Research Study Informed Consent Document

Study Title for Participants: Testing the addition of radiation therapy to the usual immune therapy treatment (atezolizumab) for patients with extensive stage small cell lung cancer

Official Study Title for Internet Search on http://www.ClinicalTrials.gov: Protocol NRG-LU007: RAndomized Phase II/III Trial Of Consolidation Radiation + Immuno-therapy for ES-SCLC: RAPTOR trial (NCT # NCT04402788)

Overview and Key Information

What am I being asked to do?

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

We are asking you to take part in this research study because you have extensive stage small cell lung cancer.

Taking part in this study is your choice.

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

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

Why is this study being done?

This study is being done to answer the following question: Can we extend the time without your extensive small cell lung cancer growing or spreading by adding radiation therapy to the usual treatment for this type of cancer (an immunotherapy drug called atezolizumab)?

We are doing this study because we want to find out if this approach is better or worse than the usual approach for your type of cancer. The usual approach is defined as care most people get for extensive stage small cell lung cancer.

What is the usual approach to my extensive stage small cell lung cancer?

The usual approach for patients who are not in a study and have completed initial treatment with chemotherapy plus the immune therapy, atezolizumab, is treatment with immune therapy alone. Patients may also receive whole brain radiation, called prophylactic cranial irradiation or PCI, after completing chemotherapy plus immune therapy to help prevent cancer spreading to the brain. The immune therapy drug atezolizumab is approved by the Food and Drug Administration (FDA) for extensive stage small cell lung cancer. For patients who get the usual approach for this cancer, less than 10 out of 100 are free of cancer after 5 years. What are my choices if I decide not to take part in this study?

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

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

If you decide to take part in this study, after you finish chemotherapy and atezolizumab, you will either get atezolizumab alone until your disease gets worse or the side effects become too severe, or you will get atezolizumab with radiation therapy during the first 5 weeks of treatment, then atezolizumab alone until your disease gets worse or the side effects become too severe.

After you finish your study treatment, your doctor will continue to follow your condition for as long as you remain on this study, and will watch you for side effects. During the first 2 years after treatment, your doctor will check you every 3 months. During the next 3 years, your doctor will check you every 6 months. After this 5-year period, you will be checked annually unless your doctor thinks you need to be seen sooner.

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 approach may not be as good as chemotherapy or immunotherapy alone at shrinking or stabilizing your cancer or at preventing your cancer from coming back.

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

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

- Tiredness
- Infection

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

- Skin rash or irritation
- Difficulty and/or pain with swallowing
- Hair loss in the treatment area
- Shortness of breath
- Cough
- Tiredness
- Anemia
- Infection
- Bleeding, bruising

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

Benefits
There is evidence that adding radiation therapy to atezolizumab is effective in shrinking or stabilizing your type of cancer. It is not possible to know now if the study approach will extend your life or your time without disease, 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.
- For women: You become pregnant while on the study.
- The study is stopped by the National Cancer Institute (NCI), Institutional Review Board (IRB), Food and Drug Administration (FDA), or NRG Oncology.

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 of the immune therapy drug atezolizumab alone, to using radiation therapy plus the usual treatment. The addition of radiation to the usual treatment could shrink your cancer or prevent it from returning. But, it could also cause side effects, which are described in the risks section below.

This study will help the study doctors find out if this different approach is better, the same or worse than the usual approach. To decide if it is better, the study doctors will be looking to see if the study approach increases the life of patients or extends your time without disease compared to the usual approach.

There will be about 324 people taking part in this study.

What are the study groups?

This study has 2 study groups.

- **Group 1**
  If you are in this group, you will continue to get the usual immune therapy drug, atezolizumab. You will get this drug through a vein in your arm every 3 weeks, beginning within 21 days after the last dose of atezolizumab and chemotherapy that you received prior to this study. You will continue to receive atezolizumab until your disease gets worse or you develop side effects that cause your doctor to stop this treatment.

