Study Title for Participants: Testing the combination of cediranib and olaparib in comparison to each drug alone or other chemotherapy in recurrent platinum-resistant ovarian cancer

Official Study Title for Internet Search on http://www.ClinicalTrials.gov: NRG-GY005 A Randomized Phase II/III study of the combination of Cediranib and Olaparib compared to Cediranib or Olaparib alone, or Standard of care chemotherapy in women with recurrent platinum-resistant or -refractory ovarian, fallopian tube, or primary peritoneal cancer (COCOS) (NCT02502266*)

Overview and Key Information

What am I being asked to do?

We are asking you to take part in a research study. 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 study because you have recurrent platinum-resistant or –refractory ovarian, primary peritoneal, or fallopian tube cancer defined as cancer that returned within 6 months of completion of platinum-containing chemotherapy, or continued to get worse during platinum-containing chemotherapy.

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:

This study has two parts: A Phase II part and a Phase III part. You are being asked to participate in the Phase III part of the study. The purpose of the Phase II part of the study was to **compare** any good and bad effects of using a combination of the experimental drugs cediranib and olaparib, **to** using the standard chemotherapy, **or** cediranib alone, **or** olaparib alone. We have

completed the Phase II part. After reviewing the results from the Phase II study, it was decided to advance one of the experimental drugs, cediranib to the Phase III study in addition to the cediranib and olaparib combination and standard chemotherapy. The Phase III study will be done to confirm the effectiveness of the combination of cediranib and olaparib to the standard chemotherapy. Also cediranib alone will be compared with standard chemotherapy for effectiveness.

There is no placebo in this study.

We are doing this study because we want to find out if this approach is better or worse than the usual approach for your recurrent platinum-resistant or –refractory ovarian cancer. The usual approach is defined as care most people get for recurrent platinum-resistant or –refractory ovarian cancer.

What is the usual approach to my recurrent platinum-resistant or-refractory ovarian cancer?

The usual approach for patients who are not in a study is typically treatment with standard chemotherapy, or other investigational chemotherapy or biologic drugs. There are several FDA-approved chemotherapy drugs, and a biologic drug that is commonly used along with the chemotherapy.

Standard chemotherapy drugs that are already FDA-approved for use in recurrent ovarian, primary peritoneal, or fallopian tube cancer include paclitaxel, topotecan, or pegylated liposomal doxorubicin (PLD). Bevacizumab in combination with chemotherapy (topotecan, paclitaxel or PLD) is also FDA-approved for women with platinum-resistant recurrent cancer listed above who received no more than two prior chemotherapy treatments.

Bevacizumab is not allowed as part of standard chemotherapy on this study.

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?

You will receive the study medication(s) or standard chemotherapy for as long as you continue to benefit and your doctor thinks it is safe to keep you on therapy. After you finish this treatment your doctor will continue to watch you for side effects and follow your condition every three months for the first two years, and then every six months for the next three years after you have

completed your treatment for the rest of your life. At the end of this five-year period we would like to keep track of your medical condition for the rest of your life by calling you once a year to see how you are doing. Keeping in touch with you and checking on your condition every year helps us look at the long-term effects of the study.

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 study drugs 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 drug(s). These side effects may be worse and may be different than you would have with the usual approach for your cancer.

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

- Tiredness
- Anemia
- Diarrhea
- Stomach pain
- High blood pressure, more likely occurs if assigned to one of the cediranib containing groups

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

Benefits

There is evidence that these treatments are effective in stabilizing or shrinking your type of cancer. It is not possible to know now if the study approach 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. 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.
- The study is stopped by the National Cancer Institute (NCI), Institutional Review Board (IRB), Food and Drug Administration (FDA), or study sponsor NRG Oncology. The study sponsor is the organization who oversees the study.

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 alone to using cediranib and olaparib together or cediranib alone. These treatments could cause side effects, which are described in the risks section below.

This study will allow the researchers to know whether this different approach using two study drugs is better, the same, or worse than the usual chemotherapy approach.

