**Study Title for Participants: Testing docetaxel-cetuximab or the addition of an immunotherapy drug, atezolizumab, to the usual chemotherapy and radiation therapy in high-risk head and neck cancer**

**Official Study Title for Internet Search on http://www.ClinicalTrials.gov:** Protocol RTOG 1216: Randomized Phase II/III Trial of Adjuvant Radiation Therapy with Cisplatin, Docetaxel-Cetuximab, or Cisplatin-Atezolizumab in Pathologic High-Risk Squamous Cell Cancer of the Head and Neck (NCT 01810913) (05-JUN-2020)

# Phase III Consent Form

## Overview and Key Information

## What am I being asked to do? (02-JUN-2021)

We are asking you to take part in a research study because you have high-risk head and neck cancer. 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.

## 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? (02-JUN-2021)

This study has two parts.

The first part of this study was done to answer the following question:

Which experimental docetaxel arm with radiation therapy (docetaxel alone or docetaxel with cetuximab) will be better as compared to the standard approach?

The first part of the study was completed. The initial results showed that docetaxel and cetuximab plus radiation therapy was better than the docetaxel alone plus radiation therapy in controlling your type of cancer.

You are now being asked to participate in the second part of this study. We are doing the second part of this study because we want to find out if radiation therapy with docetaxel and cetuximab or radiation therapy with cisplatin and an immunotherapy drug, atezolizumab, is better than the usual approach for your high-risk head and neck cancer. The usual approach is defined as care most people get for high-risk head and neck cancer.

## What is the usual approach to my high-risk head and neck cancer? (02-JUN-2021)

After surgery, the usual approach for patients who are not in a study is the combination of radiation therapy and cisplatin chemotherapy. The combination of radiation therapy and cisplatin is FDA approved for treating head and neck cancer. In 100 people who receive the usual approach for your cancer, about 30 or 40 will be free of this cancer at 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, you will either get:

- Usual approach of radiation therapy with cisplatin chemotherapy OR
- Radiation therapy with docetaxel and cetuximab chemotherapy OR
- Radiation therapy with cisplatin chemotherapy and the study drug, atezolizumab, which is an immunotherapy drug. Atezolizumab is approved for other cancers, but is not approved for your type of cancer.

After you finish your treatment, your doctor and study team will watch you for side effects. They will check you 1 month after treatment, 3 months after treatment, and every 3 months for 2 years after treatment. After that, they will check you every 6 months for 3 years, then annually.

## 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 the usual approach at shrinking or stabilizing your cancer, or preventing your cancer from coming back.

There is also a risk that you could have side effects from the study approach. 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 that the study doctors know about are:

- Infection
- Nausea, Vomiting
- Diarrhea
- Pain
- Tiredness
- Kidney problems
- Numbness/tingling in hands and feet

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

**Benefits**

There is evidence that the study drug, atezolizumab, is effective in shrinking or stabilizing your type of cancer. It is not possible to know now if the study approach is better than 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 Institutional Review Board (IRB), Food and Drug Administration (FDA), or study sponsor. 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 (radiation therapy with cisplatin chemotherapy) to:

- Using radiation therapy with docetaxel and cetuximab chemotherapy
- Using the usual treatment plus an immunotherapy drug, atezolizumab

The addition of the immunotherapy drug, atezolizumab 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 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 by 18 months or more compared to the usual approach.

There will be about 480 people taking part in this study.

## What are the study groups? (02-JUN-2021)

The first part of the study had three study groups (Group 1, 2, and 3). Group 2 was dropped because results from the first part of the study showed that it was not better in controlling your type of high-risk head and neck cancer. The second part of this study has 3 study groups (Group 1, 3 and 4).

- **Group 1**

  If you are in this group, you will get the usual radiation therapy and cisplatin chemotherapy used to treat this type of cancer. You will receive radiation therapy 5 days a week for 6 weeks. You will get cisplatin through a vein in the arm once a week for 6 weeks (total of 6 doses).

  There will be about 120 people in this group.

