IRB APPROVED
AS MODIFIED
Aug 09, 2019

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center

NCI-2020-07838

INFORMED CONSENT/AUTHORIZATION FOR PARTICIPATION IN RESEARCH WITH OPTIONAL PROCEDURES

TITLE: A Phase II study of poziotinib in EGFR or HER2 mutant advanced solid tumors

PROTOCOL NO.: 2016-0783
WIRB® Protocol #20190169

SPONSOR: University of Texas MD Anderson Cancer Center
IND Office

INVESTIGATOR: Yasir Y. Elamin, MD
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United States

STUDY-RELATED PHONE NUMBER(S): 713-792-6363
713-792-2933
713-792-2121 (24-hours)
713-792-6161 (24 hours)

_____ _____
Participant's Name Medical Record Number

This consent and authorization form explains why this research study is being done and what your role will be if you choose to take part. You may choose not to take part in this study.

1. DESCRIPTION OF STUDY

The goal of this clinical research study is to learn if poziotinib can help to control advanced solid tumors or non-small cell lung cancer (NSCLC) that is locally advanced or metastatic (has spread). The types of cancer studied in this research protocol have certain genetic mutations (changes) in their DNA (genetic material in cells) that may allow them to respond to poziotinib treatment.

The safety of poziotinib will also be studied.

This is an investigational study. Poziotinib is not FDA approved or commercially available. It is being used for research purposes only. The study doctor can explain how the study drug is designed to work.

Poziotinib will be provided at no cost to you during this study.

Up to 130 participants will be enrolled in this study. All will take part at MD Anderson.

2. STUDY PROCEDURES

Screening Tests

Signing this consent form does not mean that you will be able to take part in this study. The following screening tests will be performed within 28 days before your first dose of study drug to help the doctor decide if you are eligible:

- You will have a physical exam.
- Blood (about 2 tablespoons) will be drawn for routine tests.
- You will have an EKG to check your heart function. At any time while you are taking part in this study, if the doctor thinks it is needed, this will be performed more often. Your doctor will discuss this you.
- You will have a CT scan or MRI to check the status of the disease.
- Leftover tumor tissue from an earlier procedure, if available, will be used for biomarker testing. Biomarkers are found in the blood and may be related to your reactions to the study drugs. If you do not have leftover tissue available, you will have a core biopsy of the tumor. To perform a core biopsy, the affected area is numbed and a sample of tissue is removed using a hollow core needle that has a cutting edge.
- If you can become pregnant, blood (about ½ teaspoon) or urine will be collected for a pregnancy test. To take part in this study, you must not be pregnant.

We will collect and test your biomarkers in this study. There is a chance that the results could be either a false positive or false negative:

- A “false positive” result means the test found a certain biomarker but it is actually not present in the tumor. As a result, you would be considered eligible to move forward with screening for the main study and could be exposed to potential risks of the study drug without receiving any potential benefit.
- A “false negative” result means the test did not find the biomarker but it is actually present in the tumor. As a result, you would not be considered eligible to move forward with screening for the main study that may benefit you.

Please ask your study doctor what this may mean for you in terms of being enrolled in the study.

The study doctor will discuss the screening test results with you. If the screening tests show that you are not eligible to take part in the study, you will not be enrolled. Other options will be discussed with you.

Study Drug Administration

Each study cycle is 28 days.

If you are found to be eligible to take part in this study, you will take 2 poziotinib tablets by mouth 1 time every day while you are on study. Each dose should be taken at about the same time each day (preferably in the morning) with a glass (about 8 ounces) of water. You should not open, break, or chew the tablets.

If you miss a dose, take it as soon as possible on the same day, with a return to the normal schedule the following day. You should not take any extra doses on the following day to make up for any forgotten doses.

You will be given a pill diary to complete. You should record in the diary each dose of poziotinib you take, including when you took it. You should bring this diary with you to each study visit.

Length of Study

You may continue taking the study drug for as long as the doctor thinks it is in your best interest. You will no longer be able to take the study drug if the disease gets worse, if intolerable side effects occur, or if you are unable to follow study directions.

Your participation in this study will be over after follow-up.

Study Visits

On Day 1 (+/- 7 days) **of all cycles and Day 15 of Cycle 1:**

- You will have a physical exam.
- Blood (about 2½ teaspoons) will be drawn for routine tests.

At **Week 16,** you will have an EKG.

At **Month 3 and every 6 months** after that**,** you will have an ECHO or MUGA scan.

