Study Title for Study Participants:

Testing the addition of the antibody, bevacizumab, to the usual treatment for radionecrosis that results from brain radiation.

Official Study Title for Internet Search on http://www.ClinicalTrials.gov**:**

A221208 Randomized Phase II Study: Corticosteroids + Bevacizumab vs. Corticosteroids + Placebo (BeSt) for Radionecrosis after Radiosurgery for Brain Metastases

This study is conducted by the Alliance for Clinical Trials in Oncology, a national clinical research group supported by the National Cancer Institute. The Alliance is made up of cancer doctors, health professionals, and laboratory researchers, whose goal is to develop better treatments for cancer, to prevent cancer, to reduce side effects from cancer, and to improve the quality of life of cancer patients.

What is the usual approach to my diagnosis?

You are being asked to take part in this study because you have symptoms and test results showing you have brain radionecrosis. Brain radionecrosis is a non-cancerous condition that makes up an area of dead tissue in the brain that is surrounded by inflamed (swollen) tissue. Brain radionecrosis can cause headaches, nausea, vomiting, weakness and other neurological symptoms. This condition can happen after you receive intense radiation therapy for brain cancer, such as if you have radiosurgery. Radiosurgery is an intense radiation therapy that targets brain cancers and is usually given as a one-day treatment.

The most common initial treatment for brain radionecrosis is corticosteroid therapy (drugs given to reduce inflammation, or swelling). However, not all patients respond to corticosteroid therapy alone. If the symptoms of brain radionecrosis become worse while receiving corticosteroid therapy, you may need to have surgery to remove the tissue where the radionecrosis in the brain has occurred. This is only done if your doctors think it is safe and appropriate procedure for you.

Why is this study being done?

Usually the first treatment for brain radionecrosis only works for some patients and can cause significant side effects in many patients. The purpose of this study is test whether adding a drug called bevacizumab to your standard corticosteroid therapy will improve your symptoms over corticosteroid therapy alone by improving the radionecrosis and minimizing treatment-related side effects. The effects of bevacizumab with standard corticosteroid therapy will be compared to a placebo with standard corticosteroid therapy

Bevacizumab has been approved for the treatment of many types of cancer, including brain cancers. In cancers, bevacizumab is thought to prevent the growth of new blood vessels (that feed tumor growth) and stop the leakage of other blood vessels to improve oxygen and chemotherapy delivery. In the case of radionecrosis, it is thought that bevacizumab can reduce inflammation (by reducing leaking of the blood vessels) and lessen the symptoms of the radionecrosis.

In this study, we will compare the effects of receiving bevacizumab with standard corticosteroid therapy to the effects of receiving a placebo with standard corticosteroid therapy. A placebo is a liquid that looks like the study drug but contains no medication.

How many people will take part in the study?

About 130 people will take part in this study.

What will happen if I take part in this research study?

A computer will by chance assign you to treatment groups in the study. This is called randomization. This is done by chance because no one knows if one study group is better or worse than the other.
This study has two study groups:

Group 1 will receive the study drug bevacizumab with corticosteroids
Group 2 will receive a placebo, a liquid that looks like the study drug but contains no medication, with corticosteroids.

Whether you are in Group 1 or 2, the corticosteroid dose will be adjusted by your doctor in order to manage your symptoms.

Each treatment group will receive treatment over 4 weeks. This 4-week period is called "a cycle." Regardless of which treatment group you are in, you will receive treatment on the following schedule:

Study Schedule

Each cycle is made up of 4 weeks

	Week 1	**Week 2**	**Week 3**	**Week 4**
Bevacizumab/placebo	X	Rest	X	Rest
Corticosteroids	Daily	Daily	Daily	Daily

At any time after you begin study treatment, if you have worsening symptoms despite increasing corticosteroids, you will be informed about whether you have been receiving bevacizumab or placebo. If you have been receiving placebo, you may decide to "cross-over" and receive bevacizumab. If you decide to receive bevacizumab, you will receive treatment for an additional 4 cycles as shown above.

This will require ongoing on-study assessments including clinical assessments, laboratory testing, MRI and patient-reported outcome questionnaires.

How long will I be in this study?

You will receive either bevacizumab or a placebo, as well as corticosteroids, as recommended by your treating doctor to manage your symptoms, for up to four 4-week cycles, as tolerated. As mentioned above, if you have worsening symptoms and you have been receiving placebo, you may crossover and receive bevacizumab for four additional 4-week cycles.

