NRG ONCOLOGY

NRG-GU005
(ClinicalTrials.gov NCT #* 03367702*)

PHASE III IGRT AND SBRT VS IGRT AND HYPOFRACTIONATED IMRT FOR LOCALIZED INTERMEDIATE RISK PROSTATE CANCER

NRG-GU005 Consent Form

Study Title for Study Participants: Testing short course of radiation therapy versus usual radiation therapy for prostate cancer

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

NRG-GU005: Phase III IGRT and SBRT vs IGRT and Hypofractionated IMRT for localized intermediate risk prostate cancer

What is the usual approach to my prostate cancer? (23-FEB-2022)

You are being asked to take part in this research study because you have prostate cancer that has a risk of getting worse. People who are not in a study are usually treated with either radiation therapy or surgery. For those getting radiation the standard treatment is to get daily doses of radiation for 5 and-a-half weeks for a total radiation dose of about 70Gy (Gy is a measure of radiation dose). For people who receive the usual approach for this cancer, about 85 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? (14-JAN-2022)

The purpose of this study is to compare any good and bad effects of using stereotactic body radiation therapy (SBRT), a technique that gives treatment in a shorter amount of time compared to the usual radiation therapy. SBRT is experimental for treating this type of cancer. SBRT uses special equipment to position a participant and precisely deliver radiation to tumors in the body. Both the study and the usual radiation treatments use daily images to guide the radiation treatment to protect normal tissue. The study treatment, treatment over a shorter amount of time, may prevent the tumor from returning but it could also cause side effects. This study will allow the researchers to know whether this different approach using SBRT is better, the same, or worse than the usual approach. To be better, the study treatment should increase the time without the cancer coming back by six months or more compared to the usual approach, and show improvements in side effects to the bladder or rectum.

There will be 692 people taking part in this study.

What are the study groups?

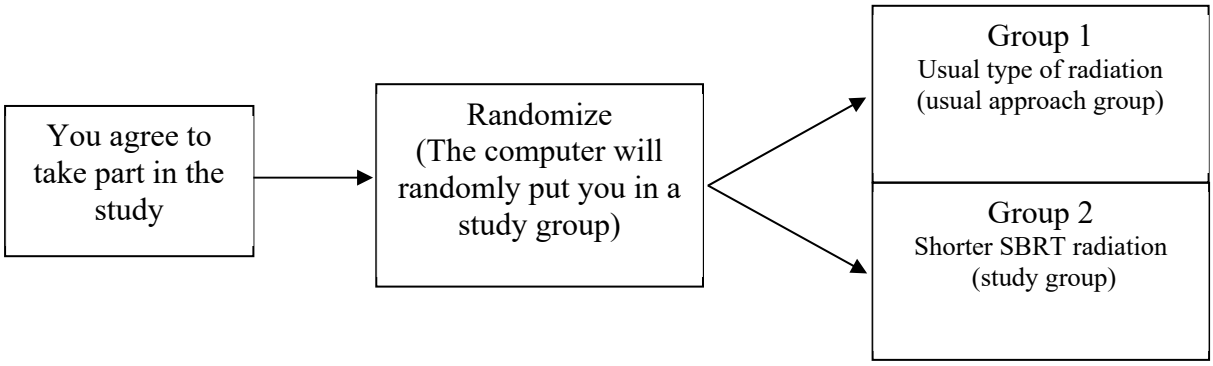
This study has two study groups.

- Group 1 will get usual radiation therapy

- Group 2 will get shorter radiation therapy

A computer will by chance assign you to treatment groups in the study. This is called randomization. This is done by chance because no one knows if one study group is better or worse than the other. Neither you nor your doctor can choose which group you will be in. You will have an equal chance of being placed in either group.

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? (23-JAN-2020)

If you are in group 1, you will receive 28 radiation treatments over approximately 6 weeks or 20 radiation treatments over approximately 4 weeks. If you are in group 2, you will receive 5 radiation treatments over approximately 2 weeks. For both groups, after you finish radiation your doctor will continue to watch you for side effects and follow your condition every 3 months for 2 years, then every 6 months for the next 3 years, and then yearly.

