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

Informed Consent for S1612

Specimen Submission: FLT3 Screening

Study Title for Study Participants: Comparing New Treatment Options to One of the Standard Treatment Options for Older Patients with Newly Diagnosed Acute Myeloid Leukemia

Official Study Title for Internet Search on http://www.ClinicalTrials.gov: S1612, A Randomized Phase II/III Trial of "Novel Therapeutics" versus Azacitidine in Newly Diagnosed Patients with Acute Myeloid Leukemia (AML) or High-Risk Myelodysplastic Syndrome (MDS), Age 60 or Older

What is the usual approach to my leukemia?

You are being asked to take part in this study because you have acute myeloid leukemia (AML) or high-risk myelodysplastic syndrome (MDS). Also, you and/or your doctor did not think you should get intensive chemotherapy. People who are not in a study are usually treated with single-agent chemotherapy such as azacitidine or decitabine, or with combinations of more intense therapies. Your doctor should discuss with you what option he or she would recommend if you were not in a clinical trial. For participants who receive the usual approach for this cancer, anywhere from 0 to 10 out of 100 are free of cancer at five years.

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 screening step is to allow researchers to learn if a certain blood and bone marrow test (called a biomarker) can help predict how a person's AML/MDS will respond to study drugs. All participants that are in the study will take part in the biomarker study. For the biomarker test, researchers will take a little less than an extra teaspoon of bone marrow and about 2 teaspoons of blood. These will be taken at the time you have bone marrow and blood drawn to diagnose your AML/MDS. If you don't have enough bone marrow, then just the blood will be used. If you don't have blood available from your previous blood draws, you will be asked to have another blood draw for this

testing. Researchers will look at the biomarker, called FLT3, before you begin the treatment part of the study to make sure that participants with the biomarker take part in all of the study treatment groups. Later the researchers will use the information to see if the level of the FLT3 biomarker predicts if certain treatments work better than others. The use of this biomarker is investigational. This biomarker is not being used to assign you to any specific treatment group. We expect that about 500 participants will have this biomarker test each year of this study. We expect that a total of between 550 to 1,700 people will take part in the biomarker research, and between 500 to 1,556 people will take part in the treatment portion of the study. The treatment portion of the study is designed to let the researchers expand the study if the treatment seems to be working, or stop it if the treatment doesn't seem to be working. Because of this, it is difficult to know exactly how many people might take part in the study overall.

What are the study groups?

The study has two steps: the initial screening step where we will test for the biomarker, and the study treatment step which will be discussed in a separate consent form.

All participants will have the biomarker test. You will have to meet additional requirements before you can begin treatment on the study treatment step. If you don't meet the criteria to go on to the study treatment, you will not be able to be treated on the study treatment step. Your treatment at that point will be decided between you and your study doctor. If you do meet the criteria to go on to the study treatment, you will receive a separate consent form that will explain the study treatment.

The study chart below is meant to help you understand the study design. Start reading at the top of the chart and read down, following the arrows.

Specimen Submission: FLT3 Screening

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You agree to have specimens submitted for FLT3 testing
Your specimens are submitted for FLT3 testing
FLT3 testing is performed on your specimen

↓

Treatment Study Randomization

You will receive another consent form that explains the treatment portion of the study.
If you agree to take part in the treatment study, you will be randomized to one of the study treatment groups.

How long will I be in this study?

The FLT3 screening step will take approximately 2-3 days from the time your specimen is taken at your doctor's office and shipped to the laboratory for examination.

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

The exams, tests and procedures you will have on the treatment step are part of the usual approach for your cancer. The only required test/procedure as part of the screening step is the biomarker test for FLT3.

Before you begin the study:

You will need to have the following extra test in order to be in the study:

* Biomarker test for FLT3

An additional sample of bone marrow (less than one teaspoon) and of blood (about two teaspoons) will be taken for the study at the time your bone marrow and blood are taken to diagnose your disease (within about 6 weeks before you start treatment on the study). The blood and bone marrow have to be sent to the lab within a day after they are collected, so if you had blood and bone marrow drawn previously for diagnosis, you will be asked to have more blood and bone marrow drawn for this testing. If you do not have enough bone marrow available, just the blood will be taken. This sample is required in order for you to take part in this study because the research on the sample is an important part of the study.