- **Group 3**

  If you are in this group, you will get radiation therapy with the chemotherapy study drugs, docetaxel and cetuximab. You will receive radiation therapy 5 days a week for 6 weeks. You will get cetuximab through a vein in the arm. You will receive the first dose of cetuximab 1 week before starting radiation. If you tolerate the first dose of cetuximab well, you will receive cetuximab once a week for 6 weeks during radiation (total of 7 doses). You will also get docetaxel through a vein in the arm once a week for 6 weeks during radiation (total of 6 doses).

  There will be about 120 people in this group.

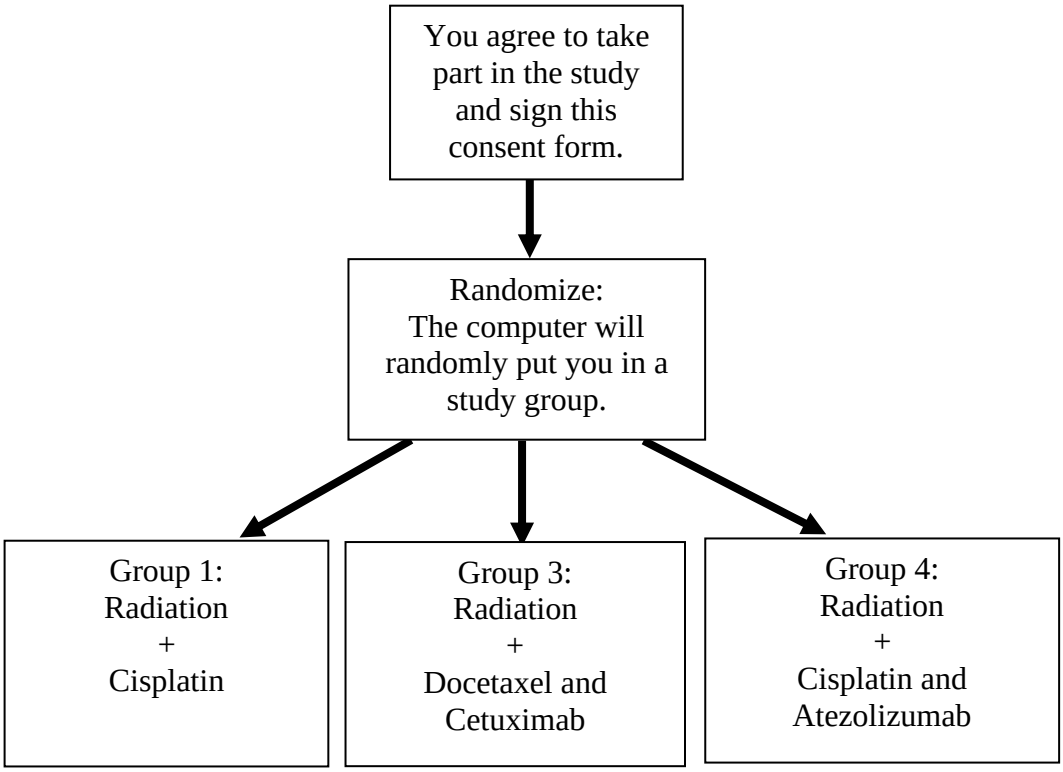
- **Group 4**

  If you are in this group, you will get radiation therapy and the usual chemotherapy drug, cisplatin. You will also get an immunotherapy study drug called atezolizumab. You will receive radiation therapy 5 days a week for 6 weeks. You will get cisplatin through a vein in the arm once a week for 6 weeks during radiation (total of 6 doses). You will also get atezolizumab through a vein in the arm. You will receive the first dose of atezolizumab 1 week before starting radiation and cisplatin, and then you will receive atezolizumab every 3 weeks (total of 8 doses).

  There will be about 240 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 a 1:1:2 chance of being in Group 1, Group 3, or Group 4, which means you have a greater chance of being assigned to group 4.

Another way to find out what will happen to you during this study is to read the chart below. Start reading from the top and read to the bottom, following the lines and arrows.



## What exams, tests, and procedures are involved in this study? (02-JUN-2021)

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.

