

NCI Community Oncology Research Program – Kansas City (NCORP-KC) Informed Consent

Study Title for Study Participants: Testing the addition of radiation therapy to immunotherapy for Merkel Cell Carcinoma

Official Study Title for Internet Search on <http://www.ClinicalTrials.gov>:

A091605-A Randomized Phase II Study of anti-PD1 antibody [MK-3475 (pembrolizumab)] alone versus anti-PD1 antibody plus Stereotactic Body Radiation therapy in advanced Merkel Cell Carcinoma

This study is conducted by the Alliance for Clinical Trials in Oncology, a national clinical research group supported by the National Cancer Institute. The Alliance is made up of cancer doctors, health professionals, and laboratory researchers, whose goal is to develop better treatments for cancer, to prevent cancer, to reduce side effects from cancer, and to improve the quality of life of cancer patients.

What is the usual approach to my cancer?

You are being asked to take part in this study because you have Merkel cell carcinoma that cannot be removed by surgery. People who are not in a study are usually treated with chemotherapy (cisplatin and etoposide) though there has been a recent approval of immunotherapy (avelumab) as well. For patients who receive the usual approach of chemotherapy for this cancer the average life expectancy is approximately 1 year. It is unknown what the life expectancy is for patients who receive immunotherapy as these drugs have not been studied long enough to find out yet.

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

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

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

Why is this study being done?

The purpose of this study is to compare any good and bad effects of using radiation along with an immunotherapy treatment [MK-3475 (pembrolizumab)] compared with MK-3475 (pembrolizumab) alone. The addition of radiation to the usual immunotherapy may shrink your cancer and possibly increase the effect of immunotherapy in other parts of the body. Combining radiation with immunotherapy could also cause side effects. This study will allow the researchers to know whether this different approach is better, the same, or worse than the usual approach. To be better, the radiation with immunotherapy approach should increase the time it takes until the cancer grows compared to the usual approach. Radiation is a standard treatment for cancer. The

immunotherapy drug MK-3475 (pembrolizumab) is already FDA-approved for use in several types of cancer (lung, bladder, kidney cancers as well as melanoma) but for your type of cancer it is considered experimental. There will be about 100 people taking part in this study.

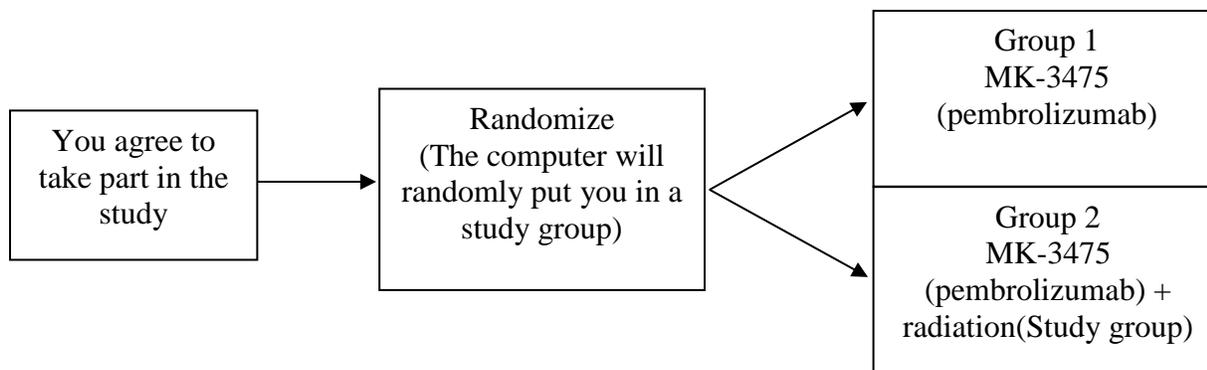
What are the study groups?

This study has two study groups.

- Group 1 will get treatment with MK-3475 (pembrolizumab)
- Group 2 will get MK-3475 (pembrolizumab) as well as radiation therapy.

A computer will by chance assign you to treatment groups in the study since participants will only be assigned to one group. This is called randomization. This is done by chance because no one knows if one study group is better or worse than the others.

Another way to find out what will happen to you during this study is to read the chart below. Start reading at the left side and read across to the right, following the lines and arrows.



How long will I be in this study?