What extra tests and procedures will I have if I take part in this study? (23-JAN-2020)

Most of the exams, tests, and procedures you will have are part of the usual approach for your cancer. However, there are some extra assessments that you will need to have if you take part in this study.

Additional Required MRI Sub-Study for patients as of Amendment 2:

About Additional Imaging in the Study

The MRI sub-study involves an extra MRI after radiation therapy for patients with specific PSA levels or changes in PSA value. If you meet the criteria, you will be required to have the extra MRI either at 2 years or after 2 years once radiation therapy is completed. A total of 200 eligible patients will be included in the additional MRI portion of the study.

The extra MRI will be the same as the MRI you had before you enrolled in the study. The MRI takes between 30 and 45 minutes. MRI examinations require that you lie flat in the MR scanner while imaging is performed. Researchers hope that the MRI will help them learn more about the tumor's response to treatment.

Risks

MRI. For most patients, there are no specific risks associated with MRI scanning, but some may experience anxiety, stress, claustrophobia, or discomfort.

Benefits

You may not directly benefit from the results of the advanced imaging study, but we hope that the results will help other people with prostate cancer in the future. However, if cancer is still seen in the MRI after radiotherapy, your doctor may recommend a biopsy, which may lead to additional treatments.

Costs and Payments

This MRI scan is not considered standard of care, and you or your insurance company will not be charged for MRI.

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.

Quality of Life Study

If you speak and understand English, French, or Spanish, you will be required to fill out 2 forms, one about general health and the other about your urinary and bowel symptoms, as well as sexual and hormonal symptoms.

Researchers will use this information to learn more about how cancer and cancer treatment affect people. You will be asked to fill out these forms at 3 times:

- Before you begin study treatment
- At 12 and 24 months after you finish radiation

Each form will take about 15 minutes to complete, for a total of 30 minutes to complete the forms each time. You may feel uncomfortable answering some of the questions, and you can skip any you do not want to answer.

You will have the option of completing the questionnaires by paper or by an electronic device (See *Section Below).

**Option for completing Quality of Life Questionnaires with a personal electronic device*

If you speak and understand English, Spanish, or French (Quality of Life Questionnaires), you will have the option of completing the questionnaires and survey by paper or by an electronic device. If you choose to complete the questionnaires and survey with an electronic device, you will enter your answers to the questionnaires and survey via a personal electronic device such as

your smart phone or tablet. This may result in minor increases in your cell phone data usage. In some cases, your clinic may provide a tablet for you to answer the survey and questionnaires during your clinic visits. Whether you use a personal device or a tablet supplied by the clinic, your answers and personal information will not be stored on the device. Your answers will be sent to the research database and will be kept private in the same way listed in the later section about who will see your medical records. Your e-mail address will only be used for this survey study and will not be used for mail or marketing purposes. NRG Oncology will not keep your e-mail address. All patients will complete the questionnaires and survey before treatment on paper. After that, you can choose to complete the remaining forms online or on paper. The choice is up to you. If you choose to complete questionnaires using an electronic device, see Appendix I of this document for more information.

Please circle your answer:
I choose to use the electronic software for completing the Quality of Life Questionnaires. I agree to fill out the Quality of Life forms electronically (after treatment has started).

YES NO

What possible risks can I expect from taking part in this study? (23-FEB-2022)

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

- The study approach may not be better, and could possibly be worse, than the usual approach for your cancer.
- 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 radiation therapy used in this study may affect how different parts of your body work such as your bladder, bowel, and sexual function. The study doctor will be evaluating you during this study 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 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 table below shows 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.