Cediranib is an experimental drug that may help keep cancer cells from growing by affecting their blood supply. Olaparib is a drug that may stop cancer cells from growing abnormally. Olaparib by itself has been approved by the Food and Drug Administration (FDA) for use in women with advanced ovarian cancer with BRCA1 and BRCA2 mutations who had prior chemotherapy. The combination of olaparib and cediranib is investigational. These drugs have been used in other research studies in ovarian cancer, and information from those other research studies suggest that they may help to keep cancer from growing. The addition of cediranib to olaparib could shrink your cancer but it could also cause side effects.

Another purpose of this study is for researchers to learn if a biomarker test is helpful to decide whether or not a patient's tumor will respond to the study drug(s). Tissue from your surgery will

be used for the biomarker test. Extra tubes of blood will be drawn for the biomarker test also. Researchers do not know if using the biomarker test is better, the same, or worse than if you enrolled in this study without using the biomarker test.

What are the study groups?

This study has 3 study groups. A total of 510 patients are expected to be accrued to the study including the completed Phase II portion and the ongoing Phase III portion. There will be about 350 people in the Phase III study.

You will not be told which group you are in. Once you are assigned to a study group you will not be able to switch to a different study group.

- **Group 1**

  If you are in this group, you will receive standard chemotherapy as determined by your physician (either paclitaxel, topotecan or PLD), used for recurrent ovarian, primary peritoneal or fallopian tube cancer. These drugs are given in your vein (intravenously) and the schedule (weekly or every 3 to 4 weeks) depends on the treatment you are given.

  There will be about 118 people in this group.

- **Group 2**

  If you are in this group, you will receive a combination of cediranib and olaparib; olaparib taken as a tablet twice per day and cediranib taken once per day on a continuous basis.

  There will be about 118 people in this group.

- **Group 3**

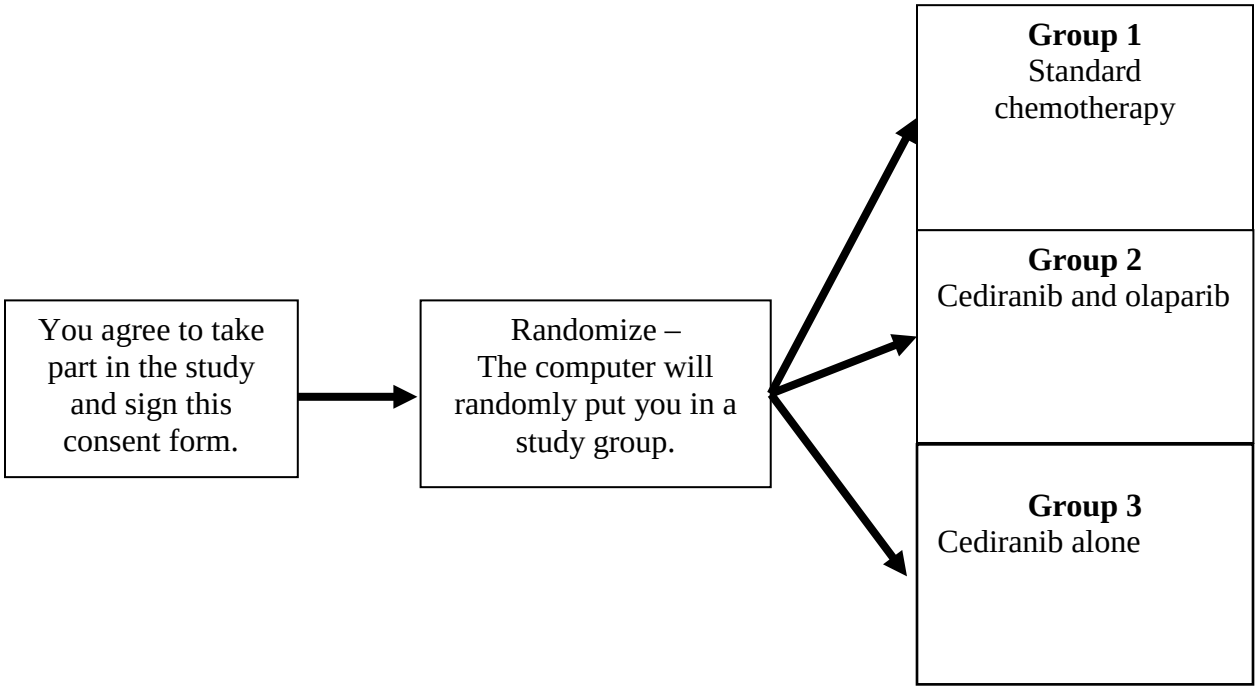
  If you are in this group, you will receive cediranib (taken as a tablet once per day continuously).