In both groups, you will receive MK-3475 (pembrolizumab given intravenously (IV) in either arm for up to two years as long as it is helping to treat your cancer. In Group 2, radiation will be given during the first 21 days of MK-3475 (pembrolizumab) only. Radiation treatment will include a planning session (simulation) as well as 3 treatments. Normally the planning session is done within 1 hour and treatment will begin about 1 week later. The 3 treatments will be less than 1 hour long and occur every other day. After you finish MK-3475 (pembrolizumab), your doctor will continue to watch you for side effects and follow your condition closely for 3 months but will additionally check in with you every 3 months for five years.

What extra tests and procedures will I have if I take part in this study?

Before you begin the study, your doctor will review the results of your exams, tests and procedures to make sure it is safe for you to take part. If you join the study, there will be exams, tests, and procedures that will be done to closely monitor your safety and health. Most of these are included in the usual care you would receive even if you were not in a study.

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

If you choose to take part in this study, there is a risk that:

- You may lose time at work or home and spend more time in the hospital or doctor's office than usual
- You may be asked sensitive or private questions which you normally do not discuss
- The study drug(s)/study approach may not be better, and could possibly be worse, than the usual approach for your cancer.

The MK-3475 (pembrolizumab) and the radiation 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 be testing your blood and will let you know if changes occur that may affect your health.

There is also a risk that you could have side effects from the study drug(s)/study approach. Here are important points about side effects:

- The study doctors do not know who will or will not have side effects.
- Some side effects may go away soon, some may last a long time, or some may never go away.
- Some side effects may interfere with your ability to have children.
- Some side effects may be serious and may even result in death.

Here are important points about how you and the study doctor can make side effects less of a problem:

- Tell the study doctor if you notice or feel anything different so they can see if you are having a side effect.
- The study doctor may be able to treat some side effects.
- The study doctor may adjust the study drugs to try to reduce side effects.

The tables below show the most common and the most serious side effects that researchers know about. There might be other side effects that researchers do not yet know about. If important new side effects are found, the study doctor will discuss these with you.

PLEASE NOTE THE FOLLOWING IN REVIEWING THESE RISKS:

MK-3475 can cause your immune system to attack normal organs and tissues in many areas of your body and can affect the way they work. These problems can sometimes become serious or life-threatening and can lead to death. Getting medical treatment right away may help keep these problems from becoming more serious. Your doctor will check you for these problems during treatment with MK-3475. Your doctor may treat you with corticosteroids or other therapy or may need to delay or completely stop treatment if you have severe side effects.

Call or see your doctor right away if you develop any symptoms of the following problems or these symptoms get worse:

Lung problems (pneumonitis). Symptoms of pneumonitis may include:

- shortness of breath
- chest pain
- new or worse cough

Intestinal problems (colitis) that can lead to tears or holes in your intestine. Signs and symptoms of colitis may include:

- diarrhea or more bowel movements than usual
- stools that are black, tarry, sticky, or have blood or mucus
- severe stomach-area (abdomen) pain or tenderness

Liver problems (hepatitis). Signs and symptoms of hepatitis may include:

- yellowing of your skin or the whites of your eyes
- nausea or vomiting
- pain on the right side of your stomach area (abdomen)
- dark urine
- feeling less hungry than usual
- bleeding or bruising more easily than normal

Hormone gland problems (especially the thyroid, pituitary, adrenal glands, and pancreas). Signs and symptoms that your hormone glands are not working properly may include:

- rapid heart beat
- weight loss or weight gain
- increased sweating
- feeling more hungry or thirsty
- urinating more often than usual
- hair loss
- feeling cold
- constipation
- your voice gets deeper
- muscle aches
- dizziness or fainting
- headaches that will not go away or unusual headache

Kidney problems, including nephritis and kidney failure. Signs of kidney problems may include:

- change in the amount or color of your urine.