After you finish the study treatment of about 16 weeks (or 32 weeks if you have "crossed over"), your doctor will continue to watch you for side effects and follow your condition for up to 1 year after you stopped study treatment.

What extra tests and procedures will I have if I take part in this study?

Most of the exams, tests, and procedures you will have are part of the usual approach for your cancer. However, there are some extra tests and assessments that you will need to have if you take part in this study.

Before you begin the study:
You will need to have the following extra tests to find out if you can be in the study:

- MRI images of your brain will be sent to a central radiology lab for review ("central review"). Any identifying information will be removed from the images sent to the radiology lab. Even though images are sent to the lab, your doctor may decide to review your MRI images at your hospital to see if you can be in the study.
- Blood tests and urine tests to determine blood counts and urine proteins
- Pregnancy test (if you are able to have children)

If the exams, tests, and procedures show that you can take part in the study, and you choose to take part, then you will need the following extra tests during the study. They are not part of the usual approach for your condition but they are part of usual monitoring while taking bevacizumab.

During the study:

- Blood tests every 4 weeks while on study treatment
- Urine tests every 4 weeks while on study treatment,

You will also be asked to complete questionnaires before you start treatment and 2, 4, 6, 8 and 12 weeks after you start treatment. If you "cross-over" to bevacizumab treatment, you will need to repeat these questionnaires at the same time points. After treatment, you will be asked to complete the questionnaires every 2 months for 6 months.

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

If you choose to take part in this study, there is a risk that:

- You may lose time at work or home and spend more time in the hospital or doctor's office than usual
- You may be asked sensitive or private questions which you normally do not discuss
- The study drug(s)/study approach may not be better, and could possibly be worse, than the usual approach for your condition.

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

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

Here are important points about side effects:

- The study doctors do not know who will or will not have side effects.
- Some side effects may go away soon, some may last a long time, or some may never go away.
- Some side effects may interfere with your ability to have children.
- Some side effects may be serious and may even result in death.

Here are important points about how you and the study doctor can make side effects less of a problem:

- Tell the study doctor if you notice or feel anything different so they can see if you are having a side effect.
- The study doctor may be able to treat some side effects.
- The study doctor may adjust the study drugs to try to reduce side effects.

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

Possible Side Effects of Bevacizumab:

COMMON, SOME MAY BE SERIOUS In 100 people receiving bevacizumab (rhuMAb VEGF), more than 20 and up to 100 may have:
• High blood pressure which may cause headaches , dizziness, blurred vision

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving bevacizumab (rhuMAb VEGF), 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 of 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 mouth
• Allergic reaction during or after infusion of bevacizumab 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 the jawbone which may cause loss of teeth
• Headache

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving bevacizumab (rhuMAb VEGF), from 4 to 20 may have:
• 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, or 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 bevacizumab (rhuMAb VEGF), 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, or 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 • Sores in the throat • Flesh-eating bacteria syndrome, an infection in the deep layers of skin • Damage to organs (bone, lungs, others) which may cause loss of motion • 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

Additional Notes on Possible Side Effects for Bevacizumab:

- Risk in children or adolescents: abnormal bone changes which may interfere with growth.
- Risk in pre-menopausal women: more likely to develop menopause when taking bevacizumab.

Possible Side Effects of Corticosteroids:

COMMON, SOME MAY BE SERIOUS In 100 people receiving corticosteroids, more than 20 and up to 100 may have:
• Trouble sleeping • Weight gain around the stomach • Puffiness (especially in the face) • Buildup of fluids and a rise in blood pressure • Possible rise in your blood sugar • Muscle weakness • Mood swings

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving corticosteroids, from 4 to 20 may have:
• Changes in the blood levels of potassium. • Infection • Menstrual changes • Changes in personality • Dizziness • Stomach and throat ulcers or worsening of any ulcers you had before treatment

RARE, AND SERIOUS In 100 people receiving corticosteroids, 3 or fewer may have:
• Depression • Seizures • Patients who are more likely to get heart disease may have heart failure • Brittle bones • Swelling and pain of the pancreas • Itching, and other allergic reactions, some severe.

R**eproductive risks:** You should not become pregnant or father a baby while on this study because the drugs in this study can affect an unborn baby. Women should not breastfeed a baby while on this study. It is important you understand that you need to use birth control while on this study and for at least 90 days after you stop taking the study drugs. Check with your study doctor about what kind of birth control methods to use and how long to use them. Some methods might not be approved for use in this study. If you suspect you may be pregnant, immediately inform your study doctor or health care team. It is not known whether bevacizumab will affect your ability to have children in the future. You should talk to your doctor about your choices.