Every 8 weeks, you will have a CT scan and/or an MRI to check the status of your disease.

Follow-Up Visit

About 30 days after your last dose of study drug:

- You will have a physical exam.
- Blood (about 2½ teaspoons) will be drawn for routine tests.
- You will have an EKG and either an ECHO or MUGA scan.

Long Term Follow-Up

Every 6 months, you will come to the clinic to have an ECHO or MUGA scan. During these visits you will be asked how you are doing and if you have started any new drugs or treatment. If you cannot come to the clinic, you will be called by the study staff to answer these questions. Each call should last about 10 minutes.

You will continue to have CT scans or MRIs every 8 weeks (+/- 14 days). If the disease appears to get worse, you will stop having these scans.

3. POSSIBLE RISKS

While on this study, you are at risk for side effects. These side effects will vary from person to person. The more commonly occurring side effects are listed in this form, as are rare but serious side effects. You should discuss these with the study doctor. You may also want to ask about uncommon side effects that have been observed in small numbers of patients but are not listed in this form. Many side effects go away shortly after treatment is stopped, but in some cases side effects may be serious, long-lasting or permanent, and may even result in hospitalization and/or death.

Tell the study staff about any side effects, you may have, even if you do not think they are related to the study drug/procedures.

Poziotinib Side Effects

Common (occurring in more than 20% of patients)

• skin rash • dry/itchy skin • hand-foot syndrome (palms of hands/sole of feet having pain, swelling, and blistering) • fatigue	• mouth blisters/sores (possible difficulty swallowing) • abdominal pain • nausea/vomiting	• loss of appetite • upset stomach • diarrhea • runny nose • infection (hand/foot)

Occasional (occurring in less than 20% of patients)

• skin disorder • hair loss (partial or total) • skin infection	• skin peeling • weight loss • weakness	• eye irritation • sore throat • nosebleed

Due to the risk of diarrhea, you will be given a medication called loperamide to help prevent the development of diarrhea. You will be asked to take this multiple times a day. You should not stop taking loperamide without consulting your study doctor. The risks include dizziness, drowsiness, tiredness, and constipation. You may ask the study staff for information about how the drugs are given and their risks.

Other Risks

Blood draws may cause pain, bleeding, and/or bruising. You may faint and/or develop an infection with redness and irritation of the vein at the site where blood is drawn. Frequent blood collection may cause anemia (low red blood cell count), which may create a need for blood transfusions.

Having **biopsies** performed may cause pain, bruising, bleeding, redness, low blood pressure, swelling, and/or infection at the site of the biopsies. An allergic reaction to the anesthetic may occur. A scar may form at the biopsy site.

EKGs may cause discomfort while lying on the exam table, and the tape on the EKG pads may cause skin irritation.

CT and MUGA scans expose you to radiation. A CT scan combines a series of x-ray images taken at different angles. A MUGA scan creates video images of the heart using a radioactive tracer. The level of radiation risk depends on the number of scans performed, whether contrast dye or radioactive tracer is used, and the amount of radiation used for the specific scans. Risks from radiation are cumulative over a lifetime.

MRI scans do not expose you to radiation. MRIs use powerful magnets to create images. You should not have an MRI if you have metal or electronic devices inside your body. You might feel uncomfortable if you do not like small spaces. Some people are bothered by the loud thumping noises made by the scanner.

ECHO scans do not expose you to radiation. ECHO scans use high-frequency sound waves that create echoes when they bounce off different parts of the body. There are no known health risks from ECHO scans.

This study may involve unpredictable risks to the participants.

Pregnancy Related Risks

Taking part in this study can result in risks to an unborn or breastfeeding baby, so you should not become pregnant, breastfeed a baby, or father a child while on this study. You must use birth control during the study and for at least 30 days after your last dose of study drug, if you are sexually active and are able to become pregnant or have a partner who could become pregnant.

Birth Control Specifications: Check with your study doctor about what kind of birth control methods to use and how long to use them. Some methods might not be approved for use in this study.

Males: Tell the doctor right away if your partner becomes pregnant or suspects pregnancy. If your partner/spouse becomes pregnant while you are on this study, the sponsor would like to collect information about the pregnancy. The study sponsor's contact information will be made available so that, if you and your partner wish to, you

can share information about the outcome of the pregnancy with the sponsor. If you and/or your partner choose not to share this information, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

Females: If you are pregnant, you will not be enrolled on this study. If you become pregnant or suspect that you are pregnant, you must tell your doctor right away. The sponsor will ask for information about the pregnancy.

