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

Study Title for Study Participants: UPBEAT (Group 1)

Official Study Title for Internet Search on http://www.ClinicalTrials.gov: (WF 97415) Understanding and Predicting Breast Cancer Events after Treatment

Introduction

This is a clinical research study. Your study team will explain the research study to you. Clinical research studies include only people who choose to take part in the research. Please take your time to make your decision about volunteering. You may discuss your decision with your friends and family. You can also discuss this study with your health care team. If you have any questions, you can ask your study doctor for more of an explanation. You should only agree to participate in this study when you are comfortable enough with the information so that you can make an informed decision about joining.

What is the usual approach to my breast cancer?

People who have breast cancer are usually treated with FDA-approved chemotherapy drugs that are commonly used along with radiation therapy and surgery.

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 take part in a different study, if one is available,
- or you may choose not to participate in a study .

Why is this study being done?

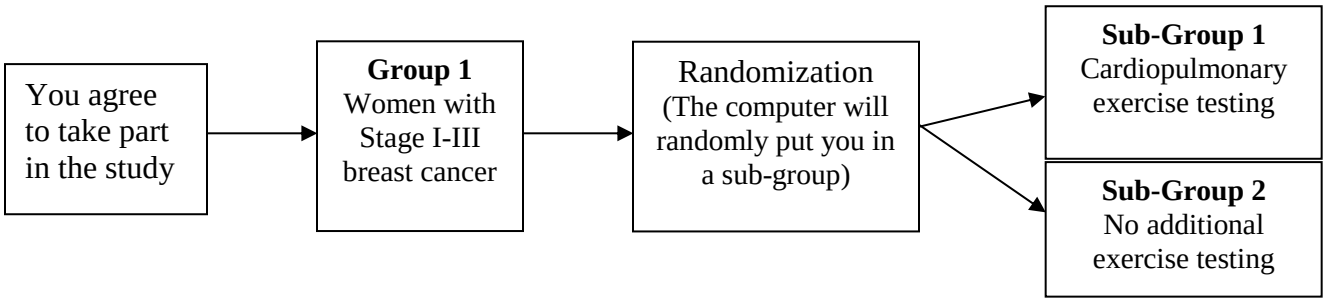
You will be receiving chemotherapy that can cause heart problems and related side effects, such as fatigue and exercise limitations. The purpose of this study is to compare these effects on people receiving chemotherapy for breast cancer compared to patients who do not have cancer. There will be about one thousand (1000) people who will take part in this study.

What are the study groups?

This study has two study groups. Group 1 will include women with breast cancer who are scheduled to receive chemotherapy before or after surgery and Group 2 will include healthy women who do not have cancer.

You may, by chance, be assigned to receive additional exercise testing (to be performed on a treadmill or stationary bike). This assignment is called randomization. Randomization is done by a computer—like a coin toss—to decide whether or not you would receive additional exercise testing. Once you are put in a group, you cannot switch to the other group. Your study team cannot choose which group you will be in. After your information has been entered in the computer, a study team member will tell you whether or not you will receive additional exercise testing.

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?

You will be in the study for 9 – 11 years. The first 2 years you will have MRIs, blood draws, complete questionnaires, neurocognitive tests, and physical function tests. The following 7 – 9 years, a member of the study team will contact you once a year to complete a 5 minute questionnaire.

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

The following procedures are **not** part of the usual approach for your type of cancer.

During the study:

- MRI exams of your heart at baseline, 3 months, and 24 months. Each MRI exam will take about 15 minutes. The MRI exam is to evaluate specific parts of your heart. The MRI is for study purposes only; the imaging results will not be reviewed by your local health care team. Only alert values pertaining to severely abnormal heart function will be furnished to your physicians. No other reports of these studies will be furnished to you or your physicians.

- Also at your baseline visit, you will be asked to complete several questionnaires that will measure your fatigue, general health, and physical activity. The questionnaires will take 30-40 minutes to complete. You will repeat these questionnaires at your 3 month, 12 month, and 24 month visits.

- Neurocognitive Tests - that assess your memory and thinking ability - will be given at baseline, 3 month, 12 month and 24 month visits. These tests will take 10-15 minutes to complete.

- Physical functions measures which include walking for 6 minutes, short distance walking, standing up from a chair, your balance, your arm movement and arm strength will be completed at baseline, 3 months, 12 months and 24 months. The physical functions measures will take about 20-30 minutes to complete.