  There will be about 118 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, Group 2 or Group 3.

The treatments in all of the groups will occur in the outpatient clinic. If you are assigned to be in Group 2 or Group 3, you will need to maintain a diary recording how many and which pills you are taking every day. If you are assigned to be in Group 2 or Group 3, you will also need to take your blood pressure, initially twice a day, and record the measurements in a blood pressure diary.

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. Most of these are included in the usual care you would get even if you were not in a study.

- Echocardiogram or MUGA scan to see how your heart is working if your doctor thinks you are at increased risk for decreased heart function.
- CT scan or MRI of abdomen and pelvis to measure detectable tumor.
- A pregnancy test.
- Blood samples to evaluate your thyroid function, and measure your CA-125 level (a protein that is elevated in many women with ovarian, primary peritoneal and tubal cancer).
- Electrocardiogram (ECG), which measures the electrical activity of your heart.
- A urinalysis (examination of urine) to check urine protein and creatinine levels. These levels will help monitor any damage to your kidneys.

Listed below are exams, tests, and procedures that need to be done as part of this study to monitor your safety and health, but may not be included in the usual care. We will use them to carefully follow the effects of the study treatment, including preventing and managing side effects.

At the beginning of each cycle (one "cycle" equals 28 days for the study drug(s) groups [groups 2 and 3], and 21 to 28 days for the standard chemotherapy group [group 1]):

- Blood samples (approximately 2-3 tablespoons) to evaluate your blood counts and other organ functions, and measure your CA-125 level (a protein that is elevated in many women with ovarian, primary peritoneal or tubal cancer).
- Approximately every two months: CT scan or MRI of your chest, stomach area, and pelvis to see if your cancer is increasing, decreasing, or staying the same size.

For the study drug(s) groups only:

- Urine test: if you take part in cediranib-containing study drug(s) (groups 2 and 3), you will need a urine test.
- ECG to measure the electrical activity of your heart (first 2 cycles only unless your doctor feels that it should be done more often for your safety): if you take part in cediranib-containing study drug(s) (groups 2 and 3), you will be asked to monitor your heart by ECG during the first 2 cycles.
- Blood pressure (BP): if you take part in cediranib-containing study drug(s) (groups 2 and 3), you will be asked to monitor your BP twice daily at home and keep a BP diary. A blood pressure measurement cuff will be provided to you free of charge. You will monitor your BP twice daily until hypertension (increased blood pressure) is controlled and you are on a stable high blood pressure treatment medication for 6-8 weeks. BP monitoring may then switch to once daily. If your doctor asks you to hold-off or stop taking cediranib to control your BP, twice daily monitoring will be re-started until you have stable BP on your high blood pressure treatment medication for 4-8 weeks and then you can switch back to checking your BP once daily.
- Once every twelve weeks for the first two years: you will speak over the phone with your study team to discuss any symptoms you have noticed.
- Blood samples (approximately 2-3 tablespoons) to evaluate your blood counts, liver function, and kidney function.

Special Note Regarding Genetic Testing: Your study doctor will need to use some of the blood and tissue left over from your biopsy or surgery when you were diagnosed with cancer. This sample is a required part of the study. It is possible that genetic testing of these samples may uncover information about inherited traits that may affect the risk for you or others related to you by blood of developing cancer, in which case your doctor will be informed and will let you know. Neither you nor your health care plan/insurance carrier will be billed for the collection of the tumor tissue and the blood samples that will be used for this study.

Finding these changes would not affect your treatment in this study. However, they could affect your health in other ways. If there are changes found that could cause health problems, then your

study doctor will discuss your options with you, e.g., additional confirmatory testing, and availability of genetic counseling.

These are extra blood samples that will be taken in addition to the blood testing done at regular intervals to monitor the safety of your study treatments.

Any of these samples that are left over after completion of this research will be stored for biobanking. This will be discussed in the section on optional studies.

Mandatory Quality of Life or Patient-Reported Outcomes Assessments

If you are an English or Spanish language speaker and choose to take part in this study, you will be asked to fill out a form with questions about your physical and emotional well-being. Researchers will use this information to understand how the study treatment affects your quality of life and how it differs between different types of treatment.

