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**PARENT INFORMATION SHEET- OPIA STUDY**

**Oral Peanut Immunotherapy with dietary starch adjuvant for peanut allergy**

**HREC/16/SCHN/372**

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Your child is being invited to take part in a research study. The study will be conducted in the Department of Allergy and Immunology at The Children’s Hospital at Westmead, in collaboration with the ARC Training Centre for Advanced Technologies in Food Manufacture University of NSW, Nepean clinical school, University of Sydney and the CSIRO- food and nutrition flagship.

Before you decide for your child to participate 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 and discuss it with others. Ask 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 for your child to take part.

**What is the study about?**

Your child is being asked to participate in this study because your child has a peanut allergy. Peanut allergy is common and affects up to 3-5% of Australian children and is likely to persist. There is no current cure for peanut allergy, and strict avoidance is the current standard of care. To avoid allergic reactions, people with peanut allergy are advised to avoid peanuts in their diet. We know that this has a negative impact on quality of life, limiting their choice of food, affecting shopping and social life, and causing anxiety around the potential for severe reactions from accidental exposure.

Recent research has shown that gradual exposure to low doses of peanut over months (under strict medical supervision) can allow people to eat peanut safely. This is called desensitization or oral immunotherapy (OIT).

We are interested in trying to develop improved and safer ways of desensitising children to peanut. Currently oral desensitisation studies have shown short term

desensitisation can be achieved in many individuals, but getting more permanent tolerance to peanut has not been possible.

We want to try and improve this situation by adding in a dietary starch supplement to a standard peanut desensitisation (OIT) regime. We have some very promising information from studies in mice that some types of starch (like the HAMSB we are using in this study) help to prevent allergic reactions to peanuts in mice. We believe that this starch and its product butyrate help promote a special type of immune cell, called a Tregulatory cell. These cells have been shown to be very important in determining allergy and tolerance to foods.

This type of starch (HAMSB) has been developed by the CSIRO and has been used in Australian human studies of gut diseases with no safety concerns, and these studies are ongoing. In this modified starch a short chain fatty acid called butyrate is attached to starch with links that are broken by chemicals in the gut releasing the butyrate. It is taken as a granular powder and will come in a small tub. It can be mixed in with other food.

**Who can participate in the study?**

Children aged 10-16 with a history of peanut allergy are considered potentially eligible. If your child has very severe asthma, other serious health issues, is pregnant or has been admitted to the intensive care unit because of their allergy to peanuts, they will not be able to participate in the study.

**Does my child have to take part?**

It is up to you to decide whether or not your child can take part. If you do decide they can take part you will be given this information sheet to keep and be asked to sign a consent form on their behalf. You are free to withdraw your child at any time and without giving a reason. A decision to withdraw, or a decision not to take part, will not affect the care your child receives in the future.

**What will the study involve?**

**What does the study involve in terms of time commitment?**

This study lasts 2 years, with an active study period of 58 week. It involves you and your child visiting the Allergy Research Unit at Children’s Hospital at Westmead for 5 day visits, at least 15 updosing visits (where each increase in peanut dose is first taken under supervision at hospital) and 2 short visits over that 58 week period:

* The day visits will last approximately 6 hours. These are for allergy tests (including peanut challenge tests) and questionnaires (for screening eligibility and then ongoing assessment).
* In addition, your child will need to attend the Research Unit every 2-3 weeks (at least 15 visits) when the dose of peanut is increased.

These ‘updosing’ visits will last 2 hours. The exact number of visits depends on how allergic your child is to the peanut. Where possible, we will offer late-afternoon clinic slots to minimize time away from school for these visits. We will provide an information sheet for you to give to your child’s school, so they are aware of your child’s participation and potential impact on schooling.

If your child is allocated to one of the two active groups, they will need to eat their dose of peanut every day, following which you will need to observe them for at least 1 hour. They will also need to avoid strenuous activity for 2 hours following an OIT dose. They will need to eat their fibre dose each day at a different time from the peanut dose. You (and your child) will need to complete a brief daily diary to confirm the doses given and any problems experienced.