Getting pregnant will result in your removal from this study.

OPTIONAL PROCEDURES FOR THE STUDY

Optional Procedure #1: If you agree, blood (about 1-2 tablespoons) will be drawn at screening, the end of cycle 2, and about 30 days after your last dose of study drug for biomarker testing. This testing may help researchers learn if there is a relationship between your genes and your response to the study drug.

Optional Procedure #2: If you agree, you will have a tumor biopsy at the follow-up visit for biomarker testing.

Optional Procedure #3: If you agree, leftover blood and/or tissue samples will be stored in a research bank at MD Anderson for use in future research related to cancer.

Before your samples can be used for research, the researchers must get approval from the Institutional Review Board (IRB). The IRB is a committee of doctors, researchers, and community members. The IRB is responsible for protecting the rights and welfare of study participants.

Your samples will be given a code number. No identifying information will be directly linked to your samples. Only the researcher in charge of the bank will have access to the code numbers and be able to link the samples to you. This is to allow medical data related to the samples to be updated as needed.

There are no benefits to you for taking part in the optional procedures. Future patients may benefit from what is learned. You may stop taking part at any time. There will be no cost to you for taking part in the optional procedures.

Optional Procedure Risks:

Blood draws may cause pain, bleeding, and/or bruising. You may faint and/or develop an infection with redness and irritation of the vein at the site where blood is drawn. Frequent blood collection may cause anemia (low red blood cell count), which may create a need for blood transfusions.

Having **biopsies** performed may cause pain, bruising, bleeding, redness, low blood pressure, swelling, and/or infection at the site of the biopsies. An allergic reaction to the anesthetic may occur. A scar may form at the biopsy site.

MD Anderson and others can learn about cancer and other diseases from your **banked samples.** In the future, people who may do research with these samples may need to know more information about your health. This information may be collected from your medical record. MD Anderson will make reasonable efforts to preserve your privacy, but cannot guarantee complete privacy. Sometimes your samples may be used for genetic research about diseases that are passed on in families. The type of **genetic testing** being performed in this study will not provide you or your doctor information about diseases that are passed down in families. It will not tell the study researchers anything that will prevent you from getting health insurance, and it will not tell the study researchers anything about any diseases or conditions you may get in the future.

If you withdraw your consent to the storage of leftover samples in the tissue bank, then they will no longer be collected for storage. Any of your samples that remain in the tissue bank will no longer be used for research and will be destroyed.

However, if any of your de-identified samples were already released for research purposes before you withdrew consent, MD Anderson will not be able to destroy them.

CONSENT/PERMISSION/AUTHORIZATION FOR OPTIONAL PROCEDURES

You may choose not to participate in any of the optional procedures listed below and still participate in the main study.

Circle your choice of "yes" or "no" for each of the following optional procedures:

Optional Procedure #1: Do you agree to allow additional blood to be drawn for biomarker testing?

YES NO

Optional Procedure #2: Do you agree to have a tumor biopsy at the follow-up visit for biomarker testing?

YES NO

Optional Procedure #3: Do you agree to allow leftover blood and/or tissue samples to be stored in a research bank by MD Anderson for use in future research related to cancer?

YES NO

4. POTENTIAL BENEFITS

The study drug may help to control the disease. Future patients may benefit from what is learned. There may be no benefits for you in this study.

5. OTHER PROCEDURES OR TREATMENT OPTIONS

Instead of taking part in this study, you may choose to receive other FDA approved drugs such as carboplatin plus pemetrexed or cisplatin plus paclitaxel. Depending on the type of cancer you have and the types of therapy you have received previously, there are FDA-approved and commercially available treatments that may improve your overall health.

You may choose to receive other investigational therapy, if available. You may choose not to have treatment for cancer at all. In all cases, you will receive appropriate medical care, including treatment for pain and other symptoms of cancer.

If you decide that you don't want any more active treatment, one of your options is called "comfort care." Comfort care includes pain medication and other support. It aims to maintain your comfort and dignity rather than cure disease. Usually this care can be provided at home.

If you think you might prefer comfort care, please discuss this with your family, friends and your doctor.

6. COSTS AND COMPENSATION

If you suffer injury as a direct result of taking part in this study, MD Anderson health providers will provide medical care. However, this medical care will be billed to your insurance provider or you in the ordinary manner. There are no plans made by MD Anderson or Spectrum Pharmaceuticals to reimburse you for expenses or to compensate you financially for this injury.

