

Alliance A011104  
Update #6  
Version Date 2/23/2017

## **NCI Community Oncology Research Program – Kansas City (NCORP-KC)**

### **A011104 / 6694: Effect of Preoperative Breast MRI on Surgical Outcomes, Costs and Quality of Life of Women with Breast Cancer**

This is a clinical trial, a type of research study. Your study doctor will explain the clinical trial to you. Clinical trials include only people who choose to take part. Please take your time to make your decision about taking part. You may discuss your decision with your friends and family. You can also discuss it with your health care team. If you have any questions, you can ask your study doctor for more explanation.

You are being asked to take part in this study because you have either breast cancer that is HER-2 positive, or breast cancer that is negative for estrogen, progesterone and HER-2 (triple-negative disease), and your tumor can be removed by breast-conserving surgery.

#### **Why is this study being done?**

The purpose of this study is to test whether patients undergoing a breast MRI (magnetic resonance imaging) before breast surgery will have better results after the surgery.

MRI is a medical imaging method that uses magnets to make images of the body. MRI helps doctors to tell the difference between cancer and normal tissue in the body. MRI uses dyes (“contrast agents”) that are injected into the veins to help create the images of the body’s tissues.

Breast tumors are routinely evaluated using mammograms and ultrasound before surgery. This study would like to find out if using MRI in addition to mammography before surgery improves our ability to evaluate tumors and decide what kind of surgery is best for the patient.

The goals of this study are:

- To see if using MRI improves decision-making when choosing what type of surgery is best for the patient (mastectomy or lumpectomy).
- To see if using MRI affects how well patients do after surgery.
- To examine the effect of using MRI on patients’ quality of life.
- To examine the effect of MRI on overall medical costs.

#### **How many people will take part in the study?**

About 317 people will take part in this study.

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## What will happen if I take part in this research study?

### Before you begin the study...

You will need to have the following exams, tests or procedures to find out if you can be in the study. These exams, tests or procedures are part of regular cancer care and may be done even if you do not join the study. If you have had some of them recently, they may not need to be repeated. This will be up to your study doctor.

- Physical exam and medical history
- Mammogram (with ultrasound if recommended by your doctor)
- Breast biopsy to confirm your diagnosis
- Pregnancy test if you are of childbearing potential

### During the study...

You will be randomly assigned (like flipping a coin) or "randomized" into one of the study groups described below. Randomization means that you are put into a group by chance. Neither you nor your doctor can choose the group you will be in. You will have an equal chance of being placed in either group.

#### Group 1

If you are in Group 1 (often called "Arm 1"), you will have breast conserving surgery (also called "lumpectomy").

#### Group 2

If you are in Group 2 (often called "Arm 2"), you will have a breast MRI before your surgery. Based on the results of the MRI, you and your doctor will decide which type of surgery – lumpectomy or mastectomy – is best for you, and then you will have surgery.

Images and reports from the MRI exam will be sent to the ECOG-ACRIN (formerly the Eastern Cooperative Oncology Group and the American College of Radiology Imaging Network) for review by the study radiologist. This is for quality assurance purposes. The images and reports will not contain any of your identifying information (e.g., your initials, birth date or medical record number). The accompanying paperwork will contain your initials and a study identification number.

Patients in both groups will be asked to complete questionnaires about their general health and quality of life. These surveys are being done to compare the quality of life of the patients randomized to have MRI to the patients who do not have MRI. These questionnaires should take

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about 20 to 40 minutes to complete. The first time that you will be asked to complete these questionnaires will be at the time you enroll to the study. If you are randomized to Group 2, you will also be asked to complete these questionnaires after the MRI (but before surgery).

Some medical cost information will be collected to help researchers better understand the costs of adding MRI to patients' pre-operative evaluation.

