SAMPLE: Research Study Informed Consent Document

Study Title for Participants: Testing the addition of drug A to drug B in X cancer treatment

Overview and Key Information

What am I being asked to do?

We are asking you to take part in a research study. This study has public funding from the National Cancer Institute (NCI), part of the National Institutes of Health (NIH) in the United States Department of Health and Human Services. We do research studies to try to answer questions about how to prevent, diagnose, and treat diseases like cancer.

We are asking you to take part in this research study because you have X cancer.

Taking part in this study is your choice.

You can choose to take part or you can choose not to take part in this study. You also can change your mind at any time. Whatever choice you make, you will not lose access to your medical care or give up any legal rights or benefits.

This document has important information to help you make your choice. Take time to read it. Talk to your doctor, family, or friends about the risks and benefits of taking part in the study. It's important that you have as much information as you need and that all your questions are answered. See the "Where can I get more information?" section for resources for more clinical trials and general cancer information.

Why is this study being done?

This study is being done to answer the following question:

Can we lower the chance of your X cancer growing or spreading by adding a drug to the usual combination of drugs?

We are doing this study because we want to find out if this approach is better or worse than the usual approach for treating X cancer. The usual approach is defined as care most people get for X cancer.

What is the usual approach to treating X cancer?

The usual approach for patients who are not in a study is treatment with surgery, chemotherapy, and radiation therapy. There are several chemotherapy drugs approved by the Food and Drug Administration (FDA) that are commonly used with the radiation therapy. For patients who get the usual approach for this cancer, about __ out of 100 are free of cancer after 5 years.

What are my choices if I decide not to take part in this study?

- You may choose to have the usual approach described above.
- You may choose to take part in a different research study, if one is available.
- You may choose not to be treated for cancer.
- You may choose to only get comfort care to help relieve your symptoms and not get treated for your cancer.

What will happen if I decide to take part in this study?

If you decide to take part in this study, you will get the study drug A plus drug B, or you will get drug B alone for 6 months or until your disease gets worse or the side effects become too severe.

After you finish your treatment, your doctor and study team will watch you for side effects and changes in your cancer. They will check you every 3 months for 2 years after treatment. After that, they will check you every 6 months for 3 years. This means you will keep seeing your doctor for 5 years after treatment.

What are the risks and benefits of taking part in this study?

There are both risks and benefits to taking part in this study. It is important for you to think carefully about these as you make your decision.

Risks

We want to make sure you know about a few key risks right now. We give you more information in the "What risks can I expect from taking part in this study?" section.

If you choose to take part in this study, there is a risk that the treatment approach being studied may not be as good as the usual approach for your cancer at shrinking or stabilizing your cancer.

There is also a risk that you could have side effects from the study drugs. These side effects may be worse and may be different than you would get with the usual approach for your cancer.

Some of the most common side effects that the study doctors know about are:

- Side effect 1
- Side effect 2
- Side effect 3

There may be some risks that the study doctors do not yet know about.

Benefits

There is evidence that drug A plus drug B is effective in shrinking or stabilizing your type of cancer. It is not possible to know now if drug A plus drug B will extend your life compared to

the usual approach. This study will help the study doctors learn things that will help people in the future.

If I decide to take part in this study, can I stop later?

Yes, you can decide to stop taking part in the study at any time.

If you decide to stop, let your study doctor know as soon as possible. It's important that you stop safely. This may mean slowly stopping the study drugs so that there is no risk to your health. If you stop, you can decide if you want to keep letting the study doctor know how you are doing.

Your study doctor will tell you about new information or changes in the study that may affect your health or your willingness to continue in the study.

Are there other reasons why I might stop being in the study?

Yes. The study doctor may take you off the study if:

- Your health changes and the study is no longer in your best interest.
- New information becomes available and the study is no longer in your best interest.
- You do not follow the study rules.
- For women: You become pregnant while on the study.
- The study is stopped by the Institutional Review Board (IRB), Food and Drug Administration (FDA), or the National Cancer Institute (NCI).

