

THE UNIVERSITY OF TEXAS

MDAnderson
Cancer Center**Informed Consent****INFORMED CONSENT/AUTHORIZATION FOR PARTICIPATION IN
RESEARCH**

Effect of Pegloticase on reduction of Uric Acid in patients with Tumor
Lysis Syndrome: A Pilot Pragmatic Clinical Trial

2020-0330

Subtitle: Pegloticase in TLS Phase I

Study Chair: Sreedhar Mandayam

Participant's Name

Medical Record Number

This is an informed consent and authorization form for a research study. It includes a summary about the study. A more detailed description of procedures and risks is provided after the summary.

This research has been reviewed and approved by an Institutional Review Board (IRB - a committee that reviews research studies).

STUDY SUMMARY

You are being asked to take part in this study because you have hyperuricemia (high blood levels of uric acid) caused by tumor lysis syndrome (TLS). Tumor lysis syndrome occurs when the breakdown products of cancer cells enter the blood stream.

The goal of this clinical research study is to learn how well Pegloticase (also known as Krystexxa) can lower uric acid levels in the blood when given to cancer patients with hyperuricemia caused by tumor lysis syndrome.

This is an investigational study. Pegloticase is FDA approved and commercially available for the treatment of chronic gout in adult patients. It is considered investigational to use Pegloticase to lower high blood levels of uric acid in patients with hyperuricemia caused by tumor lysis syndrome. The study doctor can explain how the study drug is designed to work.

The study drug may help to lower uric acid levels in your blood. Future patients may benefit from what is learned. There may be no benefits for you in this study.

Your participation is completely voluntary. Before choosing to take part in this study, you should discuss with the study team any concerns you may have, including side effects, potential expenses, and time commitment.

You can read a list of potential side effects below in the Possible Risks section of this consent.

You may receive up to 2 infusions of Pegloticase. Your participation in this study may last up to 14 days.

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

You may choose not to take part in this study. Instead of taking part in this study, you may choose to receive rasburicase or other standard of care treatments. You may choose to receive other investigational therapy, if available. The study doctor will discuss the possible risks and benefits of these treatments. You may choose not to have treatment for hyperuricemia at all. In all cases, you will receive appropriate medical care, including treatment for pain and other symptoms of hyperuricemia caused by TLS.

1. STUDY DETAILS

Screening Tests

Signing this consent form does not mean that you will be able to take part in this study. Before you receive the study drug, you will have the following screening tests to help the doctor decide if you are eligible:

- Blood (about 1-2 teaspoons) will be drawn or you will receive a finger stick to obtain a few drops of blood to check if you have glucose-6-phosphate dehydrogenase (G6PD) deficiency. G6PD helps protect red blood cells from damage. G6PD deficiency is a hereditary (inherited) condition in which the body does not make enough G6PD, causing red blood cells to break down when the body is exposed to certain foods, drugs, infections, and/or stress. If you have G6PD deficiency, you cannot take part in this study.
- If you can become pregnant, blood (about 2 teaspoons) or urine will be collected for a pregnancy test. To take part in this study, you must not be pregnant.

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 treatment options will be discussed with you.

Up to 10 participants will be enrolled in this study. All will take part at MD Anderson.

Study Drug Administration

If you are found to be eligible to take part in this study, you will receive Pegloticase by vein over about 2 hours on **Day 1**. You may receive a second dose of Pegloticase on Day 2 depending upon your lab results.

You will be given standard drugs to help decrease the risk of side effects. You may ask the study staff for information about how the drugs are given and their risks.

You will no longer be able to take the study drug if the doctor thinks it is in your best interest, if intolerable side effects occur, or if you are unable to follow study directions.