For more information about risks and side effects, ask your study doctor.

Are there benefits to taking part in the study?

It is not possible to know at this time if the study drug/study approach is better than the usual approach so this study may or may not help you. This study will help researchers learn things that will help people in the future.

What other choices do I have if I do not take part in this study?

If you decide not to take part in this study, you have other choices. Your other choices may include:
- Getting treatment or care for your radionecrosis without being in a study
- Taking part in another study
- Getting no treatment

Can I stop taking part in this study?

Yes. You can decide to stop at any time. If you decide to stop for any reason, it is important to let the study doctor know as soon as possible so you can stop safely. If you stop, you can decide whether or not to let the study doctor continue to provide your medical information to the organization running the study.

The 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.

The study doctor may take you out of the study:
- If your health changes and the study is no longer in your best interest
- If new information becomes available
- If you do not follow the study rules
- If the study is stopped by the sponsor, IRB or FDA

Taking part in this study is your choice. No matter what decision you make, and even if your decision changes, there will be no penalty to you. You will not lose medical care or any legal rights.

For questions about your rights while in this study, you may contact the Operations Office of the National Cancer Institute (NCI) Central Institutional Review Board (CIRB) at 888-657-3711.

What are the costs of taking part in this study?

The bevacizumab or placebo will be supplied at no charge while you take part in this study. The cost of getting the bevacizumab ready and giving it to you is not paid by the study so you or insurance company may have to pay for this. It is possible that the bevacizumab may not continue to be supplied while you are on the study. Although not likely, if this occurs, your study doctor will talk to you about your options.

You and/or your health plan/insurance company will need to pay for all of the other costs of treating your condition while in this study, including the cost of tests, procedures, or medicines to manage any side effects, unless you are told that certain tests are supplied at no charge. Before you decide to be in the study, you should check with your health plan or insurance company to find out exactly what they will pay for.

You will not be paid for taking part in this study.

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

If you are injured or hurt as a result of taking part in this study and need medical treatment, please tell your study doctor. Contact information for your study doctor is listed on the consent cover page. The study sponsors will not offer to pay for medical treatment for injury. Your insurance company may or may not be willing to pay for study-related injury. If you have no insurance, you would be responsible for any costs.

If you feel this injury was a result of medical error, you keep all your legal rights to receive payment for this even though you are in a study.

No funds have been set aside to compensate you in the event of injury.

Will my medical information be kept private?

Your privacy is very important to us and the researchers will make every effort to protect it. Your information may be given out if required by law. For example, certain states require doctors to report to health boards if they find a disease like tuberculosis. However, the researchers will do their best to make sure that any information that is released will not identify you. Some of your health information, and/or information about your specimen, from this study will be kept in a central database for research. Your name or contact information will not be put in the database.

There are organizations that may inspect your records. These organizations are required to make sure your information is kept private, unless required by law to provide information. Some of these organizations are:

- Montana Cancer Consortium
- The Alliance for Clinical Trials in Oncology (Alliance)
- The Alliance Data and Safety Monitoring Board, a group of experts who regularly review the progress of the study.
- The Institutional Review Board, IRB, is a group of people who review the research with the goal of protecting the people who take part in the study.
- The Food and Drug Administration (FDA), the Office for Human Research Protection (OHRP), and the National Cancer Institute (NCI) in the U.S., and similar ones if other countries are involved in the study.
- The Cancer Trials Support Unit (CTSU), a research group sponsored by the NCI to provide greater access to cancer trials.
- Genentech Inc. and the Roche Group, makers of bevacizumab

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.

Who can answer my questions about this study?

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 information for your study doctor is listed on the consent cover page.

ADDITIONAL STUDIES SECTION:

Please note: This section of the informed consent form is about additional research studies that are being done with people who are taking part in the main study. You may take part in these additional studies if you want to. You can still be a part of the main study even if you say 'no' to taking part in any of these additional studies.

You will not get health benefits from any of these additional studies. The researchers leading these optional studies hope the results will help other people with cancer in the future.

The results will not be added to your medical records and you or your study doctor will not know the results.

You will not be billed for these optional studies. You can still take part in the main study even if you say 'no' to these studies. If you sign up for but cannot complete any of the studies for any reason, you can still take part in the main study.

You can say "yes" or "no" to each of the following studies. Please mark your choice for each study.