Since these forms are being used for research, the responses you provide will not be shared with your study doctor. If you have any serious health issues or other concerns, please talk with your doctor or nurse right away.

You will be asked to fill out this form every 12 weeks during the study and then every 12 weeks for 2 years after your treatment is complete.

Each form will take about 10 minutes to complete. The forms will ask about things like tiredness or diarrhea. You don't have to answer any question that makes you feel uncomfortable.

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 drug(s) may not be as good as the usual approach for your cancer or condition / the other approach or study drug at shrinking or stabilizing your cancer.

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 study drug(s) may not be better, and could possibly be worse, than the usual chemotherapy approach for your cancer.
- There is a risk someone could get access to the personal information in your medical records or other information researchers have kept about you. Someone might be able to trace this information back 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. In some cases, this information could be used to make it harder for you to get or keep a job. There are laws against misuse of genetic information, but they may not give full protection. The researchers believe the chance these things will happen is very small, but cannot promise that they will not occur.

- There can also be a risk in finding out new genetic information about you. New health information about inherited traits that might affect you or your blood relatives could be found during a study. If new health information about inherited traits is found on research testing, your study doctor will let you know about this. You will then be able to choose whether or not to receive this information. If you are interested in receiving this information, you will meet with a genetic counselor, if appropriate, and have a second test performed to confirm the results in a clinical laboratory.

Reproductive risks: You should not get pregnant or breastfeed while in this study. The chemotherapy and the study drugs used in this study could be very damaging to an unborn baby. If you have the ability to become pregnant, you must use two reliable forms of contraception (hormonal or barrier method of birth control or abstinence) for the entire time you are on the study treatment and for up to six weeks following discontinuation of study medications. You should notify your health care team immediately if you think you have become pregnant while participating in this 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 usual chemotherapy and the study 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 drug(s)/study approach.

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 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.

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 - Possible side effects of the chemotherapy, which is the usual approach for this type of cancer:

Possible Side Effects of Paclitaxel

COMMON, SOME MAY BE SERIOUS In 100 people receiving paclitaxel, more than 20 and up to 100 may have:
• Anemia which may cause tiredness, or may require blood transfusions • Infection, especially when white blood cell count is low • Diarrhea, nausea, vomiting • Sores in mouth which may cause difficulty swallowing • Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat • Bruising, bleeding • Pain • Muscle weakness • Numbness, tingling or pain of the arms and legs • Hair loss

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving paclitaxel, from 4 to 20 may have:
• Abnormal heartbeat • Damage to the lungs which may cause shortness of breath • Blood clot which may cause swelling, pain, shortness of breath

RARE, AND SERIOUS In 100 people receiving paclitaxel, 3 or fewer may have:
• Heart attack or heart failure which may cause shortness of breath, swelling of ankles, and tiredness • A tear or a hole in the stomach which may cause belly pain or that may require surgery

Possible Side Effects of Topotecan

COMMON, SOME MAY BE SERIOUS In 100 people receiving topotecan, more than 20 and up to 100 may have:
• Anemia which may require a blood transfusion • Constipation, diarrhea, nausea, vomiting • Fever • Pain • Bruising, bleeding • Infection, especially when white blood cell count is low • Tiredness • Shortness of breath • Hair loss

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving topotecan, from 4 to 20 may have:
• Sores in mouth which may cause difficulty swallowing • Headache • Cough • Scarring of the lungs • Rash

RARE, AND SERIOUS In 100 people receiving topotecan, 3 or fewer may have:
• Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat

Possible Side Effects of pegylated liposomal doxorubicin (PLD)

COMMON, SOME MAY BE SERIOUS In 100 people receiving Liposomal Doxorubicin, more than 20 and up to 100 may have:
• Rash • Redness, pain or peeling of palms and soles • Vomiting, nausea, constipation or diarrhea • Sores in mouth which may cause difficulty swallowing • Weakness, tiredness • Infection, especially when white blood cell count is low • Anemia which may require blood transfusions • Bruising, bleeding • Fever

