4, and 6 months after your quit day and do similar procedures as you do during your in-treatment visits, except that counseling and medication will not be provided. During one visit, you will do the body fat scan.

Transportation: You must arrange for your own transportation to and from the study visits. Parking at the study center will be paid for by the study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

Possible risks and discomforts you could experience during this study include:

Bupropion (Wellbutrin XL®):

Serious neuropsychiatric events, including depression, suicidal thoughts, and suicide have been reported; these are less common.

The following is a list of the most common side effects that you could experience after receiving the medication:

- Mild anxiety including agitation and restlessness
- Constipation
- Weight loss
- Headache
- Dry mouth

Other uncommon side effects include:

- Insomnia
- Nausea
- Dizziness
- Sore throat
- Rise in heart rate (which may be experienced as palpitations)
- Rise in blood pressure
- Confusion, trouble concentrating, hallucinations, unusual thoughts or behavior, including depression and thoughts about suicide.
- Liver problems

Seizures: Bupropion is associated with a dose-related risk of seizures.

Allergic Reaction: Symptoms include mild skin rash, itching, or swelling of the skin, lips, tongue, or in the throat and rarely life-threatening.

If you experience an unpleasant reaction, tell the study staff.

Warning about other medications and substances:

- Do not use Zyban®, (a smoking cessation medication) in combination with bupropion (Wellbutrin) since they both contain the same active ingredient.
- Consumption of alcohol should be minimized or avoided
- Inform the study doctor of any prescription or over-the-counter medications or supplements you are taking or planning to take.

EKG: A mild rash where the electrodes (soft patches) were attached may occur.

Questionnaires: Some of the questions may make you feel uneasy or embarrassed. You can choose to skip or stop answering any questions that make you uncomfortable or that you do not want to answer

Computer tasks: Some of the tasks completed on the computer may be challenging or frustrating.

Heart rate and blood pressure: Heart rate and blood pressure monitoring may be uncomfortable

Blood Draw: Discomfort, pain, and bruising and swelling around the puncture site may be experienced. Rarely, dizziness, fainting and infection may occur.

Saliva sample: This may be unpleasant or embarrassing.

Urine sample: This may be unpleasant or embarrassing.

Potential loss of confidentiality: Although every effort to maintain the confidentiality regarding your participation and the information you provide as part of this study will be made, there is a possibility that the confidentiality could be broken (see the “WILL YOUR INFORMATION BE KEPT PRIVATE?” section below for more about this issue).

You are providing highly sensitive, personal information in this study. If people not connected with the study learn this information, you could have problems getting a new job, keeping your current job, finding housing, or getting insurance (health, disability, or life insurance). In highly unlikely situations, you could be charged with a crime.

If you are having suicidal thoughts: In the event that you tell the research staff that you are thinking about killing yourself or you answer “yes” to a question about having thoughts about suicide, the investigator will ask you more questions about your thoughts. Depending on how serious your thoughts are or how much you feel like hurting yourself, the research staff may provide you with referrals for treatment, work with you to contact your personal clinician, trusted family member, or therapist to discuss your thoughts of harming yourself: or work with you on a plan that may include getting you to a hospital for safety.

Unknown risks and discomforts: The treatment may have side effects that no one knows about yet. The researchers will let you know if they learn anything new about the study medication that might make you change your mind about participating in the study.

WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART IN THIS STUDY?

You may or may not receive any direct benefit from taking part in the study. The medication and brief smoking cessation counseling has been shown to increase the chances of quitting smoking and can benefit quality of life. However, there is no guarantee this will occur. Your participation in this study may benefit individuals who wish to quit smoking in the future.

WHAT OTHER OPTIONS ARE THERE?

An alternative would be to not take part in this study. Bupropion is commercially available and you do not have to take part in this study to receive this medication.

WILL YOUR INFORMATION BE KEPT PRIVATE?

We will keep your research records for this study confidential as far as permitted by law. If we are required to do so by law due to our receiving a court-ordered subpoena to access study records about you, we will comply and information you wish to stay confidential may become accessed by the legal justice system. Some of the interviews and surveys ask for legally sensitive information (such as substance use). To protect your confidentiality, we will destroy or not record any specific information about illegal drug use.

Officials sent by the Food and Drug Administration, may look at your research records and medical records. The University of Southern California's Institutional Review Board (IRB) may review your records. The IRB is a research review board that reviews and monitors research studies to protect the rights and welfare of research participants. We may publish the information from this study in journals or present it at meetings. If we do, we will not use your name. The information that you provide will be stored on secure host server until the researchers can download it.

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by US 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.

WHAT WILL HAPPEN TO MY BLOOD SAMPLES?

All tissue and/or fluid samples are important to this research study. Your sample will be owned by the University of Southern California or by a third party designated by the University (such as another university or a private company). If a commercial product is developed from this research project, the commercial product will be owned by the University of California or its designee. You will not profit financially from such a product. At the end of the consent form, you will be asked to indicate if you would permit part of this sample to be shared with other researchers. If you agree to have your sample shared with other researchers and later decide to withdraw, we may not be able to retrieve your sample from other researchers. The researcher is not required to store your sample indefinitely. Because your sample is de-identified, no personal genetic or medical information can be provided to you. You are entitled, however, to any general information developed from this study that may be helpful to the medical care of you or your family members. It is your responsibility to contact the researcher if you want this information.

