Consent Form

Study Title for Study Participants: Testing the use of a single drug (olaparib) or the combination of two drugs (cediranib and olaparib) compared to the usual chemotherapy for women with platinum sensitive ovarian, fallopian tube, or primary peritoneal cancer.

Official Study Title for Internet Search on http://www.ClinicalTrials.gov: Protocol NRG-GY004 A Phase III study comparing single-agent olaparib or the combination of cediranib and olaparib to standard platinum-based chemotherapy in women with recurrent platinum-sensitive ovarian, fallopian tube, or primary peritoneal cancer.

What is the usual approach to my platinum sensitive ovarian, fallopian tube, or primary peritoneal cancer?

You are being asked to take part in this study because you have platinum sensitive ovarian cancer, defined as cancer that has not returned within 6 months of completion of platinum-containing chemotherapy. People who are not in a study are usually treated with surgery and/or chemotherapy. There are several FDA-approved chemotherapy drugs that are commonly used. Based upon the information available at this time, for patients who receive the usual approach for this cancer, fewer than 5 out of 100 are free of cancer at five years.

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

If you decide not to take part in this study, you have other choices. For example:

- you may choose to have the usual approach described above
- you may choose to take part in a different study, if one is available
- or you may choose not to be treated for cancer but you may want to receive comfort care to relieve symptoms.

Why is this study being done?

The purpose of this study is to compare the effect on your cancer of using either olaparib by itself or the combination of cediranib and olaparib to the usual chemotherapy given for your cancer *(carboplatin and paclitaxel; carboplatin and gemcitabine; or carboplatin and pegylated liposomal doxorubicin [PLD])*. Any of these different approaches could shrink your cancer but could also cause side effects. This study will allow the researchers to learn whether giving olaparib by itself or giving the combination of cediranib and olaparib is better, the same, or worse than the usual chemotherapy by observing both the effect of these treatments on your cancer as well as any side effects that may be experienced.

Both olaparib and cediranib have already been tested for safety; however, they are not part of the standard approach. Olaparib by itself has been approved by the Food and Drug Administration (FDA) for women with advanced ovarian cancer who have received three or more prior treatments and have a mutation in either BRCA1 or BRCA2. BRCA1 and BRCA2 are genes in which mutations can be inherited that have been linked to a higher risk of developing cancers including breast and ovarian cancer. The use of olaparib in the setting of platinum-sensitive recurrent ovarian cancer like yours is still being studied and is not FDA-approved. The combination of olaparib and cediranib is still being studied and is not yet FDA-approved.

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 also be drawn for the biomarker test. 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.

There will be about 550 people taking part in this study.

What are the study groups?

This study has three study groups.

All participants in this study will be given either study medication of olaparib alone, olaparib in combination with cediranib or a standard carboplatin combination therapy. The term standard therapy means a therapy that is considered one of the usual approaches for treatment.

Group I: Standard chemotherapy with one of three regimens

Regimen I:

Carboplatin in your vein (IV) on day 1, and
Paclitaxel IV over 3 hours on day 1, every 21 days

Regimen II:

Carboplatin IV on day 1, and
Gemcitabine IV on days 1 and 8, every 21 days

Regimen III:

Carboplatin IV on day 1, and
PLD IV on day 1, every 28 days

Group II: Olaparib alone; taken as a tablet twice per day continuously

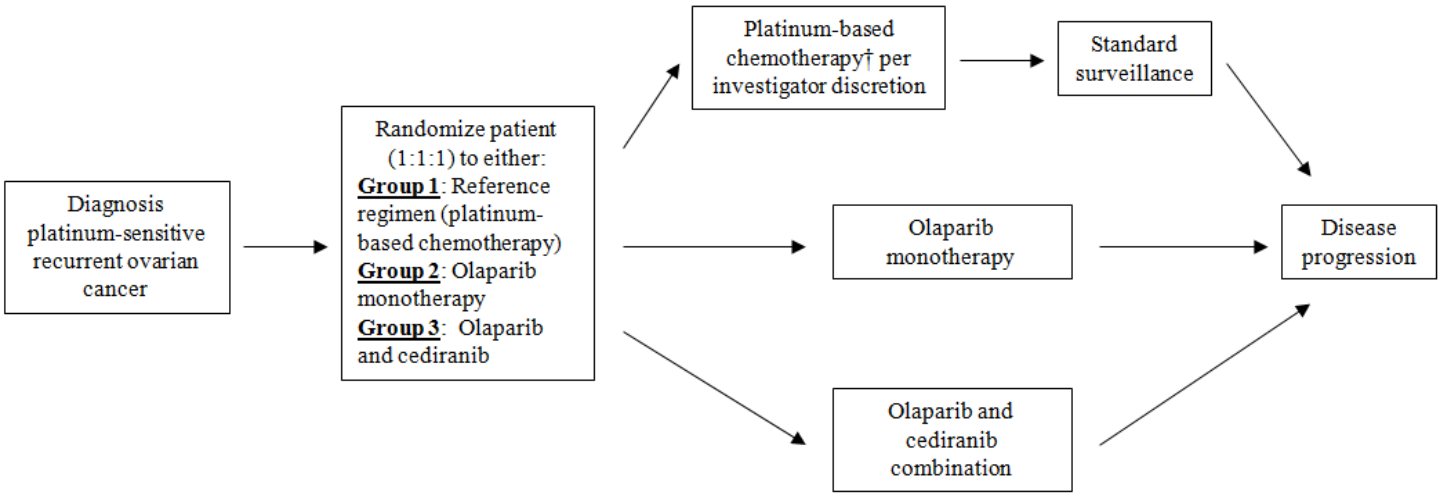
Group III: Olaparib and cediranib: Olaparib taken as a tablet twice per day and cediranib taken as a tablet once per day on a continuous basis.

A computer program will assign you by chance to treatment groups in the study. This is called randomization. Neither you nor your doctor can choose the group you will be in. This is done by chance because no one knows if one study group is better or worse than the others. Prior to the computer program assigning you to one of the treatment groups, you and your doctor will discuss which of the three standard chemotherapy regimens you would receive should you be assigned to Group I.

The treatments in all of the groups will occur in the outpatient clinic. If you are assigned to be in Group II or Group III, 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 III, 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 on the next page.

Start reading at the left side and read across to the right, following the lines and arrows. The term standard surveillance in the chart indicates monitoring by your doctor with visits, examinations, and laboratory tests on a regular basis.



How long will I be in this study?

You will receive the study medication(s) for as long as you continue to benefit and your doctor thinks it is safe to keep you on therapy. If you are randomized to receive standard platinum therapy, you will receive treatment for as long as your doctor advises. 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. 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 learn about any possible long-term effects of the study treatment approaches.

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 procedures or tests that are being done more frequently 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/more frequent tests and procedures to find out if you can be in the study:

- If you have not previously had testing for a hereditary BRCA1 or BRCA2 mutation, you will need to have this tested as part of the study. It is possible that you may need to have additional testing performed even if you have been previously tested; your doctor will discuss this with you if this is the case. This testing will be done at no additional cost to you. You and your doctor will receive the results of this testing.
- Blood tests to make sure your thyroid is working properly.
- A urinalysis (examination of urine) to check urine protein and creatinine levels. These levels will help monitor any damage to your kidneys.
- ECG (tracing of heart waves)

- Echocardiogram or MUGA scan (an ultrasound or radiographic imaging of your heart) to see how your heart is working
- CT scan or MRI of chest, abdomen and pelvis to measure detectable tumor
- A pregnancy test if you are capable of becoming pregnant

The costs of these tests (except for BRCA1 and BRCA2 testing) will be billed to your health care plan/insurance carrier. 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/more frequent tests and procedures. They are not part of the usual approach for your type of cancer or are being done more frequently because you are in this study.

<u>During the study:</u>

- Imaging to assess your cancer every 9 weeks for the first year and every 12 weeks thereafter. This will be a CT or MRI scan of the abdomen and pelvis and the chest, if indicated, to measure detectable tumor.
- During the course of this study, every 12 weeks you will be asked to answer questions to assess your well-being. These questionnaires are called "quality of life" or "patient-reported outcomes" (PRO) questionnaires. 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. We estimate that it will take approximately 10 minutes to answer the questions each time you respond to the questionnaire.
- A urinalysis (examination of urine) to check urine protein and creatinine levels. These levels will help monitor any damage to your kidneys.

A sample from the tissue that was collected at the time of your surgery or biopsy will be used for this study. Research blood samples will be taken before you begin study drug, on the third day of the study, the first day of your second cycle of treatment, and when you complete treatment. If you are in Groups II or III, extra blood samples will also be taken on the eighth day of the study. There will be four extra blood samples taken on this day if you are in Group II and eight extra blood samples if you are in Group III. These samples are required in order for you to take part in this study because the research on the samples is an important part of the study. 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.