Study Group 1 and Group 2

Possible Side Effects of Prostate Radiation (excluding pelvis)

COMMON, SOME MAY BE SERIOUS In 100 people receiving prostate radiation, more than 20 and up to 100 may have:
• Need to urinate more often • Urgency with urination • Slower urinary flow • Pain, including with urination and/or bowel movements • Hair loss in the treatment area, may be permanent • Tiredness • Abnormal sexual function, may be permanent

OCCASIONAL, SOME MAY BE SERIOUS In 100 people receiving prostate radiation, from 4 to 20 may have:
• Chronic bowel/bladder symptoms as described above • Blood in urine • Inability to control urine, inability to control bowel movements • Diarrhea • Bleeding of the rectum • Swelling, redness, rash, skin changes, or itching in the area of radiation

RARE, AND SERIOUS In 100 people receiving prostate radiation, 3 or fewer may have:
• Blockage of internal organs that may require surgery • Damage to or bleeding of the rectum requiring surgery • A new cancer resulting from treatment of earlier cancer

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 father a baby while in this study. The radiation used in this study could be very damaging to an unborn baby. Check with the study doctor about what types of birth control, or pregnancy prevention, to use while in this study. Contraception should be used during treatment and for 6 months after treatment.

What possible benefits can I expect from taking part in this study? (12-NOV-2018)

It is not possible to know at this time if the lower dose SBRT radiation therapy 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?

You and/or your health plan/insurance company will need to pay for the radiation therapy and all of the other 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? (23-JAN-2020)

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:

- NRG Oncology
- Other organizations in the National Clinical Trials Network (NCTN): Alliance for Clinical Trials in Oncology (ALLIANCE), ECOG-ACRIN Cancer Research Group (ECOG-ACRIN), SWOG, and IROC-Houston
- 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.
- The Department of Defense (DoD) is funding the MRI sub-study.
- Representatives of the DoD are authorized to review research records.
- Representatives of the DoD are one of the parties to whom private health information may be disclosed.

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 this optional study. You can still take part in the main study even if you say 'no' to this study. 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 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.

Optional biobanking
If you agree to the optional tissue, blood, and urine collection for biobanking as described later in this form, you will be asked to submit tumor tissue from your previous biopsy. Also, you will be asked to submit urine and have blood drawn before, during and after treatment. This is described in detail in the section on optional studies. 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 NRG Oncology and supported by the National Cancer Institute.

WHAT IS INVOLVED?

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

1) A sample from the tissue that was collected at the time of your surgery will be sent to the Biobank.
2) About 2-3 tablespoons of blood will be collected from a vein in your arm at three times: before, at the end of radiation treatment, and 1 year after you receive treatment.
3) A urine sample will also be collected at two times: before and at the end of radiation treatment
4) 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.
5) 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.
6) 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.
7) 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. *(For non-US participants, please verify existence of such laws before including the following text.)* 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 you will be kept separate from your sample and health information. Any Biobank and NRG Oncology staff with access to the list must sign an agreement to keep your identity confidential.
3) Researchers to whom NRG 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. Samples collected while participants consented will remain in the bank for future research and will be destroyed only upon written request. 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

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.

My Signature Agreeing to Take Part in the Main Study (23-FEB-2022)

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_____

(The following signature and date lines for the person(s) conducting the discussion may be included at the discretion of the study sponsor.)

Signature of person(s) conducting the informed consent discussion_____

Date of signature_____

Appendix I: Patient Instructions for Accessing the Patient Cloud Using Your Personal Device (23-JAN-2020)

Downloading the Patient Cloud ePRO App

If you are using your personal device, and you do not have the Patient Cloud ePRO app, use the following instructions. When downloading the app, you must use the Apple ID or Google account associated with the device. If the Patient Cloud ePRO app is already on the device, or if you are using the study team's device, you can skip this section.
You will need an email address that you agree to use for this purpose. The e-mail address is needed to identify you on the Patient Cloud Application and for you to receive notifications to let you know when forms are due. Your e-mail address will only be used for this survey study, and will not be used for mail or marketing purposes.
If you decide to use the electronic method to complete the questionnaires, and do not have an e-mail address, you may sign up for one at no charge at many different websites. A few sites that are commonly used and will allow you to create an email address very easily are Yahoo, Gmail, and Outlook.