**What will happen to my child in the study?**

Following consent (and agreement from your child), there are 3 main stages to the study:

**Stage 1**: **Screening to assess eligibility and initial allergy tests**:

Allergy screening (2-3 hrs), including a full history and clinical examination, Lung Function testing and Skin Prick Tests. We will also ask you and your child to complete a questionnaire assessing the impact their allergy has on quality of life. This will be repeated at 3, 6, 12, and 14 months.

**A food challenge test to roasted peanut** (see “tests” below), which will take place over 2 separate visits (5-6 hrs each). This test is to prove your child still has a peanut allergy and determine how much peanut they need to eat to cause symptoms.

**A single visit for a food challenge re-test tolerance** to the starting dose of the peanut therapy. This visit will take 2-3 hours. Only if your child is able to tolerate at least 10mg of peanut (around 1/12th of a peanut) can they start the therapy. If they can, we will then find out if your child starts the OIT immediately (**active group**) or has been randomly selected (by a computer generated code) to the **control group**. The control group will continue with normal peanut avoidance and will have an opportunity to commence the treatment at the end of the current study period of 58 weeks. Neither you, your child nor the research team can choose which group your child will be in. For every 4 children in the active groups there will be one child in control group.

In **the active group**- there are two further groups. Both will take peanut OIT each day. One group (half of the active group) will be randomly assigned the CSIRO fibre supplement (HAMSB) and the other group will take an identically appearing starch (called a placebo) each day. Thus, your child has a 4 in 5 chance of starting the active treatment immediately and a 2 in 5 chance of being assigned the peanut and HAMSB. Neither you, your child nor the research team will know which fibre supplement your child is receiving. Only the statistician and the clinical trials pharmacist will know this, until the end of the study. We will be monitoring for any changes in your child’s gut bacteria by collecting stool at 5 different times throughout the study.

**Stage 2**. If your child is in the active groups (Group A or B) they will take the daily fibre supplement (or placebo fibre supplement) and take a daily dose of peanut. Every 2-3 weeks they will return to the Allergy Research Unit to have their dose of peanut increased under observation. They should not eat any other peanut during this time, apart from the peanut OIT doses.

If your child has been randomly allocated to the **control group** they will continue to avoid peanut for the duration of the study, and be retested for peanut allergy at 58 weeks. The research team will make regular phone contact with you (every 6-8 weeks) asking about accidental peanut ingestion and if it resulted in an allergic reaction. Your child will also come to the hospital at 3, 6, 12 and 13.5 (58 weeks) months for blood and stool tests, questionnaires and the final food challenges. You will also have individualised anaphylaxis education during all of those visits. Following the final food challenges, your child will have the opportunity to start the active therapy with the peanut and HAMSB for a 12 month period.

**All children will be provided with full dietary advice**; an allergy management plan; and a kit containing medicines to use in the event of an allergic reaction, and a plan of how/when to use them. All families will have access to a 24 hour advice line staffed by the research team.

**Stage 3.** After 1 year, children in the active groups will stop eating peanut and the fibre supplement for 6 weeks. All participating children (ACTIVE and CONTROL groups) will then be invited back for 2 further peanut challenges which will be conducted in the same way as the 2 peanut challenges at the start of the study. By comparing the 2 groups this will tell us how effective the therapy has been. The therapy may not work in some children – if this is the case, your child will need to stop the treatment and avoid all peanut in the future.

Children who:

* pass this challenge will be able to reduce their peanut doses to once weekly.
* have an allergic reaction will recommence daily peanut doses and will undergo a second ‘tolerance check’ at 24 months.

Children in the control group will be offered the opportunity to start the immunotherapy for 12 months, following the same protocol as described above.

At the end of the study, your child will be offered the opportunity for a further tolerance check, prior to being re-integrated into the routine allergy clinic at Children’s Hospital Westmead.

**What allergy tests will my child have?**

A summary table of all the study visits and tests can be found at the end of this document.

**Skin Prick Tests** (SPT) are routine in allergy clinics - your child has probably had one before. A small drop of food extract is placed on the skin (usually the forearm) and a small prick is made in the skin, through the drop. Most children do not find SPT to be painful, and describe it as “being pressed with a sharp pencil”. If allergic, an itchy lump or “hive” will form at the site of the test after 10-15 minutes. The skin tests will be repeated at 3, 6, and 12 and 13.5 months later.