**After surgery...**

You will see your doctor at post-operative visits, and then every 4 months for 2 years and then every 6 months for 3 years. At those visits, you will have the following tests and procedures:

**Post-surgery visits:**

- Physical exam
- Questionnaires about your quality of life

**4 months after surgery:**

- Physical exam

**8 and 12 months after surgery:**

- Physical exam
- Questionnaires about your quality of life

**16, 20 and 24 months after surgery, then, every 6 months until 5 years after you started the study:**

- Physical exam

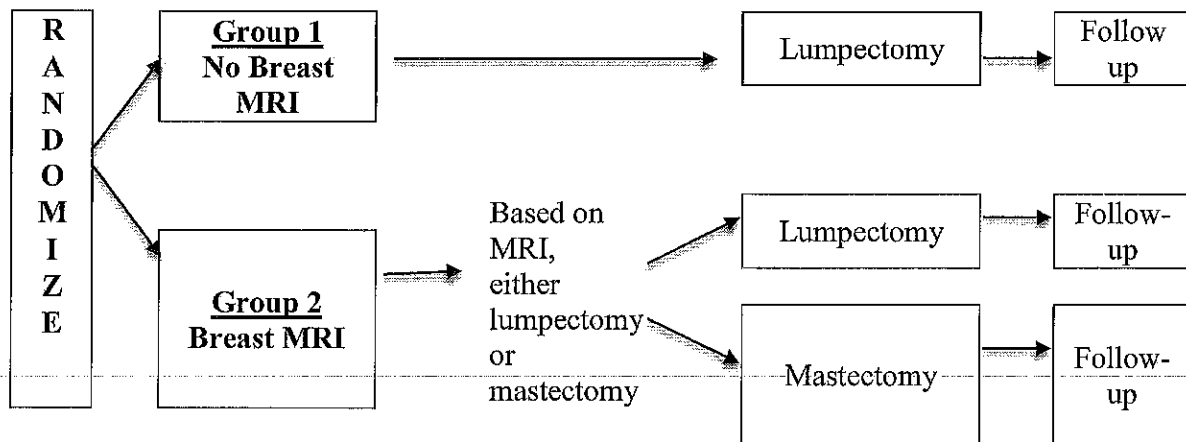
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### Study Plan

Another way to find out what will happen to you during the study is to read the study plan below. Start reading at the left and follow the arrows.



### How long will I be in the study?

You will be in the study for a little over five years.

### Can I stop being in the study?

Yes. You can decide to stop at any time. Tell the study doctor if you are thinking about stopping or decide to stop. He or she will tell you how to stop safely.

It is important to tell the study doctor if you are thinking about stopping so any risks from the study procedures can be evaluated by your doctor. Another reason to tell your doctor that you are thinking about stopping is to discuss what follow-up care and testing could be most helpful for you.

The study doctor may stop you from taking part in this study at any time if he/she believes it is in your best interest; if you do not follow the study rules; or if the study is stopped.

### What side effects or risks can I expect from being in the study?

You may have side effects while on the study. Everyone taking part in the study will be watched carefully for any side effects. However, doctors don't know all the side effects that may happen. Side effects may be mild or very serious. Your health care team may give you medicines to help lessen side effects. In some cases, side effects can be serious, long lasting, or may never go away. There also is a risk of death.

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**You should talk to your study doctor about any side effects that you have while taking part in the study.**

**Risks and side effects related to the MRI exam (Group 2)**

**LIKELY:**

- Anxiety/stress
- Claustrophobia
- Discomfort

**RARE, BUT SERIOUS:**

- Injury related to the presence of metallic or surgical implants or metal pieces in the body and the MR magnet; it is important that you let the MRI team know about whether you have these before the MRI procedure.

**Risks and side effects related to the IV Needle Placement (Group 2)**

**LIKELY:**

- Minor discomfort

**LESS LIKELY**

- Swelling
- Bleeding
- Infection
- Bruising

**Risks and side effects related to the drug used for MRI (called Gadolinium) (Group 2)**

**LESS LIKELY:**

- Headache
- Nausea
- Vomiting
- Hives
- Temporary low blood pressure
- Allergic-like reaction

**RARE BUT SERIOUS:**

- Kidney impairment

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**Risks and side effects related to surgery (Groups 1 and 2):**

There are no additional risks from surgery beyond the risks related to standard breast cancer surgery. Your doctor will provide more information about these risks.

For more information about risks and side effects, ask your study doctor.

**Are there benefits to taking part in the study?**

There may or may not be direct medical benefits to you from your taking part in this study. We hope that information learned from this study will help patients with breast cancer in the future.