Problems in other organs. Signs of these problems may include:

- rash
- changes in eyesight
- severe or persistent muscle or joint pains
- severe muscle weakness

- low red blood cells (anemia)

Infusion (IV) reactions, that can sometimes be severe and life-threatening. Signs and symptoms of infusion reactions may include:

- chills or shaking
- shortness of breath or wheezing
- itching or rash
- flushing
- dizziness
- fever
- feeling like passing out

Profile for MK-3475 (MK-3475 (pembrolizumab) used in treatment groups 1 and 2 (CAEPR Version 2.4, March 16, 2018)

COMMON, SOME MAY BE SERIOUS

In 100 people receiving MK-3475 (pembrolizumab), more than 20 and up to 100 may have:

- Tiredness

OCCASIONAL, SOME MAY BE SERIOUS

In 100 people receiving MK-3475 (pembrolizumab), from 4 to 20 may have:

- Nausea
- Infection
- Loss of appetite
- Pain in back
- Joint stiffness
- Cough
- Swelling and redness of the skin

MK-3475 (pembrolizumab) 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:

- Anemia which may require blood transfusion
- Pain in lymph nodes
- Blood clot which may cause bleeding, confusion, paralysis, seizures and blindness
- 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
- 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
- Diarrhea
- Sores in the mouth which may cause difficulty swallowing
- Pain in belly
- Sores in the bowels
- Chills, fever
- 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
- Pain or swelling of the joints
- Problem of the muscle, including swelling, which can cause muscle pain and severe muscle weakness sometimes with dark urine
- Fluid in the joints
- Pain in chest
- Lung problems (pneumonitis and other conditions). Symptoms may include: new or worsening cough, chest pain, shortness of breath.
- Skin: itching; acne; rash (can be severe); blisters and peeling on the skin, mouth; skin changes; hives

RARE, AND SERIOUS

In 100 people receiving MK-3475 (pembrolizumab), 3 or fewer may have:

- Feeling of "pins and needles" in arms and legs
- Redness, pain or peeling of palms and soles

MK-3475 (pembrolizumab) 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.
- Swelling and redness of the eye
- 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
- Damage to organs in the body when donor cells attack host organs which may cause yellowing of eyes and skin, itchy dry skin
- Damage to organs in the body when the body produces too many white cells
- A condition with high blood sugar which leads to tiredness, frequent urination, excessive thirst, headache, nausea and vomiting, and can result in a coma
- Problem of the nerves that can cause paralysis. Signs and symptoms may include: numbness, tingling of hands and feet; weakness of the arms, legs.
- Swelling of the brain (encephalitis/meningitis) which may cause headache, confusion, sleepiness, seizures, and stiff neck
- 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.
- Swelling or tenderness of blood vessels

Let your study doctor know of any questions you have about possible side effects. You can ask the study doctor questions about side effects at any time.

Reproductive risks: You should not get pregnant, breastfeed, or father a baby while in this study. The drug used in this study could be very damaging to an unborn baby. Women of child bearing potential and men must agree to use adequate contraception (barrier method of birth control or abstinence) before registering to this study and for the duration of study participation through 120 days after receiving the last dose of treatment. If you become pregnant while receiving treatment on this study, you should inform your doctor immediately and stop the MK-3475.

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

It is not possible to know at this time if the study drug/study approach is better than the usual approach so this study may or may not help you. This study will help researchers learn things that will help people in the future.

Can I stop taking part in this study?

Yes. You can decide to stop at any time. If you decide to stop for any reason, it is important to let the study doctor know as soon as possible so you can stop safely. If you stop, you can decide

whether or not to let the study doctor continue to provide your medical information to the organization running the study.

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

The study doctor may take you out of the study:

- If your health changes and the study is no longer in your best interest
- If new information becomes available
- If you do not follow the study rules
- If the study is stopped by the sponsor, IRB or FDA.

What are my rights in this study?

Taking part in this study is your choice. No matter what decision you make, and even if your decision changes, there will be no penalty to you. You will not lose medical care or any legal rights.

For questions about your rights while in this study, call the _____ (*insert name of center*) Institutional Review Board at _____ (*insert telephone number*). (*Note to Local Investigator: Contact information for patient representatives or other individuals at a local institution who are not on the IRB or research team but take calls regarding clinical trial questions can also be listed here.*)

What are the costs of taking part in this study?

The MK-3475 (pembrolizumab) will be supplied at no charge while you take part in this study. The cost of getting the MK-3475 ready and giving it to you is not paid by the study sponsor so you or your insurance company may have to pay for this. Radiation will be charged to your insurance as a standard treatment. It is possible that the MK-3475 (pembrolizumab) may not continue to be supplied while you are on the study. Although not likely, if this occurs, your study doctor will talk to you about your options.