Your privacy is very important and the researchers will make every effort to protect it. Your test results will be identified by a unique code and the list that links the code to your name will be kept separate from your sample and health information.

Your test results will not be given to you or your doctor or be put in your health record. Neither you nor your health care plan/insurance carrier will be billed for the collection of the tumor tissue and the extra blood samples that will be used for this study.

Special Note Regarding Genetic Testing: 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.

If you are in Group II or Group III, the following extra tests and procedures will be completed:

- You will also be contacted by phone or email every 2 weeks for the first 8 weeks to discuss any health problems you may be having.
- Blood tests to assess blood cell counts every 2 weeks for the first 8 weeks

If you are in Group III, the following extra tests and procedures will be completed:

- A blood pressure monitor will be provided to you at no cost to you, and you will check and record your blood pressure at home twice daily, or as otherwise instructed by your doctor.
- Blood tests to assess your thyroid function every 4 weeks for the first 8 weeks, and again 6 months after completing treatment.
- Your doctor may ask for an Echocardiogram or MUGA scan; tests to see how your heart is working every 16 weeks.

<u>After your treatment is completed:</u>

- You will complete a patient-reported outcome (PRO) questionnaire every 12 weeks for a total of 3 years. This will be the same questionnaire that you answered while on treatment, and we estimate it will take approximately 10 minutes to answer all the questions. Answering these questions after you have completed treatment is important to help researchers have a full understanding how these treatments affect your quality of life over time, even after you are no longer receiving them.

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
- Olaparib or the combination of olaparib and cediranib approach may not be better, and could possibly be worse, than the usual 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. This could include learning about a hereditary mutation in the genes BRCA1 or BRCA2, which may convey a higher risk of developing certain types of cancer for you or your blood relatives. 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.

There is also a risk that you could have side effects from the study drug(s)/study approach.

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 study doctor will provide you with information about other drugs you may need to avoid while receiving the study drug. This will include an information handout and a wallet card to carry with you that you may refer to or give any other medical providers as reference regarding medications or substances to avoid.

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.

Side effects of drugs that you might receive if you are assigned to Group I:

Possible Side Effects of Carboplatin

COMMON, SOME MAY BE SERIOUS In 100 people receiving Carboplatin, more than 20 and up to 100 may have:
• Hair loss • Vomiting, nausea • Infection, especially when white blood cell count is low • Anemia which may cause tiredness, or may require blood transfusions • Bruising, bleeding • Belly pain

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving Carboplatin, from 4 to 20 may have:
• Diarrhea, Constipation • Numbness and tingling in fingers and toes • Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat • Changes in taste • Changes in vision

RARE, AND SERIOUS In 100 people receiving Carboplatin, 3 or fewer may have:
• Damage to organs which may cause hearing and balance problems

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 Liposomal Doxorubicin

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

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving Liposomal Doxorubicin, from 4 to 20 may have:
• 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

Possible Side Effects of Gemcitabine

COMMON, SOME MAY BE SERIOUS In 100 people receiving Gemcitabine, more than 20 and up to 100 may have:
• Flu-like symptoms of muscle pain, fever, headache, chills and fatigue • Nausea, vomiting • Rash • Hair loss • Infection, especially when white blood cell count is low • Bruising, bleeding • Anemia which may require a blood transfusion • Muscle weakness • Blood in urine • Feeling of "pins and needles" in arms and legs • Numbness and tingling of the arms and legs • Tiredness • Difficulty sleeping • Swelling of arms, legs

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving Gemcitabine, from 4 to 20 may have:
• Swelling and redness of the area of radiation • Blisters on the skin • Diarrhea, constipation • Sores in mouth which may cause difficulty swallowing • Liver damage which may cause yellowing of eyes and skin, swelling • Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat • Scarring of the lungs

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving Gemcitabine, from 4 to 20 may have:
• Shortness of breath • Fluid in the organs which may cause low blood pressure, shortness of breath, swelling of ankles • Brain damage, Reversible Posterior Leukoencephalopathy Syndrome, which may cause headache, seizure, blindness

RARE, AND SERIOUS In 100 people receiving Gemcitabine, 3 or fewer may have:
• Severe blood Infection • Anemia, kidney problems which may require dialysis • Blood clot • Blockage of the airway which may cause cough

Side effects of drugs that you would receive if you are assigned to Group II (olaparib) or Group III (olaparib and cediranib):

Possible Side Effects of 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 • Bruising, bleeding • Infection, especially when white blood cell count is low • 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

Myelodysplasia (the occurrence of irreversible abnormal blood counts and bone marrow damage, which may lead to leukemia) 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 if they are concerned you are at risk for developing myelodysplasia.