Study Visits

On **Days 1, 2, 3, 4, 7, and 14:**

- You will have a physical exam.
- Blood (about 6-8 tablespoons) will be drawn for routine tests, to check your kidney function, and to measure the level of uric acid in your blood.
- Your urine output will be monitored for 24 hours to check your kidney function.
- On Day 1 only, if you did not have blood drawn at screening to check your G6PD deficiency status, blood (about 1-2 teaspoons) will be drawn.
- On Day 2 only, blood (less than 1 teaspoon) will be drawn 24 hours after your first dose of pegloticase to measure the level of uric acid in your blood.
- The study team will ask about any prescription drugs and/or other medications you are taking. (Day 7 and Day 14 can be done remotely using a video-conferencing website, if you are not coming to MD Anderson for this time point.)

Your participation in this study will be over after 14 days.

2. POSSIBLE RISKS

While on this study, you are at risk for side effects. You should discuss these with the study doctor. The more commonly occurring side effects are listed in this form, as are rare but serious side effects. 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.

Side effects will vary from person to person, and some may occur after you have stopped receiving treatment. Tell the study staff about any side effects you may have, even if you do not think they are related to the study drugs/procedures.

Pegloticase (Krystexxa) Side Effects

Common (occurring in more than 20% of patients)

• flare-up of painful joint inflammation	• immune reaction (possible loss of drug function and/or organ	• infusion reaction (possible chills and/or hives)
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	damage)	
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Occasional (occurring in 3-20% of patients)

<ul style="list-style-type: none"> • chest pain • hives • skin redness • itching 	<ul style="list-style-type: none"> • nausea/vomiting • constipation • bruising • difficulty breathing 	<ul style="list-style-type: none"> • life-threatening allergic reaction (such as difficulty breathing, low blood pressure, and/or organ failure)
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The drug may cause an increased risk of infection, such as pneumonia. This infection may occur anywhere. It may become life-threatening. Symptoms of infection may include fever, pain, redness, and difficulty breathing.

Rare but serious (occurring in fewer than 3% of patients)

<ul style="list-style-type: none"> • worsening of existing heart failure

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.

Although every effort will be made to keep study data safe, there is a chance that your personal health information could be lost or stolen, which may result in a **loss of confidentiality**. All study data will be stored in password-protected computers and/or locked file cabinets and will continue to be stored securely after the study.

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 or breastfeed a baby while on this study. You must use birth control during the study if you are sexually active.

Birth Control Specifications: If you can become pregnant, you must use an acceptable method of birth control, including:

- Hormonal birth control such as birth control pills, implants, rings, or patches
- Barrier method (diaphragm or condom)
- Depo-Provera (birth control injection)

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.

Getting pregnant will result in your removal from this study.

3. 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. You will not be reimbursed for expenses or compensated financially by MD Anderson or Horizon Therapeutics for this injury. You may also contact the Chair of MD Anderson's IRB at 713-792-6477 with questions about study-related injuries. 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.

Samples that are collected from you in this study may be used for the development of treatments, devices, new drugs, or patentable procedures that may result in commercial profit.

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

You will receive no compensation for taking part in this study.

Additional Information

4. You may ask the study chair (Dr. Sreedhar Mandayam, at 713-745-8597) any questions you have about this study. You may also contact the Chair of MD Anderson's Institutional Review Board (IRB - a committee that reviews research studies) at 713-792-6477 with any questions that have to do with this study or your rights as a study participant.
5. 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. 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.

If you withdraw from the study, the study staff may ask if they can continue collecting the results of routine care from your medical record. If you agree, this data will be handled the same as research data.

6. This study or your participation in it may be changed or stopped without your consent at any time by the study chair, Horizon Therapeutics, the U.S. Food and Drug Administration (FDA), the Office for Human Research Protections (OHRP), or the IRB of MD Anderson.
7. You will be informed of any new findings or information that might affect your willingness to continue taking part in the study, including the results of all of your standard tests performed as part of this research, and you may be asked to sign another informed consent and authorization form stating your continued willingness to participate in this study.

Most tests done on samples in research studies are only for research and have no clear meaning for health care. If the research with your identifiable information or samples gives results that do have meaning for your health, the researchers will not contact you to let you know what they have found.