You and/or your health plan/insurance company will need to pay for all of the standard costs of treating your cancer while in this study, including the cost of tests, procedures, or medicines to manage any side effects, unless you are told that certain tests are supplied at no charge. Before you decide to be in the study, you should check with your health plan or insurance company to find out exactly what they will pay for.

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

What happens if I am injured or hurt because I took part in this study?

If you are injured or hurt as a result of taking part in this study and need medical treatment, please tell your study doctor. The study sponsors will not offer to pay for medical treatment for injury. Your insurance company may not be willing to pay for study-related injury. If you have no insurance, you would be responsible for any costs.

If you feel this injury was a result of medical error, you keep all your legal rights to receive payment for this even though you are in a study.

Who will see my medical information?

Your privacy is very important to us and the researchers will make every effort to protect it. Your information may be given out if required by law. For example, certain states require doctors to report to health boards if they find a disease like tuberculosis. However, the researchers will do their best to make sure that any information that is released will not identify you. Some of your health information, and/or information about your specimen, from this study will be kept in a central database for research. Your name or contact information will not be put in the database.

There are organizations that may inspect your records. These organizations are required to make sure your information is kept private, unless required by law to provide information. Some of these organizations are:

- The Alliance, Merck (and its designees) and any drug company supporting the study
- The Institutional Review Board, IRB, is a group of people who review the research with the goal of protecting the people who take part in the study.
- The Food and Drug Administration and the National Cancer Institute in the U.S., and similar ones if other countries are involved in the study.

Where can I get more information?

You may visit the NCI Web site at <http://cancer.gov/> for more information about studies or general information about cancer. You may also call the NCI Cancer Information Service to get the same information at: 1-800-4-CANCER (1-800-422-6237).

A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

Who can answer my questions about this study?

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 the study doctor _____ (*insert name of study doctor[s]*) at _____ (*insert telephone number*).

ADDITIONAL STUDIES SECTION:

This part of the consent form is about optional studies that you can choose to take part in. You will not get health benefits from any of these studies. The researchers leading this optional study hope the results will help other people with cancer in the future.

The results will not be added to your medical records and you or your study doctor will not know the results.

You will not be billed for these optional studies. You can still take part in the main study even if you say “no” to any or all of these studies. If you sign up for but cannot complete any of the studies for any reason, you can still take part in the main study.

Circle your choice of “yes” or “no” for each of the following studies.

Optional Sample Collections for Laboratory Studies and/or Biobanking for Possible Future Studies

Researchers are trying to learn more about cancer, diabetes, and other health problems. Much of this research is done using samples from your tissue, blood, urine, or stool. Through these studies, researchers hope to find new ways to prevent, detect, treat, or cure health problems.

Some of these studies may be about genes. Genes carry information about features that are found in you and in people who are related to you. Researchers are interested in the way that genes affect how your body responds to treatment.

If you choose to take part in this study, the study doctor for the main study would like to collect a piece of your tumor available from a previous tumor biopsy, blood samples and a sample of your bowel movement (stool) for research on immune factors that impact the effectiveness of immunotherapy and the combination of radiation with immunotherapy.

If you choose to take part, a sample of tissue from your previous biopsy, blood samples and a sample of your bowel movement will be collected prior to starting treatment. The researchers ask your permission to store and use your samples and related health information (for example, your response to cancer treatment, results of study tests and medicines you are given) for medical research. The research that may be done is unknown at this time. Storing samples for future studies is called “biobanking”. The Biobank is being run by The Alliance for Clinical Trials in Oncology and supported by the National Cancer Institute.

Your privacy is very important and the researchers will make every effort to protect it. Your test results will be identified by a unique code and the list that links the code to your name will be kept separate from your sample and health information.” The results from research tests will not be available to the study participant or study doctor.

Neither you nor your health care plan/insurance carrier will be billed for the collection of the research specimens that will be used for this study.

WHAT IS INVOLVED?