Forty-five percent of the women in this study will have a Cardiopulmonary Exercise Test (CPET) at baseline and again at 24 months. If you are in this half of the study, you will be asked to walk on a treadmill or ride on a stationary bicycle while breathing through a mouthpiece to measure your breathing. Your heart rate, rhythm, and blood pressure will also be monitored. You will continue to exercise until you are short of breath or very tired and unable to continue. This test will take about 40 minutes. Results

obtained from this test are for research purposes only and will not be reviewed by your local health care team. Only alert test results will be furnished to you and/or your physician. No other reports from this test will be provided to you or your physician.

You will be asked to not eat or drink anything except water for 3 hours before having blood drawn. You will have approximately 19 teaspoons of blood withdrawn during Baseline, 3 month, 12 month and 24 month visits and approximately 11 teaspoons of blood withdrawn during the 1 month visit from a vein or currently placed central line (port-a-cath) to test several types of blood cell levels, including liver and kidney function, cardiovascular biomarkers and assessment of markers that will become evident in the future as forecasters of cardiovascular health.

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.
- Be asked sensitive or private questions which you normally do not discuss. There is a risk someone could get access to the personal information in your medical records or other information researchers have kept about you. Someone might be able to trace this information back 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.

You may experience discomfort, bruising and/or bleeding where the needle is inserted during blood draws. Occasionally some people become dizzy, lightheaded or feel faint. Infection may occur on rare occasions.

An MRI is a procedure in which a magnet linked to a computer is used to create detailed pictures of areas inside the body. MRI scans are not associated with any known side effects. Some people experience discomfort associated with enclosed spaces during MRI scanning. If this happens to you, we will remove you from the scanner immediately, at which point you will be offered an anti-anxiety medication.

In the event that you are claustrophobic (extreme discomfort or fear of small spaces) you may be offered an anti-anxiety medication (benzodiazepine) to make you drowsy, relaxed and comfortable during the MRI scan. Because anti-anxiety medications may decrease alertness and cause lightheadedness or dizziness, you must have another adult drive you home from the clinic if you are given an anti-anxiety medication.

The tables below show the most common side effects that we know about anti-anxiety medications, some of which may be serious. There might be other side effects that we do not yet know about. If important new side effects are found, the study doctor will discuss these with you.

Possible Side Effects of anti-anxiety medications

COMMON, SOME MAY BE SERIOUS Most common events may occur in about 2% of patients:
• Dizziness • Headache

OCCASIONAL, SOME MAY BE SERIOUS Less common (≤ 2%)
• Unusually fast/slow/irregular heartbeat • Fainting • Confusion • Mental/mood changes • Trouble breathing • Muscle twitching and involuntary movements

RARE, SOME MAY BE SERIOUS (≤ 1%)
• Throat discomfort • Skin rash and hives

Participants will be required to wear earplugs or a headset during their MRI scan to protect their hearing against the noise generated by the MRI scanner.

During the 6-minute and short distance walk tests, there is a chance you could lose your balance, trip or fall. To minimize this risk, the staff will make sure you have a clear walking path and that trained staff is always nearby.

If you are randomized to receive the Cardiopulmonary Exercise Test, there is a small chance that the exercise test on a treadmill or exercise bike could lead to symptoms of heart disease or to injury. Before you do the test, a history and physical examination will be done and there will be continuous safety monitoring during the exercise test. The exercise test will be supervised by medical personnel trained to deal with any complications.

There may also be other side effects that we cannot predict. You should tell the research staff about all the medications, vitamins and supplements you take and any medical conditions you may have. This may help avoid side effects, interactions and other unforeseen risks.

The risk of harm or discomfort that may happen as a result of taking part in this research study is not expected to be more than in daily life or from routine physical or psychological examinations or tests.

Reproductive risks: At the beginning of the study, pregnant women and women who are breast feeding will not be enrolled in the study as clinically these women do not receive anthracycline based or other forms of chemotherapy due to possible harm to the developing fetus as a result of the cancer treatment. Later in the study, MRI scans may be performed and recent studies show the risk of an adverse condition or outcome for the fetus or mother is no different than the general population when MRI contrast is not used during the MRI scan. In this study, MRI contrast will not be used so the added risk of the MRI is not expected. It is important to note that adverse conditions, such as spontaneous abortion, occur more prominently in the first trimester of pregnancy, but this occurrence has not been related to receipt of an MRI scan performed without the use of contrast. In addition, the study requires for some individuals a maximal exercise test. Maximal exercise if you are pregnant or think you may be pregnant has been found to be of similar risk as that experienced by the general public. However, if you notice a lack of balance while walking or other condition related to a pregnancy that develops during the study and you do not wish to exercise vigorously on a treadmill due to the pregnancy, you may continue to participate in the study and receive the follow-up exercise test within 9 months of the 24 month visit.