Optional imaging study – extra research MRIs

☐ Your health care facility has extra MRI testing available, known as "DCE" MRI. DCE MRI is a specialized kind of MRI that allows analysis of blood vessels related to a brain tumor or brain lesions like radionecrosis. If your facility has this available, researchers would like to use these scans for a related research study to see whether they can predict how well a patient will do following treatment. If you choose to take part in this study, you will have extra research MRIs. These scans are already used in medical care but extra scans would be taken at a time point in your treatment that is not usual. Your scans will be submitted to a central image library. Researchers would use these scans to see if there are early imaging markers that may predict how you will respond to treatment, so that in future studies, these markers may be used to guide treatment in patients with the same condition. These scans will be saved so that researchers can look back at these scans after the study is over.

If you agree to have extra scans, it would involve extra time to have an MRI done after 1 cycle of bevacizumab/placebo treatment, and again after 1 cycle of bevacizumab if you "cross-over." The most common risks related to the MRI are anxiety/stress, claustrophobia, and discomfort. The most common risks related to the drug used for MRI (called gadolinium) are headache, nausea, vomiting, hives, temporary low blood pressure, and allergic-like reaction. The scan would only be used for research and not to guide your medical care. There are educational materials available about this type of scan. Ask your study doctor about them, if you would like more information.

The costs of these optional extra scans will not be paid by the study or your insurance company, but your hospital will cover these costs.

☐ Your health care facility does NOT have extra DCE MRI testing which will be necessary for the optional imaging study. DCE MRI is a specialized kind of MRI that allows analysis of blood vessels related to a brain tumor or brain lesions like radionecrosis. You should circle the answer "no" below.

Please circle your answer to show whether or not you would like to take part:

1. I choose to take part in the imaging study and will have the extra MRIs.

YES NO

Initial: _____ Date: _____

Optional Sample Collections for Laboratory Studies

Researchers are trying to learn more about cancer, diabetes, and other health problems. Much of this research is done using samples from your tissue, blood, urine, or other fluids. Through these studies, researchers hope to find new ways to prevent, detect, treat, or cure health problems.

Some of these studies may be about genes. Genes carry information about features that are found in you and in people who are related to you. Researchers are interested in the way that genes affect how your body responds to treatment.

If you choose to take part in this study, the study doctor for the main study would like to collect blood and urine for research to study possible markers that may predict how you will respond to treatment so that in future studies, these markers may be used to guide treatment in patients with the same condition.

What is involved?

If you agree to take part, here is what will happen next:

1) About 2 tablespoons of blood will be collected from a vein in your arm and you will be asked to provide a random urine sample. These samples will be collected before you start treatment and after 1, 2, and 4 months of treatment.
2) Your sample and some related health information will be sent to a researcher for use in the study described above. Remaining samples may be stored in the Biobank, along with samples from other people who take part. The samples will be kept until they are used up.
3) Qualified researchers can submit a request to use the materials stored in the Biobanks. A science committee at the clinical trials organization, and/or the National Cancer Institute, will review each request. There will also be an ethics review to ensure that the request is necessary and proper. Researchers will not be given your name or any other information that could directly identify you.
4) Neither you nor your study doctor will be notified when research will be conducted or given reports or other information about any research that is done using your samples.
5) Some of your genetic and health information may be placed in central databases that may be public, along with information from many other people. Information that could directly identify you will not be included.

What are the possible risks?

1) The most common risks related to drawing blood from your arm are brief pain and possibly a bruise.
2) There is a risk that someone could get access to the personal information in your medical records or other information researchers have stored about you.
3) There is a risk that someone could trace the information in a central database back to you. Even without your name or other identifiers, your genetic information is unique to you. The researchers believe the chance that someone will identify you is very small, but the risk may change in the future as people come up with new ways of tracing information.
4) In some cases, this information could be used to make it harder for you to get or keep a job or insurance. There are laws against the misuse of genetic information, but they may not give full protection. There can also be a risk in knowing genetic information. New health information about inherited traits that might affect you or your blood relatives could be found during a study. The researchers believe the chance these things will happen is very small, but cannot promise that they will not occur.

Biobanking for Possible Future Studies

The researchers will also ask your permission to store and use your samples and related health information (for example, your response to cancer treatment, results of study tests and medicines you are given) for medical research. The research that may be done is unknown at this time. Storing samples for future studies is called “biobanking”. The Biobank is being run by the Alliance and supported by the National Cancer Institute.

How will information about me be kept private?

