Informed Consent/Authorization for Participation in Research

Title of Research Study: Molecular surveillance in early breast cancer using the tumor-informed ctDNA assay Myriad Genetics Precise MRD test; a prospective observational multicenter study (The MRD Molecular Surveillance study)

Study Number: 2025-1745

Principal Investigator: Carlos Barcenas, MD

_____ _____
Participant's Name Medical Record Number

Key Information

The following is a short summary of this study to help you decide whether or not to be a part of this study. More detailed information is listed later on in this form.

Why am I being invited to take part in a research study?

You are invited to take part in a research study because you have early breast cancer (EBC – stage I, II, or III).

What should I know about a research study?

- Someone will explain this research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.

Why is this research being done?

Circulating tumor DNA (ctDNA) is tumor DNA found in the blood. In patients with EBC, ctDNA may help predict the risk of the disease coming back after treatment.

The goal of this clinical research study is to learn about changes in ctDNA during the diagnosis, treatment, and post-treatment surveillance of EBC.

How long will the research last and what will I need to do?

Your participation in this study is expected to last for up to 5 years after enrollment. You are being asked to allow your blood and personal health information to be collected for use in research.

More detailed information about the study procedures can be found under ***"What happens if I agree to be in this research?"***

Is there any way being in this study could be bad for me?

Before choosing to take part in this study, you should discuss with the study team any concerns you may have, including time commitment and risks. Blood draws may cause pain, bleeding, and/or bruising. Every effort will be made to keep your personal health information confidential; however, this cannot be guaranteed.

More detailed information about the risks of this study can be found under ***"Is there any way being in this study could be bad for me? (Detailed Risks)"***

Will being in this study help me in any way?

There are no benefits to you from your taking part in this research. You will not receive the results of the research tests done with your samples. It cannot be promised that there will be any benefits to others from your taking part in this research. However, future patients may benefit from what is learned.

What happens if I do not want to be in this research?

Participation in research is completely voluntary. You can decide to participate, not participate, or stop participation at any time without penalty or loss of your regular benefits.

Your alternative to participating in this research study is to not participate.

Detailed Information

The following is more detailed information about this study in addition to the information listed above.

Who can I talk to if I have questions or concerns?

If you have questions, concerns, or complaints, or think the research has hurt you, call the study doctor (Dr. Carlos Barcenas, at 713-794-5098) or 713-792-2121 (24 hours).

This research has been reviewed and approved by the MD Anderson Institutional Review Board (IRB – an ethics committee that reviews research studies). You may talk to them at 713-792-6477 or IRB_Help@mdanderson.org if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

How many people will be in this study?

It is expected about 500 people will be enrolled in this research study at all locations.

What happens if I agree to be in this research?

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 help the doctor decide if you are eligible:

- Blood (about 2 tablespoons) will be drawn to establish a ctDNA baseline.

- Tumor tissue left over from a previous procedure will be collected for a test called a tumor-informed molecular residual disease (MRD) assay. This test uses whole genome sequencing to compare the DNA of the tumor with your healthy DNA to find genetic differences that cause cancer. These differences are called somatic variants. The somatic variants are then selected to create a personalized blood monitoring panel that will be used to detect the presence or absence of ctDNA in your blood samples collected during this study. If leftover tumor tissue is not available, you will not be able to take part in this 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.

Study Arms

If you are found to be eligible to take part in this study, you will be assigned to 1 of 6 study arms. The study doctor will tell you which study arm you are enrolled in:

- **Arm A:** Participants in Arm A are receiving neoadjuvant therapy (treatment before breast surgery). About 150 participants will be enrolled in this arm.

- **Arm B:** Participants in Arm B have early-stage triple negative breast cancer (TNBC) or HER2-positve (HER2+) breast cancer. About 50 participants will be enrolled in this arm.

- **Arm C:** Participants in Arm C are receiving adjuvant therapy (treatment after breast surgery) with a CDK4/6-inhibitor (such as abemaciclib or ribociclib). About 100 participants will be enrolled in this arm.

- **Arm D:** Participants in Arm D are receiving adjuvant therapy with a PARP-inhibitor (such as olaparib). About 50 participants will be enrolled in this arm.

- **Arm E:** Participants in Arm E have a history of EBC and have developed ipsilateral locoregional recurrence (the cancer has returned in the same area where the original tumor was). About 50 participants will be enrolled in this arm.

- **Arm F:** Participants in Arm F completed treatment for EBC and had breast surgery 5 or more years ago. About 100 participants will be enrolled in this arm.

Blood Collection

Blood (about 2 tablespoons each time) will be drawn for ctDNA testing following your study arm's collection schedule described below. As much as possible, blood for ctDNA testing will be drawn at the same time as routine blood draws and clinic visits.

- **Arm A:** Blood will be drawn up to every cycle during neoadjuvant treatment, after completing neoadjuvant treatment but before breast surgery, at the time of surgery, at about 4-6 weeks after surgery, and then up to every cycle during adjuvant treatment.

- **Arm B:** Blood will be drawn at about 4-6 weeks after breast surgery, up to every cycle during adjuvant treatment, after completing adjuvant treatment, and then up to every routine clinic visit during post-treatment surveillance.

- **Arms C and D:** Blood will be drawn up to every cycle during adjuvant treatment, after completing adjuvant treatment, and then up to every routine clinic visit during post-treatment surveillance.

- **Arm E:** Blood will be drawn up to every cycle during treatment (before or after breast surgery), at the time of surgery, at about 4-6 weeks after surgery, and then up to every routine clinic visit during post-treatment surveillance.