  There will be about 160 people in this group.

- **Group 2**
  If you are in this group, you will get radiation therapy plus the usual immune therapy drug (atezolizumab) used to treat this type of cancer. You will get the same atezolizumab as above, and during the first 5 weeks of getting atezolizumab you will also have radiation therapy once a day (Monday through Friday). You will continue to receive atezolizumab until your disease gets worse or you develop side effects that cause your doctor to stop this treatment.

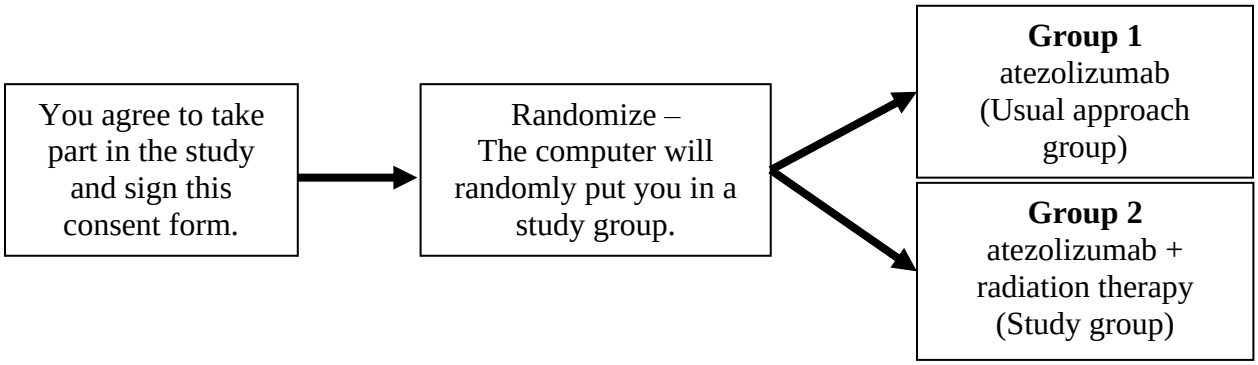
  There will be about 160 people in this group.

Your study doctor may also want you to receive brain radiation called PCI. If so, your study doctor will talk to you about it.

We will use a computer to assign you to one of the study groups. This process is called "randomization." It means that your doctor will not choose and you cannot choose which study

group you are in. You will be put into a group by chance. You will have an equal chance of being in Group 1 or Group 2.

Another way to find out what will happen to you during this study is to read the chart below. Start reading at the left 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.

What risks can I expect from taking part in this study? (02-JUNE-2021)

General Risks

If you choose to take part in this study, there is a risk that the usual treatment plus radiation therapy may not be as good as the usual approach for your cancer 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 treatments used in this study could be very harmful to an unborn or newborn baby. There may be some risks that doctors do not yet know about. It is very important that you check with your study doctor about what types of birth control or pregnancy prevention to use for the duration of study treatment, and for 5 months (150 days) after the last dose of atezolizumab.

Risks of Blood Draws

The most common risks related to drawing blood from your arm are brief pain and possibly a bruise. Rarely, an infection can occur.

Side Effect Risks
The radiation therapy and atezolizumab used in this study may affect how different parts of your body work such as your lungs, liver, bowel, kidneys, heart, bone 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 treatment.
Here are important things to know about side effects:

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

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

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

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

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

Risk Profile for Atezolizumab (MPDL3280A) (CAEPR Version 2.3, March 11, 2021)

COMMON, SOME MAY BE SERIOUS In 100 people receiving atezolizumab (MPDL3280A), more than 20 and up to 100 may have:
• Tiredness • Infection

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving atezolizumab (MPDL3280A), from 4 to 20 may have:
• Anemia which may require blood transfusion

- Diarrhea, nausea, vomiting
- Difficulty swallowing
- Fever
- Flu-like symptoms including body aches
- Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat
- Reaction during or following a drug infusion which may cause fever, chills, rash
- Loss of appetite
- Pain in back
- Cough, shortness of breath, stuffy nose
- Itching, acne, rash