Your privacy is very important to the researchers and they will make every effort to protect it. Here are just a few of the steps they will take:

1) When your samples are sent to the researchers, no information identifying you (such as your name) will be sent. Samples will be identified by a unique code only.
2) The list that links the unique code to your name will be kept separate from your sample and health information. Any Biobank and Alliance staff with access to the list must sign an agreement to keep your identity confidential.
3) Researchers to whom the Alliance sends your sample and information will not know who you are. They must also sign an agreement that they will not try to find out who you are.
4) Information that identifies you will not be given to anyone, unless required by law.
5) If research results are published, your name and other personal information will not be used.

What are the possible benefits?

You will not benefit from taking part of this additional study. The researchers, using the samples from you and others, might make discoveries that could help people in the future.

How will information related to my samples be protected?

We have many ways to protect the information related to your samples:

Your samples and information receive a unique code. Researchers only receive coded samples and information, and will not be able to link the code to you. Only approved people in the Alliance can match you to the code on your samples and related information.

Strict security safeguards are in place to reduce the chance of misuse or unplanned release of information. Steps we take include, but are not limited to, restricted access to buildings, rooms and freezers housing patient samples, numeric coding of both patient data and samples, and password protected access to databases housing patient data.

Before samples are given to researchers, studies are reviewed for the quality of the science and for patient protection. Records from research studies can be reviewed by the Cooperative Group, by the sponsor, and by government agencies. This is to make sure the research follows the rules of the Cooperative Group and state or federal laws.

In most cases, research results will not be returned to you or your doctor. If research results are required to make a decision regarding your treatment on this study then research results may be shared with you or your doctor. If research results are published, your name and other personal information will not be given.

The Alliance also has a Certificate of Confidentiality from the U.S. Department of Health and Human Services. The Certificate protects against the forced release of personal information from the Cooperative Group bank or database.

What this means is that Alliance cannot be forced to disclose your identity to any third party. It is possible that for some legal proceedings, the Certificate of Confidentiality could be over-ridden by a court of law.

Making your choice

The choice to take part is up to you. You may choose not to let us use and store your samples. If you decide not to let us store and use your samples, you will still receive the same medical care. You may also take part in other research studies.

To learn more, ask the study staff for the booklet called “Giving Samples for Research" or visit http://www.cancer.gov. You may want to read the section “What types of research use samples?”

If you decide that your samples can be kept, you may change your mind at any time. Contact the study staff at your hospital and let them know that you do not want your samples used for research. Then, any sample that remains in the bank will no longer be used. Samples or related information that have already been given to or used by researchers cannot be returned or destroyed. Thank you for considering whether to allow your samples to be used for the research described above and/or banked for future research.

Please circle your answer to show whether or not you would like to take part in each option:

2. My coded samples and related coded information **<u>may be used</u>** in the research described above to learn about, prevent, find or treat **<u>cancer</u>**. This may also include research on inherited traits (genes passed on in families).

Yes____ No____

3. My coded samples and related coded information **may be kept for use** in future research to learn about, prevent, find or treat **cancer**. This may also include research on inherited traits (genes passed on in families).

Yes____ No____

4. My coded samples and related coded information **may be kept for use** in future research to learn about, prevent, find or treat **other health problems** (for example: diabetes, Alzheimer's disease, or heart disease). This may also include research on inherited traits (genes passed on in families).

Yes____ No____

5. Someone from my hospital or Alliance may contact me in the future to ask me to take part in more research.

Yes____ No____

Are there any costs or payments?

There are no costs to you or your insurance. **You will not be paid for taking part.** If any of the research leads to new tests, drugs, or other commercial products, you will not share in any profits.

What if I change my mind?

If you decide you no longer want your samples to be used, you can call the study doctor, who will let the researchers know. Contact information for your study doctor is listed on the consent cover page. Then, any sample that remains in the bank will no longer be used and related health information will no longer be collected. Samples or related information that have already been given to or used by researchers will not be returned.

What if I have more questions?

If you have questions about the use of your samples for research, contact the study doctor. Contact information for your study doctor is listed on the consent cover page.

This is the end of the section about optional studies.

Signature:

This study has been explained to me, and I have been told what my enrollment in the study involves. I have read all pages of this consent and have had my questions answered to my satisfaction at this time. I consent to participate in this study and any additional studies where I circled 'yes'. I understand that by signing this form I have not given up any of my legal rights. I will be given a copy of this consent form. I may also request a copy of the protocol (full study plan).

Participant Signature: _____

Date: _____

Signature of Person Obtaining Consent: _____

Date: _____

Time of consent: _____ (AM) (PM)
(Required for initial consent only)