- **Arm F:** Blood will be drawn up to every routine clinic visit during post-treatment surveillance.

Blood samples will be collected for up to 5 years after you are enrolled in this study.

Information Collection
Your personal health information will also be collected, including, but not limited to, your demographics (age, gender, race/ethnicity, and so on), medical history (current and past personal history and family history of cancer), tumor and disease characteristics (such as clinical stage and receptor status), treatments received (such as surgery, radiation, and neoadjuvant/adjuvant therapy), and treatment outcome (such as if the disease gets better or if the disease comes back).

What are my responsibilities if I take part in this research?

If you take part in this research, you will be responsible for the following:
- Follow study directions.
- Come to all study appointments (or contact the study team to reschedule).
- Tell the study team about any side effects you have.

What happens if I say yes, but I change my mind later?

You can leave the research at any time; it will not be held against you. You may withdraw from participation in this study without any penalty or loss of benefits. If you withdraw from this study, you can still choose to be treated at MD Anderson.

If you decide you want to stop taking part in the study, tell the study doctor.

If you stop being in the research, already collected data may not be removed from the study database. You may be asked whether the study doctor can collect data from your routine medical care. If you agree, this data will be handled the same as research data.

Is there any way being in this study could be bad for me? (Detailed Risks)

There are risks of taking part in this study. You should discuss these with the study doctor.

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.

In addition to these risks, this research may hurt you in ways that are unknown.

You will be told about any new information that may affect your choice to stay in the research.

Will it cost anything to be in this study? Will I be paid to be in this study?

There is no cost to you to take part in this study.

If you agree to take part in this research study, you will be compensated with $50 gift cards for your time and effort. You will receive a $50 gift card at screening, year 1, and year 2 (up to $150 total).

What happens to the information collected for the research?

Efforts will be made to limit the use and disclosure of your personal information, including research study and medical records, to people who need to review this information. Complete secrecy cannot be promised. Organizations that may inspect and copy your information include the IRB and other representatives of this organization.

A participant study number will be assigned to you once you have been enrolled in the study. This participant study number will be used to identify your data in the study report and when reporting any data from the study.

Any personal information that could identify you will be removed or changed before data are shared with other researchers or results are made public.

The sponsor, monitors, auditors, the IRB, and the Food and Drug Administration will be granted direct access to your medical records to conduct and oversee the research. By signing this document, you are authorizing this access.

The results of this research may be published. However, your name and other identifying information will be kept confidential.

Federal law provides additional protections of your medical records and related health information. These are described below.

Will my data or samples be used for future research?

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

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

If identifiers are removed from your identifiable private information or identifiable samples that are collected during this research, that information or those samples could be used for future research studies or shared with another researcher for future research studies without your additional informed consent.

Some of your specimens and genetic and/or health information might also be placed into one or more external publicly accessible scientific databases. Your name and other information that could directly identify you (such as your address or social security number) will never be placed into these external databases. A researcher who wants to study information from these databases must have an approved study and work with the group overseeing the database to obtain the information.

Can I be removed from the research study without my permission?

The person in charge of the research study or the sponsor can remove you from the research study without your approval. Possible reasons for removal include if you are unable to follow study directions or if the study is stopped.

What happens if I get hurt from being in this study?

This is a minimal risk study. You are being asked to have blood drawn. It is unlikely you will get hurt from taking part in this study. You may contact the MD Anderson 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.

What else do I need to know?

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

Your information and samples (both identifiable and de-identified) may be used to create products or to deliver services, including some that may be sold and/or make money for others. If this happens, there are no plans to tell you, or to pay you, or to give any compensation to you or your family.

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.

This research study involves genetic testing, which will 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.

The Genetic Information Nondiscrimination Act (GINA) prohibits health insurers or health plan administrators from requesting or requiring genetic information of you or your family members, or using such information for decisions regarding your eligibility for insurance or your premiums. However, this law does not provide the same protection for disability, life insurance, or long-term care insurance. GINA also prohibits most employers (with 15 employees or more) from using genetic information when making decisions on your employment, including decisions related to hiring, firing, promotion, pay, and job assignments. Please contact the study doctor if you would like more information about GINA and how it protects you from genetic discrimination.

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
   - Myriad Genetics
   - Study monitors and auditors who verify the accuracy of the information
   - Individuals who put all the study information together in report form

   Tumor tissue and blood samples will be sent to Myriad Genetics (MRD Lab,

322 North 2200 West, Salt Lake City, Utah 84116) for tumor-informed MRD assay and ctDNA testing. All samples and study data shared with Myriad Genetics will be de-identified.

The results of this research may be published in scientific journals or presented at medical meetings, but your identity will not be disclosed. Your name and other identifying information will be kept confidential.

B. Signing this consent and authorization form is optional, but you cannot take part in this study if you do not agree and sign.

C. MD Anderson will do its best to protect the privacy of your records, but it is possible that once information is shared with people listed on this form, it may be released to others. If this happens, your information may no longer be protected by federal law.

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

By signing the consent form, the witness attests that the consent information was accurately explained to and appears to have been understood by the participant and that informed consent was freely given by the participant.

_____ _____
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

By signing the consent form, the investigator or delegated investigator site staff attests that the informed consent was freely given by the participant and the consent information was accurately explained to and appears to have been understood by the participant.

_____ _____
PERSON OBTAINING CONSENT DATE

_____
PRINTED NAME OF PERSON OBTAINING CONSENT