8. MD Anderson may benefit from your participation and/or what is learned in this study.
9. This study is sponsored and/or supported by: Horizon Therapeutics.
10. In a medical emergency, you may be cared for by someone who has a financial interest with the study sponsor(s)/supporter. If you have any questions about this, you may call the IRB at 713-792-6477.

Future Research

Data

Your personal information is being collected as part of this study. These data may be used by researchers at MD Anderson and Horizon Therapeutics and/or shared with other researchers and/or institutions for use in future research.

Samples

Samples (such as blood and/or tissue) are being collected from you as part of this study. Researchers at MD Anderson may use any leftover samples that are stored at MD Anderson in future research. Leftover samples stored by Horizon Therapeutics may be used in future research.

Before being used or shared for future research, every effort will be made to remove your identifying information from any data and/or research samples. If all identifying information is removed, you will not be asked for additional permission before future research is performed.

In some cases, all of your identifying information may not be removed before your data or research samples are used for future research. If future research is performed at MD Anderson, the researchers must get approval from the Institutional Review Board (IRB) of MD Anderson before your data and/or research samples can be used. At that time, the IRB will decide whether or not further permission from you is required. The IRB is a committee of doctors, researchers, and community members that is responsible for protecting study participants and making sure all research is safe and ethical.

If you do not want your samples or data to be used for future research, tell the study doctor. You may withdraw your samples at any time by telling your study team. If you decide to withdraw your samples, they will be returned to the lab they came from or destroyed. However, the data and test results already collected from your samples will be kept and may be used.

If this research is not performed at MD Anderson, MD Anderson will not have oversight of any data and/or samples.

Genetic Research

Research samples collected from you as part of this study may be used for genetic research, which may include whole genome sequencing. Whole genome sequencing is a type of testing in which researchers study your entire genetic makeup (DNA). This may help researchers learn how changes in the ordering of genes may affect a disease or response to treatment. If genetic research is done with your samples, those who have access to those samples may be able to identify you. The results of this research may also be able to be linked to you.

A 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 deciding to hire, promote, or fire you or when setting the terms of your employment.

Be aware that this federal law does not protect you against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance. Nor does this federal law prohibit discrimination based on an already known genetic disease or disorder.

Authorization for Use and Disclosure of Protected Health Information (PHI):

- 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:
- Federal agencies that require reporting of clinical study data (such as the FDA, National Cancer Institute [NCI], and OHRP)
 - The IRB and officials of MD Anderson
 - Horizon Therapeutics, who is a sponsor or supporter of this study, and/or any future sponsors/supporters of the study
 - 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.

The results of this research may be published in scientific journals or presented at medical meetings, but your identity will not be disclosed.

- 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.

Once disclosed outside of MD Anderson, federal privacy laws may no longer protect your PHI.

- 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, you will be removed from the study and the data collected about you up to that point can be used and included in data analysis. However, no further information about you will be collected.
- 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 understand the information in this consent form. 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 give the study chair permission to enroll me on this study. By signing this consent form, I am not giving up any of my legal rights. I will be given a signed copy of this consent document.

SIGNATURE OF PARTICIPANT

DATE

PRINTED NAME OF PARTICIPANT**WITNESS TO CONSENT**

I was present during the explanation of the research to be performed under this protocol.

SIGNATURE OF WITNESS TO THE VERBAL CONSENT
PRESENTATION (OTHER THAN PHYSICIAN OR STUDY CHAIR)

DATE

A witness signature is only required for non-English speakers utilizing the short form consent process (VTPS) and patients who are illiterate.

PRINTED NAME OF WITNESS TO THE VERBAL CONSENT**PERSON OBTAINING CONSENT**

I have discussed this research study with the participant and/or his or her authorized representative, 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.

PERSON OBTAINING CONSENT

DATE

PRINTED NAME OF PERSON OBTAINING CONSENT

TRANSLATOR

I have translated the above informed consent as written (without additions or subtractions) into _____ and assisted the people

(Name of Language)

obtaining and providing consent by translating all questions and responses during the consent process for this participant.

NAME OF TRANSLATOR

SIGNATURE OF TRANSLATOR

DATE