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

- 1) A maximum of about 4 tablespoons of blood will be collected from a vein in your arm before you started the first dose of MK-3475 (pembrolizumab) (the study drug), after radiation therapy (if you are on Group 2), on day 1 of the third and fourth cycles (if you are in either group), and when your doctor is re-assessing the size of your tumor(s) (called restaging) which usually happens around 3 months after you complete 4 cycles of MK 3475(pembrolizumab). A sample from the tissue that was collected at the time of your surgery will be sent to the Biobank. A sample of bowel movement (stool) will be collected before the first dose of MK-3475 (pembrolizumab).
- 2) Your sample and some related health information may be stored in the Biobank, along with samples and information from other people who take part. The samples will be kept until they are used up. Information from your medical record will be updated from time to time.

- 3) Qualified researchers can submit a request to use the materials stored in the Biobanks. A science committee at the clinical trials organization, and/or the National Cancer Institute, will review each request. There will also be an ethics review to ensure that the request is necessary and proper. Researchers will not be given your name or any other information that could directly identify you.
- 4) Neither you nor your study doctor will be notified when research will be conducted or given reports or other information about any research that is done using your samples.
- 5) Some of your genetic and health information may be placed in central databases that may be public, along with information from many other people. Information that could directly identify you will not be included.

WHAT ARE THE POSSIBLE RISKS?

- 1) The most common risks related to drawing blood from your arm are brief pain and possibly a bruise.
- 2) There is a risk that someone could get access to the personal information in your medical records or other information researchers have stored about you.
- 3) There is a risk that someone could trace the information in a central database back to you. Even without your name or other identifiers, your genetic information is unique to you. The researchers believe the chance that someone will identify you is very small, but the risk may change in the future as people come up with new ways of tracing information.
- 4) In some cases, this information could be used to make it harder for you to get or keep a job or insurance. There are laws against the misuse of genetic information, but they may not give full protection. There can also be a risk in knowing genetic information. New health information about inherited traits that might affect you or your blood relatives could be found during a study. The researchers believe the chance these things will happen is very small, but cannot promise that they will not occur.

HOW WILL INFORMATION ABOUT ME BE KEPT PRIVATE?

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

- 1) When your sample(s) is sent to the researchers, no information identifying you (such as your name) will be sent. Samples will be identified by a unique code only.
- 2) The list that links the unique code to your name will be kept separate from your sample and health information. Any Biobank and The Alliance for Clinical Trials in Oncology staff with access to the list must sign an agreement to keep your identity confidential.
- 3) Researchers to whom The Alliance for Clinical Trials in Oncology sends your sample and information will not know who you are. They must also sign an agreement that they will not try to find out who you are.
- 4) Information that identifies you will not be given to anyone, unless required by law.
- 5) If research results are published, your name and other personal information will not be used.

WHAT ARE THE POSSIBLE BENEFITS?

You will not benefit from taking part.

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?

There are no costs to you or your insurance. You will not be paid for taking part. If any of the research leads to new tests, drugs, or other commercial products, you will not share in any profits.

WHAT IF I CHANGE MY MIND?

If you decide you no longer want your samples to be used, you can call the study doctor, _____, *(insert name of study doctor for main trial)* at _____ *(insert telephone number of study doctor for main trial)* who will let the researchers know. Then, any sample that remains in the bank will no longer be used and related health information will no longer be collected. Samples or related information that have already been given to or used by researchers will not be returned. Any remaining samples will either be destroyed, or if it is a tumor block, will be returned to the site.

WHAT IF I HAVE MORE QUESTIONS?

If you have questions about the use of your samples for research, contact the study doctor, _____, *(insert name of study doctor for main trial)*, at _____ *(insert telephone number of study doctor for main trial)*.

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

SAMPLES FOR FUTURE RESEARCH STUDIES:

I agree to have my blood collected and I agree that my blood and related information related information may kept in a Biobank for use in future health research.

YES NO

I agree to have my tissue collected and I agree that my tissue and related information may kept in a Biobank for use in future health research.

YES NO

I agree to have my stool collected and I agree that my stool and related information may be kept in a Biobank for use in future health research

YES NO

I agree that my study doctor, or their representative, may contact me or my physician to see if I wish to participate in other research in the future.

YES NO

This is the end of the section about optional studies.

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.

My Signature Agreeing to Take Part in the Main 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 copy of this form. I agree to take part in the main study and any additional studies where I circled 'yes'.

Participant _____

Participant's signature _____

Date of signature _____

Person obtaining consent _____

Signature of person obtaining consent _____

Date of signature _____