Informed Consent Addendum for S1900A

LUNGMAP, "A Master Protocol to Evaluate Biomarker-Driven Therapies and Immunotherapies in Previously-Treated Non-Small Cell Lung Cancer (Lung-MAP Screening Study)"

S1900A "A Phase II Study of Rucaparib in Patients with Genomic LOH High and/or Deleterious BRCA 1/2 Mutation Stage IV or Recurrent Non-Small Cell Lung Cancer (Lung-Map Sub-Study)"

The following information should be read as an update to the original Consent form that you read and signed at the beginning of the study. Unless specifically stated below, all information contained in that original Consent Form is still true and remains in effect. Your participation continues to be voluntary. You may refuse to participate, or may withdraw your consent to participate at any time, and for any reason, without jeopardizing your future care at this institution or your relationship with your study doctor.

New or additional information

The following new risks have been identified:

1. **Added New Risks to "Occasional":**
    - **Bloating**
    - **Dry mouth**
    - **Painful swelling and sores inside the mouth**
    - **Swelling of mucous linings in the body**
    - **Swelling of arms, legs**
    - **Infection, especially when white blood cell count is low**
    - **Cold symptoms such as stuffy nose, sneezing, sore throat**
    - **Infection which may cause painful and frequent urination**
    - **Dehydration**
    - **Pain in joints**
    - **Pain in back**
    - **Pain in muscles, bones, ligaments, nerves**
    - **Pain in arms, legs**
    - **Headache**
    - **Worry**
    - **Depression**
    - **Cough**
    - **Hair loss**
    - **Dry skin**

- **Redness of the skin**
- **Itching**
- **Rash**
- **Hot flash**
- **High blood pressure which may cause headaches, dizziness, blurred vision**

The following risks have been found to occur more often than originally thought:

1. **<u>Changed to "Common from Occasional"</u>:**
    - **Pain in belly**

The following risks have been removed:

1. <u>Rare, and Serious</u>:
    - Kidney damage which may cause swelling and may require dialysis

Patient Signature and Date

By signing this form, I acknowledge that I have read the information above or had it read to me. I have discussed it with a member of the study team and my questions have been answered. I understand that I will be given a copy of this form.

Participant Signature: _____

Date: _____

Signature of Person Obtaining Consent: _____

Date: _____

Time of consent: _____ (AM) (PM)

(Required for initial consent only)