If you suffer a study-related injury, you may contact the study doctor, Dr. Yasir Y. Elamin, at 713-792-6363 or 713-792-2121 (24-hours) with any questions you may have. By signing this consent form, you are not giving up any of your legal rights.

Certain tests, procedures, and/or drugs that you may receive as part of this study may be without cost to you because they are for research purposes only. However, your insurance provider and/or you may be financially responsible for the cost of care and treatment of any complications resulting from the research tests, procedures, and/or drugs. Standard medical care that you receive under this research study will be billed to your insurance provider and/or you in the ordinary manner. Before taking part in this study, you may ask about which parts of the research-related care may be provided without charge, which costs your insurance provider may pay for, and which costs may be your responsibility. You may ask that a financial counselor be made available to you to talk about the costs of this study.

There are no plans to compensate you for any patents or discoveries that may result from your participation in this research.

The sponsor may reimburse you for reasonable costs that are a direct result of your participation, such as travel expenses. If you live more than 75 miles but less than 150

miles from MD Anderson, you may receive the current IRS approved mileage rate for each mile and up to $60 for meals. If you live 150 miles or more from MD Anderson, you may receive up to $400 total for travel, food, and lodging. You will need to provide receipts for your expenses to be eligible for reimbursement. Please ask the study staff about this possible reimbursement.

Additional Information

7. You may ask the study doctor any questions you have about this study , if you have any questions, concerns, or complaints about the research, or if at any time you feel you have experienced a research-related injury or a reaction to the study drug. You may contact the study doctor, Dr. Yasir Y. Elamin, at 713-792-6363, 713-792-2933, 713-792-2121 (24 hours) or 713-792-2121 (24-hours).

   If you have questions about your rights as a research subject or if you have questions, concerns, or complaints about the research, you may contact:

   Western Institutional Review Board® (WIRB®)
   1019 39th Avenue SE Suite 120
   Puyallup, Washington 98374-2115
   Telephone: 1-800-562-4789 or 360-252-2500
   E-mail: Help@wirb.com

   WIRB is a group of people who perform independent review of research.

   WIRB will not be able to answer some study-specific questions, such as questions about appointment times. However, you may contact WIRB if the research staff cannot be reached or if you wish to talk to someone other than the research staff.

8. Your participation in this research study is strictly voluntary. You may choose not to take part in this study without any penalty or loss of benefits to which you are otherwise entitled. You may also withdraw from participation in this study at any time without any penalty or loss of benefits to which you are otherwise entitled.

   If you decide you want to stop taking part in the study, it is recommended for your safety that you first talk to your doctor. If you withdraw from this study, you can still choose to be treated at MD Anderson.

9. This study or your participation in it may be changed or stopped at any time by the study doctor, The University of Texas MD Anderson Cancer Center Investigational New Drug Office, Spectrum Pharmaceuticals, the U.S. Food and Drug Administration (FDA), the Office for Human Research Protections (OHRP), or Western Institutional Review Board (WIRB).

10. You will be informed of any new findings or information that might affect your willingness to continue taking part in the study and you may be asked to sign another informed consent and authorization form stating your continued willingness to participate in this study.

11. MD Anderson may benefit from your participation and/or what is learned in this study.

12. This study is sponsored and/or supported by: Spectrum Pharmaceuticals

13. In a medical emergency, you may be cared for by someone who has a financial interest with the study sponsor(s). If you have any questions about this, you may call WIRB at 1-800-562-4789.

Conflict of Interest

14. The MD Anderson Conflict of Interest (COI) policy states that MD Anderson employees may not serve as the study investigator or co-investigator on a research study if they have received funds that are greater than the amount allowed by the policy or own stock in the sponsoring or supporting companies.

    The COI policy and the IRB require that you be told about financial relationships that the study investigators may have with the study sponsor(s).

    The MD Anderson Institutional Conflict of Interest policy requires that you be told about financial relationships that MD Anderson Institutional Decision Makers may have with the study sponsor(s) and significant financial relationships that MD Anderson may have with the study sponsor(s).

    There is a significant financial relationship between MD Anderson and Spectrum Pharmaceuticals. MD Anderson has an agreement with Spectrum giving Spectrum the ability to use some of MD Anderson's technology, which is used in this study. In return, Spectrum will pay MD Anderson various royalties and payments, including milestone payments. Some of these payments may be paid to MD Anderson in the form of stock in Spectrum. Under MD Anderson's intellectual property policy, a significant portion of these payments will be shared with the creators of the MD Anderson technology being used by Spectrum. These creators will not be involved in carrying out this study.