It is important that you understand the information in the informed consent before making your decision. Please read, or have someone read to you, the rest of this document. If there is anything you don't understand, be sure to ask your study doctor or nurse.

What is the purpose of this study?

The purpose of this study is to compare the usual treatment (Drug B) alone to using Drug A plus the usual treatment (Drug B). The addition of Drug A to the usual treatment could shrink your cancer or prevent it from returning. But, it could also cause side effects, which are described in the risks section below.

This study will help the study doctors find out if this different approach is better than the usual approach. To decide if it is better, the study doctors will be looking to see if the addition of Drug A increases the life of patients by 6 months or more compared to the usual approach.

This chemotherapy drug, Drug A, is already approved by the FDA for use in X cancer. But, most of the time it is not used until other treatments stop working. There will be about 100 people taking part in this study.

What are the study groups?

This study has 2 study groups. You will not be told which group you are in.

- **Group 1**

  If you are in this group, you will get the usual drug used to treat this type of cancer (Drug B). You will get this drug as a pill you take by mouth once each day for 6 months or until your disease gets worse or the side effects become too severe.

  There will be about 50 people in this group.

- **Group 2**

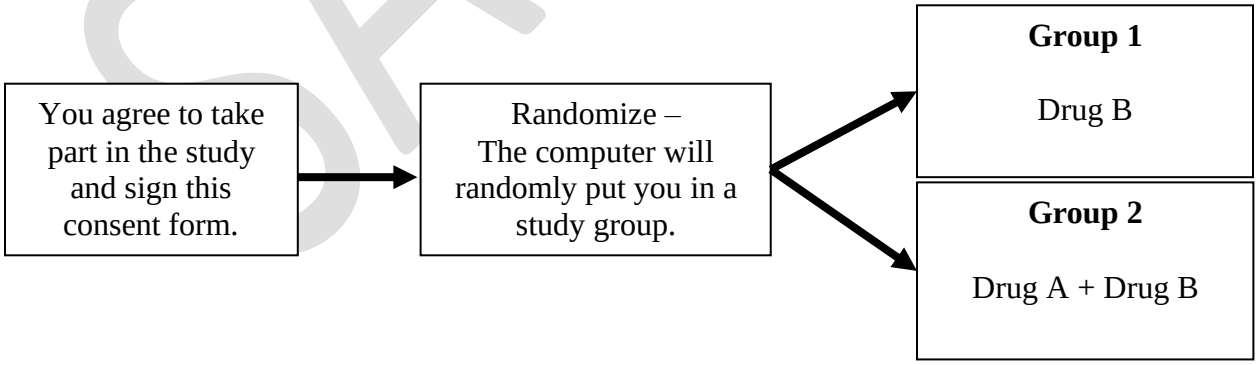
  If you are in this group, you will get a study drug called Drug A plus the usual drug used to treat this type of cancer, Drug B. You will get these drugs as a pill you take by mouth once each day for 6 months or until your disease gets worse or the side effects become too severe.

  You will be able to get additional doses of the drug. This drug is approved by the FDA for treatment of your disease.

  There will be about 50 people in this group.

We will use a computer to assign you to one of the study groups. This process is called "randomization." It means that your doctor will not choose and you cannot choose which study group you are in. You will be put into a group by chance. You will have an equal chance of being in Group 1 or Group 2.

Another way to find out what will happen to you during this study is to read the chart below. Start reading at the left side and read across to the right following the lines and arrows.



What exams, tests, and procedures are involved in this study?

Before you begin the study, your doctor will review the results of your exams, tests, and procedures. This helps your doctor decide if it is safe for you to take part in the study. If you

join the study, you will have more exams, tests, and procedures to closely monitor your safety and health. These tests are included in the usual care you would get even if you were not in a study.

What risks can I expect from taking part in this study?

