HEADER = UNSW LOGO + Relevant IVF UNIT

STREAM Trial: Stimulation Resulting in Embryonic Aneuploidy using Menopur

Effect of ovarian stimulation on oocyte quality and embryonic aneuploidy: a prospective, randomised controlled trial

PARTICIPANT INFORMATION SHEET AND CONSENT FORM

Invitation
You are invited to participate in a research study into effect of ovarian stimulation on egg quality and chromosomal problems in embryos. This is a multicenter trial sponsored by Ferring Pharmaceuticals which brings together leading researchers in reproductive medicine in Australia.

The study is being conducted by scientists and clinicians from:

- Monash IVF: A/Prof Luk Rombauts
- University of New South Wales: Prof William Ledger and Dr. Tristan Hardy
- IVF Australia: Prof William Ledger and Prof Michael Chapman
- Melbourne IVF: Dr. Alex Polyakov
- Fertility SA: Prof Rob Norman
- Repromed: Prof Kelton Tremellen
- Fertility Specialists of Western Australia: Prof Roger Hart
- Queensland Fertility Group: A/Prof Anusch Yazdani

Before you decide whether or not you wish to participate in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

1. 'What is the purpose of this study?'
IVF involves injections of FSH hormone to stimulate the ovaries to produce more eggs than usual. When higher doses of medication are used, more eggs are produced and collected. Although this may seem to improve the chances of pregnancy, some studies have shown that when more eggs are produced there might be an increase in the number of eggs that are abnormal, and will go on to produce embryos that are less likely to make a healthy pregnancy. Because the answer to this important clinical question is not known, we have designed a study to test whether there is a relationship between lower and higher dose stimulation and the proportion of embryos which are abnormal.

2. 'Why have I been invited to participate in this study?'
You have been invited to participate in this study because you are about to start a cycle of IVF and are likely to respond normally to ovarian stimulation, according to your blood test and ultrasound scan results. You are also eligible to undergo embryo screening (preimplantation genetic screening or PGS), to check if your embryos have a normal or abnormal number of chromosomes, called aneuploidy. There is

evidence that embryo screening in this way may improve pregnancy rates. We will provide embryo screening as part of this study so that we can tell whether the level of ovarian stimulation has made a difference to the proportion of embryos which have an abnormal number of chromosomes.

3. 'What does this study involve?'

If you agree to participate in this study, you will be randomly allocated to one of two groups receiving a higher and lower dose of FSH hormone (300 international units and 150 international units). The amount of medication prescribed to stimulate the ovaries may be changed if the response to the medication is too strong (hyperstimulation) but otherwise will remain the same throughout your cycle. Your doctor will monitor your blood tests and ultrasound results in the normal way and determine when to collect the eggs which have been stimulated. No extra blood tests or scans are needed. The embryos will be fertilized and then grown for five days as usual, to the blastocyst stage. At this point the embryology laboratory will remove a small sample of cells for genetic testing (embryo biopsy). This deos not harm the embryo or reduce the chance of pregnancy.

We will test all embryos that are created to see whether there is a difference between the rates of abnormal embryos in each group. All embryos will be frozen (vitrified) to allow time to receive the genetic results, and only embryos which have a normal number of chromosomes will be transferred in a later cycle. Every patient will receive the same standard of care that would usually be given during an IVF cycle and the only difference between the two groups will be the amount of medication initially given to stimulate the ovaries.

4. 'What are the risks associated with this study?'

All treatments and procedures used in this study are considered routine options in IVF practice in Australia. Every patient undergoing IVF with preimplantation genetic screening faces risks associated with ovarian stimulation, egg collection and IVF procedures such as injecting sperm into the egg (ICSI), embryo biopsy and freezing. The doses of medication which will be prescribed in each group are within the normal range of clinical practice and the risks of over- or under-responding to the medication should not be different from a normal IVF cycle.

5. 'Will I benefit from this study?'

Patients who participate in this study will not be expected to pay for the embryo screening which would usually be an additional cost to your IVF cycle. All participants will have embryo screening.