Common side effects of a bone marrow biopsy are a small amount of bleeding at the time of the procedure, pain at the biopsy site, which can be treated with regular pain medications, and bruising. Rarely, an infection can occur. Common side effects of a blood draw are bruising, pain, and/or bleeding at the site of the draw.

If there is any blood or bone marrow left after the mandatory testing, the researchers would like to keep it and store it for biobanking. This is not required for you to take part in the study. This will be discussed in the section on optional studies.

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 in a secure database. The results of the biomarker test will not be given to you or your doctor.

Neither you nor your health care plan/insurance carrier will be billed for the collection of the *bone marrow or blood* that will be used for this study.

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

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

- **As with all medical screening tests, there is a chance of a false positive or a false negative result. A "false positive" refers to the identification of a biomarker that is not present. A "false negative" is the failure to find a biomarker that indeed exists. The tests have been designed to ensure that the possibility of incorrect results is low.**

Either a false positive or a false negative test will not affect your treatment assignment.

- **If you have to have another blood draw to get more blood, you may have pain, bruising, bleeding, or swelling at the site of the blood draw. If you have to have another biopsy to get more bone marrow you may have pain, bruising, bleeding, swelling, and/or infection at the site of the biopsy.**
- **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.**
- **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. In some cases, this information could be used to make it harder for you to get or keep a job. The researchers believe the chance these things will happen is very small, but cannot promise that they will not occur. There are laws against misuse of genetic information, but they may not give full protection. The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, was passed by Congress to protect Americans from such discrimination. The new law prevents discrimination from health insurers and employers. This law does not cover life insurance, disability insurance and long-term care insurance.**
- **There can also be a risk in finding out new genetic information about you. New health information about inherited traits that might affect you or your blood relatives could be found during a study.**

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

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

Your study treatment will not be based on the results of this biomarker test, so your treatment will not be any better or worse depending on the results. This biomarker test is meant to help ensure that people with the biomarker take part in all study treatment groups. 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, Institutional Review Board (IRB) or Food and Drug Administration (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 Central Institutional Review Board at 888-657-3711.

What are the costs of taking part in this study?

There is no cost to you or your insurance associated with this biomarker screening. If you need an extra biopsy to collect more tissue for this screening, the biopsy cost will be provided by the study. However, if you take part in the treatment study, you and/or your health plan/insurance company will need to pay for the costs of caring for your cancer while in this treatment 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. Other costs will be addressed in more detail in the consent form for the treatment you are offered.

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 study sponsor and any drug and device companies 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 section is about optional studies 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. 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.

1. FUTURE CONTACT:

I agree to allow my study doctor, or someone approved by my study doctor, to contact me regarding future research involving my participation in this study.

YES NO

2. OPTIONAL SAMPLE COLLECTIONS FOR LABORATORY STUDIES AND/OR BIOBANKING FOR POSSIBLE FUTURE STUDIES

Circle your choice of "yes" or "no" at the end of this section that explains this Optional Study.

Researchers are trying to learn more about cancer, diabetes, and other health problems. Much of this research is done using samples from your bone marrow and/or blood. 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 bone marrow and/or blood, taken at the same time as other marrows are being drawn for regular cancer care, will be collected. 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 *SWOG* and supported by the National Cancer Institute.

WHAT IS INVOLVED?

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

1) Less than one teaspoon of additional bone marrow and about 2 teaspoons of additional blood will be collected during your regular bone marrow and blood draws before you start treatment, after about 2 months of treatment, and after about 4 months of treatment. Blood is collected from a vein in your arm. Bone marrow is collected during a procedure where a needle is inserted into the marrow of your hip, called a bone marrow biopsy. If you do not have bone marrow available, the researchers will only collect a blood sample.
Your bone marrow and/or blood 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.

2) 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.