**Before you begin the study:**
Patients with oropharynx cancer must have their tumor tissue confirmed as p16-negative to participate in the study. Oropharynx cancers that are positive for p16 expression are considered to be Human Papillomavirus (HPV)-related. Patients with HPV-related (p16-positive) oropharynx cancer usually have a better response to treatment and are not eligible for this high-risk trial. Your study doctor can discuss the HPV status of your tumor with you. The p16 tumor test will occur prior to study treatment.

Your study doctor will need to use some of the tumor tissue removed during the surgery for your cancer. If any of the tissue is leftover and you choose to give your consent, it will be stored for biobanking. Biobanking will be discussed in the section on optional studies.

**During the study:**
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.
These exams, tests, and procedures to monitor your safety and health include:

- For patients receiving atezolizumab: blood tests to monitor thyroid function

Some exams, tests, and procedures are a necessary part of the research study, but would not be included in usual care. Listed below are procedures that will be done for research purposes only.

***Quality of Life (QOL) and Patient-Reported Outcomes (PRO) Assessments*** (05-JUN-2020)
If you speak and understand English, Spanish, or French and choose to take part in this study, you will be asked to fill out two forms with questions about your ability to swallow, your physical well-being, and your emotional well-being. Researchers will use this information to learn more about how cancer and cancer treatment affects people.

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 these forms at the following time points:

- Before starting treatment (2 questionnaires)
- At end of radiation (2 questionnaires)

- At 3 and 6 months from the end of radiation (1 questionnaire)
- At 12 months from the end of radiation (2 questionnaires)
- At 24 months from the end of radiation (1 questionnaire)

Each form will take about 5 to 10 minutes to complete. The forms will ask about things like swallowing, hearing, pain, and daily activity level. You don't have to answer any question that makes you feel uncomfortable.

Optional Sample Collection
Optional blood draws and a sample of tumor tissue from your original biopsy will be stored in the Biobank and used for future studies. This will be discussed in the section on optional studies below.

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

**General Risks**

If you choose to take part in this study, there is a risk that the study approaches may not be as good as the usual approach at shrinking or stabilizing your cancer or preventing your cancer from coming back.

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 radiation, chemotherapy, and immunotherapy 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 during the study and after you complete study treatment. Female patients who receive atezolizumab must use birth control for 5 months (150 days) after completion of study treatment.

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.

After researchers have completed their analysis of the tumor tissue and research blood, any of the leftover specimens may be stored for biobanking. This will be discussed in the section under "Optional Studies".

**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, chemotherapy, and immunotherapy 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.

Here are important things to know 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, and some may never go away.
- Some side effects may make it hard for you to have children.
- 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.

This study is looking at a combination of the usual drugs used to treat this type of cancer plus a study drug. This different combination of drugs may increase your side effects or may cause new 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 4** – Possible side effects of cisplatin are listed in the tables below. This drug is part of the usual approach for treating this type of cancer:

**Possible Side Effects of Cisplatin (Table Version Date: January 25, 2021)**

| **COMMON, SOME MAY BE SERIOUS**<br>In 100 people receiving Cisplatin, more than 20 and up to 100 may have: |
|---|
| • Infection, especially when white blood cell count is low<br>• Bruising, bleeding<br>• Anemia which may cause tiredness, or may require blood transfusions<br>• Kidney damage which may cause swelling, may require dialysis<br>• Hearing loss including ringing in the ears<br>• Nausea, vomiting<br>• Confusion<br>• Numbness, pain and tingling of the fingers, toes, arms and/or legs, loss of balance |

| **OCCASIONAL, SOME MAY BE SERIOUS**<br>In 100 people receiving Cisplatin, from 4 to 20 may have: |
|---|
| • Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat<br>• Diarrhea<br>• Change in taste<br>• Swelling and redness at the site of the medication injection<br>• Hair loss |

| **RARE, AND SERIOUS**<br>In 100 people receiving Cisplatin, 3 or fewer may have: |
|---|
| • Brain damage, Posterior Reversible Encephalopathy syndrome, which may cause headache, seizure, blindness<br>• Seizure<br>• A new cancer, including leukemia, resulting from treatment of a prior cancer |

**Study Group 3** – People who are in Group 3 may have some side effects from docetaxel and cetuximab. These side effects are listed below.