6. 'What happens if I don't want to take part in the study?'

Participation in this study is voluntary. It is completely up to you whether or not you participate. If you decide not to participate, it will not affect the treatment you receive now or in the future. Whatever your decision, it will not affect your relationship with the staff caring for you.

7. 'How will my confidentiality be protected?'

Your clinical information and the results of embryo testing will be deidentified and coded before being transferred to the study database. Researchers will be able to access this electronically secure database but will not have access to your clinical

records. If further information is required from your clinical record, the researchers will use your coded identity to request that the clinic transfer further results to the study database. We plan to publish the findings in peer-reviewed medical journals and present the results and conferences and professional forums so that other researchers may benefit from the work that is being completed. In any publication, information will be provided in such a way that you cannot be identified.

8. 'Will I be able to withdraw from the study if I want to?'
You may withdraw from the study at any time without concern that it will affect your ongoing clinical care. However, withdrawal during ovarian stimulation may cause some clinical difficulties which will need to be discussed with your treating doctor. Once your embryos have been tested it will not be possible for the clinic to transfer embryos which have an abnormal result.

9. 'How is this study being paid for?'
The study is being sponsored by Ferring Pharmaceuticals and Illumina. However, the study is an "investigator initiated trial" and none of the sponsors of the study has any control over the direction of the trial.

10. 'Will drug or biotechnology companies be able to use my sample for profit in the future?'
The study does not involve any technology which is not already clinically available, so there is only a limited possibility of this research resulting in commercially viable technology. As a participant of the study you will not be able to claim financial benefit from any discoveries arising from the use of your clinical information.

11. 'What should I do if I want to discuss this study further before I decide?'
When you have read this information, your treating doctor will discuss it with you and any queries you may have. If you would like to know more at any stage, please do not hesitate to contact _____ the study coordinator on _____.

12. 'Who should I contact if I have concerns about the conduct of this study?'
This study has been approved by the Monash Health Human Research Ethics Committee (HREC). Any person with concerns or complaints about the conduct of this study should contact the Monash Health HREC on (03) 9594 4611or email research@monashhealth.org and quote HREC/_____.

13. 'What happens if I suffer injury or complications as a result of the study?'
If you suffer any injuries or complications as a result of this study, you should contact your treating doctor as soon as possible, who will assist you in arranging appropriate medical treatment.

Thank you for taking the time to consider this study.
If you wish to take part in it, please sign the attached consent form.
This information sheet is for you to keep.

LOGOS

CONSENT FORM

STREAM Trial: Stimulation Resulting in Embryonic Aneuploidy using Menopur (Effect of ovarian stimulation on oocyte quality and embryonic aneuploidy: a prospective, randomised controlled trial)

1. I, ... of ..... agree to participate as a subject in the study described in the participant information statement set out above.

2. I acknowledge that I have read the participant information statement, which explains why I have been selected, the aims of the study and the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.

3. Before signing this consent form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm I might suffer as a result of my participation and I have received satisfactory answers.

4. I understand that I can withdraw from the study at any time without prejudice to my relationship with my treating IVF unit.

5. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.

6. I understand that if I have any questions relating to my participation in this research, I may contact _____ on telephone _____ who will be happy to answer them. Complaints may be directed to ____ or _____ HREC.

7. I acknowledge receipt of a copy of this Consent Form and the Participant Information Statement.

Signature of participant	**Please PRINT name**	**Date**
_____		
Signature of witness	**Please PRINT name**	**Date**
_____		
Signature of investigator	**Please PRINT name**	**Date**
_____		

STREAM Trial: Stimulation Resulting in Embryonic Aneuploidy using Menopur (Effect of ovarian stimulation on oocyte quality and embryonic aneuploidy: a prospective, randomised controlled trial)

WITHDRAWAL OF CONSENT

I hereby wish to **WITHDRAW** my consent to participate in the study described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with my treating IVF clinic.

Signature Date

Please PRINT Name

The section for Revocation of Consent should be forwarded to the study coordinator _____ at _____.