Atezolizumab (MPDL3280A) may cause your immune system to attack normal organs and cause side effects in many parts of the body. These problems may include but are not limited to:

- Hormone gland problems (especially the thyroid, pituitary and adrenal glands, and pancreas). Signs and symptoms may include: headaches that will not go away or unusual headaches, extreme tiredness or changes in mood or behavior decreased sex drive; weight loss or weight gain; excessive thirst or urine; dizziness or fainting.
- Pain in belly
- Pain or swelling of the joints
- Rash that develops on skin, nails, scalp and inside of mouth or vagina that may be painful

RARE, AND SERIOUS

In 100 people receiving atezolizumab (MPDL3280A), 3 or fewer may have:

- Bruising, bleeding

Atezolizumab (MPDL3280A) may cause your immune system to attack normal organs and cause side effects in many parts of the body. These problems may include but are not limited to:

- Heart problems including swelling and heart failure. Symptoms and signs of heart problems may include: shortness of breath, swelling of the ankles and body.
- A condition with high blood sugar which leads to tiredness, frequent urination or excessive thirst.

- Swelling and redness of the eye
- Intestinal problems (colitis) that can rarely lead to tears or holes in your intestine. Signs and symptoms of colitis may include: diarrhea or increase in bowel movements, blood in your stools or dark, tarry, sticky stools, severe belly pain or tenderness.
- Liver problems (hepatitis) which can cause liver failure. Signs and symptoms of hepatitis may include: yellowing of your skin or the whites of your eyes, severe nausea or vomiting; drowsiness; pain in the right upper belly.
- Swelling of the brain (meningitis/encephalitis), which may cause: headache, confusion, sleepiness, seizures, and stiff neck.
- Problem of the muscle, including swelling, which can cause muscle pain and severe muscle weakness sometimes with dark urine.
- Problem of the nerves that can cause paralysis. Signs and symptoms may include: numbness, tingling of hands and feet; weakness of the arms, legs.
- Kidney problems, including nephritis and kidney failure requiring dialysis. Signs of kidney problems may include: decrease in the amount of urine, blood in your urine, ankle swelling.
- Lung problems (pneumonitis and pleural effusion). Symptoms may include: new or worsening cough, chest pain, shortness of breath.
- Skin: blisters on the skin, including inside the mouth (can be severe), rash with blisters, skin rash developing 1-8 weeks after a drug is given, which may be accompanied by fever, lymph node swelling and organ failure.

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

Study Group 2 - In addition to side effects listed above, people who are in Group 2 may also have some side effects from the radiation therapy used for this study.

Possible Side Effects of Radiation Therapy to the LUNG

COMMON, SOME MAY BE SERIOUS In 100 people receiving lung radiation, more than 20 and up to 100 may have:
• Swelling and redness, tanning, thickening, numbness, or peeling of the skin in the area of radiation • Difficulty and/or pain with swallowing • Hair loss in the treatment area, may be permanent • Shortness of breath

COMMON, SOME MAY BE SERIOUS In 100 people receiving lung radiation, more than 20 and up to 100 may have:
• Cough with or without increased phlegm production • Tiredness • Anemia, which may require blood transfusion • Infection, especially when white blood cell count is low • Bleeding, bruising

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving lung radiation, from 4 to 20 may have:
• Inflammation of the lung that may cause difficulty breathing and can be life-threatening • Scarring in the lung • Lung collapse • Fluid around lungs • Bleeding from the lungs which may cause coughing up blood • Fever • Narrowing of the esophagus which may cause difficulty swallowing • Diarrhea, nausea • Pain in chest wall • Rib pain, increased risk of rib fracture • Irritation of the heart causing heart failure, heart attack, chest pain, abnormal heartbeat, shortness of breath, swelling of ankles, cough or tiredness