**Possible Side Effects of Docetaxel (Table Version Date: April 29, 2021)**

| **COMMON, SOME MAY BE SERIOUS**<br>In 100 people receiving Docetaxel, more than 20 and up to 100 may have: |
|---|
| • Swelling of the body<br>• Infection, especially when white blood cell count is low<br>• Anemia which may require blood transfusions<br>• Vomiting, diarrhea, nausea<br>• Sores in mouth which may cause difficulty swallowing<br>• Tiredness<br>• Fever<br>• Pain in muscles<br>• Watering, itchy eyes<br>• Hair loss<br>• Change in nails<br>• Rash, itching |

| **OCCASIONAL, SOME MAY BE SERIOUS**<br>In 100 people receiving Docetaxel, from 4 to 20 may have: |
|---|
| • Abnormal heart rate<br>• Chest pain<br>• Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat<br>• Bruising, bleeding<br>• Liver damage, which may cause yellowing of eyes and skin, swelling<br>• Constipation, bloating, weight loss<br>• Numbness, pain, and/or tingling of the arms and legs, fingers, and/or toes<br>• Change in taste |

| **RARE, AND SERIOUS**<br>In 100 people receiving Docetaxel, 3 or fewer may have: |
|---|
| • Damage of the bone marrow, caused by chemotherapy, which may lead to cancer of bone marrow (leukemia) |

| **RARE, AND SERIOUS**<br><br>In 100 people receiving Docetaxel, 3 or fewer may have: |
|---|
| • Stevens-Johnson syndrome which may cause severe skin rash with blisters and peeling which can involve mouth and other parts of the body |

Patients should be aware that docetaxel may cause them to become intoxicated from the alcohol it contains. Patients should avoid driving, operating machinery, or performing other activities that are dangerous within one to two hours after the infusion of docetaxel. In addition, some medications, such as pain relievers and sleep aids, may interact with the alcohol in the docetaxel infusion and worsen the intoxicating effect.

**Possible Side Effects of Cetuximab (Table Version Date: August 5, 2020)**

| **COMMON, SOME MAY BE SERIOUS**<br><br>In 100 people receiving Cetuximab, more than 20 and up to 100 may have: |
|---|
| • Shortness of breath, cough<br>• Infection, especially when white blood cell count is low<br>• Diarrhea, constipation, nausea, vomiting, weight loss, dehydration<br>• Sores in mouth<br>• Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat<br>• Numbness and tingling of the arms and legs<br>• Headache, tiredness, fever<br>• Difficulty sleeping<br>• Swelling and redness of the area of radiation<br>• Rash, itching, dry skin, peeling skin, acne<br>• Change in nails<br>• Pain |

| **OCCASIONAL, SOME MAY BE SERIOUS**<br><br>In 100 people receiving Cetuximab, from 4 to 20 may have: |
|---|
| • Damage to the heart<br>• Blood clot in lung which may cause swelling, pain, shortness of breath<br>• Swelling and redness of the whites of the eye<br>• Swelling and redness at the site of medication injection<br>• Heartburn<br>• Dry mouth, changes in taste<br>• Confusion, worry, depression |

| **OCCASIONAL, SOME MAY BE SERIOUS**<br>In 100 people receiving Cetuximab, from 4 to 20 may have: |
|---|
| • Chills<br>• Severe skin rash with blisters and can involve inside of mouth and other parts of the body<br>• Nail infection<br>• Hair loss |

| **RARE, AND SERIOUS**<br>In 100 people receiving Cetuximab, 3 or fewer may have: |
|---|
| • Heart attack which may cause chest pain, shortness of breath, or sudden death<br>• Scarring of the lungs<br>• Severe blood infection<br>• Kidney damage which may require dialysis |

**Study Group 4** – In addition to side effects listed above for cisplatin, people who are in Group 4 may also have some side effects from atezolizumab. These side effects are listed below.