**Peanut Challenge**: In order to prove your child has peanut allergy (and determine how much peanut is needed to cause symptoms), we will perform a “**double-blind placebo-controlled” food challenge** at the start and end of the 12 month OIT period. Each challenge consists of 2 visits, 1 week apart – one visit we will use peanut, the other a placebo (or ‘dummy food’). To prepare for the challenge:

* Your child must not have taken any antihistamines for at least 72 hours prior to the day.

We will give your child small but increasing doses of peanut or placebo every 30 minutes, until they develop symptoms of an allergic reaction (or reach the final dose). Any symptoms are generally mild and respond readily to treatment. We will carefully monitor your child, measuring their heart rate and blood pressure. Neither you nor the medical team will know on which day your child is eating peanut or placebo, so that no-one can influence the result of the test. The challenge will take several hours, so be prepared to spend most of the day at the hospital.

**For the double-blind challenges**, we will insert a short plastic tube (called a cannula) into a vein, to allow us to take blood samples and give medicines in the event of a serious reaction. The maximum amount of blood taken on any one day will be 50mls (about 2.5 tablespoons). Blood will be collected during the challenge at the start of the study, for all children, and at 3, 6 and 12 and 13.5 months after starting OIT. We’ll use these samples to help us understand how the therapy works, and predict those children in whom the therapy might be more successful.

During the study we will collect urine samples at 4 different times from girls who have started their period. This will be used for a **pregnancy test**. It is a way to make sure that it is safe for their body to take treatments or undertake investigations which may affect an unborn child (such as possible anaphylaxis in food challenges). It is standard in any study involving females who may be able to fall pregnant.

**Are there any benefits for my child participating in the study?**

We hope that using fibre with the peanut immunotherapy will increase the amount of roasted peanut that your child is able to eat without having an allergic reaction, without needing to take a daily dose of peanut after the therapy finishes. Ultimately our aim is to reduce the risk of your child having an allergic reaction to peanut due to accidental exposure, and to treat the peanut allergy without needing to take a daily peanut dose to remind the body to be tolerant to peanut. We hope results from this study will help us understand more about food allergy.

**Are there any side-effects and risk associated with this study?**

During the food challenges, your child will eat peanut which we expect to cause an allergic reaction: this will generally be mild (e.g. itchy rash or hives, tummy pains).

We will give your child an antihistamine to relieve these symptoms. Your child may experience more significant symptoms (such as cough and wheezing) consistent with anaphylaxis - this has been reported to occur in up to half of reactions at food challenges in previous, similar studies. If this happens, we will give your child an injection of adrenaline into the leg muscle. Safety is our primary concern, so the study will happen on a Paediatric Allergy Research Unit under the supervision of a Consultant in Paediatric Allergy.

Allergic reactions can also happen at home following a peanut dose - this is why all increases in the peanut dose will happen in hospital Research unit. At the beginning of the study, we will check that you know how to spot these symptoms and manage them safely. We will provide you with anaphylaxis education tailored to your needs during each of the updosing visits. You will be able to contact the research team 24 hours per day to get advice in the event of a reaction. This risk is greater if your child misses a dose of OIT or is unable to comply with our instructions. If your child develops a cough/cold or becomes unwell, you need to let us know as we may have to adjust the OIT dose.

The OIT may not work in all children. If necessary, we may need to withdraw your child from the study, in which case they should continue to avoid ALL peanut. Ongoing clinical care in the routine allergy clinic at Children’s Hospital at Westmead will be offered.

To minimize discomfort during blood tests which are not taken from the small plastic tube (cannula), we shall offer local anaesthetic cream or numbing spray (“cold spray”). We will need to collect 50mls of blood (around 2.5 tablespoons) from a vein in your child’s arm. This can be painful and bruising can occur. The dietary supplements used in this study have been used by the CSIRO in 5 other clinical trials. There is no suggestion or evidence that these supplements are unsafe. In studies to date there have not been any issues with abdominal (tummy) pain, diarrhoea or bloating with using these fibre supplements. They are designed to feed the healthy bacteria already living in the gut and to release a naturally occurring chemical called butyrate, which is a product made naturally by the bacteria that live in the lower gut.