RARE, AND SERIOUS In 100 people receiving lung radiation, 3 or fewer may have:
• Abnormal opening in internal organs which may cause pain and bleeding • Irritation of the spinal cord causing weakness, tingling or numbness of the lower body and legs, or paralysis of the lower half of the body • Irritation of the nerves controlling the arm, causing weakness or paralysis • Bleeding from the airway (windpipe) • Narrowing of the airway causing shortness of breath • Lung damage, may be life threatening • Damage to the large blood vessels surrounding the heart, which could cause coughing up of blood and possibly death • Sores and skin damage causing bleeding and severe pain and may lead to an open wound • Tumors caused by radiation • Death

Possible Side Effects of Radiation Therapy to the HEAD AND NECK

COMMON, SOME MAY BE SERIOUS In 100 people receiving head and neck radiation, more than 20 and up to 100 may have:
• Sores in the mouth and throat which may be painful especially with swallowing • Dry mouth, changes in taste, reduced sense of smell—may be permanent • Thick saliva • Hoarseness • Skin changes that may be permanent, swelling and redness of the skin in the area of radiation • Pain or pressure in the ear • Tiredness • Weight loss • Permanent hair loss in the area of radiation (face, chin, neck) • Cavities, tooth decay; loss of teeth; tooth sensitivity
OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving head and neck radiation, from 4 to 20 may have:
• Decrease in function of the thyroid gland that may require you to take thyroid replacement medicine • Damage to the nerves of the shoulder and arm which may cause decreased movement and feeling • Ear infection • Hearing loss • Difficulty swallowing which may require a long term or permanent feeding tube
RARE, AND SERIOUS In 100 people receiving head and neck radiation, 3 or fewer may have:
• Breathing and swallowing problems that may require a surgical procedure to create an opening through the neck into the windpipe • Damage to the nerves in the head and neck that control sensation, expression, or other motor functions • Damage to the jawbone which may cause jaw pain and loosening of teeth • Damage to the voice box or nerves to the voice box which may cause hoarseness, shortness of breath, inability to speak • Damage to the skin, soft tissues, or other parts of the head and neck that may require a major operation to correct and, rarely, can be life threatening • Damage to the spinal cord which may cause permanent weakness

Possible Side Effects of Radiation Therapy to the LIVER OR ABDOMEN (BELLY)

COMMON, SOME MAY BE SERIOUS In 100 people receiving radiation therapy to the LIVER OR ABDOMEN (BELLY), more than 20 and up to 100 may have:
• Fatigue, which generally goes away after the radiation therapy is completed • Skin irritation, redness, sunburn or ulcer in the skin of upper abdomen and chest wall, itchiness, and discomfort • Temporary changes in blood work (decrease in blood counts, increase in liver enzymes), without symptoms.

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving radiation therapy to the LIVER OR ABDOMEN (BELLY), from 4 to 20 may have:
• Nausea, vomiting (during therapy): more common if stomach or gastrointestinal tract receives radiation • Stomach, esophagus, small or large intestine irritation/ulceration, bleeding, obstruction, changes in bowel habits, or a tear or hole that may require medications or surgery. • Chest wall pain requiring medications, rib fracture • Temporary bleeding due to low platelet count
RARE, AND SERIOUS In 100 people receiving radiation therapy to the LIVER OR ABDOMEN (BELLY), 3 or fewer may have:
• Liver damage that can cause swelling of your abdomen (belly) and pain in the liver and spleen (right and left upper abdomen) within 3 months of completing therapy. • A decline in liver function within 12 weeks from start of therapy. This can cause similar symptoms to those above, plus fatigue, confusion, itchiness and/or change in skin color. This can lead to liver toxicity that can lead to death. There is an increased risk of liver toxicity in patients with large tumors and in patients with pre-existing liver disease. • Permanent low platelets which may lead to bleeding. • Kidney injury which may lead to a need for medication.