**Possible Side Effects of Atezolizumab (Table Version Date: March 11, 2021)**

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

| **OCCASIONAL, SOME MAY BE SERIOUS**<br>In 100 people receiving atezolizumab (MPDL3280A), from 4 to 20 may have: |
|---|
| • Anemia which may require blood transfusion<br>• Diarrhea, nausea, vomiting<br>• Difficulty swallowing<br>• Fever<br>• Flu-like symptoms including body aches<br>• Allergic reaction which may cause rash, low blood pressure, wheezing, shortness of breath, swelling of the face or throat<br>• Reaction during or following a drug infusion which may cause fever, chills, rash<br>• Loss of appetite<br>• Pain in back<br>• 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.

**Additional Drug Risks**

The study drug could interact with other drugs. Your study doctor will give you a clinical trial wallet card. Share this information with your family members, caregivers, other health care providers, and pharmacists.
You cannot receive a live, attenuated vaccine, such as the influenza (flu) vaccine, during the study and up to 5 months after the last dose of atezolizumab.

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

**Possible Side Effects of Radiation Therapy**

| **COMMON, SOME MAY BE SERIOUS**<br>In 100 people receiving radiation therapy, 20 to 100 may have: |
|---|
| • Reddening, tanning, or peeling of the skin<br>• Mild pain<br>• Hair loss<br>• Tiredness<br>• Diarrhea, nausea<br>• Anemia, which may require transfusion<br>• Infection, especially when white blood cell count is low |

| **OCCASIONAL, SOME MAY BE SERIOUS**<br>In 100 people receiving radiation therapy, 4 to 20 may have: |
|---|
| • Thickening and numbness of the skin<br>• Sores or ulcers on the skin or near the cancer location<br>• Permanent hair loss<br>• Bleeding from the skin<br>• Sores in mouth which may cause difficulty swallowing |

| **RARE, AND SERIOUS**<br>In 100 people receiving radiation therapy, 3 or fewer may have: |
|---|
| • Damage to internal organs<br>• Abnormal opening in internal organs which may cause pain and bleeding |

## 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.

**For women:** Do not get pregnant or breastfeed while taking part in this study. **For men:** Do not father a baby while taking part in this study. **For all:** Tell your study doctor right away if you think that you or your partner have become pregnant during the study. For patients receiving atezolizumab, tell your study doctor if you or your partner have become pregnant within 5 months after your last dose of atezolizumab. For patients receiving cetuximab, tell your study doctor if you or your partner have become pregnant within 2 months after your last dose of cetuximab.

## What are the costs of taking part in this study? (02-JUN-2021)

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 high-risk head and neck 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. If you are receiving atezolizumab, the extra blood tests to monitor thyroid function and organ function will be billed to your health care plan/insurance provider.
- the costs of cisplatin drug and administration.

- the costs of docetaxel drug and administration.
- the costs of cetuximab drug and administration.
- 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.

You or your insurance provider will not have to pay for the atezolizumab 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 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 Support Trials Unit (CTSU).
- The NCI's National Clinical Trials Network and the groups it works with to conduct research, including the 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.

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, 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 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.

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

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

## 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 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, a sample of tissue from your previous biopsy and your blood 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. 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 tissue or blood 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.

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 be 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.

**What is involved in this optional sample collection?**

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

1. About 5 tablespoons of blood will be collected from your vein:
    a. Before you begin the study.
    b. During radiation treatment.
    c. At 6 months from end of radiation.
2. A sample from the tissue that was collected at the time of your biopsy will be sent to the biobank.
3. Your sample 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.
4. 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.
5. 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. There are laws against the misuse of genetic information, but they may not give full protection. For more information about the laws that protect you, ask your study doctor or visit: https://www.genome.gov/10002328/

**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)

## APPENDIX I: PATIENT CLINICAL TRIAL WALLET CARD

NIH NATIONAL CANCER INSTITUTE

**CLINICAL TRIAL WALLET CARD**

**Show this card to all of your healthcare providers and keep it with you in case you go to the emergency room.**

| |
|---|
| **Patient Name:** |
| **Diagnosis:** |
| **Study Doctor:** |
| **Study Doctor Phone #:** |
| **NCI Trial #:** |
| **Study Drug(S):** |

**For more information:** 1-800-4-CANCER
cancer.gov | clinicaltrials.gov