General Risks

If you choose to take part in this study, there is a risk that the study approach may not be as good as the usual approach for shrinking your cancer or preventing it from returning.

You also may have the following discomforts:

- Spend more time in the hospital or doctor's office.
- Be asked sensitive or private questions about things you normally do not discuss.
- May not be able to take part in future studies.

The chemotherapy drug used in this study could be very harmful to an unborn or newborn baby. There may be some risks that doctors do not yet know about. It is very important that you check with your study doctor about what types of birth control or pregnancy prevention to use during the study and for _ months/years after you have completed the study.

This study will use a sample of your tissue. Generally, your hospital will keep some of your tissue. This tissue may be used to help treat your cancer in the future. Because this study will need to use some of this tissue, there is a small risk that it could be used up.

Side Effect Risks

The drugs used in this study may affect how different parts of your body work such as your liver, kidneys, heart, and blood. The study doctor will test your blood and let you know if changes occur that may affect your health.

There is also a risk that you could have other side effects from the study.

Here are important things to know about side effects:

1. The study doctors do not know who will or will not have side effects.
2. Some side effects may go away soon, some may last a long time, and some may never go away.
3. Some side effects may make it hard for you to have children.
4. Some side effects may be mild. Other side effects may be very serious and even result in death.

You can ask your study doctor questions about side effects at any time. Here are important ways to make side effects less of a problem:

- If you notice or feel anything different, tell your study doctor. He or she can check to see if it is a side effect.
- Your study doctor will work with you to treat your side effects.
- Your study doctor may adjust the study drugs to try to reduce side effects.

This study is looking at a combination of the usual drug used to treat this type of cancer plus a study drug. This different combination of drugs may increase your side effects or may cause new side effects.

Drug Risks

The tables below show the most common and most serious side effects doctors know about. Keep in mind that there might be other side effects doctors do not yet know about. If important new side effects are found, the study doctor will discuss these with you.

Study Group 1 and Group 2 – Possible side effects of Drug B are listed in the tables below. This drug is part of the usual approach for treating this type of cancer:

Possible Side Effects of Drug B

COMMON, SOME MAY BE SERIOUS In 100 people receiving Drug B, more than 20 and up to 100 may have:
• hair loss • redness, pain or peeling of palms and soles • rash, increased risk of sunburn, itching • diarrhea, nausea, vomiting, constipation, loss of appetite • difficulty swallowing • sores in mouth • heartburn • infection, especially when white blood cell count is low • anemia which may require a blood transfusion • bruising, bleeding • headache • tiredness • numbness, tingling or pain, "pins and needles" of the hands, feet, arms and legs • tingling or a loss of feeling in your hands, feet, nose, or tightness in throat or jaw, or difficulty swallowing or breathing which may be made worse by exposure to cold • cough • fever, pain

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving Drug B, from 4 to 20 may have:
• chest pain

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving Drug B, from 4 to 20 may have:
• abnormal heartbeat which may cause fainting • swelling and redness at the site of the medication injection • hives • skin changes • weight gain, weight loss, belly pain • internal bleeding which may cause black tarry stool, blood in vomit or urine, or coughing up blood • changes in taste • blood clot which may cause swelling, pain, shortness of breath • bleeding from multiple sites including vaginal bleeding, bleeding of the testis, or bleeding of the brain • liver damage which may cause yellowing of eyes and skin • allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat • change in voice • confusion, dizziness • muscle weakness • inability to move shoulder or turn head • blurred vision, watering eyes • discomfort from light • abnormal body movement including the eye and eyelid • difficulty walking, using your hands, opening mouth, talking, with balance and hearing, smelling, eating, sleeping, emptying the bladder • hearing loss • swelling of the body which may cause shortness of breath • kidney damage which may require dialysis • scarring of the lungs • blockage of the airway which may cause shortness of breath, cough, wheezing • dehydration

RARE, AND SERIOUS In 100 people receiving Drug B, 3 or fewer may have:
• damage to the heart which may cause shortness of breath • a new cancer resulting from treatment of a prior cancer • redness, pain or peeling of palms and soles

Study Group 2 - In addition to side effects listed above, people who are in Group 2 may also have some side effects from Drug A. These side effects are listed below.