Possible Side Effects of Radiation Therapy to the SPINE

COMMON, SOME MAY BE SERIOUS

In 100 people receiving radiation therapy to the **SPINE**, more than 20 and up to 100 may have:

- Inflammation of the lining of the mouth, throat and esophagus (passageway from mouth to stomach), which can result in difficulty swallowing, and if you cannot swallow water, dehydration can occur (the state in which your body does not have as much water and fluids as it should).
- Inflammation of the part of the airway that includes the vocal cords, which can result in hoarseness or loss of voice.

OCCASIONAL, SOME MAY BE SERIOUS

In 100 people receiving radiation therapy to the **SPINE**, from 4 to 20 may have:

- Inflammation of the lungs due to radiation treatment, which can result in cough, phlegm (thick mucus), difficulty breathing, and/or pneumonia.
- Fracture or compression of the treated bones of the spine, which can result in pain and which may need nonsurgical or surgical treatment.
- Discomfort or anxiety due to 60-90 minutes lying in a specific position, possibly within a frame device, for the planning session and 60 minutes for treatment; your doctor may give you medicine to decrease the discomfort and/or anxiety.

RARE, AND SERIOUS

In 100 people receiving radiation therapy to the **SPINE**, 3 or fewer may have:

- Esophageal fistula (abnormal opening in the passageway from mouth to belly).
- Scarring of the small or large bowel, which can result in a blockage in the bowel that would require treatment.
- Temporary or permanent damage to the spinal cord, which can result in:
    - Skin sensations, such as burning, prickling, itching, or tingling
    - Muscle weakness causing inability to walk (paralysis)

Possible Side Effects of Radiation Therapy to the BONE

COMMON, SOME MAY BE SERIOUS

In 100 people receiving radiation therapy to the **BONE**, more than 20 and up to 100 may have:

- Skin irritation in the treatment area
- Hair loss
- Reddening, rash or peeling of the skin in the treatment area.

OCCASIONAL, SOME MAY BE SERIOUS

In 100 people receiving radiation therapy to the **BONE**, from 4 to 20 may have:

- Pain

RARE, AND SERIOUS
In 100 people receiving radiation therapy to the **BONE**, 3 or fewer may have:
• Weakening of your bone(s), potentially resulting in a fracture.

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.

You will be provided with a patient clinical trial wallet card. The wallet card contains important information such as the study number you are currently enrolled in, study drugs, and the study doctor contact number. You must carry this card with you all the time and show it to your other healthcare providers or when you present to the emergency room.

For women: Do not get pregnant or breastfeed while receiving treatment on this study for 5 months (150 days) after your last dose of atezolizumab. **For men:** Do not father a baby receiving treatment on this study for 5 months (150 days) after your last dose of atezolizumab .

For all: Tell your study doctor right away if you think that you or your partner have become pregnant while receiving study treatment or within 5 months (150 days) after your last dose of atezolizumab.

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 small cell lung cancer. This includes:

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

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

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

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:

- Atezolizumab is provided free of charge in both treatment groups.

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

Some of these organizations are:

- Montana Cancer Consortium
- NRG Oncology and any company supporting the study now or in the future. This would include any organization helping the company with the study
- The NCI Central IRB, which is a group of people who review the research with the goal of protecting the people who take part in the study.
- The FDA and the groups it works with to review research.
- The NCI and the groups it works with to review research, including the Cancer Trials Support Unit (CTSU).
- The NCI's National Clinical Trials Network and the groups it works with to conduct research: Alliance for Clinical Trials in Oncology (ALLIANCE), ECOG-ACRIN Cancer Research Group (ECOG-ACRIN), SWOG, and Imaging and Radiation Oncology Core (IROC)

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

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

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

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, call 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. They are separate from the main study described above. These optional studies will not benefit your health. 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.