**What other choices do I have if I do not take part in this study?**

Your other choices may include:

- Having surgery for your cancer without being in a study
- Taking part in another study
- Having no surgery

Talk to your doctor about your choices before you decide if you will take part in this study.

**Will my medical information be kept private?**

We will do our best to make sure that the personal information in your medical record will be kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

Organizations that may look at and/or copy your medical records for research, quality assurance, and data analysis include:

- The Alliance for Clinical Trials in Oncology (Alliance);
- The Alliance Data and Safety Monitoring Board, a group of experts who regularly review the progress of the study;
- The local IRB (a group of people who review the research to protect your rights) of this institution;
- ECOG-ACRIN. ECOG-ACRIN is an organization funded by the National Cancer Institute (NCI) to provide expert review of imaging data;
- The National Cancer Institute (NCI);
- The Cancer Trials Support Unit (CTSU), a research group sponsored by the National Cancer Institute (NCI) to provide greater access to cancer trials;
- Other government agencies, like the Food and Drug Administration (FDA) and the Office for Human Research Protection (OHRP), involved in keeping research safe for people;

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- Other oncology research groups who have endorsed this study.

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.

### **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 of the costs of treating your cancer in this study. Taking part in this study may or may not lead to added cost to you or your insurance company for more than the cost of getting regular cancer treatment. Some health plans will not pay these costs for people taking part in studies. Check with your health plan or insurance company to find out more information.

If you are randomized to “Arm 2”, you will have a breast MRI before surgery. Your health care plan may not pay for some or all of the costs of the breast MRI. You are encouraged to speak with the research team about potential out-of-pocket expenses.

For more information on clinical trials and insurance coverage, you can visit the National Cancer Institute’s web site at <http://www.cancer.gov/clinicaltrials/understanding/insurance-coverage>.

You can print a copy of the “Clinical Trials and Insurance Coverage” information from this web site.

Another way to get the information is to call 1-800-4-CANCER (1-800-422-6237) and ask them to send you a free copy.

You will not be paid for taking part in this study.

### **What happens if I am injured because I took part in this study?**

It is important that you tell your study doctor, \_\_\_\_\_ *[investigator’s name(s)]*, if you feel that you have been injured because of taking part in this study. You can tell the doctor in person or call him/her at \_\_\_\_\_ *[telephone number]*.

You will get medical treatment if you are injured as a result of taking part in this study. You and/or your health plan will be charged for this treatment. The study will not pay for medical treatment.

### **What are my rights if I take part in this study?**

Taking part in this study is your choice. You may choose either to take part or not to take part in the study. If you decide to take part in this study, you may leave the study at any time. No matter what decision you make, there will be no penalty to you and you will not lose any of your regular

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benefits. Leaving the study will not affect your medical care. You can still get your medical care from our institution.

We will tell you about new information or changes in the study that may affect your health or your willingness to continue in the study.

In the case of injury resulting from this study, you do not lose any of your legal rights to seek payment by signing this form.

### **Who can answer my questions about the study?**

You can talk to your study doctor about any questions or concerns you have about this study. Contact your study doctor \_\_\_\_\_ [name(s)] at \_\_\_\_\_ [telephone number].

For questions about your rights while taking part in this study, call the NCI Community Oncology Research Program – Kansas City Institutional Review Board (a group of people who review the research to protect your rights) at 913-948-5588.

### **RELATED STUDIES**

**Please note: This section of the informed consent form is about additional research studies that are being done with people who are taking part in the main study. You may take part in these additional studies if you want to. You can still be a part of the main study even if you say ‘no’ to taking part in any of these additional studies.**

**You can say “yes” or “no” to each of the following studies. Please mark your choice for each study.**

#### *Optional Study: Research on tissue and blood*

With your permission, researchers would like to study samples of your tumor tissue collected at the time of your surgery, and during follow-up if your cancer returns. In addition, about 1 tube of blood would be collected at the time of surgery for this additional study. If you have had chemotherapy before surgery in addition researchers would like samples of your initial tumor biopsy. You may still take part in the main treatment study even if you say ‘no’ to taking part in the additional study on tissue and blood.