Possible Side Effects of Drug A

COMMON, SOME MAY BE SERIOUS

In 100 people receiving Drug A, more than 20 and up to 100 may have:

- high blood pressure which may cause headache or blurred vision

OCCASIONAL, SOME MAY BE SERIOUS

In 100 people receiving Drug A, from 4 to 20 may have:

- anemia which may require blood transfusion
- low white cell count that may increase the risk of infection
- infection, including collection of pus in the belly or rectum
- abnormal heartbeat which may cause palpitations or fainting
- pain in the belly, rectum, chest, joints, muscles, or tumor
- low appetite, constipation, diarrhea, heartburn, nausea, vomiting, or dehydration
- internal bleeding which may cause black tarry stool, blood in vomit, coughing up blood, or blood in urine
- bleeding from other sites, including the vagina or nose
- blockage of internal organs which may cause vomiting or inability to pass stool
- sores in the mouth
- allergic reaction during or after infusion of Drug A which may cause fever, chills, rash, itching, hives, low blood pressure, wheezing, shortness of breath, swelling of the face or throat
- delay in healing of wounds or spontaneous opening of wounds
- weight loss, tiredness, or dizziness
- muscle weakness
- damage to organs which may cause loss of teeth or loss of motion
- headache
- numbness, tingling or pain in the fingers or toes
- hoarseness, stuffy nose, or cough
- dry skin
- swelling and redness of the skin
- blood clot in limbs or lungs which may cause swelling, pain, shortness of breath
- leakage of protein in the urine, which can rarely lead to damage to the kidney

RARE, AND SERIOUS

In 100 people receiving Drug A, 3 or fewer may have:

- clots in the arteries, causing stroke (which may cause paralysis or weakness) or heart attack (which may cause chest pain or shortness of breath); this risk is significantly increased in patients who are elderly or with history of diabetes.
- heart failure which may cause shortness of breath, swelling of ankles, and tiredness
- bowel perforation (a tear in the bowel) that can cause pain or bleeding and require surgery to repair
- a tear or hole (fistula) in internal organs such as the nose, throat, lungs, esophagus, rectum, or vagina; these conditions may cause serious infections or bleeding and require surgery to repair.

RARE, AND SERIOUS In 100 people receiving Drug A, 3 or fewer may have:
• sores in the throat • flesh-eating bacteria syndrome, an infection in the deep layers of skin • bleeding in the tumor, brain, belly or lungs which may cause confusion, blood in stool or coughing up blood • brain damage which may cause headache, seizure, blindness (also known as Reversible Posterior Leukoencephalopathy Syndrome) • kidney damage which may require dialysis • redness, pain or peeling of palms and soles

Rarely, there are problems getting enough supplies of the study drug. If that happens, your doctor will talk with you about your options.

What are my responsibilities in this study?

If you choose to take part in this study you will need to:

- Keep your study appointments.
- Tell your doctor about:
    - all medications and supplements you are taking
    - any side effects
    - any doctors' visits or hospital stays outside of this study
    - if you have been or are currently in another research study.
- Write down in your medication diary when you take the study drug at home.

For women: Do not get pregnant or breastfeed while taking part in this study. **For men:** Do not father a baby while taking part in this study. **For all:** Tell your study doctor right away if you think that you or your partner have become pregnant during the study or within _ months/years after your last dose of Drug A or B.

What are the costs of taking part in this study?

You and/or your insurance plan will need to pay for the costs of medical care you get as part of the study, just as you would if you were getting the usual care for your cancer. This includes:

- The costs of tests, exams, procedures, and drugs that you get during the study to monitor your safety, and prevent and treat side effects.
- The costs of getting the drugs ready and giving them to you.
- Your insurance co-pays and deductibles.