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving Liposomal Doxorubicin, from 4 to 20 may have:
• Hair loss • Heart attack or failure which may cause chest pain, shortness of breath, swelling of ankles, cough • Swelling and redness at the site of the medication injection • Loss of appetite • Blockage of the stomach • Headache • Dry eye • Reaction during or following infusion of the drug

RARE, AND SERIOUS In 100 people receiving Liposomal Doxorubicin, 3 or fewer may have:
• Hepatitis which may cause yellow eyes and skin • Severe blood infection • Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat • Cancer of bone marrow caused by chemotherapy

Study Groups 2-3 - Possible side effects of the study drugs

Possible Side Effects of Cediranib

COMMON, SOME MAY BE SERIOUS In 100 people receiving cediranib (AZD2171), more than 20 and up to 100 may have:
• Diarrhea, nausea • Tiredness • Loss of appetite • Changes in voice • High blood pressure which may cause headaches, dizziness, blurred vision

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving cediranib (AZD2171), from 4 to 20 may have:
• Pain • Constipation, vomiting • Dry mouth • Difficulty swallowing • Sores in the mouth • Infection • Bruising, bleeding • Weight loss • Dehydration • Muscle weakness • Dizziness, headache • Cough, shortness of breath, sore throat • Redness, pain or peeling of palms and soles • Blood clot which may cause swelling, pain, shortness of breath, confusion, or paralysis

RARE, AND SERIOUS In 100 people receiving cediranib (AZD2171), 3 or fewer may have:
• Anemia, kidney problems which may cause tiredness, bruising, swelling, or may require dialysis • Heart failure which may cause shortness of breath, swelling of ankles, and tiredness • A tear or hole in internal organs that may require surgery • Liver damage which may cause yellowing of eyes and skin, swelling • Non-healing surgical site • Damage to the brain which may cause changes in thinking • Brain damage which may cause headache, seizure, blindness (also known as Reversible Posterior Leukoencephalopathy Syndrome) • Kidney damage which may require dialysis • Blood clot in artery which may cause swelling, pain, shortness of breath or change of color in extremity

Risks associated with Olaparib

COMMON, SOME MAY BE SERIOUS In 100 people receiving olaparib (AZD2281), more than 20 and up to 100 may have:
• Anemia which may require blood transfusion • Diarrhea, nausea, vomiting • Tiredness • Loss of appetite
OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving olaparib (AZD2281), from 4 to 20 may have:
• Bloating, constipation, heartburn • Pain • Swelling of arms, legs • Fever • Infection • Dizziness, headache • Changes in taste • Cough, shortness of breath
RARE, AND SERIOUS In 100 people receiving olaparib (AZD2281), 3 or fewer may have:
• Cancer of bone marrow caused by chemotherapy • Damage to the bone marrow (irreversible) which may cause infection, bleeding, may require transfusions • Damage to the lungs which may cause shortness of breath

Additional Drug Risks

Myelodysplasia has been reported in a small number of patients who have received olaparib. Your study doctor will monitor your blood counts closely while you are on study treatment and may ask you to undergo additional tests or ask you to see a blood specialist if they are concerned you are at risk for developing myelodysplasia.

Other effects that have been reported by other participants taking the combination of cediranib and olaparib, although it is not clear that they are related to taking both cediranib and olaparib, include:

- Muscle tear in the shoulder(s): this can cause pain and inability to lift your arm(s).

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

Risks Associated with Radiological Scans and X-Rays
While you are in this research study, CT scans, x-rays, and/or other scans utilizing radioactivity may be used to evaluate your disease.

The frequency of these exams is slightly greater than what you would receive as standard care. In the long term, over many years, there is a very low risk of developing a new cancer as a result of the radiological evaluation and treatment for your cancer. Certain types of drugs or combinations of these drugs with radiation may further slightly increase the risk of developing a new cancer.

The CT scans that you will receive in this study will expose you to extra radiation. One CT scan is equivalent of up to 4 extra years' worth of natural radiation. The number of CT scans you may have depends on how long you stay in the study, and how the study is conducted. Most of the time, this low amount of extra radiation is not harmful to you. However, scientists believe that if you get extra radiation that is more than about 30 years' worth of background radiation, there is a chance of having a harmful side effect, including causing a new cancer. It is estimated that this could occur in about 1 out of every 1000 people who get a very large amount of extra radiation.