In this additional study, researchers will use a test called “immunohistochemical staining” to study the molecular characteristics of your tumor. These characteristics are called tumor markers. These purpose of these studies is to identify tumor markers that may mean that cancer is more likely to come back. Some of the studies will involve your DNA (also called genetic testing). Results of

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these tests will not be given to you or your doctor nor will they be used to make any decisions about your treatment.

The tissue samples and blood will be stored at a central laboratory called the Alliance Biorepository at Washington University. The samples will not contain any of your identifying information (for example, your initials, birth date or medical record number). The accompanying paperwork will contain your initials and a study identification number.

Your tissue samples are called “specimens”. You can learn more about how biological specimens are used for research at <http://biospecimens.cancer.gov/patientcorner/>.

The research that may be done with your specimens is not designed specifically to help you. It might help people who have cancer and other diseases in the future.

Reports about research done with your specimens will not be given to you or your doctor. These reports will not be put in your health record. The research will not have an effect on your care.

**Things to Think About**

The choice to let us keep the specimens for research is up to you. No matter what you decide to do, it will not affect your care.

If you decide now that your specimens can be used for research, you can change your mind at any time. Just contact us and let us know that you do not want us to use your specimens. Then any specimens that remain will no longer be used for research and will be discarded.

In the future, people who do research may need to know more about your health. While the Alliance may give those people reports about your health, it will not give them your name, address, phone number, or any other information that will let the researchers know who you are.

Your specimens will be used only for research and will not be sold. The research done with your specimens may help to develop new products in the future, but you will not be able to benefit financially from the new products.

**Genetic Research**

Sometimes specimens are used for genetic (DNA) research.

The purpose of doing genetic research is to discover changes in genes (or DNA) related to the development or outcome of cancer. This could lead to better ways to prevent, detect, and treat cancer and, perhaps, other diseases as well. Due to advances in the techniques and tests used to analyze genetic material in specimens (DNA), it is likely that your specimens could be used for this type of research, if you allow it.

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Body tissues are made up of cells. Cells contain DNA, which is part of your unique genetic material that carries the instructions for your body's development and function. DNA can be analyzed so that your unique, exact genetic code or the altered genetic code of your tumor cells can be identified and compared to other patients. Cancer can result from changes in a person's genetic material (DNA) that causes cells to divide in an uncontrolled way and, sometimes, to travel to other organs. Currently, researchers and doctors know some of the genetic changes that can cause cancer, but they do not know all of the genetic changes that can cause cancer.

By studying the genetic code of cancer cells and the people who have cancer, scientists expect to identify most of the genetic changes associated with different kinds of cancer. The Alliance and scientists who work with Alliance members, such as your doctor, would also like to compare genetic information obtained from your biological specimens with information available from your progress on the Alliance study. With this knowledge, future treatments for cancer could become customized to a patient's unique genetic make-up (this is known as personalized medicine).

Your specimens and medical information collected as part of the Alliance study will be labeled with a code.

Only the Alliance will have the information that matches the code to traditionally-used identifying information, such as your initials, birth date or medical record number. The Alliance will keep the information that matches the code to this traditionally-used identifying information in a safeguarded database. Only very few, authorized people, who have specifically agreed to protect your identity, will have access to this database. All other researchers and personnel, including those who will be working with your samples and medical information, will not have access to any of the traditionally-used identifying information about you.

Information from analyses of your coded specimens and your coded medical information will be put into databases along with information from other research participants. These databases will be accessible by the internet. The purpose of making sequence and medical information available is so that they can be used by scientific researchers throughout the world to study cancer and other diseases.

Please note that traditionally-used identifying information about you, such as your initials, birth date or medical record number would NOT be put into the databases.

Even if your specimens are used for this kind of research, the results will not be put in your health records and although you can learn more about this type of research, individual information about your genetic code or your tumor will not be available to you.

### **Benefits**

The benefits of research using specimens include learning more about what causes cancer and other diseases, how to prevent them, and how to treat them.

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**Risks**

The greatest risk to you is the release of information from your health records. We will do our best to make sure that your personal information will be kept private. The chance that this information will be given to someone else is very small.