Talk to your insurance provider and make sure that you understand what your insurance pays for and what it doesn't pay for if you take part in this clinical trial. Also, find out if you need approval from your plan before you can take part in the study.

Ask your doctor or nurse for help finding the right person to talk to if you are unsure which costs will be billed to you or your insurance provider.

Taking part in this study may mean that you need to make more visits to the clinic or hospital than if you were getting the usual approach to treat your cancer. You may:

- Have more travel costs.
- Need to take more time off work.
- Have other additional personal costs.

You will not be paid for taking part in this study. The research may lead to new tests, drugs, or other products for sale. If it does, you will not get any payment.

What happens if I am injured because I took part in this study?

If you are injured as a result of taking part in this study and need medical treatment, please talk with your study doctor right away about your treatment options. The study sponsors will not pay for medical treatment for injury. Your insurance company may not be willing to pay for a study-related injury. Ask them if they will pay. If you do not have insurance, then you would need to pay for these medical costs.

If you feel this injury was caused by medical error on the part of the study doctors or others involved in the study, you have the legal right to seek payment, even though you are in a study. Agreeing to take part in this study does not mean you give up these rights.

Who will see my medical information?

Your privacy is very important to us. The study doctors will make every effort to protect it. The study doctors have a privacy permit to help protect your records if there is a court case. However, some of your medical information may be given out if required by law. If this should happen, the study doctors will do their best to make sure that any information that goes out to others will not identify who you are.

Some of your health information, such as your response to cancer treatment, results of study tests, and medicines you took, will be kept by the study sponsor in a central research database. However, your name and contact information will not be put in the database. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

There are organizations that may look at or receive copies of some of the information in your study records. Your health information in the research database also may be shared with these organizations. They must keep your information private, unless required by law to give it to another group.

Some of these organizations are:

- The study sponsor and any company supporting the study now or in the future. This would include any organization helping the company with the study.
- The NCI Central IRB, which is a group of people who review the research with the goal of protecting the people who take part in the study.
- The FDA and the groups it works with to review research.
- The NCI and the groups it works with to review research.

In addition to storing data in the study database, data from studies that are publicly funded may also be shared broadly for future research with protections for your privacy. The goal of this data sharing is to make more research possible that may improve people's health. Your study records may be stored and shared for future use in public databases. However, your name and other personal information will not be used.

Some types of future research may include looking at your information and information from other patients to see who had side effects across many studies or comparing new study data with older study data. However, right now we don't know what research may be done in the future using your information. This means that:

- You will not be asked if you agree to take part in the specific future research studies using your health information.
- You and your study doctor will not be told when or what type of research will be done.
- You will not get reports or other information about some research that is done using your information.

There are laws that protect your genetic information. However, there is a risk that someone could get access to your genetic information and identify you by name. In some cases, employers could use your genetic information to decide whether to hire or fire you. The study doctors believe the risk of this happening is very small. However, the risk may increase in the future as people find new ways of tracing information. For more information about the laws that protect you, ask your study doctor.

Where can I get more information?

You may visit the NCI web site at http://cancer.gov/ for more information about studies or general information about cancer. You may also call the NCI Cancer Information Service to get the same information at: 1-800-4-CANCER (1-800-422-6237).

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

You can talk to the study doctor about any questions or concerns you have about this study or to report side effects or injuries. Contact the study doctor at [phone number, email address].

For questions about your rights while in this study, call the NCI Central Institutional Review Board at [phone number].

My signature agreeing to take part in the study

I have read this consent form or had it read to me. I have discussed it with the study doctor and my questions have been answered. I will be given a signed and dated copy of this form. I agree to take part in the main study.

Participant's signature

Date of signature

Signature of person(s) conducting the informed consent discussion

Date of signature