**What if I change my mind about the study?**

Participation in this project is voluntary and if you decide not to take part or decide to withdraw at any time this will not otherwise affect your child’s care at the Hospital.

**What if new information becomes available?**

Sometimes during the course of a research project, new information becomes available about the study. If this happens, your research doctor will tell you about it and discuss whether you and your child should continue in the study. If you decide to withdraw your child, or the research team consider it to be in the best interest of your child for them to be withdrawn from the study, then we will make arrangements for your child’s care to continue. If you decide your child can continue in the study you may be asked to sign an updated consent form.

**Will my child’s participation - in this study be kept confidential?**

All information collected about your child during the course of the research will be kept strictly confidential. Any information about your child which leaves the hospital will have your child’s name and address removed so that you cannot be recognised from it. With your permission, we will notify your child’s GP of their participation in the study.

The clinical information you provide, and the blood and stool tests results will be kept anonymous to persons other than the CHW researchers. Data may be published in medical journals and/or at medical conferences, but only anonymous group data will be reported. Parents will be provided with their child’s results and will be notified of any study related publications. The data will be securely kept for at least 15 years as required by NSW and Federal Law, and then destroyed according to hospital guidelines.

**What will happen to the results of the research study?**

The results of this study will be used to develop new therapies for food allergy. They may be published in a scientific journal and presented at scientific medical conferences. Your child will not be identified in any report or publication.

**What if something goes wrong?**

The Sydney Children’s Hospital’s Network holds insurance policies which apply to this study. If your child experiences harm or injury as a result of taking part in this study, you will be eligible to claim compensation without having to prove fault. This does not affect your legal rights to seek compensation.

If you or your children are harmed due to someone's negligence, then you may have grounds for a legal action. Regardless of this, if you wish to complain, or have any concerns about any aspect of the way you have been treated during the course of this study then you should immediately inform the Chief Investigator, Professor Dianne Campbell or the SCHN human ethics office (9845 3066 and quote HREC/16/SCHN/372).

**Who is organising and funding the research?**

The study sponsor is Sydney Children’s Hospital’s Network and the study is funded by a grant from the National Medical Research Council of Australia (NHMRC).

**Other information**

If you have any concerns about the conduct of this study please do not hesitate to discuss them with Professor Dianne Campbell or Dr Melanie Wong (T 02 9845 3420) or with the research ethics manager (9845 3066), secretary of the Ethics Committee that has approved this project.

Table 1: Study timetable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Visit  | STUDY WEEK | Duration on OIT at visit | Informed consent |  | Assessment/Procedure |
| Anaphylaxis education | Demographic information | Randomisation | Stool sample | Blood collection | Peak flow | Spirometry | Clinical assessment | Open soy challenge | DBPCFC Food challenge | Initial peanut OIT | Updosing peanut OIT | Commence supplement | Cease all intervention | Iv cannula | Skin prick test | Pregnancy test | QOL questionnaire |
| Screening  | -1 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |
| V1 (DBPCFC1) | 0 |  |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |
| V2(DBPCFC2) randomisation | 1 |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |
| V3 commence OIT (step 1) | 3 | 0 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |  |
| V4 (step 2) | 5 | 2 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V5 (step 3) | 7 | 4 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V6 (step 4) | 9 | 6 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V7 (step 5) | 11 | 8 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V8 (step 6) | 13 | 10 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V9 (step 7) 3 months OIT | 15 | 12 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |
| V10 (step 8) | 17 | 14 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V11 (step 9) | 19 | 16 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V12 (step 10) | 21 | 18 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V13 (step 11) | 23 | 20 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V14 (step 12) | 25 | 22 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V15 (step 13) | 27 | 24 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |
| V16 (step 14) 6 months OIT | 29 | 26 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |
| V17 (step 15) 9 months OIT | 41 | 38 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |
| V18 12 months OIT | 55 | 52 |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |
| V19 (DBPCFC3)  | 61 |  |  |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |
| V20 (DBPCFC4)  | 61 |  |  |  |  |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |
| V21 end study | 62 |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |  |  |  |  |  |  |  |  |  | C:\Users\Michelc5\AppData\Local\Microsoft\Windows\INetCache\IE\GBESNQW9\Tick-green[1].png |