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

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).

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. 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 year's 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.

Reproductive risks: You should not get pregnant or breastfeed while in this study. The 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. If you are in Group I of the study, you should continue contraception for six months following discontinuation of study medications; if you are in Group II or III of the study, you should continue contraception for three months 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.

Research Sample Collection Risks: The most common risks related to drawing blood from your arm are brief pain and possibly a bruise.

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

It is not possible to know if any of the study drug(s)/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.

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. If new information about the study drugs that may affect your health becomes available after you stop taking part of the study, your study doctor will let you know.
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.

What are my rights in this study?

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?

You and/or your health plan/insurance company will need to pay for some or all other costs of treating your cancer while in this study, including the cost of standard therapy, additional tests, procedures, or medicines to manage any side effects. 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 be responsible for paying any deductibles, coinsurance, and co-payments as required under the terms of your insurance plan(s).

The olaparib and/or cediranib will be supplied at no charge by NCI while you take part in this study. Olaparib and/or cediranib 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.

The costs of the other chemotherapy drugs (carboplatin, paclitaxel, PLD, and gemcitabine) as well as the costs of administering these treatments will be billed to your health plan or insurance company. If your insurance plan/company denies payment for the costs of and treatment with these chemotherapy drugs, you may be held personally responsible for covering these costs.

The cost of BRCA testing, if required, will be covered by the study. Should your doctor advise you to meet with a genetic counselor or consider subsequent testing based upon results from research testing in this study, the costs of meeting with a genetic counselor or the subsequent testing will not be part of or covered by the study. Costs related to the other research sample collection will be covered by the study and will not be billed to you and/or your health plan/insurance company.

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 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.

Who will see my medical information?

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(s) 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
- NRG Oncology, the organization that is coordinating the study
- ALLIANCE, ECOG-ACRIN, and SWOG (other National Clinical Trial Network (NCTN) participants)
- Canadian Cancer Trials Group (CCTG)
- The NRG Oncology Biospecimen Bank-Columbus (Biobank) and laboratories designated by NRG Oncology to perform testing as part of the study.
- The National Cancer Institute/Cancer Therapy Evaluation Program, the study sponsor
- Myriad, the company who will perform BRCA testing. Myriad will receive your initials and date of birth in order to identify your sample for BRCA testing.
- Any drug company which is supporting the study, including AstraZeneca, Inc.
- 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 in the U.S., and similar ones if other countries are involved in the study.

The National Institutes of Health (NIH) has issued NRG Oncology a Certificate of Confidentiality, which protects NRG Oncology from being forced to disclose personal information about you in response to a subpoena or other request in a federal or state legal proceeding.

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

The Genetic Information Nondiscrimination Act of 2008 (GINA) is a federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health, and may prevent discrimination by health insurers and employers based on genetic information. GINA is intended to ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health, and enable people to take part in research studies such as this without fear that their DNA information

might be used against them by health insurers or their workplace. This protection does not extend to disability or life insurance. Additional information can be found at http://www.genome.gov/10002328.

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?

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

ADDITIONAL STUDIES SECTION

This section is about optional studies 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 Laboratory Studies and Biobanking for Possible Future 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 tissue for research on certain proteins and genes and the effectiveness of the study drug.

If you choose to take part, a sample of your tissue that was collected at the time of your surgery or biopsy 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.

WHAT IS INVOLVED**?**

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.
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 POSSIBLE RISKS**?**

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 POSSIBLE BENEFITS**?**

You will not benefit from taking part.

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.

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

SAMPLES FOR THE LABORATORY STUDIES
I agree to have my specimen(s) collected and I agree that my specimen sample(s) and related information may be used for the laboratory stud(ies) described above.
NOTE: This question only applies to the optional specimen collection and research described in this additional studies section.

YES NO

SAMPLES FOR FUTURE RESEARCH STUDIES
NOTE: These questions apply to both the optional specimen collection and research described in this additional studies section and any left-over specimens from the mandatory specimen collection included in the main study.

My samples and related information may be kept in a Biobank for use in future health research.

YES NO

I agree that my study doctor, or their representative, may contact me or my physician 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)