3) Neither you nor your study doctor will be notified when research will be conducted or given reports or other information about any future research that is done 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 a bone marrow biopsy are a small amount of bleeding at the time of the procedure, pain at the biopsy site, which can be treated with regular pain medications, and bruising. Rarely, an infection can occur. 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 *SWOG* staff with access to the list must sign an agreement to keep your identity confidential.
3) Researchers to whom SWOG 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.

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:

My samples and related information may be kept in a Biobank for use in future health research.

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 Screening Study
(Specimen Submission: FLT3 Screening)

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's signature_____

Date of signature_____

Specimen Consent Supplemental Sheets

How are Specimens Used for Research?

Where do specimens come from?

A specimen may be from a blood sample or from bone marrow, skin, toenails or other body materials. People who are trained to handle specimens and protect donors' rights make sure that the highest standards of quality control are followed by SWOG. Your doctor does not work for SWOG, but has agreed to help collect specimens from many participants. Many doctors across the country are helping in the same way.

Why do people do research with specimens?

Research with specimens can help to find out more about what causes cancer, how to prevent it, how to treat it, and how to cure it. Research using specimens can also answer other health questions. Some of these include finding the causes of diabetes and heart disease, or finding genetic links to Alzheimer's.

What type of research will be done with my specimen?

Many different kinds of studies use specimens. Some researchers may develop new tests to find diseases. Others may develop new ways to treat or even cure diseases. In the future, some of the research may help to develop new products, such as tests and drugs. Some research looks at diseases that are passed on in families (called genetic research). Research done with your specimen may look for genetic causes and signs of disease.

How do researchers get the specimen?

Researchers from universities, hospitals, and other health organizations conduct research using specimens. They contact SWOG and request samples for their studies. SWOG reviews the way that these studies will be done, and decides if any of the samples can be used. SWOG gets the specimen and information about you from your hospital, and sends the specimen samples and some information about you to the researcher. SWOG will not send your name, address, phone number, social security number or any other identifying information to the researcher.

Will I find out the results of the research using my specimen?

You will not receive the results of research done with your specimen. This is because research can take a long time and must use specimen samples from many people before results are known. Results from research using your specimen may not be ready for many years and will not affect your care right now, but they may be helpful to people like you in the future.

Why do you need information from my health records?

In order to do research with your specimen, researchers may need to know some things about you. (For example: Are you male or female? What is your race or ethnic group? How old are you? Have you ever smoked?) This helps researchers answer questions about diseases. The information that will be given to the researcher may include your age, sex, race, diagnosis, treatments and family history. This information is collected by your hospital from your health record and sent to SWOG. If more information is needed, SWOG will send it to the researcher.

Will my name be attached to the records that are given to the researcher?

No. Your name, address, phone number and anything else that could identify you will be removed before they go to the researcher. The researcher will not know who you are.

How could the records be used in ways that might be harmful to me?

If your confidential genetic information is discovered, you may suffer from genetic discrimination. Genetic discrimination occurs if people are treated unfairly because of differences in their genes that increase their chances of getting a certain disease. In the past, this could have resulted in the loss of health insurance or employment. Because of this, The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, was passed by Congress to protect Americans from such discrimination. The new law prevents discrimination from health insurers and employers. This act was signed into federal law on May 21, 2008, and went into effect May 2009. This law does not cover life insurance, disability insurance and long-term care insurance.

While this study has safeguards in place to protect your confidential genetic information and to make it extremely unlikely that your identity would be connected with any special studies that are performed on your tissue, it is possible that this information could be discovered by someone who is unauthorized to have access to it.

How am I protected?

SWOG is in charge of making sure that information about you is kept private. SWOG will take careful steps to prevent misuse of records. Your name, address, phone number and any other identifying information will be taken off anything associated with your specimen before it is given to the researcher. This would make it very difficult for any research results to be linked to you or your family. Also, people outside the research process will not have access to results about any one person which will help to protect your privacy.

What if I have more questions?

If you have any questions, please talk to your doctor or nurse, or call our research review board at 888-657-3711.