ARE THERE ANY PAYMENTS TO YOU FOR TAKING PART IN THE STUDY?

You will receive the following compensation for taking part in the study:

- \$25 for completing the Baseline Visit and Physical Exam
- \$25 for completing each In-treatment Visit (7 visits total)
- \$50 for the first Post-treatment Visit
- \$75 for the second Post-treatment Visit
- \$150 for the third Post-treatment Visit

Overall, you may receive up to \$475 for taking part in this study.

If you leave the study early, you will be compensated for the portion of the study that you have completed.

Compensation for the study will be issued on a ClinCard, which works like a credit or debit card. You will be given instructions regarding how to use the card at the end of your session, upon

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receiving your payment. If your card is lost or stolen, please call ClinCard services to report the lost or stolen card and to obtain a new card. After you leave the site with your payment, USC-HEAL assumes no responsibility to recover lost or stolen funds.

If you receive more than \$600 per year for taking part in one or more research studies, including this study, you may be required to pay taxes on that money. This does not include any payments you receive to pay you back for expenses like parking fees. You may receive an Internal Revenue Service (IRS) Form 1099 if you receive more than \$600 in one year for taking part in one or more research studies.

If you are not eligible for the study, you will receive \$25 for completing the initial visit and/or physical exam.

WHAT ARE THE COSTS?

The study will pay for all research tests and procedures listed as part of participation in the study. You and/or your health plan/insurance company will not be billed for tests and procedures that are done in this research.

WHAT HAPPENS IF YOU GET INJURED OR NEED EMERGENCY CARE?

If you think you have been hurt by taking part in this study, tell the study doctor and staff immediately. If you require treatment because you were injured from participating in this study, treatment will be provided. You or your health plan/insurance will be billed for the cost of this treatment. There are no plans to offer any type of payment for injury.

However, by signing this form you have not given up any of your legal rights.

If you experience any suicidal thoughts or urges at any time, please call the 24-hour National Suicide Prevention Lifeline: 1-800-273-8255.

WILL YOU RECEIVE NEW INFORMATION ABOUT THIS STUDY?

During the study, we may learn new things about the risks or benefits of being in the study. If we do, we will share this information with you. You might change your mind about being in the study based on this information.

WHAT ARE YOUR RIGHTS AS A PARTICIPANT, AND WHAT WILL HAPPEN IF YOU DECIDE NOT TO PARTICIPATE?

Your participation in this study is voluntary. Your decision whether or not to take part will not affect your current or future care at this institution. You are not giving up any legal claims or rights. If you do decide to take part in this study, you are free to change your mind and stop being in the study at any time.

CAN YOU BE REMOVED FROM THE STUDY?

You may be removed from this study without your consent for any of the following reasons: you do not follow the investigator's instructions, at the discretion of the investigator or the sponsor, or the investigator or funding sponsor closes the study.

WHOM DO YOU CALL IF YOU HAVE QUESTIONS OR CONCERNS?

You may contact the study principal investigator, Adam Leventhal, Ph.D. at 323-442-2598 with any questions, concerns, or complaints about the research or your participation in this study. If you feel you have been hurt by taking part in this study, please contact, Adam Leventhal, Ph.D.

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at 323-442-2598. If you have questions about the study medication and any side effects, please contact the study physician, Kurt Hong, M.D., Ph.D. at (323) 442-5100. If you have questions, concerns, or complaints about the research and are unable to contact the research team, contact the Institutional Review Board (IRB) Office at 323-223-2340 between the hours of 8:00 AM and 4:00 PM. (Fax: 323-224-8389 or email at irb@usc.edu).

If you have any questions about your rights as a research participant or if you want to talk to someone independent of the research team, you may contact the Institutional Review Board Office at the numbers above or write to the Health Sciences Institutional Review Board at the LAC+USC Medical Center, General Hospital Suite 4700, 1200 North State Street, Los Angeles, CA 90033.

You will get a copy of this consent form.

OPTIONAL AGREEMENT TO BE RECONTACTED TO PARTICIPATE IN FUTURE STUDIES:

I agree to be re-contacted about the opportunity to participate in future research studies:

Yes _____ No _____ Initials: _____

CHOICES FOR SAMPLES COLLECTED AS PART OF THIS RESEARCH:

Please mark how your blood or urine samples may be used.

My sample may be kept for use in any future medical research.

Yes _____ No _____

I agree to have my sample shared with other researchers.

Yes _____ No _____

AGREEMENT:

I have read (or someone has read to me) the information provided above. I have been given a chance to ask questions. All my questions have been answered. By signing this form, I am agreeing to take part in the screening process, and, if deemed eligible, in the study.

Name of Research Participant	Signature	Date Signed (& Time)
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I have personally explained the research to the research participant using non-technical language. I have answered all the participant's questions. I believe that he/she understands the information described in this informed consent and freely consents to participate.

Name of Person Obtaining Informed Consent	Signature	Date Signed (& Time)
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