Let your study doctor know of any questions you have about possible side effects. You can ask the study doctor questions about side effects at any time.

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.

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 recurrent ovarian, primary peritoneal or fallopian tube 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.
- 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.

You and/or your insurance provider will *not* have to pay for exams, tests, and procedures done for research purposes only or that are covered by the study. These include:

- The extra EKGs in this study done at every treatment cycle.
- The blood clot test at the beginning of the study.

You or your insurance provider will *not* have to pay for the olaparib and/or cediranib while you take part in this study.

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

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

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 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:

- Montana Cancer Consortium
- NRG Oncology and any drug company support the study.
- ALLIANCE, ECOG-ACRIN, and SWOG (other National Clinical Trial Network (NCTN) participants).
- The NRG Oncology Biospecimen Bank-Columbus (Biobank) and laboratories designated by NRG Oncology to perform testing as part of the study.
- The Institutional Review Board (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 Food and Drug Administration, and similar ones if other countries are involved in the study.
- The study sponsor (NCI/CTEP).

Your study records also will be stored for future use. However, your name and other personal information will not be used. Some types of future research may include looking at your records and those of other patients to see who had side effects across many studies or comparing new study data with older study data. However, 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 any 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 information for your study doctor is listed on the consent cover page.

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.

Optional studies that you can choose to take part in

This part of the consent form is about optional studies that you can choose to take part in. You will not get health benefits from any of these studies. The researchers leading this optional study 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 any or all of 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.

Circle your choice of YES or NO for each of the following studies

Optional sample collections for known laboratory studies and/or storage for possible future studies

Researchers are trying to learn more about cancer, 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 tissue for research on certain genes and proteins and the effectiveness of the study drug.

If you choose to take part, a sample of tissue that was collected at the time of your surgery or biopsy and will be collected. The researchers 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 NRG Oncology and supported by the National Cancer Institute

Known future studies

If you choose to take part in this optional study, researchers will collect blood and tissue samples for research on certain cells and substances released by the certain cells to correlate them with clinical response to the study drug(s) for the research only.

Unknown future studies

If you choose to take part in this optional study, blood and tissue samples will be collected and stored. Storing samples for future studies is called "biobanking." The biobank is being run by NRG and is supported by the NCI. Also, any health-related information, such as your response to cancer treatment, results of study tests, and medicines you took, will be stored for future use.

We don't know what research may be done in the future using your blood and/or tissue samples. This means that:

- You will not be asked if you agree to take part in the future research studies.
- You and your study doctor will not be told when or what type of research will be done.
- Future research studies may include sequencing of all or part of your DNA called genomic sequencing. All your genetic information makes up your genome. Genomic sequencing is a test that records all or part of the pieces of DNA that are in your genes, piece by piece. This is usually done to look for changes in your genome that may cause health problems.

What is involved in this optional sample collection?

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

1) A sample from the tissue that was collected at the time of your surgery or biopsy will be sent to the Biobank. About two teaspoons of blood will be collected from a vein in your arm at three times during the study - Before you start treatment, on the first day of your second cycle of treatment, and when you go off-study.
2) Your samples and some related health information will be sent to the researchers for use in the studies 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 risks in this optional sample collection?

1) 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.
2) 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.
3) 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.

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 *the* NRG Oncology staff with access to the list must sign an agreement to keep your identity confidential.
3) Researchers to whom NRG Oncology 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 benefits to taking part in this optional sample collection?

You will not benefit from taking part.

The researchers, using the samples from you and others, might make discoveries that could help people in the future.

Are there any costs or payments to this optional sample collection?

There are no costs to you or your insurance. 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 if I change my mind about this optional sample collection?

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

What if I have questions about this optional sample collection?

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.

Please circle your answer below to show if you would or would not like to take part in each optional study:

Samples for known future studies:

I agree that my samples and related health information may be used for the laboratory studies described above.

YES NO

I agree that my study doctor, or someone on the study team, may contact me or my doctor to see if I wish to learn about results from these studies.

YES NO

Samples for unknown future studies:

I agree that my samples and related health information may be kept in a biobank for use in future health research.

YES NO

Contact for Future Research

I agree that my study doctor, or someone on the study team, may contact me or my doctor to see if I wish to participate in other research in the future.

YES NO

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)