Taking part in these optional studies is your choice. You can still take part in the main study even if you say "no" to these studies. There is no penalty for saying "no." You and your insurance company will not be billed for these optional studies. If you sign up for, but cannot complete any of these studies for any reason, you can still take part in the main study.

Circle your choice of "yes" or "no" for the following studies.

Optional sample collections for storage for possible future studies

Researchers are trying to learn more about cancer and other health problems using blood and tissue samples from people who take part in clinical trials. By studying these samples, researchers hope to find new ways to prevent, detect, treat, or cure diseases.

Some of these studies may be about how genes affect health and disease. Other studies may look at how genes affect a person's response to treatment. Genes carry information about traits that are found in you and your family. Examples of traits are the color of your eyes, having curly or straight hair, and certain health conditions that are passed down in families. Some of the studies may lead to new products, such as drugs or tests for diseases.

Unknown future studies

If you choose to take part in this optional study, blood and tumor tissue will be collected and stored. Storing samples for future studies is called "biobanking." The biobank is being run by NRG Oncology 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. This is a publicly funded study. Samples from publicly funded studies are required to be shared as broadly as possible. However, we will protect your privacy. The goal of this is to make more research possible that may improve people's health.

The biobank is a public research resource. It has controlled access. This means that researchers who want to get samples and data from it must submit a specific research request. The request identifies who they are and what their planned research project is. Before getting the samples and data, the researchers must agree to keep the data private, only use it for their planned research project, and never use it to try to identify you.

Right now, we don't know what research may be done in the future using your blood and 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.
- You will not get reports or other information about any research that is done using your samples.

Unknown future research studies may include sequencing of all or part of your DNA. This is called genomic sequencing. Sequencing allows researchers to identify your genetic code. Changes in your genetic code may just be in your tumor tissue. These are called somatic changes. Changes may also be in your normal tissue and passed down through your family. For example, these genetic changes may be passed down to your children in the same way that eye and hair color are passed down. These are called germline changes. If only tumor tissue is sequenced, we will not know if a genetic change in your tumor is also in your normal tissue. This is why sometimes both normal tissue and tumor tissue are sequenced. This helps researchers understand if a genetic change happened only in your cancer tissue, or in your normal tissue as well.

What is involved in this optional sample collection?
If you agree to take part, here is what will happen next:

1. About 4 tablespoons of blood will be collected from a vein in your arm before you start protocol treatment, before receiving the third cycle of atezolizumab, and if your disease progresses. A sample from the tissue that was collected at the time of your biopsy will be sent to the biobank.
2. Your samples will be stored in the biobank. There is no limit on the length of time we will keep your samples and research information. The samples will be kept until they are used for research or destroyed.
3. Researchers can only get samples from the biobank after their research has been approved by experts. Researchers will not be given your name or contact information.
4. Some of your genetic and health information may be placed in central databases for researchers to use. The databases will not include your name or contact information.

What are the risks in this optional sample collection?

- The most common risks related to drawing blood from your arm are brief pain and maybe a bruise.
- Generally, hospitals will keep some of your tissue. This tissue may be used to help treat your cancer in the future. There is a small risk that when this tissue sample is submitted to the biobank for this optional sample collection, your tissue could be used up.
- Your medical and genetic information is unique to you. There is a risk that someone outside of the research study could get access to your study records or trace information in a database back to you. They could use that information in a way that could harm you. Researchers believe the chance that someone could access and misuse your information is very small. However, the risk may increase in the future as people find 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 and get or keep health insurance.

How will information about me be kept private?

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

1. They will remove identifiers, such as your initials, from your sample and information. They will replace them with a code number. There will be a master list linking the code numbers to names, but they will keep it separate from the samples and information.
2. Researchers who study your sample and information will not know who you are. They also must agree that they will not try to find out who you are.
3. Your personal information will not be given to anyone unless it is required by law.
4. 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 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.

My signature agreeing to take part in the study

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

Participant Signature: _____

Date: _____

Signature of Person Obtaining Consent: _____

Date: _____

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