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

Participating in this study is unlikely to help your condition. This study may help us learn things that could 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 team know as soon as possible so you can stop safely. If you stop, you can decide whether or not to let the study team continue to provide your medical information to the organization running the study.

The study team will tell you about any new information or changes in the study that could 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.
- If 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 early for any reason by the sponsor or IRB.

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 ***Central Institutional Review Board at 888-657-3711.***

What are the costs of taking part in this study?

All costs that are directly related to the study will be provided at no cost to you and include the cardiac MRI, MRI sedation if needed, blood draws and cardiopulmonary exercise test (if you are in the 45 percent participating). Costs for your regular medical care, not related to this study, will be your own responsibility.

Each participant will receive a $25 gift card after completing all study activities at the beginning of the study, and 3 month, 12 month and 24 month follow-up visits. The total amount received will not exceed $100.00.

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

If you feel you have been injured or hurt as a result of taking part in the study, it is important that you tell the study team immediately. You will get medical treatment if you are injured or hurt as a result of taking part in this study.

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 coverage, you would be responsible for any costs. Even though you are in a study, you keep all of your legal rights to receive

payment for injury caused by medical errors.

Who will see my medical information?

Your privacy is very important to us and we 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, we will do our best to make sure that any information that is released will not be able to 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. Some of these organizations are:

- The study sponsor and any other people or laboratories providing services for this research project on behalf of Wake Forest School of Medicine and the Wake Forest Baptist Medical Center.
- 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 National Cancer Institute in the US and the National Heart Lung and Blood Institute (NHLBI).
- The National Cancer Institute will obtain information for this clinical trial under data collection authority Title 42 U.S.C. 285.

Where can I get more information?

You may visit the NCI website 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 US law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website 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).*

This section is about optional studies you can choose to take part in and only pertains to participants with breast cancer (Group 1).

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 may 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 biopsies, blood, urine, or other fluids. 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, a sample of your blood will be collected. The researchers ask your permission to store and use your samples and health information 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 Wake Forest NCORP Research Base located in Winston-Salem, North Carolina and supported by the National Cancer Institute.

WHAT IS INVOLVED?

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

1) Blood samples will be collected from a vein in your arm or currently placed central line (port-a-cath) during your baseline visit and 3 month visit in the amount of approximately 3 teaspoons at each visit.
   Your samples and some related information may be stored in the Biobank, along with samples and information from other people who take part. The samples will be stored at Dr. Timothy Howard's laboratory (Center for Genomics & Personalized Medicine Research, Wake Forest School of Medicine) located in Winston-Salem, North Carolina until they are used up.
2) Qualified researchers can submit a request to use the materials stored in the Biobank. A research committee 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.
3) Neither you nor your study doctor will be notified if/when research is conducted using your samples.

4) 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 we 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.

   There are laws against the misuse of genetic information, but they may not give full protection. 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.

   A new Federal law, called the Genetic Information Nondiscrimination Act (GINA), generally makes it illegal for health insurance companies, group health plans, and most employers to discriminate against you based on your genetic information. This law generally will protect you in the following ways:

   - Health insurance companies and group health plans may not request your genetic information that we get from this research.

   - Health insurance companies and group health plans may not use your genetic information when making decisions regarding your eligibility or premiums.

   Employers with 15 or more employees may not use your genetic information that we get from this research when making a decision to hire, promote, or fire you or when setting the terms of your employment. All health insurance companies and group health plans must follow this law by May 21, 2010. All employers with 15 or more employees must follow this law as of November 21, 2009.

   Be aware that this new Federal law does not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.

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 or social security number) will be sent. Samples will be identified by a unique study 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 Wake Forest Baptist Medical Center staff with access to the list must sign an agreement to keep your identity confidential.

3) Researchers to whom Wake Forest Baptist Medical Center 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, Dr. Gregory Hundley, at 336-716-0607, who will let the researchers know. Then, any sample that remains in the bank will no longer be used. Samples or related information that have already been given to or used by researchers will not be returned.

WHAT IF I HAVE MORE QUESTIONS?

If you have questions about the use of your samples for research, contact the study doctor, Dr. Gregory Hundley, at 336-716-0607.

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

SAMPLES FOR FUTURE DNA RESEARCH STUDIES:

My samples and related information may be kept in a Biobank for use in future DNA 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 had the opportunity to ask questions about being in the study 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_____

Time of signature: _____ am pm

Person obtaining consent_____

Signature of person obtaining consent_____

Date of signature_____

Time of signature: _____ am pm