MACE-ICH – Working Practice Document
Title: Consent Process, No. 007

Seeking consent in the MACE-ICH trial
Participants will be recruited from the hyperacute stroke unit or emergency department, or equivalent. Once the patient's eligibility to the trial has been confirmed, the patient will initially be approached by a member of their usual care team, which may include Investigators and Research Coordinators.

The investigator or their nominee, will inform the potential participant or their friend/relative, of all aspects pertaining to participation in the study. It will be explained to the potential participant or their relative/friend that entry into the trial is entirely voluntary and that their treatment and care will not be affected by their decision. It will also be explained that they can withdraw at any time. In the event of their withdrawal, it will be explained that their data collected so far cannot be erased and we will seek consent to use the data in the final analyses where appropriate.

Assessment of capacity
In order to determine the appropriate method to seek consent, the patient's capacity should be assessed in the following way -

The investigator will tell the patient that:
•They have had a stroke caused by bleeding into the brain
•They have or are at risk of having brain swelling
•They can be in a trial where they will receive either one, two or no injections of mannitol (all in addition to usual care).

They will then ask the patient three questions to assess their capacity (diagnosis - stroke, problem – swelling needs to be reduced, treatment – injection/s or usual care). If the patient can answer the three questions correctly, capacity is assumed.

Consent for treatment where participant has capacity (see appendix 1 for consent flowchart)

The investigator (or nominee) will explain the details of the trial and provide a Pictorial Information Sheet. The investigator or nominee will explain to the participant that they will receive the usual care for ICH and may also receive treatment with mannitol in addition to usual care. It will be explained that this study aims to test whether a larger trial could help to improve treatment for ICH. The investigator will answer any questions that the participant has concerning study participation and follow-up. If requested, a more detailed information sheet will be provided.

Potential participants will be given as long as they need to consider consent. It will be explained to the potential participant that this is an emergency treatment, with a potentially small therapeutic window.

If the participant is unable to write (e.g., in the presence of dominant hand weakness, ataxia or dyspraxia), witnessed verbal consent (or any mark made by the participant as intent to sign) may be recorded on the consent form by someone unconnected with the study.

Where the patient is being assessed and treated via telemedicine by a member of the medical team who is appropriately trained and listed on the delegation log, the process of consent is as above, and the printed paper consent form will be countersigned by a witness unconnected with the study. The paper consent form will be signed by the investigator upon arrival to their hospital site. If the patient does not wish to decide by telemedicine, they will not be enrolled.

Consent for treatment where the participant lacks capacity (see appendix 1 for consent flowchart)
If the potential participant is unable to give meaningful consent (i.e., they fail the capacity assessment due to, e.g., dysphasia, confusion, or reduced conscious level), a relative or close friend able to represent the patient's views and wishes will be approached with the pictorial information sheet about the trial. If requested, a more detailed information sheet will be provided. If the relative objects to the inclusion of the patient in the trial, their views will be respected, and the patient will not be enrolled.

If a relative or representative is not physically available but happy to speak on the phone, the same procedure will be followed but the printed paper consent form will be countersigned by a witness unconnected with the study (an independent doctor or nurse)and signed by the relative as soon as they arrive to the hospital. If the relative is unhappy to speak on the phone or unable to decide, the patient will not be enrolled.

Participants who die after treatment and before consent will have their data used without proxy consent since this avoids unnecessary stress to grieving relatives.

If the participant recovers capacity, their decision to continue or withdraw will overrule the decision of the nominee and written consent must be obtained from the participant themselves.

Participant lacks capacity and no relatives are available (see appendix 1 for consent flowchart)
If an eligible patient lacks capacity and if no relative is available, the investigator will approach an independent doctor (unconnected with the trial), provide them with the legal representative information sheet and ask if they would be willing to act as the patient's professional legal representative, and if appropriate, obtain their written consent for patient inclusion into the trial using the legal representative consent form. If a doctor unconnected with the study is not available, the patient will not be enrolled.

If possible, full informed written consent will be obtained from the patient or their personal legal representative as soon as practically possible (within 72 hours). The

participant's decision to withdraw will overrule the decision of the personal or professional legal representative.

Appendix 1 – Consent Flowchart