For iOS:

1. An Apple ID is required for downloading the Patient Cloud ePRO app.
2. Tap the *App Store* icon.
3. Search for *Medidata Patient Cloud* and follow the installation instructions.

Note: Patient Cloud ePRO is listed as an iPhone App in the App store. When using an iPad, please view the search results under iPhone apps.

For Android:

1. A Google account is required for downloading the Patient Cloud ePRO app
2. Tap the *Play Store* icon.
3. Search for *Medidata Patient Cloud* and follow the installation instructions.

Registering

You must register in order to complete and submit your study forms. When you register, you will create a username, which is your email address, and a password that allows you to log in to the Patient Cloud ePRO app.
Note**:** You must have an activation code to begin this process. If you do not have an activation code, please contact your study team.

There are two possible ways to register. Your study team may have sent you a link to a web address where you may register from any web browser, including the one on your device. The other way to register is on the Patient Cloud ePRO app.

1. If registering from the Patient Cloud app, tap Register on the bottom of the log in page. If registering on the web, open the URL shield.imedidata.com on a web browser.
2. Enter your activation code and tap Activate.

3. On the next page, read the instructions and tap Next.
4. Read the privacy notice and tap I agree. Then tap OK to confirm.
5. Enter and confirm your email address. Tap Next.
6. Enter and confirm your password. Tap Next.
7. Choose a security question by scrolling through the dropdown menu to display the question of your choice.
8. Enter your security question response.
9. Tap Create my account to complete your registration.

If you registered on the Patient Cloud ePRO app, it automatically logs you out. If you registered on the web, you are presented with the option to download the Patient Cloud ePRO app. You can then proceed to log in with the credentials you created.

Logging in to the App

1. Enter your Email and Password that you created during the registration process. (If you previously set a PIN code, just enter your four-digit PIN.)
2. Tap Log in.

   Note: If you do not remember your password, tap **Forgot Password**, and follow the instructions provided.

Setting a PIN Code

The first time you log in to the Patient Cloud ePRO app, you are given the option to create a PIN code. A PIN code allows you to bypass the step of entering your email and password every time you need to log in to the Patient Cloud ePRO app. Instead, you can enter a four-digit PIN.

1. If you wish to set a PIN code the first time you log in, tap Yes when prompted.
2. Note: You can also set your PIN at a later time by tapping the options menu on the top left of most pages and selecting Set PIN.
3. Enter a four-digit PIN.
4. Re-enter the four-digit PIN to confirm.

If you forget your PIN code, tap **Forgot PIN** and you can access the app using your email and password. You may reset your PIN by tapping the options menu on the top left of most pages and selecting Set PIN.

Resetting Your Password

You can reset your password by using the options menu at the top left of most pages.

1. Tap the options menu icon.
2. Tap Reset Password.
3. Follow the instructions to reset your password.

Completing and Submitting Forms

Once logged in, forms related to your study display on the Tasks page. If you are enrolled in multiple studies, select the appropriate study first, and then select a form. New forms can appear on the Tasks page at any time, depending on how the study is designed.

There are two types of forms displayed on the Task List page:

- *Scheduled Forms* (with a  icon): These forms have a "Due Date" indicator in them so you are aware of the last day by which you will need to complete the form. If the form is due in less than one day, you will see the due time in hours.
- *Anytime Forms* (with a  icon): These forms have "Last Completed Time" indicator on them which tells the most recent date or time when you completed the form. If you start a form, but do not complete it, you will see an 'Incomplete" status beneath the form name, along with a half-moon icon.

1. Select the appropriate form.
2. Follow the on-screen instructions until you reach the end of the form where you are given the opportunity to review and change your responses prior to submitting.
3. Review your responses by scrolling down the list.
4. If you need to change an answer, tap the question to go back and change the answer.
5. When you are ready to submit, tap Submit Your Data.

Note: Once a form is submitted, you will be unable to edit any of your responses. In some cases, you may be asked to acknowledge your submission by entering your password.