    Spectrum is also providing funds to MD Anderson for carrying out this study and other research.

    There is also a financial relationship between an Institutional Decision Maker, John Heymach (Chair of Thoracic Head and Neck Oncology) and Spectrum Pharmaceuticals. Dr. Heymach is one of the creators of the technology being used in this study, but Dr. Heymach will not be involved in this study.

MD Anderson's significant financial relationship with Spectrum, and Dr. Heymach's financial interest with Spectrum, have been identified as an institutional financial conflict of interest.

The results of this study may result in a financial benefit for MD Anderson and John Heymach.

MD Anderson has taken steps to manage this financial conflict of interest. The plan to manage the conflict has been approved by the Executive Vice Chancellor for Health Affairs for The University of Texas System. Information about MD Anderson's financial conflict of interest and a description of the plan for managing this conflict of interest is posted on MD Anderson's public website.

Dr. Elamin, the Principal Investigator who will be overseeing this study, has no conflict of interest and, in particular, he has no financial interest in the study, the results of the study will not result in a personal financial benefit to him, and he is not receiving any portion of the payments from Spectrum.

MD Anderson's and Dr. Heymach's financial conflict of interest may affect your willingness to take part in this study. If you have any questions or concerns related to MD Anderson's significant financial relationship or John Heymach's financial relationship with Spectrum Pharmaceuticals, please call the MD Anderson Institutional Compliance Office at 713-745-6636. That office will provide you the contact information for a non-MD Anderson ethicist who can assist with your questions and concerns. In the event that a non-MD Anderson ethicist is unavailable, an MD Anderson ethicist will contact you to assist with your questions and concerns.

Authorization for Use and Disclosure of Protected Health Information:

A. During the course of this study, MD Anderson will be collecting and using your PHI, including identifying information, information from your medical record, and study results. For legal, ethical, research, and safety-related reasons, your doctor and the research team may share your PHI with:

- Spectrum Pharmaceuticals (and/or any future sponsors of the study)
- The EVC and the Office of General Counsel for The University of Texas System
- Any future licensees of the study technology and an External Data Safety and Monitoring Board
- Federal agencies that require reporting of clinical study data (such as the FDA, National Cancer Institute [NCI], and OHRP)
- WIRB
- A non- MD Anderson ethicist
- Study monitors and auditors who verify the accuracy of the information
- Individuals who put all the study information together in report form

Study sponsors and/or supporters receive limited amounts of PHI. They may also view additional PHI in study records during the monitoring process. MD Anderson's contracts require sponsors/supporters to protect this information and limit how they may use it. If the results of this research are published, you will not be identified.

BioClinica, Inc. will perform an independent review of your imaging studies.

B. Signing this consent and authorization form is optional but you cannot take part in this study or receive study-related treatment if you do not agree and sign.

C. MD Anderson will keep your PHI confidential when possible (according to state and federal law). However, in some situations, the FDA could be required to reveal the names of participants. If the results of this study are made public, information that identifies you will not be used.

Once disclosed outside of MD Anderson, federal privacy laws may no longer protect your PHI and it may be re-disclosed.

D. The permission to use your PHI will continue indefinitely unless you withdraw your authorization in writing. Instructions on how to do this can be found in the MD Anderson Notice of Privacy Practices (NPP) or you may contact the Chief Privacy Officer at 713-745-6636. If you withdraw your authorization, the data collected about you up to that point can be used and included in data analysis, but no further information about you will be collected. If you withdraw your authorization, you will longer be able to participate in the study.

E. 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.

CONSENT/AUTHORIZATION

I have had a chance to read the consent form for this study, or have had it read to me. I have had a chance to think about it, ask questions, and talk about it with others as needed. I voluntarily agree to participate in this study. I authorize the release of my medical and research records for the purpose of this study. By signing this consent form, I am not giving up any of my legal rights. I will be given a signed and dated copy of this consent document.

SIGNATURE OF PARTICIPANT DATE

PERSON OBTAINING CONSENT

I have discussed this clinical research study with the participant, using language that is understandable and appropriate. I believe that I have fully informed this participant of the nature of this study and its possible benefits and risks and that the participant understood this explanation.

SIGNATURE OF PERSON OBTAINING CONSENT	DATE