- Your privacy is very important to us and we will use many safety measures to protect your privacy. However, in spite of all of the safety measures that we use, it is impossible to guarantee that links between you and the genetic information we would obtain will never become known. Although your genetic information is unique to you, you do share some genetic information with your children, parents, brothers, sisters, and other relatives. Consequently, it may be possible that genetic information from them could be used to try and identify your sample from the publicly available information. Similarly, it may be possible that genetic information from you could be used to help identify them.
- While the databases used to store your genetic information would not contain information that is traditionally used to identify you, such as your initials, birth date or medical record number, people may develop ways in the future that would allow someone to link your genetic or medical information in our databases back to you.

We would like to emphasize that we will do everything we can to protect your private information. However because of the nature of the issues, we feel that we should explain these issues to you carefully.

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- An additional risk to you is the release of information from your health records. We will do our best to make sure that your personal information will be kept private. The chance that this information will be given to someone else is very small.
- A federal law (Genetic Information Non-Discrimination Act, GINA) will help lower the risk from health insurance or employment discrimination on the basis of genetic information. The federal law does not include other types of misuse by life insurance, long-term care or disability insurance. If you want to learn more about the GINA Law, which went into effect in 2009, you can find information about it on the internet or ask the study staff. In addition to the federal law, some states have laws that also help protect against genetic discrimination.

### **Making Your Choice**

Please read the sentence below and think about your choice. After reading the sentence, circle "Yes" or "No". If you have any questions, please talk to your doctor or nurse, or call our research review board at 913-948-5588.

No matter what you decide to do, it will not affect your care. Even if you agree to have these tests done now, you may change your mind at any time. Just contact us and let us know that you do not want to continue with these tests.

1. My tissue and blood collected at surgery and during follow-up if my cancer returns may be used for the related research studies described above. If I have had chemotherapy before surgery, an additional tissue sample will also be collected before I have surgery and start chemotherapy.

Yes \_\_\_\_\_ No \_\_\_\_\_

### *Optional Storage of Specimens for Future Research*

The researchers would also like to store any portion of the tissue and blood that is not used up by the related studies described above. These samples may be stored indefinitely. You can still take part in the treatment study, and the additional research study described above without giving your consent for your specimens to be stored.

It is not possible for you or the Alliance to know what studies of cancer may be appropriate in the future. We ask that you give permission in advance for other studies to be performed using the tissue and blood without being re-contacted to give permission for each test.

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### Making Your Choice

Please read each sentence below and think about your choice. After reading each sentence, circle "Yes" or "No". If you have any questions, please talk to your doctor or nurse, or call our research review board at 913-948-5588.

No matter what you decide to do, it will not affect your care. Even if you agree to have these tests done now, you may change your mind at any time. Just contact us and let us know that you do not want to continue with these tests.

2. My coded tissue and blood samples and related coded information **may be kept for use** in future research to learn about, prevent, find or treat **cancer**. This may also include research on inherited traits (genes passed on in families).

Yes \_\_\_\_\_ No \_\_\_\_\_

3. My coded tissue and blood samples and related coded information **may be kept for use** in future research to learn about, prevent, find or treat **other health problems** (for example: diabetes, Alzheimer's disease, or heart disease). This may also include research on inherited traits (genes passed on in families).

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Someone from my hospital or the Alliance may contact me in the future to ask me to take part in more research.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Where can I get more information?

You may call the National Cancer Institute's Cancer Information Service at:

1-800-4-CANCER (1-800-422-6237)

You may also visit the NCI Web site at <http://www.cancer.gov/>

- For NCI's clinical trials information, go to: <http://www.cancer.gov/clinicaltrials/>
- For NCI's general information about cancer, go to <http://www.cancer.gov/cancertopics/>

You will get a copy of this form. If you want more information about this study, ask your study doctor.

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**Release**

By signing this form you authorize NCORP-KC to access and obtain information that is required for the study. This may include your medical records, labs, radiologic films and reports and pathology specimens. This authorization to disclose your medical records shall not expire, even upon death, unless specifically revoked in writing by you.

You will get a copy of this form. If you want more information about this study, ask your study doctor.

**Signature**

I have been given a copy of this form. I have read it or it has been read to me. I understand the information and have had my questions answered. I agree to take part in this study.

**Participant** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Person Obtaining Consent** \_\_\_\_\_

**Person Obtaining Consents Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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